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Original research article

Nursing educators' concerns during the implementation of a core curriculum

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Abstract
Background: An update of the nursing core curriculum was released in 2019 and revised to meet the challenges of the Israeli health system. The revision was based on the Advisory Committee's (2017) recommendations and outcomes of a Nursing Administration Inspection (2018). The implementation process of the nursing core curriculum has never been broadly evaluated in Israel. This study aimed to examine factors associated with concerns of nursing educators during the implementation process.
Methods: A cross-sectional study was performed on a representative sample of nursing educators in Israel. 107 nursing educators answered two questionnaires distributed from November 2019 until September 2020: Stages of Concern Questionnaire (SOCQ) and a questionnaire designed for the current research. The statistical analysis included Pearson and Spearman correlations and multiple linear regressions.
Results: The findings revealed several associations regarding nursing and educational experience, familiarity, perception, and use of the current (2012) and new (2020) core curriculum, as well as organizational climate, with the nursing faculty members' concerns during innovation implementation. Training was positively related to the final stages of concern, supporting the effectiveness of educators' preparation in the implementation process.
Conclusion: A comprehensive approach to the core curriculum revision based on collaboration with educators and advance training on innovation involves the educators in the task and reduces their concerns during the implementation process.

Keywords: Implementation process; Nursing core curriculum; Nursing education; SOCQ

Introduction

The evolution of nursing education included a transformation from a content-based to a concept-based curriculum (Repsha et al., 2020). In the new millennium, changes in the nursing curriculum focused on the adaptation of educational programs to address the significant transformations within the healthcare system, such as technological development, quality and safety issues, cultural competence, and globalization (Keating and DeBoor, 2017; Oermann et al., 2017).

Most of the literature illustrated the curricula revision and development process in the USA and Canada (Jager et al., 2020; Keating and DeBoor, 2017) or in European countries (Collins and Hewer, 2014). Hall and Hord (2020) claimed that many new curricula in general education are not put into practice. They stressed the importance of the assessment of the implementation process and warned that one could not judge implementation and claim its failure if the process was not documented and evaluated.

Nyoni and Botma (2020) showed that when regulators dictated the changes without collaboration with nursing educators on the ground, the implementation process encountered difficulties; moreover, forced cardinal changes arouse resistance from both nursing educators and students (Walton-Nunez, 2019; Zhu et al., 2022). The leadership and empowerment environment were found to be essential for recruiting faculty members to actively participate in curriculum modification (Chowthi-Williams et al., 2016). Crick and Priestley (2019) described the positive impact of educators' active involvement in the curriculum revision process. Schreiner (2021) found that more experienced nursing educators sought effective ways to use innovation.

Few studies have been conducted concerning the adaptation of the nursing curriculum in Israel to the social and professional challenges of the 21st century. For example, some studies presented nursing students' perceptions concerning nursing as a profession, the nurse's public image, and its influence on nursing education or sociodemographic changes in the nursing student population (Ben Natan, 2009; Birenbaum-Carmeli, 2007). Others examined the integration of genomic skills into nursing practice (Dagan et al., 2021) or noted insufficient exposure of nursing students to public health aspects that influenced their motivation to specialize

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in this field as graduates (Sela-Vilensky et al., 2020). Hence, it was found to be important to explore the process of nursing core curriculum implementation in Israel.

The Israeli Ministry of Health (MOH) Nursing Administration department is a regulator responsible for the core curriculum of Registered Nurses (RN) and their final accreditation. The BSN/BA (Bachelor of Science in Nursing / Bachelor of Arts) curricula of universities and colleges' nursing programs are under the responsibility and supervision of the Israeli Council for Higher Education (CHE) and are based on the Registered Nurses (RN) core curriculum released by the MOH. Educational programs applied solely at nursing schools are under the supervision of the Nursing Administration department. Every graduating nurse in Israel must pass a government examination to receive an RN license.

