

Enhancing working partnerships between nursing education and practice learning colleagues: Development of a collaborative research project

Abstract

This article describes how a collaborative research project was undertaken in an acute NHS Foundation Trust in partnership with a local Higher Education Institution (HEI). The paper describes how, through working together on a partnership research project, the Trust and HEI were able to strengthen collaborative working and relationships to mutual benefit, identifying enablers and challenges to working in this type of collaboration and the implications in practice for the development of further such projects.

Keywords

Collaboration; nursing research; partnership working

Introduction and background

This article aims to describe how a collaborative research project was undertaken in an acute NHS Foundation Trust in partnership with a local Higher Education Institute (HEI). The purpose of this is to illustrate the benefits of this partnership working for both organisations.

Chesterfield Royal Hospital NHS Foundation Trust (CRHFT) is a large district general hospital in the East Midlands of England. The Trust has a long standing relationship with the University of Derby (UoD) as the main provider of pre-registration student nurses on practice placements at CRHFT and the majority of newly registered nurses employed at CRHFT are recruited from this group of students.

In 2010 the Trust received non-recurrent funding from the Department of Health (DoH) to enhance and modernise their already well-established preceptorship programme for newly registered nurses (Barton, 2003).

The preceptorship lead for the Trust developed a project plan which identified that part of the funding be used to undertake a research project to ensure that the preceptorship programme at CRH was evidence-based and able to deliver the desired outcomes for newly registered nurses' development during their transition period. The improvement and enhancement of the clinical learning environment is recognised as vital and is a constant goal of HEIs (Palmer et al, 2005) and was also an objective in the preceptorship project plan.

The preceptorship lead and team recognised that additional resources and research skills would be needed to develop the research proposal and to undertake the various stages of the project. This would be an opportunity to work in collaboration with an HEI to utilise the expertise needed to ensure that the research was credible and robust.

Collaboration is entered into by two or more establishments to achieve agreed ends and can be defined as a mutually beneficial and well-defined relationship (Mattessich and Monsey, 1992 *in* Secret et al, 2011). Girot (2008) maintains that 'clinical research encourages true collaboration'. This project has generated a collaborative, trusting relationship between the two institutions that has gone beyond the original project that began the process.

Project structure

The structure for the partnership was agreed at the initial meeting to ensure that the project continued to deliver outcomes in the time frame, a project team (Table 1) met initially to:

- Begin dialogue and establishing relationships
- Begin the process of forming the project vision
- Discuss the desired aims and objectives of the research
- Begin the development of a research protocol
- Agree roles and responsibilities within the project team
- Agree timescales for the project

The project team arranged to meet every month to:

- Review progress against the project plan
- Identify and plan for next steps and actions

The team also communicated regularly by e-mail and telephone. This flexible and open accessibility between key members of the project team across the organisations was a successful strategy as it enabled prompt and effective communications to deal with problems as they arose and allowed for discussion on key project areas needing prompt attention between monthly meetings.

Table 1: Project Team	
CRHFT	UoD
<ul style="list-style-type: none">• Senior Matron, Practice and Professional Development• Learning Environment Matron (Preceptorship Lead)• Matron, Clinical Placement Learning Team• Clinical Placement Learning Facilitator• Learning Environment Facilitators x 3	<ul style="list-style-type: none">• Research and Development Lead for School of Health Sciences• Lead Senior Lecturer/Chief Investigator• Senior Lecturer in Nursing• Data Analyst

CRHFT team roles

The role of the Clinical Placement Learning Placement Learning Team (CPLT) at Chesterfield Royal Hospital is to manage and develop quality and capacity for clinical practice learning placements, to deliver and develop preceptorship for newly registered nurses and to promote interprofessional learning and working.

The project for development of preceptorship included the development of two new secondment roles to enable the modernisation of preceptorship at CRH as suggested by the research findings.

The role of the Learning Environment Matron was to:

- Work collaboratively with Directorates to develop systems and structures to ensure high quality learning environments in clinical areas
- Develop processes, systems and structures to ensure delivery of a high quality preceptorship period for the newly qualified practitioner
- Develop sustainable changes within the clinical learning environment culture in clinical areas to support delivery of high quality patient care and outcomes

The role of the LEFs was to:

- Scope knowledge and understanding of learning environment to identify key objectives of LEF role
- Support and develop clinical areas to enhance practice learning
- Identify resources needed to support learners in practice
- Deliver evidence of impact and influence of role
- Identify personal learning needs and engage in continuing professional development

Enablers and challenges to collaborative working

There were several factors which affected the running and success of the project which are summarised in Table 2.

The teams had effective existing working relationships so that open and honest discussion, communications and planning could take place, allowing the project to move forward.

The lead senior lecturer in the project team, with operational responsibility for the project, had existing knowledge and expertise in the development and evidence base for preceptorship. The Trust team also had a wide skill and knowledge base with extensive experience in development and delivery of preceptorship. Knowledge and skill across both teams was mutually acknowledged and utilised throughout the project.

