

## ORIGINAL RESEARCH

# Tensions during a process of change – implementation of the Bologna educational reform in Swedish specialist nursing programmes

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## Abstract

**Background/Objective:** This study is an enquiry into the process of change during the implementation of the European educational reform, the Bologna process. The aim was to critically elaborate tensions during the process, focusing on the implementation of the degree project into Swedish specialist nursing programmes.

**Methods:** Data were collected in a multi-centre participatory research project during the period August 2007 to January 2011, and consisted of memorandums kept by the project members and written vignettes from questionnaires answered by students. Eighteen faculty members from five universities, 69 male and 268 female students participated. The data were analysed according to a theoretical framework of thesis: the prevailing perspective, antithesis; a challenging perspective, and synthesis: an amalgamated perspective opening for constructive development.

**Main findings:** The findings revealed conflicting views on research-based versus clinical development-based degree projects, and deductive versus inductive didactic development. The tensions consisted of lack of trust and confidence and were expressed as excluding and supercilious behaviour from the defenders of the traditional model.

**Conclusions:** The implementation process, addressing conflicting views, resulted in a synthesized perspective between research and clinical development, paving the way for shared involvement between students, faculty members and clinicians in regard to the students' degree projects.

## Key words

Dialectic model, Specialist nursing education, Bologna process, Implementation, postgraduate degree project, Change theory, Tensions

## 1 Introduction

This study is an enquiry into the process of change during implementation of the most recent European educational reform known as the Bologna process i.e. standardisation of degree examinations in order to improve comparability and transferability between European countries. The reform involves the integration of specialist nursing programmes and

practice at Master's degree level, referred to as the second cycle of the Bologna process. Through implementation of the Bologna process, European specialist nursing programmes have the option of including a degree project, potentially providing opportunity for programme development, particularly during the students' preparation for evidence-based practice. Moreover, such scope is in line with the multipurpose aspect of Master's programmes for healthcare professionals – That students should develop professional competence, such as in making links between research-based and experienced-based knowledge, and in understanding the links between theory and practice <sup>[1, 2]</sup>.

In order to accept the challenge of the Bologna process and to facilitate the implementation of degree projects in Swedish specialist nursing programmes, a collaborative project was set up. The overall aim was to develop a didactic model for specialist nursing students' postgraduate degree projects to be linked to clinical research and development by nurturing shared involvement between universities and healthcare settings. The aim of this study was thus to critically elaborate tensions during a process of change, focusing on the implementation of the degree project into Swedish specialist nursing programmes.

## Background

We often recognize opposing views in two diametrically opposed theoretical frames, deterministic or voluntary change and apply them to public organizations, such as the healthcare industry and universities <sup>[3]</sup>. The first, deterministic change theory describes change as a slow and incremental process, seldom in the intended direction and impossible to influence by actors. It is focused on tensions in relation to identity, territory, loyalty and accountability <sup>[4]</sup>. Its opposite, voluntary change theory, is the idea of instant change as an effect of management decisions and reforms and is recognized in reported success stories following collaborative initiatives in health care <sup>[5, 6]</sup>. Both of these theoretical perspectives have been criticised <sup>[7]</sup>. The voluntary change perspective is based on rationalistic models of sometimes oversimplified causal connections. Its opposite, the deterministic view is based on rather pessimistic presumptions that actors are unaware, routinized, and unreflective and that the organizations are characterized by inertia <sup>[3]</sup>.

In this study, a different approach to these opposing views has been used to analyse the implementation of the Bologna process; a stepwise theoretical model describing change induced by tensions. This widely-used theory is reminiscent of a classic *dialectic* model: thesis, anti-thesis, and synthesis, as expressed by Hegel <sup>[8]</sup>. Such a stepwise model is in contrast to deterministic incrementalism and ideas of instant change. It is neither signified by organizational inertia nor simple linearity but stepwise development that connects to the idea that human efforts often lead to attaining excellence as time goes <sup>[9]</sup>. Since the collaborative project which prompted our study documents the tensions arising in a process of change over time, a dialectic model was chosen for analysis of data. Jacobs <sup>[10]</sup> develops this theory by introducing the concepts of polarisation and hybridisation. Polarisation occurs when different sub-groups in an organisation embrace reorganization and subsequently act in a new way, while the remaining individuals continue to perform as before. During hybridisation, a fundamental change occurs and new ideas are embraced by the entire organization, a phenomenon identified during healthcare reforms in Swedish hospitals <sup>[3]</sup>.

