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A Practice-Research Model for COLLABORATIVE PARTNERSHIP

The ability to integrate education, practice and research initiatives is well documented and the nursing literature presents several collaborative models that have emerged between educational institutions and service agencies to achieve this aim. However, a collaborative partnership agreement does more than integrate these initiatives; it is a vehicle by which the theory-clinical practice gap is bridged and best practice outcomes are achieved. This paper outlines an innovative collaborative partnership agreement between Fremantle Hospital and Health Service and Curtin University of Technology in Perth, Western Australia. The partnership engages academics in the clinical setting in two formalised collaborative appointments. This partnership not only enhances communication between educational and health services, but fosters the development of nursing research and knowledge.

The process of the collaborative partnership agreement involved the development of a Practice-Research Model (PRM) of collaboration. This model encourages a close working relationship between registered nurses and academics, and has also facilitated strong links at the health service with the Nursing Research and Evaluation Unit, medical staff and other allied health professionals. Links have also been established with other health services and agencies in the metropolitan area. The key concepts exemplified in the application of the model include practice-driven research development, collegial partnership, collaborative ownership and best practice. Many specific outcomes have been achieved through implementation of the model, but overall the partnership between registered nurses and academics in the pursuit of research to support clinical practice has been the highlight. This has resulted in changes and innovations in current nursing practice and, importantly, dissemination of best practice outcomes. By **Jill Downie, Angelica Orb, Dianne Wynaden, Sunita McGowan, Zenith Seeman** and **Sue Ogilvie**.

■ **Key words:** Collaboration, theory-practice gap, best practice outcomes, innovation, professional development, role development and communication.

Introduction

Collaboration is a term familiar to nurses and frequently actioned in nursing practice. According to Donnelly et al (1994), collaboration is one of the important elements that form part of the nurse's role. Collaboration means working together to achieve a common goal and is a concept closely aligned to teamwork. It implies developing trust, and recognition of the equal value of all parties involved in the collaborative process (Orb 1999). Similarly, the concept of partnership is also based on commitment to a trusting relationship and is defined, in this paper, as an association that brings mutual benefit to both partners (Orb 1999). In nursing, collaboration and partnerships mean not

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only involving the nurse, client, their family and other health care professionals in activities to achieve a common goal, it also means the establishment of working relationships or appointments between institutions. However, in order for the latter to be successful, institutions need to develop a formal collaborative partnership agreement. This process is usually achieved through a consultative process that requires careful negotiation and agreement regarding the roles and responsibilities of both institutions.

The collaborative partnership agreement resulted in a Practice-Research Model (PRM) which has the potential to influence health care policy as well as the ability to have a direct effect on client care.

To guide this consultative process the three essential aspects of collaboration, established by Spross (1989), that need to be considered are: a common purpose, diverse and complimentary skills, and effective communication processes. In any collaborative arrangement, it is essential that stakeholders should have clear goals and purposes in order to ensure a clear understanding of the partnership. In this way, the identification of common purposes, that presuppose the existence of certain values, will direct their common actions. Spross emphasises the recognition and importance of the contribution, skills and expertise of all partnership members. She adds that discussion and clarification of the roles and contributions of the partners may avoid conflict. A third and critical element in the process of collaboration is communication. Spross recommends the development of structures and processes that can facilitate communication. For example, organising regular meetings, documentation of guidelines for collaboration and the discussion of issues such as power and leadership.

Background

The nursing literature highlights the importance of collaboration as a means to achieve strong, working relationships between institutions (Acorn 1990, Donnelly et al 1994, McKenna & Roberts 1998). Table 1 summarises three different models of collaboration that have emerged over the years between educational institutions and service agencies (Rusmussen 1984, Crane 1989, Acorn 1990, 1991, Kelly et al 1990, Lathlean 1992, Donnelly et al 1994, Hutelmyer & Donnelly 1996, McKenna & Roberts 1998). However, the majority of these models are based on joint appointments where the nurse is employed initially by the health service or the university and they are asked to divide time between teaching at the university and working as a clinical nurse in the health service. Another frequently used model places academics in honorary positions in clinical practice areas where they have a particular research interest and visit the health service on a regular basis.

More recently, collaborative appointments have been initiated in the clinical setting and rather than the appointee dividing time between teaching and clinical nursing, they focus on producing best practice outcomes through research in the clinical area. The strength of these appointments lies in the commitment of both organisations involved and the processes undertaken to establish a successful research program. The collaborative partnership agreement discussed in this paper is an example of such an appointment, and has led to the development and evaluation of new innovative nursing practices based on nursing research outcomes (Wynaden & Rose 1998). The collaborative partnership agreement resulted in a Practice-Research Model (PRM) which has the potential to influence health care policy as well as the ability to have a direct effect on client care. Furthermore, it facilitates the development of a sound working relationship with other members of the multi-disciplinary team. In a broad sense, this collaborative partnership agreement has pursued the mandate to enhance clinical practice outcomes, as well as foster the advancement of the nursing profession within the multi-disciplinary team.