The project had dedicated funding and resource improving the probability of successfully completing the project.

Changes in the project team structure did occur during the project, when the project lead for the University of Derby left the organisation. This responsibility moved to the chief investigator for the remainder of the project. However the original lead remained available for guidance and consultation during the remainder of the project and was involved with the analysis of the data and compilation of the final report.

The change of personnel in the project team presented challenges but the clear communication, openness and flexibility within the team and the willingness of the lead to remain actively involved in the project were key to maintaining progress and momentum.

However, possibly due to reduction of resources for the HEI team, the project did extend considerably over projected timescales.

There was also a change in the Trust team structure as the LEF secondments ended. This reduced resources available to the Trust team but the impact was minimal as the data collection was complete by this stage. However, time for LEFs to participate in further activity and dissemination of the project findings was challenging to facilitate once they had returned to their practice areas full-time.

The effects of these delays in the final report were mitigated by the research design which permitted the use of the systematic review findings (Whitehead et al 2013a) and early emerging data. This meant that the implementation of known improvements was not delayed for the trust and also permitted wider dissemination at local, regional, national, international level. This took place at conferences such as the RCN Education Forum International Conference (Whitehead et al 2012 and Whitehead et al 2013b). In other words this was a dynamic process of adopting findings to drive development at each stage of the project.

The challenge of understanding of organisational structures and processes was most evident in the frustrations of the practice team in being unable to contribute to analysis and interpretation of findings and the developments that emerged from them. This was because at the outset of the research the Trust team had anticipated being actively involved in the data collection and analysis. This was not research naivety on the part of the trust staff. Both sets of researchers had similar levels of research educational achievement as by coincidence both teams had a PhD and two master's degrees between them. However, the research design of naturalistic enquiry (Lincoln & Guba 1985) made it necessary to use only the HEI based researchers to collect and analyse the data. The practice team were deeply involved in the design, organisation and facilitation of preceptorship at the trust. Consequently, any involvement in data collection and interpretation would have been unacceptable in the methodological approach taken. There was an understanding that involvement of the practice team in this stage of the project could have been seen to cause bias. Further discussion and clarification of this between the teams could have enhanced understanding of these potential issues. Nevertheless, the trust team did have an important and equal relationship with the university researchers.

The trust staff in table 1 were the commissioners of the research; they drove through the research management processes; facilitated the access to participant staff; and most importantly, were in the position to interpret the HEI researchers' findings and engender their practical implementation in improvements and enhancements to the local preceptorship structure.

Table 2: Enablers and challenges to the development and delivery of this collaborative research project	
Enablers	Challenges
<ul style="list-style-type: none"> • Existing partnership working • Well-developed and open working 	<ul style="list-style-type: none"> • Embarking on a new collaborative process

<ul style="list-style-type: none"> relationships • Common vision • Sharing and exchange of knowledge and expertise • Dedicated funding and resources • Structured and flexible project plan • Clear and frequent communications • Designated leads in both organisations 	<ul style="list-style-type: none"> • Time restraints impacting on project timescales • Changes in team structures during project
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Benefits of collaborative working

The benefits of the collaborative working on this project are summarised in Table 3 and can be generalised for other teams and organisations.

Table 3: Benefits of collaborative working on this research project
<ul style="list-style-type: none"> • Development and enhancement of existing working relationships • Inter-professional and inter-organisational working • Development of research skills in nurses working in practice areas • Development of evidence base to support service delivery • Wide dissemination of combined expert knowledge of research skills and findings • Research undertaken is relevant, current and dynamic

Development and enhancement of existing working relationships

There are several models of collaborative research and although no formal model of collaborative research was adopted by this project team, a 'co-learning' approach as described by Secret et al (2011) developed spontaneously over time. This approach allows equitable transfer of knowledge between the research and practice teams enabling free and open use of the distinct expertise of the practice and research teams, maximising potential benefits of collaborative research projects.

The University of Derby are the largest provider of nursing students undertaking practice placements at CRH. The Clinical Placement Learning Team (CPLT) and the lecturer team at the University of Derby have a well-developed partnership, to which both organisations are committed, and relationships which enable effective communication and working in practice areas to ensure effective learning environments and support for mentors. These relationships also lead to dialogue and innovative developments in practice learning. The co-learning approach to collaborative research is heavily dependent on the development and maintenance of effective working relationships and communication structures (Secret et al, 2011).

Inter-professional and inter-organisational working

The benefits of inter-professional and inter-organisational working are well documented (Secret et al, 2011). This combination of research expertise and knowledge of the HEI and practice teams and the knowledge and understanding of the processes and possible barriers to the gathering of data in-practice led to the pooling the current skills and resources that was a major strength in this project.