In October 2019, the Nursing Administration department published a revised (new) nursing core curriculum for Diploma RN programs. Contrary to the past core curriculum revisions, this was based on the Advisory Committee's recommendations to the Head Nurse (2017) and findings from the Nursing Administration Inspection of all nursing educational programs in Israel (2018). These processes allowed the regulator to learn the level of implementation of the existing core curriculum and design desired changes in collaboration with nursing educators. The regulator guide for implementing this core curriculum in nursing programs began in September 2020.

This research aimed at identifying factors associated with educators' movement through the stages of concern during the implementation process. According to the CBAM (Concerns Based Adaption Model) framework, each educator goes through all the stages of concern during the implementation of innovation (Hall and Hord, 2020). The central question is which factors improve the transition between the stages until the final stages of collaboration and refocussing, thus reflecting the effectiveness of the implementation. According to Hall and Hord (2020), it is essential to understand the personal side of change, as failing to consider educators' concerns is likely to incur antagonism and even denial of an innovation.

The research goals were: (1) to measure the intensity of nursing faculty members' concerns of the implementation of the 2020 (new) nursing core curriculum; (2) to examine the relationships between sociodemographic and organizational factors and the participants' stages of concern. The research hypothesis was that sociodemographic and organizational factors will be associated with the stages of concern during the implementation process.

Materials and methods

Design

The current study is the quantitative part of a mixed-methods research applied to explore the 2020 (new) core curriculum implementation process in nursing education in Israel, conducted as a cross-sectional correlational design. Dependent variable: Stages of concern. Independent variables: Sociodemographic and organizational factors (background features of nursing educators).

Sample

A purposive sample of 107 Israeli nursing educators was recruited.

Eligibility criteria for participants were: (1) Working as nursing faculty members in a nursing school or university or college nursing department; (2) Licensed RNs; (3) Involved in undergraduate nursing education. Exclusion criteria were: (1) Involved mainly in CPE – the continuous professional education field; (2) Nursing educators who are not RNs; (3) Involved mainly in MA nursing education programs.

In total, 295 nursing educators in all Israel nursing educational institutions were eligible, according to the information provided by the Israeli Nursing Education Association during the qualitative part of the study. The questionnaires were distributed from November 2019 until September 2020, during the annual conference of the Israeli Nursing Education Association and by e-mails and direct delivery to nursing institutions heads. In total, 107 were completed by 79 participants affiliated to nursing schools and 28 to university or college nursing departments. The response rate was 35% of the targeted population.

Power analysis was conducted using G*Power version 3.1 (Faul et al., 2007). For a correlation of $r \geq 0.27$, with $\alpha = 0.05$, and the required power level of 0.80, the required sample size is 105 participants. For a multiple linear regression model, with a medium level effect size of $f^2 = 0.15$, $\alpha = 0.05$, and a power level of 0.80, the minimum required sample is 98 participants.

Data collection and instruments

Several questionnaires were used in the current study, as shown in Table 1.

Additionally, SOCQ included open questions regarding innovation: length of time and level of familiarity with the new core curriculum, and preliminary formal training. This questionnaire (SOCQ) has high reliability (Byrne and Prendergast, 2020), was designed to estimate numerous educators' concerns, and has been applied by researchers in general and nursing education for over forty years in different countries (Al-Shabatat, 2014; Hall and Hord, 2020; Lochner et al, 2015; Schreiner, 2021). Therefore, this tool was found appropriate to evaluate nursing educators' concerns during the implementation process of the 2020 core curriculum.

Validity, reliability, and rigor

As a part of this research, the SOCQ tool (George et al., 2006) was translated into Hebrew according to permission from SEDL-AIR (Southwest Educational Development Laboratory – the American Institutes for Research). The process included back translation into English and consultation with four experts in the field of nursing education. Questionnaires were piloted with 29 nursing educators with similar background characteristics to the entire research sample. Internal consistencies for the SOCQ were low to acceptable, mostly due to the small pilot sample, and were found appropriate according to the literature (George et al., 2006; Hall and Hord, 2020).

