

THE LIVED EXPERIENCE OF GRADUATES WHO STUDIED NURSING IN THE
CONTEXT OF A NURSING ACADEMIC-PRACTICE PARTNERSHIP

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Dedication

I dedicate this work to my friends, family, and colleagues who stood beside me and supported me while authoring this study. Sincere thanks to my partner, Steven V. Faulkner, who provided encouragement and a keen eye for detail during his reviews of this manuscript. You are one heck of a proof reader and an awesome lemur buddy. To my mother, Debra R. Larkin, whose inspiration, support, and guidance I would be lost without. To Josh, you helped me get started and taught me to ride the bus - mahalo. And to my dear friend, Robert J. Zeiser, your help in statistics will not soon be forgotten. My love and gratitude to you all.

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Abstract

Aim

The purpose of this study was to interpret the lived experiences of graduates who studied nursing within the context of a Nursing Academic-Practice Partnership (NAPP).

Background

Nursing literature is awash in descriptive case studies and even empirical research on the results of NAPPs. However, there are few studies that have examined student outcomes and fewer still that have rigorously examined the experience of learners.

Method

A Heideggerian hermeneutic phenomenology approach was chosen to interpret the lived experience of 10 recent graduates of two different NAPPs.

Results

Six themes emerged from the data and were confirmed by the study participants. These were: Obligations and Responsibilities, Alliance, Disclosure, Advantage, Emotional Response and Regulation, and Meaning of Clinicals.

Conclusion

Graduates of the two NAPPs examined in this study confirmed a number of findings from other research. In addition, the themes uncover a variety of concepts that are new or novel to the current body of nursing literature. The findings of this study inform those designing NAPPs on creating partnerships which support and enrich the learning experience.

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List of Abbreviations

1. IOM: Institute of Medicine
2. AACN: American Association of Colleges of Nursing
3. AONE : American Organization of Nurse Executives
4. NAPP: Nursing Academic-Practice Partnership
5. DEU: Dedicated Education Unit
6. SON: School of Nursing
7. CINHALL: Cumulative Index to Nursing and Allied Health Literature
8. ERIC: Educational Resource Information Center
9. MeSH: Medical Subject Headings
10. CLE: Clinical Learning Environment
11. NCLEX-RN: National Council Licensure Examination for Registered Nurses
12. SECEE: Student Evaluation of Clinical Education Environment
13. LTC: Long Term Care
14. PH&S: Providence Health & Services
15. UP: University of Portland
16. UGF: University of Great Falls
17. PSP: Providence Scholars Program
18. RN: Registered Nurse
19. BSN: Baccalaureate of Science in Nursing

Chapter One: Introduction

I think a lot about how people learn. Your study in itself is very interesting because a lot of what happens in schools is we say, "well, we taught." But we never ask, "did they learn?" By asking what's the student experience, it's not, "we have this program and here are all the elements to it," but, "what did they take from it? What did they learn?" That's the sign of a good program, right? Is that people *experienced* it, not that we offered it.

"Jessica" study participant, April, 2017

The Institute of Medicine's report on the future of nursing calls for increased partnership between service and education (IOM (Institute of Medicine), 2011). This call is echoed by the American Association of Colleges of Nursing (AACN) and the American Organization of Nurse Executives (AONE) taskforces (later elevated to a steering committee) on academic-practice partnerships (AACN & AONE, 2010; Beal et al., 2012). Numerous other references call for increases of, and innovation in, nursing partnerships (Bleich, Hewlett, Miller, & Bender, 2004; Harvath, Flaherty-Robb, White, Talerico, & Hayden, 2007; Herbert & Best, 2011; Kinnaman & Bleich, 2004; Malloch & Porter-O'grady, 2011; Stanley, Hoiting, Burton, Harris, & Norman, 2007; Warner & Burton, 2009). As competition for resources increases, nursing academic-practice partnerships (NAPP) have gained popularity as effective means of addressing learning and service gaps while advancing important agendas (Beal et al., 2012).

Given such attention and enthusiastic endorsement, it is important for nursing to understand all facets of the NAPP. This starts by understanding the significance of NAPPs and building a foundation of conceptual clarity on what is meant by the term. Further, it is fundamental that nursing understands how being in a NAPP impacts the members engaged in the partnership. Literature exists that explores the relationships between academic and service

institutions in partnership. However, little exists to elucidate the experience of the nursing student learning in the context of a partnership. Through deep understanding of the student experience of being in a NAPP, nursing education and practice leaders are aided in designing partnerships that optimize the goals of the partnership. Typically, these goals include optimizing learning outcomes, expanding the nursing workforce (both in service and academia), and improving clinical performance. Still other partnerships exist to extend clinical service or advance research. To uncover both conceptual and operational understanding of partnerships - how they function, and their impact - the body of research that addresses various aspects of NAPPs continues to grow. This dissertation seeks to contribute to the body of knowledge on nursing academic-practice partnerships by understanding the lived experience of students learning within the context of a nursing academic-practice partnership.

This chapter provides an introduction to the current study of NAPPs. It includes a discussion on the background of partnerships within the nursing literature and the significance of the problems uncovered. A Wilsonian concept analysis is provided in an effort to clearly articulate how this study conceptualizes a NAPP. Finally, a definition of NAPP is advanced.

Background

A general review of current nursing literature on NAPPs reveals that many publications focus on specific aspects of partnerships such as model development, identification of best practices, and reporting of outcomes (AACN, 2012; Beal et al., 2011; Boland, Kamikawa, Inouye, Latimer, & Marshall, 2010; Dobalian et al., 2014; Guttman, Parietti, Reineke, & Mahoney, 2011; Lacombe, Burock, & Meunier, 2013; Macphee, 2009; Murray, Macintyre, & Teel, 2011; Rhodes, Meyers, & Underhill, 2012; Whitworth, Haining, & Stringer, 2012). While there are publications that explore NAPP model development, no consensus model has emerged

to guide selection, development, implementation, management or dissolution of NAPPs. Despite this, there is some agreement as to common drivers of partnership (Beal et al., 2011; Erickson & Raines, 2011; Warner & Burton, 2009).

On the topic of partnerships between nursing academia and practice, many papers report on a specific project or goal accomplished through the use of partnership and can be categorized based upon the purpose of the partnership. Numerous manuscripts focus on seeking clinical placement opportunities for nursing students or other general workforce development and growth strategies (Allen, Schumann, Collins, & Selz, 2007; Beal et al., 2011; Burns et al., 2011; Gregory, Bolling, & Langston, 2014; Louie, Campbell, Donaghy, Rice, & Sabatini, 2011). Some report on the use of partnerships to expand research capacity of both academic and practice settings (Balakas, Bryant, & Jamerson, 2011; Boland et al., 2010; Frank, 2008; Missal, Schafer, Halm, & Schaffer, 2010). Another common partnership goal prevalent in the literature is the expansion of nursing services to new clients or providing new nursing services to established clients (Aponte & Egues, 2010; Helm, Koyanagi, Else, Horton, & Fukuda, 2010; Petroro, Marola, Ferreira, Raboin, & Lewis, 2011).

The Dedicated Education Unit (DEU), a specific type of clinical partnership frequently reported in the current literature, is a specific type of NAPP where a school of nursing (SON) partners with a service provider (typically a hospital) to provide clinical learning experiences. These differ from traditional clinical learning experiences in that the hospital-based nurses are specially prepared to teach and precept a specific SON's students. Often, the clinical nurses are made adjunct faculty of the SON. SON-based faculty members focus on coaching and precepting the hospital-based nurses who, in-turn, precept and coach the student. Operational details of DEUs vary from one partnership to the other. Nonetheless, several studies explore

how DEUs may improve the quality of the clinical experience and/or address the academic faculty shortage (Campbell & Dudley, 2005; Hardy, Koharchik, & Dixon, 2015; Jeffries et al., 2013; Lovecchio, Dimattio, & Hudacek, 2012; Maguire, Zambroski, & Cadena, 2012; Moscato, Miller, Logsdon, Weinberg, & Chorpenning, 2007; Moscato, Nishioka, & Coe, 2013; Mulready-Shick, Flanagan, Banister, Mylott, & Curtin, 2013; Murray, & James, 2012; Nishioka, Coe, Hanita, & Moscato, 2014; Rhodes, Mattie L., Meyers, Claire, & Underhill, 2012).

In addition to exploring NAPPs in terms of *purpose* of the partnership (e.g., workforce development and capacity, research collaborations, and service expansion), several articles seek to describe or *evaluate* a particular program. These publications typically follow a common structure:

- 1) They provide a summary of the issue(s) and the goal(s) that brought the parties into partnership.
- 2) They offer a general description of the individual partners and the structure of the partnerships.
- 3) These articles then theorize rationale for why the partnership is successful, summarize challenges, and provide basic outcome data, or achievements of the partnership (Allen et al., 2007; Casey, 2011; Chatman, Buford, & Plant, 2003; Debourgh, 2012; Heron & Hammond, 2001; Huckabay, 2009; Missal et al., 2010; Newton, Cross, White, Ockerby, & Billett, 2011; Petrero et al., 2011; Wurmser & Bliss-Holtz, 2011). These articles provide insight into elements that promote successful NAPPs, help the reader better understand threats facing NAPPs, and offer exemplars for what are possible using NAPPs. They do not, however, move nursing toward a deeper understanding of the *experience* of being in a NAPP from the student perspective.

Significance of the Problem

Despite a number of articles that explore NAPP outcomes as measured or experienced by practice and academe (Dobalian et al., 2014; Hendricks, Wallace, Narwold, Guy, & Wallace, 2013; Newton et al., 2011; Wurmser & Bliss-Holtz, 2011), few explicitly explore the experience of students navigating their education within the context of an academic or clinical partnership. This gap was called out by Malloch and Porter-O'grady (2011),

...the specified impact or outcomes of the relationship needs to be of such clarity that real substance can be obtained and definitive value specifically enumerated. Most importantly, evaluation of the outcomes and values of these types of relationships needs to be further documented (Malloch & Porter-O'grady, 2011, p. 304).

The voice of the student as learner, consumer, or participant of a partnership is faint; yet, the student has a critical story to share with those who develop, operate, and evaluate NAPPs. The student is too often silent and is rarely acknowledged, or called upon to act, as a third partner in the relationship. Understanding the experience of those who are most frequently the focus of the partnership promises to provide deep insight. Critical analysis of the student experience may provide NAPPs with information that guides partnership development, improves partnership outcomes, enhances satisfaction, deepens learning, promotes clinical competency, and informs new ways of examining partnership evaluation. The use of a strong, philosophically-driven and methodologically-grounded approach to evaluating the existing literature on NAPPs, and how they are experienced by nursing students, holds promise to provide guidance in structuring and operating NAPPs to achieve optimal outcomes.

Conceptual Analysis of NAPP

The term, partnership, has long been part of the English language. The first known use of the term appeared between 1570 and 1580 (Partnership, 2005, 2011c). Merriam Webster defined partnership as "the state of being a partner; a legal relation existing between two or more persons contractually associated as joint principals in a business; a relationship resembling a legal partnership and usually involving close cooperation between parties having specified and joint rights and responsibilities (Partnership, 2011c). The New American Heritage On-Line Dictionary defined the term as "the state or condition of being a partner; the relation subsisting between partners; the contract creating this relation; an association of persons joined as partners in business" (Partnership, 2005). The United States' Internal Revenue Service provided an operational and legal definition of partnership as "a partnership is the relationship existing between two or more persons who join to carry on a trade or business. Each person contributes money, property, labor or skill, and expects to share in the profits and losses of the business" (Partnership, 2011b). The above definitions emphasize the business and legal aspects of the term partnership. When describing partnerships between nursing academic and practice settings, the legality and business aspects do not fully explain the phenomenon of interest.

A search of Google images was performed to consider what types of graphics or pictures might best represent the concept of partnership. The search term "partnership" was entered into Google images in October of 2011. The search engine reported about 243,000,000 images which matched the term. The first 250 images were reviewed and revealed that 41 of the 250 images (19.6%) were of handshakes or a picture where two hands were brought together (Partnership, 2011a).

Common synonyms for the topic of partnership include: affiliation, assistance, association, brotherhood, business, cahoots, cartel, chumminess, clique, club, collaboration, combination, combine, companionship, cooperation, gang, fraternity, friendship, liaison, marriage, relationship, togetherness, and union (Partnership, 2011c).

One of the simpler definitions may also be the most elegant. "A partnership is an arrangement where parties agree to cooperate to advance their mutual interests" (Partnership, 2011d). This definition has the advantage of not being so legalistic to explain only the business-related characteristics of partnership and allows for fluidity among who the partners are and what kinds of specific activities they undertake. This definition indicates that a partnership is intentional behavior, is collaborative and reciprocal in nature, and is aimed toward meeting mutual needs.

Two other uses of the term partnership appear often and are not consistent with the concept as used within this paper. These include: use of the term partnership to refer to a quasi-marriage and use of the term in the game of cricket.

Defining attributes. There are several defining attributes when one considers the concept of nursing academic-practice partnerships. These defining attributes must be present for one to suggest that a true partnership exists. Without these attributes, one is likely examining another similar concept such as collaboration or affiliation.

Mutuality. Mutuality refers to the cross directional risk and benefit that a true partnership shares. Partnerships are created for any number of reasons. However, partnerships exist to distribute risk and share resources to the mutual benefit of the parties involved. Without mutuality, the partnership would be unidirectional or cross-directional. Mutuality is what allows

a partnership to be bidirectional. The bidirectional nature of partnerships is what requires mutuality to be definitional of the concept (Carnwell & Carson, 2008; Horns et al., 2007).

Common goals. Common goals refer to one of the key reasons that partnerships are formed. Both parties must have a reason to come together in the first place. Regardless of the reason, common goals are an attribute that drives the work forward or cause it to come together in the first place. The drive to advance similar ideologies and/or cultures is frequently foundational to partnership formation. It is also reported that the goals should be mutually beneficial. While parties can work together to achieve a goal that is of benefit to only one party, it would not be considered a partnership (Beal et al., 2012; Carnwell & Carson, 2008; Ferguson-Pare, Mallette, Zarins, Mcleod, & Reuben, 2010; Horns et al., 2007).

Relational factors. The parties engaged in partnerships are in relation with one another. The characteristics of the individuals involved in a partnership matter. It is important that they have similar interests and clear communication. Relational also refers to the way power is shared within a partnership. Not all partnerships are equal and the negotiation of power must be addressed. In partnerships, workloads are divided and individuals perform the tasks required of the partnership. Trust is an essential component of being relational and is noted as being necessary for healthy partnerships (Beal et al., 2012; Carnwell & Carson, 2008; Kinnaman & Bleich, 2004; Logan, Davis, & Parker, 2010; Warner & Burton, 2009).

Organizational agreement. Organizational agreement refers to the understanding that quality NAPPs must have some type of formal structures and agreements to exist. At the most rudimentary level, the partnerships are called to be legal and ethical. There may be shared policy. It is beneficial if a shared or complimentary culture exists. Organizational agreements encompass vision, governance, organizational ability, project scope, identification of expertise of

those involved in the partnership, and other issues specific to the academic and service setting. While it may not be necessary for each of these items to be present in all partnerships, there must be some agreement on the basics. There is a certain level of formality of mutual understanding and roles inherent in partnerships that is missing from other types of collaborative work (Beal et al., 2012; Carnwell & Carson, 2008; Harvath et al., 2007; Kinnaman & Bleich, 2004; Logan et al., 2010; Macphee, Espezel, Clauson, & Gustavson, 2009; Warner & Burton, 2009).

Endurance. Endurance refers to a temporal quality of partnerships. True partnerships last over time. This is not to say that partnerships are permanent. Rather, endurance highlights the quality of partnerships to last beyond a single project. Two or more organizations can 'partner together' to accomplish a task. This is more of an example of collaboration than partnership. Partnerships can be established to address a particular goal, but they can also evolve over time and circumstance to become rich and deep (Moscato et al., 2007; Warner & Burton, 2009). Partnerships take effort and maintenance. They can follow a serendipitous course once the relationships and boundaries are established. True and deep partnerships carry on (Logan et al., 2010; Moscato et al., 2007; Murray, Schappe, Kreienkamp, Loyd, & Buck, 2010).

Example cases. Developing model cases is an important step in Walker and Avant's (2011) method of concept analysis. There are several potential types of model cases that one can explore. This paper presents three case types: a *Model Case*, which serves as an example of a pure academic-practice partnership, a *Related Case*, which exemplifies several of the defining attributes but not enough to consider it a true partnership, and a *Contrary Case*, which provides a clear example of what the phenomenon of study is not (Carnwell & Carson, 2008; Walker & Avant, 2011).

Model Case. A Model Case for an academic-practice partnership contains all the defining attributes: mutuality, common goals, relational factors, organizational agreement, and endurance. An academic-practice partnership in nursing could occur when a school of nursing and a hospital join forces to enhance patient safety through a partnership to develop and implement a program to address a given National Patient Safety Goal (NPSG). Meeting this goal would be a benefit to the hospital for reasons of accreditation and quality. Assuring that their graduates are aware of their role in patient safety and marketable to the hospital would benefit the school of nursing. This arrangement would satisfy the requirement of mutuality. Perhaps the hospital also supports some students at the university through a tuition assistance program that requires a term of work upon graduation. In this instance, the NPSG program would weave several common goals between the two organizations furthering the characteristic of mutuality.

Both organizations are private, not-for-profit entities with some individuals who know one another through the local area's professional organizations. Many of the stakeholders within the partnership know one another and have worked together on the tuition assistance program. These relationships would satisfy the defining attribute of relational factors. Organizational agreement would come when the Dean of the school of nursing and the Chief Nursing Officer of the hospital meet to organize the plan for partnership to support the NPSG work and set common agreements of how they will work together.

Finally, the program endures over time and draws the organizations closer. The school eventually starts using the annual NPSG joint development program as part of their leadership curriculum while the hospital uses the program as a managerial orientation exercise for emerging nurse leaders. The two organizations are clearly in partnership and meet all the concept attributes.

Related Case. For an example of a Related Case, one can consider the same scenario above. However, in this example the two organizations are brought together to host a speaking event. Both organizations desire the prestige of having their names associated with the speaker, topic, and event. The defining attribute of mutuality is established. However, their goals are quite different. The school wants to expose their senior faculty to the speaker and desires a more intimate venue. The hospital desires a large event for their staff nurses. Relational factors may also be an issue. The hospital is affiliated with a large health system and the school is a small private liberal arts school. They do not share common missions or cultures. They eventually decide the event will be held on the college campus, but the school requires a prayer or invocation which is not in keeping with the hospital's tradition further illuminating the differences of the attribute of relational factors. Organizational agreement is reached, the event is held and both groups continue to invite one another to important events, but both are leery of planning large conferences in the future. Their shared work was always collegial, but the groups seemed to have operated in tandem. They do not put together structures to encourage and drive further partnership experiences. This example, while close to being a partnership, is more one of collaboration, cooperation, or participation.

Contrary Case. A case that is contrary to partnership would be one where a school of nursing and a hospital are brought together by an outside force and coerced into working together where neither, or only one, of the organizations benefit. This could happen due to purely political reasons between a state hospital and a state school. Perhaps a politician is seeking accolades for bringing the two organizations together. The example could be constructed where all appears as if a partnership is occurring, but the individuals involved are only interested in meeting their own organization or personal needs without consideration for the

others in the relationship. Carnwell and Carson (2008) pointed to work in child protective services for potential examples of a contrary case of partnership. Multiple organizations, professional groups, and individuals may be trying to help a vulnerable child but cannot be effective for personal, institutional, or legal reasons.

Antecedents. Antecedents are those items which must be present in order to initiate the concept of analysis (Walker & Avant, 2011). Antecedents of an academic-practice partnership include those characteristics that make partnerships possible such as willingness to be in partnership, identification of common needs, financial (and other) incentives to be in partnership, timing, and sharing the value of cooperation (Carnwell & Carson, 2008; Gallant, Beaulieu, & Carnevale, 2002).

Consequences. Consequences of partnership may include additional funding opportunities, less redundancy, publication of the experience and outcomes, new knowledge/research, shared workload, culture change and cross-pollination of ideas. There are also potential negative consequences of partnership such as loss of organizational identity, endurance due solely to personalities or individuals (but not due to organizational alignment or culture), repetition of services, breeches of confidentiality, lack of clarity regarding decision making, and boundary conflicts (Carnwell & Carson, 2008; Kinnaman & Bleich, 2004; Secker & Hill, 2001).

Empirical referents. Walker and Avant (2011) shared the final step of a concept analysis as defining the empirical referents which are the actual phenomena that demonstrate the concept. In regards to NAPPs, empirical referents are notably similar to the defining attributes. Observable phenomena of partnerships would include people working together on a common goal. A true partnership is observed to sustain for some period and there are likely to be new

observable and measurable projects and goals that emerge from the partnership. The discussion of empirical referents causes one to consider the measurement of partnership.

Analysis of nursing academic-practice partnerships *measurement* is scant in the current nursing literature. There are examples in different contexts and disciplines than nursing such as public health (Granner & Sharpe, 2004; Halliday, Asthana, & Richardson, 2004; Kemshall & Ross, 2000). There are, however, examples of specific program evaluation of NAPPs (Lovecchio et al., 2012; Moscato et al., 2007; Nishioka et al., 2014).

In a review of the literature to explain community coalition effectiveness, Zakocs and Edwards (2006) found overlap in the evaluation literature regarding the effectiveness indicators of formalizing rules and procedures, leadership styles, member participation, membership diversity, agency collaboration, and group cohesion. The authors also pointed out that there is significant variation in the factors that lead to successful community coalitions.

Context appears to be a significant factor when evaluating partnership. In their examination of formal assessment tools to evaluate partnerships, Halliday et al. (2004) identified three rationale for why participants in a partnership may wish to evaluate not only the outcomes of the partnership, but also the health of the partnership itself. These rationales included: "To reflect on the effectiveness of their partnership, to describe or 'benchmark' its current status; and... to provide a developmental framework" (p. 286). The authors continued to surmise that partners obtain value from undergoing the process of evaluation and not just from the evaluation findings. They commented that benchmarking is difficult because of differing contexts within which partnerships exist (Halliday et al., 2004).

In an article that reviewed partnership between probation services and voluntary agencies in England, Kemshall and Ross (2000) examined the specific characteristics of partnership.

They advocated the use of the participatory evaluation model which evaluates partnership in five domains: appropriateness, effectiveness, acceptability, equity, and efficiency.

There are a large number of tools designed to evaluate partnership. Granner and Sharpe (2004) provided a guiding framework in a summary of measurement tools designed to evaluate community coalitions. They pointed out that there is a wide variety of measurement tools, but there is a lack of conceptual consensus of community coalitions and partnerships. The lack of clarity about partnerships makes benchmarking and challenging. It also challenges researchers when they desire a tool with which to evaluate partnership health.

Definition of NAPP. Based on the concept analysis above, this paper advocates that NAPP be defined as:

An intentional and enduring interaction between institutions that is cooperative and reciprocal in nature, where two or more parties agree to engage in work to meet mutual needs. Moreover, a NAPP is a particular kind of partnership that exists, at the minimum, between an academic nursing education institution and an institution that provides clinical nursing services. While a NAPP is neither defined by the number of partners involved nor the reason(s) that the partnership formed, they do share the following common attributes: mutuality, common goals, relational factors, organizational agreements, and endurance.

Summary

Nursing Academic-Practice Partnerships are frequently highlighted in nursing literature as ways to address a variety of diverse issues from ameliorating faculty shortages to closing the entry-to-practice gap of newly graduated nursing students. Studies of the subject have focused largely on descriptive works examining partnerships from both the academic and the practice

perspectives. Generally missing in the nursing literature is the voice of the student who, in this analysis, is conceptualized as a third member of the partnership. This is an unfortunate omission considering that a common and important goal of NAPPs is to beneficially impact nursing students' formation. Formalizing a nursing academic-practice collaboration to a full-fledged partnership that is designed to ultimately better serve the student is a worthwhile endeavor. However, to optimize the outcome of such a partnership, it is important to take into consideration their experience.

Chapter Two: Literature Review

Chapter Two presents a comprehensive literature review aimed at uncovering what is known about the impacts and experiences of students and graduates who studied nursing within the context of a NAPP. After describing the review method selected for this research project, an overview of the search strategies utilized will be described. The relevant studies will then be summarized and synthesized.

Literature Review Method

There are many types of academic review methods that attempt to catalogue, categorize, synthesize, and report the findings of research (Grant & Booth, 2009). Nursing has utilized the integrative review as a method of synthesizing new knowledge from existing research reports for decades (Ganong, 1987). Integrative reviews are often well-suited for nursing research questions because they allow for inclusion of experimental and non-experimental research to fully understand a phenomenon of interest (Whittemore & Knafl, 2005). However, there are other methods that are better designed to summarize effects of similar interventions and inform evidence-based practices. These include the meta-analyses, systematic review, and systematized review (Whittemore & Knafl, 2005).

The meta-analyses is often heralded as the highest standard of human understanding (Evans, 2003). However, the research question, study design, and the data reported must be exceptionally similar across studies to perform statistical tests on the findings; typical of the meta-analysis approach. This method is often utilized in medical research and interventional nursing research. Because the studies examining nursing partnerships are far less homogeneous than needed for a meta-analytic approach, and there are no true randomized controlled trials on the topic of student experiences in NAPPs, the meta-analyses method was rejected.

