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## Review

# Enhancing nursing education via academic–clinical partnership: An integrative review



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## ABSTRACT

A competent nursing workforce is important for an effective healthcare system. However, concerns on the poor quality of nursing care and poor competencies among nursing students, nurses, and midwives are increasing in Malawi. Anecdotal notes from stakeholders show shortfalls in nursing education. Furthermore, a large gap between theory and practice exists. This study described the role of academic–clinical partnership in strengthening nursing education. A search of ScienceDirect, PubMed, Medline, and PsychINFO on EBC-SOhost and Google Scholar was conducted using the following key words: academic–clinical collaboration, academic–clinical partnership, academic practitioner gap, and college hospital partnership or/and nursing. Furthermore, peer reviewed reports on academic–clinical partnership in nursing were included in the search. Thirty-three records from 2002 to 2016 were reviewed. Six themes emerged from the review: mutual and shared goals, evidence-based practice, resource sharing and collaboration, capacity building, partnership elements, and challenges of academic clinical partnership. The review highlighted that academic–practice partnerships promote shared goal development for the healthcare system. The gap between theory and practice is reduced by the sharing of expertise and by increasing evidence-based practice. Academic clinical partnership improves competencies among students and the safety and health outcomes of patients. The study concluded that the nursing education implemented within an academic clinical partnership becomes relevant to the needs and demands of the healthcare system.

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## 1. Introduction

The Nursing Education Partnership Initiative (NEPI) was established by the U.S. President's Emergency Plan for AIDS Relief in response to the key capacity building challenges facing pre-service nursing and midwifery in Sub-Saharan Africa [1]. In Malawi, NEPI has embarked on numerous activities such as faculty workforce capacity building, clinical teaching strengthening support, provision of teaching and learning resources, and development of model teaching wards at four public hospitals. The NEPI project has facilitated a number of consultative sessions between the academe and clinical practice. One important highlight in the review shows that an adequate and competent nursing and midwifery workforce is critical to an effective healthcare system in Malawi, and nursing education remains a key component of this system. However, anecdotal notes from stakeholders show shortfalls in the way graduates are being prepared.

Numerous challenges have been reported on the nursing education in Malawi [2,3]. The growing number of students being admitted into the nursing programs has resulted in the overcrowding of students and shortage of clinical sites for clinical practice, shortage of nurse educators, and insufficient teaching and learning resources. Increased faculty responsibility and distance to clinical practice sites have resulted in reduced clinical contact hours for students in most colleges. The poor or negative attitude of nurses toward students has also been reported [4]. The recent licensure examination passing rate of 52% also indicates that most training institutions are struggling to produce competent graduates.

Nursing education aims to develop nursing practitioners who are competent to provide safe and effective services for the society [5]. Therefore, the nursing curriculum needs to be aligned to the clinical setting to ensure that graduates are equipped to face the challenges of a complex and dynamic healthcare delivery system [6,7]. Wells and McLoughlin [8] highlighted that clinical education remains an integral part of the nursing curriculum and forms the foundation for bridging the theory–practice gap. However, literature still shows a huge mismatch between theory and practice [9,10]. Employers continue to complain of poor competencies among nursing graduates entering the healthcare system. Similarly, training

institutions also complained of poor clinical learning environments. Therefore, the roles of both the academic and clinical settings in training nursing students cannot be ignored.

A good evidence of effective learning exists when students are placed in clinical settings that encourage learning during care delivery. Ensuring the effective preparation of qualified nursing graduates becomes the responsibility of both the training institutions and clinical settings [11]. Academic clinical partnership is an important mechanism for strengthening nursing education, practice, and research. It helps nurses become well-positioned to lead in change and advance health. Despite the increasing efforts to bridge the theory–practice gap, the lack of formal partnership between academic and practice leads to disintegrated efforts in the improvement of nursing education in Malawi. Hope for an improved nursing education system exists if nurse educators and practitioners understand and appreciate academic–clinical partnership, its benefits, elements, and challenges. The findings of the review reveal a framework that will strengthen academic–clinical partnerships in nursing education in Malawi.