Data analysis

SPSS version 28 was used. Means and standard deviations were used to describe continuous variables, and frequencies and percentages were used to describe categorical variables. Pearson correlations were calculated to assess the association between continuous variables, and Spearman correlations were calculated for association involving categorical (ordinal) variables. Multiple linear regressions were calculated for the scores of the seven stages of concern, using the sociodemographic and organizational characteristics as independent variables. SOCQ authors recommend using raw scores for statistical purposes (George et al., 2006). Thus, raw scores were used in the current research.

Table 1. The study questionnaires

Questionnaire	Purpose	Number of items	Scales and α s	Based on, References
Stages of Concern Questionnaire (SOCQ)	Examine educators' expression of different stages of concern during innovation implementation in educational settings. Evaluate personal attitudes to change, and perceptions, feelings, thoughts, and fears of educators during innovation implementation. Based on the CBAM framework.	35, Rated 0 (irrelevant to me) to 7 (very true for me)	Stage 0 – unconcerned (α = 0.72) Stage 1 – informational (α = 0.66) Stage 2 – personal (α = 0.82) Stage 3 – management (α = 0.70) Stage 4 – consequence (α = 0.64) Stage 5 – collaboration (α = 0.69) Stage 6 – refocusing (α = 0.72)	George et al., 2006; Hall and Hord, 2020; Schreiner, 2021
Perception of the current nursing curriculum	Extent of familiarity with the current nursing curriculum, perceived extent to which the current core reflects the required knowledge and skills.	10, Rated 1 (not at all) to 7 (to a great extent)	One scale (α = 0.76)	Preliminary qualitative stage (in-depth interviews) The qualitative stage (not discussed in this article) focused on the investigation of the implementation from the macro-level of decision-makers, to the meso level of nursing educational institutions
Perception of the new nursing curriculum	Extent of familiarity with the new nursing curriculum, perceived extent to which the new core reflects the required knowledge and skills.		One scale (α = 0.78)	
Organizational climate	Perception of the organizational climate in the workplace.	3, Rated 1 (not at all) to 7 (to a great extent)	One scale (α = 0.95)	
Management style	Perception of management style in the workplace: effective management, collaborative decision-making.	8, Rated 1 (not at all) to 7 (to a great extent)	One scale (α = 0.87)	
Work burden	Extent of feeling overloaded with work-related tasks.	1, Rated 1 (not at all) to 7 (to a great extent)	One scale (item)	
Background information	Demographic and nursing and teaching-related information.	8	(Table 2)	

Results

Descriptive findings – general

This research included 107 nursing faculty members from nursing schools or nursing departments, 85% females, in their late forties on average. Most were Jewish and Israeli-born. The participants had been nurses for up to 50 years, the average being about 23 years. On average, the participants had about 13 years' experience in nursing education and teaching. Most nursing educators had an MA degree and advanced professional courses (see Table 2).

Descriptive findings – the new nursing curriculum

Participants reported varying levels of familiarity with the new core curriculum (Table 3). About 59% have known about it for a year, 23% for two or more years (23%), and 17% were unfamiliar with it. The levels of use of the new curriculum were split from no use (14%), through novice use (32%), to intermediate use (19%), and experienced use (30%). The correlation between the level of familiarity with the new core curriculum and the level of use was high (r_s = 0.54, p < 0.001). About 53% of the participants received formal training for the new core curriculum implementation.

Concerns about the new nursing curriculum

Educators' concerns about the new nursing curriculum were defined according to the seven stages of the CBAM framework. These stages can be further categorized into three main categories: self, task, and impact (George et al., 2006; Hall and

Table 2. Participants' background characteristics, nursing, and nursing education experience (*N* = 107)

		Range	M	SD
Age		29–72	48.28	9.78
			N	%
Gender		Male	16	15.0
		Female	91	85.0
Country of birth		Israel	76	71.7
		Former USSR	23	21.7
		Other	7	6.6
Religion		Jewish	79	74.5
		Muslim	17	16.0
		Christian	8	7.6
		Other	2	1.9
		Range	M	SD
Years in nursing		4.5–50	23.05	9.82
Years in nursing education (n = 81)		0.5–46	13.15	10.17
			N	%
Degree		BA	3	2.9
		MA	78	74.3
		PhD	24	22.8
CPE (Continuous Professional Education courses)		Yes	85	80.2

