AN EXPLORATION OF COLLABORATIVE ACADEMIC-PRACTICE PARTNERSHIP POSITIONS IN NURSING

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Dedication

In loving memory of:
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Abstract

Collaborative academic-practice partnership (CAPP) positions make it possible for nursing educators to stay current with evolving practice issues and enable nursing practitioners to stay in touch with trends in contemporary nursing education. The purpose of this qualitative, collective case study was to explore the experience of registered nurses who occupy collaborative academic-practice partnership positions within a Canadian nursing context. Study sample consisted of registered nurses (n=10) employed in type of collaborative partnership between a health care agency and academic institution. Triangulation of data was achieved through interviews (two per participant) over several months, review of archival documents, and researcher's reflective fieldnotes. Findings revealed three emergent themes: Foundations, Actualization, Challenges and Benefits of the CAPP position. This study supports development of future CAPP positions to provide opportunities for growth, professional development, and career paths for nurses, while addressing university and agency requirements and quality patient care. These findings can play an important role in influencing change by way of strategic alliances in nursing education and practice.

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Chapter I. Introduction

Excellence in nursing evolves with the successful integration of the domains of education, practice, and research. Increasingly there are opportunities for nursing educators and nursing clinicians to develop further professionally and to merge the intellectual elements from academia, practice, and research in collaborative academic-practice partnerships (Bleich, Hewlett, Miller, & Bender, 2004). Collaborative academic-practice partnership (CAPP) positions enable nursing educators to stay current with evolving practice issues and enable nursing practitioners to stay in touch with trends in contemporary nursing education. They also provide opportunities for alternative career paths in the profession.

The implementation of collaborative partnership positions has been recommended as a strategy to foster excellence in nursing education and practice, to support evidence-based practice, and to promote the conduct of clinically relevant research (Barger & Das, 2004; Bleich et al., 2004; Ogilvie et al., 2004). However, the existing literature on these positions is anecdotal, with little empirical evidence to support many of these claims. Furthermore, a lack of understanding of the goals of the positions persists. Consequently, this qualitative exploratory, collective case study was undertaken to explore the experience of collaborative academic-practice partnership positions for registered nurses in the context of nursing organizations.

The following sections include an overview of the shift in nursing education from an apprenticeship-style delivery model based mainly in health care agencies, to a delivery model based in post-secondary academic institutions. This shift has impacted nursing practice and education, evidence-based practice, and the nursing profession in various

ways. Descriptions of nursing roles are provided, as well as definitions of terms. The author reviews the context of nursing organizations, the common perception of a theory-practice gap in nursing, and the need for collaborative partnerships within health care.

Nursing Practice Standards: The Context of Nursing Practice in Alberta

In Alberta, because nursing is a self-regulating profession, the College and Association of Registered Nurses of Alberta (CARNA) regulate for all RNs in Alberta according to the Nursing Practice Standards. However, each province or territory has similar Nursing Practice Standards in which the study has been viewed. The following goal description provides the context of nursing practice within Alberta.

> The goal of Registered Nurse practice in Alberta is to provide safe, competent and ethical nursing care to Albertans. Nurses, as professionals, are committed to the development and implementation of practice standards through the ongoing acquisition, critical application and evaluation of relevant knowledge, attitudes, skills and judgments. Nurses are accountable and responsible for their practice. Standards are prerequisites for the promotion of safe, competent and ethical nursing practice.
> Nursing practice is a synthesis of the interaction of the concepts of person, health, environment and nursing. It is a direct service provided to a variety of patient/client populations throughout the life cycle, as well as to groups and communities. The nursing practice context is any setting in which a nurse-client relationship occurs with the intention of responding to the needs or requests for nursing service (CARNA, 2005, p. 1).

The Struggle for Baccalaureate Education as Entry to Practice

Nursing education in Canada adopted the first baccalaureate degree program at the University of British Columbia in 1919. Almost 63 years later, the then Canadian Association of University Schools of Nursing (CAUSN) collaborated with the Canadian Nurses Association (CNA) on a decision to support a baccalaureate nursing (BN) degree as the basic entry level requirement for practice (Kirkwood & Bouchard, 1992).

The BN degree, as the educational foundation for the practice of nursing, was predicted to be an "evolutionary trend of professional development" (Kirkwood & Bouchard, 1992, p. 66). However, other equally important reasons for its advancement included the constantly changing health care environment, organizational practice environments, and the continually expanding knowledge required for nursing practice. Research findings identified the need for increased effectiveness in the organizational development element of the burgeoning health care environment (Foxcroft & Cole, 2000). Meanwhile, the contextual features of organizational mandates, workforce relationships, and infrastructure management issues in the health care system present organizational difficulties for practice environments (Ramanujam & Rousseau, 2006). Furthermore, the decision in 1942 to form Canadian Association of Schools of Nursing (CASN), an organization with an educational mandate separate from that of the CNA, supported the promotion of independent thought and action on the part of educational institutions (Kirkwood & Bouchard, 1992).

Similarly, and over time, nursing education moved from the traditional hospital base to universities and colleges. Prior to this change, the foundations for nursing practice were obtained through an apprenticeship type model, established by Florence Nightingale

in the 1860s, where the majority of education occurred as nurses practiced care delivery in hospitals. The restructuring of nursing education, coupled with the move from the traditional apprenticeship-type model to a course-based program mounted by universities and colleges, has been controversial. CASN (2006) has provided a succinct rationale for the advancement of nursing education to baccalaureate degree entry to practice: "[the reason] for baccalaureate nursing programs lies in the increased complexity of Canadian health care services and reform" (p. 2).

These changes were extremely advantageous to nursing and have been described as a "major breakthrough" (Tamlyn & Myrick, 1995, p. 490). However, together with some philosophical differences concerning student preparation for nursing practice, they have led to tension between academic and practice organizations (Campbell & Taylor, 2000; O'Neil & Krauel, 2004; Rice, 2003). Previously, nurses were not encouraged to reflect on their practice, since the culture of the practice setting placed more emphasis on the "doing" of nursing as opposed to the "thinking about" it, the reflective component of nursing practice often emphasized in nursing education. Conversely, clinical expertise and acknowledgement of the importance of individualizing client care as part of the health care delivery system are inherent components of evidence-based practice. Clinical expertise is an intangible element of practice wisdom that is often not well addressed in nursing discussions. The major changes in the education of nurses were threatening and caused confusion for diploma-prepared nurses, who questioned how this change might affect their jobs. There was much debate among nurses who were already established in the profession. These disruptive elements persist today (Kerr & MacPhail, 1996).

Currently, the minimum entry to practice standard for nursing is a degree, earned from an approved university or college program. Although the majority of Canadian provincial nursing programs now offer a degree as entry to practice, some diploma granting programs remain, for example in Quebec and Manitoba (Canadian Institute for Health Information (CIHI), 2001). Currently, over 200,000 registered nurses (RNs) are employed across Canada. Approximately 33% are baccalaureate prepared and the remaining 64% are diploma prepared (CIHI, 2007). The curricula of most diploma nurse programs generally incorporate limited statistical methods, research methodology or community care. The narrower focus of the curricula, partly due to the shorter timeframe of these programs, can result in decreased emphasis on conceptualization and the systematic use of research knowledge as a basis for practice. There is a need for more linkages between academic institutions and practice organizations to provide a base for continuing professional nursing development.

The Need for Evidence-Based Practice

The need to foster evidence-based practice and research utilization in nursing is well described in the literature (CNA, 2001b; Ciliska, Pinelli, DeCenso & Cullum, 2001; Young & Paterson, 2007; Youngblut, & Bronte, 2001). Evidence-based practice (EBP) has been described as a bridge between research and practice and is a standard of practice established by provincial professional regulatory bodies. Educators and practitioners have the potential to advance this professional requirement in nursing. Evidence-based practice is defined by the CNA (2001b) as "the incorporation of evidence from research, clinical expertise, client preferences and other available resources to make decisions about clients" (p. 1).

While evidence-based practice has been a goal of nursing for many years, it is also a source of concern for both nurse educators and practitioners. The organizational health care culture, lack of organizational support, and lack of expertise to understand research reports are a few of the identified barriers that impact nurses' use of evidence-based practice (DiCenso, Guyatt & Ciliska, 2005). Nursing care encompasses the socio-economic, political and cultural settings of the health care environment. However, the shift from hospital-based training to university or college education has encouraged nurses to re-focus their roots in the humanities (Novotny, Donahue & Bhalla, 2004). This move addresses the need for recognition of nursing as a profession with a clear and well-defined role as an aim of nursing education, a development that has resulted in a broader, more holistic nursing approach, in conjunction with the application of evidence-based practice (Olsson & Gullberg, 1991).

High-quality health care has been shown to result from evidence-based nursing practice (DiCenso et al., 2005). However, the results of a large survey of Canadian nurses by Estabrooks, Floyd, O'Leary and Gushta (2003) showed that nurses often rely on previously acquired knowledge from their basic nursing education or from nonscientific knowledge for care delivery in the current complex health care system. High-quality care delivery, enhanced through evidence-based practice, is a common goal for educators and practitioners. All RNs across Canada are duty-bound to practice nursing that is based on evidence such as best-practice guidelines. Also, evidence-based practice is mandated by all provincial regulatory nursing bodies and is embedded as an expectation in their statements about nursing professional practice standards and competencies. However,

until interventions are implemented to support nurses' use of evidence-based practice, there will continue to be difficulties with its application in nursing.

The Theory-Practice Gap: An Ongoing Challenge

The tensions between academic education and clinical practice, described as a gap between theory and practice, persist (Brady & Lewin, 2007). The application of evidence in practice has been described as a bridge between research and practice. The CNA (2007) suggested that there is a need to require nursing practice, where possible, to be evidence based in order to maintain and advance nursing professional standards and to influence the delivery of quality health care. Recent findings from nursing research suggest that bridging the theory-practice gap and fostering the use of evidence-based practice can lead to improved clinical outcomes (Goding & Edwards, 2002; Melnyk & Fineout-Overholt, 2005). Also, increased collaboration and partnership practices between practice and education environments can help to further evidence-based practice and lead to improved health care delivery (Donaldson & Fralic, 2000; Dunn & Yates, 2000; Gaskill et al., 2003; Springer, Corbett & Davis, 2006). Successful integration of the domains of education, practice and research, advanced by those in collaborative academic-practice positions, an innovative blending of education and practice, can help to decrease the gap between academic education and clinical practice, while fostering supportive practice environments (Fralic, 2004).

Contemporary nursing is a complex, multifaceted process requiring mastery in an ever-increasing variety of clinical fields. The baccalaureate degree, as an entry to practice requirement, was necessitated by an expanding knowledge base and an ever-changing practice environment (CASN, 2006; Kerr & MacPhail, 1996). The move to higher

education standards resulted from the growth of nursing as a profession, a need for knowledge development, and the need to prepare a well-educated novice nurse who can address the health needs of the present and future population. Basic nursing education prepares nurses at a beginning or novice practitioner level. Benner (1982) provides rich description of the development and characteristics of the journey from a novice or beginning practitioner to an expert practitioner. In the current complex health care setting, it may not be possible to expect a novice practitioner to be "a finished product" (Kerr & MacPhail, 1996, p. 323) following education with a two- to three-year diploma or a three- to four-year degree. Recent research has shown that, to become comfortable in the practice environment, new graduates generally benefit from mentorship support and a transition period of approximately three to six months (Dziuba-Ellis, Blythe & Baumann, 2006, as cited in Hibberd & Smith, 2006; Spouse, 2001). However, their continually changing practice environments continue to challenge all nurses to remain current with both theoretical and clinical practice advances in most health care settings, because of advances in specialized nursing knowledge. The ongoing need for specialized knowledge and expertise in nursing is now accepted as a personal, organizational and professional continuing education requirement (Hibberd & Smith, 2006; McIntyre & Thomlinson, 2003). Although nurses are mandated to participate in lifelong learning, these constant changes and the pressure to remain current can be taxing.

Collaborative partnership positions. In Canada, the concept of collaborative partnership positions arose, in part, from debate surrounding the clinical practice component of nursing education. In order to meet the accountability goals of nursing education programs, students need to be prepared clinically and to be able to deal with

the increasingly complex organizational climate in health care (Acorn, 1988; Arpin, 1981). Similarly, the practice environment requires safe, ethical practitioners who are involved in lifelong learning throughout their career, combined with patient-centred health promotion activities (Kerr & MacPhail, 1996; McIntyre & Thomlinson, 2003). Unity among academic and practice practitioners in pursuit of common goals to achieve quality patient care would seem to be the objective; however, this does not always seem to be the case. Nursing needs to be based on clinically focused care giving, but also on theoretical care planning with an understanding of societal influences. Increasingly, upstream health promotion strategies and interventions have become a focus in health care (Diem & Moyer, 2005). University-based nursing education programs are well suited to prepare creative, reflective nurses who are able to recognize the importance of collaborative partnerships and the need to advance the goals of health promotion by combining the elements of education, practice and research.

Academic-practice partnerships. Fralic (2004) listed three factors that are driving the development of and need for academic-practice partnerships: "nursing workforce imperative, new research imperative, [and the] evidence-based practice imperative" (p. 282). Ogilvie et al. (2004), following a successful four-year implementation project involving joint appointments, suggested the need for further evaluation of the outcomes of these appointments. Given the present changes in health care, advances in nursing education and looming nursing shortage, this study is timely and important. There is a need to advance the profession of nursing, to promote collaborative partnerships within health care, and to provide alternative career paths as a retention strategy. Collaborative academic-practice partnership positions have the potential to provide an innovative

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blending of nursing education and practice. The goals and multi-dimensional character of these positions require further exploration.

Definitions

Several definitions related to the context of nursing organizations and the nursing profession are used throughout this study. The following are common definitions used in Canada within the nursing context.

Registered Nurses. Registered Nurses (RNs) are legally authorized to use the title "registered nurse" or "RN" through provincial and territorial legislation and regulation. RNs practice in all provinces and territories in Canada and across the full range of clinical care, education, administration, research and policy settings (CNA, 2007, p. 2). This framework promotes a common understanding of the current practice of RNs in Canada among nurses and stakeholders.

Academic-Practice Positions (APPs). APPs consist of the blending or linking of the role of a university or college nursing educator with the role of a nursing clinical practitioner. Academic-practice appointments are similarly referred to as Joint or Cross Appointments (Canada), Chairs (Australia), Lecturer-practitioners or Nurse Lecturers (UK), and Clinical Nurse Leaders or Clinical Nurse Facilitators (US).

Collaboration. Collaboration is an integral element of nursing practice (McCloskey & Grace, 1997; Smith, Meyer, & Wylie, 2006 as cited in Hibberd & Smith, 2006). Three definitions of collaboration are provided here:

- "the act of working together with one or more people in order to achieve something or to work in association" (Davidson, Seaton & Simpson, 2000, p. 188)

- "working together to achieve a common goal, developing trust, and recognition of equal value of all parties involved in the process" (Downie et al., 2001, p. 27)

- "long term endeavours driven by a common unifying goal to enhance client care" (Gaskill et al., 2003, p. 347)

Partnership. For the context of this study, the following succinct definition of partnership is useful: "an association that brings mutual benefit to both partners" (Downie et al., 2001, p. 27).

Theory-practice gap. Generally, those in the nursing profession perceive that there is a disconnect between the theoretical component and the clinical practice component of nursing. As Ousey and Gallagher (2007) state, "In general terms nursing education construes theory and practice as discrete entities separated by a metaphorical void, more commonly referred to as the 'theory-practice gap.'" (p. 199).

Evidence-based practice. DiCenso et al. (2005) explain the four factors that constitute evidence-based practice in nursing:

> The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. Evidence-based clinical practice requires integration of individual clinical expertise and patients preferences with the best available external clinical evidence from systematic research, and consideration of available resources. (p. 555)

Advanced Nursing Practice (ANP). The 2008 Canadian Nurses Association (CNA) defined Advanced Nursing Practice as follows:

Advanced Nursing Practice is an umbrella term describing an advanced level of

clinical nursing practice that maximizes the use of graduate educational

preparation, in-depth nursing knowledge and expertise in meeting the health

needs of individuals, families, groups, communities and populations. It involves

analyzing and synthesizing knowledge; understanding, interpreting, and applying

nursing theory and research; and developing and advancing nursing knowledge

and the profession as a whole (2008, p. i)

The CNA developed a national framework and vision of ANP that supports the need to

continue to view it in the context of nursing. The CNA (2002) provided this description:

"It is the application of advanced nursing knowledge that determines whether nursing

practice is advanced, not the addition of functions from other professions" (2002, p. 1).

Advanced Practice Nursing (APN). APN encompasses the whole field of

Advanced Nursing Practice, described above, including "the profession, its members, its

institutional values, and all that define and enable its practice" (Bryant-Lukosius &

DiCenso, 2004, p. 536).

Collaborative Academic-Practice Partnership (CAPP) position. The term CAPP

is not official. However, the literature provides several iterations that are similar and used

when describing practice-education models. The term CAPP encompasses all the

foundational concepts of the position. For the purposes of this study, this term describes

what is happening by way of a theoretical conceptualization. In other words, what

constitutes collaboration between an academic institution and a health care agency in a

type of partnership results in the creation of the CAPP position.

Collaborative Academic-Practice Partnership Positions

Collaborative academic-practice partnership positions have been recommended for over 20 years as a method for "promoting collaboration and unity between education and practice" (Acorn, 1988, p. 5). CAPP positions generally entail working for two employers with a blending of responsibilities that are common to both academic education and practice. The concept of CAPP positions developed primarily as a result of the perceived need to reunify nursing practice and nursing education. Tamlyn and Myrick (1995) strongly recommended the establishment of these positions to facilitate collaborative relationships between practice and academic nursing. They suggested that the positions support sharing of expertise across education and practice.

Collaboration in partnerships requires clear communication, trust and respect, all nurtured with patience over time (Barger & Das, 2004; Campbell & Taylor, 2000). Collaborative partnerships support the advancement of organizational infrastructure processes that may be effective in promoting evidence-based nursing practice. Communication and collaboration are vital dimensions of all successful partnerships. Increasingly, research has demonstrated that supportive working environments can lead to retention of practitioners and advance collaborative practices (CNA, 2004; O'Brian-Pallas & Baumann, 2000; Tourangeau, Stone, & Birnbaum, 2003). However, currently there is little evaluative evidence about these interventions (Foxcroft & Cole, 2000) or any real estimates of the number or type of academic-practice partnership positions that might best meet future health care needs. Is it judicious to promote retention of new and established nurses and to address the present nursing shortage by providing education and clinical practice support by way of these partnerships in the practice settings? How can

clinical nursing research be advanced and the education of students and established practitioners in context be facilitated most effectively?

Academic-practice positions provide an innovative blending of expertise within an academic and practice partnership. These positions also present an opportunity for integration of the triad of education, practice, and research, while providing nursing expertise in both the academic and practice contexts. Bryant-Lukosius and DiCenso (2004) suggest that the merging of these elements will result in enhanced client outcomes and lead to decreased health care costs, particularly when enacted by nurses in advanced practice. Moreover, improved care delivery can be achieved through the synthesis of nursing education, research utilization and clinical practice, delivered in practice settings that provide a supportive environment (Henderson, Winch, Henney, McCoy & Grugan, 2005).

These unique positions, which link education and practice, also provide opportunities for change within the health care environment, enabling these innovative nursing leaders to contribute to the transfer and dissemination of research (Donaldson & Fralic, 2000; Dunn & Yates, 2000; Saxe et al., 2004). They may do so by conducting clinically relevant research in practice settings in collaboration with members of the inter-disciplinary team (Brady & Lewin, 2007).

Conversely, the complex issues of administrative support, specific job descriptions and goals of these positions have not been well researched (Ogilvie et al., 2004; Raiwet et al., 1999). Meanwhile, the need to balance multiple roles in CAPP positions has led to difficulties related to role clarity, resulting in confusion among the inter-disciplinary team. This in turn has led to a lack of understanding of the purpose of

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the positions, undermining support. The execution of separate and different governance

structures can result in complex agreement issues between agencies that are discussing

such positions. Governance structures can include personnel policies, job descriptions

and benefit issues. These structures create complex contract issues for stakeholder in

partnering agencies. Also, it has been suggested that the different visions and goals of

each partnering agency may contribute to lack of support for the positions (Hewlett &

Bleich, 2004). In times of fiscal restraint, the role of the CAPP position may seem

superfluous when the aim of the position is not well understood in the practice setting.

Lathlean (1992) describes difficulties related to role strain and conflict for those

in academic-practice positions, given the duality of the role. Role confusion and time

constraints for those attempting to meet the dual requirements of the position have also

been described as anxiety provoking. Meanwhile, clinical teaching may take precedence

over research in light of the competing demands of the position (Lambert & Glacken,

2005). Unfortunately, an emphasis on the functional aspects of the duties of the positions,

rather than on the actual goals, has led to lack of continued support of CAPP positions. In

particular, those who seek to re-fund the positions require supporting evidence

concerning outcomes, to justify continued funding (Ogilvie et al., 2004). Well planned

evaluative research on CAPP positions is lacking.

The advantages and limitations of CAPP positions are described in the literature

(Acorn, 1988; Arpin, 1981; Tyrell & Leahy-Warren, 2000). However, given the

constantly changing health care environment and changing nursing education curricula,

the administrative support and funding for these positions remain vulnerable (Ogilvie et

al., 2004). There is little research that evaluates the joint vision and outcomes of

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academic-practice partnership positions; most of the relevant literature is anecdotal. The mutually beneficial goals of the position as a result of partnerships between academia and practice need to be explored.

