Extending influence in gerontological nursing through partnerships: Experiences from the John A. Hartford Foundation Centers of Geriatric Nursing Excellence

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This article describes how the 5 John A. Hartford Foundation (JAHF) Centers of Geriatric Nursing Excellence (HCGNE) extended their influence in nursing education, practice, and research by partnering with nursing schools and community agencies; developing coalitions; providing local, regional, and national leadership in geriatric initiatives; and by developing complementary funding sources to augment and promote sustainability. The HCGNE partnerships were a significant mechanism for building geriatric nursing capacity in numerous directions. The article provides an overview of HCGNE partnership initiatives, including descriptions of educational, provider, and governmental collaborations; facilitating factors; and outcomes. In addition, exemplars from each HCGNE illustrate successful strategies, lessons learned, and outcomes.

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A prominent feature of the John A. Hartford Centers of Geriatric Nursing Excellence (HCGNE or Center) is the nationwide web of connection that has flourished in the past 5 years, bringing together a range of individuals and agencies.[1] This article describes why and how the 5 HCGNE extended their influence in nursing education, practice, and research by collaborating with other schools, community agencies, corporations, and government (see box with key of abbreviations). Through partnerships, the HCGNE developed coalitions, provided leadership in geriatric initiatives, and generated complementary funding sources to augment and promote sustainability. The HCGNE partnerships were a significant mechanism for building geriatric nursing capacity in research, education, and practice in numerous directions.

WHAT IS A PARTNERSHIP?

The term "partnership" is generally conceptualized in 2 major ways, as a legal affiliation and as a cooperative venture among parties to pool talents and resources. The terms coalition, partnership, and collaboration are used interchangeably in the literature, and there are a wide array of definitions across disciplines.[2-4] For the purposes of this article, partnership is defined as a collaboration of ≥ 2 parties who are willing to contribute resources (eg, time, effort, expertise, influence) to work cooperatively towards a common goal—in this case enhancing our capacity to improve the health and care of older adults.

This article describes a variety of partnerships, ranging from informal alliances to fully executed contractual arrangements. Depending on the reasons for initial formation, the focus, perceived need, and perceived costs/benefits, partnerships may or may not proceed through all stages of development. Modes of gover-

nance evolve with the life cycle stage of the partnership, from informal, to more structured and operational, to a focus on sustainability.[5] Nursing has a long tradition of forming partnerships. In the practice arena, Moyer and colleagues identified 4 stages of building capacity for health promotion activities: identifying common ground, establishing position as a community player with an issue-based agenda, working on a common project, and working with multi-agency/multi-sectoral partners.[6] The partnerships of the HCGNE represent all these stages.

Increasingly, community partnerships are recognized as an important strategy for addressing racial and ethnic disparities in health care through community-based research.[7] This kind of research includes active involvement by members of the community and mechanisms to assure shared control of decision-making and resources. Important outcomes of this approach, beyond reducing health disparities, are greater cultural relevance and improved representativeness and diversity of participation. The benefits of creating partnerships with academic entities are also recognized from the perspective of the business community and government entities.[2,8] Driving forces include the complexity of consumer needs, interdependence of businesses and other related providers, and increasingly scarce resources. Benefits to all parties include greater capacity to address social issues and the generation of social capital.[8]

A number of factors have been identified as influencing the function of partnerships, including member characteristics and perceptions, benefits, satisfaction, participation level, skills, respect, representativeness, and expectations. Important organizational factors include group characteristics and culture, readiness, existing relationships, open communication, flexibility, and leadership. Certain process factors are relevant, such as having a clear purpose, the ways decisions are made, conflict resolution, quality of the work plan, clarity of roles and responsibilities, and sufficient resources.[3,4] Barriers to effective partnership include ideological differences, unequal power, poor collaborative history, insufficient resources, unclear accountability, lack of evaluation, and failure to plan for succession or termination.[4] These member, process, and organizational factors came into play with the HCGNE partnerships and will be illustrated in our exemplars. The following sections provide an overview of selected partnerships across the Centers, and exemplars of the formation, activities, and outcomes of these partnerships.

AN OVERVIEW of HCGNE PARTNERSHIPS

During the first 42 months of funding, the HCGNE were active nationwide in forming important linkages, for a total of 317 across all Centers. These included 206 with other universities or centers, 63 with service providers, 16 with governmental entities, and 32 with other kinds of agencies (see Figure 1).[1] The common goal of these partnerships was to advance educational, practice, research, and policy activities in geriatric nursing to build academic nursing capacity, and to improve the health and care of older adults across the nation.

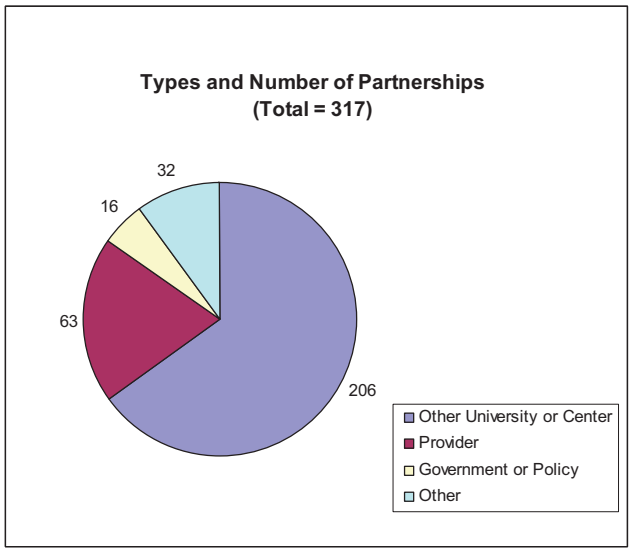

Figure 1. Number and Types of Linkages between HCGNE and Other Institutions.

Through these linkages, the HCGNE expanded their network of influence and mobilized a wide variety of collaborators. General outcomes included increases in clinical and research sites available for students at all levels, collaborative research opportunities, enhanced recruitment, opportunities for dissemination of research into practice, and greater visibility of the Centers. These linkages would not have been possible without a unifying vision for increasing academic geriatric capacity and the funding to create the infrastructure enabling the Centers to develop significant partnerships and collaborations.[1] The focused intent of the Centers provided greater motivation to facilitate growth with existing linkages as well as to develop new connections.

Forming partnerships has been a core value and activity since the inception of the HCGNE. In the following section, we provide an overview with examples of 3 main kinds of partnerships: with other educational institutions, with corporations and providers, and with governmental agencies.

Educational Partnerships

Three types of educational partnerships are presented: coalitions with schools of nursing focused on gerontological curricula developed by 2 HCGNE, a partnership to promote Web-based knowledge dissemination, and a cross-disciplinary collaboration to develop a practicum in health law and policy.

The Southern Region Coalition was initiated by the University of Arkansas for Medical Sciences (UAMS)