Generally, collaborative appointments have been reported to have both positive and negative outcomes. Table 1 presents a summary of three models and the outcomes presented in the table are all descriptions of practice models. However, some of the evaluations are based on conceptual rather than research outcomes. The most frequently cited positive outcomes are job satisfaction, increased self-confidence and improved knowledge base for nurses (Crane 1989, Acorn 1990, McKenna & Roberts 1998). Other researchers have reported an increased understanding concerning the gap between education and practice, the promotion of nursing research and the development of an enhanced learning environment, as positive outcomes (Acorn 1990). The achievement and success of collaborative appointments has also been linked to the professional and personal characteristics of the appointees and an institutional philosophy that supports and nurtures collaboration. However, several negative outcomes also have been reported. Of these, the most common are role overload, role ambiguity, role conflict and burnout (Acorn 1991, McKenna & Roberts 1998).

As the nursing profession is faced with increasingly complex health care issues, collaborative partnership must be viewed as vital for the development of professional expertise in nursing. New models of nursing collaboration need to be developed and operationalised (Kelly et al 1990). Harrison (1992) postulated that if nursing is to incorporate leadership that facilitates role expansion, new ways of thinking about how to work collaboratively must be developed. Successful examples of this already exist in the collaborative models between universities and clinical practice areas in medicine and these models have long been recognised as vital to the professional development of medical practitioners worldwide.

In recognition of the need for creative collaboration, Curtin University School of Nursing and Fremantle Hospital and Health Service embarked on a collaborative partnership agreement in 1996 to enhance nursing research and the implementation of evidence-based nursing practice. The purpose of this paper is to describe the collaborative partnership agreement between these two institutions, to detail the core values and aims

underpinning the implementation of the operational framework, the Practice-Research Model, and to outline the emerging outcomes of the initiative.

Entering into a collaborative partnership

Nurse academics and registered nurses from both institutions considered there was a need to integrate education, practice development and research. Both groups wanted to improve the quality of care, the research skills of the nurses and to promote clinical research that facilitated best practice. The expertise of both parties was acknowledged as well as the futility of continuing to work in isolation from each other. Therefore, the basis for the collaborative partnership agreement was that each group mutually complemented the other. In practical terms, Fremantle Hospital and Health Service and Curtin University of Technology embarked on a contractual arrangement that involved the establishment of two collaborative appointments. In 1997, the first collaborative appointment commenced with the Directorate of Mental Health Services at the Hospital. In 1998, a second appointment of a Nurse Research Consultant (NRC) was initiated in the area of Community and Women's Health. The academics in these positions were, and continue to be, employed by the health service one day per week and the university is remunerated for their time. They were appointed based on their interest and expertise in the areas.

Core values and aims of the collaborative partnership agreement

Before the process of the collaborative partnership was decided, a literature review was conducted on the most common models of collaboration in nursing practice, in order to provide a basis for discussion between the organisations (Table 1). From this, a series of agreed assumptions were formalised. The assumptions underlying the collaborative partnership agreement were:

1. The respect and recognition of each others' contribution and potential was seen as crucial to a successful relationship.
2. A transparent understanding of mutual responsibilities through the development of specific objectives clearly articulated by both institutions.
3. A sense of commitment to the partnership evident in the provision of a supportive, nurturing environment established by both parties.
4. Administrative support to facilitate the achievement of outcomes from the model was imperative.
5. A constant process of analysis and evaluation of the partnership was essential to facilitate the achievement of outcomes.

Based on these assumptions, the aims of the collaborative partnership were clearly articulated by both institutions to ensure agreement concerning the purpose and benefits of the collaboration. Furthermore, it was agreed the aims were mutually beneficial to both parties. With clarification of the aims, the collaborative appointees had a clear understanding of their role and responsibilities in regard to both institutions. The agreed aims of the collaborative partnership agreement were to:

- develop innovative nursing practice that was driven by clinical needs and based on research evidence
- evaluate nursing care, nursing interventions and programs
- increase the development and dissemination of nursing research
- support nursing staff to undertake further educational and professional development
- create an environment where nurses were encouraged to strive for best practice outcomes