Purpose of the Study

The purpose of this study is to explore the goals of and experience in collaborative academic-practice partnership (CAPP) positions for registered nurses within the context of Canadian nursing organizations. The desire for collaborative partnerships between academia and practice has been recognized for over 20 years (Acorn, 1988; Arpin, 1981). The value and significance of such positions have already been established (Barger & Das, 2004; Murray, 2007; Raiwet et al., 1999). However, much of the available literature is anecdotal, and few studies have been conducted that evaluate or investigate the outcomes and impact of the positions in the context of nursing organizations (Fralic, 2004; Ogilvie et al., 2004; O'Neil & Kraul, 2004;).

The ever-changing health care climate, the advances in nursing education and practice, and the looming nursing shortage make it timely to examine the function of collaborative academic-practice partnership positions. The contribution and value of these partnerships to the health care system need to be explored. An exploration of CAPP positions may increase our understanding of the goals and the nature of the experience in the context of nursing.

This study was based on the following main premises:

1. Conducting a study on the experience of registered nurses in a collaborative nursing partnership position, established between an academic institution and

a health care agency, may promote increased understanding of the position

and provide useful insights relevant to the profession of nursing.

2. Envisioning future collaborative academic-practice partnership positions in

    nursing may influence change in the context of nursing education and nursing

    practice.

3. Collaborative partnership positions in nursing, as a strategic response to

    university and agency requirements, may lead to opportunities for nurses'

    professional growth and development.

Research Question

What is the experience of registered nurses who occupy a collaborative academic-practice partnership position? A qualitative, exploratory, collective case study was employed to investigate the experience of registered nurses in these positions.

Significance of the Study for Nursing

The increased need for development of nursing education and practice partnerships to advance nursing education programs is beginning to be addressed through collaborative academic-practice initiatives (Cronenwett, 2004; Murray, 2007; Stern, 2005). Partnership initiatives to expand educational capacity result in increased numbers of nurses, while attracting practitioners with a desire to teach, and potentially increase nursing faculty (Murray, 2007). These initiatives are well positioned to provide sustainable education programs. In addition, they can address both the current shortage of nurses and the need for nursing graduates who are adequately prepared in mix of skills (O'Neil & Krauel, 2004). The goals and impact of the multidimensional nature of these partnership positions that this study reveals may help to sustain present and future

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successful partnerships. Nursing leaders and administrators in health care agencies need to be aware of the challenges and benefits of these positions. This study identifies indicators that support existing partnership positions, as well as those factors that may undermine the potential success of the partnership arrangements. These indicators can assist leaders in academia and practice in identifying the potential benefits of these positions and thus may support their sustainability.

Summary

Collaborative academic-practice partnership positions have been represented as an opportunity for nurses to develop professionally and as a way to foster the merging, in collaborative partnerships of the intellectual capacity of elements from education, practice and research (Davies & Hughes, 2002; Dunn & Nicklin, 1995; Kinnaman & Bleich, 2004). Significant changes in nursing education have resulted from the need to advance nursing knowledge and to address constant change in nursing practice and health care environments. The impact of these changes and the ensuing tensions between the academic education and practice sectors have resulted in a perceived gap between theory and practice. Collaborative academic-practice partnership (CAPP) positions, promoted as a possible solution to a number of issues in nursing for over 25 years, bring a number of benefits and also many challenges.

Collaborative partnership positions can enable educators to stay current with evolving practice issues and enable practitioners to stay in touch with trends in contemporary nursing education. Through this collaboration, both educators and practitioners can advance the evolving profession of nursing. However, the contributions of those in practice and in education need to be made in a valued, respectful,

collaborative partnership. The goals and impact of CAPP positions have not to this point been well explored.

This case study focuses on the goals and impact of partnership positions between academic institutions and health care agencies. Its findings may increase understanding of the foundational elements of such positions that are relevant to the profession of nursing. In future, other collaborative partnership positions in nursing may provide opportunities related to growth, professional development, and career paths for nurses, while also addressing university and agency requirements. Such positions may play an important role in influencing change in nursing education and practice.

Chapter II. Review of the Literature

Increasingly there are opportunities for nurses to develop further professionally and to respond to changing conditions in Canada's health care system. The growing incidence of chronic disease, the focus on preventing and reducing disability, and the need for health promotion strategies are major health issues in Canada (CIHI, 2001). An overarching goal for nursing is quality nursing practice that will result in improved client outcomes. How can nursing education and practice address these current complex issues and future needs?

Partnerships have been described as major assets in the international and national nursing arena (McIntyre & Thomlinson, 2003; Tornabeni & Miller, 2008). The International Council of Nurses (ICN) (2001b) stated, "ICN changed its structure to encourage national networking and collaboration among diverse groups of nurses in the country" (p. 136). Professional nursing bodies are providing leadership across nursing and promoting the need to build collaborative partnerships. The vital nature of these partnerships between academia and practice has been widely recognized as a way to address issues of quality of care and effective solutions (Tornabeni & Miller, 2008). Nursing leaders in academic and practice settings can also help to build collaborative partnerships in order to address the continuing need to integrate education, practice and research in support of quality nursing practice. A clear vision is needed of how to continue to build sustainable partnerships. Researchers (Campbell & Taylor, 2000; Dunn & Yates, 2000; Ogilvie et al., 2004) have identified the need for studies that explore the vision and goals, and provide an evaluation of the outcomes of collaborative partnerships.

This literature review considers the origins, different titles, types of positions, and descriptions of collaborative academic-practice partnerships positions in a variety of countries, including Canada. The author reviews the benefits and challenges of the positions, identifying gaps in the literature related to partnership appointments, as well as the timeliness and importance of the topic.

Collaborative Academic-Practice Partnership Positions

Origins of the CAPP Position

The concept of collaborative partnership positions arose from a philosophy of promoting unity between academia and practice, after periods of tension between the two entities, created by the progression of nursing education from its earlier base in hospitals to its current base in universities and colleges. Vaughan (1987) suggested that, if education and practice remained as separate entities, there would continue to be a disconnect between theory and practice; collaboration between academia and practice would reduce the perceived gap. According to Brown, White and Leibbrandt (2006), collaborative practices in the common pursuit of quality nursing care, plus better understanding of the continuing need to advance nursing education, should result in enhanced client outcomes. In addition, collaborative efforts should facilitate excellence in nursing education and nursing practice, support of evidence-based practice, and promotion of research.

Types, Terms, and Titles

Many different types, terms, and titles are used in the literature to describe collaborative academic-practice partnership positions. Many nursing associations have referred to the importance of defining collaboration. For example, the American Nurses

Association (ANA), 1992 Congress on Nursing Practice (as cited in Lancaster-Bowie 1998) provided this definition:

> Collaboration means a collegial working relationship with another health care provider in the provision of (to supply) patient care. Collaborative practice requires (may include) the discussion of patient diagnosis and cooperation in the management and delivery of care. Each collaborator is available to the other for consultation either in person or by communication device, but need not be physically present on the premises at the time the actions are performed. The patient-designated health care provider is responsible for the overall direction and management of patient care. (p. 104)

Joint appointment. An appointment between an academic centre and a nursing service agency, based on a formal agreement, is commonly known as a joint appointment. Generally, joint appointments are initiated to unite theory and practice and to foster evidence-based practice. These appointments are designed to provide clinical instruction, to influence student learning, and to improve communication across education and practice sites (Salvoni, 2001; Vaughan, 1987).

Brassell-Brian and Vallance (2002) reported an innovative project that involved an exchange of positions between settings, an example of a partnership between academia and service. Over a one-year period, educators from academia worked in their clinical field of expertise and facilitated education of established staff in conjunction with their own clinical practice workload. The clinical practitioners assumed some of the educators' teaching assignments, after a lengthy orientation to teaching and the curriculum. At the conclusion of the project, the nursing educators resumed their

positions, reporting revitalized clinical expertise and an appreciation for current clinical challenges and issues. Likewise, the clinical practitioners resumed their previous positions. An unexpected outcome of this project included a move by a clinical practitioner to obtain a faculty position.

Raiwet et al. (1999) described four successful joint appointments between a home health care agency and a university school of nursing in western Canada. The appointees worked half time as clinical educators carrying caseloads, and the remaining time as clinical teachers facilitating student learning. Closer relationships among appointees, enhanced student learning, and increased credibility for instructors were reported as a result of the project. Many similar joint appointments are in place in eastern Canada, particularly between universities and community agencies, with advanced practice nurses from academia, equipped with master's degrees, in the positions (K. S. Higuchi, personal communication, June, 2007). Results from these recent developments have demonstrated improved respect and trust between academic and practice partners.

In most of these appointments, universities are the primary employer. However, arrangements vary considerably. Some appointees have 60% of their workload as clinical teaching and 40% in agency practice. Others maintain a 50/50 role split. Over 25 years ago, Arpin (1981) described similar joint appointment initiatives at the University of Toronto. The implementation of these positions proved successful for faculty, who integrated their teaching responsibilities with clinical specialist roles. Faculty in these positions noted that the experience added another facet to program delivery and demonstrated cohesive professional practice linking education, practice, and research.

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The term has also been used for senior joint appointments between heads of clinical service and administration (Directors of Nursing) and academic units (Deans of Nursing).

Cross appointment. An arrangement in which a faculty member works closely with a clinical practitioner in the clinical environment is known as a cross appointment (Dunn & Yates, 2000). Together the educator and practitioner identify a current issue in the practice setting. The educator prepares a report on the issue, noting any gaps in the literature. Then both parties review the report for possible inclusion as a proposed addition or amendment to existing policy. Alternatively, the practitioner may identify a current issue in the practice setting. The educator then researches and suggests evidence-based methods to tackle the need. Then both parties discuss approaches by which to address the issue.

Salvoni (2001) used the term *Lecturer Practitioner* when describing the experience of a UK faculty member who undertook as a joint appointment that combined teaching and practice. The experience resulted in support for student nurses' learning through both reflection on theory and application of theory to practice. The promotion of the faculty member to Clinical Nurse Specialist (CNS) assisted in the development of policy and procedure through the provision of evidence-based practice. Other individuals in comparable CNS positions across the UK achieved similar positive outcomes in developing nursing practice by engaging in research-based practice.

Nurse lecturer. In the UK, the term refers to a consultant nurse who conducts research activities in practice areas (Murphy, 2000). The title originated with nursing and midwifery education in the UK (Fairbrother & Ford, 1998), and with midwifery and medicine in the US (Angelini, Hodgman & Rhodes, 1996).

Chair. In Australia, where many hospitals have an established research culture, a chair is a nurse with a master's degree who conducts research, among other duties, as a clinical educator (Campbell & Taylor, 2000; Dunn & Yates, 2000). Interestingly, these academic positions involve minimal teaching contact with students.

Academic-service partnership. An academic-service partnership usually entails a university or college and a community agency combining resources and designing strategies to meet the needs of both organizations and their participants. One example in Alabama has successfully implemented several shared initiatives over eight years (Barger & Das, 2004). Horns et al. (2007) report that a university school of nursing and a hospital in the rural southern United States, with separate governance structures, have collaborated successfully for over 20 years. While the initial purpose of academic-service partnerships was to bridge the gap between education and practice, this expanded to include addressing a shortage of nurses, recruitment and retention issues, the need for advanced practice nurses, and promotion of evidence-based practice and research.

Donaldson and Fralic (2000) describe an unusual arrangement between a university and a hospital department of nursing in the eastern US, whose attempt to link education and practice met with both challenges and successes. Although a previous, long-standing connection between the two institutions helped to support the joint activity, discussions were lengthy and required dedicated guidance from both nursing leaders to bring the concepts to fruition. Although the governance structure was unique to each institution, joint appointments and work duties were arranged within and across both organizations. The arrangement included eligibility for clinical instructors in the practice settings to advance in the faculty.

In 2004, Bleich et al. suggested a renewal of the term and position of Academic-Service Partnership, a title introduced in the 1950s. They argued that the position is needed to address the looming nursing shortage in both nursing faculty and practitioners. Bleich et al. expanded the description of the position's potential to include enhanced collaboration between academic and health care institutions, academic and corporate institutions, and population-focused health. Other examples of partnership between education and practice are currently being explored in the US (Allen, Schumann, Collins & Selz, 2007). These positions are being created to address the nursing shortage but also to introduce graduates into the workforce more efficiently, through the use of service-based coaches in partnership with nurse educators.

The term *Collaborative Academic-Practice Partnership (CAPP) position* has been adopted for the purposes of this study. The term encompasses collaboration (working together to achieve a common goal, developing trust, and recognition of equal value of all parties involved in the process), linking both the academic (academia/education) and practice (service/clinical) partnership (an association that brings mutual benefit to both partners) (Downie et al., 2001).

Benefits

The domains of nursing practice include education, practice, research, and leadership. A domain is construed as the core of a discipline that shapes the discipline's theoretical framework (George, 2002). In all domains of nursing practice, a foundational element in the delivery of quality care is the need for nursing practice to be based on evidence. Collaborative academic-practice partnership positions, which generally involve advanced practitioners, are inherently collaborative positions that can enhance the uptake

of evidence for practice by both students and established nurses (Gaskill et al., 2003). Recent findings from nursing research suggest that fostering the use of evidence-based practice can lead to improved clinical outcomes (Goding & Edwards, 2002; Melnyk & Fineout-Overholt, 2005). Also, increased collaboration and partnership practices between practice and education environments can contribute to improved delivery of health care (Clare, 2003; Gaskill et al., 2003). Successful integration of the domains of education, practice, and research, which involves an innovative blending of education and practice in academic-practice positions, has the potential to decrease the gap between academic education and clinical practice, while fostering supportive practice environments.

The CNA's (2002) report on leadership in nursing practice requires nursing practice to be evidence-based to maintain and advance nursing professional standards and influence the delivery of quality health care. Collaborative academic-practice partnership positions, as reported, involve responsibility for both practice and teaching. Nurses in these positions have demonstrated that the provision of nursing expertise has resulted in the adoption of evidence in practice (Salvoni, 2001).

Most clinical education of nursing students is supervised by educators who are employed by university and college schools of nursing. Often, due to limited communication between academia and practice, these educators are viewed as lacking in clinical expertise and having an unrealistic view of the "real" world of practice. Interestingly, many students view them as lacking in clinical competence because of their lack of contact with the practice environment (Tamlyn & Myrick, 1995). Academic-practice positions have been described as fostering an environment of inquiry, scholarship and clinical expertise in the practice setting. Nursing educators in these

positions have the advantage of staying in touch with trends in contemporary nursing education. Furthermore, their dual role as clinical nursing practitioners enables them to stay current with evolving practice issues, thus combining elements from both education and practice.

It has been suggested that academic-practice positions can help to reduce the void between theory and practice through practitioners' increased comfort in applying research findings to practice (Beitz & Heinzer, 2000; Bleich et al., 2004; Tyrrell & Leahy-Warren, 2000) and to raise the credibility of nurse educators (Allen, Schumann, Collins & Selz, 2007; Pollard, Ellis, Stringer & Cockayne, 2007). However, continued collaboration and partnerships with clear lines of communication and support of administrative leaders, in both arenas are required to achieve these goals (Fairbrother & Ford, 1998).

Various additional benefits of academic-practice positions have been reported in the literature, including improved cooperation and communication between agencies (Happell, 2005), enhanced quality of care (Arpin, 1981), and increased awareness by agencies of the value of the positions (Ogilvie et al., 2004). Meanwhile, academic-practice positions have been reported as having an impact on organizational culture in advancing evidence-based practice and facilitating the advancement and development of clinically relevant nursing research (Beitz & Heinzer, 2000).

Challenges

The complexity of meeting dual responsibilities has been noted as a recurring challenge for academic-practice positions (Happell, 2005; Salvoni, 2001). Disadvantages reported as common to most of these positions include role conflict and confusion, dual role strain and overload, and some ambiguity as a result of unrealistic expectations of the

position (Beitz & Heinzer, 2000; Tyrell & Leahy-Warren, 2000). These issues of role

accountability within each part-time position (often viewed as almost two full-time jobs)

can create stress and lead to role ambiguity. Such uncertainty can impact performance in

either role.

Many of the limitations of the role are described anecdotally in the literature. The

descriptions emphasize the performance of the individual in the position, rather than the

position itself. Dunn and Yates (2000), for example, noted that the characteristics of the

individuals in these positions can affect the continued success of the positions

themselves. However, while they describe the characteristics of those in the positions,

there is no evidence of planned evaluations of the outcomes and specifics of the role.

Salvoni (2001) notes that the benefit of flexibility in designing one's "own role" is

limited and can create personal conflict for a person in such position, perhaps because of

the difficulty for employing agencies of trying to meet dual requirements.

Tamlyn and Myrick (1995) strongly recommended the establishment of

collaborative positions in order to affect policy development. They suggested that the

creation of such positions would promote the sharing of expertise across education and

practice. However, Gaskill et al. (2003) emphasized the need for "an investment of time"

(p. 354) to build rapprochement between participants before any positive outcomes of the

partnerships can be accomplished. Unfortunately, there is little description of long-term

positions and ensuing research. Some strategies have been successfully maintained

through continued collaborative leadership, communication between agencies and

funding (Cronenwett, 2004; Smith & Tonges, 2004). However, other ventures have been

terminated following decreased communication between administrative leadership and lack of renewed funding (Ogilvie et al., 2004).

The challenges persist of addressing complex cultures of nursing education and nursing practice, while working towards collaborative partnerships in a continually changing health care environment. Increased collaboration through improved communication contributes to improved learning experiences for both students and established nurses (Gassner, Wotten, Clare, Hofmeyer & Buckman, 1999). However, communication difficulties between academics and practitioners continue to be reported as an issue in the delivery of nursing education. These difficulties are compounded by different philosophies concerning the delivery and applicability of student education.

Collaboration between academics and practitioners brings both challenges and benefits. Partnerships between these groups involve a number of issues, some related to the perceived theory-practice gap. However, academic-practice positions may provide an alternative, innovative career path for nurses.

Importance of Collaboration and Partnerships

Collaborative academic-practice initiatives address the growing need for development of nursing education and practice partnerships to advance nursing education through sustainable programs (Cronenwett, 2004; Murray, 2007; Stern, 2005). However, these initiatives are being driven by the drive to expand the capacity of nursing programs to provide more baccalaureate-prepared graduates. Meanwhile, academic-practice partnerships positions are well positioned to address the current challenges of nursing shortages by securing sufficient educators through creating and enhancing collaboration between practice and education, preparing the next generation of nurses for clinical

practice by providing optimal learning, and thus addressing the need for nursing

graduates who are adequately prepared in skills (O'Neil & Krauel, 2004). As a further

retention strategy, academic-practice positions provide an alternative, innovative career

path in teaching while remaining connected to practice for nurses as a retention strategy.

The introduction of this strategy has the potential to meet short-term needs of health care

and the health care profession. Nevertheless, the need remains to further advance the

profession of nursing by promoting the conduct of clinically relevant research, fostering

evidence-based practice, and providing opportunities for alternative career paths.

Similarly, the advancement of clinical nursing research in context, the importance of

lifelong learning and education, and the facilitation of evidence-based practice are key

elements in the advancement of nursing and nursing knowledge.

Clearly the goals and nature of academic-practice partnership positions need to be

better understood. Equally, methods need to be explored that will support sustainable

partnership positions in academic and practice. Perhaps the current critical time in health

care described in the Villeneuve and MacDonald (2006) report for CNA is an example of

the need to examine the best use of these appointments. An examination of the leadership

component in "the kinds of roles nurses could play in the health care system of 2020 and

beyond" (p. 6) seems timely. The examination should evaluate the potential of academic-

practice partnership positions as part of a health care delivery approach (Kohr, 1998, as

cited in Polifroni & Welch, 1999; Schreiber et al., 2005).

The importance of collaboration and partnerships is noted in the position

statements of many nursing associations across Canada (Association of Registered

Nurses of Newfoundland, 2007; CNA, 2002; College and Association of Registered

Nurses of Alberta, 2005; College of Nurses of Ontario, 2008). Due to the constantly

changing face of the health care system, the continued evolution of the nursing role and

nursing knowledge, and the need to bridge the perceived theory-practice gap, there is a

pressing need to forge links between academic institutions and practice environments

through formal, effective, sustainable and collaborative academic-practice partnerships

(Barger & Das, 2004; Donaldson & Fralic, 2000; Lambert & Glacken, 2005; Salvoni,

2001). The importance of collaboration in inter-professional partnerships became evident

as a result of the impact of political and financial challenges within the health care system

(Bleich et al., 2004; Donnelly, 2007; Schreiber et al., 2005). Increasing health care costs

in the 1990s necessitated fiscal constraint and cost-effective delivery methods. At the

same time, reorganization of management and practice delivery methods in the health

care environment emphasized the need to pursue new or alternative ways of delivering

essential health care. For example, health care delivery methods may make alternative

nursing roles an option (Kohr, 1998 (as cited in Polifroni & Welch, 1999); Schreiber et

al., 2005). Those in partnership positions have the potential to act as change agents, to

facilitate excellence in nursing education and practice, to collaborate in bridging theory

and practice, and to promote clinically relevant research to meet present and future needs

in health care (Donaldson & Fralic, 2000; Ogilvie et al., 2004).

