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Characteristics of collaboration among academic and practice partners: A pilot study

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ABSTRACT

Collaboration involved in partnerships among nurses from academic and practice organizations was crucial to developing models for academic progression. Through the work of the New Jersey Action Coalition, competency-based curricular models were designed to support seamless transitions across diploma and associate degree nursing programs to baccalaureate programs. The purpose of this descriptive study was to measure 5 dimensions of collaboration among these nurses and to suggest best practices for future work involving collaboration.

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Introduction

Recommendations from *The Future of Nursing: Leading Change, Advancing Health*, a landmark Institute of Medicine (IOM) report in 2011, addressed increasing the percentage of baccalaureate nurses to 80% by 2020. This recommendation suggests that nurses should achieve higher levels of education and training through an improved educational system (IOM, 2011). To achieve this goal, collaboration among nurse leaders from academic and practice settings is essential to promote seamless transitions for higher education and training (American Association of Colleges of Nursing, 2014). One example of such a transition includes nursing students who move from nursing programs at community colleges or diploma programs to bachelor of science in nursing (BSN) programs through seamless academic progression (SAP) models. To increase the number of BSNs, to improve access to higher education, and to support timely, cost-effective education, the 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.

This study involved forming teams in various parts of the state to work on the SAP models. NJAC held various meetings to inform nurses from 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 and nurse leaders from acute care (AC) hospitals, home care (HC) agencies, and long-term facilities (LoGrippo, 2015). Each team was tasked with developing a unique model shared across all programs using a gap analysis process. For each team, gaps were identified, and models were developed based on these gaps and input of the team members. 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 health care environment. Three teams received funding to work on their gap analysis while additional teams received technical support to engage partners and to examine nursing curricula.

Background

In its initial phase, teams were instructed by the project director to identify a team leader who would be responsible for communicating tasks and objectives to the team members. The team leader would update the project director on progress of the team and would coordinate all team activities necessary to develop the SAP model. At approximately 24 months into this project, a tool was piloted among the team members to evaluate characteristics of collaboration. The purpose of this article is to describe the characteristics of collaboration involved in the NJAC work and to better understand best

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practices for ensuring collaboration and partnerships for future projects.

Collaboration

Collaboration is an effective concept used to optimize resources and connect organizations to solve problems that cannot be easily solved by a single organization (Muntean, 2009; O'Leary & Bingham, 2009). In the education–care continuum, collaboration can help address the long-term challenges of maintaining an adequate nursing workforce by addressing factors such as changing demands, education, and training capacity essential to care for a diverse population and the disconnect between practice models and individuals' health care needs (O'Neil & Krauel, 2004).

Thomson, Perry, and Miller (2007) defined the collaborative process in which participants come together to work toward a common goal, either formally or informally. Groups jointly develop a structure by negotiating rules that will govern their relationships through a process involving shared norms and mutually beneficial interaction (Thomson et al., 2007). Thomson et al. (2007) described collaboration as multidimensional, variable, and composed of five key dimensions: governance, administration, organizational autonomy, mutuality, and norms. 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 (Thomson & 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

Design

The research involved a descriptive design involving survey data to be distributed to a convenience sample of nurses representing academic and practice settings. Institutional review board approval was obtained. Study material was presented to the nurses who attended in person in a monthly meeting for the NJAC work.

Sample

At the time of the survey distribution, there were 30 eligible individuals participating in the NJAC initiative. Table 1 represents the distribution of representatives among teams. Following the distribution of the questionnaires, 16 participated completed the survey across the four teams, a response rate of 53% of eligible participants.

Table 1
Distribution of eligible team members and subsequent participants.

Team	Academic partners	No. of eligible	Practice partners	No. of eligible	Total no. of eligible	No. of participants
1	Diploma	2	AC	1	9	6
	Associate	1	LTC	1		
	BSN	3	HC	1		
2	Associate	3	AC	2	9	6
	BSN	1	LTC	1		
			HC	2		
3	Associate	1	AC	2	6	1
	BSN	1	LTC	1		
			HC	1		
4	Diploma	1	AC	1	6	3
	Associate	1	LTC	1		
	BSN	1	HC	1		

Note: LTC = long-term care.

Instrument

Members were asked to participate by completing a paper-and-pencil questionnaire derived from Thomson et al. (2007) measurement tool for collaboration. The questionnaire consisted of four demographic questions along with 57 items using a closed-ended, 7-point Likert scale to measure five dimensions of collaboration; governance, administration, organizational autonomy, mutuality, and norms (Thomson & Perry, 2006; Thomson et al., 2007). All response options in the questionnaire had a label, ranging from 1 = *strongly disagree*; 2 = *disagree*; 3 = *disagree somewhat*; 4 = *undecided*; 5 = *agree somewhat*; 6 = *agree*; and 7 = *strongly agree*.

Thomson et al. (2007) suggested the use of all 57 items; however, their work indicated that a 17-point collaboration scale representing the multidimensional scale of collaboration supports theoretically and statistically valid measures for each of the five dimensions. Data were first analyzed looking at responses to all 57 items by all participants. Because of the small sample size, the researchers felt that it was appropriate to use only 17 items (indicators) identified in the 17-point collaboration scale. The analysis using 17 indicators demonstrated multidimensional components for collaboration that can be used to study potential outcomes (Thomson et al., 2007). An item included in the questionnaire as suggested by Thomson, Perry, and Miller (2008) measuring the participant's overall perceived effectiveness of the collaboration was used for further analysis. See Fig. 1.

Data Analysis

Data were collected and entered into Statistical Package for the Social Sciences for Windows, Version 21. With respect to the limitations of this small sample size, descriptive statistics were analyzed first for all 56 items among all 16 participants. Ultimately, researchers determined that it would be more beneficial to use the 17-point collaboration scale to determine mean scores for academic and practice partners involved in the NJAC work. Statistical analysis was also computed for perceived effectiveness among academic and practice partners.

Results

Descriptive Statistics

Thomson et al. (2008) emphasized the need to replicate the use of their tool among different samples and settings. The pilot of the 17-indicator tool among academic and practice partners demonstrated reliability (17 items; a = .753). Mean scores are outlined in Table 2 for the five key dimensions: governance, administration, organizational autonomy, mutuality, and norms. Of the 16 participants, there were 9 academic partners and 7 practice partners across all four teams. Mean scores were analyzed among academic and practice partners for all five dimensions and revealed similar mean scores for four of the five dimensions—governance, autonomy, mutuality, and norms. The perception of the effectiveness of the collaboration for the NJAC work was also slightly higher among academic partners ($M = 6.22$, $SD = 0.83$) than reported by practice partners ($M = 5.71$, $SD = 1.25$).

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