The systematic review is a well-known and thorough type of examination which provides a rigorous method for synthesizing research findings based on a literature review. The systematic review acknowledges that the process of review is iterative and appropriate for a wide-range of healthcare concerns (Moher, Liberati, Tetzlaff, & Altman, 2009). The systematic review is the chosen method for developing evidence-based practice guidelines. The Preferred Reporting Items for Systematic reviews and Meta Analyses (PRISMA) statement (Moher et al., 2009) and the accompanying elaboration (Liberati et al., 2009), provides a standardized guideline for reporting a systematic review. It is important to note that the PRISMA statements do not require strict adherence to every standard within the guideline. In fact, "...some modifications of the checklist items or flow diagram will be necessary in particular circumstances" (Moher et al., 2009, p. 268). Strengths of the systematic review include that it allows a wide range of study designs to be evaluated and that it is well known and understood by medical and nursing researchers (Grant & Booth, 2009).

Systematic review calls for procedures that establish inter-rater reliability between two or more researchers to determine if a given article meets specified inclusion criteria. This makes systematic review a difficult procedure to reliably invoke for individual graduate students. A more appropriate review type for student work, dissertations, and other single author endeavors, is the *systematized* review. The systematized review features the same steps and processes associated with the systematic review, but it does not call for procedures to establish inter-rater reliability within the literature review since it is performed by one person. This makes the analysis less reliable and potentially less comprehensive than with a systematic review as there is a higher risk of study selection and/or study exclusion bias (Grant & Booth, 2009).

Search strategies. Beginning in the spring of 2015, an extensive review of the literature was undertaken and preliminary findings were assembled. Identical search strategies were utilized again in the summer of 2016 to uncover any new publications. A final review was performed on July 18, 2016. All reviews followed the identical search strategies as described below. Databases searched included PubMed (using the MEDLINE interface), the Cumulative Index to Nursing and Allied Health Literature database (CINHAL), and the Educational Resource Information Center (ERIC) (both using the EBSCOhost interface).

Standardized search terms were utilized when possible. Medical Subject Headings (MeSH) are a controlled vocabulary used for indexing research articles in the PubMed database. Table 2.1 shows MeSH terms searched, the definition of each term, and the year each term was first searchable.

Table 2.1

Standardized Definitions of Search Terms

Term	Definition
Cooperative Behavior ^a	The interaction of two or more persons or organizations directed toward a common goal, which is mutually beneficial. An act or instance of working or acting together for a common purpose or benefit, i.e., joint action.
Education	Acquisition of knowledge because of instruction in a formal course of study.
Education, Nursing	Use for general articles concerning nursing education.
Fellowships & Scholarships ^b	Stipends or grants-in-aid granted by foundations or institutions to individuals for study.
Learning	Relatively permanent change in behavior that is the result of experience or practice. The concept includes the acquisition of knowledge.
Students	Individuals enrolled in a school or formal educational program.

Notes: ^a Introduced in 1973. ^b Introduced in 1979

Search strings were constructed using search terms expected to uncover all relevant publications. Adjustments were made to the terms to address the idiosyncrasies of each database. Some terms were truncated to gather as many relevant articles as possible. Specific search strings include:

- (("Cooperative Behavior"[Mesh]) AND "Education, Nursing"[Mesh]) AND (Student* OR Graduate*)
- ("Fellowships and Scholarships"[MeSH Terms]) AND Nurs*
- ((Cooperative Behavior) AND (Education, Nursing)) AND (Student* OR Graduate*)
- ((Clinical Academic Partnership) AND (Education, Nursing)) AND (Student* OR Graduate*)

Exclusions and filters. The PRISMA model calls for a four-step literature review process: 1) identification, 2) screening, 3) eligibility, and 4) inclusion (Liberati et al., 2009). Following these steps, specific standardized search strings were entered into the three databases and the results (1,538 publications) were screened using search filters inherent to each database. It should be noted that not all filters are available on each search engine interface. The filters utilized with PubMed via Medline reduced studies to those that involved only human beings, those published in English, and those published after January 1, 2005 (past 10 years at the time of the first literature review). The filters utilized with CINAHL and ERIC via EBSCOhost reduced studies to those published in English, those published since January 1, 2005, and those which took place in the United States of America (USA). Manual screening was required to identify USA-based studies among those pulled from PubMed via Medline due to lack of geographic filtering capability within Medline. This filtering brought the total number of discovered articles down to 1,433.

The decision to not include partnerships which take place outside of the USA was thoughtfully considered. Partnership is a phenomenon that is influenced by and understood through culture. Some cultures are more community-oriented (collectivist) where others focus more on the individual (individualist), such as the USA. When one attempts to compare constructs across cultures that involve proclivity toward collectivism or individualism (as does partnership) conceptual confusion can arise (Matsumoto & Van De Vijver, 2011; Vargas & Kemmelmeier, 2013). This confusion is magnified when comparing research findings across studies as is the purpose of a systematized review. Culturally influenced methodological research issues are documented to include translation, measurement, sampling, analytic technique, and data reporting (Matsumoto & Van De Vijver, 2011).

The last step in screening the articles, after removing duplicates, involved carefully examining each of the study titles and reading the abstracts. Manuscripts were removed from consideration if they did not report student outcomes, did not involve partnerships between academic and clinical service providing institutions, or if they focused solely on the working clinical nurse or on staff development. Partnerships that were focused only on advanced practice nurses were also excluded. There were a sizable number of entries focused on interprofessional or intraprofessional education. Unless these included outcomes of a NAPP, these were also excluded. This careful reading of titles and abstracts excluded 1,342 articles.

Table 2.2 presents the source and number of articles identified using the search criteria and Table 2.3 presents the screening filters described above.

Table 2.2

Source and Number of Articles Identified

Database	Engine	Search Date	Search String	Result (n)
PubMed	Medline	07/08/2016	("cooperative behavior" ¹ AND "education, nursing" ¹) AND (student* OR graduate*)	818
PubMed	Medline	08/01/2015	"fellowships and scholarships" ¹ AND nurs*	636
CINAHL	EBSCO	08/01/2015	(cooperative behavior AND education, nursing) AND (student* OR graduate*)	59
CINAHL	EBSCO	08/01/2015	((clinical academic partnership) AND (education, nursing)) AND (student* OR graduate*)	22
ERIC	EBSCO	08/01/2015	((clinical academic partnership) AND (education, nursing)) AND (student* OR graduate*)	2
CINAHL	EBSCO	08/01/2015	(cooperative behavior AND education, nursing) AND (student* OR graduate*)	1

Notes: *indicates wildcard within search expression. ¹MeSH term.

Table 2.3

Screening of Identified Articles

Database	Engine	Number initially identified	Number remaining after screening for...			
			Human study	USA-based / English	Within past 10 yrs.	Title / abstract relevance
PubMed	Medline	818	789	746	595	80
PubMed	Medline	636	608	605	269	7
CINAHL	EBSCO	59	55	40	23	8
CINAHL	EBSCO	22	21	16	12	10
ERIC	EBSCO	2	2	2	2	0
CINAHL	EBSCO	1	1	1	1	0

Once all studies were screened, the entire text of the remaining 105 entries was reviewed to determine eligibility. Four additional studies were identified by reviewing the references for these 105 articles, bringing the total to 109. The same filtering and screening criteria were

employed to determine eligibility for screening of these additional studies, however, the entire article was read resulting in an enhanced ability to discriminate based upon the selection criteria. This resulted in the removal of 68 articles from further review. During the eligibility screening, 38 reports were removed from further consideration for not reporting student outcomes. The next most common reason for exclusion, which removed 13 articles, was the lack of a clear description of the partnership. Six articles reported a partnership between an academic institution and a medical organization that was *not* a clinical service provider. Five articles were opinion pieces or other types of editorial publications. Finally, six were removed because the partnership of study did not occur between USA-based institutions. Table 2.4 summarizes how articles initially identified for closer review were eliminated or deemed irrelevant for purposes of this study.

Table 2.4

Reasons for Eliminating Publications from Further Review

Missing Eligibility Criteria	n	Notes
No outcome reported	38	One included numbers of students enrolled in a particular program but no other outcomes
No partnership with a clinical service provider	6	Partnerships included industry and other academic institutions
Not a USA-based partnership	6	Canada = 2; Australia = 2; Hong Kong = 1; UK (Wales) = 1
Not research	5	Opinion pieces or editorials
No description of partnership	13	
Total Excluded	68	

Methods summary. In total 1,542 unique articles were uncovered using the search criteria and the few additions from other sources. Of those, 109 remained after a first round of screening criteria was employed. Upon closer review, a total of 41 publications met the

minimum standard for inclusion in this review. A summary of these findings, using the PRISMA algorithm, is presented in Figure 2.1.

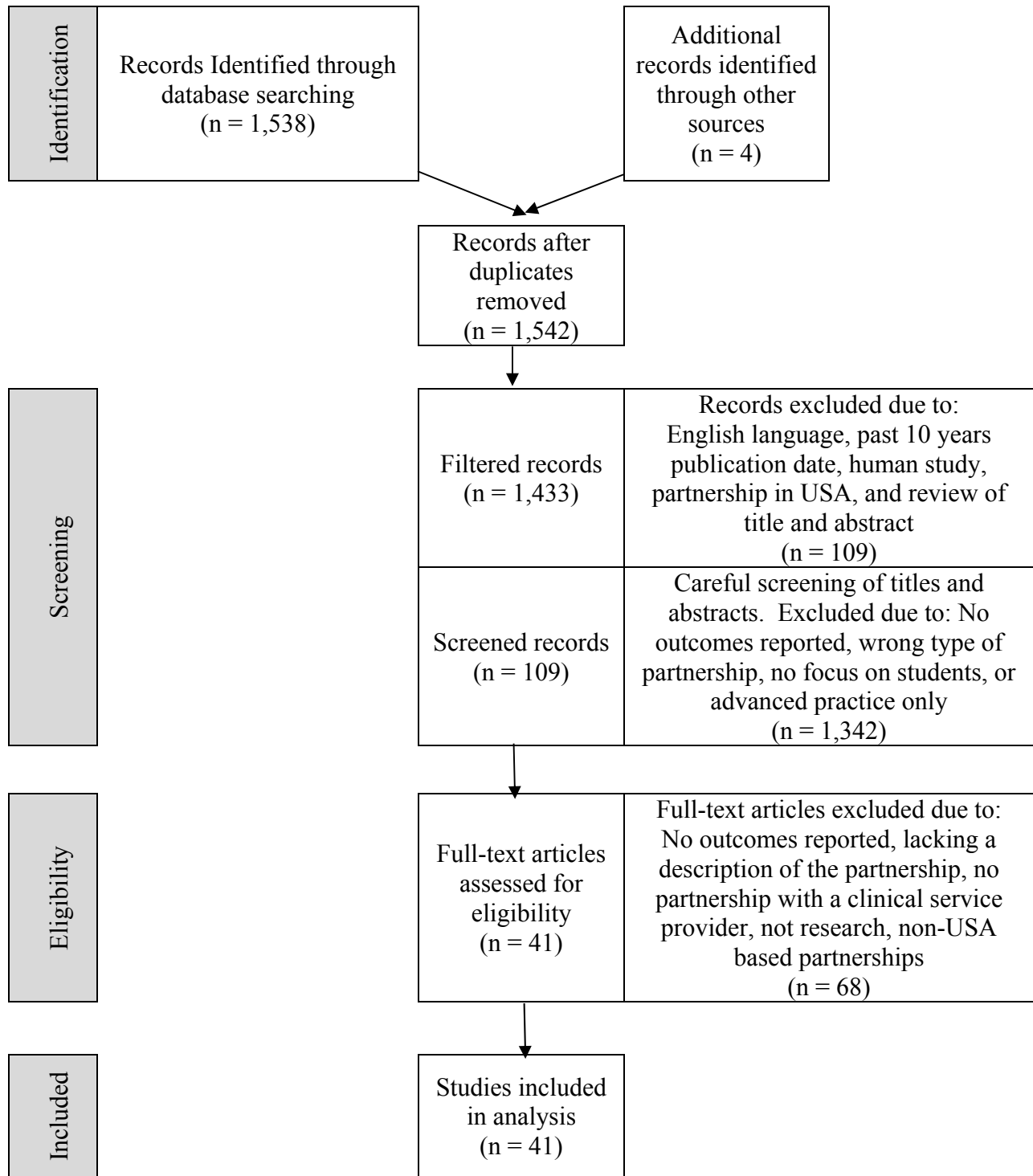


Figure 2.1. *PRISMA Algorithm*

Synthesis

Study methods. In total, 41 studies were included in the final analysis. Four of the 41 studies reported an experimental design (Lenchanko, 2013; Moscato et al., 2007; Mulready-Shick et al., 2013; Nishioka et al., 2014); of these, three reported a quasi-experimental pre/post or post-test design while one went further by reporting a randomized multi-site post-test design (Mulready-Shick et al., 2013). All four of the studies which reported an experimental design chose the DEU as their partnership of interest.

The remaining 37 papers were evaluation studies, case studies, or exploratory works. Of these, 12 included some type of qualitative methodology such as individual interviews and focus groups (Austin, Hannafin, & Nelson, 2013; Coakley & Ghiloni, 2009; Gray, 2010; Jeffries et al., 2013; Nishioka et al., 2014; Peck, Lester, Hinshaw, Stiles, & Dingman, 2009; Rhodes, Mattie L. et al., 2012; Stuenkel, Nelson, Malloy, & Cohen, 2011; Teel, Macintyre, Murray, & Rock, 2011; Valde, 2006). A review of student journals was reported as a data source by two of the studies (Hamner, Wilder, & Byrd, 2007; Krumwiede, Van Gelderen, & Krumwiede, 2015).

Instruments. The use of surveys was evident in the selected literature, and four employed a previously published survey instrument; two of these utilized the Clinical Learning Environment Inventory (CLEI) instrument (Hardy et al., 2015; Lenchanko, 2013), one used the Student Evaluation of Clinical Education Environment (SECEE) instrument (Mulready-Shick et al., 2013) and the final used the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) instrument (Nishioka et al., 2014). In total, 18 manuscripts reported using a survey instrument of some type (Aponte & Egues, 2010; Austin et al., 2013; Campbell & Dudley, 2005; Debourgh, 2012; Gray, 2010; Hardy et al., 2015; Harrelson, Britton, Lott, & Rogers, 2007; Jeffries et al., 2013; Lloyd & Bristol, 2006; Mace Weeks et al., 2013; Maguire et al., 2012;

Murray et al., 2010; Nishioka et al., 2014; Peck et al., 2009; Phillips, 2007; Pullen, Mueller, & Ashcraft, 2009; Raines, 2009; Rhodes et al., 2012). Six of these used a survey and a qualitative method, typically focus groups, to arrive at a mixed methodology study (Austin et al., 2013; Gray, 2010; Jeffries et al., 2013; Nishioka et al., 2014; Peck et al., 2009; Rhodes et al., 2012).

Table 2.5 summarizes the different research methods used within the literature review.

Table 2.5

Research Methods within Literature Review

Reference	Study Type ^a	Method ^b	Tool ^c
Aponte & Egues (2010)	D	S	A(r)
Austin, Hannafin, & Nelson (2013)	D	S+	-
Barba, & Gendler (2006)	D	P	-
Boyle, Davis, Pritchard, McBride, Orsi, Scott, & Kresge (2008)	D	O	-
Broussard (2011)	D	P	-
Cadmus, Connors, Evanovich Zavotsky, Young, & Pagani (2014)	D	O	-
Campbell, & Dudley (2005)	D	S	A(a)
Carter, Kelly, Montgomery, & Cheshire (2013)	D	O	-
Coakley & Ghiloni (2009)	D	F	F
Davidhizar & Bartlett (2006)	D	P	-
Debourgh (2012)	D	S; pre/post	A(a)
Gray (2010)	D	S+	A(r)
Hamner, Wilder, & Byrd (2007)	D	J	Student journals
Hardy, Koharchik, & Dixon (2015)	D	S	CLE-Inventory
Harrelson, Britton, Lott, & Rogers (2007)	D	S	A(r)
Jeffries, Rose, Belcher, Dang, Fava Hochuli, Fleischmann, . . . Walrath, (2013)	E	S+	A(r)
Krumwiede, Van Gelderen, & Krumwiede (2015)	E	J	Student journals
Lloyd, & Bristol (2006)	D	S	A(r)
Lovecchio, Dimattio, & Hudacek (2012)	Q, comparison (post-test only)	E	CLE-Inventory (CLE-I)
Mace Weeks, Baker, Behan, Manworren, Moore, Smith, A, ...Turpin (2013)	E	S	A(a)

Table 2.5

Research Methods within Literature Review

Reference	Study Type ^a	Method ^b	Tool ^c
Maguire, Zambroski, & Cadena (2012)	E	S	A(a)
Moscato, Miller, Logsdon, Weinberg, & Chorpenning (2007)	Q (pre/posttest design)	E	A(a), F
Moscato, Nishioka, & Coe (2013)	E	Case study / exemplar	NCLEX-RN ^d pass rates
Mulready-Shick, Flanagan, Banister, Mylott, & Curtin (2013)	Q (randomized multi-site posttest design)	E	A (x 2) ^e SECE ^f
Murray, Havener, Davis, Jastremski, & Twichell (2011)	E	P	-
Murray & James (2012)	E	P	-
Murray, Schappe, Kreienkamp, Loyd, & Buck (2010)	E	S	A(a)
Niederhauser, Schoessler, Gubrud-Howe, Magnussen, & Codier (2012)	D	P	Various (at least one used HESI)
Nishioka, Coe, Hanita, & Moscato (2014)	E	S+	F, CLE - Supervision, and Nurse Teacher (CLES+T)
Peck, Lester, Hinshaw Stiles, & Dingman (2009)	D	S+	A(r)
Phillips (2007)	D	S	A(r)
Pullen, Mueller, & Ashcraft (2009)	E	S	A(a)
Raines (2009)	D	S; repeated measures	A(r)
Rhodes, Meyers, & Underhill. (2012)	D	S+	A(stated), F, CLE-Scale
Schoon, Champlin, & Hunt (2012)	E	P	-
Stuenkel, Nelson, Malloy, & Cohen (2011)	F	F	-
Teel, Macintyre, Murray, & Rock (2011)	D	Individual or focus groups	-
Valde (2006)	D	F	-
Wagner, & Seymour (2007)	D	Case study / exemplar	-
Williams-Barnard, Bockenbauer, O'keefe Domaleski, & Eaton (2006)	Comparative descriptive design	Comparative descriptive design	Learning Partnership Survey
Wurmser, & Bliss-Holtz (2011)	E	O	-

Note: Dashes indicate no reporting. ^a For Study Type, D=Descriptive; E=Evaluation or outcomes; F=Focus group w/content analysis; Q=Quasi-experimental. ^b For Method, P=Poorly reported (not reported in enough detail to fully understand the method or reproduce the procedure); S=Survey; S+=Survey plus qualitative method (focus group, interview, etc.); J=Student journals; E=Experimental; F=Focus group w/content analysis; O=Outcome measures

only. ^c For Tool, A(r) = Author developed survey instrument (reported); A (a) = Author developed survey instrument (assumed); F=Focus group; CLE=Clinical Learning Environment. ^d National Council Licensure Examination for Registered Nurses ^e Growth in clinical learning scale and the quality and safety competency development scale. ^f Student Evaluation of Clinical Education Environment.

Types of partnerships. Each of these studies met the minimum inclusion criteria in that they reported on a NAPP between at least one nursing academic program, termed a school of nursing (SON), and a nursing clinical service partner. The focus of study in six of the papers was multiple partnerships (Moscato et al., 2013; Murray, Havener, Davis, Jastremski, & Twichell, 2011; Niederhauser, Schoessler, Gubrud-Howe, Magnussen, & Codier, 2012; Nishioka et al., 2014; Teel et al., 2011; Wurmser & Bliss-Holtz, 2011) and three of those reported on the DEU as their focus of interest (Moscato et al., 2013; Murray et al., 2011; Nishioka et al., 2014).

Of papers with only one partnership studied, nine reported a DEU (or a DEU-type) partnership as their focus (Campbell & Dudley, 2005; Hardy et al., 2015; Jeffries et al., 2013; Lovecchio et al., 2012; Maguire et al., 2012; Moscato et al., 2007; Mulready-Shick et al., 2013). In the remaining studies, the nursing clinical service partner was most often a hospital, however, the SON partnered with a non-hospital or health service entity in 13 of the studies (Aponte & Egues, 2010; Austin et al., 2013; Barba & Gendler, 2006; Boyle et al., 2008; Broussard, 2011; Carter, Kelly, Montgomery, & Cheshire, 2013; Hamner et al., 2007; Lloyd & Bristol, 2006; Murray et al., 2010; Niederhauser et al., 2012; Phillips, 2007; Schoon, Champlin, & Hunt, 2012; Teel et al., 2011). Non-hospital partners in these 13 studies were other service providers such as university health services, community agencies, or homeless shelters.

In addition to membership of the partnership, *purpose* of the partnership was examined. Examples of purpose were widely varied and included expansion of clinical opportunities (Mulready-Shick et al., 2013), improvement of the quality of clinical opportunities (Williams-Barnard, Bockenbauer, O'keefe Domaleski, & Eaton, 2006), expansion of clinical services

(Schoon et al., 2012), improvement of the transition of student to staff nurse (Harrelson et al., 2007), and addressing faculty shortages (Pullen et al., 2009). Table 2.6 provides an overview of partnership membership and the primary and secondary partnership purposes found in the selected literature.

Table 2.6

Partnership Purposes and Membership

Reference	Primary Partnership	Additional Purpose	Partnership Members
Aponte & Egues (2010)	E	C	SON plus university health service
Austin, Hannafin, & Nelson (2013)	Q	S	SON plus community agencies
Barba, & Gendler (2006)	Q	S	2 SONs plus variety of community agencies
Boyle, Davis, Pritchard, McBride, Orsi, Scott, & Kresge (2008)	W		2 colleges, 1 hospital, and a healthcare district
Broussard (2011)	E		Students and the community
Cadmus, Connors, Evanovich Zavotsky, Young, & Pagani (2014)	T		SH/S
Campbell, & Dudley (2005)	F	Address Staff RN Turnover	SH/S
Carter, Kelly, Montgomery, & Cheshire (2013)	E	C	SON plus University wellness program
Coakley & Ghiloni (2009)	W		SON plus hospital's oncology unit
Davidhizar & Bartlett (2006)	W		SH/S
Debourgh (2012)	Q	S	SH/S
Gray (2010)	Q	S	SH
Hamner, Wilder, & Byrd (2007)	E	C	SON plus Housing Authority
Hardy, Koharchik, & Dixon (2015)	Q		Hospital and its diploma SON plus Private SON
Harrelson, Britton, Lott, & Rogers (2007)	T		3 SONS and 7 healthcare facilities

Reference	Primary Partnership	Additional Purpose	Partnership Members
Jeffries, Rose, Belcher, Dang, Fava Hochuli, Fleischmann, . . . Walrath, (2013)	E	F	SON plus 4 clinical institutions (all Johns Hopkins facilities)
Krumwiede, Van Gelderen, & Krumwiede (2015)	Q	S	SH (critical access)
Lloyd, & Bristol (2006)	T		SON, students (BSN and MSN), and clinic staff.
Lovecchio, Dimattio, & Hudacek (2012)	Q		SH
Mace Weeks, Baker, Behan, Manworren, Moore, Smith, A, ...Turpin (2013)	Q	S	SH8 (and 2 universities)
Maguire, Zambroski, & Cadena (2012)	Q		SHy
Moscato, Miller, Logsdon, Weinberg, & Chorprenning (2007)	E	F	SHy
Moscato, Nishioka, & Coe (2013)	M		SHy
Mulready-Shick, Flanagan, Banister, Mylott, & Curtin (2013)	E		SON and three partners
Murray, Havener, Davis, Jastremski, & Twichell (2011)	M	W	Health system and multiple academic partners
Murray & James (2012)	E		SH
Murray, Schappe, Kreienkamp, Loyd, & Buck (2010)	E	F	State hospital association ^a
Niederhauser, Schoessler, Gubrud-Howe, Magnussen, & Codier (2012)	M		Multiple - Hawai‘i
Nishioka, Coe, Hanita, & Moscato (2014)	M		Multiple - U of P, Tennessee, and South Carolina.
Peck, Lester, Hinshaw Stiles, & Dingman (2009)	F		University plus hospital
Phillips (2007)	T		North Carolina Area Health Education Consortium plus regional workforce planning committee
Pullen, Mueller, & Ashcraft (2009)	F		Two universities plus 2 systems ^b
Raines (2009)		Improve Student / Graduate Clinical Competence	SH
Rhodes, Meyers, & Underhill. (2012)	E	F	SH2 2 units per hospital
Schoon, Champlin, & Hunt (2012)	E	C	SON plus homeless shelter

Reference	Primary Partnership	Additional Purpose	Partnership Members
Stuenkel, Nelson, Malloy, & Cohen (2011)	W		SH7
Teel, Macintyre, Murray, & Rock (2011)	M		multiple
Valde (2006)	T		SxHy (in Iowa)
Wagner, & Seymour (2007)	Decrease Student Attrition		S2H
Williams-Barnard, Bockenbauer, O'keefe Domaleski, & Eaton (2006)	Q		SH ^c
Wurmser, & Bliss-Holtz (2011)	M	W	Health System plus multiple colleges and universities.