Table 3. Characteristics related to the new nursing curriculum (*N* = 107)

		N	%
Years of familiarity with the new core curriculum (*n* = 106)	None	18	17.0
	1 year	63	59.4
	2–3 years	14	13.2
	4 years or more	11	10.4
Level of using the new core curriculum (*n* = 105)	No	15	14.3
	Novice user	34	32.4
	Intermediate user	20	19.0
	Experienced user	32	30.5
	Former user	4	3.8
Trained for the new core curriculum (*n* = 105)	Yes	56	53.3

Hord, 2020). The results in Table 4 show that the highest mean score was found for stage 5 – 'Collaboration', with the main focus on impact. Somewhat lower scores were found for stages 1 – 'Informational', 2 – 'Personal', and 6 – 'Refocusing', focusing on the self (stages 1 and 2) and impact (stage 6). The lowest mean score was found for stage 3 – 'Management', focusing on the task.

Factors associated with the stages of concern about the new nursing curriculum

The research findings revealed that, on average, the level of familiarity with the current curriculum was high (M = 5.59, SD = 1.48), and its perception was generally positive (M = 4.64, SD = 0.87). The level of familiarity with the new curriculum was moderate-high (M = 4.82, SD = 1.67), and its perception was also positive (M = 4.87, SD = 0.87). Organizational climate and management style were evaluated positively (M = 5.92, SD = 1.22 and M = 5.56, SD = 0.97, respectively). The work burden was also moderate-high (M = 4.68, SD = 1.79) (not in tables).

Table 4. Means, standard deviations, and correlation coefficients for educators' concerns (*N* = 107)

		Stage						
	M (SD)	0.	1.	2.	3.	4.	5.	6.
Stage 0 – 'Unconcerned'	15.70 (6.88)	1						
Stage 1 – 'Informational'	21.03 (6.07)	0.12	1					
Stage 2 – 'Personal'	19.99 (8.15)	0.23*	0.71***	1				
Stage 3 – 'Management'	13.46 (6.43)	0.53***	0.26**	0.33***	1			
Stage 4 – 'Consequence'	14.90 (5.64)	0.22*	0.51***	0.51***	0.47***	1		
Stage 5 – 'Collaboration'	23.08 (6.25)	–0.15	0.55***	0.41***	0.12	0.42***	1	
Stage 6 – 'Refocusing'	18.59 (5.99)	0.11	0.42***	0.31**	0.53***	0.41***	0.54***	1

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Note- range: 0–35. Most correlations between the stage scores were positive, moderate to high, and significant. Mainly, the correlations between stage 1 to 6 scores were positive. A higher score received by any stage from 1 to 6, was related to higher scores for the other stages.

Table 5 presents bivariate correlations between various personal and organizational features and educators' concerns about the new curriculum. Significant moderate correlations were found. Younger age, lower nursing and nursing education experience, and a more novice level of using the new core curriculum were related to higher scores for the initial three stages of 'Unconcerned', 'Informational', and 'Personal', focusing on the self. Lower familiarity with the new curricula, a less positive perception of it, and a less positive perception of the organizational climate and the management style were also related to higher scores for some of the initial three stages. Being trained for the new core curriculum was related with higher scores for the sixth stage 'Refocusing', centering around impact. Work burden was unrelated to the stages of concern.

Seven multiple linear regression models were calculated to assess the research hypothesis, with concerns for each of the seven stages serving as dependent variables. The independent variables were the sociodemographic and organizational factors, shown in Table 5. Evaluation of the associations among the independent variables revealed that some were highly interrelated. Therefore, the variables representing them were chosen for the regression analyses. That is, age, years in nursing, and years in nursing education were highly interrelated ($r = 0.67$ to $r = 0.90$, $p < 0.001$); thus, years in nursing were used to represent them. The 'level of new curriculum usage' was used to represent both 'usage' and 'familiarity with the new core curriculum' as they were highly interrelated ($r = 0.69$, $p < 0.001$). Likewise, the 'perception of the new core curriculum' was used to represent perceptions of both new and current curricula as they were also highly interrelated ($r = 0.53$, $p < 0.001$). Finally, organizational climate, management style, and work burden were moderately to highly interrelated ($r = 0.31$ to $r = 0.79$, $p < 0.001$), and organizational climate was used to represent them. Another independent variable used was the training for the new nursing curriculum.