Practice-Research Model

To facilitate the process of the collaborative partnership agreement between Curtin University and Fremantle Hospital and Health Service, a Practice-Research Model (PRM) of collaboration was developed. In the model, the role of the Nurse Research Consultant (NRC) was articulated as that of mentor and consultant on issues related to research, methodology and publications. Through the Practice-Research Model, the NRC brought together nurse academics, other registered nurses and health care professionals, including members of the medical profession, to work together on several initiatives to achieve the aims of the partnership agreement. For example, in the model, nursing staff are encouraged to reflect on current nursing practice in order to develop meaningful research proposals and identify possible funding opportunities. In addition, outcome measures are developed in consultation with clinical nurses to allow patient/client care outcomes to be evaluated. An important element of the process of the PRM is to teach staff the research process via research experience. To achieve this, 'Journal Clubs' are held in Community and Women's Health on a monthly basis. The academic appointees then work with staff to plan and implement changes to practice based on research evidence. Vital to the success of the PRM is the ability of registered nurses to disseminate research and quality improvement findings through clinical meetings, workshops and conference presentations. The PRM enables the NRC and registered nurses to publish research and best practice in the professional literature with a key focus being the professional development of staff. Finally, an enduring aspect of the process is the development of training modules and education packages to reflect research outcomes with both academics and clinical nurses formulating quality products. Evaluation of the model by the nurses has suggested that the infrastructure in place to assist them, such as the NRC position, additional information, technology equipment and office support is invaluable in enabling them to work closely on research.

There are four key concepts in the Practice-Research Model, which have led to successful collaboration between Curtin nursing academics and Fremantle Health Service registered nurses. These are firstly, that 'practice drives research', secondly the principle of 'collegial partnership', thirdly 'collaborative ownership' and finally 'best practice'.

Practice drives research

In this collaborative model, the usual tenet that research drives practice is reversed. The model was purposefully designed so that practice, in fact, drives research development. The advantage of this approach is that it empowers registered nurses to develop and conduct nursing research in the clinical setting and hence they influence the development of new knowledge and theory. In the past, the perception of clinical nurses was that academics designed research projects that

TABLE 1: SUMMARY OF THE DIFFERENT MODELS OF COLLABORATION HIGHLIGHTING THE POSITIVE OUTCOMES AND POTENTIAL PROBLEM AREAS OF COLLABORATIVE PARTNERSHIPS BETWEEN THE UNIVERSITY AND THE CLINICAL AREA

Author(s) of model	Type of model	Positive outcomes	Potential problem areas
Crane (1989) Conceptual evaluation of model	Joint appointment model	• Improves job satisfaction • Experience the best of both worlds (education/practice) • Appointee advances own nursing knowledge • Clinical relevance and up to date clinical awareness	• Increased time commitment needed • Stress caused by diversity and conflict of role expectations
Acorn (1990, 1991) Researched outcomes of model	Joint appointment model	• Commitment to appointment • Ability to collaborate, consult and negotiate well • Flexibility, self-directedness and confidence, strong self image • Appointee enthusiastic, diplomatic, a broad thinker and a risk taker • Clinical expertise in area developed • Competent conceptual skills • Team work	• Increased workload • Expectations of both organisations • Role overload and role stress • University promotion and tenure procedures do not provide rewards for service agency responsibilities. • Appointment to second agency in title only and person not effectively used by second agency • Lack of involvement in decision making processes • Administration and organisational problems • Time constraints, conflicting loyalties, lack of clarity in expectations
Lathlean (1992) Conceptual evaluation of model	Lecturer practitioner model	• Major voice in the development of clinical areas where the person has an appointment • Joint clinical and educational responsibilities and the integration of these two relationships	• Time required to negotiate contracts • Should not be viewed only as bridging theory practice gap as role does much more than that
Donnelly, Warfel & Wolf (1994) Conceptual evaluation of model	Joint appointment model	• Increased staff publications • Positive contribution towards hospital/school of nursing relationships • Fostering the use of research findings	• Pioneer in the hospital system • Role conflict due to expectations of both roles
McWilliam, Desai & Greig (1997) Conceptual evaluation of model	Partnership model between community based professionals and academics	• Increased networking opportunities with clinicians • Understanding of the different work orientations of academics and practitioners • Open exchange of questions, ideas and opinions. • Joint ownership of venture	

they perceived to be important, sometimes without consultation with those working at the 'grass roots' level in the clinical setting. This has changed in more recent years with nurses undertaking research higher degrees and the establishment of clinical research positions and Clinical Chairs. However, it was acknowledged that the current model was needed to engage more registered nurses in research, across the health service, by encouraging practice issues to be defined in the clinical setting and researched. The nurses identify research problems based on their knowledge and experience of nursing care; problems that they perceive as important to research for the development of best practice. Nurses prioritise research questions in the specific context of their work with reference to pragmatic outcomes and use research evidence to make sound clinical decisions. In this way, the concept of 'practice drives research' provides a useful and clear direction for nursing research. Thus, in clinical practice, the nurses who have expertise in client care make an important contribution to the development of research questions and implementation of research projects.