Note: * indicates study was DEU or DEU-type of partnership. For Primary partnership purpose and Additional purposes: E= Expansion of quality clinical placement opportunities Q=Improve quality of clinical experience; W= Clinical workforce development strategy; T= Improve transition to practice; M= Multiple programs evaluated; F=Faculty shortage; S= Specific and limited area of focus identified; C= Develop or expand a clinical service to the community; dashes indicate no explicit or implied secondary purpose. For Partnership members, S(x) H(y) =SON (x=number of SONs) and Hospital (y=number of hospitals); SH/S=SON and Hospital or System. ^a State hospital association hosted meetings between faculty leaders and service leaders. ^b Systems (large employers of RNs) provided substantial financial support to the students. ^c partners were students and clinical partners (e.g., preceptor).

While all 41 articles reported on outcomes of a given NAPP (or selection of NAPPs), a few specifically addressed the students' experience in more depth or supplemented general statements of approval and satisfaction with empiric data. In total, 14 articles contributed to a more profound and specific understanding of how students experienced NAPPs. Findings from these articles, summarized in table 2.7, addressed the evaluation criteria of the partnership and students' perspective of the experience.

Table 2.7

Evaluation Criteria and Student Experiences of NAPPs

Reference	Partnership Summary	Evaluation Criterion	Student Findings
Campbell & Dudley (2005).	SON and hospital set up a DEU like program with SON faculty supervising staff nurse adjuncts.	Satisfaction with clinical placement	N = 78 students (over 3 years) have evaluated the model. Results: <ul style="list-style-type: none"> • 3.8 on a 4-pt. scale for skill-based items. • "Overall, how would you rate this clinical rotation?" rating was 3.9/4. • Staff nurses rated 3.8/4 "how would you rate your performance in the role"
Coakley & Ghiloni (2009).	Students between their Jr. and Sr. year may join a 400-hour fellowship to learn about oncology nursing.	"what was the experience of the fellowship like for you" "How do you feel it prepared you differently from nurses who did not participate in an educational program like the fellowship?" - (p. 49)	Outcome measures: 10 of 14 fellows were hired to work at the hospital 9 of these 10 went on to work in oncology Focus Group (n=3; 2 via voice recorder 1 via written answers). Results showed: <ul style="list-style-type: none"> • Program helps to make informed career choices • Provides confidence building experience • Provides preceptor role modeling • Provides opportunity to build relationship with staff/patients/families
Gray (2010).	SON and hospital partnership introduced a clinical experience to Jr. students in a research course focused on evidence based practice. Partnership attempts to ground EBP into daily clinical.	"Please describe in what ways this research project partnership were helpful to your learning or nursing goals" "Please offer suggestions for improvement to this research project partnership" (p. 379)	First year: N = 13 (7 in psych unit; 6 in cardiac unit). Focus group findings: <ul style="list-style-type: none"> • Themes: The value of research; communication is critical for success; time commitment; and collaboration. • All students stated that better directions and more time with the staff RN would have facilitated better outcomes. Second year (N=34); Third year (N=30). These groups had a different evaluation process. Question: <ul style="list-style-type: none"> • Response to open ended question "please describe in what ways this research project partnership was helpful to your learning or nursing goals. Findings: <ul style="list-style-type: none"> • "...the research partnership project facilitated student learning and an appreciation of the rigor of the research process underlying evidence-based practice" (p. 381)

Reference	Partnership Summary	Evaluation Criterion	Student Findings
Hammer, Wilder, & Byrd (2007).	In a partnership between a SON and a housing authority, students held a 1 day/week clinical with low income housing authority clients and focused on health promotion, teaching, screening, and referral. Students kept a journal of the experience.	Evaluation of journal entries	Journal entries showed a benefit of interacting with different cultures and with those in poverty. Students felt empowered by helping to make a difference. "...a major impact on students of a community-based partnership was that students felt empowered by seeing first-hand the effect of primary and secondary prevention" (p. 108) Note: No description provided of how the journals were reviewed or the number of student journals reviewed.
Hardy, Koharchik, & Dixon (2015).	Partnership involved creating a DEU between two SONs and a hospital. Unit-based RN's were prepared as clinical instructors. The study was developed after two years of being in partnership.	Satisfaction with clinical placement	40 item, 4-point Likert scale instrument (CLEI) given to students (also included open ended questions for faculty only and focus groups for staff nurses only). N=17 of 60 (28%) students. The CLEI instrument has 6 factors. Factor 1 - student centeredness 2.43 Factor 2 - affordances and engagement 2.43 Factor 3 - individualization 2.74 Factor 4 - Fostering workplace learning 2.5 Factor 5 - valuing nurses work 2.93 Factor 6 - Innovative and adaptive 2.63 Note: No comparison/control group
Lloyd & Bristol (2006).	Partnership between graduate (MSN) and undergraduate (BSN) students that occurred in a clinical facility.	Perceived effectiveness of the collaboration efforts between students	N=10. 5 BSN and 5 MSN students were provided a 6-item survey with answers given on a 5-point Likert scale. <ul style="list-style-type: none"> • BSN students answered all survey items between 4.4 and 5.0. • Collaboration items rated 4.0 to 4.8. <ul style="list-style-type: none"> • MSN students rated mentoring 4.6 to 5.0 • Collaboration ranged from 4.4 to 5.0

Reference	Partnership Summary	Evaluation Criterion	Student Findings
Lovecchio, Dimattio, & Hudacek (2012).	Partnership between a SON and Hospital where a modified DEU, called the Clinical Liaison Nurse Model, was created. In this model the clinical faculty maintains responsibility for evaluation and work with staff nurses who did the clinical teaching. School faculty kept the same 8:1 ratio as in traditional clinicals.	Satisfaction with clinical placement	<p>N=40 experimental group (40 completed tests) and N=35 control group (14 completed tests)</p> <p>Clinical Learning Environment Inventory (CLEI) administered to students in the experimental and control group.</p> <p>Experimental group gave higher scores to subscales measuring: Individualization Satisfaction Task orientation</p> <p>Experimental group reported the experience was:</p> <ul style="list-style-type: none"> • better organized • had clear assignments • enjoy the experience • find it an interesting clinical
Mulready-Shick, Flanagan, Banister, Mylott, & Curtin (2013).	A SON with three clinical partners created a DEU and tracked students for two years using a randomized control group procedure.	<p>Used three instruments designed to measure growth in clinical learning:</p> <ul style="list-style-type: none"> • QSEN • competency achievement • student evaluation of clinical education 	<p>Random assignment of 1st semester junior nursing students on acute care med/surg units to DEU or traditional group. Students received an online survey at week 12 of the semester. They examined four semesters over 2 years for four separate cohorts.</p> <p>Used the Student Evaluation of Clinical Education Environment (SECEE) - the growth in clinical learning scale and the quality and safety competency development scale.</p> <p>Findings:</p> <ul style="list-style-type: none"> • DEU groups responded higher than control. • DEU were higher in positive learning experience on all measures. • DEU also perceived greater growth in clinical learning and knowledge development. • More opportunities in 4 of the 6 Quality and Safety Education for Nurses (QSEN) competencies. • Reported receiving more instructional coaching. • There were no between group differences found that these outcomes impacted overall academic success in school.
Nishioka, Coe, Hanita, M, & Moscato (2014).	Reports on findings of the DEU programs in Oregon, Tennessee, and South Carolina. Student survey and focus group data was collected to	<p>Satisfaction</p> <p>Factor modeling</p>	<p>Focus Group Findings: N=209 participants of which 32 were students. Conducted 6 student focus groups. All students also had non-DEU experiences. Students reported:</p> <ul style="list-style-type: none"> • Clinical learning experiences were high on DEUs • The DEU had better learning environments and

Reference	Partnership Summary	Evaluation Criterion	Student Findings
	determine if DEU experiences were different than traditional clinical experiences.		<p>they perceived better nursing care on DEUs</p> <ul style="list-style-type: none"> • Students verbalized concerns about the traditional clinical model - "the students attributed these problems to the structure of the traditional clinical education model rather than the quality of their faculty instructor" (p. 303). <p>Survey Findings: 473 students turned in 2 of 4 surveys. The 34-item Clinical Learning Environment, Supervision, and nurse teacher survey was used.</p> <p>Hierarchical linear modeling (HLM) was used to determine which variation in perception was associated with the clinical education model or the individual students.</p> <p>Positive findings associated with DEU placement included:</p> <ul style="list-style-type: none"> • Positive unit atmosphere • Leadership style of manager • Nursing care on the unit • The nature of the clinical supervisory relationship was more positive • Faculty was more helpful in connecting theory with practice and more active in cooperating with their nurse teacher on traditional units.
Pullen, Mueller, & Ashcraft (2009).	Partnership between two SONs and two hospitals/systems to provide financial support to staff/students returning to school. 20 students received funding for their graduate education in return for working three years as a nurse educator and the schools developed an accelerated RN-MSN curriculum.	General satisfaction Graduation outcomes	20 ADN RNs, attending an RN-MSN program with funding to become nurse educators.
			<p>Findings:</p> <ul style="list-style-type: none"> • 19 graduated • Overall GPA was 3.95 • 15 of 19 completed exit surveys • Satisfaction was 4.67/5 Likert scale (5 pt.). • 15 became nurse educators and 4 are in the labor pool for nurse educator positions.

Reference	Partnership Summary	Evaluation Criterion	Student Findings
Rhodes, Meyers, & Underhill (2012).	Partnership between one SON and two hospitals engaged in a DEU.	Investigation of students' perceived outcomes of the DEU model on quality of learning environment.	<p>Focus Group Findings</p> <p>The student focus group consisted of 8 students answering the questions "how has your experience in working with your DEU preceptor compare with your other experiences working with faculty in clinical settings," "what were your greatest challenges as a student on a DEU," and "was the goal of a collaborative working relationship between university faculty, students, and DEU preceptors achieved on this DEU."</p> <ul style="list-style-type: none"> • Most students reported learning occurred more from their DEU nurses than fellow students. • The DEU environment encouraged critical thinking and evidence appraisal within the clinical units.
Schoon, Champlin, & Hunt (2012).	SON opened a student run foot clinic in a homeless shelter. Staffed by faculty and students. Also, has specialists like podiatrist and diabetic nurse educator to whom they can refer.	General satisfaction	<p>Survey Findings</p> <p>Students completed a 21-item investigator generated 4 point Likert survey tool. 36 students in the spring course completed the Clinical Learning Environment Scale - Revised which is a 23-item instrument with 5 subscales.</p> <ul style="list-style-type: none"> • Students demonstrated satisfaction with the clinical learning environment on the DEUs. • 100% said "they were made to feel a part of the team and not just another student" • All perceived that asking questions was welcomed. <p>The researchers evaluated student learning by linking learner objectives to evidence of learning outcomes.</p> <p>This evidence was in the form of statements made by students such as expressions they became more comfortable with listening and sitting quietly with clients but the authors did not indicate how these were measured. While they did work on the "systems" level of public health nursing - there was not mention of how they evaluated the partnership or how they experienced it. The authors claim that the "qualitative course evaluation data consistently demonstrate that this clinical activity is highly valued" (p. 717).</p>

Reference	Partnership Summary	Evaluation Criterion	Student Findings
Stuenkel, Nelson, Malloy, & Cohen (2011).	Partnership between one SON and seven hospitals where an accelerated 18 month BSN program was co-created. Agency partners paid all student tuition costs and each student signed a contract to work for 2-3 years upon graduation.	General satisfaction and program outcomes	<p>Reported on three cohorts of 29, 33, and 29 students. They compared accelerated with regular progression students. GPA, ATI exam, SON developed evaluation tools, NCLEX-RN pass rates, and demographics were collected. They also held faculty and student focus groups to elicit satisfaction data. 100% of students participated in focus groups.</p> <p>Outcomes GPA control 2.9/4.0; experiment 3.3/4.0 Retention 97% NCLEX-RN 99%</p> <p>Focus Group Findings</p> <ul style="list-style-type: none"> • Students were satisfied • They appreciate the assistance from the hospitals and liked knowing that they had a high probability of being hired upon graduation. • There was an overall dissatisfaction with workload. • Lack of downtime due to short breaks • Feeling stress and fatigue • Didn't like the addition of a health communications course
Teel, Macintyre, Murray, & Rock (2011).	<p>Multiple examples of partnerships are provided in this paper which summarized three programs.</p> <p>Clinical Collaborative - students are assigned to one hospital and work with a single preceptor in each rotation - faculty is not always on site.</p> <p>Program 2 - WINNER - Students complete clinical rotations in multiple facilities - a single preceptor in each rotation - faculty is not always on site.</p> <p>Program 3 - Second Degree BSN - assigned to one</p>	General satisfaction	<p>106 participants answered questions during interviews. These included students, faculty, school or hospital administrators, staff nurses and state regulators. These interviews were conducted one-on-one or in small groups. Students had fewer than 20 respondents in small groups or individually. They performed conventional content analysis.</p> <p>Themes emerged of:</p> <ul style="list-style-type: none"> • Supportive relationships between students, faculty, preceptors, schools, and organizations • Goodness of fit between students, the programs, and preceptors • Flexibility to adapt to innovation and local culture • Communication is needed in multiple modes to maintain information, feedback, and information sharing

Reference	Partnership Summary	Evaluation Criterion	Student Findings
	hospital and work with a single unit-based coach throughout the program - short rotations on specialty units with faculty - faculty is not always on site.		

Findings related to partnership. One need only review Table 2.5 (Partnership Purposes and Membership) to predict that findings reported in this literature were varied. The quality of the findings also differed significantly from article to article. To compare and summarize the findings, the reported results were recorded and coded with a descriptive label with some studies receiving more than one label. Not all studies were given a code and some shared no codes with other studies. Code labels included 1) empowered, 2) facilitated learning, 3) NCLEX, 4) safety/quality, 5) satisfaction, 6) workforce, 7) enrollment, and 8) other. Following this exercise, groupings of like findings emerged from the data.

In total, nine studies reported that student learning was facilitated by being in a NAPP (Debourgh, 2012; Gray, 2010; Lloyd & Bristol, 2006; Moscato et al., 2007; Mulready-Shick et al., 2013; Murray, & James, 2012; Peck et al., 2009; Raines, 2009; Schoon et al., 2012). Of these, two focused on learning specific to patient quality and safety (Debourgh, 2012; Mulready-Shick et al., 2013). Mulready-Shick et al. (2013), reported on four cohorts of first-semester junior-level students who were assigned to a DEU compared with those in a traditional clinical model. The students received surveys toward the end of the semester and the groups were compared for differences. Groups assigned to a DEU reported higher positive learning experiences for all measures and perceived greater growth in clinical learning and knowledge

development. While impressive, it is important to note that there were no between-group differences found for course level student outcomes.

Students who participated in a NAPP rated the experience with high levels of satisfaction as reported in nine studies (Campbell & Dudley, 2005; Hardy et al., 2015; Harrelson et al., 2007; Lenchanko, 2013; Niederhauser et al., 2012; Nishioka et al., 2014; Pullen et al., 2009; Rhodes et al., 2012; Stuenkel et al., 2011). Lovecchio et al. (2012) reported on a partnership using a modified DEU mode in which 40 students participated in the DEU and 100% of them completed the Clinical Learning Environment Inventory (CLEI is a 35-item instrument that employs a five-point Likert scale to measure six subscales). These results were compared with 14 respondents from a group of 35 traditional clinical students. The Cronbach's alpha for each subscale was: Individualization (.5), innovation (.6), satisfaction (.69), involvement (.17), personalization (.69), and task orientation (.60). They found that students in the DEU group had significantly higher positive results on the individualization, satisfaction, and task orientation subscales. Limitations of this study included moderate-to-poor reliability of the instrument and a significant loss of subjects in the control group.

Students who participated in a NAPP also reported feelings of belonging to a team, empowerment, or support as a result of the partnership and/or program in eight of the studies (Hamner et al., 2007; Jeffries et al., 2013; Moscato et al., 2007; Murray, & James, 2012; Nishioka et al., 2014; Rhodes et al., 2012; Teel et al., 2011; Valde, 2006). Teel et al. (2011) reviewed three different NAPPs by performing conventional content analysis on individual and group interviews with 106 partnership participants, including 20 students. Student interviews were not reported in isolation of the others who also participated in the study. Consequently, findings from student interviews were indistinguishable from those from other partnership

participants. In total, the authors found that four themes emerged from the interview data including: 1) supportive relationships, 2) goodness of fit, 3) flexibility, and 4) communication. Students and other respondents identified their experience of participating in a NAPP as supportive and promoting a sense of belonging within the clinical environment.

Other grouped findings emerged from this analysis that may not have been directly related to the experience of students within the context of a NAPP. For example, six articles reported that students who had been in a NAPP had either better or equivalent National Council Licensure Examination for Registered Nurses (NCLEX-RN) pass rates than non-NAPP participating students (Boyle et al., 2008; Carter et al., 2013; Maguire et al., 2012; Moscato et al., 2013; Stuenkel et al., 2011; Wurmser & Bliss-Holtz, 2011). It was also reported in six studies that a NAPP resulted in increased student enrollment in a SON (Boyle et al., 2008; Maguire et al., 2012; Moscato et al., 2013; Murray et al., 2011; Murray et al., 2010; Niederhauser et al., 2012). And finally, six studies reported that NAPPs were effective at increasing nursing workforce numbers (Coakley & Ghiloni, 2009; Davidhizar & Bartlett, 2006; Murray et al., 2011; Pullen et al., 2009; Wurmser & Bliss-Holtz, 2011).

Analysis

Positive outcomes were attributed to student attendance and participation within a NAPP. The reported outcomes were closely related to the purpose of the partnership and the associated structures and functions of the partnership themselves. Major themes of student outcomes emerged from a comprehensive review of recent nursing literature on this subject.

NAPPs were unanimously associated with strong student satisfaction of the clinical experience. There was also evidence that NAPPs based upon DEUs had stronger student satisfaction than traditional clinical experiences. Satisfaction of clinical experience was

measured within the reported literature using a variety of quantitative and qualitative techniques including standardized instruments, researcher created instruments, course evaluation surveys, focus groups, and individual interviews as noted in Table 2.6.

NAPPs facilitated learning outcomes using both subjective and objective measures. No studies in this analysis associated NAPPs with poor achievement of learning outcomes, reduced clinical competency, or impairment of the transition to practice phase of nurses' development.

NAPPs were strongly linked to students' reported feelings of belonging, empowerment, and support. At the heart of NAPPs was the explicit intention of a SON and a provider of nursing service to improve their relationship and their shared outcomes. The decision to partner required intention and purpose. Within the context of partnership, enhanced attention was paid to the student and to the relationships which supported student learning. Investigation postulated that students emotionally felt and intellectually recognized this attention resulting in reports of a sense of belonging, empowerment, and support.

No study reported a negative impact to curriculum completion or licensing outcomes because of a NAPP. Rather, student participation in a NAPP was positively associated with program outcomes. Furthermore, NAPPs were shown to have a positive impact on increasing SON enrollment and addressing workforce issues in both academe and practice.

Limitations. With all human endeavors, there are limitations and caveats and this analysis of NAPPs was not an exception. As stated earlier, the systematized review method had inherent limitations. Most notably, one researcher was responsible for reviewing and choosing which studies were included in the final analysis where, ideally, two or more researchers would work through the list of available publications to demonstrate inter-rater reliability and to decrease the risk of study selection bias.

In addition to the risk of study selection bias, this analysis limited the literature under review to that published within the past ten years at the time of initial review. This resulted in filtering and screening of 1,542 articles. Of course, one could have reviewed *all* published literature, which may have surfaced additional usable articles, but given the depth and breadth of this review, it seemed unlikely that the addition of older articles would have significantly altered the conclusions.

Gaps in the Literature

This systematized review examined the current nursing literature to synthesize what was known about nursing students' experience of learning within the context of a NAPP. It showed that students rated the experience highly, maintained good programmatic and learning outcomes, and reported feelings of support and belonging. At the least, this synthesis provided support to the notion that students did not experience NAPPs as a negative influence on their education. Indeed, in regards to DEUs there was evidence that NAPPs offered a superior experience to the traditional clinical model. Even with these findings, there were significant gaps in the literature regarding conceptual clarity of NAPPs and in understanding the student experience of being in a NAPP.

There was a profound lack of clarity regarding the definition of partnership as it applied to nursing academia and practice. The purpose of a partnership was directly related to the outcomes one expects from NAPPs. Because there was no commonly accepted definition or categorization scheme for NAPPs, it was difficult to compare different NAPPs in an analysis such as this. The outcome studies of DEUs were the most well-studied of all NAPPs. Even among the published literature examining DEUs, there was a lack of conceptual and definitional

clarity which was a limitation when one attempted rigorous review and comparison of these phenomenon.

There were also significant limitations within the body of literature itself when one considered the narrow supply of well-designed, well-reported, and methodologically rigorous studies on the topic of students' experiences of being in a NAPP. There was no study on this topic at the level of a randomized controlled trial. There were limited experimental or quasi-experimental designs presented in the studies uncovered for this analysis. Most concerning, there was a pervasive lack of specificity and clarity offered on the content analysis procedures used for those studies employing a qualitative or mixed methodology. For example, one mixed methods study presented results based upon the analysis of student journals but did not address methodology or even identify the writing prompt for the journaling activity (Krumwiede et al., 2015). Another study presented findings based upon focus groups but never shared the methodology for the process (Valde, 2006).

A final gap in the literature was the lack of a widely accepted, validated, and reliable tool used to measure student experience and/or growth because of membership in a NAPP. As an example, one study utilized a tool with five subscales, one of which had a Cronbach's alpha score as low as .43 (Rhodes, Mattie L. et al., 2012). Multiple reports spoke of survey instruments but lacked further description. This may lead one to assume the survey was author developed and had not been reviewed for reliability or validity.

These issues of poor conceptual clarity of partnership and an apparent weakness in the measurement tools presented a challenge in establishing trustworthy findings and generalizable results in the cases of qualitative and quantitative studies, respectfully. It also confounded comparison among publications.

Given the significant attention provided to NAPPs as a method to promote nursing education, there was a need for more elegantly designed and thoroughly reported research in this area. Additional well-designed and well-reported research was needed to empirically support the notion that non-DEU structured NAPPs also provided a superior experience compared to non-partnership models. There was no research that rigorously addressed the lived experience of the student as a partner within a NAPP.

Purpose Statement

Informed by the content and maturity of the current literature published on the student experience of learning within the context of a NAPP, the purpose of this study was to describe the lived experiences of graduates who studied nursing within the context of a nursing academic-practice partnership.

Summary

NAPPs require effort and resources to establish and endure over time. To ensure the investment in a NAPP is worthwhile, it is important to understand the experience of *all* partners. Since advancing the formation of students is frequently the purpose partnerships are formed, it reasons that students should be viewed as a central partner of a NAPP. Yet, the literature reporting student outcomes or experiences is scant. That which is available is too often methodologically weak or reported in such a way that lacks a vivid and resonant understanding of the phenomena. To optimize return on investment of starting or maintaining a NAPP, nursing requires further research to understand and substantiate what partnership practices result in improved academic and clinical performance. One key to creating better partnerships is to better understand the student/graduate experience. The foundation for this deep understanding is begun by exploring the lived experience of learning within the context of a NAPP.

Chapter Three: Methodology

Chapter Three presents the research methodology selected for this study which sought to interpret the lived experience of being a student in a nursing academic-practice partnership. This chapter includes a review of the purpose of this research and provides a discussion of the informants, research methods, human subject considerations, and limitations.

Purpose and Rationale

The purpose of this study was to describe the lived experience of graduates who studied nursing within the context of a nursing academic-practice partnership. As discussed in Chapter Two, there was little in the published literature that helped elucidate the experience of student nurse learning in the context of a NAPP. Specifically, there were no rigorous and well-described qualitative studies on the subject. The few quantitative and mixed methods studies in this area focused on student satisfaction or achievement of learning outcomes and utilized instruments that were limited in terms of reliability and validity. Qualitative methods used within this body of literature lacked sufficient philosophical grounding or clear descriptions to confer trustworthiness. At this stage of understanding and scientific inquiry, a descriptive qualitative research approach is appropriate to address the research question as descriptive studies support general understanding, help to identify the relationships amongst key concepts of a phenomenon, and are useful in theory development and research question generation (Munhall, 2012).

Heideggerian Hermeneutic Phenomenology

The aim of this study was to explore and interpret the lived experience of the research participants. Consequently, a Heideggerian hermeneutic phenomenological approach was employed. Heideggerian refers to the German philosopher Martin Heidegger (1889-1976) who postulated that human understanding is a situated endeavor and that awareness and description of

a phenomenon is always an interpretive act (Benner, 1994; Cohen, Kahn, & Steeves, 2000; Heidegger, 2010). Hermeneutic refers to interpretation (Fitzpatrick, 1998), while phenomenology is a philosophical stance that also informs the research method designed to uncover and explore the lived experience of those who have embedded understanding of the phenomenon of interest (Benner, 1994; Cohen et al., 2000; Ironside, 2006; Munhall, 2012; Van Manen, 1990, 2014). Phenomenology seeks to understand everyday shared practices through narratives about the lived experience of the phenomenon of study (Benner, Tanner, & Chesla, 2009). Phenomenology attempts to either describe a phenomenon (descriptive phenomenology) or it can be utilized as an interpretive tool (interpretive phenomenology), hence the hermeneutic qualifier. In short, "...Phenomenology is the systematic attempt to uncover and describe the structures, the internal meaning structures, of lived experience" (Van Manen, 1990, p. 10).

