In July 2003, I was hired as chair of the University of North Carolina at Charlotte’s Department of Adult Health Nursing, part of the institution’s newly reorganized College of Health and Human Services. In July 2006, I will step down as chair and revert to faculty status. A new chair will not take my place. Because of structural redesign, the department will no longer exist as a separate unit. As the last chair, I have had the challenge of intellectually realigning my department faculty to be in a School of Nursing without departments, while responding to the institutional changes affecting us.

UNDERSTANDING THE INSTITUTIONAL CHANGES

When I was hired as chair, change was in the air at UNC Charlotte. The university had achieved research-intensive status the previous year, and was proud of its tradition of strong undergraduate education and its growing research mission. The UNC system also had announced that it would be providing the university with new resources to help it attain research-extensive status by 2010.

The nursing unit was also going through some changes when I started my appointment. For the first time, nursing was structured as a school with two departments within the new College of Health and Human Services. Previously, nursing had been two departments within the College of Nursing and Health Professions. People were joyous about the unit’s new status as a school, but confused about how decisions would be made and how responsibilities should be allotted at the school and department levels. There were no other schools within colleges at UNC Charlotte to use as a model.

When the college dean of 14 years retired in June 2004, we knew more change was coming. When the new dean arrived, the new emphasis on research and scholarly productivity throughout the university was clear. Previously, all tenure-track faculty had lighter teaching loads than faculty with restricted appointments. Now, teaching workloads would be decided by new criteria, including level of external funding. Also, this was the first time that nursing had a dean who was not a nurse. A review of the graduate nursing programs began with an eye to limiting programs to those with high enrollments, having more shared courses, and setting minimum class sizes. The undergraduate nursing programs also were reviewed and changed. Faculty had to deal with changed workloads, a great deal of curriculum work, and the initiation of the changed workload criteria.
After two years, at the request of our associate dean/director, consultants were hired to assist with the reorganization of the school. The reorganization plan is now complete and the school will go to a program model without department chairs in July 2006. The associate dean/director position will have the usual responsibilities of a chair with some added associate dean–level responsibilities. Two new assistant director positions also will be added: One will focus on undergraduate education and the other will focus on graduate education.

LEADING DURING A PROCESS OF TRANSITION

Leading in any circumstance is a challenge, but as a new chair and faculty member, I have faced the issue of dealing with a demoralized department during a process of rapid institutional change. When I was appointed, the dean told me that my department was in disarray. The previous chair had left suddenly, leaving behind a history of favoritism and poor communication. The department included several “strong personalities” with tenure, an assistant professor that was hired against department preferences, and a number of long-term lecturers. As I reflect on my experience, I see two guiding principles in my work as chair. The first is a constant effort to establish good communications between myself and all department members, and the second is a willingness to persist on my path to encourage all types of scholarship even when I meet opposition, much of it passive rather than active.

My first goal as chair was to meet the faculty and establish a sense of fairness and communication within the department. I asked that each faculty member to make an appointment to meet with me. Few did. At our first department meeting, we followed an agenda and began and ended the meeting on time. To my surprise, several faculty members came up afterward and told me they appreciated this format. One by one, they trickled into my office to talk, usually about other faculty members. I discovered many had long histories of unresolved grievances against one another. Two faculty members told me they had been assured that they would never have to teach anything together. Many faculty had begun research programs but no one was externally funded. Little by little, I learned the history of my department.

Complicating my efforts were a number of revelations about the blurred structure and lack of standards under which we operated, including the blurring of roles between the department chairs and the associate dean/director of the school. For example, the associate dean/director was on the college’s Administrative Council and met regularly with the dean, as did the other chairs in the college. Nursing chairs only attended the Administrative Council; they did not meet regularly with the dean. Also, nursing faculty often bypassed the department chairs and went to the associate dean/director with small problems and complaints about teaching assignments or student issues.
Within the school, program responsibilities were shared, delegated, or nonexistent. The BSN program didn’t have a coordinator, the RN-BSN coordinator reported to the associate dean/director, and MSN specialties were coordinated by faculty in the department where the program resided. Program coordinators used different timetables and standards to admit students.

Strong lines were mentally drawn between administration and faculty. Administrators thought faculty shrugged responsibility and wanted to do as little as possible. Faculty thought that administrators were intruding into their roles and made program decisions without consulting them.

Many faculty also espoused interest in research and publishing, but lacked experience and were anxious about trying. A few faculty members had publications and internal funding and needed guidance to go to the next step.

After learning all of this information, I tried my best to establish a positive work environment. I said hello to everyone whenever they were in the office. I made sure department meetings had agendas and followed up on the previous month’s items. As part of the agenda, I also requested that faculty give their research presentations at the department meetings before presenting them at professional meetings so department members could provide feedback and support and learn about what their fellow coworkers were doing. Two faculty members received new internal funding and one went on leave for postdoctoral training (the first in nursing at UNC Charlotte). When issues arose, I met with faculty privately so I could hear as many sides as possible. When annual evaluations came due, I worked hard to use data to support positive and negative feedback. By the end of the second year, faculty still complained about a “lack of communication” and whined about lack of resources, but most faculty also provided positive feedback about the changes I made and said they knew I respected them.

In my third year as chair, three faculty members left the department and one assistant professor was refused re-appointment. The nursing faculty shortage made recruiting new faculty difficult. We were able to recruit and hire only two replacements and felt the pinch. We especially needed nurse practitioner faculty, but could not pay a salary that competed with the local practice salaries. We had to hire more part-time faculty than ever before, which required the full-time faculty to have more orientation and supervision responsibilities.

Meanwhile, the issues regarding boundaries of responsibility and lack of program accountability became more visible. To help deal with these issues, changes were made. The Graduate Curriculum Committee now includes all the graduate program coordinators, and the committee is now responsible for looking at admissions and progression. Faculty began to take more responsibility for accomplishing tasks and not just meet in committees and make recommendations.
Also, scholarship became expected instead of something that was done by only a few faculty members. Two faculty submitted NIH AREA grants, faculty asked about how one another’s research was progressing, and all of the tenured and tenure-track faculty had publications.

AS I PREPARE TO DEPART

My focus now is to support my faculty through the nursing educational program changes, the growth process as scholars, and in the transition to reporting to the associate dean/director. In many ways, change is still going at breakneck speed. It is anticipated that several faculty will retire at the end of this academic year. The shortage of nursing faculty continues to be a major issue in recruitment. And a new chancellor, who has a reputation for being a change agent, was installed in February. The college also will move into a new building in 2007 and all the departments and the school will be housed together for the first time.

While I will relinquish my assigned responsibilities as a chair, the transition process will continue well into the future. As I move back to a faculty position, I hope that the efforts I began will continue—in such areas as deciding between teaching and research as a career focus, improving communications, building new research and publication skills, and designing effective and efficient curricula.