All dependent and independent variables did not deviate from a normal distribution (skewness = –0.71 to 0.73, SE = 0.23). The calculated seven multiple linear regression models are presented in Table 6.

The results showed that five of the seven models were significant, with 12% to 23% of the variance in the stages of concern being explained in them. Nursing educators with less experience, and a less positive perception of the new curriculum and the organizational climate, expressed more concerns for the *initial stage 0* (*'unconcerned'*). Nursing educators who were less experienced in using the new core curriculum and perceived it less positively, expressed more concerns with the *first stage* (*'informational'*). Moreover, less experienced faculty members who were less familiar with the current curriculum, expressed higher concerns with the *second stage* (*'personal'*).

Table 5. Pearson and Spearman correlations between educators' concerns and personal and social perceptions (*N* = 107)

	Stage 0 – 'Unconcerned'	Stage 1 – 'Informational'	Stage 2 – 'Personal'	Stage 3 – 'Management'	Stage 4 – 'Consequence'	Stage 5 – 'Collaboration'	Stage 6 – 'Refocusing'
Age	–0.29**	–0.25*	–0.27**	–0.14	–0.09	–0.09	–0.05
Years in nursing	–0.33***	–0.20*	–0.29**	–0.17	–0.08	–0.01	–0.05
Yeas in nursing education	–0.26**	–0.28**	–0.36***	–0.06	–0.18	–0.10	0.05
Level of using the new nursing curriculum	–0.26**	–0.38***	–0.34***	0.08	–0.19	–0.04	0.15
Familiarity with the current curriculum	–0.12	–0.27**	–0.37***	–0.04	–0.18	0.04	0.09
Perception of the current curriculum	–0.27**	–0.02	–0.07	–0.09	0.11	0.12	–0.02
Familiarity with the new curriculum	–0.30**	–0.22*	–0.28**	–0.06	–0.18	–0.02	0.13
Trained for the new nursing curriculum	–0.13	–0.07	–0.05	0.12	–0.09	–0.02	0.22*
Perception of the new curriculum	–0.37***	–0.23*	–0.10	–0.24*	–0.13	–0.05	–0.29**
Organizational climate	–0.35***	–0.07	–0.18	–0.32***	–0.12	0.01	–0.15
Management style	–0.42***	0.01	–0.22*	–0.29**	–0.08	0.06	–0.10
Work burden	–0.12	0.12	–0.01	–0.10	0.12	0.17	0.18

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Table 6. Multiple linear regressions for the stages of concern, with sociodemographic and organizational factors (*N* = 107)

	Stage 0 – 'Unconcerned'	Stage 1 – 'Informational'	Stage 2 – 'Personal'	Stage 3 – 'Management'	Stage 4 – 'Consequence'	Stage 5 – 'Collaboration'	Stage 6 – 'Refocusing'
	β	β	β	β	β	β	β
Years in nursing	–0.28**	–0.08	–0.20*	–0.14	–0.05	–0.03	–0.02
Familiarity with the current curriculum	–0.01	–0.11	–0.27**	–0.13	–0.14	0.06	–0.01
Trained for the new nursing curriculum	–0.13	–0.01	–0.04	0.02	–0.09	–0.06	0.22*
Level of using the new nursing curriculum	0.01	–0.30***	–0.10	0.24*	–0.02	0.01	0.23*
Perception of the new curriculum	–0.27**	–0.19*	–0.03	–0.20*	–0.05	–0.05	–0.29**
Organizational climate	–0.22**	0.04	–0.13	–0.25**	–0.07	0.07	–0.08
Adj. R^2 F	0.23 $F(6, 100)$ = 6.21***	0.17 $F(6, 100)$ = 4.51***	0.17 $F(6, 100)$ = 4.54***	0.12 $F(6, 100)$ = 3.42**	0.01 $F(6, 100)$ = 0.94	0.01 $F(6, 100)$ = 0.21	0.13 $F(6, 100)$ = 3.57**

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Finally, faculty members trained to implement a new core curriculum, who were more experienced in using the new curriculum, had a less positive perception of the new core curriculum and expressed more concerns with the *sixth stage* (*'refocusing'*).