It is important to note that the writings of Heidegger speak to phenomenology as a philosophical stance and not necessarily a rigid research method. Hermeneutic phenomenology, informed by the Heideggerian tradition, is an orientation to understand existence or reality; what is called in philosophy, ontology. Heidegger's ontology rejects the Cartesian duality of a mind/body separation and the reductionist approach to the study of human experience. Context counts and experience is understood by humans *being* in the world. The research tradition of Heideggerian hermeneutic phenomenology is not a prescribed method of sequenced tasks (Crist & Tanner, 2003). Rather it is a philosophic orientation that can be utilized to establish methodology designed to uncover the Dasein. Dasein is a fundamental concept in the work of Martin Heidegger. It is a German word that represents existence or being (Heidegger, 2010). Heideggerian hermeneutic phenomenology is a philosophical orientation that informs a research method designed to interpret the lived experience of human beings.

At least two differing schools of thought exist regarding the appropriate influence of the researcher upon the method, description, and/or interpretation of the phenomenon of interest. Husserl (1859-1938), a mentor of Heidegger, called on the researcher to bracket all preconceived notions of the phenomenon in an attempt to examine it in its purest state and remove the researcher's bias. On the other hand, Heidegger led the researcher in a different path of interpretation from a known perspective and an acknowledgement that the researcher(s) already holds an understanding of the phenomenon.

Heidegger claims that we are *of* the phenomena and that influence and understanding cannot be bracketed away (Cohen et al., 2000; Crotty, 2003; Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). Heidegger advanced that the act of questioning and thinking about phenomenon is an act which defines and conceptualizes the phenomena of study. One cannot be separate from how one thinks of phenomena. Humans are of the phenomenon and our thinking of a phenomenon influence the "thatness and whatness" of that being investigated (Heidegger, 2010, p. 6). This hermeneutic assumption is touched upon by Benner, Tanner, and Chesla (1994) when speaking of "being situated" (1994, p. 352). Here, a person is conceptualized as being situated within their world based upon their unique experience, history, background, culture, and other differences. This *situatedness* informs their world; it reveals and limits possibilities of action and understanding.

Hermeneutics refers to the interpretive process and derives from the science of interpretation of sacred texts (Crotty, 2003). Central to hermeneutics is that skilled questioning and interpretation of a person (author) with experience of a phenomenon of interest may reveal deeper meaning and understanding than what the author may even understand. This is explained because the person's experience of the phenomenon is often taken for granted. According to

Heidegger, humans experience the world in one of three ways: ready to hand, unready to hand, and present to hand. When one is oblivious to the phenomenon or at one with the phenomenon, a person is said to be in flow. This is the concept Heidegger calls ready to hand. When something breaks that flow, and causes it to rise into the consciousness, the phenomenon is said to be noticed. This is what Heidegger calls unready to hand. When one is conscious of a phenomenon and wishes to develop methods to study the phenomenon in a rigorous way, the phenomenon is said to be analyzed. This is what Heidegger calls present to hand (Benner, 1994; Heidegger, 2010).

Another concept useful during interpretation and analysis of texts of lived experience is that of the hermeneutic circle. The hermeneutic circle is a conceptualization of how one attempts to understand the gestalt of a phenomenon in terms of its parts. There is also recognition that the parts are only truly understood by grasping the whole (Crotty, 2003). One enters the hermeneutic circle through the interpretation of the texts, both in relation to the whole and within and among the other texts themselves. This is expanded and influences the selection of further questions and exploration with the research participants thus expanding the hermeneutic circle. This also means that the smallest unit of text or shared meaning must be understood against the whole and vice versa (Cohen et al., 2000).

The discussion of philosophical grounding is important for all phenomenological inquiry, especially when one considers that a Heideggerian hermeneutical phenomenology does not prescribe a specific research methodology. Quite the contrary, according to Van Manen (2014), who considers Heidegger's thoughts on methodology when he offers:

Phenomenological method, in particular, is challenging, because it can be argued that its method of inquiry constantly has to be invented anew and cannot be reduced to a general

set of strategies or research techniques. Methodologically speaking, every notion has to be examined in terms of its assumptions, even the idea of method itself. (p. 372).

This is not to say that phenomenological research, Heideggerian or otherwise, is devoid of practices, research traditions, and methods. Rather, it causes one to consider a variety of approaches and to reflect upon one's own Dasein, one's own experiences, one's own way of being in the world. While a Husserlian approach would have one bracket, or call out, all instances where a preconceived notion of the phenomenon of interest is held, a Heideggerian approach explicitly dismisses extensive bracketing as a false ideal of objectivity. A Heideggerian approach calls for the researcher to be immersed with the phenomenon but always open to the interpretations by those who have lived the experience. Munhall also offers a critique of scientific control and objectivity by writing, "often, objectivity is a sterile state, devoid of humanistic characteristics, and it ignores the situated context where the phenomenon is located." (Munhall, 2012, p. 115).

Author's Personal Statement

Consistent with a Heideggerian hermeneutic phenomenology, authors may share their reflections upon the phenomenon of study. This is not bracketing or an attempt to remove one from the research. Rather, it is to help the reader understand the lived experience of the researcher and how his/her assumptions may have influenced the conduct of the interviews as well as the interpretation of the transcripts. This is also consistent with the orientation that the final interpretation of the lived experience comes not from the author but from the reader of the research (Crist & Tanner, 2003).

I have been a Registered Nurse (RN) since 1992. I am a graduate of an associate degree program, an ADN to BSN program, and a Master's program; all in nursing. I have practiced

nursing both in academic teaching institutions and practice or service institutions. I have taught nursing and provided nursing care. My professional work has allowed me to form and manage many academic and practice partnerships. These experiences led me to undertake doctoral work to better understand NAPPs.

The two partnerships from which I recruited research participants were quite familiar to me. The first partnership was between Providence Health & Services (PH&S, my current employer) and the University of Portland's (UP) School of Nursing. In previous roles with PH&S, I directly managed this partnership; I currently direct strategic operations of the partnership with day-to-day management being the responsibility of another. The second partnership was between PH&S and the University of Great Falls (UGF). I helped to establish this partnership and authored the original nursing curriculum. While I am no longer associated with UGF operations, I do continue to recruit for and evaluate the impact of the program for PH&S. The operational details of these partnerships are described later in this paper.

My background with these programs provided me with deep understanding of the partnerships and the expectations of the students and graduates within each. Through regular contact, I have knowledge of the partnership from both the academic and practice side. I have been interested in the experience of the students and graduates for some time and have undertaken evaluation activities of graduates from both programs. The evaluation of student learning outcomes, graduation rates, and satisfaction are worthwhile measures. However, the lived experience of the student and/or graduate had not been explored within these partnerships or among others reported in the literature. As part of my doctoral studies, I completed a small pilot study similar to the research presented here. Through the pilot study, I furthered my

knowledge on graduates' experiences of learning within a partnership and formed assumptions about this meaning to graduates.

PH&S invests significant amounts of money (more than two million dollars annually) into these programs and assumes that the partnerships are at least partially responsible for many positive outcomes. However, the impact of the partnership itself on the graduates remains elusive. Perhaps the fact that the students are learning nursing within the context of a partnership is lost on them, perhaps it is a strong motivator since the members of the partnership are keenly involved with the students, perhaps it is a source of stress and performance anxiety, and perhaps it is a modulator of stress as the programs reduce the costs of attending school.

Due to my close association with these partnerships, I intend to remain fully transparent with my involvement and interactions with them and both clear and thorough about my assumptions. Given my situated knowledge of the phenomenon of interest, I assumed the following:

- 1) The partnership between the academic institution and the practice institution impacted the student experience of studying nursing.
- 2) Graduates of these programs were aware that they were studying nursing within the context of a NAPP.
- 3) The experience of studying nursing within these partnerships could be described to others by the graduates.
- 4) Graduates were likely to struggle with the difference between sharing their lived experience and providing an evaluation of the programs.
- 5) Partnerships between academic and practice settings had the potential to be transformative for nursing education and should be rigorously studied.

- 6) Partnerships required coordination amongst the participants and more forethought and planning of education opportunities for students. This laid the foundation for better operations, improved learning, and better student experiences.

Approach to Rigor

The evaluation of scientific rigor as applied to qualitative research in general, and phenomenological research in particular, is a varied and controversial topic. Given that Heideggerian hermeneutic phenomenology does not prescribe a single accepted methodological process, it follows that there was no one accepted approach to evaluating rigor. In the natural sciences, methodological rigor is measured against several well-accepted standards. In competently-designed studies, researchers strive for objectivity, samples are chosen to be unbiased and sufficiently large, research tools are tested to be reliable and valid, and findings are reproducible by other scientists. In phenomenology one expresses rigor against different terms and standards.

There are a variety of authors who suggest methods to establish or evaluate phenomenological rigor (Benner, 1994; Madison, 1988; Munhall, 2012; Van Manen, 1990). These works and many others were evaluated by Lorna de Witt and Jenny Ploeg (2006). In their critical appraisal, the authors reviewed the majority of current methods to evaluate (or more phenomenologically stated, *express*) rigor in interpretative phenomenology studies. After examining these methods, they proposed a framework which one could utilize to evaluate expressions of rigor in interpretive phenomenological inquiry. The framework proposed five expression of rigor: Balanced integration, openness, concreteness, resonance, and actualization.

Balanced integration. According to de Witt and Ploeg (2006), balanced integration represents three characteristics of rigorous interpretive phenomenology which are described in

the literature. These include that the research topic and the researcher are a reasonable fit together and are enhanced by the philosophical underpinnings of the study. The second characteristic is that the philosophical foundation is discussed in a meaningful way in the methodology section of the study and that the philosophy clearly informs the interpretations or findings of the research. The third characteristic comprising balanced integration is that there is evidence of both the voice of the research participants and the foundational philosophy of the study. In general, balanced integration responds to the criticism of modern American hermeneutic phenomenology that it uses the philosophy of phenomenology in a superficial way and that the philosophical tenants often do not ground the interpretation of the participants (Crotty, 2003).

Openness. Openness refers to the literal opening of a nursing interpretive phenomenological study to investigation, criticism, and scrutiny. Openness calls for the researcher to be explicit about decisions made throughout the design and implementation of a study. Openness helps to reveal how the researcher is oriented toward the phenomenon of interest as well as the philosophical foundation through "...accounting for the multiple decisions made throughout the interpretive phenomenological study process..." (De Witt & Ploeg, 2006, p. 225).

Concreteness. Concreteness is the pragmatic expression of usefulness and context that readers have when reading quality interpretive phenomenology. Concreteness should not be applied to the research *process* like integration and openness. Rather, concreteness should be applied to the research *outcomes* (De Witt & Ploeg, 2006).

Resonance. When reading high-quality interpretive phenomenology, one is often moved by the findings. Ideally one may express having a sense of discovery or flash of insight because

of the interpretation. This feeling of epiphany that comes from reading the results is referred to as resonance. Ideal hermeneutic phenomenology should resonate with the reader and provide meaningful insight and discovery (De Witt & Ploeg, 2006).

Actualization. Actualization refers to resonance that is yet to come. As stated earlier in this paper, the interpretation offered by a given study's author is not the final word in hermeneutic phenomenology. Rather, the final interpretation does not happen until the reader of the research study has considered what is written and interprets the findings themselves (Crist & Tanner, 2003). This is consistent with the Heideggerian conceptualization of humans as creating and interpreting meaning through our experiences or Benner, Tanner, and Chesla's (1994) idea of situated understanding. Humans continue to reflect and create meaning even after the study is authored (De Witt & Ploeg, 2006).

Partnership Eligibility

This research study focused on two different NAPPs. The first was the Providence Scholar Program and the second was the Great Nurses - Great Falls RN to BSN program. Both programs had Providence Health & Services as the practice partner. The Providence Scholar Program had the University of Portland as the academic partner and the Great Nurses - Great Falls RN to BSN program had the University of Great Falls as the academic partner. Both programs met the conceptual definition of NAPPs as described in chapter one. Both partnerships met the standard of mutuality in that they all benefited from being in partnership. As all partners were Catholic-sponsored institutions, common goals and common culture were evident. Relationally, the organizations were compatible and had competent operations. Organizational agreements were clear and documented in contracts. The partnerships have endured over the

timeframe of many years; 14 years for the Providence Scholars Program (PSP or Prov. Scholars Program) and nine years for the Great Nurses – University of Great Falls (UGF) program.

Providence Scholars. In 2002, senior nursing leadership at PH&S and the UP met to create a program aimed at improving the impending nursing shortage while increasing the supply of baccalaureate prepared RNs. The partners identified numerous barriers that prevented the academic institution from expanding their nursing program. Faculty shortage, adequate clinical placement, and student financial support were, and continue to be, the primary challenges. The partners agreed to a mutually beneficial partnership aimed at increasing the number of Baccalaureate of Science in Nursing (BSN) prepared graduates. The centerpiece of this partnership was a loan forgiveness program called the Providence Scholars Program.

Undergraduates selected to be Providence Scholars had their tuition paid for by PH&S which was partially subsidized by a grant provided by UP. The program applied to the junior and senior years of the traditional undergraduate BSN program. The students signed a three-year, full-time employment contract with PH&S in exchange for tuition. The clinical practice partner provided limited faculty and significant administrative oversight of the Scholars Program through a dedicated program manager and provided guaranteed clinical placement and subsequent employment of the program graduates.

Great Nurses - Great Falls. In 2007, PH&S underwent a reunification with Providence ministries in Eastern Washington and Western Montana. As part of this expansion, the University of Great Falls was brought under the corporate umbrella of PH&S. UGF did not have a nursing program and the health services side of the organization was interested in expanding the number of nurses with a baccalaureate degree. A partnership formed to develop an RN to BSN nursing program that was exclusively for nurses in the employment of PH&S. In return for

a subsidized tuition of \$500.00 per semester, nurses signed an employment agreement requiring two years of nursing service. The program was structured so that students attended a two-week on-site orientation at the initiation of the program. The rest of the five-semester program was completed in a synchronous distance delivery model.

Approach to Human Participants

Heideggerian hermeneutic phenomenology poses some unique issues as it relates to human subject research. First, research subjects are most commonly referred to as study participants or sometimes informants. The sample is purposeful and participants are frequently asked to submit to more than a single interview. The detailed experiences shared and reported may make confidentiality of the participants difficult to ensure. What follows is my approach to partnering with human participants that aimed to protect their rights and preserve their dignity and autonomy.

Protection of human subjects. This study was presented to the Institutional Review Boards at both the University of Hawai‘i and PH&S. The University of Great Falls Institutional Review Board was not approached as the study participants were soon-to-be-graduates and not current students of UGF. It was expected that this study would qualify for exempt review as the study participants were not members of a vulnerable group, no more than minimal risk was expected, and only interview procedures would be employed. Meticulous data management and security procedures were used and are described below. Regardless of the procedures designed to provide confidentiality, it was possible that participants could be identified by readers of this study as a rich description of their lived experience was revealed while writing the manuscript. Participants were informed of this risk as part of the consent procedure (see Appendix A for the Consent Form).

Recruitment. After receiving permission from the Institutional Review Boards at both PH&S and the University of Hawai‘i, a purposeful sample of graduates from the past two years and from both programs was approached by the researcher via their work email (see Appendix B - Recruitment Tool). Only program graduates who were currently employed by PH&S were contacted. During the pilot study a similar email generated 34 volunteers within the span of a few days. It was assumed that this would continue into this study, however, a second email was prepared to be sent if necessary.

Eligibility of participants. Participants were eligible for the study if they had successfully graduated from either the Providence Scholars Program or the University of Great Falls Program on or after November 1, 2014. They were required to be current employees of PH&S. They must have earned and maintained their license as a Registered Nurse. Participants were required to be willing to participate in at least one, but perhaps more, follow-up interviews.

Sample size. As is consistent with many aspects of Heideggerian hermeneutic phenomenology, adequacy of sample size is iterative and not a regimented value. According to Crist and Tanner (2003) sample recruitment and the ultimate size of the sample was determined during the ongoing analysis of the transcripts. Saturation and redundancy of information is the determinant of adequate sample size. According to Benner (1994), the sample size was adequate when the interviews become visible and clear and new information, patterns, or themes no longer emerge from the transcripts. Based upon the earlier pilot study and the complexity of the phenomenon of interest, it was estimated that six to 12 participants were needed to reach redundancy.

Approach to Data Collection

Data collection and conducting the interviews is a fairly straightforward process in hermeneutic phenomenology. Fontana and Prokos (2007) shared principles and considerations for conducting post-modern, unstructured interviews. They suggested considering how the researcher will access the setting, how language and culture will be understood, and being purposeful about how one presents oneself to the participants. They also provide practical information on the importance of clarity regarding how one locates participants, the importance of gaining trust through establishment of rapport, and, finally, they consider how one may collect the information. Crist and Tanner (2003) set forth a more comprehensive framework for the conduct of hermeneutic phenomenology. Their work deeply informs the approach to analysis (presented later) but is also useful in that they address data collection as well.

Setting. When conducting interviews, it was important to find a setting that was appropriately private and allowed for comfort of both the participant and the investigator. The setting should be convenient and conducive to the interview (Fontana & Prokos, 2007). Once identified through the email invitations, potential participants were contacted via phone and/or email to answer questions, further explain the study, and negotiate and establish an interview location and time (see Appendix A). When possible, the researcher's private office was used for the interviews.

Interview process. Participants were met by the interviewer at the negotiated location. Language and culture barriers were not anticipated to be problematic as the researcher, like the participants, is a nurse working for the same integrated healthcare system. Dress of the investigator was business casual and mannerisms were attempted to convey a relaxed, warm, and inviting conversation. Relying on self as a research instrument, the interviews started with small

talk and a review of the research process. A finding during the pilot study was that participants were genuinely interested in the research process.

Once rapport was established, the participants were invited to read through the informed consent document which was also included in the email invitation (see Appendix B). Questions around consent and the research were answered as needed. At this point, the researcher introduced an audio recorder (Olympus model VN-722PC). The participants were encouraged to ask questions about the recording device. It was then tested and activated.

The interview began by reading aloud the participant code, stating the pseudonym chosen by the research participant, and the italicized script from the Informed Consent Form was read aloud. Signed and verbal consent was obtained and the interview began. Once all interview questions were discussed and the participant no longer wished to add content, the interview ended. The participant was thanked for his or her participation and they were encouraged to ask any clarifying questions about next steps and subsequent interviews.

Subsequent interviews were scheduled and conducted in a process similar to the primary interview. The focus of subsequent interviews was more specific to a pattern or theme suggested during the initial interview. Also, some participants were asked to review transcripts or analysis documents to confirm, clarify, or refute findings that emerged from the data. Typically, follow-up interviews were scheduled for shorter time periods (e.g., 30 minutes) than the original interviews which were scheduled for one-hour.

Interview questions. To allow participants to tell their story and share their experience as they experienced it, interview questions were kept to a minimum (see Appendix C). First, participants were asked basic demographic information questions and then two questions were asked to share their experience of learning nursing within the context of a partnership. The

investigator injected probes and sought clarification as necessary to ensure understanding. Reflexive questioning was employed to ensure understanding of key expressions made by the participant. Observations made by the researcher were identified and clarified to better ensure an accurate interpretation of the observation. Any noted behavioral incongruence was noted and discussed with the participant.

Field notes. Field notes were kept and consulted during the transcript creation process and during the thematic analysis. Field notes identified objective and subjective findings from the interview. For example, field notes contained the specifics of the interview such as time and location. They also contained observations about the participant. Non-verbal communication was documented through notes and thoughts and impressions of the interview were recorded.

Transcripts. As noted earlier, all interviews were audio-recorded. These recordings were downloaded from the digital recorder onto a password protected computer. The recordings were transmitted to a medical transcriptionist, in person, via a USB device. The medical transcriptionist was monetarily compensated by the researcher. All work of the medical transcriptionist was verified by the primary investigator by a careful reading of the transcript in comparison to the digital recording. Any corrections were made to the transcripts by the primary investigator.

Data management and security. All emails were transmitted through the email system maintained by PH&S. This is a closed and secure internal email system. Participant names were coded to a number and that coding document was kept in a locked file cabinet in the locked office of the primary investigator. The document will be shredded at the end of the dissertation process. As stated above, any email transmission of the interview recordings occurred over an encrypted email system or was handed directly to the medical transcriptionist on a USB drive.

Computers containing interview data were password-protected. Any identified data will be shredded or deleted upon the conclusion of the dissertation process. Although a protocol for handling and communication of any breaches in security was prepared in conjunction with the Institutional Review Boards, dissertation chair, and committee, no known security breaches occurred throughout the study.

Approach to Analysis

The approach to the analysis of the lived experience of the graduates was guided by the work of Janice Crist and Christine Tanner (2003). What makes their framework or principles unique are that they are derived and explained using the philosophy of Heideggerian hermeneutic phenomenology. This is consistent with the rigor element of balanced integration as advanced by de Witt and Ploeg (2006). Consistent with Heideggerian hermeneutic phenomenology, Crist and Tanner pointed out that the hermeneutic process is iterative, reflexive, and reflective. The hermeneutic circle here is truly circular and not linear. However, there is also a recognition that a step-by-step framework, grounded in the philosophy of the hermeneutic tradition, is necessary to move phenomenology forward and to help streamline the process (Crist & Tanner, 2003). It should be noted that the Crist and Tanner framework calls out the use of a team to analyze and interpret the transcripts. The work in this case, however, was performed solely by the primary investigator.

To assist in organization and analyses following the Crist and Tanner framework, the unstructured data management software program, Quirkos version 1.4.1 by Quirkos Limited, was utilized. Quirkos allowed for direct upload of transcripts and provides tool for the researcher to identify themes, refine these themes with quotes or paradigm cases, and to collapse or explode user-defined groups of data. Tools also allow for content analysis and comparison reports of

themes against descriptive data elements. This allows a researcher to map relationships of coded themes allowing for exploration of interrelationships. In other words, this software helps one to develop and refine themes within a single transcript and among the various transcripts. These functions are consistent with the hermeneutic circle, phenomenological inquiry, and the method promoted by Crist and Tanner (2003).

Early focus and lines of inquiry. According to Crist and Tanner's framework (2003), the interpretive process begins with a general analysis of the first few transcripts. These were reviewed (typically by a team, but in this case by the primary researcher) with a focus on critical evaluation. Questions were asked about the questions used, the technique of the interviewer, observations made, and responses. The sample of participants was investigated and modified within the context of these first few transcripts. Data that were unclear or questioned were tagged for more in-depth discussion in subsequent interviews with the particular participant but also for future participants. This stage called for early intervention if questions were not eliciting thick descriptions of the experience. "Lines of inquiry resulting from initial interpretations guided subsequent interviews and directed future sampling to provide deeper, richer, understanding. They were also used to focus interviews and observations, either with the same informants or with subsequent informants" (Crist & Tanner, 2003, p. 204).

Exemplars and paradigm cases. Exemplars and paradigm cases, the second phase of the interpretive process, focused on the individual transcript and the emerging meanings that came from individual participants' stories. "Exemplars are salient excerpts that characterize specific common themes or meanings across informants" (Crist & Tanner, 2003, p. 204). Paradigm cases are especially vivid accounts and are held by the researcher or team as a model and are frequently consulted during the interpretive process.

The researcher sought to determine how the participant was situated within the phenomenon of study. Attempts were made to understand the background or history of the person that was informing their interpretation of the phenomenon in today's world. Thematic ideas were collected and scribed in short summaries. These summaries began to form the interpretations of central concerns and were revised and rewritten. The individual whole transcripts were used less and reviewed in light of the summary document. Exemplars and paradigm cases became evident in this stage of interpretation. "Exemplars are salient excerpts that characterize specific common themes or meanings across informants" (Crist & Tanner, 2003, p. 204). Paradigm cases were especially vivid accounts and were held by the researcher or team as a model and were frequently consulted during the interpretive process.

Shared meanings. As in the previous phase, the central concerns of each participant were identified and examined. Different than the previous phase however, these central concerns were examined across participants. This phase's title of shared meanings seems fitting as the focus was to identify and understand the phenomenon, not just from a single informant, but from across and among the research participants (Crist & Tanner, 2003).

Final interpretations. In the next phase of interpretation, Crist and Tanner called for continued writing of emerging interpretations. These were done while final interviews were being held, field notes were being reviewed, and the entirety interpreted. "In-depth interpretations of excerpts, central concern summaries, and interpretive summaries are developed. Final interviews and observations address pending lines of inquiry during this phase" (Crist & Tanner, 2003, p. 204).

Dissemination of the interpretation. In the final phase of the analysis, Crist and Tanner provided guidance on reporting the interpretations. During this phase, manuscripts are refined

and ultimately published. In a team situation, meeting minutes would be introduced and recorded as part of a research log. Here the authors pointed out that the interpretive process, which is ongoing during the research process, does not end with the writing of a manuscript or the publication of a study or book. Rather, the interpretation continues by the readers of hermeneutic phenomenology (Crist & Tanner, 2003).

Summary

Conducting research using phenomenological methodologies required the researcher to be immersed in the philosophy that provides the foundation for the research methods and procedures. Here, a Heideggerian hermeneutic phenomenology was employed as it was most likely to uncover the lived experience and shared meanings of graduates who studied nursing within the context of a nursing academic-practice partnership. In other words, the research method was aligned with the state of the science and the proposed research question.

Heideggerian hermeneutic phenomenology postulates that all phenomena are understood through the human experience of being. These meanings can be uncovered through careful interpretation of language. Because humans are *of* a given phenomenon, they may not even be aware of the experience in the moment. Hence, through careful interpretation, it may be possible to gain an understanding beyond the description provided by the participant.