Hegel's <sup>[11]</sup> three-step model of human thought can be reduced to the level of the individual, as well as applied to understand how the senses reach insight through the dialectic movements between thesis and anti-thesis in groups, organizations and societies. An example of idealistic types is the extensive model presentation of Van den Ven and Poole <sup>[12]</sup>, which searched hundreds of references and derived four different stepwise process theories of organizational development and change which they named the evolutionary, dialectic, teleological and life cycle models. Because of its focus on tensions, we have focused the dialectic model according to Hegel <sup>[11]</sup>. The model was used as a frame in order to interpret the data.

The project consisted of a long and extensive exchange between multiple parties from different parts of healthcare organizations and universities in Sweden. An on-going, unobtrusive conflict emerged between these parties as the project progressed between thesis (i.e. the existing imperative) and anti-thesis (the challenging imperative). This conflict

stimulated disputes over contradictory interests, values and other incidents that were finally confronted, eventually resulting in a discernible synthesis. We believe that this synthesis can become a thesis for the next cycle of a dialectic progression and further development, in line with Van den Ven and Poole<sup>[12]</sup>.

## 2 Method

The project involved five universities, each of their project teams starting up activities for nurturing shared involvement between universities and clinical practice regarding students' degree projects. The five Swedish universities included all eleven areas of specialization, in accordance with the Swedish Higher Education Act.

The research team consisted of faculty members involved in specialist nursing education. Since the start of the project in 2007, there has been a core group of up to 18 researchers, including one project leader and one main coordinator. At each of the five universities, the local activities were led by one of the team members. In addition, collaboration was established with members from healthcare settings at different organizational levels, i.e. clinical teachers, supervisors, nurse managers and healthcare directors. The research team met every month via the internet or through physical meetings. They also communicated through a special web portal adapted for the project<sup>[13]</sup>.

### 2.1 Data collection

Data were collected at the five collaborating universities during the entire project from the autumn of 2007 until January 2011. Project members compiled notes from the local activities performed with faculty members, students and/or clinicians. During the project period, six (one- or two day-) meetings and 28 web meetings were arranged in which all five universities jointly participated and from which memorandums were derived. In addition, we used written vignettes from one open-ended question given to students at the time of commencing and of finalising the study programme, to which 69 male and 268 female students responded from all five universities. The formulated question was: "Do you have any thoughts about the degree project you would like to communicate?"

### 2.2 Data analysis

The data from the questionnaires and the memorandums were analysed using the framework of Van den Ven and Poole<sup>[12]</sup> and by dividing data-derived quotations and episodes under the different sub-headings, thesis, antithesis and synthesis to reveal conflicting views<sup>[14]</sup>. Some of the data strictly matched just one of the subheadings, while other data matched two or even all three subheadings. To create critical distance, we decided to coordinate the data within a timeline of change, i.e. from the initial situation at the universities, the introduction of the new model, and the different steps during the implementation process. This approach revealed development from conflicting views to a slowly developing integration of perspectives. Five specific analytical questions (see Table 1) were posed to the data in order to discriminate a pattern of critical views alive in the tensions observed. These analytical questions were based on the theoretical framework. They mirrored the driving forces within the stepwise process that had previously been registered during change processes from earlier studies. The questions mapped the prevailing ideals, how the new programme was received, separate interests, arenas of action and implicit ideals<sup>[3, 10, 12, 15]</sup>. The findings were put together in a stepwise model of the three stages of the prevailing perspective: thesis, challenging perspective; antithesis and amalgamated perspective; synthesis as presented in the following findings. Continuous critical reflections in the research team took place to validate the division of data-derived quotations, in relation to the whole data sets, into the various prevailing perspective.

## 3 Results

Critical aspects involved in the conflict and tensions when implementing degree projects are displayed in Table 1.

**Table 1.** Analytical questions in relation to prevailing, challenging and amalgamated perspectives

Analytical questions	Prevailing perspective	Challenging perspective	An amalgamated perspective
How was the task of executing the degree project for the specialist nursing programme perceived?	A research task	An integrated part of health care development	Includes both research and development work and can be initiated by students, teachers, researchers and practitioners
What were the underlying motives that implicate some kind of ideal?	Dichotomy between what constitutes research as opposed to development work: focus on research	Dichotomy between what constitutes research as opposed to development work: focus on development work	Continuity between research and development work: aiming to achieve an open attitude to knowledge for long-lasting change work
What separate interests existed that could create conflict?	Degree project quality was expressed in terms of research quality principles	Degree project quality was expressed in terms of healthcare development/improvement work quality	Degree project quality expressed in terms relevant to both research and development work and their points of convergence.
What (symbolic) 'arenas of action' were there for learning?	Aims to achieve a research-like learning environment. The educational establishment sets the agenda and the clinic primarily serves as a study object for student learning and their degree project	Aims to achieve a health care development-like learning environment. The educational establishment relinquishes its agenda/mandate to stipulate the form of the students' learning and degree projects.	Aims to achieve research- and development-like learning environments and nurture shared involvement between educational establishments and clinics to facilitate the learning of all concerned.
What implicit ideals existed for didactic development?	Deductively developed didactic models	Inductively developed didactic models	Alternating between deductive and inductive didactic development: abduction