## 2. Aims and methods

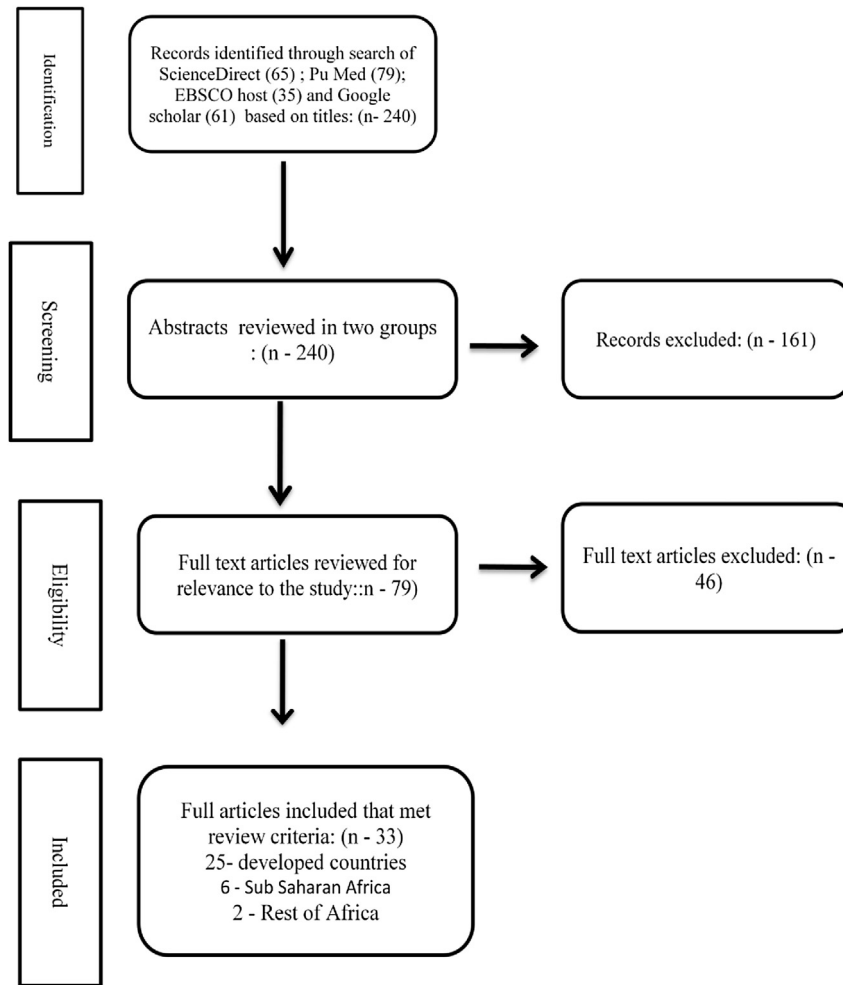
### 2.1. Aims

The aim of the integrative review was to describe the role of academic–clinical partnership in strengthening nursing education. Specifically, the general areas that academic–clinical partnership contributes in strengthening nursing education were described. The elements and challenges of an academic–clinical partnership in nursing education were also analyzed. A framework for academic–clinical partnership in nursing education for Malawi was recommended.

### 2.2. Methods

#### 2.2.1. Search process

The search process has five stages, namely, problem identification, literature search, data evaluation, data analysis, and presentation, and was supported by the works of Whittemore and Knafel [12].



**Fig. 1 – Process of review search.**

**2.2.1.1. Problem identification.** The research problem emanated from a NEPI review process that identified the insufficient collaboration between academic and practical settings as a major setback in the training of nurses in Malawi. The review was guided by the following research question: what is the role of academic–clinical partnership in improving nursing education?

**2.2.1.2. Literature search.** A search of ScienceDirect, PubMed, Medline, PsychINFO on EBCSOhost, and Google Scholar was conducted using the key words: academic–practice collaboration, academic–practice partnership, academic practitioner gap, and college hospital partnership or/and nursing. The inclusion criteria for electronic records included primary source and peer review reports; records on academic clinical partnership in nursing education. The review included literature from 2002 to 2016. Peer reviewed records were targeted to ensure the integrity of findings because they already have a level of scrutiny. Reports were excluded if the aim of the partnership was not nursing education. The process of the integrative review is presented in Fig. 1.

The review also included a search of grey literature and extensive consultation to identify relevant documents. Key

stakeholders were individually approached to provide materials they knew would be relevant, including government policies, project reports, and progress reports on nursing education.