Rigor of phenomenological studies is ultimately judged by the reader, but can be demonstrated through the weaving of the philosophical threads throughout the research process and manuscript. Readers often resonate with descriptions of phenomenon in this research tradition. Phenomenology should be able to pass the *gut check* by the reader, allowing them to create additional meaning from the report beyond that which is written on paper.

This research was well-grounded in the philosophy and current literature on phenomenological research methodologies. The approach to human protection was carefully constructed to meet ethical standards of human research. The analysis process was guided by a framework informed by Heideggerian hermeneutic phenomenology. Enriched by the tradition of qualitative analysis, it is hoped this study will provide a rich and meaningful understanding of the lived experience of learning within the context of a Nursing Academic-Practice Partnership.

Chapter Four: Results

In this chapter, the research participants' stories are shared, in the order they were conducted, and interpreted according to the tradition of Heideggerian hermeneutic phenomenology using Crist and Tanner's (2003) work as an operational guide. This chapter starts with a discussion of the research participant sample and how the iterative hermeneutic process unfolded during data collection and analysis. Then, each transcript is individually summarized to provide the reader with a situated understanding of each narrative. Finally, an interpretative analysis of the data as a whole is introduced through the presentation of central themes that emerged from the narratives. This approach presents the reader with both the personal story and the aggregated common experiences as told by the participants.

Sample

The recruitment plan outlined in Chapter Three was followed with the addition of a second recruitment email sent approximately four weeks after the first. This recruitment effort yielded 11 respondents. One of the initial participants failed to show for the meeting and did not respond to one follow-up email leaving a total of 10 volunteers. All primary interviews took place between February 10, 2017 and April 05, 2017.

The research participants were 80% female and 20% male. The age of the participants ranged from 22 to 57 with a mean of 37 years. PSP students were, on average, younger with a mean of 29 years compared to the UGF students' mean age of 48 years. The Graduates of the PSP made up 60% of the sample while the UGF students made up the remaining 40%. As one would expect comparing a pre-licensure BSN program to an RN to BSN program, the total years of practice were far fewer for the PSP group compared to the UGF group. These years of experience varied widely within the UGF group with a range of eight to 27 years and a mean of

18 years. Graduation dates for both groups were all within the past two years at the time of the interviews. Table 4.1 provides a succinct view of the sample's demographic information. Within table 4.1, and in all other references, the names of the participants have been changed to a moniker.

Table 4.1

Participant Demographics

Moniker	Gender	Age	Program	Years as an RN	Graduation
James	M	36	PSP	1	Feb 2015
Mary	F	40	UGF	18	Dec 2016
Patricia	F	23	PSP	<1	June 2016
Jennifer	F	45	UGF	8	June 2016
Robert	M	23	PSP	<1	May 2016
Elizabeth	F	49	UGF	27	Dec 2016
Linda	F	57	UGF	22	Dec 2016
Barbara	F	22	PSP	<1	May 2016
Susan	F	24	PSP	1	May 2015
Jessica	F	48	PSP	1	Aug 2015

The nurses who volunteered to participate in this research represent a variety of professional backgrounds. Some had been an employee or volunteer of Providence prior to admission into their program. Table 4.2 below summarizes the practice history of each participant.

Table 4.2

Practice History

Moniker	Program	Practice Area	Practice Specialty	Years of Service at Admission
James	PSP	Acute	Med-Surg	3
Mary	UGF	Residential	Pediatric LTC ^a	18
Patricia	PSP	Acute	Med-Surg	0
Jennifer	UGF	Residential	Adult LTC	4
Robert	PSP	Acute	Med-Surg	0 ^b
Elizabeth	UGF	Acute	Emergency	18
Linda	UGF	Acute	Perinatal	17
Barbara	PSP	Acute	Med-Surg	0
Susan	PSP	Acute	Perinatal	0
Jessica	PSP	Acute	Med-Surg	0 ^c

Notes: ^a Long Term Care (LTC). ^b 3 months volunteer service. ^c 36 months volunteer service.

The Interviews

Each interview lasted approximately one-hour and together provided about eight hours of digital audio recordings. Transcribed, these interviews generated nearly 200 pages of text. As described earlier, these interviews were semi-structured and informed by the researcher's deep experience of the two NAPPs of interest, as well as, from an earlier pilot study. Because of this, the central concerns were adequately discussed during the primary interviews and significant secondary interviews were not necessary. When there was need to ask questions, confirm observations, or test emerging themes, the researcher contacted the participants directly. These exchanges happened in-person or through email and/or telephone conversation and were not needed from every participant. Because of the targeted nature of these follow-up communications, audio recordings and transcripts were not created.

A verbatim digital copy of their interview summary and the researcher's analysis was sent to each participant and they were invited to provide comment. All who responded (n=seven) agreed that the summary of their interview, and the themes generated from the analysis, accurately portrayed their experience of learning within the context of a partnership arrangement. However, six contended that the exact nature of the transcripts made the direct quotes difficult to read. These participants were concerned that their verbatim words (especially the use of speech hesitation, e.g., um, like, a huh, know what I mean, a word repeated, etc.) did not necessarily reflect the *intent* behind their words and that they created an unnecessary space between the researcher and the participants. One participant (Jessica) expressed this by stating, "Your articulate analysis contrasts with your subjects' hemming and hawing. In my mind it privileges your interpretation over the lived experience of the subjects." Given the near unanimous feedback from the participants, this manuscript has been prepared using minor edits to direct quotes. Speech hesitations have been removed unless they add to the understanding of the main point being made by the respondent. This contrasts with the precise verbatim transcripts from which the actual analysis was derived. These corrected summaries were again sent to all participants to confirm that the edits did not change the intent of their reports. The response to these edits was unanimously positive with respondents saying that the edited interviews were more reflective of their lived experience than the verbatim summaries.

In general, the interviews were swift and conversational. Participants appeared eager to share their stories. They were, without exception, engaged and seemed genuinely interested in providing information that was asked of them. Frequently, participants asked for confirmation that what they were sharing was correct or what the researcher was seeking. Each was reassured

that there were no right answers and that this was an opportunity for them to tell *their* story and to share *their* experience of learning within the construct of a NAPP.

Common to all interviews were the inclusion and brief discussion of program evaluation as compared to sharing of one's lived experience. This is understandable and was predicted based upon the nature of the phenomenon of study and learnings from the pilot study. When the conversations devolved into program evaluation the participant was gently reminded that the purpose of the interview was to describe their experience and not necessarily offer positive or negative feedback about the programs.

Some participants were more able to speak to their *Dasein* (human existence) than others. Nonetheless, all participants were eventually able to richly describe their unique personal experience of having learned nursing within the context of an academic-practice partnership and were frequently quite interested in the phenomenon. In many instances, the discussion started with a rather puzzled comment from the participant questioning that the partnership itself had offered any novel experience whatsoever. However, once they started speaking and considering the concept, they began providing more reflective responses. Their speech became more rapid and their engagement increased. One idea tumbled upon another as they became more comfortable in describing their experience with several indicating that there was substance to the concept. This is consistent with Heidegger's concept of ready to hand (being within the phenomenon and not recognizing it) to being unready to hand (recognizing the phenomenon by having called attention to it) as discussed in chapter three.

Participant one: James. James, a 36-year-old male and Providence Scholars graduate previously worked in healthcare as a Certified Nursing Assistant (CNA). This experience provided him an advantage over the other students in the program and set him apart from the

traditional nursing student in both positive and negative ways. On the plus side, James arrived at nursing school with a successful practice-history and on-the-job experience. This provided him with a foundation upon which to build deeper nursing knowledge. On the other hand, as an older student, James had life and financial obligations not typical of the other students. At the time of the interview, James had been working as an RN for almost two years on an adult medical/surgical unit at a large tertiary medical center.

James, like most of the PSP graduates, started his interview by speaking about how the partnership impacted his clinical experience. Securing desirable clinical placement was important to James and was something that he thought the NAPP helped to facilitate, "one of the things that I benefited from was being placed on DEUs" In another passage, he stated, "I know that Prov. scholars were given preferential clinical placements with Providence at times and so it's possible that I avoided getting placed in, say like a nursing home for my first medical/surgical rotation."

James also identified that the financial assistance offered by the program was an incentive in deciding to apply to the program and was a tangible benefit as a program participant. While not common in all partnerships arrangements, financial assistance is a feature of the PSP. An affectual response of feeling "very fortunate" to have been accepted and acknowledgement that the financial support "took a lot of that weight off for me" was recognized by James.

Another structural feature of the PSP is that post-graduation employment with the clinical partner is required. That was viewed by James as something extremely positive, especially since he was already an employee of Providence as evidenced by his statement,

I liked working for Providence and that was one of the reasons that I pursued the Prov. Scholar program. Because, working at the company I already enjoy working for and

being given preferential hiring over somebody who was equally qualified, that sounded attractive to me. That I would be working for a company I wanted to work for and that they would help me find a job.

Later, he continued,

Portland...it's a destination city. People want to move here. People with lots of experience in nursing are moving here. People are moving from other locations to try to go to school here. There's a lot of new grads trying to come here - but also a lot of experienced nurses. It was definitely something that I remember being attractive to me was that I would receive assistance with placement.

These examples speak mainly to structural elements of the program itself (clinical placement, financial assistance, and employment) and indicate that James was generally pleased with the program and the obligations and responsibilities of being a Providence Scholar. His experience of learning within the partnership arrangement required more examination.

James was asked if other students in his class knew of his status as a learner within the PSP. He was also asked if he thought he was treated differently by his peers, teachers, or clinical staff as a result. Here, James described excitement about being selected but also acknowledged that this news might not be welcomed by those who had not received the award. He articulated how the award set him apart from other students and caused his experience of attending school to be different, especially in regards to clinical placement.

I could sense some frustration with some of the students around me as to me not being concerned about my clinical placement because I knew that I would be working in a Providence facility. There's always a benefit to receiving the preferential treatment, but

it can be also hard to be set apart from your colleagues and to have them look at you as maybe not having to go through the same trials that they're going through.

James also shared that being a student within the partnership caused others to possibly have higher expectations of him as a student and that these expectations "...did sometimes result in a higher level of stress because you felt like you were being held to a higher standard." This level of scrutiny was acknowledged as possibly self-inflicted as James was a highly diligent student. Within the clinical arena, James verbalized his experience of pressure to perform as a mix of higher expectations of the clinical RNs, who knew he was a member of the PSP, the pressure he placed on himself, and the expectations of his future employer.

When I was describing feeling like you are getting some maybe closer scrutiny, especially in the clinical setting, obviously that scrutiny comes with pressure to perform. I don't know if the pressure to perform would be solely just pressure you put on yourself. I think that also sometimes there may be a higher expectation from the clinical faculty that you're working with because they do know that you are going to be working with them and they want you to be a safe nurse. They want you to be a good nurse.

Providence has its own set of core values and they have their own reputation to protect, so aside from like the University of Portland's standards, you maybe were expected to live up to the Providence standards as well.

When asked about the alignment of values alignment between the two organizations (clinical and academic) and how that impacted his experience of learning within a NAPP, James articulated a close connection between the two organizations and that the values of each were reasonably aligned. He also described being able to use his knowledge of one organization's values to his advantage at the other.

I felt like those values and a lot of those beliefs were, if not the same, that they worked with each other. It didn't feel like there was ever an experience where I was asked to do something by either Providence or University of Portland that was conflicted with the beliefs of the other organization. I think that sometimes using Providence's core values, which were something that I was familiar with, to respond on certain University of Portland assignments might have been helpful to me. Because it gave a framework for me to respond to those questions in knowing those core values and reinforcing those core values for myself. I think that there's certainly some benefit that probably flowed towards University of Portland in that way.

Later, in the interview, James added,

I think that's my experience, though as I think about when we had to respond to, in our clinical experiences, when we would write our midterm self-assessments and final self-assessments, I think that maybe I did gain some insight into the Providence experience through looking at the looking at it with the 9 core values of the University of Portland. So, yeah, I guess that they did really kind of flow back and forth.

James could connect core concerns and values of each organization through the synergy he experienced as being a student within the partnership. Not unlike the synergy he experienced with clinical placement, employment, and disclosing his status as a partnership participant.

James' experience of being a Providence Scholar and learning within the framework of the partnership allowed him to experience preference and privilege through networking opportunities with preceptors and other scholars. In his words "I felt like knowing that I was a Prov. Scholar and that I had likely placements at Providence, I think that maybe my clinical instructors treated me more as a colleague than as a student." To James, his experience was that

of two organizations with a common alignment in benefit to his education and career path. He summarizes this experience by stating,

I felt like the partnership between the University of Portland and Providence worked really well and I was grateful for the placements that I got with the DEUs because I felt like that partnership was well cemented. [pause] I definitely feel like there was some benefit enjoyed there by working in those environments and having that structure already established.

Participant two: Mary. Mary, a 40-year-old woman and a graduate of the UGF partnership program, had been an RN for 18 years at program entry. She currently works in pediatric long term care. She was calm and centered throughout the interview and was highly articulate. Mary took some time becoming comfortable with sharing her personal experiences when addressing the question instead of merely complimenting the experience. However, once she did start to think of the partnership beyond the operational program parameters, Mary proved to be a deep and reflective thinker.

Mary was particularly able to describe how her school and job complimented one another and how important it was that she received encouragement from both sides of the partnership. For Mary, these feelings of support and encouragement came from multiple sources within the partnership such as faculty, her manager, and other students. This spirit of support was acknowledged several times during her interview and is captured when she said,

...support and comradery between the leaders at the UGF program as well as the professors teaching. ...I really felt like everyone was on my side. It really helped me to be successful to know that my employer very much supported me and encouraged me throughout the program. Because the program was quite intensive.

It would be reasonable to assume that many learners experience feelings of support from other students, faculty, and perhaps even their employers. When asked if she would anticipate experiencing these same supports attending a non-NAPP program, Mary responded,

Not for a moment do I think I would have! I think I can't see how attending, perhaps at [name of a local college] or somewhere else, that I would've received the same level of partnership and commitment that I felt between Providence and UGF. It was a relief to know that my supervisor was personally committed to my capstone project and was happy to communicate with faculty regarding my project. I felt there was just so much connectedness. It almost felt like UGF and Providence were one in the same truthfully. I felt like almost they were on the same campus, in the same...very, very connected throughout the program. I felt that they were just, that they were one in the same. That they were a team that was helping me become a better nurse - together.

This discussion of connectedness led to questions about value alignment and if that was an experience she had in reflecting upon the partnership. For Mary, the two organizations were well aligned in areas that allowed her deeper learning of the University and the clinical partner (her employer). Mary related that policy, procedure, and care practices were shared between the clinical and education partners and created an environment that was more seamless compared to her previous education experiences. Here, faculty played a key role in knitting the two organizations together when she says, "...with regards to our faculty being familiar with Providence processes, policies, and even being current employees, there was a lot of discussion and content of our learning that was so directly applicable to our work."

Mary also talked about the obligations and responsibilities one has as a learner within the partnership. For Mary, these were not about indoctrination nor did they limit her learning to

meet the needs of the clinical partner. On the contrary, Mary felt her development progressed in a holistic way as she was taking advantage of a comprehensive education. This is best summarized in Mary's comment, "That was one thing that the program really instilled in me, was accountability for my own learning, professionalism, my own development, and that goes far beyond Providence."

Mary was asked about disclosure of her status as a student and a recipient of the award of being in the partnership program. For Mary, this was a point of pride and even moved her to recruit others.

I was glad to say, "I am currently in the nursing program, the BSN program at UGF. Here's what we're working on right now," and I would maybe share something about research or resources over at the library or things that I was doing that were directly related to our work here and then end the conversation with, "and if you have any questions about the program, come talk to me, I'll tell ya all about it." I was excited to recruit my fellow nurses to the program because it was just such a good experience. However, disclosure also came with some risk as Mary explained, "...there was a sense among a few members of the leadership team who had not yet pursued a BSN where I felt, that perhaps, my attending the program placed pressure on them to make a decision..." She was quick to explain that she never felt threatened, but her experience was that disclosure and enthusiasm for expanding her education could cause discomfort in others.

Mary described how being a student of the partnership afforded her exposure to others within and across the organization. This networking resulted in friendship but also expansion of her professional reach and outlook. Because of the partnership, she became more familiar with

services provided by the clinical partner such as the health services library. Mary spoke of connection between those in her cohort and how having these experiences helped her to grow.

That connection that I'm just identifying now as I am putting it in words for you [laugh] was very valuable. Not just to my learning but to my confidence as a nurse. To my development. I learned from my other nurses and cohort with that same example of the challenges that they face in their settings. I think that connection was quite a benefit for me.

Participant three: Patricia. Patricia, a 23-year-old graduate of the PSP, was working on a medical-surgical unit and approaching her first-year anniversary as an RN at the time of our interview. Young and bright, Patricia provided an energetic interview with little hesitation. She appeared comfortable during the interview and was open to the process. Patricia had some operational questions during the interview which were answered. Patricia, more than others, spoke of community and how being a student member of the NAPP meant that she had a built-in community of peers.

I also felt within the school, those of us that were Prov. Scholars had our own sense of community. We had additional meetings. I think there was like seven or eight of us in my class that were Prov. Scholars, we had kind of this commonality.

As with other PSP interviews, Patricia was directly focused on her clinical learning sites and how learning within the context of the NAPP would impact her clinical placement. However, the operations of the partnership itself also played a role in that clinical took on an additional meaning, that of a job interview.

It also changed my personal perspective a little bit as I went through school because I knew I would accept a position in Providence as soon as I graduated. So, when I was in

those clinical sites it changed my perspective. “Could I see myself here at this hospital or this unit? Was [it] realistic to be hired into as a new graduate”? So, it changed my individual perspective in nursing school.

Patricia also highlighted networking and that being a student member of the NAPP provided her with unique access to resources at school and within the clinical partner. This special access was apparent to her in regards to clinical placement when she described learning of her clinical placement before non-PSP students were aware of their placement. The operational constraints, communications, and a straightforward process also fed into her articulating a decrease in anxiety and stress. This emotional regulation experience is described when Patricia noted,

It was really nice to just find out where it [clinical placement] was going to be. I did feel, though, that the people that were highest anxiety about capstone placement were the people trying to get in an ICU, a NICU, [or]Emergency Department, that have fewer capstone placements. But as a Providence scholar, most of us were headed towards a med/surge floor. I didn’t have as much anxiety about my placement as other students because I didn’t feel like I was competing for one of these positions were.

When asked about disclosing her status as a PSP student to students, faculty, and clinical staff, Patricia noted that she made sure her preceptors and clinical teaching associates knew she was a PSP participant. She shared that she wore a pin on her student uniform that identified her as a scholar and that this sparked conversations with nurses on the clinical units. These connections helped Patricia talk with professionals about her career aspirations and how she could successfully navigate the space between student and professional nurse.

I did try and make it to my preceptors pretty well known that I was a Providence scholar. And a few times, I even - we got these pins, I think that they say Prov. Scholar, and I think we got them when we were accepted into the program. I would wear that on my scrub just by like my ID badge. It was just subtle. Because I am not usually super assertive about like, "I'm a Prov. Scholar. Hire me." And a few people were, like, "Oh, what [is that] pin for"? It just sparked a conversation and I know a few of us did that. Then certain nurses [would say], "Oh, you're a Prov. Scholar. Would you want to work here? Would you want to do capstone here"? So, it just like sparked a conversation, not only in my capstone but other rotations too. Then also with the UP faculty. I tried to tell them, "So for my capstone rotation specifically, we had a UP faculty [member] that comes and checks on us and meets with our preceptor. ...I remember telling her, "I'm a Providence scholar. This is my capstone. In the end, if I like this unit, this is my goal." And she helped; she helped give me guidance as well.

In asking Patricia about the organizational partnership between Providence and the University of Portland, the conversation turned to the alignment of values shared between the two organizations and how the experience of being a PSP learner helped her gain insight into both organizations. Patricia was able to clearly and succinctly articulate the value alignment that she experienced as a learner within the PSP when she said, "I felt like they were similar in their values. I never felt like they opposed each other in an uncomfortable situation. I felt like they were connected and that's probably what drew me to both programs."

Participant four: Jennifer. Jennifer, a 45-year-old woman, participated in the UGF program and has been an RN for eight years. She was working in adult long term care and verbalized a sensitivity to the fact that she does not work in acute care anymore. It appeared that

Jennifer felt excluded or judged negatively by her career choice to nurse in long term care. This provided insight in to Jennifer's connection to her cohort with whom she found a place in community. She had a quick pace to her dialogue and seemed concerned that she was providing the *right* answers during her interview. Jennifer made time during a busy day to participate in the study and ate her lunch while she was interviewed.

Jennifer spoke of her experience of learning within a formal partnership program in terms of community and even family. She disclosed that she sometimes feels different within a community of nurses because she does not work in a hospital. Learning within the partnership provided her opportunity to connect with other nurses. This disclosure of her status as a partnership member provided her with some degree of an instant community as all in the UGF program are Providence employees. She explained some of these feelings when she offered,

I ended up working in a nursing home, which was a huge hit to my pride because I was no longer a cool nurse. I've been places where, like I've had family that's in the hospital, where I don't want to tell them what kind of nurse I am because it's kind of embarrassing. I'm not one of the cool kids. Like, I'm not an ICU nurse; I'm not an ER nurse. I took that attitude with me and I'm with a bunch of hospital nurses and I'm just, just a community care nurse, which is - there's no such thing as *just* a community care nurse - I am out there by myself making decisions. I have to know what I'm doing or I am going to mess something up. I can't just go give somebody a shot in the backside of Rocephin [an antibiotic medication] and, you know, "Oh, gosh, sorry, that really wasn't the problem." You know what I mean? I have to know what I'm doing.

Despite these feelings, Jennifer identified that the program connected her to colleagues. When asked about the cohort being made of all Providence employees she said,

It was at least one thing that we had in common, so for me, where I am introverted, a little socially awkward and whatnot, I needed one thing [laughter] to have in common with everyone. It helped to break the ice. We could at least talk about where somebody worked inside and then you kind of have some idea. We had people from California all the way to Montana to everywhere; it was just kind of an interesting. I guess all being nurses we could've still talked about our work because who can't tell war stories and stuff? It just felt like we were all like part of this extended family because we were all the same, we're all Providence people.

This feeling of being connected and supported continued for Jennifer beyond school. Her experience of being in partnership was one of being networked with others, both in the program and in her clinical experience. In addition to being networked, Jennifer also saw that an alignment of institutional values connected her to the larger organizational partners. Jennifer explained,

There's like a connection there. Like [an] alumni type connection, I guess. You know what I mean? Like we're all part - I'm a part of - even though I don't work here - I'm a part of this building [referring to the conference room where the interview was held].

Although the whole building thing is kind of freaky [chuckle]. I'm a Providence employee. I'm a part - even though I don't understand what goes on in this floor - I'm just kind of a part of it and I feel kind of that way with the University of Great Falls.

Even though I wasn't there physically, I was a part of it. I was only there for what? 11 days?

The connectedness that Jennifer experienced had deep implications for her education. She connected school to her practice in practical and concrete ways as her clinical projects were

supported and implemented in her work environment. She contrasted her experience with that of a co-worker who attended another nursing program that was not affiliated in a partnership arrangement. The colleague, in an advanced practice program, "...can't really apply what she's doing to her current role. She's moving on and with us we can apply what we have to the current role..." Jennifer summarized the experience by saying, "...I wouldn't say preferential treatment, but because of the nature of it, of the partnership, I think that it probably does. Yeah."

Jennifer is keen to identify structure and processes that helped her connect academia with practice. Because of the partnership, there are members of the faculty who have worked at Providence in the near past. Jennifer pointed to this structural element to have assisted developing a deeper understanding of the clinical partner as well as connecting her learning to practice. This cross-pollination of faculty was explained by Jennifer to have influenced her learning,

If the partnership is not there, they are just an observing clinical teacher. Like at [name of the community college she attended] they would go with us to the hospital and watch us pass meds and stuff like that, but they weren't necessarily linked into the hospital. It wasn't all meshed together.

Jennifer was asked about being in the program and if the attention to her schooling by her employer was found to be encouraging or if it was stifling or stressful. Jennifer quickly understood the concept and articulated mixed feelings of support while also feeling that she wanted to live up to the expectations that she, and others, had for her performance in school. Again, the social aspect of the cohort had influence here. Nonetheless, a strong internal desire to achieve existed within Jennifer and seemed to have been nurtured due to the partnership. Jennifer shared,

I felt, especially with my capstone, which was more - probably the most - where the job and the school kind of collided or interfaced was during the capstone project, because I had to do a teaching that was my intervention. I really felt like, “this better be good.” I felt like - not because school or work - but because something inside of me. I didn’t want to be an embarrassment.... I didn’t want to fail in front of my peers after having put so much. Just talking about how excited I was about going to school or how hard it was going to school, or blah, blah, blah, school, school, school.

Jennifer later summarized her feelings of support and stress by offering,

I would say it was mostly the good stress with a little bit of the bad. Especially right up to stage fright and all that stuff. I would say it was mostly the good stress. Yeah, it was a healthy pressure to improve.

Jennifer was open and candid when describing her experience of being a student in a partnership program. She validated concepts gleaned from earlier interviews. In turn, her words and themes were validated by participants interviewed later in the study. Connecting with others was a salient theme of Jennifer’s interview and she was keenly able to state how organizational connectedness influenced her experiences, emotional regulation, and learning.