Methods for supporting sustainable partnership positions in academia and practice

need to be explored. Such partnerships have the potential to address complex education

and clinical practice issues in context (Baggs et al., 1999; Campbell & Taylor, 2000;

Downie et al., 2001).

In their Cochrane Collaboration review of strategies to promote evidence-based nursing practice, Foxcroft and Cole (2000) noted the need for good evaluation of the identified strategies: "Successful strategies need to be adequately resourced and require people with appropriate knowledge and skills" (p. 6). The blending of expertise across education and practice environments through sustainable, operational-level collaborative academic-practice partnership positions may represent an effective strategy. In addition, there is the potential to address these complex education and clinical practice issues in context, by implementing these advanced practice partnership positions (Campbell & Taylor, 2000; Baggs et al., 1999; Downie et al., 2001).

The Theory-Practice Gap

The four major nursing concepts, as described in the literature, are person, health, environment/society, and nursing. These concepts are the core content of the meta-paradigm of nursing (Chinn & Kramer, 2008; George, 2002; Newman, 2003). Nursing theories address the concepts of the meta-paradigm of nursing, providing a substantive foundation for nursing and the unique knowledge of the discipline (Rodgers, 2005; George, 2002). However, many nurses find this theoretical terminology unfamiliar and difficult to apply. In general, leading nurse educators have advanced the concept of pure theory. This development has contributed to the theory-practice gap, as many nurses find theoretical terminology unfamiliar and difficult to apply.

As Pittman, Warmuth, Gardner, and King (1990) noted, "Collaboration between nurses in clinical and educational settings has been advocated as a means of ensuring nursing research is both practice oriented and scientifically valid" (p. 34). Practice that is based on research has generally been described as "purposeful comprehension" (Pittman

et al., 1990, p. 31) and is used as the basis of preventive action in clinical-based decision making (Chinn & Kramer, 2008; Melnyk & Fineout-Overholt, 2005). Evidence is often accepted as confirmation of knowledge as a result of scientific evaluation of practice. This may include randomized controlled trials, observational studies, commission reports as expert opinion, and historical information (Chinn & Kramer, 2008; Cresswell, 2003; Polit, Beck & Hungler, 2001). On the other hand, evidence-based practice as defined by the CNA (2002b) is "the incorporation of evidence from research, clinical expertise, client preferences and other available resources to make decisions about clients" (p. 1). The implementation of evidence-based practice, most recently referred to as "evidence-informed practice" (Dobbins, 2007), also requires the incorporation of evidence-based decision making. A CNA (2004) report that followed a National Forum on Health in 1997 referred to "using the systematic application of the best available evidence to the evaluation of options and to the decision-making in clinical, management, and policy setting" (p. 1). Furthermore, the CNA Code of Ethics for Registered Nurses (2008) states, "Nurses must base their practice on relevant research findings" (p. 4).

Evidence-based practice represents a bridge between research and practice. However, the perception of a gap between theory and practice persists (Brady & Lewin, 2007). Described as a gap between what is taught and what is practiced in nursing (Vaughan, 1987), the theory-practice gap exists despite a growing body of nursing knowledge and the impact of many effective nursing interventions.

Researchers have identified the problem of integrating valid research with nursing practice. Waddell (1991) conducted a meta-analysis on the effects of continuing education on nursing practice and concluded that generally the effects were useful in

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improving practice and patient outcomes. However, Thompson (1998) noted after a systematic review of the available literature that passive dissemination of information alone was not adequate to improve practice. Estabrooks et al. (2003) reported that one of the preferred methods of research utilization for nurses was to learn from credible resources, such as other clinicians close to the practice arena. In addition, they found that nurses' learning was enhanced through the uptake via narrative from experienced nurses of evidence that also had direct application in the practice setting.

Brown (2006) described two strong findings resulting from the lived experience of two clinicians in an academic-practice partnership in the United Kingdom: "The first [finding] was of looking and seeing practice differently and challenging practitioners to do the same. The second was of working in the middle of the theory-practice gap rather than trying to reduce it" (p. 601). Brown concluded that learning was encouraged and supported in the practice setting as the clinical practitioner moved to develop their practice and the academic practitioner facilitated education.

These and other findings demonstrate that quality of health care and outcomes for practice are directly related to the translation of research into practice, or "knowledge translation" (Dobbins, 2007; Farquhar, Stryer & Slutsky, 2002; Simpson, 2004). Such findings support and endorse the facilitative and collaborative nature of academic-practice positions.

Academic-Practice Partnership Positions and Career Choice

Academic-practice partnership positions provide an innovative blending of academia and practice and the opportunity for an alternate career path in nursing. In addition, they provide opportunities for nurses to engage in learning and teaching in both

an educational and a practice environment. Benner (1982) described the evolution of expert practice and the investment needed to move to this level of expertise. Many expert nurses want to continue developing and moving forward in their career path. What future career options are available for nurses who wish to maintain their clinical expertise and develop as educators? The following quote from Mary Ellen Jeans (1999), a former Executive Director of the Canadian Nurses Association, suggested nurses are moving to a more autonomous role with an increased recognition of the nursing profession's contribution to health care.

Jeans (1999) stated:

The current health care climate is one of true reform, in which there is greater recognition of the value and contribution of the profession of nursing in all domains. Nurses are taking control of their profession as never before. A significant federal reinvestment in transfers to the provinces and territories will help to create the quality nursing positions that are essential to providing health care. The creation of the Office of Nursing Policy and the establishment of the Nursing Research Fund by the federal government in 1999 are initiatives designed to help address critical challenges faced by the profession and underline the federal government's commitment to renewal of the nursing profession. The message is clear; it is time to invest in care as well as cure. This is an excellent climate for realizing the vision of registered nurses in developing new roles and services. (p. 12)

As Young and Paterson (2007) state, "Nursing education needs to be more intentionally aligned with, and flow out of, the practice of nursing" (p. 99). This is an

interesting perspective on the current approach in nursing education. It suggests that nursing education must stay attuned to the needs of practice and to changes in practice if it is to remain aligned with education advances as a blended process of nursing. Collaborative partnership positions have the potential to enable educators to stay current with evolving practice issues and to help practitioners stay in touch with trends in contemporary nursing education. Through collaboration, both educators and practitioners can advance the evolving profession of nursing. However, the contributions of those in practice and in education need to be made in a valued, respectful, collaborative partnership. To this point, the goals and impact of collaborative academic-practice partnership positions have not been well explored.

For these reasons, I chose to conduct a qualitative, exploratory, collective case study to explore partnership positions in the context of collaborative academic-practice partnership positions. This case study is intended to explore the goals and the multidimensionality of collaborative academic-practice partnership positions for registered nurses, positions that have the potential to address a growing need in nursing.

Summary

An alliance between clinical nursing practice and nursing education has the potential to help prepare nurses to meet the challenges of a changing health care environment. Fralic (2004) described three factors that are fundamental to the development and support of the need for academic-practice partnerships: the nursing workforce imperative, the need for continued new research, and finally the essential element, the need for evidence-based practice delivery. Further qualitative research is needed to extend our understanding of collaborative partnerships between academia and

practice, partnerships that can effectively link education, practice and research at all

levels of health care. One way to achieve this goal is to explore the experience of those in

collaborative academic-practice partnership positions.

Chapter III. Methodology

A qualitative research design was chosen to assist in the exploration of collaborative academic-practice partnership positions and the experience of registered nurses in these positions. This chapter includes a discussion of partnering nursing education and nursing practice, and the researcher's theoretical and philosophical perspectives. The theoretical framework, research method, and method of data analysis are described, along with an examination of scientific rigor, ethical considerations, and strategies for dissemination of results.

Coming to the Research Focus

Tensions between the academic education and clinical practice sector persist. They are often described as a disconnect or gap between theory and practice (Brady & Lewin, 2007). The application of evidence to practice has been described as a bridge between research and practice. There is some evidence that collaborative partnerships in nursing encourage the conduct of clinically relevant research and foster evidence-based practice. Indeed, partnership strategies to advance these areas in nursing have been explored and implemented, with varying degrees of success (Barger & Das, 2004; Hutelmyer & Donnelly, 1996) but with many limitations (Pollard et al., 2007; Tyrell & Leahy-Warren, 2000). Some strategies have been maintained successfully as a result of continued collaborative leadership, communication between participating agencies, and stable funding (Cronenwett, 2004; Smith & Tonges, 2004). However, other ventures have been terminated (Ogilvie, et al., 2004) as a result of decreased communication between participating agencies and administrators and a lack of sustained funding. These continuing difficulties have received a great deal of attention. However, other matters

have received little attention: evaluation of the goals of these partnerships, the need for evidence of their impact on nursing, their influence on evidence-based practice and ultimately on the delivery of quality health care. A Cochrane Collaborative review of strategies used to promote evidence-based nursing practice (Foxcroft & Cole, 2000) indicated a strong need for good evaluation of the identified strategies and the need to "require people with appropriate knowledge and skills" to be placed in these partnership positions (p. 6). An exploration of what the authors describe as "appropriate knowledge and skills" is needed. Finally, organizational support for the application of evidence-based practice is not well addressed in the literature.

A collective, exploratory case study is used when the need is to gain an understanding of something beyond just the case itself (Stake, 1995). In this case, a qualitative, exploratory, collective case study was used to gain an understanding of the experience of registered nurses who occupy collaborative academic-practice partnership positions, in the context of nursing organizations.

Qualitative case study research seeks understanding of a particular phenomenon, gained through an understanding from those experiencing the phenomenon (Streubert Speziale & Carpenter, 2003). In case study research, there is a need for an in-depth picture of the "case" and identification of the "clear boundaries" for the case study in relation to the context of the phenomenon (Cresswell, 1998, p. 39). This examination will help to provide a comprehensive understanding of the cases being studied (Merriam, 1998; Stake, 1995).

Situating the Researcher

Nightingale (1860) defined the function of nursing as "to put the patient in the best condition for nature to act upon him" (p. 75). Most early nursing practice in Canada was carried out in the community, and nurses were aware of the environmental conditions in which their patients lived and worked. When the focus of care moved into hospitals under a more medical model of care, nurses lost a large degree of contact with their patients in their lived environment (McIntyre & Thomlinson, 2003) and moved from being predominantly autonomous practitioners to a less privileged position (Storch, 2003). However, nurses are currently expanding their influence as a result of an increasing emphasis on the unique role of nursing in the community and on specialization of practice in institutions. In addition, nurses and nursing knowledge have made a paradigm shift from traditional practice based on trial and error, opinion and intuition to practice that includes best evidence, clinical expertise, patients' individual preferences, and decision making based on available resources (Dicenso, Ciliska & Guyatt, as cited in DiCenso, Guyatt & Ciliska, 2005; Melnyk & Fineout-Overholt, 2005).

Interestingly, I am part of this evolution. Along with many of my colleagues, I have noted the struggle to maintain the delivery of holistic care to clients and their families during transitions within an ever-changing and complex health care environment. I believe that the profession of nursing needs to evolve continually to meet the needs of health care delivery, now and in the future. My extensive career in nursing already encompasses a wide range of clinical and educational practice experiences. During my career, two pivotal factors motivated me to pursue further education. Both experiences had challenges in practice and education delivery methods. I hoped to

expand my understanding of education models and the need for advanced credentials in nursing. The combination of my exploration of nursing education and past experiences in clinical practice became a driving force for my research and influenced who I am as the researcher in this study.

The first was one of my experiences as a preceptor. After being invited to act as a preceptor for a fourth-year baccalaureate nursing student, I expected to be provided with a "road map" or certainly some guidance in preparation for this important assignment. I was disappointed. I had a brief meeting with the instructor and was given a binder describing the purpose of the course, and created the opportunity to meet with the student beforehand (arranged by me and during my own free time). However, there were no clear objectives for the experience and no specific instructions on teaching strategies or methods of evaluation to guide my work. I was to discover that there would be no further contact with the instructor, other than my sending a written evaluation of the student at the end of the experience. Interestingly, despite a slow start to the experience that entailed discussions with the student of her expectations of me and development of some teaching strategies, the experience was fairly positive. However, I reflected on how this experience could have been improved by increased collaboration between the two areas and personnel. I also resolved to pursue further education myself in order to understand educational delivery models more clearly and to assist student nurses more effectively as a preceptor in the future.

The second pivotal experience entailed a professional nursing leadership challenge. During my experience as a unit manager overseeing a combined active medical surgical unit and continuing care area in an urban hospital, I encountered a

difficult situation. A new administrative authorization mandated not replacing the first RN who failed to report to work on a unit. The rationale provided was that this would discourage absenteeism among staff. However, this strategy increased pressure on all units in the health care agency to run the units with decreased staff. It also created an ethical dilemma that I assessed to be a patient safety issue. If I accepted this situation, then I also accepted the responsibility for the ramifications of care delivery. I took what I believed to be appropriate action that was in the best interests of patient care and staff. I reflected on this situation and the impact that administrative decisions and organizational environments can have on the nursing profession. This experience clearly emphasized to me how administrative decisions may resolve one issue while impacting other areas. It also motivated me to seek further understanding of nursing as a profession, and encouraged me to reflect on who I am and what I bring as a researcher, clinician and nurse educator to this research.

In the current systems for education and practice, student nurses and clinical educators are virtually "guests" in hospitals and community sites, and instead of relieving the workplace stressors, they may actually add to them. Implementation of a genuine collaborative partnership that engages academics in the clinical setting and attracts practitioners to teach in a formalized equal partnership position may help to address these organizational challenges. I believe as a nurse educator that those in the nursing profession need to consider teaching and learning as a never-ending journey of giving and receiving in learning (Parse, 1998, 2002).

Philosophical Stance

Research is a process of discovery. The application of knowledge from evidence based on research is a requirement of provincial nursing practice standards. My approach to this study is closely aligned with constructivism, based on the belief that people construct their own realities from multiple viewpoints. Constructivism as a philosophical stance views reality and knowledge as being constructed of many layers and many meanings. Stake (as cited in Denzin & Lincoln, 2005) observed, "We come to know what has happened partly in terms of what others reveal as their experience" (p. 454). Hearing the experience through a narrative expressed by those in CAPP positions, based in the context of Canadian nursing organizational environments, has the potential to increase our understanding of these positions and their impact on nursing.

Theoretical Stance

The theoretical framework for a study is derived from the orientation that the researcher brings to the study. Nurses in positions of power have the ability to develop and effect change within organizations. Academic-practice partnerships provide a blending of expertise across both organizations, so that participants may act as agents of change within and between each organization. At the organizational level, deployment and utilization of nursing human resources cannot be considered in isolation of the system in which the profession operates. In other words, the nursing profession delivers care within organizational systems.

Organizational Development Theory

The theoretical framework guiding this study is the Organizational Development Theory described by Steckler, Goodman, and Kegler (2002). Theories of Organizational

Development describe how to plan for change. They have the potential to provide a process for implementing and improving organizational climates and performance. Theories of organizational development generally originate in management theory and address methods to effect change within or across organizations.

A Cochrane Collaboration review conducted by Foxcroft and Cole (2000) identified the need for increased effectiveness in organizational development. Following an extensive review of the literature, Foxcroft and Cole suggested the need for "well planned evaluations of well planned interventions" (p. 6). The need for effective organizational development through organizational change underpins the implementation of strategies, such as partnership models.

Four strategies for change were chosen from an Organizational Development Theory described by Steckler et al. (2002) to provide a framework for and guide the data collection in this study. Steckler et al. suggest a four-stage model for instituting organizational change in health promotion practice or within organizations. The four stages comprise raising awareness, adoption, implementation, and institutionalization. I chose to follow these four stages to help guide my reflective iterative process as a researcher who was "coming to know the case" (Stake, 1995). Since case study data collection is a recursive, interactive process, these stages provided a tentative guide. I will briefly offer my perspective on how the theory, with some modification, supports the concepts and variables of interest in the case.

Awareness raising. The first stage of awareness raising involves the identification by academic and practice organizations of the initial need for the position. In the current study, this stage involved planning for implementation of the position, which required a

review of archival documents to illustrate the context of the position and to expand on the nature of the partnerships.

Adoption and implementation. The second stage involved adoption of the collaborative academic-practice partnership (CAPP) positions during the adaptation period, followed by the third stage, which involved implementation through introduction of the positions. Reflective exploration of these stages entailed interviewing the participants who were employed in collaborative academic-practice partnership positions. In addition, defining the nature of the partnerships required a further review of the archival documents to illustrate the context of the position. The process of adoption and implementation, as an outcome of collaboration between academia, practice, and the appointees, assisted and informed the construction of the collective case study.

Institutionalization. The final stage consisted of an iterative process of reflection following each interview, series of interviews, review of archival documents, and my field notes, written after each interview and archival document review. At this stage, I again analyzed the collected data. Reflection on each interview conveyed an understanding in the nature of the experience for registered nurses in the partnership positions within the context of nursing and nursing organizations. Continuous reflection on and interpretation of the data produced a written composite picture of the experience for individuals in collaborative academic-practice partnership positions. In other words, analyzing the data gained through interviewees' experiential accounts about the positions and understanding the cases contextually from archival document reviews helped me to interpret and describe the phenomenon.

Research Method

A qualitative, exploratory, collective case study approach serves as the research design for this study. Stake (1995) defined case study: "In qualitative research, this is the study of a 'bounded system' with the focus being either the case or an issue that is illustrated by the case" (p. 2). A collective case study is one in which multiple cases are examined concurrently to provide insight to the phenomenon. An exploration of multiple cases can provide in-depth data from several case examples and illustrate the issue as it exists within each case, providing rich and trustworthy knowledge of the phenomenon.

Asking myself the question "What can be learned about the case that needs to be known?" established a personal contract with the case to be studied (Stake, 1995). My purpose in using this type of case study research was to examine the goals and to understand the experience of nurses in collaborative academic-practice partnership positions, through interpretation of data sources using synthesis (action) to elucidate meanings (product) (Cresswell, 1998; Munhall & Boyd, 1993; Stake, 1995). Case study methodology, as well as the processes used for data collection and analysis, is described in the following sections.

Case Study

The decision to use a case study is not really a choice of method, but a choice of what to study (Stake, 1995). Stake (as cited in Denzin & Lincoln, 2005) explained, "As a form of research, case study is defined by interest in the individual case, not by the methods of inquiry used" (p. 454). Case study research is a recursive, iterative process (Stake, 1995). In a collective case study, multiple cases are examined to gain insight about a phenomenon. Collaborative partnerships between academia and practice have

been identified as a need for the evolution of the nursing profession. I chose to conduct a

qualitative, exploratory collective case study of collaborative academic-practice

partnership positions in order to "come to know the case" (Stake, 1995).

Stake (1995) lists the following five requirements for conducting case studies:

issue choice, triangulation, experiential knowledge, contexts, and activities. Each of the

five requirements provided a format for presenting my method.

Issue choice. Collaborative academic-practice partnership (CAPP) positions

comprise the case study as my issue of choice.

Triangulation. Triangulation of data was addressed first through the conduct of

face-to-face, semi-structured interviews (Appendix A) with ten registered nurse

participants in collaborative academic-practice partnership positions. Second, a follow-up

telephone interview was conducted with nine of the participants. The final element in the

triangulation of data collection was a review of archival documents related to the role, job

descriptions and contractual agreements of the positions. The review was intended, in

part, to provide a description of the positions. In addition, member checking was carried

out with three of the ten study participants by contacting one participant from each of the

three educational designations (for example: BN, MS, PhD) and sharing with them the

preliminary findings from the study, described in Chapter 4.

Experiential knowledge. My extensive experience in nursing practice and recent

proficiency in nursing education address the experiential knowledge requirement.

Contexts. The contexts of the case study reside in the practice, education, and

organizations of the nursing profession. The narrative experience collected during the

conduct of interviews with participants places the study in the context of practice and

education. Meanwhile, the collection of data from archival documents places the study in the context of organizations.

Activities. Activities included the maintenance of reflective field notes following each interview and a recursive process of continuous reflection on the data during its collection.

In an exploratory collective case study of an issue, the case is used instrumentally to illustrate the issue (Stake, 1995). In a collective case study, multiple cases are examined to provide insight about a phenomenon. By contrast, examination of a single unique case is generally known as an intrinsic case study. This qualitative research utilized two interviews with study participants who currently are in collaborative positions between an academic institution and a health care agency. A review of archival documents (e.g., role or job descriptions, contractual agreements) was conducted to provide the context of nursing organizations. Field notes were written and maintained during data collection to provide a reflective component of the study.

In this instance, an examination of each case facilitated my understanding of the experience of a collaborative academic-practice partnership position, in particular. Through an exploration of the cases and archival documents, I gained an understanding of the goals and nature of the experience of a collaborative academic-practice partnership position, in general.

The implementation of strategies such as collaborative academic-practice partnership position as a partnership model has the potential to create change by impacting larger systems. In this study, those systems are academic institutions and health care agency organizations.

Data Collection

Lincoln and Guba (1985) describe the use of multiple sources of evidence, maintenance of an audit trail, and maintenance of a case study base (e.g., field notes) as three principles of data collection that help to increase the quality and trustworthiness of a case study. Data collection sources in this study included transcripts from face-to-face, semi-structured interviews and follow-up telephone interviews, archival documents, and the researcher's field notes. The following section provides an overview of the data collection strategies used for this study.

