Characteristics of Collaboration Used in Building Partnership among Academic and Practice Organizations to Increase the Proportion of Nurses with a Baccalaureate Degree to 80% by 2020

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Background

Nurse leaders from academic and practice settings engaging in collaborative partnerships were essential to promote models for seamless academic progression (SAP). New Jersey Action Coalition (NJAC) designed a grant funded project to create SAP models through a competency based curricular design aimed at preparing a more skilled, trained nursing workforce.

NJAC held various meetings to inform members of academic and practice settings to consider joining a team for this initiative. Teams were devised based on geographic location and practicality. Each team consisted of representatives from nursing education across different programs as well as nurse leaders from acute care hospitals, home care agencies and long term facilities (LoGrippo, 2015). Each team collaborated on best practices to be included in their specific curriculum that would help prepare future nurses to meet the demands of a complex healthcare environment.

The purpose of this presentation is to describe the characteristics of collaboration involved in the NJAC work and to better understand best practices for ensuring collaboration and partnerships for future projects.

Collaboration

To understand collaboration, conceptual and theoretical perspectives on collaboration were reviewed in the literature. Various concepts describe collaboration in organizational sectors to include efforts that engage the workforce to optimize resources and to problem solve (Muntean, 2009; O'Leary and Bingham, 2009). Thomson, Perry and Miller (2007) defined the collaborative process in which participants come together to work towards a common goal, either formally or informally.

Thomson and colleagues (2007) described collaboration as multidimensional, variable and composed of five key dimensions. The five key dimensions include:
•Governance
•Administration
•Organizational autonomy
•Mutuality
•Norms (Trust)

Incorporating dimensions of collaboration can foster a group's ability to build an effective collaborative relationship and a mutually supportive work environment, and directly have impact on the success of the initiative. Strong collaborative skills will leverage the effectiveness of the relationship, particularly among team members and between organizations (Thompson & Perry, 2006). As evidenced in clinical environments utilizing multidisciplinary teams, a lack of collaboration and teamwork can result in less effective outcomes (Ndoro, 2014).

Methods

A descriptive design involving survey data was used to describe characteristics of collaboration among academic and practice partners. A convenience sample consisting of 30 eligible individuals engaged in the NJAC work.

Individuals were asked to participate by completing a paper and pencil questionnaire derived from Thomson, Perry and Miller (2007) measurement tool for collaboration. Of the 30 eligible individuals , there were 16 participants who completed the survey across the four teams (Table 1.) The questionnaire consisted of four demographic questions along with 57 items using a closed-ended, seven-point Likert scale.

Due to the small sample size, researchers analyzed a 17-point collaboration scale (Thomson et al., 2007) to represent the multidimensional nature of collaboration which had been theoretically and statistically validated for each of the five dimensions. An item included in the questionnaire as suggested by Thomson and colleagues (2009) measuring the participant's overall perceived effectiveness of the collaboration was also used for further analysis.

Instrument

Table 1. 17- Point Collaboration Modified Scale

Dimension	Operationalization
Governance	1. Partner organizations take your organization's opinions seriously when decisions are made about the collaboration?
	2. Your organization brainstorms with partner organizations to develop solutions to mission-related problems facing the collaboration?
Administration	3. You, as a representative of your organization in the collaboration, understand your organization's roles and responsibilities as a member of the collaboration?
	4. Partner organization meetings accomplish what is necessary for the collaboration to function well?
	5. Partner organizations (including your organization) agree about the goals of the collaboration?
	6. Your organization's tasks in the collaboration are well coordinated with those of partner organizations?
Autonomy	7. The collaboration hinders your organization from meeting its own organizational mission?
	8. Your organization's independence is affected by having to work with partner organizations on activities related to the collaboration?
	9. You, as a representative of your organization, feel pulled between trying to meet both your organization's and the collaboration's expectations?
	10. Your organization feels it worthwhile to stay and work with partner organizations rather than leave the collaboration?
Mutuality	11. Partner organizations (including your organization) have combined and used each other's resources so all partners benefit from collaborating?
	12. Your organization shares information with partner organizations that will strengthen their operations and programs?
	13. You feel what your organization brings to the collaboration is appreciated and respected by partner organizations?
	14. Your organization achieves its own goals better working with partner organizations than working alone?
	15. Partner organizations (including your organization) work through differences to arrive at win-win solutions?
Norms (Trust & Reciprocity)	16. The people who represent partner organizations in the collaboration are trustworthy.
	17. My organization can count on each partner organization to meet its obligations to the collaboration.
Perceived effectiveness	The collaborative agreement is effective overall.

Analysis

Of the 16 participants, there were nine (9) academic partners and seven (7) practice partners across all four teams. Mean scores were analyzed among academic and practice partners for all five dimensions as well as overall perceived effectiveness of the collaboration.

Results

Table 2. Average means for Academic and Practice Partners on Five Dimensions of Collaboration

	Partners	M	SD
Governance	Academic	11.44	1.94
	Practice	11.28	2.13
Administration	Academic	24.11	2.42
	Practice	23.42	4.68
Autonomy	Academic	6.00	2.59
	Practice	6.28	3.94
Mutuality	Academic	28.33	3.57
	Practice	28.57	1.90
Norms	Academic	18.66	1.58
	Practice	18.00	.81

In addition to the five dimensions, analysis involving the perception of the effectiveness of the collaboration for the NJAC work indicated that academic partners reported slightly higher perceived effectiveness (M=6.22, SD=.83) than reported by practice partners (M=5.71, SD=1.25).

Academic and Practice Partners

Discussion

The review of the data collected in this study helps to better understand the key features necessary to promote collaboration that involves both academic and practice partners.

Several key elements revealed in this study support continued collaboration among academic and practice partners.

Similar scores identified on four of the five dimensions suggest that there is a shared understanding of collaboration practices necessary to meet an organization's goals and outcomes.

When analyzing the dimension of Administration, academic participants scored slightly higher, with a mean of 24.11 (SD = 2.42) than the practice participants, mean of 23.42 (SD = 4.69).

Additional key elements include:

•For the collaboration to be effective, all individuals must contribute to the discussion and opinions needed to be taken seriously.

•On the dimension of administration, results depicted on this pilot tool that academic partners identified more with the need to understand roles and responsibilities, felt that meetings functioned well, there were agreeable goals and well-coordinated tasks experienced in the collaboration.

Summary

The utilization of this tool does help to provide a framework for understanding essential elements to consider when building collaborative partnerships between academic and practice partners.

References

American Association of Colleges of Nursing. (2014). Retrieved from http://www.aacn.nche.edu/aacn-publications/position/joint-statement-academic-progression
Institute of Medicine. (2011). The Future of Nursing: Leading change, advancing health. Washington, DC: National Academies Press
Ljungholm, D.P. (2014). The process of collaborative governing. Geopolitics, History, and International Relations, 6(2): 105-110.
Thomson, A. & Perry, J. (2006). Collaboration Processes: Inside the Black Box. Public Administration Review, 20. doi:10.1111/j. 1540-6210.2006.00663.x.
Thomson, A., Perry, J. & Miller, T. (2007). Conceptualizing and measuring collaboration. Journal of Public Administration Research and Theory, 19, 23-56. doi:10.1093/jopart/mum036