**2.2.1.3. Data evaluation.** Records were evaluated for their authenticity, methodological quality, and informational value. Records were initially selected on the basis of their titles. The abstracts of the selected titles were analyzed to assess their relevance to the research question. All records that addressed academic–clinical partnership in nursing training were subjected to a full text review. Relevant bibliographies from the identified records were also reviewed.

**2.2.1.4. Data analysis.** Classical content analysis was used to analyze data. Data was extracted and coded into a manageable framework. The data was then displayed to convert the extracted data from individual sources into a display that assembles around particular variables or subgroups. The extracted data was compared item by item such that similar data were categorized and grouped together. An iterative process of examining data displays was adopted using a comparison method to facilitate the distinction of patterns,

Table 1 – Summary of records.

Themes	Author/s	Contribution
Mutual and shared goals	Breslin et al., 2011	Communication and development of consensus of common approach among all partners
	Missal, B., Schafer, B.K, Halm, M.A. & Schaffer, M.A., 2010	Shared goal, collaboration, mutual support, valuing each others' contribution, shared knowledge and resources
	Murray, T.A., Macintyre, R.C. & Teel, C.S., 2011	Development of academic-service partnership practices to facilitate successful, sustainable, and replicable partnerships that benefit both institutions
Evidence based practice	Hendrix, C.C., Matters, L., West, Y., Stewart, B., & McConnell, E.S. (2011)	Collaboration should be built on shared goals. Should be deliberately eliciting and building upon areas of overlap or synergy. Strong shared governance that could respond flexibly to challenges
	Erickson, J. et al., 2011	Shared vision and philosophy, Engagement at all levels
	Missal, B., Schafer, B.K, Halm, M.A. & Schaffer, M.A., 2010	Nurses used the evidence-based results to improve their practice. The partnership stimulated action for further inquiry into best practices
	McConnell, E.S., Lekan, D., Hebert, C. & Leatherwood, L., 2007	Demonstrate the feasibility and value of an academic practice partnership to implement evidence-based approaches to solving health care problems
	Didion, J. et al., 2013	Increase students exposure to one site to appreciate system issues and effectively work with a stable health care team
	Dobalian, A.,Bowman, C.C., Wyte-Lake, T.,Pearson, M.L.,Dougherty, M.B. & Needleman, J., 2014	Actionable guidelines for structuring and implementing effective academic-practice partnerships that support undergraduate nursing education
	Emanuel, V, Day, K, Diegnan, L & Pryce-Miller, M, 2010	Nurses are increasingly being challenged to deliver high-quality care supported by evidence based practice. Evidence based practice within nursing is achieved by nurse educators by developing and supporting patient- centered approaches to care
Resource sharing and collaboration	Goosby, E. P. & von Zinkernagel, D, 2014	Investments in curricula, innovative learning technologies, clinical mentoring, and research opportunities are providing a strong base to advance high-quality education
	Dyess, S.M. & Sherman, R.O. 2009	Continuing education initiatives that can be designed to meet new graduates transition into practice
	Stuart-Shor, E.M., Anathan, J.,Jacobsen, L.,Foradori, L., Cunningham, E., 2016	Provide urgently needed resources and expertise that improves the learning environment, with a priority on clinical education enrichment and health specialties in greatest need
	Chan, Chan & Liu, 2012	Understanding of collaboration, shared expertise, partner commitment, common planning
	Fetsch, S.H., & DeBasio, N.O., 2011	Collaborative partnership has enhanced organizational efficiency and efficacy. It increases transformative impact on both nursing education and professional practice
Resource sharing and collaboration	Murray, T.A & James, D.C., 2012	Resource sharing to achieve mutual goals
	Missal, B., Schafer, B.K, Halm, M.A. & Schaffer, M.A., 2010	Collaboration, mutual support, shared knowledge and resources

(continued on next page)

Table 1 – (continued)