Sample and Setting

In this study I utilized purposeful sampling, which is generally based on the researcher's need to discover and gain insight. A sample should consist of those from whom the most can be gained; in other words, purposeful sampling provides data that is "information rich" (Patton, 2002, p. 236) and based on the participants' experiences.

Selection criteria. I chose to interview ten registered nurses (RNs) who currently are in a position that involves a type of collaboration and partnership between an academic institution and a health care agency. A university or college may be the main employer, but the participants also spend time working in a health care agency. Conversely, a health care agency may be the main employer, with a portion of the participants' time spent educating students and/or members of the intra-disciplinary team. Also, participants may be employed simultaneously by an academic institution and health care agency. To be eligible for this study, participants also had to be able to speak, read, and understand English, be willing to speak about their work, and be willing to sign an

informed consent before participating. RNs who held master's degrees or advanced

practice nurses were preferred but not essential.

Recruitment method. An iterative process described by Stake (1995) as "coming

to know the case" (p. 47) was undertaken that involved face-to-face interviewing and

follow-up interviewing by telephone. In qualitative case study research, it is essential to

select a sample of participants who have knowledge of and personal experience with the

phenomenon of interest (Patton, 2002). A purposive sample was sought of individuals

who met the selection criteria and best represented examples of the phenomenon (Morse,

1994). Participants in this study were recruited initially through invitation by a third

party. As a result of informal conversations at nursing conferences with nursing

colleagues who expressed interest in my proposed research study topic, I received

support from academic and practice nursing leaders. These leaders were conversant with

types of collaborative academic-practice partnership positions and offered their expertise.

To maintain participants confidentiality, these nursing leaders directly mailed or emailed

to prospective participants letters of invitation (written by the researcher) to participate in

the study (Appendix B). Those who were interested in participating then contacted the

researcher. In response, the researcher read over the telephone (or emailed) to prospective

participants a script that described the study and invited these registered nurses to

participate. In this way I recruited a purposive sample.

As I anticipated, a degree of "snowballing" occurred when several of the

participants, interested in hearing nurses' experiences in similar positions, offered to

approach other prospective participants directly. As a result, several more individuals

contacted me. Again, in response, I read over the telephone (or emailed) the script to these registered nurses and invited them to participate.

The researcher's purpose was to gain an understanding of the experience of these collaborative positions, through continuous reflection on the rich, in-depth descriptions that the interviews yielded. In qualitative case study research, data collection is a recursive, reflective interactive process of the researcher "coming to know the case" (Stake, 1995). Case study research provides a way for the researcher to hear the interviewees' rich accounts and to construct a written picture from in-depth understanding of the collective cases in context.

Interviews

The initial face-to-face, semi-structured interviews with participants lasted between 60 and 90 minutes each and were conducted over a period of five months. Next, follow-up telephone interviews were conducted. These lasted from 30 to 60 minutes each and were conducted over a period of two months. In total two interviews were conducted with study participants (n=10); these interviews were completed over a period of seven months. In addition, the researcher wrote reflective field notes following each face-to-face and follow-up telephone interview.

Interview process. The face-to-face interviews were conducted using a semi-structured interview guide (Appendix C). The interviews were intended to elicit an in-depth account, rich in description from the understanding of each participant. The data gained through the interviews increased my understanding of the implementation of academic-practice positions, participants' understanding of the stated and achieved aims of the positions, and their perceptions of the challenges and benefits of the positions.

The post-interview questions (Appendix D) were adjusted as a result of participants' responses in their face-to-face interviews. The follow-up interviews were conducted by telephone, digitally recorded, and then transcribed verbatim. A period of five months separated the first face-to-face interview and the first follow-up telephone interview.

Participants were asked at the conclusion of the first interview if they would be willing to share information that described their particular position in terms of employment. In response, participants readily provided job descriptions and contractual agreements to the researcher. These documents provided the context of academic-practice partnership arrangements within either nursing academia or health care agency organizational environments, and described the partnerships in more detail. Moreover, contextual understanding of the cases from archival document review assisted the researcher in interpreting and describing the phenomenon of interest.

Archival document review. For Lincoln and Guba (1985, as cited in Munhall & Boyd, 1993), naturalistic ontology proposes that "Realities are wholes that cannot be understood in isolation from their contexts, nor can they be fragmented for separate study of the parts" (p. 313). As the researcher in case study research, I needed to define the boundaries of my inquiry and undertake the case study to "make the case understandable" (Stake, 1995, p. 95). As discussed earlier, the context of nursing practice is defined in nursing practice standards, and nursing positions are defined in terms of employment in each agency. Therefore, it was important that I review archival documents prepared by administrators of academic institutions and health care agencies, to explore the job descriptions, contractual agreements and criteria of these positions.

Archival document review process. Review of these archival documents provided a framework for the positions being studied and a clearer picture of the vision or aims of the partnerships. Contextual understanding of the cases from archival document review assisted the researcher in interpreting and describing the phenomenon of interest. During the review of archival documents, brief written notes were taken. Commonalities were noted and compiled into lists, and a matrix was designed with headings based on the commonalities. These lists were charted on a matrix and included elements in the documents that described the CAPP position by educational preparation and employing agency. For example, generic registered nurse responsibilities/duties and CAPP position responsibilities/duties were described in the documents. A similar process was followed for areas of responsibility and expectations for CAPP positions by educational preparation. Examples included clinical instruction in practice settings and course development and planning. The use of check marks and crosses placed on the matrix denotes the presence or absence of an area respectively.

Reflective field notes. Field notes were written following each interview and during archival document review, as an iterative reflective process. Adequate time and a quiet place for writing field notes immediately following each interview were essential for this process. The maintenance of field notes provided the researcher with an ongoing analysis of data as a reflective process. Personal reflection and personal interpretive commentary on the issue accompanied the writing of field notes.

Data Management

The initial face-to-face interviews were digitally recorded and transcribed verbatim, as were the follow-up telephone interviews. Participants were made aware that

their comments would be audiotaped and transcribed and that their anonymity would be maintained, in both the letter of invitation (Appendix B) and the consent form (Appendix E). Only the researcher, her supervisor and a committee member had access to the raw data. No participant names were included on the audiotapes or transcribed data. Transcribed data were numbered consecutively from 1 to 10 and kept in separate folders. Audiotapes, transcribed data, archival documents and field notes were secured in a locked cabinet in the researcher's office.

Data Analysis

Merriam (1998) notes the importance of analyzing data simultaneously as they are gathered. In this study, data were analyzed simultaneously as they were collected, through face-to-face and follow-up interviews, document review and field notes.

Coding process. Stake (1995) presents four steps for data analysis of a case study. Steps one and two, categorical aggregation and establishing patterns of categories, represent a classifying method of data analysis. Steps three and four, direct interpretation and naturalistic generalizations, represent a method of interpreting data during analysis.

Categorical aggregation. The researcher read the entire transcriptions and listened to the entire audiotaped recordings of the first three interviews with participants (P1, P2, P3) several times. To maintain anonymity, participants are denoted as P1, P2, and so on. Notes, comments, and the most potentially relevant units of meaning were noted line by line in the margins of the hard copy transcriptions. These notations were then transcribed and sorted into electronic folders under broad categorical headings, such as Professional Role. Each coded interview was checked again for similarities in meaningful units, which were then extracted as words, phrases and sentences and

grouped together under similar category groupings in electronic folders. For example, under the broad category of Professional Role, extracted words and phrases that were grouped together as meaningful units included "expertise," "resource to other staff," "supporting change to evidence based practice," and "collaborate with established staff."

After this portion of the data analysis was carried out, a meeting was arranged with a committee member to discuss and review the findings. The same process was followed after the next six participants' (P4, P5, P6, P7, P8, P9) interviews were conducted and transcribed. Categories were then sorted into aggregates as a concept map during another meeting with the same committee member. The categories were then distilled down as patterns emerged.

Establish patterns of categories. Patterns were further collapsed to represent themes with some sub-themes. The researcher reread nine interview transcripts in their entirety numerous times, reviewing them in detail in light of the findings, as Agar (1980) suggested. She also listened again to several of the audiotaped recordings in their entirety in order to review meanings for their significance.

Direct interpretation. During the tenth face-to-face interview, support of all previously analyzed categories extracted was validated. The tenth interviewee even mentioned "fusion" when describing her concept of the academic-practice position.

The researcher also accessed archival documents to explore the purposes of the academic and health care agency leaders in initiating the academic-practice positions. An exploration of the context in which collaboration (and partnership, if present) between academia and practice occurred would be of interest to other nursing leaders, and might provide a description of a sustainable academic-practice position. Similarly, if a

partnership between agencies was described in these documents, then a description of the impact of that partnership would be useful to agency leaders. Archival documentation comprised role or job descriptions and contractual agreements concerning the positions between the educational institution and health care agencies. A review of these documents afforded the researcher an understanding of the aim or goal of the nursing leaders in initiating and implementing the positions, as well as their conceptualization of the positions prior to implementation.

The role or job descriptions and contractual agreements were reviewed in a reiterative manner. This interpretative process entailed repeated readings of the material to discern unique and common data. A search for thematic patterns resulted in the formation of two tables with categorical aggregation from interpretation of the position descriptions. Elements for the position by educational preparation and employing agency comprise Table 1, and areas of responsibility and expectations of the position comprise Table 2. Employing agencies and educational preparation are represented in both tables, identified as column headings with sequencing of topics maintained in the left columns and identification of frequency of occurrences in rows. A matrix of these documents is provided in table format in Chapter Four.

Field notes recorded the researcher's interpretive analysis of the phenomenon of interest and personal reflection immediately following each interview. Reflection following each interview experience is recommended as providing ongoing analysis of data while they are being collected (Cresswell, 2003; Patton, 2002).

Naturalistic generalizations. An image was constructed based on rich, in-depth, valid description of participants' experience of the CAPP position by the researcher

through personal engagement with the data. This continuous, iterative, reflective process of data analysis, guided by the stages of organizational development theory, resulted in a clearer understanding of the goals and impact of these positions. Cresswell (1998) and Stake (1995) suggest that a detailed description of the cases and the context in which the cases occur, based on the researcher's analysis of observations, is useful in communicating understanding of the participants' construction of the world.

A detailed description of the cases, participants and the context is presented in Chapter Four. A description follows of the strategies that were employed to verify the method and to ensure trustworthiness of the study.

Scientific Rigor

Trustworthiness

In case study research, credibility and trustworthiness are maintained through triangulation, in order to "ensure that the most comprehensive approach is taken to solve a research problem" (Morse, 1994 p. 102). Triangulation of data addresses completeness, convergence, and dissonance of key themes. Lincoln and Guba (1985) argued that, for case study research, the use of triangulation assists in enhancing the trustworthiness of the research by increasing the likelihood that the findings and interpretations will be found credible and dependable; furthermore, the terms *dependability* and *confirmability* are more commonly employed by qualitative researchers who engage in case study. Stake (1995) considered the two procedural concepts of triangulation and member checking to be essential to confirm the validity of interpretation from data.

In this study, triangulation was accomplished by grounding the study in multiple cases from triangulated sources of evidence. These included face-to-face, semi-structured

interviewing, follow-up telephone interviewing, the review of archival documents, and written reflective field notes.

To ensure dependability and consistency of data collection, study participants were interviewed twice. Trustworthiness of the quality of the case study was increased as these interviews were conducted over six months to facilitate gathering comprehensive in-depth data. A semi-structured interview guide was used for the first interview, and the second semi-structured interview guide used in the follow-up telephone interview was constructed as a result of analysis of the initial face-to-face interviews. These interviews were conducted over a length of time to promote reliability of data collection (Cresswell, 2003). The approximate interval between the first face-to-face interview and the first follow-up telephone interview was five months.

Merriam (1998) supports member checking as a basic strategy to enhance internal validity in the qualitative case study research process. Member checking occurred following analysis of the data from face-to-face interviews (n=10) and follow-up phone interviews (n=9). Three participants were randomly chosen, one from each category of educational designation (BN, MN/MSc, PhD), and asked to view drafts of the researcher's findings, which included interpretations and study participants' embedded quotations. In general, these participants supported the researcher's findings. One reflected on the significance of partnership as a key idea in the findings. Another strongly identified that the support of an academic-practice position was a leadership issue. All of this group strongly supported the use of the term *collaborative academic-practice partnership position* and suggested that it be adopted as a designation. They argued that

adopting a particular designation would provide clarity and direction for administrative leaders in future discussions.

The iterative process of content analysis ensured an understanding of the issue. Archival document review (role or job descriptions and contractual agreements), and reflection from field notes completed the triangulated sources of data. Data gathering ceased when I recognized that I had "come to know the case" (Stake, 1995) through the iterative process described earlier.

Ethical Considerations

The proposal for the study was submitted to and approved by the University of Lethbridge Ethical Review Committee for Human Subjects Review. A signed, informed consent was obtained from all participants. Participants were given opportunities at each contact to ask questions about the study.

Confidentiality. Once each participant had indicated an interest and agreed to participate in the study, the researcher met with the participant and conducted the interview at a mutually agreed location. It was essential that the setting be a quiet, private and comfortable area, where the interview could take place without interruption and where confidentiality could be maintained.

Confidentiality of the interview data and interview audiotapes was maintained by ensuring that participants' names did not appear on any documents or presentations produced as a result of the study. Participants were informed that verbatim excerpts from the data would form part of the dissemination of the data, but that any identifying details would be removed. Employing agencies were also not identified by name, thus fostering anonymity.

Several steps were taken to protect the participants' anonymity and identity. While the interviews were digitally tape-recorded, the tapes and files were destroyed once they were transcribed. The transcriptionist was required to sign an Oath of Confidentiality (Appendix F). Only the researcher, her supervisor, and a committee member had access to the raw data. No participant names were included on the audiotapes or transcribed data. Audiotapes and transcribed data were secured in a locked cabinet in the researcher's office. All information will be destroyed five years after completion of the study.

Dissemination of Research

Stake (as cited in Munhall and Boyd, 1993) suggested that, in disseminating the results of case studies, "The best use appears to be for adding to existing experience and humanistic understanding" (p. 317). I expect to share the results with the participants in the study by providing a copy of the findings, if requested. There may be opportunities to present the findings of the study at workshops for those who have common interests in the topic. I will submit presentation abstracts to appropriate conferences and pertinent professional interest groups, and I plan to write scholarly papers and submit them to peer reviewed journals to communicate my findings from this research.

Summary

A qualitative, exploratory, collective case study approach was chosen as the preferred methodology for this study, as a demonstrated link between epistemology and the conduct of research. This qualitative collective case study explored the experience of collaborative academic-practice partnership positions for registered nurses within the context of nursing organizations.

The key approaches to data collection consisted of interviews (two per participant) with ten study participants in collaborative academic-practice partnership positions, as well as archival document review of the formal agreements of the positions. Reflective field notes were maintained following each interview. Iterative analysis of data was done concurrently with data collection. Data were coded line by line, manually, without the use of a qualitative data management program. The internal validity of the data was enhanced by conducting a member check with one study participant from each of the three categories of educational preparation. Results from this study are reported in the following chapter.

Chapter IV. Results

This chapter includes a description of the participants and their perspectives on collaborative academic-practice partnership (CAPP) positions. A review is presented of the descriptive elements of the CAPP positions as found in archival documents, consisting of job descriptions and contractual agreements. Participants' viewpoints of the positions' implementation process are revealed. Three themes emerged from the analysis: the foundations of the CAPP position, the actualization of the CAPP position, and challenges and benefits of the CAPP position. Excerpts from interviews with participants are provided that lend support to these themes. Each participant is denoted as "P" plus a number to maintain anonymity.

The following sections detail the emergent themes and descriptors of the CAPP position, based on analysis by the researcher following immersion in the interview data. Initially, face-to-face interviews were conducted with the ten participants over a period of five months. Follow-up telephone interviews were then conducted with the participants over a period of two months. Five months elapsed between the first face-to-face interview and the first follow-up telephone interview.

Sample of Participants

Participants in collaborative academic-practice partnership (CAPP) positions interviewed for this study were currently employed in Western Canada (Alberta and British Columbia). The participants were registered nurses (RNs) with baccalaureate (n=4), masters (n=4), and doctoral (n=2) degrees. Of the ten study participants, 2 were male and 8 female. They ranged in age from 26 to 60, with an average age of 39.7. They had spent an average of 22.5 years in nursing; the span was from 4 to 32 years. The

length of time they were employed in their current position varied from one to six years, with an average of 2.5 years. Demographic information is provided in Table 1.

Table 1. Demographic Information of Participants

Educational Preparation	Years of Age	Gender	Years in Nursing	Years in CAPP Position
BN (n=4)	26 – 60 years		4 – 32 years	1 – 5 years
MN/MSc (n=4)	Average:	Male (2) Female (8)	Average:	Average:
PhD (n=2)	39.7 years		22.5 years	2.5 years

When asked to describe their position in general terms, eight of the ten participants agreed that their role incorporated collaboration between academia and practice. Most mentioned that the position was developed as a type of partnership.

Participants' Employers

Employers of the participants varied. For some the primary employer was either a university or college, and they worked part of the time in a health care agency. For others the primary employer was a health care agency, and they worked part of the time in a university or college. In some instances, a flexible arrangement was in place for scheduling, and the participant was employed by both a university and a health care agency. In another example, the participant was employed by both a university and a health care agency to maintain advanced practice competencies while continuing to teach. Three of the participants described their position as divided; that is, they worked 50 percent of the time for their main employer, a health care agency, and were seconded for the other 50 percent to an educational institution. One described the position as 50 percent working for a health care agency, the main employer, and the remaining 50 percent working for an educational institution. Two participants were employed by an

educational institution, with a part-time position in a health care agency. One described

an educational institution as the primary employer, with the employee working roughly

60 percent of the time in teaching and specialized clinical instruction and the remaining

40 percent of the time for the health care agency. Two participants were employed by a

health care agency, with a part-time position in an educational institution. One described

a health care agency as the primary employer, with the employee working roughly 60

percent of the time as an advanced practitioner and the remaining 40 percent of the time

teaching for the educational institution. This arrangement required the employee to resign

from the educational institution position, to be hired by a health care agency, and to be

seconded back to the same educational institution. The remaining three participants

exercised some autonomy in their positions and had agreements with both an educational

institution and a health care agency. They allocated their time between the two,

depending on the demands and requirements of the position.

Table 2 shows participants' educational preparation, categorized by primary

employer. It also indicates the types of agreements (job descriptions and contractual

agreements) that participants entered into as part of their employment.

Table 2. Participants' Educational Preparation, Provision of Job Descriptions, and Provision of Contract Agreements, by Employer

Employer	Participants' Educational Preparation		Participants' Job Descriptions Provided	Participants' Contract Agreements Provided
Health Care Agency	BN	2	2	
	MN/MSc	3	2	1
	PhD	1		1
Academic Institution	BN	2	2	
	MN/MSc	1	1	
	PhD	1		1

Findings From Analysis of Interview Data

Participants' Views on Roles Involved in the CAPP Position

Through an iterative analysis of the interview data, an overview was gained of the components of the CAPP position. From the participants' perspectives, the CAPP position entailed three interconnected roles: academic educator, practitioner, and researcher.

Academic educator. Participants mentioned teaching undergraduate and graduate students, general duty staff nurses, and advanced practice nurses. They taught undergraduate students from Years One to Four in baccalaureate nursing programs and encountered these students in clinical practice areas or in theory classes. Several participants also taught graduate students in advanced nursing practice programs and clinical practica, and in clinical and theory portions of master's programs, including research courses. They provided direct supervision and education of students in theory

and clinical practice courses, and also worked on course and curriculum development. Participants also reported teaching in acute and specialty care areas, advanced practice nursing, and rural and community settings.

Practitioner. Participants reported extremely varied components in their roles as practitioners with a health care agency. As clinical practitioners, they engaged in advanced practice, acute and specialty care, and rural and community care.

Researcher. Participants reported that they provided consultation in the conduct of research and assistance in understanding the results of research. They also provided research support for student nurses (e.g., discussion of evidence applicable to the clinical area), established nurses (e.g., assistance in knowledge translation or systematic evaluation of data), and inter-professional team members and faculty colleagues (e.g., facilitating discussion of knowledge translation and the impact on nursing of increased acuity in the health care environment). In this role they provided assistance with grant or proposal writing, writing for scholarly publication, policy review and revision, personal and collaborative research, and grant applications.

The educational preparation of the participants clearly had a major impact on all of the components of the CAPP position. The interplay between education and practice became more complex, depending on a CAPP participant's educational preparation. In particular, the education credential had a significant impact on the scholarly expectations for each participant in this role.

Educational Preparation for the CAPP Position

Generally, the baccalaureate-prepared participants were involved in working for and instructing in clinical practice settings in health care agencies. Two of the four BN-

prepared participants were also involved in course development, planning, and teaching theory to students. Only one position included involvement in research activities.

All four of the master's-prepared participants were also working for and instructing in clinical practice settings in health care agencies. Two of the four had direct involvement in research activities, course development and planning, and theoretical classroom education of students.

The two doctorate-prepared participants were involved in practice at an advanced level, either working as clinical practitioners or providing staff support for research activities. While they remained connected to practice, their research activities were expected to include writing grant applications, proposals, and scholarly publications. One of the master's-prepared and one of the doctorate-prepared participants taught in an advanced practice program, while simultaneously maintaining advanced nursing practice competency.