Collegial partnership

The second concept of collegial partnership supports both partners in their endeavour to increase research productivity and develop professionally in the pursuit of improved client care. The expertise of one group assists the other to perform at a higher level and exposes both groups to the specialist knowledge of the other. For example, registered nurses now have research skills situated in the clinical context, while academics have shared their research expertise and generated new knowledge to improve client care while maintaining an awareness of clinical priority areas. Thus, collaboration is achieved through the use of complementary skills in both groups. Collegial partnership enables a more meaningful understanding and debate of the context of the other's working environment, thereby fostering a closer relationship. As the hospital has an extensive Nursing Research and Evaluation Unit, the PRM allows both collaborative appointees to work closely with staff in this depart-

TABLE 2: PRM RESEARCH ACTIVITIES AND OUTCOMES

Research Projects	Year	Research Outcomes
Evaluation on the use of seclusion	1997	Completed report
Benchmarking on aggression	1998 1998	Conference presentation Refereed journal article published
Nursing research priorities in Community and Women's Health	1998	Completed report
The breastfeeding pattern in the Fremantle area: Implications for child health nurses	1998 1999 1999	Completed report Refereed journal article published Conference presentations x 2
The Postnatal Depression Project	1999	Completed report
Lactation Adviser Package	1999	Completed and for sale
Lactation Advisers Program: An intervention study	1999 2000 2001	Grant Olive Anstey Fund Inc. Conference presentations x 2 Refereed manuscript accepted
Evaluation of an intervention to manage postnatal depression and childbirth stress	2000 2001	Grant Nurse's Memorial Fund Research in progress
Identifying the clinical components of the School Health nurse's role	2000 2001	Completed report Refereed manuscript accepted
Audit of current nursing practice at Rottnest Island: Potential for the nurse practitioner role	2000 2001	Grant Health Department of W.A. Research in progress
Evaluation of community mental health nursing	2000	Completed
Nurse's attitudes towards seclusion survey	2000	Completed
Acuity study in elderly mental health care	2000	Research in progress
Evaluation of type 2 diabetes education programs in FHS	2001	Research proposal – seeking funding
Knowledge and attitudes of adolescent males and females to breastfeeding	2001	Research in progress

ment. Similarly, in the clinical environment, whether hospital ward or community clinic, registered nurses and academics work alongside each other to achieve common goals through effective communication, fostering harmonious relationships based on trust and equality.

Collaborative ownership

The third concept underlying the PRM is 'collaborative ownership', one of the most important aspects of the model. This means that both groups work collaboratively and cohesively together on practice issues and outcomes for their mutual benefit. Significantly, both the university and the clinical setting have equal ownership of the outcomes and achievements of the research, so that both groups can claim ownership and become true partners. This work has deepened the sense of trust that has developed as a result of the partnership. Previously, the perception of some registered nurses was that academics used their clinical contacts and settings for their own purpose with little reference to the expertise of clinicians. Nurses felt they were often relegated to the role of 'data collector' without reference to the contribution, skill or expertise which they brought to the research process. Conversely, academics were not recognised by clinical nurses for their expert knowledge, research skills and leadership thereby limiting their potential contribution to the clinical setting. By overcoming these barriers and working together, greater benefits have been achieved in the clinical setting through the collaborative process, and therefore, improved client outcomes have been achieved.

Best practice

A research culture in the clinical setting creates the environment for nursing care to be based on the best available and most current research evidence. As the PRM fosters the development of critical thinking and research, it is intended to engage nurse academics and registered nurses in a search for best practice clinical outcomes. In other words, research has encouraged new approaches to practice to be developed. Research based practice is providing nurses with a research culture which means that nurses are researching, attending conferences and reading current literature about clinical practice. Additionally, a trusting relationship between academics and registered nurses has empowered clinicians to take the initiative in research development leading to best practice. Moreover, the emerging outcomes of the PRM have enabled 'best practice' to be realised through the application of evidence-based nursing practice, improvement in client care, increased efficiency, reduced costs and a pro-active approach to the development of the discipline of nursing.