Participant five: Robert. Robert, a 23-year-old male who graduated from the PSP just less than one year ago, had been working on an adult medical/surgical unit since graduation. While not a Providence employee prior to his schooling, he had served for a short while as a volunteer. Robert was personable and appeared to build rapport with others easily. He was open, smiled readily and appeared socially hardy. He met for his interview in the early morning hours after working a night shift. He did not give the appearance of being fatigued and his interview was energetic and animated.

Like the Providence Scholars before him, Robert was quick to turn his attention to the stress that student nurses experience trying to procure clinical placement. The importance of that placement is elevated as it sets one on a distinct career path. He experienced the partnership as something that helped mitigate stress due to the operational features of the program itself. However, upon closer examination, it became apparent that these partnership elements are not due solely to structure but are also due the values of each organization and how those shared values resulted in consistent behaviors. This provided Robert with opportunities to experience support and to alleviate anxiety. Robert acknowledged this value alignment in his statement, "...it's almost like they're going in the same direction, so to speak, which is cool." In a different passage, Robert shared,

It was nice cause I was able to, I guess, part of the program, I knew what I was going to get into. There wasn't the uncertainty of, "I don't know how this institution operates, I don't know how they treat their nurses, how they treat their staff. How they treat their patients, how the patients think of the experience that they have."

Another salient theme woven throughout Robert's interview was that of networking. Robert used the word several times in his narrative and he clearly felt that the experience of learning in this partnership incorporated a sense of networking, privilege, and connection. He recognized how generations of Providence Scholars sometimes find themselves on a single unit. Analogous to a college fraternity, being a member of this partnership connected one to the generations that came before.

The best example I can give was my capstone preceptor, which was [name of the nursing unit]. He found out that I was a Prov. Scholar. He was a Prov. Scholar, his preceptor was a Prov. Scholar, and the preceptor behind him was a Prov. Scholar! So, there's this

kind of this interesting family tree that was created. From day one he just took me under his wing.

While the legacy of the program is experienced as being networked, in Robert's discussions, he alternatively offered that sharing his status as a scholar sometimes came with a down side. He provided an interesting and insightful response when asked about disclosing his status to other students,

I think this is where a lot of other competitive Type A nursing comes from. It almost puts a target on your back cause you're expected - you were selected out of a very elite group of nursing students that are all firing on all cylinders trying to get all A's and stuff. And the moment you say, "Oh, I'm a Prov. Scholar" people almost look at it, at least from my perspective, as a competition and I just didn't want to engage in any of the politics and stuff. ...I just feel like it almost convoluted relationships. They maybe thought, "Oh, you know, he didn't have to work very hard for this opportunity," where I knew that I had to prepare since I was in high school to get to the point where I was. Sophomore year, and [ready] for the interview. There's a lot of forethought that went into it.

Robert was a motivated young man and talked about preparing to become a caregiver in his high school career. He was aware of and prepared for the PSP early. He described an intensity in his preparations. Rising to his own expectations and those of the program partners was discussed. While stressful, it was not overwhelming and it provided him with opportunities to feel supported and challenged.

... they definitely supported you well enough, at least myself, that I didn't feel like I was always anxious to come to work or anxious to come to clinicals and stuff because I felt like people were scrutinizing by any means.... You had to prove yourself. Because, you

were given this opportunity and now it was your opportunity to show exactly what you have to offer.

Like others across both program partnerships, the experience for Robert also influenced how he thought about his clinical experiences. Beyond the operational benefits of clinical selection, Robert shared how he experienced a shift or expansion of the meaning of clinicals. For Robert clinicals were not only about cementing theoretic knowledge or pure application of nursing principles. Robert experienced clinicals as the proving ground for a career. Note in the dialogue below how Robert also weaves in the experience of being networked, supported, and connected along with a shifted understanding of the meaning of clinical learning.

I was able to find people that were invested in my growth knowing that I was part of this Prov. Scholar. They could answer the questions that maybe not a lot other nursing students could have asked. And that helped prepare me and shape a more long-term dynamic because with nursing school, you're just going semester to semester, just trying to make it through. I think having that forward perspective of knowing, like you said, the job, like being a 2-year job interview. Because at the end of school you know that you're going to be working. It gives you this different perspective. It's less in the moment and more, what is it going to be like when you get to the end?

Participant six: Elizabeth. Elizabeth, a 49-year-old female who graduated from the UGF partnership only three months before her interview, worked in the Emergency Department (ED) for the past 18 years. She was the only research participant known professionally by the researcher from a decade ago. This casual and historic familiarity may explain why the interview quickly became conversational and comfortable. It could also be a function of Elizabeth's personality. She gave the appearance of being confident and self-assured. She was

clear in her speech and direct with her answers. A prominent feature of Elizabeth's interview was the generous nature she exhibited towards others in her department that may also be considering returning to school.

Not unique to Elizabeth's interview was conversation on the operational features of the UGF partnership. She discussed features that drew her to the program and was enthusiastic to share these with her co-workers. While these operational elements are not strictly part of the experience of being in partnership, they do reflect what is possible when organizations partner together. Participants noted how operational capacity and a focus on creating an environment that is supportive to learners were experienced. Elizabeth summed up some of her favorite features of the partnership this way,

I found it really helpful that it was sponsored and my employer endorsed it. It made it easier to go back to school. They worked with you in staffing, they made sure you had your time off in the summer to go to class, so I think it'd be much more difficult to go back, if you were working full time, to not have a sponsored program.

Elizabeth discussed how the UGF partnership was experienced, not just by her, but by others in the department where she works. The word-of-mouth and observation of others' success in the program were features that attracted her to this program,

I know nothing about the [name of another school's] program, yet Providence, the partnership with UGF, everybody talks about and everybody's trying to do it now. Our manager went through it and our charge [referring to two charge nurses who had been through the UGF program], they're not there anymore, but they have gone through it. Everybody's done it...

Elizabeth went farther by explaining how she gave her used textbooks to other program participants and how the experience has been contagious within her department,

...it's exciting because you see people finish and go through it. My books have started on their second person. They're already set for the third person cause, why buy books if we're just all sharing [chuckle]? I mean its fun. (Name of another student), who had been nagging at it since last year, I think he just got his [degree]. I'm like, "Yes!" because he just kept putting it off and putting it off. I got him to take one class with me. I find that I'm encouraging people to take it with me because: One, it's offered by Providence, it's paid for, they make accommodations for you if you really need it, they would do it. So, why wouldn't you?

Elizabeth articulated how school connected academics and practice together. For her, the clinical project helped to bridge these two environments. She mentioned her clinical project several times throughout the interview. It was clinically relevant to her practice area and was implemented while she was attending school. The relationship between the institutions allowed Elizabeth to take an academic exercise and implement it in clinical practice. She explained,

My partner and I, we did everything. It was all driven by us. It was not like we talked in huddles, we talked to the leads [nurses in formal leadership roles]. We did everything but nothing came down on managers saying this is best practice and I really would like to try this and see how it goes and see what we can do with it. But I learned a ton and it made a difference on how I see triage, for sure.

Elizabeth also discussed how the partnership provided networking opportunities for her and others in the program. Elizabeth worked at a large tertiary medical center that employs roughly 1,000 RN's. It is not uncommon when working in a hospital this large to never meet

nurses on other units. The UGF program was identified as a way of providing a space for networking of nurses across these divides. Elizabeth spoke to this in her comments,

...that's one thing I really appreciated. Every other week when you have your web days, because you actually got to see everybody in your class, you knew faces. I liked a lot that I had the two weeks in the summer, or the 10 days in the summer, because you actually got to know some of the people in your class and then you followed through each year together. I also liked that because they're all Providence. When I did a couple of group projects, I worked with one project with people from the sixth floor and the seventh floor [different nursing units at her hospital], and I probably never would have met them in my life because I'm in the dungeon [referring to the Emergency Department on the lower level of the hospital] [laugh]. It was just fun to work with other nurses that know Providence and we all become involved. ...I'm glad they weren't from all over. I liked that you're all in the same system.

Like others in partnership programs, Elizabeth identified how the alignment of values from each institution played a role in her education and may have decreased anxiety. The uncertainty of attending a nursing program can be stressful but knowing that each institution shares a set of values may help to mitigate this concern. Elizabeth explained,

...because it's a Catholic school, it had the same values as the Catholic hospital, so I think that the core values of both the school and the hospital matched, which made it nice. You knew what you were getting into. There's just a consistency.

Participant seven: Linda. Linda, a 57-year-old female who attended the UGF program, graduated three months before our interview. She worked in a perinatal unit and had been with Providence for 17 years when admitted to the program. Linda seemed to be on alert and gave the

impression of being apprehensive about the interview process. Nonetheless, Linda provided a wealth of information and exhibited many attributes considered typical of adult learners. She was motivated by practicality and evaluated her experience in terms of applicability to clinical practice. Linda was strongly internally motivated to complete her educational journey.

Linda commented on the structural elements that made the UGF program work well for her. Of importance to Linda, who identified herself as somewhat introverted, was that she attended school with people she knew. The partnership between the two organizations brought together a cohort of people with similar employment backgrounds which allowed Linda to easily fit into the group. This helped with networking and support. Linda explained,

It was more of a support type thing for us, I think. You know somebody that was going through the same thing. And as the program went along, online and stuff, it was like more of a supportive - we knew that we had somebody that we could go to if we had a question about an assignment or just basic support.

Later she continued,

If I'd gone through some program somewhere else in the United States, I wouldn't have known anybody personally most likely. It was helpful to know somebody. I'm not that outgoing of a person and so I have a hard time reaching out to people I don't know.

Like others, Linda commented on how the shared values of the organizations helped to build a sense of community and foster involvement of the learners. Alignment of values was an important element of support for the learners. Linda described this as comforting,

Okay, we don't know them personally, but we have a common bond. We're Providence employees. ...Even though we all come from different backgrounds and lifestyles we are all working for a company that has the same mission statement, the same values. So, that

was comforting to me at least. Even though we didn't know each other as a person, we could at least know that we had a shared background.

Linda had an experience of connectedness and of learning together as a community. This experience was cemented by faculty who were knowledgeable of policy and procedure at Providence. Through the partnership between the organizations, faculty could relate academics to real life experiences. As an adult learner, Linda found this to be especially helpful and felt that the curricular relevancy was a direct result of the partnership. Linda explained,

If there wasn't that partnership, you know, because the instructors obviously had a very good idea of the Providence system and how it works. If there wasn't that partnership I would imagine that they would have had to be more general, and maybe speak more from their own experiences, and other organizations, rather than to speak to Providence specifically and how Providence runs things.

These experiences provided a supportive environment that contributed to Linda's success in school. Linda was directly asked about how this support felt given that her employer was one of the partners in the UGF program. Linda was asked to consider if this added pressure to an already-demanding nursing program. Like others, Linda considered the question and gave a measured response that indicated a pressure to perform that was tempered by the support she felt to be successful. In the end, Linda was a high functioning expert nurse who recognized that she also added pressure to the equation with internal expectations of her desire to perform well.

Linda shared the following insights which evolved during the interview,

I don't feel like I got that [pressure to perform] from my immediate managers, supervisors. They were interested in how are things going, but I never felt that I was being watched over. I didn't feel any pressure. They were supportive and encouraging

us along, but I didn't feel any pressure before, during, or after.... I put pressures on myself to do well and part of that might have been indirectly related to the fact that my employer is paying for this so I want to do well because of that. But I think the fact that I wanted to do well for myself - to prove that I could do it - was more of an overriding factor and it really had nothing to do with the employer aspect.

Like Elizabeth from an earlier interview, Linda shared a strong connection to those who had been in the program before her and those who followed her. She shared a story of packaging her used books in Christmas wrapping paper for the next group of learners coming in to the program. This expression of generativity seemed fitting from the oldest participant in the study. Nonetheless, encouraging those who are interested in attending school and connecting with other nurses was a lived experience of being in this academic-practice partnership. This was summed up by Linda this way,

As they saw the three of us going through it, several of them applied for and got accepted into the UGF program or started working on some of their prerequisites for the UGF program. Now, there's quite a few of them.... I'd like to think that the three of us helped inspire them. They looked at us and said, "If Linda can do it, I can certainly do it." [laughter] I'd like to think maybe we provided a little bit of inspiration for them to do it. You know my age, I'm one of the old ones on the unit, and the way nursing is going where everybody's requiring a Bachelor of Science degree, most everybody I work with is younger than I am. Its like "you guys have got to think about doing this because I'm of an age where I could have gone either way and done just fine!" People behind me aren't going to have that luxury. They need to do it. I'd like to think perhaps we've provided

some inspiration for them to do it. Whether that's true or not, that might be a different story, [laugh] but I'd like to think that at least we inspired in some way, somehow.

Participant eight: Barbara. Barbara, a 22-year-old female who attended the PSP has been an RN for nearly one year. She worked on an adult medical/surgical unit. The interview was held at Barbara's place of employment and she had come early to meet with the researcher prior to the start of her shift. Barbara was a model student and is performing exceptionally in her early career. She is confident, articulate, and bright. Her interview was a little shorter than the earlier interviews. By this, the eighth interview, it was becoming clear that the data collection process was reaching saturation. During her interview, Barbara confirmed all of the themes that had surfaced from previous interviews and no new themes were generated from this, or subsequent, interviews.

Like other Providence Scholars, Barbara shared an experience of support as a result of learning nursing in the context of an academic-practice partnership. Her experience of support stemmed from a variety of sources within the partnership, including her peer group. For Barbara, the support was also rooted in being connected and networked. She was careful to clarify that she believed all the students in her program experienced support from faculty, preceptors, and staff. She also added that the partnership provided her with something extra.

It was really great. I really appreciated it and it felt like I had an extra layer of support, not only having the comfort of knowing that I would have help securing a job after graduation, but just having the staff available to the program really helped me get through nursing school itself. It felt like I just had extra people on my team, to help me. Like I said, to get through school and secure employment after school. So, I really enjoyed that aspect of it.

Barbara continued, later in the interview, that the support she experienced was neither solely a function of the structure of the program, nor was it unique to her school. Barbara continued to experience encouragement though her transition into clinical practice.

...any extra support is always reassuring. It was really nice. I feel like the Prov. Scholars in my graduating class got to know each other better as we had more and more meetings together. We don't keep up a lot now, but I mean we'll run into each other from time to time and it's just nice to check-in and see how we're all doing, it just felt like someone cared about my success and my transition to the working world, which was great.

Like other Providence Scholars, Barbara talked about disclosure of her status as a scholar. She had similar experiences in regards to sharing her participation in the program with clinical preceptors, faculty, and students. For Barbara, this experience provided a mix of feelings including pride of being a scholar tempered with the knowledge that others might be envious of her status. Barbara related that some of the jealousy may have been due to the misunderstanding of other students regarding what being in the program really meant. This also speaks to Barbara's understanding that the relationship between the two organizations influenced her experience of learning within the alliance and the structures created. Barbara recalled attempting to reduce some perceived confusion on the topic with her classmates,

At school, there's just a lot of misconceptions about the program sometimes and we really worked hard with [the program liaison] to go over those so that we really understood what we were really getting into. So, there's kind of a lot of misunderstanding among my fellow students and so that was frustrating sometimes to try to work through those with people when they'd have all these questions and have all these ideas of what they thought the program was when it really wasn't that way.

Acknowledging that within this partnership one has obligations and responsibilities was not shared by Barbara alone. In fact, it was the benefits and obligations that attracted Barbara to the partnership. She was clear that this had the potential to influence her academic world even before entering the PSP. She provided clarity on this insight when she said,

Because it is so competitive and they're really looking at like science grades among other things, that I can definitely see how that would be a huge motivating factor to put your best foot forward first day freshman year if you're a traditional student there. ...Freshman year coming straight out of high school, I was ready to go and really wanted to try hard, so that ended up working out in my favor because I got great grades my freshman year.

An ever-evolving understanding of the *meaning* of clinical instruction was shared by participants across program types. For Barbara, this shifting perspective on clinical was enhanced and influenced by the PSP. She described perceiving her clinical experiences as more than just clinical instruction; they were also viewed as job interviews providing insight into what a career in nursing is about beyond patient care. Her experience of the partnership influenced her perceptions and set her apart from her classmates. Barbara elaborated on this topic when she said,

I feel like everyone, like my classmates are pretty nervous going into capstone. It's the big clinical rotation everyone has been waiting for. So, knowing that it was intended that I could possibly get hired there made me a little bit more motivated to become part of the team, get to know my potential future coworkers better, [and] ask lots of questions.

There was a part that felt like I wanted, or needed, to prove myself as someone who is worth hiring. All those factors worked together to motivate me to put my best foot

forward and really make it a great experience so that it would hopefully turn into a great job [chuckle].

Experiences of feeling connected, networked, supported, and developing evolving views of clinical instruction felt beneficial for Barbara. To explore potential negative experiences around learning in the context of a partnership, Barbara was asked about pressure and stress. Perhaps because of high levels of personal responsibility shared by the PSP research participants, the potential for feeling pressure comes not only from external sources but more acutely from internal feelings of accountability and achieving one's own expectations. Barbara verbalized this clearly when she offered,

My preceptor was really great. He was a very low pressure kind of guy, so it worked out. I didn't feel *watched*. I felt like there were opportunities available for me to *show myself off* as you will. But it didn't feel like eyes were on me at all times, that I'd better not make a mistake or else I'll never be hired because nurses never make mistakes [laughter]. ...It's made very clear. The purpose of the program is to get great nurses or great trained nurses and everyone wants you to succeed and that's not going to happen if we're here helping you and feeling like you're just being watched and under surveillance. It's more like, we're going to help because we want - everyone wants us - to be successful. So let's do it [chuckle]!

Participant nine: Susan. Susan graduated from the PSP in May of 2015 and is now 24 years old. Susan provided a colorful interview which was not exclusively due to a shock of brightly dyed hair. More than other interviews, Susan's story strayed into areas of program evaluation and much information was shared about the first several months of her nursing practice. While certainly interesting, much of this information is outside of the purpose of this

study. Even so, Susan provided a strong interview corroborating the themes that had emerged from the other research participants. It is noted that Susan appeared to be an external processor of information and the descriptions of many of her experiences seemed to evolve during the telling of her story. On a couple of occasions, what started out in one direction led to an opposite conclusion during the dialogue.

For Susan, a theme that was strongly woven throughout her interview was that of obligation and benefit. In many of her excerpts, she exposed the conflict between being a beneficiary of the partnership and being obligated to the structural elements of the award. Susan struggled with the restrictions she experienced being in the program and that colored her experience of the partnership. She discussed alignment between the organizations and connecting values and she talked about feelings of pride and support. However, the topic most frequently selected was the selection of clinical placement and how that would impact her career.

Even with the selection of clinical experiences, there was conflict and stress. On one hand, she genuinely felt supported and was given additional resources that were not available to the students outside of the partnership. On the other hand, she genuinely felt confused about the process and was uncertain how it would impact her nursing practice. In the end, this anxiety and fear was for naught as Susan was working in the practice area she had always dreamed of and she was truly appreciative of the experience. Susan shared some of the angst she experienced while learning within the context of the partnership when she offered,

When I was doing interviews and everything and all the informational sessions for the Providence scholar, me and all my friends were like, "Is this really beneficial"? Or is this not? Because we weren't sure. [Name of the program liaison] would go over all of the - she would have those info sessions and go over all the - financial [information]. She

would break it down to us, like over and over and over again, and do these presentations and we would still leave being like, “huh? Does that make sense? Did you get it? Cause I didn’t really get it.” But, it was built up to be this really prestigious thing, because only 10 kids get it and it’s a good scholarship. So, it was super stressful...

The obligations of the program typically require graduates to work in a medical/surgical setting upon graduation. Susan wanted to work in a specialty area and the prospect of not being placed into a perinatal setting was experienced as unfair and limiting. She shared, "I wanted to do anything but med/surg and I feel as a Prov. Scholar I didn't have a choice of where I wanted to go." This experience colored her perception of her clinical assignment. Susan was not unlike the other research participants who shared how their perspective of clinicals was shaped as a result of learning in the context of a partnership. Susan's story, however, was slightly different because she did not want to be working in the areas of her clinical instruction. She explained,

Like in my capstone [final clinical experience], obviously, it was like, “Oh, she's a Prov. Scholar.” All the nurses would kind of [say], when my manager would come on, “Oh, she's a Prov. Scholar, hint hint.” Like, "hire her." Like, "she needs a job; she's going to work for Providence." Like, "we're putting all this time and effort into her." They would talk to management a lot for me or nudge the managers and talk me up because I'm a Prov. Scholar and they know that I'm going to be there working within a couple of months.

How did that feel for you? (Asked by the interviewer)

Honestly, on that unit, I didn’t want be on that unit so them saying those sort of things, I was like, “aww, shush,” and “aww, stop it.” I don’t want to be here, I wanted to go work

in postpartum. They were complimenting me but they were making this push and it was shaping where I was going and I didn't want to be there.

Susan's experience of being in this partnership was in alignment with the experience of the others who were interviewed for this study, but she was not always certain that the processes and structures were consistently to her benefit. For example, while all of the other PSP participants spoke of experiencing reduced stress and privilege by having clinical placement made early, Susan interpreted the experience quite differently. She explained that the system made her feel set-apart from her classmates as she reflected on disclosing her status as a scholar to other students,

...when it came to capstone selection, we got ours so much sooner and there was this anxiety of all of our friends that weren't capstone students. "Great, you [Providence Scholars] got all the capstones we [generic students] wanted. Great. You got whatever, let's see what I get." I don't know if jealousy is the right word, but when we get our capstone assignment - which is like the biggest thing in nursing school. That might be where you go, and we get ours so much faster and just right away we know and [name of the program liaison] does all the work for us. Yeah, there was definitely a separation there. Because I remember going to the capstone meeting with our entire class and they were like, "for the Providence scholars, you don't have to be here. Your capstones are basically chosen." And we were like, "Oh, okay, I'm going to walk out now." All of us lowly little scholars are going to stand up in the middle of a room and walk out. It was like, "this is awkward." So yeah, there was definitely separation.

Susan shared feelings of connection with others and a sense of community as a result of the partnership. These feelings were intermingled with the organizational alignment that Susan

also experienced during her time in the program. She affirmed that the two organizations shared elements of a common culture which was foundational to the partnership. She shared,

You get onto a Providence unit and you feel like - no, you are - you're home and you're going through it together, whether it's good or bad. I just really like the comradery and so the cultures feel very similar. That UP bubble, nursing school bubble; it does feel like it has kind of taken over or moved over into Providence. People are really proud to go to the University of Portland and then come to Providence and then stay at Providence pretty much 20 something years.

Like the feelings of community and connection was the experience of being networked. Susan shared her experience of being networked in several statements. For Susan, this was an experience that was similar to a college fraternity with other Providence Scholars from years earlier. She provided insight into this experience when she shared,

I was really proud to be a Providence scholar when I was in school because people were like, "Oh, you are a Providence scholar." They'd perk up a bit, like, "Oh, you got it? I got it too." I would go to these units and, like, "Oh, no way. When did you get it?" I'm like, "Oh, I got it 3 years ago, so I just finished, you know, paying it off."

Later she shared,

When I would disclose it to other nurses, it would usually be like, "Oh, you go to University of Portland. I go to University of Portland." They would usually say it first, "I was a Providence scholar." I'm like, "Oh, I'm a Prov. Scholar too." Then it would be okay. I felt okay. They understand, they get it.

Participant 10: Jessica. Jessica, a 48-year-old woman who graduated from the PSP in August of 2015, has been an RN on an adult medical/surgical unit since. Before her entrance as

a Providence Scholar, Jessica volunteered at Providence for three years. Nursing was a second career for Jessica who was previously an educator. It was her role as a teacher and her experience of being with her mother, as her mother earned a Ph.D., which spurred Jessica to volunteer for this study. She was familiar with phenomenology from her mother's academic work and she was inquisitive about the research process. The interview was rapid paced, energetic, and conversational. Jessica had a lot to say regarding her experience of being a Providence Scholar. Her interview was challenging to code as it was particularly thick with multiple concepts overlapped onto one another and a more circuitous flow of ideas than most of the other interviews. Her familiarity with phenomenology, and her history of being an educator, were notable characteristics not shared among the other research participants.

Jessica started the interview process with a statement that revealed introspection and reflection upon the experience of learning nursing within the context of a NAPP. In the quote below she verbalizes key themes that emerged during her interview. She experienced support and it was the partnership that helped to alleviate some of the anxieties and burdens of attending nursing school, money being a significant one. She summarizes this nicely in saying, "You're already getting all this money. All the anxiety around debt that other nursing students are carrying around that you don't have, that's a whole other piece of it." Of course, the partnership is not all about finances. Earlier in the interview she explained how feeling supported provided an additional sense of purpose and emotional regulation,

I feel like it framed my experience with a kind of purposefulness and reduced the anxiety that was involved in really launching into something new in my 40's. The idea that I had a job at the end of the whole experience was helpful. Knowing that Providence had my back through the whole process was really helpful. Having the guidance of [name of the

program liaison] around things because I didn't have any experience in the healthcare field really. I'd worked a lot before but never in healthcare. All of those experiences worked to give a kind of purposefulness to my education and a sense of support.

