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Factors influencing partnerships between higher education and healthcare

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SUMMARY

Objective: The aim of this study was to describe the factors influencing partnerships between higher education and healthcare.
Background: Partnerships have often been studied as organisations' internal processes or multi-professional team activities. However, there has been less research on the partnership as a phenomenon between organisations and, until now, the research has mainly focused on experiences in the US and the UK.
Setting, Participants and Methods: The study was carried out in Finland. Staff from a university of applied sciences and a service unit for the elderly took part in nine focus group interviews ($n = 39$) and produced self-evaluations based on diaries ($n = 13$) and essays ($n = 24$). The data were analysed by qualitative content analysis.
Results: The factors influencing partnerships were: a joint development target, agreeing on collaboration, providing resources for partnership, enhancing mutual understanding, sharing operational culture, commitment and participatory change management and communication.
Conclusions: This study updates, and complements, previous reviews on factors influencing partnerships, by providing some new concepts and a new cultural perspective from Finland on a partnership between higher education and healthcare. The results provide information on factors that influence partnerships and develop and manage their sustainability.

Introduction

Creating partnerships between higher education and clinical practice is an essential method for developing education, workplaces and society (Boland et al., 2010; Boyer et al., 2010; De Geest et al., 2010). Partnerships solve problems faced by organisations that cannot manage on their own and require new solutions (Boland et al., 2010; Boyer et al., 2010; De Geest et al., 2010). According to Engeström (2006), social challenges requiring partnerships tend to be initially difficult to identify and define. Furthermore, they are long-lasting, they get complicated quickly and their effects are far-reaching. Partnerships between higher education and healthcare have been implemented in the development of multi-professional and practical study units and teaching hospitals (e.g. De Bere, 2003; Conolly and Wilson, 2008) and have traditionally been restricted to clinical practice placements and thesis work (Tynjälä et al., 2003).

Partnership has no commonly accepted definition. Casey's (2008) literature review suggests that a partnership can be defined based on the intensity of the implementation of decision-making. In such a case, a partnership can be described as collaborative, operational, contributory, consultative or phony. Partnerships characteristically involve decision-making that crosses organisational boundaries and creates interaction based on negotiation, mutual problem-solving and learning. A successfully implemented partnership requires clearly defined structures and processes that transcend organisational boundaries at strategic, tactical and operational levels. Intense interaction between individuals should also be considered (Engeström, 2006; Missal et al., 2010).

A partnership creates added value to organisations and is profitable compared to its costs. Certain central features of partnerships, such as learning together or participatory change management, have often been studied as organisations' internal processes or multi-professional team activities, excluding partnership as a phenomenon occurring between organisations (Xyrichis and Lowton, 2008; Zwarenstein et al., 2009; Memhard, 2012). Establishing and maintaining partnerships is challenging, as only half of them are in operation after the first year (Corbin and Mittelmark, 2008; Boland et al., 2010). We need research information on factors influencing partnerships to develop, manage and maintain their sustainability.

This study is part of a larger research project. The first phase was a systematic literature review, using the CINAHL, PubMed and ERIC databases (Häggman-Laitila and Rekola, 2011). This aimed to identify preliminary concept factors influencing partnerships and to identify good

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practice examples of partnerships between higher education and clinical practice.

Literature Review

According to the systematic literature review (Häggman-Laitila and Rekola, 2011), the factors influencing partnerships were: joint development targets and agreement on collaboration, providing partnership resources, commitment, mutual understanding and shared operational culture, participatory change management and communication (Fig. 1). A joint development target and agreement on collaboration are based on an envisioning process that aims to reach a mutual understanding of the needs of the partnership, its purpose and its future, as well as the benefits it will generate. It is important to identify the needs of both partners, noting that not all problems offered for collaboration require a partnership in order to be solved. Sometimes, agreeing on the goals for a partnership does not happen straight away. It becomes possible when collaboration advances and trust are established. The result of the envisioning process should be described thoroughly in an action plan (Caldwell et al., 2007; Horns et al., 2007; Levin et al., 2007; Livingood et al., 2007; Conolly and Wilson, 2008). The literature describes partnerships being established in two ways. It starts out as correspondence between two enthusiastic leaders (Horns et al., 2007; Levin et al., 2007; Conolly and Wilson, 2008) or it involves a large number of staff from the start (Conte et al., 2006; Munro and Russell, 2007).