Discussion

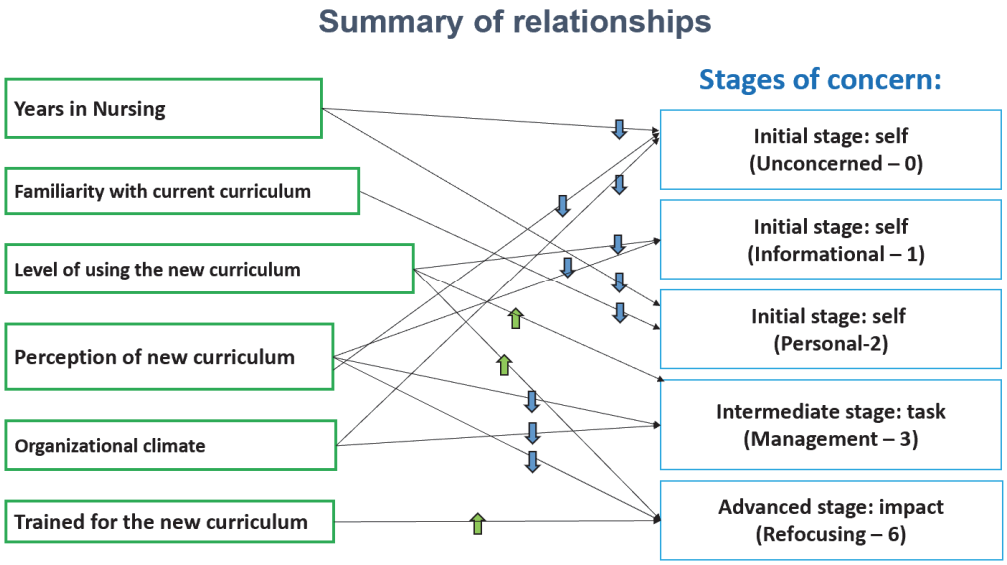
This study describes the association between nursing educators' concerns about the implementation of innovation and factors that influence the implementation process of a new nursing core curriculum. The findings indicated some significant relationships between demographic variables and concern stages regarding innovation implementation (Scheme 1). Educators' concerns about implementing innovation (the first three stages) were negatively related to their age, experience, and familiarity with the new core curriculum. The linear regression findings also support that less experienced educators with low familiarity in using both core curricula (2012 and 2020) expressed more concerns with the three initial stages, ($\beta = -0.28$ $p = 0.004$; $\beta = -0.27$ $p = 0.010$; $\beta = -0.30$ $p < 0.001$) respectively. Schreiner (2021) stressed that the intensity of concern at specific stages could be explained by demographic information in some instances. In the current research, the average participant age was 48, with an average of 23 years' experience as RNs and 13 years in nursing education. Scott (2020) claimed that the more experience the educator had, the more skilled their responses regarding educational change.

Faculty members who received guidance and training regarding the new core curriculum felt more confident and were associated with a higher score on the last (sixth) stage of concern – 'Refocusing'; thus, they had a positive impact on the implementation process. According to Ikeda et al. (2021, p. 157), introductory training for educators is essential for successful educational innovation implementation. Hall and Hord (2020) claimed that one of the fundamental postulates of the CBAM approach is to facilitate and manage the change process. They stated that training for innovation is the key to success that makes the difference. It helps overcome the educator's resistance to innovation and move from the initial stages of concern to higher ones that enhance implementation. Recent studies support this hypothesis (Mahajan et al., 2022).