### 3.1 Prevailing perspective: Thesis

The prevailing perspective on degree projects had developed prior to the Bologna reform, when specialist nursing programmes were separate from Master's Programmes. Tensions were noticed among both students and faculty members in terms of (a) a majority of faculty members and a minority of students advocating the existing view and (b) critical voices regarding the relevance of including a degree project in specialist nursing programmes. These critical voices were more or less based on assumptions that degree projects had to be research based, and therefore would be of less relevance for clinical specialists.

The faculty members kept to established ideas of the superiority of research, which contributed to a certain amount of dissatisfaction among students. Upon completing their education, students expressed doubtfulness regarding such research orientation for a clinical specialist nursing education programme, as the following sentiments illustrate:

"...we're just writing purely paper products which contribute nothing to our activities.// From the start it felt like the essay was being "rammed down our throats", research was being talked about like there was no real world out there... There was too much talk about the essay at the start of our programme – it's hard to start thinking about what you want to write about before you've started studying."

The inclusion of a research task element in the thesis meant that it was approved by the academy, and thereby fulfilled the conditions of a 'scientific work'. This perspective assumed any student whose work was passed on this criterion could receive their diploma and access the career opportunities available to them as a result, even if the study upon which the thesis was based was lacking in practical value. The educational system further contributed to preserving the traditional model, as academic hierarchy gave status and power in the sense that the Academy formulated research questions and defined research. The effect was that degree projects tended to be isolated undertakings which lacked impact on practice,

the results being neither influential on research conducted by the university nor on the degree projects that the Master's or CNS students undertook. Rather, a major driving force for undertaking degree projects in this perspective was preparing a minority of nurses for further education, as reported by one of the co-researchers: "...*training in methodology from a scientific and knowledge-based perspective with elitist selection processes which separate out those who will continue on to the research programme.*"

### 3.2 Challenging perspective: Antithesis

When the participatory action-research project was presented, a new model was introduced. The aim was to integrate theoretical competence with the practical competence sustained by staff in healthcare services. The students' Master's thesis in the specialist nursing programme was consequently referenced to develop a new and promising type of collaboration, the model calling for reciprocity, especially between supervisors in hospitals, communities and primary care rather than university teachers. From one of the degree projects supervised by a PhD prepared clinician and a faculty member in cooperation it was reported: "*Although there have been differences of opinion, the nurses have still shared in supervision. I see the work that's been done so far as a pilot study to learn from.*"

One basic requirement was that the Master's degree project should not compromise on scientific quality; the idea was to integrate it with clinical research and development – with emphasis on clinical development. The intention was for students to choose subjects for their degree projects in collaboration with healthcare staff and to produce essays that significantly contributed to quality improvement in healthcare. Students stated that:

"When you're doing your essay you think it's obvious that you're going to keep up with research and seek both experience-based and research-based knowledge. But it would be good to know what it's like in real life. I know what it's like where I work. It's important not to lose your enthusiasm!"

"If, on the other hand, there are tangible improvements or responses, then it will be a more positive experience to write and, most of all, read Master's essays.// It has been inspiring to see 'ordinary' people in the sector, such as lecturers and researchers. You need role models with whom you can identify!!"

There was broad acceptance among students of the core ideas of the reformed project. Some were ready to implement the new examination model immediately, while others were more hesitant and still a few were obviously negative to the idea of degree projects in general, independent of their didactic approach.

Conflict between opposing perspectives; thesis versus antithesis was obvious. When the prevailing perspective (thesis) was confronted with the alternative suggested by the research team (antithesis), tensions and conflicts arose as this alternative (antithesis) was perceived as threatening to the position of the teachers at the involved universities. The proposal for reforming the degree project consequently came under fire, and was criticised for being contradictory to the existing, traditional method. These conflicting ideals were clearly perceived by the students, as the following comment illustrates: "*It's important that supervisors and examiners have a common approach. Shared views regarding method, format etc. seems to be lacking – improve the guidelines.*"

Territorial thinking was manifest in the confrontation, inasmuch as the university teachers wanted to maintain their privileged stance in determining what knowledge objectives should be achieved and how, the prevailing ideal defining this. In contrast, faculty involved in the project declared: "*Problem areas (for study) should come primarily come from those working in the clinic.*"