Themes	Author/s	Contribution
Capacity building	Stuart-Shor, E.M., Anathan, J, Jacobsen, L, Foradori, L & Cunningham, E., 2016	Intentional pairing of the US/African nurse educators, emphasis on faculty supervised clinical instruction
	Niederhauser, V., Schoessler, M., Magnussen, L., Gubrud-Howe, P.M. & Codier, E, 2011	Capacity for nursing students to maximize scarce resources. Ability for practicing nurses in health care settings to assist with educating nursing students
	Einterz, R.M., Kimaiyo, S., Mengech, H.N.K, Khwa-Otsyula, B.O., Esamai, F., Quigley, F. & Mamlin, J.J., 2007	Increased capacity of the clinical setting to reach more people on HIV/AIDS treatment
	Schinka G., 2013	Team building valuing the contribution of each member's efforts, trust, knowledge sharing and rapport
	Middleton, L et al., 2015	Addressing the shortage of highly qualified faculty, and for remedying the inadequate teaching and learning infrastructure. Equipping clinical staff to teach students
	Tache, S., Kaaya, E., Omer, S., Mkony, CA., Lyamuya, E., Pallangyo, K., Debas, HT. & MacFarlane, SB, 2008	Quality education and continuing professional development opportunities for the healthcare workforce
	Bartz, C. & Dean-Baar, S., 2003	Students in the partnership have a unique opportunity for learning the art and science of nursing in a complex, integrated health care system with a strong emphasis on quality of environment, providers, and care delivery
	Slattery, M.J., Logan, B.L., Mudge, B., Secore, K., von Reyn, L.J., & Maue, R.A., 2016	Students' exposure to multiple advanced practice roles influenced their career goals. Clinically based mentors promote the scientific foundation for nursing practice. Capacity of clinical mentors was enhanced by collaborating with students
	Jeffer, D., & Brown, L. 2014	Partnership built with goals of advancing nurses' academic education and preparing the future nursing workforce
	Taylor, M.A., Brammer, J.D., Cameron, M. & Perrin, C.A, 2014	Partnerships achieve student engagement, clinical leadership and increased capacity
Elements of effective partnerships	El Ansari, W., Phillips, C.J. & Zwi, A.B., 2002	Programme models need to consciously incorporate in their design and implementation, capacity building, skills transfer and empowerment strategies
	Beal et al., 2011,	Partnership should be based on mutual goals and shared vision, mutual investment, commitment to the relationship - trust, and respect, open and free communication, frequent contact and engagement
	Brush, B., Baiardi, J.M. & Lapidis, S, 2011	Developing strategies that promote trust and equalize power dynamics
	Jukkala et al., 2013	On-going dialogue, collaboration, shared knowledge, mutual support and faculty guidance
	El Ansari, Ceri J. & Phillips, W., 2001	Working relationships, attention to structural and operational dimensions
Didion, J. et al., 2013	Trust and communication, resource sharing, faculty coordination	

Challenges of an academic clinical partnership		
Culture crush, lack of time and resources, poor leadership	Beal et al., 2011,	
Low training institution capacity because of insufficient number of faculty, limited clinical sites	Beal et al., 2012	
Mixed reactions among clinical partners, concerns for investment in students, Resistance about an aggressive timeline, lack of collaborative planning. Poor faculty support, shortage of staff, duo roles on part of clinical staff resulted in burn out	Jeffries, P. et al., 2013	
Poor partners commitment in teaching student resulting into medical errors, patient harm, lack of clarified professional actions	DeBourgh, G., 2012	
Benefits only one partner, rigid agreements, tight schedules, not clear partnership terms, uncoordinated cooperation. Shortage of staff, lack of management commitment and support, lack of time to participate in the partnership, inadequate preparation, negative attitudes	Laitila, A. & Rekola, L., 2014	
Partnerships often struggle with fundamental issues that affect sustainability, effectiveness, and efficiency.	Brush, B., Baiardi, J.M. & Lapides, S, 2011	

themes, variations, and relationships. Conclusions were then drawn from the data.

### 3. Results

The search conducted yielded a total of 240 records: 65 records were obtained from the EBSCOhost database, 79 from ScienceDirect, 35 from PubMed, and 61 from Google Scholar. Thirty-three records addressed the academic–clinical partnership in healthcare worker training and were finally included in the review. A total of 25 records were reported in developed countries, 6 from Sub-Saharan Africa, and 2 from the rest of Africa (Fig. 1).

Five themes emerged from the review, namely, mutual and shared goals, evidence-based practice, resource sharing and collaboration, capacity building, partnership elements, and challenges of academic–clinical partnership (Table 1).