The underlying aims of the collaborative partnership agreement provided direction in the implementation process of the PRM. For instance, some clinical practices were identified as priorities for examination in order to research best practice. Nurse-led research projects, of various sizes, involving registered nurses, academics and often multi-disciplinary membership were carried out. Although some small projects were conducted, large gains were made in improving and changing client care. An example of this outcome was the 'ripple effect' that emerged following a breast feeding study conducted with community health nurses. This retrospective study of 750 cases showed that nurses were largely unaware of their clients' reasons for stopping breast-feeding. Nursing records were incomplete. Hence, the survey highlighted the need to improve nursing documentation. The immediate result was a change in nursing practice with a dramatic improvement in the content and quality of documentation. Nurses demonstrated to themselves that more intensive, accurate documentation was necessary for the delivery of client care. As a consequence of this project, nurses also realised the importance of planning more effective health promotion strategies to address this issue.

Through this survey, as well as through other projects, an improved network has been established between nurse researchers, registered nurses and the multi-disciplinary team. Further research projects to enhance client care have been planned. Moreover, allied health professionals from across the metropolitan area have initiated discussion with nurses indicating their willingness to be involved in

projects in the health service. The implementation of the PRM has highlighted the importance of the role of nurses in the leadership of research and demonstrated that change in nursing practice is possible if nurses are prepared to commit to innovative practice.

Practice-Research Model based outcomes

Since the establishment of this model, some positive research activities and outcomes have been demonstrated (Table 2) and nurses involved in the partnership have articulated their positive response. As evaluation of the model is crucial, research into the registered nurse's positive and negative perceptions of the model is currently in progress. Nursing management surveyed 36 registered nurses concerning their perception of the research model and from the responses, six participants were also selected for in-depth individual interviews. Three interviews were conducted with nurses whose views were more positive and three interviews were conducted with nurses who expressed more negative responses. The preliminary findings now serve as a guide to improvements in the collaborative model and will ensure its continued implementation. The main outcomes appear to be: 1) beginning awareness among registered nurses that clinical research supports clinical practice representing a substantial improvement in current practices and procedures, 2) the fostering of a professional environment where current practices have been changed and innovations are shared by the group, 3) the fostering of a collaborative relationship between academics, nurses and other health care professionals, 4) the consolidation of the role of Nurse Research Consultants, 5) the implementation of continued education regarding issues concerned with best practice, 6) the fostering of opportunities for academics and registered nurses to engage in ongoing exchange of ideas and innovative practices, and 7) the development of research publications and joint presentations at conferences.

Although there are positive outcomes from the implementation of the PRM, many registered nurses still seem to think that research does not have a place in clinical practice. This sentiment may be because mentorship, such as that offered in the collaborative model, has not previously been available to nurses. Yet, nurses are the largest group of health care professionals and hence need this type of infrastructure to ensure professional development and advancement of the discipline of nursing, particularly because in some settings they work in isolation. The challenge is a cultural change in attitude by registered nurses to sustain and expand the model.

A further challenge that requires attention is the availability of resources. Commonwealth and State government restraints on university and health services funding are a constant threat to the PRM. However, the institutions involved remain committed to the concept that research supports clinical practice. In the absence of commitments such as this, the advancement of the nursing profession will be limited and this will result in reduced research output and a decline in the quality of care. Finally, acknowledgment of the contribution of those involved in producing the cultural change and making a move towards 'best practice' is important. One could argue that support from the administration of both institutions begins with an appreciation that the successful outcomes of the model have been, in part, a result of the personal and professional attributes of the appointees.

Conclusion

The purpose of this article was to discuss the basis of a collaborative partnership agreement between these two institutions, describe the core values and aims underpinning the implementation of an operational framework, the PRM, and to outline the emerging outcomes of the initiative. The collaborative partnership described engages academics in the clinical setting in two formalised collaborative appointments. This not only enhances communication between educational and health services, but fosters the development of nursing research and knowledge. The Practice-Research Model of collaboration includes several key concepts such as practice-driven research development, collegial partnership, collaborative ownership and best practice. Many specific outcomes have been achieved through implementation of the model, but overall the partnership between registered nurses and academics in the pursuit of research to support clinical practice has been the highlight. This has resulted in changes and innovations in current nursing practice and, importantly, dissemination of best practice outcomes. Consolidation of the Nurse Research Consultant role has also been demonstrated in the model and needs to be encouraged for the future development of the discipline of nursing. Finally, it is evident that shared respect is developed in collaborative partnerships and this ability to merge roles across practice domains remains salient. In brief, the PRM provides an opportunity to learn from practice and to increase mutual appreciation of others' contributions and most importantly, to enhance the quality of care provided.

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