As described earlier, employing agencies in the partnership arrangement consisted of academic institutions and health care agencies. When asked at the conclusion of the interviewing process if they were able to provide descriptions of their employment, participants readily provided job descriptions and contractual agreements. Archival documents were reviewed to elucidate the context of the nursing organizational environments in which CAPP positions were placed. The following section includes a review of the common descriptors of the CAPP position obtained from archival documents. A matrix of the descriptive elements (areas of responsibility and expectations) extracted from the job descriptions and contractual agreements between health care agencies, academic institutions, and the CAPP position is also provided.

Information Included in Archival Documents for CAPP Positions

Table 3 details participants' educational preparation and the comparable types of information included in the archival documents (job descriptions and contractual agreements) obtained from the health care agency and academic institution for each position. The information included vision statements for the organizations and for the CAPP position, descriptors of responsibilities for RN and CAPP positions, reporting systems and performance evaluation methods for RN and CAPP positions.

In Table 3, as indicated by cross marks, descriptions specific to the CAPP position were absent more often in health care agency (n=5) employer documents than in academic institution (n=2) documents. The absence of check marks may indicate that the health care agency employer does not differentiate an RN position from the CAPP position. For example, organizational vision statements were present in each agency's documents; however, CAPP position vision statements were absent in four of the six health care agency documents. Descriptions of responsibilities and duties were present for RNs in all documents. CAPP position descriptors were absent in most health care agency documents but on the whole present in those of academic institutions. A reporting system was described more often in documents of academic institutions than in those of health care agencies. Descriptions of the evaluation method for RN and CAPP positions were absent more frequently in health care agency documents than in those of academic institutions. These findings may indicate, in some instances, that interpretation of and emphasis for the position differed between health care agencies and academic

institutions, especially considering the lack of vision statements for the CAPP position

and the different values placed on educational preparation.

Table 3. Elements Included in Archival Documents for CAPP Positions, by Educational

Preparation and Employing Agency

Educational preparation	Health Care Agency Employer						Academic Institution Employer			
	BN		MN/MS/MSc			PhD	BN		MN/ MSc	PhD
Number of participants per designation (n=10)	1	2	1	2	3	1	1	2	1	1
1a. Organizational vision statement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1b. CAPP position vision statement	✗	✗	✗	✗	✓	✓	✓	✓	✗	✗
2a. RN responsibilities/ duties described	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2b.CAPP position responsibilities/ duties described	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗
3. Reporting system described	✗	✗	✓	✗	✓	✓	✓	✓	✓	✓
4a. RN performance evaluation method described	✗	✗	✓	✗	✓	✓	✓	✓	✓	✓
4b. CAPP position performance evaluation method described	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗

Note: ✓ denotes present, ✗ denotes absent

In general, documents from the academic institutions provided descriptions relevant to the position, regardless of educational preparation. In contrast, descriptions in health care agency documents distinguished elements of the position dependent on educational preparation. This finding may indicate differences between agencies in the significance they place on educational preparation.

In several cases, the documents included neither a vision statement for the CAPP position nor mention of an evaluation process. Of note, these were missing more frequently in health care agency documents. Interestingly, the health care agency documents included descriptors for the RN position responsibilities but frequently not for those of the CAPP position. Reporting structure and performance evaluation methods were mentioned less often in the documents of health care agencies than in those of academic institutions.

Areas of Responsibility and Expectations for the CAPP Position

The common descriptors of the CAPP position were found in job descriptions and contractual agreements. The descriptors relate to areas of responsibility and expectations for the CAPP position, on the part of the health care agencies and academic institutions. Table 4 displays the areas of responsibility and employer expectations for CAPP positions by level of educational preparation, as derived from the archival documents.

Table 4. Areas of Responsibility and Expectations for CAPP Positions, by Educational

Preparation

Educational preparation.	Health Care Agency Employer						Academic Institution Employer			
	BN		MN/MS/MSc			PhD	BN		MN/ MSc	PhD
Number of participants per designation (n=10)	1	2	1	2	3	1	1	2	1	1
1a. clinical instruction in practice settings	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
2. course development and planning	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓
3. teaching theory classes	✗	✗	✗	✗	✓	✗	✗	✓	✓	✓
4. involvement in research activities	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓
5. advanced practice nursing	✗	✗	✗	✗	✓	✓	✗	✗	✗	✓
6. advanced practice nursing teaching	✗	✗	✗	✗	✓	✓	✗	✗	✗	✓
7. expectation of scholarly writing/ publication	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓
8. staff resource consulting	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓
9. interdisciplinary team collaboration/ partnership	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. research activities: grant and proposal writing	✗	✗	✗	✗	✓	✓	✗	✗	✓	✓

Note: ✓ denotes present, ✗ denotes absent

The areas of responsibility and expectations provided in the archival documents to direct the CAPP position appear to lack consistency, as indicated by the irregularity of check or cross marks in Table 4. Descriptions of the responsibilities of and expectations for the CAPP position were included more often in academic institutions' documents than in those of health care agencies. However, the expectations for those with the highest level of education were included more consistently in the documents of both.

Unlike those of academic institutions, health care agency documents did not include descriptions of responsibility or expectations for course development and planning. Furthermore, health care agency documents omitted more often than academic institution documents any mention of responsibility for teaching theory classes and involvement in research activities. At the same time, the expectations for preparation in and teaching of APN were generally missing in the documents from both health care agencies and academic institutions, regardless of education or employer.

Clear differences are revealed, given the absence of descriptions of health care agency expectations for individuals in CAPP positions to perform scholarly writing, act as a resource for staff members, or consult. Descriptions of research activities such as writing grant applications and proposals were mostly lacking in the documents of both agencies.

In contrast, all but one document required clinical instruction, regardless of an individual's educational or advanced nursing practice preparation. Likewise, interdisciplinary teamwork in the collaborative partnership was expressed as an expectation, despite differences in educational or advanced nursing practice preparation. This is supported in the job descriptions and contractual agreements from both agencies.

From the perspective of the employers, interdisciplinary team collaboration was clearly also an important expectation for the CAPP position, regardless of individuals' educational preparation. There was a noticeable lack of consistency in the descriptions of CAPP positions, in the stated responsibilities and expectations for these positions, and in perceptions of the benefits of CAPP positions. These disparities in the documents suggest that administrators in health care and academic institutions have different expectations about the purpose of the CAPP position.

An overview of archival documents has been provided to present the context of the CAPP position from an organizational perspective. The next section describes participants' views on the implementation process for CAPP positions.

Participants' Views on Implementation of the CAPP Position

Participants described their experiences in negotiating job descriptions and contractual agreements as varied. Some described a fairly traditional but streamlined process. They were invited to interview, and when they were actually hired into the position, information about the position was provided in their job descriptions or contractual agreements. This sequence of events generally occurred with baccalaureate-prepared participants. Others, generally participants who held a master's or doctoral degree, described moving toward a partnership with the health care agency and academic institution. One described the collaborative effort made to move towards a partnership during implementation of the position: "Yes, that's what – that's definitely what was wanted on both sides. Part of a partnership" (P10).

Many of the managers worked collaboratively with participants to achieve common goals. One participant described the strong partnership and collaborative effort demonstrated by a health care agency manager during negotiation of the position:

I called up the director and she had worked with staff that had joint appointments previously. She could see the value of the joint appointment and so she was willing to go to bat for that. So that was what they were willing to do. And I applaud them for that because I think not everyone would be willing to do that. But this manager certainly was. (P6)

However, several participants described an extreme lack of support from administrative leaders in negotiating collaborative agreements or practice-related issues. One stated, "We are not facilitated in the position; in fact we are penalized in how we practice" (P3). Clearly, if the aim of the position was not well understood and the partnership was not well represented by one of the parties, tension resulted.

When asked to describe their experiences during the initiation of the position, participants provided diverse descriptions. One stated, "Look, here's what I'm thinking about. I approached them [university and health care agency] on both sides. Can we collaborate? So I basically designed the job" (P10). Several participants, who had been involved in negotiating the position, were able to maintain autonomy in the role and helped to drive the process to a satisfactory conclusion. As visionary leaders and "self starters," participants were instrumental in moving their vision for the position forward. Several described themselves as leaders driving the process. One responded:

The answer to this one, was I part of the implementation of this position right from the start? Yes. So I said, "No, this needs to be corrected," or "That's not

quite what we agreed on." So yeah, I mean – and nothing happened in the end

until I agreed that was what I was willing to do. (P6)

As this example demonstrates, a common understanding of the aim of the position was

essential, from the perspective of the individual proposing to assume it.

One participant helped to drive the process during discussions between the two

organizations involved in the planning process:

It [contract agreement process] was taking so long that I was saying to each side,

"So what's happening? So what's happening?" And I would hear, "Well, it's at

[university]. It's taking a while because of this," or "It's back at the [health care

agency] and here's what's happening here." (P6)

This comment emphasizes the need for a clear aim or vision of the CAPP position to be

in place during its initiation and implementation phases.

A concern among participants was the need for identifiable goals that would

provide more direction for the CAPP position. One noted the need for a clear aim or

vision for the CAPP position: "So I think if we have a clear picture with some flexibility

because we're all flexible, we're all professional, flexible people. But a clear vision. I

think it would enhance job satisfaction" (P10). Interestingly, participants themselves had

a clear understanding of the purpose of the CAPP position. However, at times it was not

well described by administrators in academia and health care agencies, as noted earlier.

Also unclear from the study data was the development of evaluation methods of the

potential outcomes and value of the collaborative partnership aspect of the position.

Similarities between the description of the position and the actual work involved

were explored, both through interviews with participants and through review of the

archival documents. Several participants commented that they had to articulate the parameters of the role themselves and ascribe their own vision in the actualization of the position. One explained:

It's not that I wouldn't like to [continue in this blended position] under different circumstances because in many respects it's an ideal job and I can combine teaching, research and practice, which is what we constantly talk about in nursing. But until there's a concerted effort with Faculties of Nursing to recognize and facilitate those folks that practice then it's not going to happen, and it's really quite strange how much we talk about the importance of practice in Faculties of Nursing, and at the same time pay lip service to those people that are practicing. (P3)

Another participant emphasized the importance of rapport with administration: "Nurses really need someone in this position and it is totally significant that administrative support is proactive." The aim of the CAPP position was expressed in various ways in the archival documents created by administrators of health care agencies and academic institutions.

Three Emergent Themes

During analysis of the data, three themes emerged. They concerned the foundations of the CAPP position, the actualization of the CAPP position, and the challenges and benefits associated with the CAPP position. Each theme is described and explained in the following sections, with illustration through comments made by participants during their interviews. The strategy of concurrently obtaining and analyzing

data was valuable to the researcher in understanding the complexity of the CAPP position.

Theme I: Foundations of the CAPP Position

This theme consists of four foundational concepts that are core to the CAPP position: education-practice fusion, communication, collaboration, and leadership. A fusion of education and practice emerged from exploration of the data as an integral foundational concept of the CAPP position. Participants also described the concepts of effective and efficient communication and a collaborative partnership as key components of the position. They considered leadership, through relationship building and acting as a resource in nursing organizations, to be an embedded component of the position.

Fusion of education and practice. Participants were clear about the importance of the linkage between education and practice as fusion. One participant described more fully:

> So the role I assume [in class] then is one of professor although obviously it's kind of difficult. It's not like you can sort of disassociate [education from practice]…it's all part of one. It's all part of a whole. I don't draw a distinction between [practice and education]…It's all inter-related. And that's, to me that's the value added of the two roles. (P3)

All of the participants described their role as encompassing both education and practice. They identified that a CAPP position supports the development of a collaborative partnership that promotes growth and change in the nursing profession. Many of the participants described the CAPP position as a fusion of education and practice. One expressed, "It's the fusion of the two [education and practice]. I get to

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combine both of them. I also get to continue reading and learning" (P10). The participants' view of the fusion of education and practice was holistic, that within the CAPP position education and practice were all part of "one whole." Education informed practice and practice informed education, as one explained: "There's no question that my practice informs my teaching and my teaching also informs my practice" (P3). Participants described the strengths of the CAPP position as lying within this fusion. One described the successes of the role across domains of practice and education: "So I think the clinical part can improve that academic part and then it comes back to the clinical arena. So I think both areas benefit" (P5).

A sub-theme also emerged from participants' descriptions of linkages across the practice, education and research domains. Three participants described a further linkage that emerged as a blend of education, practice and research. This linkage represented an integration of these domains in the CAPP position.

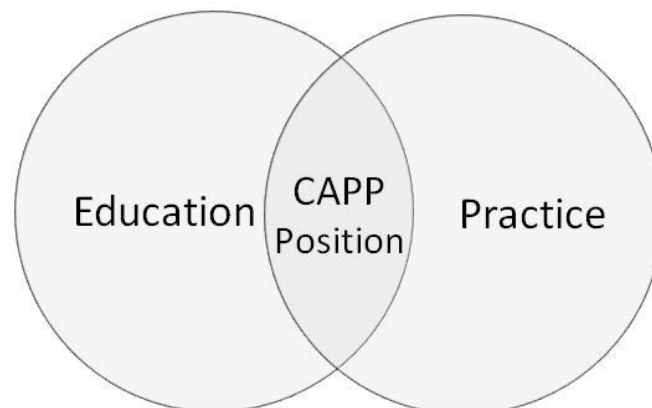In Figure 1, the overlapping area represents the melding or fusion of education and practice in the CAPP position.

Figure 1. Fusion of education and practice in the CAPP position.

One participant stated, "Well, it's – I really see it all [education and practice] as part of one whole, you know" (P3). This view of the collaborative partnership as a fusion of education and practice differs from the generally held view of a gap between education and practice, described earlier. Participants found the opportunity to blend education and practice important and desirable. One stated, "The mixing of the two roles was very attractive" (P1). One response exemplified participants' interest in teaching nursing while remaining grounded in the practice of nursing: "I have a strong interest in teaching and am passionate about clinical practice" (P2). Similarly, participants wanted to remain connected to the context of practice as active clinicians. One remarked, "My feet have always been in practice" (P4).

Participants supported the need for the CAPP position and the resulting meshing of the roles of educator and practitioner. Students and practitioners were described as benefiting from interaction with the combined elements of practice and education:

Because I think the undergraduate could certainly learn things from experienced nurses. Experienced nurses can learn things from the undergraduates, and I think that might help with that mesh. What I've observed and others have written about it, nursing eating their young so to speak. And I think there'd be less of that if we [in practice] were more intertwined in education from the beginning. (P5)

This participant also noted that the education-practice fusion fosters healthy relationships between students and practitioners. Several participants described the flow between education and practice and vice versa. The flow was identified as "two way," that is, education informed practice and practice informed education:

And it can flow the other way also. And [you] can say, well you know what? I

had to prepare a lecture on trauma and what I discovered was this; and maybe we

can change this practice, and it's time to change that. Or, let's look at it a different

way. So I think it could work both ways. And I think it would attract more people

both ways also. (P5)

This mention of the possibility of retaining and recruiting nurses as a result of the impact

of the CAPP position was interesting.

The opportunity to merge theory and practice was a finding that all ten

participants validated. They described another benefit of the education-practice fusion as

bringing evidence-based practice forward within the practice and academic

environments:

I also get to share lots of my stuff from [university]. I get to apply it in practice. I

shared a particular model from [the university] on the unit with students and staff

members. And I said let's talk about some of the research done there. Maybe it's

me; I'm able to present it in a way that's non-judgmental, as a colleague. In a

narrative sort of way. (P10)

Individuals in the CAPP position, as educators and practitioners, were well placed to

assist both students and established staff during interactions in the workplace.

Integration of education, practice and research. Most of the participants (n=7)

identified the fusion of education and practice. Furthermore, three participants with

advanced education (MS. n=1, PhD. n=2) observed the need to blend education, practice

and research. They described a parallel integration in the roles of education, practice, and

research within the CAPP position. One stressed the potential impact of this integration

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on the nursing profession: "Because, in many respects, it's an ideal job and I can combine teaching, research, and practice which is what we constantly talk about in nursing" (P3).

Figure 2 illustrates the parallel integration of education, practice and research in the CAPP position. The intersecting and parallel nature of the three domains of education, practice, and research, is represented by overlapping spheres. The overlapping areas illustrate the merging of the three domains, as embodied in the CAPP position.

Education   Practice   Research
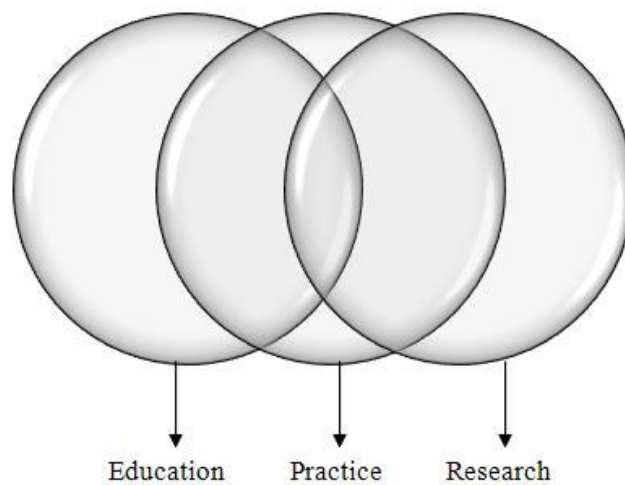
Figure 2. The parallel integration of education, practice and research in the CAPP position.

The alignment of these domains is powerful with respect to the CAPP position. A participant explained:

My position has been a fabulous opportunity for me. A fabulous opportunity for me – all the feedback I received has been so genuine – my work so valued by others. It's brought education, practice, and research together in my career. (P4)

Building capacity in nursing by facilitating the use of research while contributing to quality professional practice is an integral element in the CAPP position, according to one participant:

To foster evidence-based practice (EBP) or inquiry-based practice requires a

three-pronged approach with nurse scientists, director of research/nursing, and

clinical nurse specialists (CNS) across units to encourage research in the agency.

Staff RNs do not see themselves as having time to get into the literature, and some

see their role as practice and dealing with patient issues and planning. Plus there's

a confidence issue with need for support and other people to support RNs as small

clinical projects were not getting funded. (P4)

Opportunities both to interpret nursing knowledge for other health professionals and to

advocate for nursing research were described as advantages of the CAPP position. One

described this flow between academia and practice: "So some of the stuff that I do here,

in university academic context I can apply to clinical practice and the other way around.

And then research as well" (P7). This comment would seem to indicate that nursing and

nursing research benefit from an individual working in the CAPP position.

Communication. Communication also emerged as a foundational concept of the

CAPP position. All participants described effective and efficient communication as

essential to the success and sustainability of the position. One commented, "It was about

communicating and about talking to people, and I think that's a huge piece of it [the

partnership]" (P9). Participants described the importance of effective and efficient

communication in collaboration with partners on multiple levels within academia and

health care agencies. They also noted the need for mechanisms for communication to be

established, and for a better understanding of the position to be communicated between

academia and health care agencies.

Communication emerged from the data as a key component of the CAPP position. All ten participants mentioned the need for effective and efficient lines of communication between and across administrations in academic and health care organizations. The grief and stress expressed by participants would be decreased if this necessary element were in place and regularly practiced. One participant stated:

It [lack of communication] caused us grief because of their understanding of the role. I think that's a real issue, to make sure that things are clearly communicated. So both sides need to communicate because as an employee walking into that position you shouldn't have to be dealing with that stress, right? (P8)

Participants suggested that clear communication from administration about the role is a necessity for those with whom individuals in CAPP positions have contact. Several expressed stress that the position had not been clearly delineated or explained to interdisciplinary team members. In some instances, time and energy were directed during initiation of the position toward decreasing role confusion and clarifying expectations with other health care professionals. However, several remarked that the implementation of the CAPP position could have been less stressful and more successful with increased support and regular communication from administration. One stated, "I had to take a lot of initiative myself to find out answers and to get things going" (P1).

However, challenging aspects were involved in maintaining efficient lines of communication. One participant described her experience of managing communication:

I'm good with that and I think I'm good with that because for the most part I'm pretty savvy at communicating and keeping people involved, informed, and sort of letting them know what's happening. In the past I've been a little lenient on the

(agency) side but one gets a little tired at some point too, right, trying to hold –

this is a new job, that is a new job, talk to everybody here, talk to everybody

there. (P6)

This illustrates the importance of establishing relationships for all members within the

team for effective and efficient communication to occur.

Communication was mentioned as an important factor for the translation of

knowledge and support of evidence-based practice. Participants described the CAPP

position as having an impact on the use of research in practice, while advocating for the

conduct of nursing research. One participant, a nurse scientist, commented on her role as

assisting nurses in the practice environment with the translation of research to practice:

"Most RNs don't have a strong enough background conducting research" (P4). While

working with students in the practice setting, participants described that they were able to

demonstrate the translation of theory in the application of practice. One explained:

We could bring some integrity when I discuss and teach with my students. Well

this is what I saw last week, and this is how this worked. And going to trauma

rounds, this is what was discussed and this is what the latest research shows about

this. So I think it brings some integrity when you are working clinically and

teaching a clinical course. (P4)

Several participants described communication of theoretical and clinical

challenges for students as an area in which they could apply theory in practice. One

participant used the term "theoretical practice" when describing the benefit of the

interpreter role involved in the CAPP position. Another noted, "Examples that I give

students in class [as an educator] are usually very much clinically based [from my current

practice] and so it's a really nice fit. So that's the sort of ideal situation" (P3). This perspective describes an application of the meshing between academia and practice.

