Guest editorial

Transformational nursing partnerships between academia and practice

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Opportunities and innovations are mostly born out of crisis. The current worldwide shortage of nursing faculty and of nurses in service settings coupled with a decrease in nursing student enrollment have led nurse leaders to seek creative solutions to address the current workforce problems (Bleich et al., 2004; O’Neill and Krauel, 2004; Smith and Tonges, 2004). One such solution has been a renewed interest in strengthening the academic-service partnerships. This type of solution is not new to the nursing discipline and profession and as such it is time it is revisited.

Historically, nursing workforce issues have been addressed either separately or collaboratively. Schools of nursing have put a great deal of emphasis on developing new and innovative curricula, increasing number of faculty and students, and on meeting the needs of a rapidly changing health care system. Hospitals responded by recruiting more nurses, by changing the care environment, and by providing more opportunities for growth and development for their nurses to improve retention (O’Neill and Krauel, 2004; Roche et al., 2004). Progress has definitely been made on all fronts, there are however limits to such unilateral efforts.

Hospitals and schools of nursing have also worked collaboratively to provide clinical experiences for nursing students. The hospital served as a clinical placement site for undergraduate students, nurses in the hospital served as preceptors, and few service administrators held adjunct faculty appointments at schools of nursing. The first collaboration model between education and service was developed by Dorothy Smith at the University of Florida in the late-50s followed by other leaders such as Luther Christian and Loretta Ford. These models unified and linked practice and academia by creating common nursing models, by sharing human resources, and by designing organizational systems to generate synergy (Bleich et al., 2004). Many challenged these models and considered them extreme and unattainable.

In a position statement issued by the American Association of Colleges of Nursing (AACN, 1993 cited in Bleich et al., 2004), a basic set of principles was issued to drive academic-service collaboration. The benefits identified continue to be true today:

- Strength and power in mutual goal setting and control over nursing’s destiny in practice and education.
- Increased visibility and esteem for nursing’s contribution to health care delivery and research by employers, funding agencies, policy-makers, and the public.
- Maximization of access to shared financial and human resources and expertise for mutual benefit of separate and shared missions.
- Enhanced opportunity to maintain relevancy in practice that is on the cutting edge, utilizing current knowledge and skills for quality cost-effective health care delivery.
- Improved, more relevant, cost-effective, and current education of students and staff in undergraduate, graduate, and continuing education programs.
- Increased generation of relevant research questions, access to research subjects, and application of research findings in practice.
- Development of patterns that lead to clinical and academic excellence: commitment to life-long learning, critical self-evaluation, good observation skills, and constant questioning and analysis.

What has become more apparent to many in leadership positions in recent times is the urgent and pressing need for new transformational partnerships in nursing. Regardless of the model followed and before starting the partnership journey, both sides need to find answers to these questions (Smith and Tonges, 2004, p. 305):

- Are the vision and goals of the partners compatible?
- Will each side be able to meet and perhaps to exceed expectations? Are the goals clear, measurable, realistic, and meaningful to both parties?
• Are there any areas in which competition may emerge?
• Can the arrangement augment the basic goals and values of both parties?

A number of academic-service partnerships have evolved in recent years and many have resulted in more excitement, commitment and energizing work among its members. In some institutions, changes at the executive level shifted the focus from working in isolation to collaboration and resource maximization and on developing partnerships built on strengths and supported change for the sake of improvement. Examples of such partnerships can include the creation of a joint academia-service committee which oversees all issues related to clinical education and service. Through such collaborative efforts faculty influence in the hospital setting will increase and vice versa. Faculty can assist in promoting evidence-based practice in the hospital and get more involved in clinical nursing rounds as they pertain to advanced clinical practice, ethics, outcome management, and research utilization and conduct. The academic institution and the hospital can identify common research priorities and work together on enhancing their research profiles and productivity.

Example of such partnerships is King’s Health Partners in the UK, a pioneering global collaboration between one of the leading research-led universities and three of London’s most successful NHS Foundation Trusts whose driving purpose is to continually seek and bring more effective improvements in health and well-being for patients in London and elsewhere (King’s Health Partners, 2008). The Karolinska Institute (2009) and the Institute of Johns Hopkins Nursing (IHN, 2009) are other good examples of Academic Health Science Centers working together to move nursing forward. IHN was established in 1996 as a partnership between Johns Hopkins University School of Nursing and Johns Hopkins Hospital Nursing Services. Its mission is to share the innovations of Johns Hopkins Nursing in practice, education, and research—locally, nationally, and globally.

The creation of a joint center for nursing research can open a wide range of opportunities for faculty and student research as well as mentorship opportunities for staff nurses which will assist them in addressing relevant clinical problems and will bring quality and rigor to the research process. The creation of joint appointments to maximize the use of human resources will bring faculty expertise to the bedside and will provide the students with the expert role models in practice.

Through such partnerships, the hospital can have an influence on the school by the increased exposure of undergraduate and graduate students to service administrators and clinicians. Input from hospital administrators and clinicians can be influential in impacting curriculum change and aligning it with new developments in practice. The hospital can also promote the partnership as part of its advertising strategy and recruitment plan. It can opt to improve its nurse retention strategy by providing funding to cover undergraduate student tuition fees. Additional gains of such transformational partnerships can include joint journal clubs, joint continuing education programs, informal consultations between faculty and hospital staff, shared resources like classroom space, conference areas, computer labs, and skills lab. The Alliance between academia and service underscores the importance of the interdependence between nursing education and service, and is a means of successfully translating the science of nursing into nursing practice. Most importantly, such partnerships will unify and strengthen the voice of nursing at the institution and will give it more influence and stamina.

The nursing profession is well positioned now to reshape the health care system in its various forms. Clearly, the nurse workforce shortage which is expected to be a public health crisis, demands a shift from traditional unilateral efforts to multilateral global strategies on the part of both educational institutions and care delivery systems. Collective wisdom and experience are rare to find in the same organization; it is only through collaboration that nursing’s potentials can be totally recognized.

Conflict of interest

None declared.

References


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