For Jessica, being a Providence Scholar was an adjunct to her nursing education. The experience of the partnership, for her, provided a certain advantage over her classmates. She described receiving important career information that was not necessarily provided to her non-program classmates. Having this level of support and guidance through the program allowed her to focus attention on learning the art and science of nursing. She related how being in the program helped to launch her career, which she saw as particularly valuable given her previous employment experience. She recognized the privilege of being networked as a partnership member and felt there was value in that experience that continued into her clinical experiences. Like other research participants in the PSP, Jessica's experience facilitated a broader understanding of clinical education. These concepts are explored below,

There's just such a high level of anxiety about everything around, "oh, I got to pass this test." ...You need an A on everything. You got that question wrong but you knew the right answer. ...You're in this group think with a bunch of very anxious people all the time and knowing that, being able to see, "Oh, but I'll be applying this in practice." So this pathophysiology test is not what being a good nurse is about. Being a good nurse is about putting it all together, but it's the caring, it's the professional relationships. It's all of these things together. So, I feel like knowing that I had a job on the other end allowed me to focus more on being a good nurse, not just being a good nursing student. Building partnerships in my capstone with people who could be my capstone colleagues, or being each of those clinical environments around, you know, thinking through, asking people,

“how does it work here on [name of the hospital unit]”? What's the, you know, “how do you hire people? What do you look for? What's your”? I don't know, those are probably things every nursing student asks. But for me knowing it was going to be Providence was helpful in that sense of being able to focus past nursing school onto the practice of being a nurse.

Jessica was asked if learning in the context of a partnership program had caused any additional stress or pressure or if she thought it negatively impacted her learning. Her experience was typical of the other participants. She suggested that the program helped to provide focus, for example, during the application process. She also enjoyed several of the program's operational features such as tuition assistance and eventual employment. She had a fresh perspective on the experience of clinical as a drawn-out interview, rather than feeling pressured by being on a clinical unit that could be seen as scrutinizing her performance for eventual employment, Jessica's viewpoint was,

I didn't feel like I was being interviewed. I felt like I was doing the interviewing, trying to find out more about what kind of environment I wanted to work in and what went into it that maybe I wasn't seeing as a student. So, it wasn't exactly an extended job interview like, “please hire me.”

Jessica later talked about how having a clinical experience that could potentially be the place she would launch her career impacted her clinical learning. The experience of being in the PSP helped her to tie theory to practice.

I felt like, “oh, I could work here,” you know. It was a sense of, “well, what is this system? How does the system work? What's the Epic [electronic medical record]”? All

of the things that I knew I would be applying to my work life later. Not just theoretically, but real practically. That was all very helpful.

Jessica was also clearly aware of the value alignment between the two organizations in the partnership. These values were also consistent with Jessica's views on nursing and healthcare. She found worth in learning in an environment where the ethics and values of the organizations were similar and shared, she explained,

I think that [this] sense of values driven education, compassion, and equity are really important. I think also UP - I'm not religious. I'm not Catholic or any other religion, so for me going to a Catholic institution was a little daunting. But I really loved it because I met students and faculty who were so driven by their calling, their sense of calling. And it's so much more. To be able to talk about that, to be in an environment where people talk about that side of things, rather than, "oh, I'm going to make a lot of money when I get out of school," or, "I'm going to be able to" you know? That there were people who both had a sense of calling and a sense of passion and a sense of compassion for what they were doing as nurses. And that it was public, it was out there as part of what we do. So in the hospital, certainly there are nurses who don't share that value system. That value was really taught at UP and practiced at Providence in a way that felt very aligned to me.

Exploration of Themes

In this section, the analysis and interpretation of the participants' stories expands the focus beyond the individual as the interviews are examined in relation to one another. This is consistent with the analysis procedure as outlined by Crist and Tanner (2003). Specifically, the central concerns of each interview were examined considering the exemplars and paradigm

cases. Together, shared meanings begin to emerge and became the primary focus of ongoing analysis. In the case of this study, six themes emerged from the data: Obligations and Responsibilities, Alliance, Disclosure, Advantage, Emotional Response and Regulation, and The Meaning of Clinicals. These themes are briefly summarized in Table 4.3 below. What follows is a more detailed discussion of each theme.

Table 4.3

Summary of Themes

Thematic Title	Summary Definition
Obligations and Responsibilities	Obligations and responsibilities refer to the experience of living up to the expectations of learning and performance that the graduates felt within these partnerships. The sense of being accountable to help future generations is also attributed to this theme. It is evident that one's own expectations are equally important as the contractual obligations.
Alliance	Alliance emerged from graduates who spoke of gaining a deeper understanding of the clinical partner, noted benefits from operational efficiencies, or experienced how the education and clinical partner influenced one another. Paramount to understanding the lived experience of alliance is appreciating how alignment of organizational values impacts the experience of the learner.
Disclosure	All learners shared an experience of disclosing themselves to others as a program participant. The experience of disclosure varied depending upon who was told. Disclosure was sometimes prideful and sometimes minimized, but the decision to disclose, and to whom, was made strategically.
Advantage	Graduates of these partnerships experienced a variety of advantages such as clinical learning considerations, access to systems and processes, and most importantly insider connections to the academic and clinical agencies. These factors provided an experience of being networked and represented a significant leg-up for career building.
Emotional Response and Regulation	The experience of learning within the context of a NAPP influenced and helped regulate emotions such as anxiety and stress. The experience was one that provided an opportunity to feel encouraged and supported. Universally, participants shared that being selected for the partnerships spawned feelings of purpose and accomplishment.

The Meaning of
Clinicals

The experience of being a learner in a partnership reinforced the relationship between theory and practice and extended the meaning of clinical into professional career development.

Theme one: Obligations and responsibilities. Graduates of both the PSP and UGF program shared an experience of attending school where there were certain obligations and responsibilities. The research participants described this experience as both of great benefit (when considering the positive impact on finances and clinical placement) and of obligation and responsibility (when considering obligatory employment and potential limitations of work choices).

Knowing that one's employer (or future employer) is monitoring, to some degree or another, one's academic and clinical progress could certainly be a potential cause of stress. The graduates, while acknowledging the situation, were not *distressed* by the additional scrutiny. Rather, they shared a story of feeling internal motivation to perform. Graduates described how they wanted to make the program sponsors proud of the investment that was made in them as students. Jennifer conveys this idea the following way,

Knowing that there's a connection between the school and the employer, even though they don't necessarily communicate, psychologically I know it's there. And so wanting to do well in both places, is in my mind, they are connected. To me, University of Great Falls and Providence are just connected, and so they do go together, you know? And so, for me, that connection is there and even though my instructor's not going to talk to my employer and my employer's not going to talk to my instructor, they're still. I'm the bridge in the middle and I want it to go smoothly in both directions.

Within the theme of obligations and responsibilities came discussions of structural and operational features of each program. These attributes were frequently described in experiential terms with real-world impacts. Elizabeth described these nuts and bolts realities when she said,

You know, they worked with you in staffing; they made sure you had your time off in the summer to go to class, so I think it'd be much more difficult to go back, if you were working full-time, to not have a sponsored program.

Benefits and obligations vary between partnerships depending upon their structure. Nonetheless, the features of these programs impacted the experience described by the graduates.

Generativity was described as a shared experience by graduates of both programs. UGF graduates experienced generativity as an additional responsibility to pass along the program. They described sharing assignment ideas, inheriting and donating books, encouraging participation and generating excitement among their work colleagues. PSP graduates experienced generativity as a sense of comradery and endurance when relating their connection to the generations of PSP participants that they encountered in the clinical arena. Together, these are examples of obligation and responsibility to be solid members of the partnership and to take their accountabilities to learn and practice seriously. This was summarized by Linda when she said (about nurses on her floor considering returning to school), "I'd like to think perhaps we've provided some inspiration for them to do it. Whether that's true or not, that might be a different story [laugh], but I'd like to think that at least we inspired in some way, somehow."

Theme two: Alliance. The experience of alliance is, at its essence, the feelings of connection and alignment that graduates sensed between the academic and clinical partner. Alliance is not as tangible as obligations and responsibilities. Rather, alliance refers to the experiences of graduates stemming from the close and enduring relationship between the NAPP

partners. Program graduates articulated operational connectedness, efficiency, and influence that they felt resulted from the partnership. Alliance provided the opportunity for deeper learning about the clinical partner and resulted in a sense of community and encouragement between the school, the clinical partner, and the student. The foundation of this experience was the recognition of values alignment between the academic and clinical partner. Barbara described her experience of the alliance like this,

I can't think of a time or place where I felt like the relationship wasn't working. I think it was pretty clear in the program, and outside of the program, that UP and Providence have a longstanding relationship together just because we send so many of our students there for all sorts of clinicals. It felt like even if this program didn't exist that they had a great relationship. ...I can't think of specific times where I felt like they were really communicating and working specifically well together but maybe that's just because it was so apparent that I wouldn't know what it would look like if they weren't working well together [chuckle].

Mary shared her experience through a similar statement about alignment and how it helped create an environment of support,

I just felt like they were just very connected, like both organizations were incredibly committed to me as a nurse, as a Providence employee, as an individual. I mean, I really felt those were some of the things I experienced that really make me speak in such a positive light in all that I did, all that I experienced.

Theme three: Disclosure. Graduates shared a complex relationship with disclosure of their status as a program participant. For the PSP graduates, this generally centered upon judging when to share their status with their fellow students and if sharing that information

would cause jealousy. Patricia described this by saying, "With my peers, more specifically, I think that there was maybe a sense of competition...." PSP participants also disclosed their status strategically to nurses in the clinical environment. Disclosing their status as Providence Scholars could increase scrutiny but was also used to connect with preceptors and build a bond as a potential future employee. James spoke of this dynamic this way,

You could kind of think of it like they might be considering, "is this person worthy enough to be a colleague of mine"? And that they might look at you with different eyes and I can see that being beneficial or detrimental.

Disclosure appeared less risky for UGF graduates; nonetheless, a distinct experience was associated with telling others that they were in the program. Being in the program brought a certain amount of recognition and vulnerability if the goal of graduation was not achieved. There was also a certain risk from the pressure placed on colleagues or supervisors who may not have a baccalaureate degree when a program participant returned to school. Mary explained this potential risk,

There was a sense among a few members of the leadership team who had not yet pursued a BSN where I felt that perhaps my attending the program placed pressure on them to make a decision if they were going to pursue their BSN or just stay with their ADN. So at times I would still encourage those people, but I did at times feel a little bit of [hesitation] maybe occasional tension or maybe some dislike of my excitement in the program when I would share some of my experiences or some of the things I was learning, like perhaps maybe a few people felt threatened maybe.

Theme four: Advantage. Many benefits were associated with being a program participant of both the PSP and UGF program. The stated and expected benefits of these

programs are conceptually contained within the theme of obligations and responsibilities. The theme of advantage, unlike obligations and responsibilities, encompasses program benefits experienced by participants that were not necessarily advertised or contracted. Advantage included the experience of privileges like access and networking. All participants explored this theme during their interviews. It is intriguing that not all participants recognized the level of access and privilege that they had experienced. For example, it is unusual for a new (non-PSP) graduate to experience the same level of access that PSP graduates have to either unit managers or recruitment teams. In the UGF program, the participants are exposed to nurses across the integrated healthcare system which helped to build a network of colleagues that is unusual for a general bedside RN to form. This level of access and networking was illustrated by Robert when he said,

It [the program] kind of opens a lot of doors that a lot of other students might not have had access to and that was honestly super helpful coming out of school.... I just think a lot of the people that I've met through this program have been intangibly beneficial for me.

To interpret the experience of advantage, it is important to also consider the impact of being in a community of learners. This was seen as a benefit and was often described as a built-in support system. Learners that were less extroverted or a less naturally-social personality seemed to find it easier to connect with others within the structure of a partnership program. This automatic peer group lent participants a supportive advantage. This idea was elaborated by Barbara when she offered,

There are certain things that all of us Prov. Scholars and non-Prov. Scholars were experiencing together throughout nursing school, but this just felt like a different

experience. ...I mean, it obviously was great to have [program liaison's name] and other staff available. But, yeah, there's something different about having a peer group to talk it over with.

Theme five: Emotional response and regulation. Graduates spoke of how learning in the context of a partnership had an impact on their emotions and how the experience served as a regulator of stress and anxiety. On the surface, it appears evident that the structure of a program would have an impact on a student's emotions and experience of stress. For example, having fewer financial liabilities (due to tuition relief) helps one feel less anxious or stressed about the expense of higher education. This was noticed by James when he said, "And for me, those financial concerns were a huge part of nursing school, so to have that taken care of for you, it does allow you to focus more...." However, to think that all emotional regulation was related solely to program structures or features would be a mistake.

Participants' recognized that regulators of emotions also came from the closeness of the partners and not just the contractual features. For Jessica, the experience of anxiety reduction was described when asked to talk about the overall experience of learning within a partnership, "I feel like it framed my experience with a purposefulness and reduced the anxiety that was involved in really launching into something new in my 40's." Jennifer related that she felt support which helped to regulate some of her feelings and emotions, "You just feel really supported. I mean it. This is not easy. Getting your bachelor's degree is not easy. There's nothing easy about it, but it is a pleasant difficulty when you have people on your side". Mary related similar feelings of support and comradery when she added,

I just really felt like we [members of the partnership] were all a team and I never felt like there was any hierarchy. I felt like we were all equal players on a team that had the same goal in mind, which was my success. How does it get any better than that?

In Robert's case, he described a relief of stress and connected it to being emotionally engaged with the clinical and academic partner. These feelings are described below,

I think realistically, from a Providence perspective, I think that what I would probably describe the Prov. Scholar program is more of a - it's almost like a relationship. ...It's not just the fact of them paying for school, them giving me a job right out of school, and all that kind of stuff, because that reduced a lot of stress, but I think that it's almost the intangible aspects of this connection that I've received.

Theme six: The meaning of clinicals. The meaning of clinicals shifted and expanded for the graduates of the PSP and UGF program. This expansion of the meanings assigned to the clinical learning experience was multifaceted. For some, clinicals became an important element for career planning or job hunting. This was described by Patricia when she said,

It gave me opportunity to see the different facilities for the future where I might better see myself as a nurse. And then seeing my [pause] doing my rotations in different units within the hospital, "could I see myself here? Would I want to do my capstone here? Be hired here in the future"? It opened my eyes to the Providence mission and core values before my actual hire date and official orientation as a nurse.

Later, Patricia continued,

I think that it made me feel, not that I was a Providence employee, but I knew that because of going that route. I think specifically it like made me hold higher standards of myself in clinical rotations and stuff just because, if I'm going to be an employee here,

how do I want people to see me? ... But it maybe did change my experience in nursing school.

For others, the experience of partnership and alignment allowed them to link academic preparation to real life clinical experiences. This frequently was discussed within the terms of specific clinical projects. Jennifer put this linkage into words when she said, "It was wonderful because I was so supported and the curriculum was interesting to me and it was, the projects, even though I had to do them, I could still make them pertinent to my job."

Still others, found that the purposeful partnership arrangements and structures allowed for exposure to (and exchange of) different clinical ideas. Mary described being exposed to new people and facets of her employer would not have likely occurred without the partnership. She offered, "I really appreciated learning about all the different Providence hospitals and services that are offered in... all of the regions. I was excited to see how big Providence is and it was fascinating to me to build closer relationships."

Clinical learning also occurs in laboratory and simulation settings with these experiences being made to resemble real life clinical situations. Patricia could relate how the close relationships between the clinical and academic partner influenced the selection of clinical equipment, in this case an intravenous (IV) infusion pump. Patricia recognized the practicality of learning in lab what would be found in clinical. She considered this by sharing,

Many times, it came up in conversation about the equipment we were using and often times, I don't know if it was equipment from Providence...or the nursing lab and professors just simply bought equipment that was used at Providence hospitals. For example, the IV pumps when we were just learning how to put in the rate and milliliters per hour. ...We were learning how to use those - it was like, "well, these are what they

use at Providence. So, we'll get to know those." And I did my clinical rotations at Providence....That was another one of those really smooth transitions between both the University of Portland and Providence.

Summary

The research participants of this study shared their lived experiences of having learned nursing within the context of a NAPP. They volunteered a unique view into their lives as students, employees, and graduates. Within each story were embedded themes common to these individuals who shared similar experiences. Using the work of Martin Heidegger to frame the creation of a translation (hermeneutics) of the participants' experiences (phenomenology) allowed for the recognition and analysis of these themes. Consistent with Heideggerian philosophy, research participants were not always consciously aware of their lived experience of a given phenomenon. This is explained by Heidegger as the difference between ready to hand (being oblivious to a phenomenon), to unready to hand (being aware of a phenomenon), to being present to hand (a deep analysis aided by empiric study) (Benner, 1994; Heidegger, 2010).

For these participants, their lived experience took the form of six themes of central concern. *Obligations and Responsibilities* represents the experience of the rules and formal contractual agreements of the partnerships. The experience of *Alliance* was a result of alignment of organizational values, structures, and processes. Alliance was the sense that the partners were united and invested in the learners. *Disclosure* was a shared experience of telling others about their status as program participants. *Advantage* was the privileged status of the graduates that afforded them access. The experience of being a student within these partnerships was often emotional and the partnerships helped to regulate or mitigate strong emotions such as stress and anxiety. Simply knowing that others were invested in the success of these graduates had an

emotional impact on them and was described as *Emotional Response and Regulation*. Finally, being in these programs offered the learners new perspectives on their clinical experiences. Through integration of clinical and laboratory experiences with theoretical and academic content, graduates related an expanded understanding of clinical learning encapsulated by the theme, *The Meaning of Clinicals*.

Chapter Five: Discussion

Results and discussion of this study are presented within this chapter. After a brief review, the themes derived from this study are compared with the body of literature on the topic of learner outcomes when studying under a partnership arrangement. Implications for nursing practice are then discussed followed by study limitations. Finally, suggestions for future research and summary conclusions are made.

Findings in Context of the Literature Review

Academic-practice partnerships are well documented in the nursing literature and are often advanced as a panacea for the challenges of contemporary nursing education. These partnerships are promoted as one way to promote clinical opportunities, enrich education, expand services, aid in transition-to-practice, and to address faculty shortages. Given the amount of conversation around the topic however, a rigorous empiric study of the impact that learning within the context of a partnership has on students and graduates is surprisingly limited.

To explore the effect partnerships have on learners, a rigorous literature review was performed using the Systematized Review process organized by the PRISMA methodology. This resulted in grouping 14 studies into six primary conclusions. The body of literature suggested that students (or graduates) who learned nursing within the context of a NAPP rated their experience highly, showed evidence that learning was facilitated by the experience, and the participants reported feelings of belonging and support. None of the research demonstrated a drop in licensure pass rates and ultimately allowed nursing programs to increase enrollment and increase workforce numbers.

Given the amount and quality of the empiric evidence available, a research focus was developed that reflected the state of the science and the maturity of the literature as it relates to

the student experience. The purpose of this study was to interpret the lived experience of graduates who learned nursing within the context of a NAPP. So, a hermeneutic phenomenology guided by the philosophy of Martin Heidegger was selected as the methodology best suited to revile the lived experience of the participants. Guided by Crist and Tanner's (2003) work on operationalizing Heideggerian hermeneutic phenomenology, and ensuring rigor via De Witt and Ploeg's (2006) appraisal of qualitative principles, a purposeful sample of 10 recently graduates of a NAPP were interviewed. Six themes emerged from an analysis of these interviews that described their lived experience. The themes, presented in no particular order, and validated by study participants are: Obligations and Responsibilities, Alliance, Disclosure, Advantage, Emotion Response and Regulation, and The Meaning of Clinicals.

Since gaps in the current literature guided the inquiry of *this* study, it is appropriate to compare the findings with the literature reviewed. This comparison follows with a focus on the contributions that this research has made to the understanding of the student experience of learning within a NAPP.

Obligations and responsibilities. The theme of Obligations and Responsibilities attempts to capture the experience graduates had in dealing with the program and personal expectations. These expectations were often formal and sometimes even contractual. Other times, these accountabilities were only implied or sometimes even self-created. Direct evidence for this theme is found in the literature, for example, in the work of Stuenkel et al. (2011). In this study, the partners jointly created an 18-month accelerated Bachelor of Science in Nursing program and reported on three cohorts of graduates. The agency partner paid all the student tuition cost and, in return, learners signed a contract to work at the agency for two to three years after graduation. Findings were generated from focus groups, standardized examinations, and

NCLEX-RN pass rates. However, there was a focus on learner *satisfaction*, but not *experience*. Key findings included that students were satisfied by the partnership and that they appreciated the assistance received from the clinical partner. The students were also happy with the high likelihood of employment upon graduation. There were no discussions of any feelings of internal obligations that graduates may (or may not) have had.

The findings of Stuenkel et al. (2011) were echoed by the participants in *this* study. However in this study, the participants expressed a far expanded view of both their internal and external obligations. An internal sense of accountability to pass along their learning was not discussed in the Stuenkel et al. report. The internalized feelings of obligation and responsibility found in *this* study are novel additions to the nursing literature.

Moscato et al. (2007) conducted a pre/post survey and a focus group on nursing students that completed a clinical rotation on a DEU. These findings were compared to a group that completed a traditional clinical rotation. Significant findings of the intervention group included student expressions that they were in charge of their own learning and that they were a member of the nursing unit. This sense of being in charge of one's learning might be considered an obligation or a responsibility of being a learner within the partnership. Feeling that one is a member of a nursing unit fits within the theme of alliance as conceptualized by *this* study but it also agrees with this theme as being a team member carries with it both obligations and responsibilities.

Alliance. Alliance is conceptualized as the experience participants had when reflecting on the partnership between the academic and clinical partner. Alliance seems cemented by alignment of organizational values. Students recognized benefits from operational efficiencies

and connected communications resulting from the alliance of the two institutions. The graduates noted how the partners were influenced by one another throughout the course of their education.

The concept of Alliance seems woven throughout the study presented by Nishioka et al. (2014). In this report, multiple DEU partnerships were examined from different areas of the country. The researchers used an experimental design identify differences between traditional and DEU clinical experiences. They found that the DEU's (which require significant academic-clinical partnership) were conducive to student learning and that students ultimately found the learning environment positive. Students rated the leadership style of the manager on DEU's higher. They identified that roles and responsibilities of clinical nurses, faculty, and administration were clearer to them than traditional units. Using focus groups and the CLES+T instrument, these researchers reported that students in the partnerships had better overall experiences and outcomes. Conversely, students, teachers, and administrators expressed serious concerns about traditional model of education and related some of this concern, in part, to lack of alliance. "The students attributed these problems to the structure of the traditional clinical education model rather than the quality of their faculty instructor" (Nishioka et al., 2014, p. 303). The Nishioka et al. study had similar findings to *this* study in regards to the theme of alliance. However, in *this* study, alliance is experienced within the context of aligned values between the clinical and academic partner. The area of value alignment was not discussed in the Nishioka et al. study.

Disclosure. Research participants in this research all shared an experience of disclosure when others learned of their members in partnership programs. This disclosure was made to faculty, other students, and to nurses in the clinical environment. Each participant resonated with this theme and shared personal experiences of disclosing their status to others. The

considerations and consequences of telling others varied depending upon the operational details of the programs. Nonetheless, the experience was shared across both partnership arrangements. Participants clearly considered disclosure in a strategic way, being cognizant of who they would tell, why, and with consideration of potential consequences.

Given the common experience shared by participants in this study, it is curious that the concept of disclosure is absent from the nursing partnership literature. Undoubtedly, the concept of disclosure is discussed in other contexts but it is absent in the academic-clinical partnership literature. This study adds this construct to the body of nursing knowledge and may inform partnerships of the need to address disclosure with students and in the design and promotion of the programs themselves.

Advantage. Graduates of the partnerships examined in this study spoke of certain advantages they experienced as a result of being in partnerships. These advantages included clinical learning considerations, access to systems and process not typically available to students, and insider connections to individuals. Multiple participants mentioned that relationships with clinical nurses seemed easier to make because clinical nurses understood that today's student would be tomorrow's colleague. Graduates spoke of forming connections with peers that they may not have encountered without being in the partnership. Participants expressed an experience of fraternity with both past and future program graduates.

Coakley and Ghiloni (2009) published a descriptive study of four students who completed a fellowship program between their junior and senior years of nursing school. The program occurred on an oncology unit utilizing paid clinical nurse preceptors for a 10-week, 400-hour experience. Content analysis of a focus group revealed that students felt the program helped them make more informed career choices, built up their confidence in providing care,

were influenced by their preceptor's role modeling, and that the program facilitated the building of relationships with staff, patients, and patients' families.

These findings of Coakley and Ghiloni are well aligned with the findings of *this* study, and while the concept of advantage is not discussed per se, the close relationships built as a result of the experience were highlighted. Like in this study, relationships allowed for connection and mentoring. Influence of the preceptor was reported in the Coakley and Ghiloni article as it is in this study. The longevity of the partnerships in *this* study is much longer when compared to the Coakley and Ghiloni partnership. A sense of fraternity across cohorts is not possible without the graduation of cohorts over time. This would be an interesting area to explore in a longitudinal study to see if a sense of connection across cohorts of learners emerged as it did in *this* study.

Davidhizar and Bartlett (2006) reported on a partnership between a hospital and a college of nursing. The focus of the partnership was to build and implement a six-credit, eight-week RN re-entry program. The college provided instruction and the clinical partner assisted in the design and provided the clinical preceptors. Students in the program were pre-screened by the clinical partner with intent of hiring them upon completion of the program. These authors reported that learners were provided with additional attention from the hospital nurses and that additional clinical experiences were made available to them as a result of being in the partnership. The graduates of the program (N=3) expressed that they were "extremely satisfied" (Davidhizar & Bartlett, 2006, p. 189) and were hired into staff nurse positions upon completion of the program.