Another significant source of conflict was that while project participants assumed that their teaching colleagues would be positive about the reform, they did in fact have different views on knowledge, research and development, which generated confrontations. Project participants were met with suspicion and were not given the opportunity to explain their proposal, instead having to defend themselves in meetings with teaching staff at the participating educational establishments. Rather

than having their ideas heard, project participants faced questions stemming from interests extraneous to the project, and having constructive conversations without inducing power struggle proved difficult. Thus, differing views could not cohabit, limiting the collaboration. Teaching staff at the universities wanted to persist in shaping an academic environment cordoned off from clinical practice, which meant the establishment would define research questions and thereby set the agenda. The clinic merely served as a study object for student learning from a deductive perspective. One student felt that: *“There’s too much focus (on) language and a distancing from reality for me to feel comfortable.”*

Another issue related to preserving the quality of research by stipulating criteria. These criteria implied taking a scientific approach in line with the prevailing perspective, and thus the criteria did not make sense according to the challenging perspective introduced in the project. This conflict left students without appropriate guidance:

“I think it’s bad that there aren’t any guidelines on how the degree project is going to be assessed. Supervisors and examiners have completely different ideas about what’s what, and we students are stuck in a stream of gratuitous opinions.”

Nevertheless, assessment criteria did exist, and it became obvious that conflict here was generated by differing interests and views and concerned the traditional view that healthcare settings were objects to be studied, as opposed to arenas with the potential for healthcare development and improvement – the view conveyed by the project participants.

### 3.3 Amalgamated perspective: Synthesis

From these conflicting perspectives, a need for continuity between research-based and clinical-improvement based degree projects evolved, as well as a need for shared involvement between researchers and clinicians within the CNS programme framework. This provided a motive for raising the quality of the students’ input in their degree projects in terms of emphasising practical, social and clinical implications, as well as highlighting the value of day-to-day clinical knowledge based on personal experience. As discussed by project members in summarizing the project: *“We need help with closer collaboration at different levels between clinics and the university in regard to the students’ degree projects.”*

Moreover, emphasis was given to carrying out the degree project in proximity to practice, focusing on clinical nursing problems, with the involvement of clinicians acting as project supervisors. Further, there was an aim to feedback, spread and assimilate the results into healthcare activities. The realisation of such an amalgamated perspective was valued by the students, as shown by the following example: *“The degree project helps you to understand the theory behind research and opens your eyes to the fact that you can do something about things – induce change.”*

Meanwhile, the degree project gradually became regarded as an integral part of the specialist nursing programmes, and an instrument for collaborative, shared involvement among students, faculty members and clinicians. The format of the degree project came to be characterised by a more open approach, which stimulated didactic change. Those who initially held opposing views now began to enrich and draw closer to each other.

An important factor acting as catalyst for change was the involvement of the students and clinicians early on in the project, even if that involvement was limited to small scale trials. One co-researcher summarised discussions with clinicians regarding suggested problem areas to be offered to students as possible foci for their degree projects: *“It was emphasised that problem areas need to come from those working at the clinics, but also from students and doctors.”*

This development contributed to the successive evolution of a new model for essay writing and examinations. Students primarily generated interest in change in their contact with clinical practice, while they gained experience of established, research-based methods from university staff. As dialogue opened up among students, university teachers, practitioners and project participants, so the prevailing view began to be examined, questioned and revised.

Different types of knowledge (e.g. experience-based and evidence-based) began to be valued equally, and were acknowledged as well as questioned, raising awareness that these types of knowledge come into their own at different times and in different contexts. One such field of knowledge concerned quality assessment. Initial confrontation in this regard finally led to consensus being achieved on the importance of assessing quality within research as well as development work. Due to conflicting views on the content and execution of the Master's thesis, it was important to achieve a dialogue which could illuminate a pluralistic view of the subject and ground synthesis that was needed to instil confidence in our collaboration. This was recognised as essential both locally at the educational establishments, among the project groups and in healthcare activities. Nevertheless, one reason for potential conflict was that several participants did not know each other at all, while some project participants were already collaborating.

Consequently, various meetings and conferences were held in which both presentations and discussions took place, generating confidence among the various project participants and successively leading to a foundation of trust upon which several different perspectives could be considered simultaneously.

The project paved the way for slowly developing a common ground, contributing to the integration of trainee posts and a new format for the Master's thesis. Nevertheless, there were periods of polarisation when members of the project and students embraced the new model, while the remaining university teachers continued to perform as before. Fortunately, this polarisation was followed by hybridisation, and a fundamental change came into view once ideas were embraced by the universities included in the project.