Both partners provide resources for the partnership, by allocating staff, material, time and management input. The allocation of resources should be realistic in relation to the goals and their implementation. It should also consider the dissemination of achieved results and the need for further resources after forming the partnership. In many cases, the introduction of collaboration was financed through external funding (Wildridge et al., 2004; Levin et al., 2007; Livingood et al., 2007; Conolly and Wilson, 2008). Factors preventing partnerships include: unwillingness or inability to cover the costs of collaboration, lack of management support and suitable clinical practice placements or supervisors for students, as well as the teachers' invisible role in clinical practice placements. It has been difficult to identify experts from workplaces who could teach in higher education, as they often lack pedagogical qualifications (Wildridge et al., 2004; Conte et al., 2006).

Commitment to a partnership requires the visible participation of management, their support for those in development work and an activation process aimed at staff (Wildridge et al., 2004; Conte et al., 2006; Springer et al., 2006; Levin et al., 2007). Recognising that one partner is strong in an area where another partner is weak affirms commitment. We also need to be certain that the partner takes the development goals seriously and is genuinely committed to the same values (Levin et al., 2007).

Partnership is promoted by mutual understanding and shared operational cultures. These include similar basic values and similarities in organisational structures, processes and work schedules. Previous experiences of collaboration and environmental factors, such as favourable political and social climates, also promote partnership (Wildridge et al., 2004; Caldwell et al., 2007; Levin et al., 2007; Munro and Russell, 2007). According to the literature, a negative attitude manifests itself as resistance, belief that the collaboration does not provide added value and stereotyped attitudes towards the other partner. Lack of shared understanding can be caused by issues like previous bad experiences of collaboration or inadequate evaluation on the benefits of the partnership. In addition, problems related to the division of power between partners, and lack of clarity about common goals, roles and agreements on the ownership of results, may lead to negative attitudes. Other causes can include inadequate understanding and documentation of an already existing collaboration network and lack of infrastructure over the financial year (Wildridge et al., 2004; Conte et al., 2006). Flexibility, sustainability of actions and trust are the most important operating principles underlying partnerships, with flexibility including the ability to take risks that outweigh new ideas and being ready to change collaboration plans (Wildridge et al., 2004; Springer et al., 2006; Caldwell et al., 2007; Levin et al., 2007).

Previous literature suggests that cultural differences between organisations may be caused by different operating paradigms or ideologies. These can manifest themselves, for example, as differences in staff policy. A partnership calls for staff development discussions to emphasise criteria typical of the partner organisation. Nurses should be encouraged to complete university degrees, whereas universities should place more value on the participation of staff in development projects (Wildridge et al., 2004; Conte et al., 2006; Horns et al., 2007).

Partnerships are formed to find new solutions for demanding situations and the process calls for good change management skills. They are based on the balance of power and promoted by seeing change as an opportunity instead of a threat, readiness to explore new service possibilities and the ability to compromise on shared power. This process can be supported by utilising representation from partners' interest groups and service users in decisions. Lastly, the balance of power is promoted by having official rules, a collaboration plan, a contingency plan in case of conflict and effective methods of decision-making and sharing responsibility, which should be adhered to despite employee turnover. In addition to a detailed operating plan, full descriptions of the roles, tasks and responsibilities of the partners and participating employees are needed. The focus of leadership should be on processes and results, instead of obstacles, structures and input (Wildridge et al., 2004; Conte et al., 2006; Raines, 2006). Managing change within a partnership requires extensive and multifaceted participatory actions from staff, including joint responsibility for development work and ownership of mutual decisions. The partnership should be everyone's personal aim and it is important for staff to be dedicated. Staff should decide the rate at which development work progresses (Wildridge et al., 2004; Springer et al., 2006; Horns et al., 2007).

A partnership becomes empowering if participants realise that, rather than losing their own identity, reciprocal sharing enables them to display their competence better (Raines, 2006). Describing benefits gained by partners' individual performances increases willingness to participate in the process. In order to bring about change, follow-ups, measurements and learning from feedback are required (Wildridge et al., 2004; Conte et al., 2006; Raines, 2006; Caldwell et al., 2007; Livingood et al., 2007).

Regular and effective communication and dissemination of knowledge promote partnership and the changes it creates. The mission of communication is to strive for collaborative effort and convey a general view of the development of partnership. It underlines parallel and simultaneous communication, including shared messages in the partner organisations (Wildridge et al., 2004; Raines, 2006; Caldwell et al., 2007; Levin et al., 2007; Munro and Russell, 2007).

Methods

Aim of the Study and Research Questions

The aim of this study was to describe the factors influencing partnerships between higher education and healthcare environments, based on the experiences of change agents of developing a partnership. The research questions were:

1. What kinds of factors influence partnerships between higher education and healthcare environments?
2. What identifiable characteristics of factors promote or prevent partnerships?

Research Context in Finland and Implementation of the Study

The study participants included staff from a university of applied sciences, offering degree programmes in nursing, healthcare and welfare,