Collaboration. Collaboration emerged as a foundational concept of the CAPP position. Participants described intersectoral reciprocal relationships resulting from collaboration with members of the interdisciplinary team. They described the impact of an individual in the CAPP position as facilitating the development of collaboration across university faculty and programs, and within health care agencies, for example, by being "able to see both sides and find value in both sides of the argument or both sides of the story" (P7).

Meanwhile, coordinating communication between the administrators of employing agencies and those within work environments emerged as strong collaborative attributes of CAPP participants. One participant described the collaborative aspect of the position as acting as a resource for her peers in the clinical environment:

It's been very good because I've also been able to collaborate with other nurses. I've had some of the RNs come to me when they've been precepting, asking my opinion, my stand, partly because of the other knowledge that I've been able to have just about the nursing program. (P1)

Participants emphasized collaboration between practice and academia as an inherent requirement of the CAPP position. One described the process of assisting students to gain clarity of the intricacies involved when developing policies within a health care system:

Yeah, but the staff nurse actually in a lot of ways doesn't see that as well so for me, again, I was able to bring that [both perspectives] to the students and say,

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"Yeah, you know what? You're right. It's not evidence-based." We will get there

but it's a process, and helping them [students] to understand the process and how

you get there. And yes, it should have been yesterday but you know what? We've

got to make sure that all the stakeholders get to see all the material and there has

to be discussion and – so on. (P8)

This comment describes supporting students by helping them comprehend the challenges

inherent in organizations. It also describes a process of building capacity by explaining

collaborative practices and contributing to quality professional practice.

Teamwork emerged as an important characteristic of collaboration for individuals

in CAPP positions, who were invited to participate as members of the interdisciplinary

team. As one study participant stated, "We had a place at the table" (P7). One participant

explains the commitment to education and practice:

So I like being involved on that level, and that's why I think I like doing them

both [roles] because I think I can make a difference there. But I'm a leader as a

part of the team or in terms of communicating with the team, putting things

together like that. (P6)

Participants mentioned providing a voice for nursing by advocating for nursing as

professionals. In the same way, as members of the team, managers contributed to the

collaborative process. One described an example of administrative commitment to the

process in this way: "My [health care agency] Director sent back and said, 'Well okay.

We do have to share. Right?" (P6). Another revealed that acceptance of the CAPP

position depended on an arrangement with administration: "My manager in the (agency)

expressed a willingness to collaborate with me when facing time management issues prior to my acceptance of the [university] faculty position" (P9).

In general, participants were encouraged to take advantage of learning opportunities in the academic environment. Meanwhile, they were accepted as equal participants in the inter-professional team:

> So [the university] gives me the opportunity to really look at attending conferences, attending anything from an academic world, but the [agency] side also lets me attend maybe workshops and things but it's also what's happening at the bedside. So what are the Dr's saying? What are the pharmacists saying? What are social work and dietary saying because you have to have each of those health people and each of them contributes; and it is very much a team approach. (P7)

Participants were invited as practitioners and educators to contribute in planning strategies for practice delivery. One described her ability to liaise and provide support for students through collaborative practice:

> I have that connection so every time I'm on the unit I see the educator, I see the manager if I need to, I see the charge nurse, I can see the preceptors. So I'm just there right away to just talk, to touch base, see how things are going when I work on the unit. (P7)

Leadership. Participants described leadership as a necessary element of the CAPP position. When asked whether the CAPP position entailed a leadership role, one responded, "Oh yes, there's no question. Absolutely. Also an advocacy role" (P4). Leadership requires involving people and engaging them to participate in achieving mutual goals. All but one of the participants agreed about the leadership component of

the CAPP position. One mentioned "striving to make a difference in the profession" (P10). Another described being committed to continued development of collaboration:

> I go to lots of meetings within my job, within [health care agency], and I will bring stuff from [university] and say, "Well, this is why we do this, and this is why we do that." This is what the students are saying. And so it actually helps with some decision-making within both [agencies]. (P9)

This provided another description of the benefit in the interpreter role involved in these positions.

The CAPP position has the potential to promote collaboration within the profession of nursing. Participants considered themselves to be competent, knowledgeable and reflective practitioners. These attributes facilitate relationship building in the practice and academic environments. In addition, participants described modeling leadership practices that facilitated ongoing learning among established staff and students. They also mentioned consultative mentoring and role modeling as supportive elements in the practice setting. One stated, "I think it's a leadership role and a role model to our students at different levels. We're role models and leaders in terms of what we do and how we do it" (P3). Several described their vision of nursing leadership in education and nursing practice as being one and the same. Moreover, all described their commitment to applying evidence-informed practice within a fusion of education and practice. They described having a role in knowledge transference and enhancing the application of evidence-based practice in the practice environment, as a result of collaboration with members of the interdisciplinary team and established nurses.

The next section describes the concepts that participants described as necessary to actualize the position in the context of nursing organizations.

Theme II: Actualization of the CAPP Position

The supportive categories mentioned that provide substance to the CAPP position include personal and professional characteristics, advocacy, and facilitation. The characteristics described by participants illustrate the personal attributes and professional values that mesh well in the CAPP position. All CAPP participants described a role of advocacy embedded in the position. They also described a role of facilitation, when the individual acts as a resource and support for students and, on occasion, for established nursing staff.

Personal and professional characteristics. Participants described the personal and professional characteristics that they considered to be instrumental in actualizing the position: comfort with change, flexibility, a passion for nursing, a perception of personal and professional identity, and commitment to the work, described as an essential element that contributed to success. As one participant noted, "There's an interplay between the job and the person" (P4). Similarly, the combination of educator and practitioner was described as providing a broader lens that "allows you to see things more globally."

One participant described these essential components in this way: "It has given us a little bit of flexibility. I created the rotation that I now work, that I'm working as an RN and as an instructor" (P1). Another mentioned the ability to deal with change and to display confidence in undertaking challenges:

Well, I'd say my comfort with change [is essential] because I'm happy at doing things differently, trying out new things. I'm quite fine with that. And so a new

role – this is not the first time I've had a new role or been the first person doing it. This is about the third or fourth time in my career that I've gone forward and done something where I've been the first person who's done it. I'm good with that, and I think I'm good with that because for the most part I'm pretty savvy at communicating and keeping people involved, informed, and sort of letting them know what's happening. (P6)

Intertwined in participants' responses about the position were expressions of passion for the nursing profession and a love of teaching. For example, one said, "I get to do the two things I really love doing – I get to work in [agency name], and I get to work with my student nurses" (P9).

All participants were able to articulate a clear understanding and perception of who they are as nurses and professionals, and a clear vision of themselves and the CAPP role. One explained, "They've requested me as staff, forgetting that I did have student responsibilities, and I've had to say no. And that's something very hard to do because you don't want to leave someone hanging or leave people needing help" (P1).

Participants also described their core principles as professionals. One stated, "You need to really be involved in the Association and the College" (P8). Their core principles included achieving changes in practice by role modeling and coaching with team members. One participant provided this perspective: "So a lot of the guidelines are based on evidence and standards. And so for myself I've always practiced that way. It is about professional practice" (P6).

They also articulated their insight about the importance of the role and its demand for commitment. One stated, "Sometimes I feel I'm letting someone down somewhere.

I'm doing all I can do – I need to be two people" (P4). Participants experienced a dilemma in actualizing the position. One described an approach to the competing demands of the role: "So that's how I differentiate the two. But they overlap, you know" (P2). As participants described their different approaches to the dilemmas involved in the position, it became evident that the personal and professional characteristics of individuals in the CAPP position contributed to building relationships within academic and practice organizations.

Advocacy. Participants described playing an advocacy role through aspects of policy development, to advance the profession and advocate for enhanced patient care. They also mentioned supporting established staff in their search for information and use of research while working in the practice setting with nursing students.

Participants described their efforts to support the building of capacity in the nursing profession. One, a nurse scientist, noted the influence of the CAPP position: "This is partly an advocacy role, asking nurses how to help them improve their work. Nurses need to be accountable for their ongoing learning" (P4). In advocating for the nursing profession, individuals in the CAPP position who are members of the inter-professional team can offer a voice for nursing. Several participants described the impact an individual can have when collaborating with the interdisciplinary team. One stated, "Support for RNs needs to be there. [The] challenge of having nurses voice heard -- this position is a strong advocate for nursing at many levels" (P4). The emphasis on support for nursing as a profession was a fundamental element in participants' descriptions of the CAPP position.

Several participants were conducting research or participating in research studies. Generally, these activities involved individuals who were prepared at the master's or doctorate level. However, many participants mentioned the need to make nursing research more prominent and to support the use of research in practice. As one stated, "There is a need to keep nursing research to the fore, to advocate for nursing research." Clearly those in CAPP positions can help to move nursing research to the forefront of practice. One participant advocated for improvement in an academic program:

> Yeah, and so – and I'm not silent about my opinions so certainly in terms of how we could move our Nurse Practitioner Program ahead and how we could do that better, definitely. So I like being involved on that level. (P6)

Through involvement in the practice setting, an individual in the CAPP position can bring forward a broader perspective on practice and academia. One participant suggested that, for someone acting as both an educator and a practitioner, the ability to "see things more globally" was an asset: "I like doing them both [education and practice] because I think I can make a difference there."

Likewise, several participants articulated the need for further nursing research. One expressed the need to advocate for change and to advance the dissemination of nursing research within nursing organizations:

> Yes, we're moving ahead but we're nowhere near where we need to be. It is systematic evaluation of data – we're evaluating more often and more systematically but more needs to be published and to have a wide audience for journals, as nursing has been low profile with many research institutes. There needs to be an increased research profile for nursing. (P4)

Participants recognized the importance of advocating for nursing research. Several described a desire to engage in research activities. Many ascribed to development of the CAPP position their own vision and the potential for successful future collaborative practices in nursing.

Facilitation. Facilitation of research and its utilization was described as an impact of the CAPP position. One participant explained how involvement as an educator and practitioner enhanced the development of course and practice activities:

So if the unit's changing some policies or they're modifying something, maybe before they wouldn't look to the program and say, "Do you care to look over this and just give your feedback?" Whereas I think if you've got someone who can bridge both sides that happens more easily. And vice versa. Like one of the courses we've re-vamped. Is it too fluffy? Is it too academic and we're missing really getting what they need to know at the bedside? Is it practical enough? Is there a good balance between anatomy and physiology? And then you're just able to stay current on both ends. (P7)

Acting as facilitators, those in the CAPP position can increase their nursing colleagues' awareness of current education and practice issues, as one explained:

I think for the staff nurse that's embarking on this position, I know that at our meetings that we had, which I thought were really valuable, where all of the instructors from academia came together, I was able to share current practice issues so it heightened their awareness in those meetings when we'd have discussions. (P8)

Several participants mentioned providing support for members of the interdisciplinary team. They described the role of a facilitator as building relationships by making the academic process visible for those in the practice setting. One participant provided a clearer picture of the challenges that newly graduated nurses experience when entering a new position:

> And the other thing it does is when I hear people talking at work about the new students coming out, and they don't know this and don't know that, it disheartens me. And being part of that process at [university] I will say, "No you guys aren't getting the full picture. You guys are missing something because these students are very bright." They're very eager, they're very keen but they're scared and I think some of us have forgotten. And I think if I didn't do this job, both, that I would have forgotten what it's like to be coming out and being scared about being a nurse. So I think if we had more people within a (health care agency) in these positions, there would be less negativity. (P9)

This excerpt exemplifies some of the commonly held views among nursing staff of the calibre of newly graduated nurses. In this case, an experienced nurse interpreted new graduates' fears upon entering the profession as a lack of knowledge. However, the CAPP participant noted that these views may continue to be influenced by negative misconceptions.

Theme III: Challenges and Benefits of the CAPP Position

The challenges and benefits associated with the CAPP position emerged as another theme. Participants mentioned several challenges: reporting structure, lack of support, dual role, sustainability, workload issues, and the impact of increasingly

complex health care environment. They also noted a number of benefits associated with the position, benefits related to practice and quality care issues, support of established staff, personal growth, credibility with students, retention of faculty, support for research, and opportunities for a new career path.

Challenges of reporting structure. All participants mentioned the challenges they encountered in academic and practice settings. One indicated that on occasion the involvement of too many individuals created difficulties: "You never knew really who you were accountable to. You kind of did but you kind of didn't. There were too many bosses. I'll tell you right now there were too many supervisors" (P8). The lack of a reporting structure and clear lines of communication led to some confusion.

Challenges of lack of support. Several participants described sensing a lack of support when working in academic organizations. One observed, "So the lack of support [from academic institution] is overwhelming, yeah, and that's one of the big problems" (P3). Several mentioned encountering challenges when they worked in practice organizations. One commented, "Yeah, and every month I'm saying, 'Okay this is what I've done, this is what I've done, this is what I've done,' and sort of being accountable for your hours [to the health care agency]" (P8).

Challenges of dual role. Participants also described the challenges inherent in being involved with education while remaining connected with practice, but in positive terms; for example, "[It's] the best of both worlds" (P1), and "I'm not isolated in one side, so it's the beauty of having your cake and eating it too" (P7). These comments illustrate the commitment and satisfaction that many participants described in relation to working in the CAPP position.

Challenges of sustainability. All participants commented on issues related to sustainability and workload. They mentioned the feeling of "being pulled in two directions" and the "need to juggle two positions." One said, "So essentially what I'm doing is I'm trying to hold down two jobs. It's a huge problem and it's very, very busy in terms of trying to maintain that." All described workload issues as a common concern. Given their commitment to the position, issues of sustainability were described as creating increased strain. One participant said, "I always felt like the two jobs are competing." Another expressed difficulty in maintaining focus in the position: "That's really where the line gets blurred, I think. Am I there as a preceptor for the [agency], or am I there as a preceptor and an employee of the university?" (P1). A further challenge involved in the "multifaceted" delivery of CAPP positions was identified as "keeping too many balls in the air simultaneously" (P4). Participants expressed concern about sustainability, given the workload associated with the CAPP position. They described the responsibility of trying to work to full potential while maintaining the position as difficult. One described the responsibility involved in actualizing the challenges of the position in these terms:

> I think it's kind of a collective from both sides because I think being in the role both sides would say whether it's directly or indirectly – what's working and what's not working about it. And we're all learning. I think the challenge is for that individual because it is a lot of responsibility and it's sort of balancing both sides that I think that individual has to be very strong, very grounded, and if they're not they're going to leave the position. (P7)

Challenges of workload issues. Participants also described the stressors involved in working with students. They mentioned the challenge of managing workload, due to time constraints, and the need to maintain boundaries. One commented on the challenges involved in meeting the demands of students:

> The academic side can be a constant. …You're on your email twenty-four seven because it doesn't matter if it's Sunday afternoon, I [students] need an answer to my question. So I don't know if we've created that difficulty. I was able to separate them out so that's the creep. (P8)

Many university nursing programs are now delivered throughout the year, and clinical courses are increasingly taught in the summer months. This happens partly because of mounting student numbers and oversubscribed clinical placements. In addition, advanced nursing practice and post-RN courses are delivered either face-to-face or electronically throughout the year. One participant commented:

> So it'll be interesting to see whether it is sustainable over the long run. I think I could happily teach two courses in a year, right, so have a term somewhere in there that I'm not teaching, but doing three, I'm not convinced I can do that, happily anyway. So teaching every term which means that from now until I die I don't have a term off from teaching, theoretically right, because I'm not eligible for a leave year. (P6)

Participants described scheduling challenges when courses are offered all year to support working nurses' needs and to meet the increased demand for flexible delivery methods. Such challenges indicate the constant demands of the academic environment.

Challenges of an increasingly complex health care environment. Participants also mentioned areas of dissatisfaction related to the increasingly complex health care environment in which they work. One commented, "The human condition that interests nursing is very complex" (P4). Another described challenges in the practice environment:

> And so what I really wanted was to do chronic disease management for adults in a primary care setting. That's what I set out to do. I was tired of being in the hospital; I mean intensive care is hardly a kind of relaxed sort of place. I was tired of it, I was tired of the acuity and I wanted to be out in the community. So that's really what drove it. (P6)

Participants mentioned a variety of challenges that are incorporated in the CAPP position. They described all these factors as impacting the success and sustainability of the position. On the other hand, they also noted a number of benefits associated with the position.

Benefits to practice and quality of care. One participant described a linkage between working in a health care agency, teaching and the recruitment of students: "The health authority sees it as an advantage that they will be able to have students, that I'll be able to do that, that there will be students to hire" (P6). Another noted that working in the CAPP position can influence practice and the provision of quality nursing care: "A position like mine is so important to quality patient care" (P3). Yet another described the personal satisfaction she gained from working in the CAPP position: "My heart is full right now with what I'm doing" (P9). The opportunity to try something different was an attraction for many participants, who described the combination of teaching for scheduled

periods while retaining employment and seniority status in a health care agency as a factor in retention. One explained:

> The most effective part of this position, I feel, is the fact that this is giving nurses who are working for a number of years, or for a few years, an opportunity [to try something different], as discussed, to share their knowledge with students. I think that that really is the most effective aspect of this position. (P2)

Benefits of support for established nursing staff. Several participants described as a benefit the opportunity to support established nursing staff. One commented, "It has been very nice to have the positive feedback too to see the staff is feeling that this position is working out" (P1). Similarly, participants indicated that the opportunities for professional development led to increased satisfaction:

> So ideally I think it would work for them if they [academia and health care agencies] tried to mesh it better. Health care agencies would have a happier staff member; they'd at least have a half-time experienced staff member who could bring more of a connection with academia back. (P9)

As participants described their different roles, it became clear that they perceived support for nursing to be one of the benefits of the CAPP position.

Benefits of personal growth. Several participants described working in an academic environment as beneficial to their personal growth. One described as a benefit being recognized as an individual: "So as an individual they saw value in you" (P8). Another mentioned the opportunity to participate in and be exposed to the academic learning environment: "And so for me it's just more knowledge. So for me it's just – I'm

learning; I'm learning constantly – that's what I like" (P2). Another described the academic environment as "a really positive atmosphere" that contributed to learning.

Benefits of credibility with students. Participants also described increased awareness in practice environments as an impact of the position. They expressed that their increased credibility with students resulted from the meshing of practice and education. Students benefitted when participants were able to explain some of the challenges of working in a health care organization, and the slow process involved in changing policies and procedures. One participant explained:

> There would be some practices that weren't evidence-based, so then the students would say, "Well why aren't they doing evidence-based practice? And so why doesn't the policy reflect that? And how come it hasn't moved forward?" So it generated discussion in that it's hard to keep policies current, it's hard to bring policies up in any region to clinical guidelines and evidence-based practice. Here are the guidelines that are changing. Here are the equipment changes that we're going to need, and this is all evidence-based practice, so how are we going to roll this out to staff? Well, first of all, we've got to change policies. Then we have to re-test staff. And there's a learning period, a time period. And then there's a changeover of equipment. In reality it took us a year to make that change. So that discussion took place with the students. (P8)

Several participants described maintaining credibility with students as a result of the linkage of education and practice in the position. One noted the possibility of recruiting students to an area as an advantage for health care agencies: "The Health

Authority sees it as an advantage that they will be able to have students, that I'll be able to do that, that there will be students to hire" (P7).

Benefits in retention of faculty. Retention continues to be a concern for nurse leaders and nurses everywhere. The nursing shortage has affected the number of available faculty and led to some difficulty in continuity of program delivery and teaching. However, one participant identified a benefit of the position in relation to continuity of program delivery:

I'm teaching my third clinical course this summer for the [blank] Program, so I've been with this group from the beginning in terms of their clinical and so I have a sense, again, of what they need, where they need to be, what the course expectations are and so on. So that's fine. That's the first time they've had that because what they've had up to now has been sessional instructors that we've hired or temporary instructors. So there's been a lot of flux in the [blank] Program so we haven't had the same team going forward. You know, it's that kind of thing because unfortunately there were no faculty. (P6)

Benefits of support of research. Several participants mentioned the need to support nursing research. One stated, "There is a need to keep nursing research to the fore. Nursing research was not getting funded, so I helped with the interpretation as review committees were not understanding the practice of nursing well enough" (P4).

Benefits of opportunities for a new career path. All participants described the CAPP position as providing an opportunity for a new, autonomous career role for nurses. Several mentioned the varied career opportunities that the position had provided for them. One stated, "Career path? Yes, absolutely" (P4). Opportunities of interest to nurses,

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such as the CAPP position, have the potential to address the nursing shortage. Participants described opportunities to remain engaged and current in practice while in the CAPP position. One commented that the position provided a new vision for education and practice, as opposed to the commonly held idea of a separation between theory and practice: "And so we live in our own silos and it's so easy to stay that way. Whereas if you've got someone who is connecting them then you're able to articulate both sides" (P9).

Three themes emerged through analysis of the rich descriptions provided by participants. Data analysis occurred simultaneously with data collection for an in-depth exploration of the topic. In addition, an integrated analysis was performed on the face-to-face interviews and post interviews conducted by telephone.