Implementing change in education requires educators' personal and cooperative efforts. Moreover, there is an essential need for ongoing support from school directors and the work environment to achieve a long-lasting effect (Fullan and Hargreaves, 2013; Kwok, 2014). The concerns related to the level of management were found to be directly related to the school administration's ability to carry out any innovation; thus, the organization's management style is one of the significant factors that can influence innovation implementation (Teerling et al, 2020). The current study showed that negative organizational climate was associated with the initial stage (0 – 'unconcerned') of concern ($\beta = -0.22$ $p = 0.015$).

The findings additionally suggest that variables such as a positive organizational climate and a supportive management style were concomitant with lesser concerns in the initial stages by CBAM [$r = -0.22$ $p = 0.021$ to $r = -0.42$ $p < 0.001$; min. to max. correlation]. Moreover, educators who expressed higher scores for the last stages of concern also perceived themselves to be more actively involved in decision-making regarding innovation. According to Harris et al. (2020), educators' involvement and leadership in innovation implementation significantly contribute to curricular reform outcomes. Additionally, earlier studies showed that factors such as innovation characteristics, educators' characteristics, implementation policies, organizational climate, and interventions impact the concerns predicted by CBAM (Hall and Hord, 2020).

Schreiner (2021) emphasized the need for sufficient resources, support, and an appropriate managerial attitude to the workload to lead innovations and recruit staff for the implementation process. The current research found that most participants reported moderate to high levels of burden related to workplace demands. There was no relationship between



Note: 1. The representing variables for regression were chosen from highly interrelated variables. Years in Nursing represent age and years in the field of nursing education. The level of using the new curriculum represents familiarity with the new curriculum. Perception of the new curriculum represents the perception of the current curriculum. Organizational climate represents management style and work burden.
2. Upward arrows mark positive associations and downward arrows mark negative associations.

Scheme 1. Summary of relationships between descriptive variables and stages of concern according to multiple linear regressions results

the levels of burden and the stages of concern regarding the new curriculum, familiarity with the core curriculum, or its perception. It only negatively related to the perceived organizational climate ($r = -0.32$, $p < 0.001$) and management style ($r = -0.52$, $p < 0.001$), thus the sense of burden was greater in a less favourable organizational climate with perceived less cooperative and less effective management style.

To sum up, younger age, less experience, lesser familiarity with a current and new core curriculum and their less positive perception were related to the three initial stages of concerns, while multiple roles performed in their work, and training for the new core curriculum were related to the last stage. These findings point to the fundamental role of a skillful and experienced workforce, organizational encouragement, and a proactive and supportive management style to implement innovations successfully.

Research limitations

The following study limitations should be acknowledged: (1) The study relies on self-reported measures, possibly subject to bias or social desirability effects. (2) The research has limited generalizability with 35% response rate. (3) Nursing educators' concerns were evaluated during the arrangement stages of the implementation of the new core curriculum. Thus, their concerns and the study results are representative of that time. A longitudinal study is recommended to assess change in the intensity of the concerns after the practical implementation phases.

Conclusion

The research findings indicated some associations between organizational climate, management style, educational experience, and nursing faculty members' concerns with implementing the new core curriculum. Organizational support and a proper administrative perspective are needed to achieve a successful implementation process and mobilize a nursing faculty to promote innovations. Recognition of faculty concerns about implementation serves as insights to improve future implementation process.

Authors' contribution

RK conceptualized the study, designed the questionnaires, translated the questionnaires to Hebrew, collected the data from all respondents, analyzed and interpreted the data, and drafted the manuscript. *DC* substantially revised the theoretical background, methodology, the data analysis and the manuscript. Both authors read and approved the final manuscript.

Informed consent

Participants received a written and oral explanation regarding research goals and signed informed consent. The researcher's phone number was available for any clarifications.

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Ethics approval

All methods were performed in accordance with the ethical standards according to the Declaration of Helsinki and its later amendments or comparable ethical standards. The study received approval from the Ethical Sub-Committee of Zefat Academic College (#408218) and the Alexandru Ioan Cuza University of Yasi, Faculty of Philosophy and Social-Political Sciences Ethics of Research Committee.

Conflict of interest

The authors have no conflict of interest to declare.

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