### 4. Discussion

This integrative review has attempted to synthesize other relevant published works on academic–clinical partnership in nursing and recommend a framework for nursing education in Malawi. The findings revealed that nursing education outcomes can be improved when a collaborative implementation of nursing education exists between the academe and clinical practice. Students are engaged in a learning environment that has a common goal toward quality patient care, improved health outcomes, and strong health systems. The findings show that in poor resource settings, such as Malawi, a collaborative approach to the training of nurses maximizes the use of both material and human resources. The results also indicated the need for a deliberate effort to establish a conducive environment for effective partnership that includes shared vision, joint planning, open communication, trust, respect, and commitment. The review also revealed that academic–clinical partnerships face many challenges. Some partnerships can be built on unclear terms, rigid agreements, poor sharing of resources, lack of mutual support, and commitment among partners.

#### 4.1. Theme 1: mutual and shared goals

Nursing is a vital component of the healthcare system. An effective nursing education contributes highly to the strength of the healthcare system [13]. However, the interaction between practice and academia is infrequent in Malawi and is usually conducted for a very specific purpose. Records show that partnerships between academia and practice can contribute significantly toward a vibrant healthcare system. Effective academic–practice partnerships can reduce the theory–practice gap, thereby improving patient safety, reducing medical errors, strengthening practice setting, and cushioning faculty shortage [14–16].

Academia and practice have the overall goal of attaining optimal health for the country. Schinka and Raia [17] reported that academic and practice are dissimilar but share values regarding nursing education. Greenwood [11] argued

that the training of nurses should be a shared responsibility. Globally, the healthcare system is becoming increasingly complex and its demands for adequate and quality nursing services are increasing. An approach that advances mutual and shared interests is now needed more than before to improve the overall health of Malawians as envisioned in the national health strategic plan. Therefore, an academic–practice partnership can be best understood from the perspective where the academic and practice players come together and work collaboratively for a common goal [18]. The implementation of shared goals should involve specific responsibilities for educators, hospital administrators, students, and nurse practitioners through a systems approach [19]. An academic–clinical partnership should be designed on the basis of mutual understanding and shared goal to ensure a responsive health system that has positive health outcomes.

#### 4.2. Theme 2: evidence-based practice

Nurses are on the frontline of healthcare and have a unique opportunity to improve patient care through evidence-based practice. Evidence-based practice requires decisions on healthcare based on the best available, current, valid, and relevant evidence. Goosby and von Zinkernagel [20] highlighted that academic–clinical partnerships form a strong foundation for the planning and delivery of evidence-based health services. The review studies show that academic–practice partnerships promote focus on evidence-based practice and enhance the learning culture [17,19].

The shortage of staff, inadequate knowledge of nurses on evidence-based practice, and lack of resources and time in Malawi evidently hinder the use of evidence-based knowledge to improve nursing care. Therefore, collaboration is important where partners recognize that theory and practice are equally important and are two parts of the same agenda. Partnerships create research opportunities for faculty and clinical personnel, thereby improving evidence-based healthcare.

#### 4.3. Theme 3: resource sharing and collaboration

Records of the review indicate that academic–clinical partnerships provide an opportunity for partners to share resources. With the growing number of students being enrolled in nursing programs in Malawi, the need for a synergetic use of resources exists. Students in Malawi traditionally rotate between blocks of theory and practice sessions, which come with many challenges [2]. Schinka and Raia [17] highlighted that academic–clinical partnership provides an opportunity to increase personnel to teach students. By sharing clinical knowledge and expertise, clinical personnel can create a unique clinical learning environment that supports the development of confidence and competence among students.

Academic–practice partnerships provide a platform for partners to capitalize on the expertise of each other. This also improves access to a broader array of clinical experiences for students. Students receive adequate clinical support that is blended with expertise from both academic knowledge and practice competences. Evidence supports that the mentorship provided by clinical personnel is critical to the training outcomes of students [21]. Quality clinical practice outcome is

dependent on the preparation and willingness of practice partners. Jukkala et al. [22] reported that a new innovative program on clinical nurse leadership was successful because partners shared knowledge and expertise.

#### 4.4. Themes 4: capacity building

Academic–clinical partnership provides an opportunity for the capacity building of stakeholders both in academia and practice. The capacity of clinical mentors to engage in research improves when the mentors work with students. Similarly, the exposure of students to multiple advanced clinical roles influences their career goals. Nursing education programs need to incorporate capacity building, skills transfer, and empowerment strategies consciously in their design and implementation to ensure positive training outcomes [23].