Summary

The CAPP position represents a collaborative partnership between an academic institution and a health care agency. The aim of this study was to explore the experiences of registered nurses occupying the CAPP position, in the context of Canadian nursing organizations. Archival documents related to the position were also reviewed and analyzed. Analysis of these documents revealed discrepancies in the descriptions of CAPP positions, and in the stated responsibilities and expectations for these positions. When descriptive elements were included, these varied despite similar educational preparation of the individuals occupying the CAPP position. In most instances, a vision statement or clearly stated aim of the CAPP position was not included in health care agency or academic institution documents. Participants, who were diverse in educational preparation, years of age and years of experience in nursing, explained the foundational

aspects of the CAPP position, described how they actualized the position, and revealed some of the challenges and benefits associated with it.

Participants commented on the challenges and complexities involved in the introduction of a position, which represents a change in the model of education and practice. They questioned the sustainability of the position, given the lack of clear lines for communication, reporting structure, workload issues, and time constraints. In addition, they noted that the methods employed for implementation and evaluation of the position also impacted its success and sustainability. However, participants were encouraged in instances when administrative support of the position was evident.

According to the participants in this study, the CAPP position has resulted in the incorporation into nursing practice of a fusion of education and practice. Furthermore, the partnership aspect of the position promotes an affirmation in a fusion of education and practice, rather than the commonly held belief that a gap exists between theory and practice. This finding may encourage administrators in academic institutions and health care agencies to support the CAPP position over the longer term. In addition, a number of benefits were described that may have positive implications for current models in nursing education and practice.

Chapter V. Discussion

This chapter provides a brief overview of the study and a discussion of the results in relation to findings reported in the current literature. The purpose of this study was to explore the experience of registered nurses (RNs) occupying collaborative academic-practice partnership (CAPP) positions in the context of nursing organizations. The research question guiding this study was: What is the experience of registered nurses who occupy a collaborative academic-practice partnership position?

The desire for collaborative partnerships between academia and practice has been recognized for over 20 years (Acorn, 1988; Arpin, 1981). However, tensions persist between the education and clinical practice sector as a result of significant changes in nursing education, for example, the move to baccalaureate education as basic entry to practice, the need to advance and uptake nursing knowledge, and the constant changes in nursing practice and health care environments (Bleich et al., 2004; Brady & Lewin, 2007; Salvoni, 2001). Implementation of genuine collaborative partnerships that engage academics in the clinical setting, and which attract practitioners to teach in a formalized partnership position, has been considered one way to address these tensions and organizational challenges (Cronenwett, 2004; Dluhy et al., 2007; Kinnaman & Bleich, 2004; O'Neil & Krauel, 2004). Collaborative academic-practice partnership positions, initially developed to promote unity between education and practice, have also been "recommended as a strategy to foster excellence in education and nursing practice, bridge the theory-practice gap, and promote clinically relevant research" (Ogilvie et al., 2004, p. 110). Given the lack of understanding of these partnerships, the limited evidence of their

impact on nursing, and their potential influence on evidence-based practice and the delivery of quality health care, justified the conduct of this study.

The researcher's philosophical stance aligns closely with constructivism. Organizational Development Theory (Steckler, Goodman & Kegler, 2002), used to address methods to effect change within systems, was employed in this study. This theoretical frame is appropriate given the researcher's stance that the nursing profession delivers care within organizational systems.

A qualitative, exploratory collective case study was conducted with a study sample consisting of registered nurses (n=10) from Western Canada (Alberta and British Columbia) who were currently employed in a type of partnership, as a collaboration between a health care agency and an academic institution. Inclusion criteria as a collaborative academic-practice partnership (CAPP) position for the study involved: a university or college as the main employer, with time spent working in a health care agency; or a health care agency was the main employer, with a portion of the participants' time spent educating students and/or members of the intradisciplinary team; or simultaneously employed by an academic institution and health care agency. A qualitative research approach supported an exploration of the experiences for those occupying the CAPP position (Cresswell, 1998; Merriam, 1998). Collective case study enabled the researcher to hear the interviewees' rich accounts and to construct a written picture from an in-depth understanding of the phenomenon within nursing organizational systems (Stake, 1995). Purposeful sampling was utilized, and a degree of snowballing occurred. Participants were recruited through third-party contact from academic and practice leaders by means of an invitation scripted by the researcher, and read over the

telephone or sent by electronic mail (Appendix B). When contacted by those interested in participating, the researcher read or emailed to them a script detailing the study and inviting them to participate (Appendix C).

Triangulation of data was accomplished through a face-to-face, semi-structured interview and a follow-up telephone interview with each participant (n=10); analysis of archival documents (CAPP job descriptions and contractual agreements); and the researcher's personal reflective field notes. Iterative analysis of data was performed concurrently with data collection, as qualitative case study research is a recursive, reflective interactive process (Stake, 1995). Interviews (2 per participant), conducted over six months, facilitated the gathering of comprehensive, in-depth data and increased the trustworthiness of this case study (Cresswell, 2003; Norwood, 2000). The interview data, transcribed verbatim, were manually coded line by line, without the use of a qualitative data management program, using a four step process described by Stake (1995). A committee member reviewed the researcher's preliminary findings, and at subsequent meetings a concept map was created of aggregates from the data sources.

Archival documents were content analyzed and compiled into a matrix. They provided a contextual understanding of the cases studied in terms of the employment criteria prepared by administrators of academic institutions and health care agencies. These documents outlined the expectations of the agencies for the CAPP positions. The internal validity of the data was enhanced by conducting a member check (Merriam, 1998) with one study participant through purposive sampling from each of the three categories of educational preparation: baccalaureate, master, doctorate.

Data analysis revealed three themes: foundations of the CAPP position, actualization of the CAPP position, and challenges and benefits of the CAPP position. The researcher identified indicators that supported existing partnership positions; for example, education-practice fusion, enhanced teaching and learning environment for students, intradisciplinary collaboration (e.g. within nursing), personal and professional development, and improved communication between academic and practice agencies. The researcher also identified factors that undermined the potential success of the partnership arrangements; for example, role ambiguity and stress, the need for a common aim, and the need for evaluation strategies for the position.

In the following section, these findings are discussed in connection with the current literature and in terms of the influence of participants' educational preparation and the impact of their advanced practice and specialty credentials. Findings from this study are also discussed in relation to the results of the review of archival documents, and participants' views on the implementation process and the need of a clear, articulated aim for the CAPP position. Insights about the CAPP position gained through this study are discussed in terms of the three emergent themes: foundations of the CAPP position, actualization of the CAPP position, and challenges and benefits of the CAPP position. Since this position was designed to address issues of lack of unity between education and practice, the impact regarding a partnership collaboration was assessed. This section concludes with discussion of the important role that the CAPP position plays in meeting university and agency requirements while influencing change in the context of nursing education and nursing practice organizations.

Influence of Participants' Educational Preparation

Participants in this study were diverse in terms of their educational preparation. Individuals' education credentials had a significant impact on all the components of the CAPP position, and in particular on scholarly expectations for those in the positions. The relationship between education and practice became more complex depending on a participant's level of educational preparation. In this study, those with advanced nursing practice (ANP), specialty nursing credentials and research acumen experienced expanded roles in practice settings. For example, there was a clear connection between the level of nursing education (e.g. baccalaureate, masters, doctorate) and practice leadership, as well as the range of activities enacted in the CAPP positions. Those registered nurses (RNs) without advanced preparation were typically required to instruct in clinical practice settings and continue their work for health care agencies. However, in most job descriptions for these participants, no expectations were stated for course development, teaching in theory classes, or involvement in research activities and staff consulting. Generally, these activities are required of RNs with educational preparation beyond the baccalaureate level. In contrast, those with advanced preparation expanded the CAPP role to include integration of practice, education and research, while fostering intradisciplinary collaboration as an outcome of the position. For example, a nurse scientist facilitated the use of research and systematic evaluation of data by students and nursing staff members. This finding supports the need for RNs occupying CAPP positions to be prepared at the master's level to facilitate knowledge translation and integration, and where possible for doctorally-prepared RNs to engage in and advocate

for clinically relevant nursing research. Findings from this study also revealed, those with advanced preparation occupying CAPP positions helped to foster intradisciplinary collaboration when operating at an organizational system level. For example study participants with advanced preparation identified intradisciplinary (e.g. within nursing) collaboration, and the development of relationships between themselves as researcher and clinical leaders that led to enhanced uptake of evidence-based practice activities in the health care agencies. Furthermore, masters and doctoral prepared nurses operate at the systems level (Bryant-Lukosius, DiCenso, Browne & Pinelli, 2004) and as a result, the blending of expertise across education and practice environments through sustainable, operational-level positions by those with advanced preparation represents an effective strategy. In addition, there is the potential to address these complex education and clinical practice issues in context, by implementing these advanced practice partnership positions.

These findings are validated by other studies that argue the need for involvement of nursing leadership in the development of supportive clinical learning environments (Henderson et al., 2005; Saxe et al., 2004) and to enhance nurses' participation in and use of research (Brady & Lewin, 2007; Jinks & Green, 2004; Springer et al., 2006). Findings from this study concerning the implementation of the CAPP position support these developments in the nursing profession and these changes in practice environments. This study did not determine the impact on the CAPP position by participants' age or years in nursing; it appeared, however, that education level affected the range and type of activities performed by the respective RNs.

Impact of Participants' Advanced Practice and Specialty Credentials

In this study, the health care agency employers recognized the advanced practice practitioner status and specialty credentials of those in the CAPP role; agency employers supported their independent practice by creating flexible work environments (for example adapting clinic visits) and by adapting work schedules to accommodate teaching roles. In contrast, those with advanced nursing practice (ANP) expertise received minimal acknowledgement and no meritorious recognition from academic institutions for their clinical expertise as educators. Evidence is presented of a looming faculty shortage (Hewlett & Bleich, 2004) and an increasing need for clinical educators and clinical experiences for graduate student nurses, as more advanced practice nurse education placements are established (Saxe et al., 2004). Nursing may need to reconceptualise and redefine what constitutes scholarly contributions, given the findings from this study. In particular, the advanced preparation of those in the CAPP position received little or no recognition in the academic environment. Boyer (1991) comments:

> Today, when we speak of being "scholarly," it usually means having academic rank in a college or university and being engaged in research and publication. Scholarship in earlier times referred to a variety of creative work carried on in a variety of places, and its integrity was measured by the ability to think, communicate, and learn. (p. 571)

Boyer (1991) also suggests that other areas of faculty work could be valued, similar to the scholarship of research or discovery. As this study indicates, there is need to provide opportunities for advancement in order to recruit those faculty members who teach clinically and practice, while maintaining an advanced practice or specialty

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credential. Currently there is a shortage of nurses and, in addition, a need to recruit teaching faculty. Positions like the CAPP and other faculty practice roles are becoming more prevalent and recognized as an education model in the United States, Australia and parts of Canada (Lambert & Glacken, 2005; Saxe et al., 2004; Tornabeni & Miller, 2008). The move to this complementary education model may address the challenges that have arisen from the distinct cultures of nursing education: academia, which values the pursuit of scholarly practices; and the practice environment, which values the acquisition of competencies and skills.

Observations From Archival Document Review

There was much variation in the descriptions contained in archival documents (job descriptions and contractual agreements) of the CAPP position in this study. A matrix was compiled of the commonalities and differences described in archival documents prepared by administration from health care agencies and academic institutions. The contents of the matrix provided some insight into how nursing administrative leaders envisioned and actualized these academic-practice partnership positions.

In this study, complications arose from differences in the fundamental conceptualization of the CAPP position, given the variations in responsibilities and expectations described in documents of agreement between health care agencies and academic institutions. Few of these contained descriptions of responsibilities and expectations for the CAPP position distinct from those of an RN. Also absent from health care agency documents were descriptions of the methods by which CAPP positions would be evaluated, as well as their reporting structure. In contrast, three of the five

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documents of academic institutions offered descriptions of these items for the CAPP position. These disparities may indicate an acknowledgement of the unique contribution of the position in relation to the organization. However, in this study these differences were notable. The health care agency documents included no mention of an aim or vision statement, responsibilities, reporting structure or evaluative measures for those in the CAPP position. In contrast, many of these were required by the academic institutions. The differences in the value placed on the goals of the CAPP position by the administrators of these agencies suggest a lack of coherent agreement, which may negatively impact the likelihood of success for those in the position. This finding is congruent with previous research which found that, when organizational agreements are fundamentally out of alignment, the effectiveness of the partnership is diminished and the likelihood of the initiative's success is compromised (Ramanujam & Rousseau, 2006).

The CAPP position was initially designed to further unity between education and practice (Acorn, 1988; Arpin, 1981). Analysis of archival documents in this study revealed that the administrators of the health care agencies and academic institutions intended the CAPP position to meet their need for an educator and a practitioner staff person. Most participants in this study were required by academic institutions to provide clinical instruction for students and to perform as practitioners in the health care agency, regardless of their level of educational preparation. This expectation was designed to meet the respective needs of academic and practice organizational agencies. The position was designed by administrators to meet the needs of their organization, despite the absence in many instances of a clear aim, reporting structure or evaluative method for the position. This resulted in role confusion, which affected individuals' actualization of the

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position. Foxcroft and Cole (2000) explained that, in envisioning roles, optimal performance is achieved when the participant's skill set matches the role responsibilities. Similarly, when the aim of the position was not clearly articulated in the documents and with participants in the CAPP position, challenges arose. In this study, differences in expectations, and knowledge and skills to meet them, led to anxiety and role confusion and subsequently may have limited the success of those in the position.

Participants' Views on Implementation of the CAPP Position

Articulation of a Clear Aim

Participants strongly believed that articulation was needed of a clear aim or goal for the CAPP position. They considered that such an articulation would help to decrease role confusion for those in the position, for administrators, and for those intradisciplinary and interdisciplinary team members who worked with individuals in CAPP positions. This finding was supported in earlier studies by Edmond (2001) and Kinnaman and Bleich (2004). These authors observed that positive outcomes resulted from clearly articulated goals for such positions in collaborative partnership agreements. Previous research findings indicated that, as a strategy, articulation of clear goals in agreements led to partnerships with staff (Brown et al., 2006), and resulted in enhanced quality of care (Raiwet et al., 1999). Clearly stated partnership goals also facilitate a collaborative clinical education model (Edmond, 2001). Kinnaman and Bleich (2004) referred to the attributes of collaborative partnerships but cautioned that a clear understanding of collaboration is key to fostering relationships. Clearly stated vision statements and ongoing support of the collaborative partnership were identified in this study as essential components for success of the CAPP position.

In this study, from the perspective of the employers' descriptions in archival documents, interdisciplinary (e.g. between and across professions) team collaboration was an expectation for the CAPP position, regardless of individuals' educational preparation or advanced nursing practice preparation. In contrast, study participants identified intradisciplinary (e.g. within nursing) collaboration, and an enhanced teaching and learning environment for students as a benefit of the position. Rodgers (2005) noted that research utilization occurred more frequently in supportive learning environments. Moreover, the development of a relationship between a researcher and clinical leaders enhanced the uptake of evidence-based practice activities in a health care agency (Munroe, Duffy & Fisher, 2006). Individuals in the CAPP position facilitated relationship building between practice and academic environments by advocating for nursing as professionals. However, the level of education of CAPP participants impacted their ability to further relationships with the interdisciplinary team. Those with advanced education and specialty credentials were able to collaborate on research activities and act as a resource for students, staff, and other health care professionals in academic and practice settings.

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Three Emergent Themes

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The three themes revealed in this study address the foundations of the CAPP position, its actualization, and the associated challenges and benefits. A discussion follows of the implications of these themes.

Theme I: Foundations of the CAPP Position

   Fusion of education and practice. In this study, the CAPP position fostered the phenomenon of an education-practice fusion in the practice context and during

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interactions in the academic setting. The partnership aspect of the position promoted this fusion. This finding is in contrast to the commonly held belief in a theory-practice gap (Brady & Lewin, 2007; Campbell & Taylor, 2000; Thomson,1998). It is in the education-practice fusion that the potential of the CAPP position lies. This finding clearly fits with the broader picture of the beneficial effect of collaborative partnership positions for faculty and students in meeting teaching, practice and research needs (Saxe et al., 2004) and in bridging the theory-practice gap (Downie et al., 2001; Hopp, 2005; Tyrell, & Leahy-Warren, 2000). Other authors (Fralic, 2004; Raiwet et al., 1999) have also described the necessary links between research, practice and education, and the facilitation of collaboration between academia and health care organizations as an outcome of academic-practice partnership positions. In the interests of furthering nursing education and practice, this finding may encourage administrators in academic institutions and health care agencies to support the CAPP position and its implementation over the longer term.

Modern nursing is a multifaceted process that requires skilled practitioners working in complex organizational contexts. Providing a favourable environment for student learning is challenging, given the ever-changing health care environment and the complexity of nurses' work lives (Gassner et al., 1999; Kerr & MacPhail, 1996; Murray, 2007; Ramanujam & Rousseau, 2006). This present study revealed indicators that support the potential of CAPP positions to meet these increased demands. Nurses' entry to practice competencies and nursing practice standards are clearly stated in associations' professional practice regulations for example: CARNA, 2005; CNO, 2008; CRNBC, 2008. There are those in practice environments who assert that new graduates are not

satisfactorily prepared for practice, and there are academics who suggest that practice

expectations may be unrealistic (Brown et al., 2006). In this study, student learning was

enhanced by the instructional and research utilization support provided by those in the

CAPP position within the practice environment. This finding is congruent with other

studies that documented enhanced student learning and comfort in practice environments

developed through observation and interaction in practice settings based in a collegial

partnership environment (Cronenwett, 2004; Downie et al., 2001; Dunn & Yates, 2000).

Collaborative partnerships help to create a supportive culture of shared learning in an

environment of mutual respect (Brown, 2006; Brown et al., 2006). Such supportive

practice environments have been shown to enhance student learning (Gassner et al.,

1999) and to encourage integration of newly graduated students into practice

environments (DiCenso et al., 2005).

Impact of collaboration in partnerships.

Nursing education needs to enhance and inform the practice of nursing, and at the

same time remain embedded in the practice of nursing by being attuned to its needs and

changes (Young & Paterson, 2007). In this study, individuals in the CAPP position

shared a broader perspective on practice and academic issues as a result of their

involvement in these settings. The literature is supportive of collaborative partnerships

between education and practice (Horns et al., 2007; Ogilvie et al., 2004). Collaborative

projects between health care organizations and academic institutions have shown to yield

many benefits, including the facilitation of closer relationships between education and

practice sectors (Happell, 2005; Malloy & Donahue, 1989; Springer et al., 2006). In this

study, research utilization by students and staff was often described as an outcome

particularly when a nurse scientist, advance practice nurse or an individual with specialty certifications occupied the CAPP position. This finding is congruent with earlier studies that found collaborative partnerships were well positioned to foster the development and dissemination of nursing knowledge (Allen et al., 2007; Donaldson & Fralic, 2000; Jinks & Green 2004; Fralic, 2004). Collaborative positions between education and practice have been shown to promote excellence in nursing practice (Henderson et al., 2005; Ogilvie et al., 2004; Salvoni, 2001; Stanley et al., 2007). The endorsement of collaboration between academia and practice and the promotion of the CAPP position can support evidence-based practice, and ultimately improved patient care. That is, based on findings from this study, when the educational preparation of those in the CAPP position correspond with the expectations of the position.

In this study, effective and efficient communication was also described as an essential element for successful functioning in the position. This finding is consistent with studies that document collaboration and communication as essential to maintain relationships between partnering agencies and individuals in similar positions (Downie, 2001; Henneman, Lee & Cohen, 1995; McIntyre & Thomlinson, 2003).

Leadership. Findings in this study indicate that clinical reasoning and evidence-based practice demonstrated by those in the CAPP position supported students' application of these skills during practice experiences. Leadership requires involving people and engaging them to participate in achieving mutual goals. Those in the CAPP position demonstrated leadership by facilitating discussion between academic and practice colleagues in designing mutually agreeable strategies to address students' learning needs. This finding was congruent with several previous research studies that

found that academic-practice positions impact organizational culture by advancing current practice (Bleich et al., 2004; Springer et al., 2006) and raising nurse educators' credibility with students (Allen, Schumann, Collins & Selz, 2007; Pollard et al., 2007). In contrast, Dunn and Yates (2000) described lack of peer support and difficulties due to becoming detached from the organizations. However, Fralic (2004) described collaborative partnerships as providing valuable and effective linkages by integrating and advocating for education, practice and research. This triad was apparent in several of the CAPP positions in this study, when those in the positions undertook a leadership role as educator and practitioner and shared their "theoretical practice" knowledge. In their leadership role as facilitators, participants in this study communicated to students and staff members an increased awareness of current organizational and practice issues. This finding fits with the broader research view expressed by DiCenso et al. (2005), that collaborative partnerships between practitioners and researchers involve translating and applying research knowledge that contribute to supportive practice environments for students and staff.

Theme II: Actualization of the CAPP Position

It is clear from this study that the personal and professional characteristics of individuals in the CAPP position contributed to relationship building within academic and practice organizations. Challenges inherent in the position, such as increased stress and role confusion, have generally been attributed to the individuals in the position (Ogilvie et al., 2004; Salvoni, 2001). However, it was evident in this study that individuals' personal and professional characteristics in conjunction with the advocacy and facilitator aspects of the position contributed to the relative success of the position.

For example, flexibility and comfort with change and the emphasis on support for nursing as a profession were apparent in participants' expressions of passion for the nursing profession and love for teaching. This combination can contribute to making visible the academic process in the practice environment and enhancing the contribution of practice to education.