The thesis was challenged by an antithesis, consisting of far-reaching changes to the Master's degree project. However, the synthesis or outcome of the change was to connect principles for research with principles for clinical development.

## 4 Discussion

The analysis of the change process highlights tensions and conflicts related to different perspectives on research and development and how research-based knowledge is created in a scholarly manner. Further, the results show how a change process based on conflicting perspectives can lead to 'entrenched' views being questioned and developed. This study took its departure from the prevailing view that scientific knowledge appeared to be concerned with achieving a research-like environment, with the clinic primarily serving as a study object for the degree project, and the challenging view concerned with providing a creative and developmental learning environment. These conflicting views were revealed in the confrontations involving discussions on several levels, i.e. in meetings between teachers and students and between the establishments' teaching staff and clinical representatives. At the same time, these confrontations generated discussion around the topic of what constitutes scientific knowledge, views on this thus evolving during the change process.

In contrast to studies not reporting any tensions during change processes <sup>[5, 6]</sup> this study identifies confrontation as a significant factor in bringing about change. The confrontation elicited within the period of the project altered views on the Master's programme inasmuch as the degree project came to be seen as contributing to both research and healthcare development. The project revealed that the process of acquiring knowledge in connection with preparing a degree project can strengthen students' ability to assimilate knowledge <sup>[16]</sup>, handle complex phenomena and situations and participate in research or development work <sup>[11, 17]</sup>, which in turn creates the conditions for best practice in healthcare. The collaboration between educational establishment and clinic may combat the decline in the use of research among newly qualified nurses Cf. <sup>[18, 19]</sup>.

In accordance with the findings of Faubert <sup>[4]</sup> our results show dichotomization between what constitutes research and what constitutes development work. Such separate interests generated tensions. The prevailing view measured the quality of students' degree projects according to traditional research principles, while the challenging view measured quality in

terms of healthcare development. The tensions based on conflicting perspectives were a lack of continuity, integration, involvement and openness due to a lack of trust and confidence.

Following this change process, the newly qualified specialist nurses were focused on directly using their newly found skills at work in their meetings with patients. The project contributed to adopting a wider perspective at the time of their examination, and the specialist nursing students were ready and willing to work with an evidence-based approach. We can presume that this will contribute to closer links between research and practice, a need that has been elucidated by the fact that specialist nurses' use of evidence-based knowledge declines after a few years in the profession<sup>[20, 21]</sup>.

A limitation of the study was that we only examined one single part of the Bologna reform, namely the integration between the educational and operational sectors within one single programme. The study collected its data from five universities in one country. The reform embraces all the countries in Europe and limited studies in different parts of some countries are not enough to evaluate the effects of the reform. There is a need to expand the research activities in order to follow up the implementation proceedings.

## 5 Conclusions

Conflicts and tensions in the process of change during the implementation of degree projects in specialist nursing programmes were analysed in this study by means of a classic dialectic model: thesis, antithesis and synthesis. During the implementation, a process of change evolved from a prevailing perspective (thesis) developed at a time when degree projects were undertaken by a minority of Master's students outside specialist nursing programmes, and were research-oriented in nature. This perspective was challenged by efforts in order to induce clinical development and quality improvement for students' degree projects (antithesis). Conflicts thus arose around desired knowledge for clinical development and specialist nursing competence. Tensions of lack of trust and confidence were expressed as excluding and supercilious behaviour from the defenders of the traditional model. The conflicts did however enable the evolution of an amalgamated perspective based on continuity between research-based and clinical-improvement based degree projects (synthesis) because the different views were revealed and processed. A synthesized view paved the way for nurturing shared involvement between universities and healthcare settings regarding specialist nursing students' degree projects.

## Implications

Faculty members' strategic work to create arenas for collaboration with clinicians and students can facilitate generative learning processes among the involved students and clinicians, especially if their dialogue can facilitate different perspectives on a problem area. Old public organizations such as universities and public healthcare are known to be resistant to change. They are characterized by conservative traditions and maintain a system based on path-dependent routines<sup>[7, 22]</sup>. However, as it has been seen in this study, the integration of various perspectives can lead to change and development. Furthermore, different perspectives give a richer picture and understanding of problems. If these encounters are to be positive, creative as well as dynamic, we need to develop skills to understand and interpret several contexts. For example, we need skills for leading the interaction process when testing knowledge and discussing results. We also need favourable conditions in both healthcare settings and university organization for shared involvement as a way of collaborating. This indicates a need to build arenas for discourse as an opportunity to provide continuity between research-based and clinical improvement.

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