The practice team were able to guide the HEI team on best times to speak to participants, access to participants, support with recruiting participants, making focus groups and interviews happen by arranging venues and times. This support enabled the project to maintain momentum and achieve the aims and objectives of the project plan.

The HEI team brought research skills and expertise in writing the project protocol, gaining ethical approval, selecting research methodologies, developing research tools and collecting data.

This sharing of skills and understanding will potentially have a longer term benefit as it has brought greater trust and understanding between key individuals in education of health care students and practice learning and preceptorship across both organisations.

The aims and objectives of the research were firmly embedded in the project to develop the preceptorship programme at CRH. The approach to this project enabled a dynamic element that connected the preceptorship development work and the direction and aims of the research project because as findings from the literature review and the research emerged, it was possible to implement them in practice. Therefore, a major strength of the project was the dynamic interplay between research findings and their practical implementation.

Development of research skills in nursing roles

The development of nursing roles that combine research and working in practice is a strategic objective of the DoH (DoH, 2006). The development of projects like this one increases the potential to integrate research skills into practice areas. The sharing of knowledge and expertise to a range of nursing staff with no previous experience or involvement in nursing research has been a key benefit from this project.

The project has raised the profile of nursing research with nurses across the Trust and specifically with the groups of nurses who were directly involved in the focus groups and interviews and who have been kept informed of outcomes and developments.

Conclusion and recommendations for practice

The development and delivery of this project has created a precedent and ground work for the development of future projects. The model and approach adopted has successfully delivered an innovative and dynamic project which has had an immediate influence and impact on the development and delivery of preceptorship at CRHFT.

The working relationships and greater understanding of organisational processes and ways of working has impacted on other areas of the CPLT role as enhanced relationships have allowed questioning and understanding of HEI processes and ethos and HEI staff gaining a deeper understanding of the trust. E.g. That HEI staff also focus on patient care; that HEI's have a strong quality checking ethos; that trust staff are committed to education and quality of educational assessment. This has probably resulted in problems being resolved at an earlier stage as a greater level of openness now exists between the teams. This greater understanding and collaboration potentially allows for development of further research questions and collaborations resulting in enhanced quality of care and improved outcomes for patients.

Integration of research into practice to support the delivery of evidence-based care has been identified as central to the strategic direction of the NHS (DoH, 2006). The findings and recommendations for practice continue to be widely disseminated by the whole project team. This has led to continuing dialogue and sharing of knowledge with a wide audience. The Trust is now sharing the findings of this research with partner health care organisations across Derbyshire to adapt and pilot the tool-kit developed as a quality standard for preceptorship across the organisations.

On final reflection, this has been an exciting and valuable collaborative journey for both teams of researchers. The research outcomes have had a high impact locally as we predicted but through our extensive dissemination strategy appear to resonate well with other institutions. Regardless of these valuable findings, the process itself has been invaluable in bringing together the educational teams at both institutions and will continue to pay dividends in trust and mutual understanding well beyond the remit of the research brief.

References

Barton et al (2003) A new approach to training in intravenous drug therapy. *Nursing Times*. 99:43 26-29.

Department of Health (2006) *Best Research for Best Health. A new national Research Strategy*. DoH. London.

Girot E. (2008) Developing Researchers. *Nursing Management*. 15:5 10-11.

Lincoln Y. Guba E. (1985) *Naturalistic Inquiry*, London, Sage

Palmer S et al (2005) Nursing and Service Collaboration: Making a Difference in the Clinical Learning Environment. *Journal of Continuing Education in Nursing*. 36:6 271-276.

Secret M. et al (2011) The Promise and Challenge of Practice-Research Collaborations: Guiding Principles and Strategies for Initiating, Designing and Implementing Program Evaluation Research. *Social Work* 56:1, 9-20.

Whitehead B. Beddingham E. Hickman C. Johnson E. Barrett R. Owen P. Simmons M. Barton M. Walker C. (2012) *Outcomes of a research project to identify the enablers and barriers to effective preceptorship for newly qualified nurses*, Poster. European Federation of Nurse Educators (FINE) with the RCN Education Forum International Conference 2012 Cardiff City Hall, Wales, UK <http://derby.openrepository.com/derby/handle/10545/292596>

Whitehead B. Owen P. Holmes D. Beddingham E. Simmons M. Henshaw L. Barton M. Walker C. (2013a) Supporting newly qualified nurses in the UK: A systematic literature review, *Nurse Education Today* 33 (4):370-377

Whitehead B. Owen P. Beddingham E. Simmons M. Barton M. Walker C. Henshaw L. (2013b) *Supporting Transition from Student to Registered Nurse: A Collaborative Research Study*, RCN Education Forum International Conference 2013 Glasgow 6 June 14.15 (oral presentation 4.2.2)
http://www.rcn.org.uk/_data/assets/pdf_file/0005/528197/Supporting_transition_from_student_to_registered_nurse_a_collaborative_research_study.pdf