In this study, individuals in the CAPP position both advocated for and facilitated nurses' utilization of research. After a systematic review of nurses' use of evidence in practice, Estabrooks et al. (2003) noted that no single factor increased practicing nurses' uptake of evidence. The constantly changing health care environment increases the pressure on nurses who are delivering care (Donaldson & Fralic, 2000) and often contributes to barriers to their research utilization (DiCenso et al., 2005). Participants in this study were current in the practice environment and aware of advances in education and research. By enacting and sharing this nursing knowledge with students and at times with staff members, they were able to increase the impact and relevance of the position. Similar strategies have been shown to be effective when capable professionals facilitate organizational support for student nurses and staff by providing information in practice settings (DiCenso et al., 2005). By advocating for policy development individuals in the CAPP position impacted changes that enhanced patient care needs. Both students and academic staff benefit by sharing practice knowledge during interactions in the academic setting (Donaldson & Fralic, 2000; Ogilvie et al., 2004). The CAPP position, in many instances, enhanced theory course development by bringing a broader perspective from involvement as educator and practitioner.

Theme III: Challenges and Benefits of the CAPP position

   Challenges. In this study, difficulties arose when participants independently conceived and introduced the idea of the position to nursing agency administrators. This negotiation of the CAPP position, begun in some cases outside the organizations, had the potential to undermine its implementation. This finding is consistent with current literature on partnerships that describe the potential for success of the collaborative partnership positions as enhanced when a well planned partnership arrangement was conceptualized by all parties at the beginning of discussions (Bleich et al., 2004; Edmond, 2001; Rice, 2003). Arrangements such as the CAPP position have been shown to succeed when a formalized partnership agreement is reached following an extensive consultative process (Brown et al., 2006; Downie et al., 2001). The absence or limited presence of a strategically planned partnership negotiation process has associated risks, given that the vision for the position may not be well understood by partnering agencies (Cronenwett, 2004), and the vision for the position then rests with the person developing the position (Tornabeni & Miller, 2008; Tyrell & Leahy-Warren, 2000). However, some participants in this study described their leading the initiation of the process as beneficial, and as a way of maintaining some autonomy in the role. This suggests that a participant's involvement at the initiation of the CAPP position may positively or negatively impact its likelihood of success.

   Benefits. Recruitment and retention are key concerns for nurse leaders and nurses everywhere. In this study, participants reported increased job satisfaction as a positive outcome of the CAPP position. By providing an opportunity for a different career path, the CAPP position can also positively affect retention. Rice (2003) refers to collaborative

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positions based on partnerships between academia and practice as helping to address the nursing shortage. New career paths such as the CAPP position provide opportunities that may interest nurses and thus represent a strategy for addressing the nursing shortage, from one dimension.

Several participants in this study expressed satisfaction with their role, given its link with education and practice. Acorn (1988), Barger and Das (2004), Bleich et al. (2004), and Horns et al. (2007) recommend academic-practice partnerships as a way of promoting collaborative practices between education and practice. One of the factors driving the reappearance of this initiative has been the current shortage of nurses and, in particular, of nursing faculty. Several studies provide evidence of the struggle that many academic institutions and health care agencies encounter in trying to attract and retain adequate human resources (Cronenwett, 2004; Mathews, 2003; O'Neil & Krauel, 2004). In contrast, participants in this study viewed the CAPP position as an opportunity to pursue a new career in teaching while remaining connected to practice. In this study, the expanded partnership arrangement wherein the academic institution and health care agency retain a clinician potentially fulfils mutual goals by merging the interests of nursing education and practice. Crucial to the success of this arrangement is how active working partnerships incorporating ongoing professional collaboration are carried out.

A number of benefits described in this study may have positive implications for current models in nursing education and practice. The CAPP position represents a collaboration between an academic institution and a health care agency. Tensions persist between nursing education and practice; these are frequently referred to as a theory-practice gap (Downie et al., 2001; Gassner et al., 1999; Ousey & Gallagher, 2007). These

tensions, which arise from differences in organizational cultural perspectives, persist following the transfer of nursing education to academic institutions. Academic-practice partnerships have been promoted as a strategy with the potential to decrease these tensions (Cronenwett, 2004; Novotny et al., 2004). However, Hewison and Wildman (1996) and O'Neil & Krauel (2004) suggest that previous initiatives to decrease the theory-practice gap have tended to be reactive and of short duration, and consequently of limited impact. In this study, the CAPP position was found to represent an innovative fusion of education and practice, a finding not described in other studies of partnership positions (Barger & Das, 2004; Kinnaman & Bleich, 2004). It seems that such an integration has the potential in some instances to overcome the disconnect commonly associated with education and practice.

Limitations and Recommendations

Limitations

Certain limitations are associated with this study. First, the inclusion of a larger sample population may have provided a broader perspective on the CAPP position. An exploration of the CAPP position from the perspective of administrators in health care agencies and academic institutions would have been useful to clarify the intent behind the development of these positions. In addition, the inclusion of Nurses Union and Faculty Association perspectives on the position was not addressed. The perceptions of these two groups, as integral parts of the organizational systems, would have helped to provide a more comprehensive overview of the position and contributed to understanding of the implementation of the role. Similarly, an exploration related to funding and general wage or salary for the positions would have added another dimension to the study.

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Recommendations

Further research is needed to extend our understanding of collaborative partnerships between academia and practice. In an effective collaborative arrangement commitment to the partnership is clearly the key component. A review is needed of the structures that support and sustain partnerships between academic institutions and health care agencies. Also needed is discussion of the strategic role that academia needs to play in building and fostering partnerships with practice partners, at all levels, in the continued development of nursing education in quality learning environments. Collaborative partnerships that also support achievement of mutual goals to address quality patient care outcomes. It is timely to consider whether these partnerships, originally developed to enhance collaboration between academia and practice, need re-conceptualization for the current health care climate. Future research might address the following questions:

1. How do administrative leaders envision collaboration in academic-practice partnership positions?

2. How are the goals of collaborative academic-practice partnership positions evaluated?

3. What is the impact of the CAPP position with respect to improved patient care?

4. What is the associated leadership impact of the CAPP position with respect to the nursing profession?

Longitudinal research on CAPP positions is needed. Absent from the literature is evaluative research to further understand and explore the impact of collaborative academic-practice partnership positions on the culture of nursing organizations.

Similarly, research is needed on how these positions can further benefit the nursing profession. In this regard, an evaluation of the impact that the education-practice fusion component of the CAPP position can employ in relation to patient care outcomes is necessary.

Assignment of formal designation within academe to the CAPP position has the potential to further the nursing profession. The establishment of CAPP positions is needed as one approach to foster working partnerships between practice and education. The use of consistent terminology within a formalized academic clinical scholar track position would provide a description of the position, and a clear vision for the consistent development as a leadership role in nursing academia and practice. Documentation of these components from this study, and the recommendation that individuals in CAPP positions be prepared at the master or doctorate level can assist nursing leaders in formulating a clear vision of the position. The instatement of the CAPP position in a formalized pathway as a clinical scholar is needed. The qualities of personal and professional characteristics, combined with the foundational components of the CAPP position and Actualization of the CAPP position presented in this study provide support for this recommendation.

Findings from the study participants' perspectives of the CAPP position entailed three interconnected roles: academic educator, practitioner, and researcher. Findings from this study also present summative criteria for the design of future contractual agreements. These criteria include: extensive planning between academic institution and health care agency nursing leaders prior to implementation of the position; a clear vision with systematic evaluation of the academic institution and health care agency partnership

goals; clear vision or aim of the CAPP position by partnering academic institution and health care agency to include an interpretation of the CAPP position in contrast to an RN position; descriptors related to areas of responsibility and expectations dependent on educational preparation; reporting structure and consistent performance evaluation methods for the CAPP position; consistent collaboration and communication between the academic institution, health care agency, and individual in the CAPP position. Recommendation of a formalised pathway for the position would ensure commitment to the development of partnerships between academia and practice, and address the need for alternative opportunities related to personal and professional development and career paths for nurses. The move to this complementary education model may address the challenges that have arisen from the distinct cultures of nursing education and practice.

Implications for Nursing

This study has formulated a comprehensive picture of the experiences among registered nurses occupying CAPP positions in the context of nursing organizations. The study's findings include three emergent themes. The nursing organizational context of administrative support within academic institution and health care agency with job descriptions and contractual agreements, the aim of the CAPP position, and the collaborative partnership component complete the picture.

Foundations of the CAPP position, actualization of the CAPP position, and challenges and benefits of the CAPP position emerged as three themes. In this study, the CAPP position was found to represent an innovative fusion of education and practice. This view of the collaborative partnership as a fusion of education and practice differs from the generally held view of a gap between education and practice.

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Foxcroft and Cole (2000) performed a Cochrane Collaborative review of strategies such as the CAPP position that are used to promote evidence-based nursing practice. They found that there is a strong need for good evaluation of these strategies and a need to "require people with appropriate knowledge and skills" (p. 6) to be placed in partnership positions. Findings from this study support the need for a minimum requirement of a master level preparation for positions such as CAPP. The implementation of collaborative partnership positions has been recommended as a strategy to foster excellence in nursing education and practice, to support evidence-based practice, and to promote the conduct of clinically relevant research (Barger & Das, 2004; Bleich et al., 2004; Ogilvie et al., 2004). Nurses in this study demonstrated that the provision of nursing expertise resulted in a decrease in the gap between academic education and clinical practice, while fostering supportive practice environments. In addition, parallel integration in the roles of education, practice, and research within the CAPP position were described by three participants with advanced education. Moreover, Donnelly (2007) described mentorship and leadership by those prepared at an advanced level as a means of furthering the nursing profession, and contributing to changing the traditional power relationships by way of "Advocacy [that] extends beyond individual patients to systems of care through the surveillance of care practices and systems management" (p. 231). The importance of advanced education, in this study, supported successful integration of the domains of education, practice, and research from involvement in an innovative blending of education and practice within these academic-practice positions. Furthermore, in this study, those in the CAPP position with advanced preparation, in many instances, also enhanced theory course development by bringing a

broader theoretical and research based perspective from involvement in research activities.

In this study, the aim of the CAPP position was not clearly articulated with individuals in the CAPP position in either their job descriptions or the contractual agreements prepared by employing agencies. Participants expressed that clearly articulated aims or goals of the position would have decreased role confusion, increased their satisfaction, and affected the outcomes of the position. The need for clear articulation of the goals in partnership agreements corresponds with findings in the current literature on collaborative partnership arrangements (Downie et al., 2001; Horns et al., 2007; Stanley et al., 2007). Clearly partnership is a key component in an effective collaborative arrangement. Implementation and support of this arrangement are necessary both in the planning stages and on a continuing basis (Malloy & Donahue, 1989; O'Neil & Krauel, 2004). To this end, the aim and core values of the collaborative partnership agreement are required as formalised agreed upon assumptions. At the same time, in consideration of the system in which nursing is delivered, further long term exploration of these positions is needed with regard to the nursing organizational practice environment and the application of evidence-based practice.

Conclusion

This study provides a comprehensive picture of the experiences of registered nurses occupying a CAPP position in the context of nursing organizations. The aim of this study was to explore the experiences of registered nurses occupying a CAPP position, in the context of Canadian nursing organizations. Thematic analysis of the data revealed three themes: foundations of the CAPP position, actualization of the CAPP

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position, and challenges and benefits of the CAPP position. The strength of the CAPP position rests in its education-practice fusion. Nurses in the CAPP positions reported that students benefitted from interaction with the education practice combination as an impact of the position. The furthering of healthy relationships between students and practitioners was also noted. Moreover, in addition to teaching students, participants reported coaching staff nurses when working in acute and specialty care areas, advanced practice nursing, and rural and community settings. Participants described the multidimensional aspect of the work, based on the nature of the position and the practice model, as an additional benefit for education and practice organizations.

Merit in the partnership resulted from efficient, effective communication, collaborative leadership, and the personal and professional characteristics of the individual occupying the position. Those in CAPP positions are extremely well placed to effect change by promoting interdisciplinary relationships developed in a partnership that is based on mutual respect between two distinct cultural entities. However, a common vision is required for partnerships to thrive. An example of this from community development is the creation of a common goal that provides the momentum for the formation of coalitions (Diem & Moyer, 2005). Communication of progress and continuous re-evaluation of common goals need to occur if collaborative partnerships are to be maintained (Barger & Das, 2004; Campbell & Taylor, 2000; Dunn & Yates, 2000; Tamlyn & Myrick, 1995).

The ambivalent relationship between academia and practice can be surmounted through the promotion in nursing of interdisciplinary collaborative models such as the CAPP position. However, in light of this study's findings, such positions need to be

contractually designated and to have clearly articulated aims. Forming collaborative

partnerships has been described as a way to advance autonomy in practice and promote

shared decision making (Porter-O'Grady & Malloch, 2003). Furthermore, the need for

effective organizational development through organizational change underpins the

implementation of strategies, such as partnership models (Foxcroft & Cole, 2000). The

nursing profession delivers care within organizational systems and cannot be considered

in isolation of the system in which it operates. Registered nurses in the CAPP position are

well prepared to act as agents of change, as opposed to moving with changes in the

constantly shifting health care environment. Likewise, researchers suggest that leadership

in nursing requires visionaries (Hibberd & Smith, 2006) who are able to remain proactive

and manage change (Drucker, 1999), and particularly the continually changing health

care environment Many of the participants in this study were able to see in the CAPP

position future possibilities for themselves and their profession.

The results from this study align with findings reported in the literature. The

CAPP position impacts the development of the nursing profession through its support of

students' learning, the utilization and conduct of clinically relevant research, the

provision of alternative career paths as a retention strategy, and ultimately improved

patient care. Challenges related to stress arose for those in the CAPP position, attributed

to issues such as role confusion, role juggling and time limitations. Many of these

problems could be decreased by a commitment from all parties to extensive planning and

clear goal setting prior to implementation of the position. Likewise, well planned

formative and summative evaluative measures are required.

This qualitative, collective case study supports the development of future collaborative partnership positions in nursing to provide opportunities for growth, professional development, and career paths for nurses, while also addressing university and agency requirements and quality patient care. Such positions can play an important role in influencing change by way of strategic alliances as partnerships in nursing education and practice.

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Appendix A

Semi-Structured Interview Guide

Read consent together

Unstructured question (biographical)

How might you be contacted for follow up if necessary?

1. Please tell me about your work? What exactly do you do in your job?

2. Why did you decide to take on this position?

3. How would you describe the strengths of the position?

4. How would you describe the limitations of the position?

5. How would you describe the opportunities for yourself in the appointment?

6. How would you describe the opportunities of the appointment?

7. What would you describe as effective and not effective in the position?

8. What kinds of things provide support for you in the position?

9. Does your role allow you to practice to your full potential as a nurse? Are there any changes you would like to make to the position?

10. Do you consider this appointment to be providing a leadership role?

11. What do you think these roles offer to other health care professionals?

12. What impact do you consider this role provides in enhancing the use of evidence-based practiceby nurses?

Is there anything you think I should know that we haven't talked about?

Is there anything you would like to ask me about the research project before we finish?

If I need to clarify anything, do I have your permission to call you again?

Appendix B

Letter of Invitation to Appointees

Dear.........:

My name is Suzanne Harris. I am a registered nurse and at this time I am a student at the University of Lethbridge in a Master of Science program. I am conducting a study called *An Exploration of Collaborative Academic-Practice Partnership Appointments in Nursing.* The study's purpose is to be able to describe with greater clarity and understanding the goals and impact of your appointment.

I am inviting you to participate in this research study because your perspectives are exceptionally important. As the nursing profession evolves there is a need to hear from those who have chosen to be at the forefront in innovative leadership roles.

To help you decide if you want to be part of this study, I will give you some details on the study. First, your participation in this study is voluntary. You may leave the study at any time with no reason being needed. Information for this study will be gathered through conversations or interviews that I will conduct with you. The two, and possibly three interviews, will take approximately 45 minutes to 1 hour.

I hope to hear from you if you decide to participate in the study or if you have any questions about the study. If you would like to participate, please call Suzanne Harris at (403)-329-2366 or email suzanne.harris@uleth.ca. If you wish to speak to my supervisor please contact Dr. Ruth Grant Kalischuk at (403)-XXX-XXXX.

Thank you for considering being a part of this study.

Yours truly,

Appendix C

Telephone or Email Script for Prospective Interviewees

The following is a telephone (or email) script to be read to the prospective interviewee.

My name is Suzanne Harris. I am a registered nurse and at this time I am a student at the University of Lethbridge in a Master of Science program. I am conducting a study called *An Exploration of Collaborative Academic-Practice Partnership Appointments in Nursing.* The study's purpose is to be able to describe with greater clarity and understanding the goals and impact of your appointment.

To help you decide if you want to be part of this study, I will give you some details on the study. First, your participation in this study is voluntary. You may leave the study at any time with no reason being needed. Information for this study will be gathered through conversations or interviews that I will conduct with you. The two to three interviews, will take approximately 45 minutes to 1 hour.

The goals of the research study are to gain a clearer understanding of the nature of your experience in this position. Your participation is voluntary and you may withdraw from the study at any time without any negative consequences. If you should agree to participate, an arrangement can be made to meet at a mutually agreeable private place. A consent form will be provided at that time.

If you would like to participate, please call Suzanne Harris at (403)-XXX-XXXX or email suzanne.harris@uleth.ca. If you wish to speak to my supervisor please contact Dr. Ruth Grant Kalischuk at (403)-XXX-XXXX.

Thank you for considering being a part of this study.

Appendix D

Follow-Up Guide for Semi-Structured Telephone Interviews

Introduction to follow up telephone interview questions:

I am suggesting that in a Collaborative Academic-Practice Partnership (CAPP) position there is a strong linkage between education and practice. I am also suggesting that as a collaborative partnership that the impact of the CAPP position could be described as education-practice fusion and perhaps lead to elimination of the generally held perception of a gap between theory and practice.

1. Please comment on the preceding paragraph.

2. What do you actually see happening in your position?

3. In what areas would you suggest collaboration be advanced?

4. If you agree that the position is <u>not</u> constituted contractually-how would you suggest this be designed? And how?

5. If you have any recommendations for those considering the position-what would/might they be?

Appendix E

Appointee Consent Form

TITLE: *An Exploration of Collaborative Academic-Practice Partnership Appointments in Nursing.*

INVESTIGATOR: Suzanne Harris, RN, BN
                  M.Sc student, School of Health Sciences, University of Lethbridge

You are being invited to participate in a research study on academic-practice appointments. In particular, we are interested in an exploration of collaborative academic-practice partnership appointments to increase understanding of the nature of these positions.

This research will require about 45 minutes to one hour of your time. You will be interviewed two, or possibly three times. During this time, you will be interviewed about your experiences in this position. The interviews will be conducted wherever you prefer (e.g. in your home or another private place), and will be tape-recorded.

There are no anticipated risks or discomforts related to this research. *The person interviewing you, however, can give you the name and telephone number of some counseling and/or mental health services, if you wish the information.*

You may also find the interview to be very enjoyable and rewarding. By participating in this research, you may also benefit others by helping people to better understand the nature of the experience of a collaborative academic-practice partnership appointment

Several steps will be taken to protect your anonymity and identity. While the interviews will be tape-recorded, the tapes will be destroyed once they have been typed

up. The typed interviews will NOT contain any mention of your name, and any identifying information from the interview will be removed. The typed interviews will also be kept in a locked filing cabinet at the University of Lethbridge, and only the researcher, her supervisor, and a transcriptionist (sworn to confidentiality) will have access to the interviews. All information will be destroyed after 5 years.

Your participation in this research is completely voluntary. If you decide to participate, you will receive no payment. However, you may withdraw from the study at any time for any reason. If you do so, all information from you will be destroyed.

The results from this study will be presented in writing in journals read by health care professionals, to help them better understand the nature of the experience of collaborative academic-practice partnership appointments. The results may also be presented in person to groups of nurses or other health care professionals. At no time, however, will your name be used or any identifying information revealed. If you wish to receive a copy of the results from this study, you may contact the researcher at the telephone number given below.

The University of Lethbridge Research Ethics Board has approved this research study.

A signed copy of this consent has been given to you to keep (if you wish) for your records and reference.

If you require any information about this study, or would like to speak to the researcher or her supervisor, please call:

Dr. Ruth Grant-Kalischuk, University of Lethbridge (Supervisor),

Phone: 403-XXX-XXXX
Or

Suzanne Harris, University of Lethbridge (student)
Phone: 403-XXX-XXXX
If you have any questions regarding your rights as a participant in this research,

you may also contact the Office of Research Services at the University of Lethbridge, at

403-329-2747.

I have read (or have been read) the above information regarding this research study
on the experience of a collaborative academic-practice partnership appointment,
and consent to participate in this study.

Participant's Name	Participant's Signature	Date

Investigator's Name	Investigator's Signature	Date

Appendix F

Statement of Confidentiality

In participation of the Master's thesis study, "An Exploration of Collaborative Academic-Practice Partnership Appointments in Nursing", I agree to respect the confidentiality of information that I receive through the audio taped interviews related to the study. The researcher has reviewed with me all the necessary measures to ensure the confidentiality of participants while I am acting in the capacity of transcriptionist, and I agree to abide by all such measures.

_____   _____
Name of Transcriptionist   Witness

_____   _____
Signature

_____   _____
Date