The practice setting provides a positive learning environment for students to acquire the skills and competence needed to provide nursing care [24]. Middleton et al. [1] indicated that partnerships can help address the shortage of highly qualified faculty, and remedy the inadequate teaching and learning infrastructure. Crabtree et al. [25] support that academic–practice partnership accords partners an opportunity to participate in the development of scholarly products, which results in professional growth and development.

#### 4.5. Theme 5: partnership elements

Communication among partners and developing consensus for common strategies to address issues are key for the advancement of the academic–practice partnership [26]. Nurses' attitudes toward students improve when partnerships are developed via open lines of communication [27]. Respectful interaction among partners is important when sharing diverse views and expertise. The majority of records indicate that partnerships were built on common values, interests, respect, and mutual trust [28]. This finding implies that a relationship that is built on common understanding and mutual support ensures maximum benefits.

The current clinical preceptorship and mentorship programs need to be implemented via a formalized academic–practice partnership that enhances collaboration at implementation levels. Ongoing dialogue between partners widens ideals and contributions toward successful interventions or programs [22]. Appropriate communication, trust, collegiality, openness, respect, and mutual support are ingredients for a successful partnership [18,29].

The success of academic–practice partnership largely depends on administrative leadership and key decision-makers [18]. A good number of partnerships in the reviews show that leadership through a joint committee provides appropriate leadership. Ensuring continued growth and success of innovative programs and the partnership relies on the ability of the faculty members and practice partners to unite [22]. The academic–practice partnership demands partners to nurture the relationship through commitment and shared knowledge [16]. Partners need regular review meetings that highlight what has been improved and what still needs to be improved. In such coordinated reviews, the opinions of all partners should be respected [28].

#### 4.6. Theme 6: challenges of academic–practice partnerships

Health program implementation in many countries, particularly poor resource countries, appears to be fragmented [30,31]. Most programs are designed as vertical programs with no provision for expansion and sustainability and with little integration with local health systems. Individual partners in academic and practice institutions should develop links into academic–practice partnership. Findings from the review reveal that some partnerships have limited awareness among partners, which represses growth. If other healthcare professionals are excluded from the partnership, they would likely provide poor support [22,32]. Formal information sharing sessions are important to obtain the support of other healthcare professionals. Experience shows that academic members are highly regarded in terms of status. Often times, other partners tend to be passive in collaborative programs. This might also be true where knowledge levels are different [19]. Therefore, partners should deliberately share information regarding their roles within the partnership.

The need for multiple stakeholders in partnerships has shown to cause cultural crash among partners in some instances [26,28]. Each academic and practice partners has set values and priorities. The shared understanding and setting of mutual goals strengthens the need to collaborate in strategy implementation. However, Häggman-Laitila and Rekola [33] indicated that rigid agreements, tight schedules, unclear partnership terms, and uncoordinated cooperation affect the effectiveness and sustainability of partnerships.

The severe shortage of nurse educators and nursing personnel in practice fuels feelings of role straining among nurses in initiatives like these, thus resulting in burn out [34]. High expectations among partners in an academic–practice partnership often exist [22]. Mutual setting of targets is necessary to ensure that partners move at the same wave length. Building partnerships requires a slow, incremental frequent, and deliberate interaction that regularly reviews progress [17]. Various partnerships have emerged and others have disappeared because of poor sustainability strategies. An academic–practice partnership should institute a credible committee that meets regularly with proper succession plans. This objective requires a strong and committed leadership to monitor mutual goals and strategic contributions and to use resources effectively [35].

## 5. Conclusion

A review of literature strongly suggests that strengthened academic clinical partnership will improve nursing education. An innovative, local, context-based academic–clinical partnership in a poor resource country such as Malawi is needed. The challenges of producing nursing graduates who are prepared to face the complex healthcare system are best addressed by an effective collaborative effort. A community of practice that embraces collaboration among academic, practitioners, and students is evidently successful in achieving the nursing education mission of preparing quality and competent

nurses. The concept of theory–practice gap is a byproduct of factors in both the educational and clinical settings. Therefore, partners should strive to sustain and support the survival of an academic–practice partnership that fosters collaboration, shared goals, resources, and partner commitment. The review recommends partnerships that promote sharing of resources and expertise, and facilitates innovation to improve the quality and relevance of nursing. The poor or absence of effective academic–practice partnerships results in the clinical staff neglecting students because of poor staff attitude toward students. Academic clinical partnership in Malawi will ensure an establishment of a good clinical learning environment where theory and practice complement each other.

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