While the Davidhizar and Barlett report focused more on the curricular and operational aspects of the partnership than the student experience, the report does align with the findings of *this* study in terms of advantage. As with *this* study, students of the re-entry program enjoyed an advantaged status as nurses that were expected to be hired upon graduation. Because of this

status they had additional clinical learning experiences that would probably not have occurred without the partnership. It is unknown how the participants of the re-entry program experienced these operational attributes of the partnership. However, the report suggests that the concept of advantage as described in *this* study was likely at work.

This study advances the concept of an experience of advantage by identifying and naming the concept and by connecting advantage beyond mere operational features of the partnership. This study exposes that advantage was also experienced through relationships that the graduates had with clinical preceptors and administration personnel of both the clinical and academic partners.

Emotional response and regulation. Stress and anxiety are frequently viewed as companions to nursing students. Participants of this study acknowledged this and related experiencing the partnership as a force which helped to regulate their emotional responses leading to decreased stress and anxiety. Other emotional regulators were also discussed such as the affirmation that came with being selected for the programs. Universally, the partnerships offered participants a sense of pride, accomplishment, and feelings of organizational support during their education. Of course the operational aspects of the programs helped to alleviate the financial stress of attending school but participants clearly experienced emotions than relief.

Using a longitudinal mixed-methods descriptive design, Rhodes et al. (2012) studied students, faculty, and clinical nurses within a DEU. In addition to a researcher created instrument, eight student volunteers also participated in focus groups. Overall, students expressed a high level of satisfaction with the experience and felt that they were encouraged to be better critical thinkers. One concept highlighted in the Rhodes et al. study was a sense of support and encouragement students felt as a result of learning in the context of the DEU

partnership. The authors reported that students felt connected to the unit, welcomed by those on the nursing unit, and they appreciated learning in the context of partnership. They concluded, "As students are expected to be more involved in their own learning, students' perceptions of what constitutes learning for them are important" (Rhodes et al., 2012, p. 229).

A wide range of research subjects including faculty, students, staff nurses, administrators, and state regulators participated in a study by Teel et al. (2011). In total 106 people participated in a qualitative descriptive study that included a variety of interview methods (primarily small focus groups). Three different partnership programs were studied. One theme that emerged from the analysis of transcripts was Supportive Relationships. In addition, other themes more focused on administrative innovations than student experience also were reported. Students who studied nursing within these partnerships described the theme of Supportive Relationships as providing a sense that the student was part of the team or nursing unit, but the study did not provide detail about the emotional impact to the student.

Jeffries et al. (2013) published a study examining a DEU-like program started by a school of nursing with four different clinical agencies. In this article there was significant focus on administrative structures that aided in the success of the program. Using a mixed methodology with a survey tool created by the researcher and focus groups, they reported high satisfaction as a benefit to students. Students actually entered their names into a lottery in the hopes of gaining access to one of the partnership units. They also reported that "the students' sense of belonging is a key attribute of a positive experience" (Jeffries et al., 2013, p. 135). While this article does not address the emotional response of the students directly, it seems reasonable to assume that high levels of connectedness and students engaging in a competition for the privilege of learning

within the partnership have some relation to positive emotional responses. However, there is no discussion of emotional regulation or students experiencing decreased stress or anxiety.

Valde (2006) published findings from the evaluation of a partnership program between a school of nursing and a hospital designed to mentor and educate clinical nurses on professional leadership. The program included formal mentoring, a collaboratively designed education program and implementation of a clinical project. Graduates of the program reported two phenomena that were findings also found in *this* research. First, Valde reported that graduates felt networked and through these networked relationships were able to broaden their understanding of the clinical partner. This relates to the theme in *this* research of Advantage. Second, positive feelings of support and appreciation that the learners reported helped to minimize job transition stresses. This is similar to the theme of Emotion Response and Regulation.

Findings of the three studies mentioned in this section arrive at similar conclusions to the study presented in this paper. While the findings of Valde (2006) are most closely aligned to themes presented in this paper, the other two studies also support the theme of Emotional Response and Regulation. Learners in partnerships of all of these studies (Rhodes et al. 2012; Teel et al. 2011; and Valde, 2006) shared a similar emotional response to graduates of the PSP and UGF programs. Namely, learners experienced feelings of encouragement and support as a result of the partnership. This study links these responses to emotional regulation of stress, specifically reporting experiencing less maladaptive stress. Regulation of anxiety was a finding uniquely reported in this study.

The meaning of clinicals. Clinical education is provided in nursing programs to provide an opportunity for learners to practice skills under the supervision of faculty and practicing

nurses. It also furnishes an opportunity for students to unite theoretical ideas presented in the classroom to real world events that unfold in the clinical environment. This is often referred to as connecting theory to practice. The concept of connecting theory to practice was uncovered in this study of PSP and UGF graduates. Moreover, a novel finding of this study was that PSP and UGF graduates expanded the meaning of clinicals beyond linking theory to practice to include employment and strategic career development.

The literature review for this study uncovered a number of partnership programs who reported on clinical learning outcomes associated with partnerships (Broussard, 2011; Debourgh, 2012; Gray, 2010; Lloyd & Bristol, 2006; Mulready-Shick et al., 2013). These are discussed in Chapter Two of this manuscript. Mulready-Shick et al. (2013), a notably robustly designed study, focused on student learning outcomes of DEU partnerships. 165 students completed the study survey. 111 of these students were educated in a DEU model while 54 had traditional clinical experiences. Both groups reported enjoying their clinical rotations and instructors; felt they grew in their clinical learning, and that clinical assisted them in developing professional competencies. "However, students in DEUs reported significantly more positive learning experiences on all measures" (Mulready-Shick et al., 2013, p. 608). It is important to note that no survey questions were designed to elicit the role of partnerships in furthering professional career development. Rather, survey questions were focused on uncovering instructor quality, unit learning opportunities, growth in clinical learning, and opportunities for quality and safety competency development.

The Meaning of Clinicals was not discussed in any of the other studies uncovered in the literature review. In *this* study, the use of clinical experiences to expand professional career

opportunities was common for all learners and represents an additional feature or aspect of clinical instruction not previously discussed in the professional literature.

Many of the themes that emerged from this project find themselves supported by the outcomes of studies reporting on learning outcomes achieved by partnership programs. However, most current literature focuses on student satisfaction or attempts to measure mastery of learning objectives or outcomes. *This* study, which focuses on student experience, has uncovered themes which are unique in the literature (Disclosure) or advances themes first reported by other studies such as the *internalization* of obligations and responsibilities, the importance of *value alignment* in building alliances, and the *regulation* of stress and anxiety. The themes described in this study provide either new ideas or, at minimum, an interesting way of exploring themes and findings already described in the current literature.

Implications for Nursing Practice

This study presents a number of findings which have implications for nursing practice. These implications and recommendations are organized by the themes of the research findings rather than in functional groupings (e.g., practice, policy, and clinical). In a general sense, this study suggests that those students learning nursing within the constructs of a partnership arrangement should be considered when designing and implementing partnerships. It is clear that the learners are aware that they are in a partnership program and that they are cognizant of the workings and organizational structures that make partnerships happen. This study advances a view that students should be considered as a third member of the partnership and there should be a high degree of transparency about structures and goals of the arrangement.

Obligations and responsibilities. The theme of Obligations and Responsibilities can help be a guide as one develops a partnership program. While there is much more to a NAPP

than operational details, they do matter to students, faculty, clinical nurses, and administrators alike. Program creators should take deliberate steps when designing structures and operations of programs. Any obligations of being a member of the partnership should be clearly and explicitly communicated.

Findings of this study suggest that learners are actively engaged in their successes and take their responsibilities seriously. Learners are aware of their own role with respect to their learning and they tend to be inherently accountable for upholding their end of agreements. In addition, the concept of generativity, or paying it forward, is also reflected within this theme and could be utilized to benefit past and future students if considered during the design phase of a program. This study suggests that learners and graduates feel an obligation to participate in recruitment, current operations, and welcoming future graduates into practice.

Alliance. The articulation of Alliance in this study has implications for design and implementation of NAPPs. Specifically, the theme of Alliance should cause one to consider how organizational values of the academic and clinical partner bring a synergy to the partnership that is experienced by students. It may be of benefit to articulate the organizational values of both academic and clinical partners and unambiguously cross-walk these items and discuss them with students and others impacted by the partnership. Explicit alignment of values is an important statement about the importance and strategic value of the partnership. This level of clarity may also be beneficial to the organizations when considering to partner in the first place as careful member selection is paramount for the long-term health of the partnership.

Alliance also speaks to the benefit students accrue simply through the closeness and communications shared between the academic and clinical partners and that students' focus and intent can benefit through participation in a partnership. This suggests to administrators and

designers of partnerships that clear agreements and competent communication methods are important strategies to successful implementation.

Disclosure. Disclosure is one of the most unique themes identified through this study and should be explicitly considered by NAPPs when considering the impact of being in a partnership has on the learner. The impact can include social elements which can be perceived as positive or negative or a combination of both. The interpretation of whether being a member of the program is positive or negative is made by the learner and this perception varies depending on the participant. The program has an obligation to carefully consider impacts the program may (or may not) have on the experience of the learner and to inform the learner's process of disclosing their status to others. It should not be assumed that all learners benefit from the decision to disclose their status, for example, to a clinical preceptor, without the student's knowledge and consent.

Programs could also provide opportunities for students to share their status as a member of a NAPP. Program administrators should consider giving students a pin, a special badge, or other small trinket that could be used as a conversation starter with interested faculty, students, or clinical nurses. Of course, it would be ideal if the program engaged with learners on this topic in an effort to elucidate how the decision to share their status may have implications to the learner in an effort to maximize positive effects while minimizing potential harmful impacts of disclosure.

Advantage. As a general rule, program administrators and developers attempt to maximize the advantage of being in a partnership for the students involved. The implications offered by this study are to not overlook soft skills and access that being in a program can

provide. Leaders of the partnerships may focus on the main purposes of the partnership and neglect the serendipitous results that being in a partnership brings.

Networking and career building are important aspects of an academic education and this study suggests there is potential for partnership programs to assist. It may be possible to promote the feelings of fraternity that develop in graduates to the benefit of current or future students. One may also explore the access that partnership students could have with clinical partners. With cultivation, access to clinical partners' human resources departments or talent recruitment divisions may be possible. Perhaps students could gain admission to education offerings made by the hospital's clinical development department. Hospitals often have credible medical libraries which students could use. Exposure and the building of personal relationships with senior leaders, mentors, and career builders might be possible for students in well-designed programs.

Emotional response and regulation. Students frequently experience stress and anxiety while attending nursing school. This study supports that partnership programs provide a sense of connection and camaraderie and that learners can experience a decrease in stress and anxiety through programmatic support and encouragement. Implications for those who design or administer NAPPs is to consider design elements that accentuate positive emotions of support, connection, pride, and competency in an effort that students may experience less stress and anxiety. Purposeful meetings and building of cohorts may be one way to maximize this effect. Many NAPPs described in the literature are quite purposeful about taking steps to build relationships among students and clinical preceptors. These relationships may reduce anxiety which has a negative impact on clinical learning in addition to the emotional toll it extracts. Designers of programs could make a special effort to find ways of bringing members of the

partnership together to kick-off a semester or celebrate a graduation. Finding purposeful ways to bring people together so that they can experience support and encouragement would be steps supported by this study.

The meaning of clinicals. As discussed earlier, clinical learning experiences are paramount to the education of nurses. The emergence of this theme advises those who operate partnerships to consider how clinical experiences can be more than skill practice or a way to connect theory to practice. Clinicals within a NAPP have the ability to take on additional meaning to the learner. This is especially true in the realm of career development.

Leaders and designers of partnership arrangements are in a unique position to design learning activities that highlight professional career development. Many of the implications here are similar to those used to make the most of Advantage. However, where Advantage has a focus on access and relationship, The Meaning of Clinicals centers around how students perceive the clinical experience. As mentioned in this study, NAPPs open the possibility for students to think of their clinical as an extended job interview and to relate the experience to employment and career development.

Limitations

As with all research, there are several limitations that one should consider when analyzing this study. This study was a qualitative project. Inherent to qualitative research is the inability to generalize findings. In addition, despite providing rich and thick descriptions of the phenomenon of interest, it is important that readers recognize this study captures the lived experience of 10 graduates and only during one or two moments in time. It should be recognized that these same participants might offer a different Dasein if asked to recount their experience at a different time - having procured additional experiences. It is also possible that the addition of

more graduates would uncover different themes. However, this is unlikely given the saturation of the data and the lack of new themes emerging from the data after the seventh participant's interview.

The type and structure of partnerships matter when considering limitations of this study. An attempt was made to clarify the concept of partnership and differentiate partnerships from other types of shared work. The literature on partnership is hampered because there is no widely accepted definition or concept analysis of the term as it relates to NAPPs. Consequently, what may be described as a partnership in one article might not be considered a partnership using the definition advanced in this study.

Partnerships studied in this project, according to this definition, were both mature and complex. They endured over years and provided significant impact on the lives of those who learned nursing within their context. It is both a strength and a limitation that this study examined such robust and detailed partnerships.

A further limitation is that this project was performed by a single researcher. The literature review procedure of Systematized Review carries with it a risk of selection bias as only one person is counted on to review hundreds of articles. It is possible that an occasional article was dismissed from further consideration based upon the fact that a single individual performed the review.

Also related to the limitations of a single reviewer is the process of hermeneutic phenomenology. Typically, phenomenology is undertaken by a team of researchers. The team approach to transcript interpretation is advocated by Crist and Tanner (2003). A team approach to analysis, however, was not possible given that this research project was performed as a doctoral dissertation. Having multiple researchers reviewing the transcripts and engaging in

debate on the presence and meaning of themes would have likely added additional depth and resonance to the findings.

As discussed earlier in this paper, the researcher holds a formal leadership position within PH&S. PH&S is also the employer of the research participants. Care was taken to ensure that no research participant was in a reporting relationship to the researcher and the voluntary nature of being a research participant was stressed in the recruitment and consent materials.

Nonetheless, it is possible that real or perceived power dynamics influenced the interview of one or more of the research participants.

The participant summaries and thematic analysis was shared with the research participants. Seven of the 10 participants responded to the opportunity for review; and of those, there was unanimity that the summaries did a good job in collating and reporting their lived experiences. The participants also shared unanimous support for the themes as documented in this manuscript. There is no way to tell if those who did not respond felt the same way.

Future Research

As stated earlier, the maturity of the science in regards to student experience of learning within a NAPP is limiting. Coupled with the lack of a consensus definition of what constitutes a partnership, academic comparison between programs becomes even more problematic. One of the purposes of phenomenologic inquiry is research generation. This study has uncovered six themes shared among the research participants. Now that these themes have been identified, there are a number of future research questions that can be generated.

Early level study could be guided by a grounded theory approach. A number of concepts embedded within the themes that are available for review using a theory generating approach. It would be worthwhile to understand the relationship of these concepts in relation to one another

and ask questions of the data such as dependencies of one concept on another. One could ask if one concept must occur before or after another or which concepts must be present before others can surface. More concretely stated, it is important to distinguish which design elements of a partnership are most strongly related to the outcomes described in the themes.

This study raises many questions about what kinds of administrative structures are beneficial or destructive to the benefits of learning within a partnership. It was not a purpose of this study to report these relationships but the voice of study participants articulated that these relationships exist. It would advance the science of partnerships to know if there is an optimal operating model to produce specific outcomes. Thus far, the published literature is focused on educational outcomes. However, outcomes such as increasing the number of students who can be taught in a clinical environment without overwhelming the clinical agency is a relevant topic for future research.

Participants in this study were focused on their careers and there was a special focus on launching their careers on strong footing. Partnerships were seen as a way to launch one's career in a positive way. There are most certainly research questions to be asked when considering how a NAPP may impact a learner's career trajectory, such as a longitudinal study to assess the impact of learning in a partnership arrangement has to the graduate over time. The long-term impacts of partnership programs on graduates' careers, skill development, or competency over time should be studied.

Finally, there are a series of questions to be asked about the impact of NAPPS on the clinical nurses and faculty who are not a part of the administrative teams that design and implement academic-clinical partnerships. The experiences of clinical preceptors and faculty are important to understand, especially in relation to the experiences of the learner. Informed by the

findings of this study it would be interesting to test if Alliance and Advantage are conceptualized the same way by clinical preceptors. It would also be beneficial to see what kinds of faculty interventions optimize The Meaning of Clinicals. It would be interesting to see if faculty preparation of learners in partnership arrangements could have an impact on the theme of Disclosure, for example, by coaching learners on potential benefits or drawbacks as they consider disclosure amongst peers and how that may differ from disclosure to clinical preceptors.

Conclusion

This chapter discussed the findings of this research study and attempted to situate those findings within the body of nursing literature. The themes that emerged from this study were Obligations and Responsibilities, Alliance, Disclosure, Advantage, Emotional Response and Regulation, and The Meaning of Clinicals. Within nursing literature there are findings relatively analogous to the themes identified in this research with the exception of Disclosure. This study does advance a number of concepts embedded within the themes that are either minimally discussed or absent in the current literature.

Within the theme of Obligations and Responsibilities this study advances a new concept that students within NAPPs may well have high expectations of themselves and they possess an internal sense of accountability that compliments contractual and structural obligations of the partnership. In addition, the research participants of this study experienced a sense of obligation to be a contributing member of the partnership and took on responsibilities of program promotion, recruitment, and encouragement of future generations of students.

Value alignment of the program partners was a new contribution to the body of nursing knowledge that originated from the theme of Alliance. While other studies have noted that students feel a connection between academic and clinical partners of a NAPP, this study

advances that knowledge to consider how value alignment of the organizations may be an important aspect of their Alliance and that it impacts the learner.

Disclosure of being a member of a NAPP was an important and strategic consideration of the participants of this study. There are no similar findings in the current literature. This study introduces this concept to the discussion of student experience of being in a partnership program.

Graduates of the partnerships experienced Advantage. What is novel in this research is that Advantage is not just about clinical learning. This study uncovered that Advantage includes networking, access to system and processes, and that it is experienced through the relationships that graduates form while in, and after graduating from, the NAPP.

Study participants talked about the difficulties of attending nursing school. The partnership programs helped to mitigate the stresses and anxiety that come with negotiating a challenging program. This was described in the theme of Emotional Response and Regulation. This research adds to the body of literature on this topic and specifically introduces that partnership may help regulate difficult emotions.

The Meaning of Clinicals, at first glance, seems to be well described in the nursing literature. After all, there are a number of studies that suggest partnership can impact the transfer of knowledge from the theoretical classroom to the clinical environment. This study confirmed many of those findings but also called out an expansion of the clinical experience to include the importance of career planning and professional development to the learner.

Future research should be conducted to address the themes and concepts that this study introduces. The use of theory generating research methods would be welcome additions to the body of literature. The empiric examination of administrative structures that foster or detract from positive student experiences of learning within a NAPP should also be explored. Finally,

examining the career trajectory of graduates who learned nursing within a partnership program would be helpful to uncover how this experience impacts ongoing professional development of nurses.

The limitations of this study were discussed. Beyond those generally associated with qualitative research, this study was conducted by a lone researcher. Phenomenology is often done in small teams. Many minds coming together to analyze and interpret experiences of research participants would have made this a stronger study.

Nursing Academic-Practice Partnerships are frequently discussed in the nursing literature. There are a number of individuals and organizations that promote their use to address a variety of issues within the profession. The literature on the topic is hampered by the lack of a consensus definition of the concept of partnership and draw on very few elegantly designed and implemented studies. The findings of this research add to the body of knowledge through strong design and a rigorous approach to the interpretation of the lived experience of graduates who studied nursing within the context of a partnership program. This study suggests that NAPPs do impact students beyond the operational aims of programs and that students experience learning within a NAPP as positive and encouraging.

Appendix A

Informed Consent Form

Title: The Lived Experience of Graduates Who Studied Nursing in the Context of a Nursing Academic-Practice Partnership

Investigator: Troy J. Larkin, MN, RN

Sponsor: University of Hawai‘i at Mānoa

Introduction and Purpose

My name is Troy J. Larkin. I am a PhD student at the University of Hawai‘i at Mānoa. The purpose of this study is to interpret the lived experience of studying nursing within the framework of a Nursing Academic-Practice Partnership (NAPP). You are being asked to take part in this research study because you have been identified as an RN who graduated from a School of Nursing that took part in a Nursing Academic-Practice Partnership, specifically the Providence Scholar Program or the University of Great Falls RN to BSN Program. This consent form will explain this study to you and what you need to do if you volunteer to take part. Make sure you understand what is written and ask as many questions as needed before you decide whether you would like to volunteer to take part.

Study Procedures

If you participate, I will interview you, in person, at a time and a private location convenient for you. The interview will be scheduled for 1-hour. I will record the interview using a digital audio recording device. I will record the interview so that a written record of what we talked about can be made. I will evaluate the written record in an effort to understand the lived experience of someone who has studied nursing within the context of a nursing academic-practice partnership. You will be asked general, open-ended, questions designed to allow you to share your experience of becoming an RN within an academic-practice partnership.

Follow-up

During the process of interviewing graduates and analyzing the stories shared, it is likely that I will contact you again to set up one (or even two) follow-up interviews. Follow-up interviews are done to confirm my understanding of your interview and to ask additional questions. Follow-up interviews are typically shorter than the initial interview (approximately 30 minutes) and will be conducted using the same processes as the first interview.

Possible Risks

There are *no expected or minimal risks* to you if you take part in this study. While your name will not be shared, it is possible that someone could read a quote or a story that you share and identify you as the informant. Hence, you could suffer a breach of confidentiality. There is also a possibility you may become uncomfortable or stressed by answering an interview question(s). If that happens, we can skip the question, take a break, or stop the interview. You may withdraw from the project altogether, at any time, and for any reason without any retaliation or risk to your employment.

Possible Benefits

There are no known benefits to you for taking part in this study.

Other Treatments

You may choose not to take part in this study.

General Information

Your participation in this study is totally voluntary. Your refusal to take part will not affect your status of employment or professional advancement. If you agree to participate, you may end your participation at any time, and for any reason, without impact to your status of employment, professional advancement, or any other benefits to which you are entitled. You do not give up any of your legal rights by signing this consent form and taking part in this study.

Costs

You *will not* be paid to take part in this study; nor will it cost you anything to take part.

Privacy

You will be asked to provide written consent to participate in this study. I will keep all contact information from the interviews (emails and other communications) in my encrypted Providence Health & Services computer. The audio recording of your interview will be used to create a word-for-word written document. This paper document will be created by a transcriptionist who will hear the audio tape in its entirety but will not be given your name. Your real name will be coded to your interview. Your name, signed consent, and code will be kept in a locked file cabinet. This file is the only way one can connect your name to the interview you provide or the transcript created from the interview.

You should know that there are agencies who have legal permission to review research records. These include The University of Hawai'i Human Studies Program and the Providence Health & Services Institutional Review Board. De-identified transcripts of the interviews may also be shared with my dissertation committee.

After the research paper is complete and the dissertation is successfully defended, I will destroy the audio-recordings and the coded files. When I report the results of my research project in my typed papers, I will not use your name or any other personal information that would identify you. Instead, I will use a pseudonym (fake name) for your name and/or generic terms to describe your work location if they are discussed. Dissertations, in their entirety, are published and accessible to people outside of the University of Hawai'i system. In addition, I am planning to submit the findings of my research report to professional journals. Hence, this study will be made available to the public at large.

Conflicts of Interest:

The researcher has declared no conflicts of interest

Questions:

If you have any questions about this project, please contact me via telephone at (503) 780-8982 or e-mail: troy.larkin@providence.org. You may also contact my research advisor, Dr. Sandra LeVasseur at (808) 956-0894 or by email: sandraal@hawaii.edu

If you have any questions about your rights in this project, you can contact the University of Hawai‘i, Human Studies Program, by phone at (808) 956-5007 or by e-mail: uhirb@hawaii.edu or Providence Health & Services Institutional Review Board at 503-215-6512. If you have questions about your privacy rights, please call the Providence Health & Services HIPAA Privacy Officer at (503) 574-9123. You are free to ask questions about this study at any time.

Consent:

After reading this, I will ask you if you consent by reading the following and audio recording your answer:

Dear Research Participant. By saying "yes, I agree" on this audio recording made on (state the current date) you are agreeing to join in the research project entitled: The Lived Experience of Graduates Who Studied Nursing in the Context of a Nursing Academic-Practice Partnership. You understand that you can change your mind about being in this project, at any time, by notifying me. If you decide to withdraw your participation, you may do so at any time or for any reason by simply notifying me. You will not suffer any retaliation if you decide not to participate. By saying "yes, I agree" you also confirm that you have read the consent form provided and that you have had an opportunity to have your questions answered to your satisfaction. Do you agree to participate in this research project?

Please sign below:

_____ Signature of research participant

_____ Printed name

_____ Date

Appendix B

Recruitment Tool

Dear (insert program name) Graduate:

My name is Troy Larkin and I am a fellow employee of Providence. I am attending school at the University of Hawai‘i at Mānoa to earn a PhD in Nursing. I am hoping you will help me complete a research project by consenting to be interviewed about your experience as a (insert program name) graduate.

The name of the study is: The Lived Experience of Graduates Who Studied Nursing in the Context of a Nursing Academic-Practice Partnership. It is hoped that information from this research will help nursing educators and administrators understand the experience of students who study nursing in partnerships between schools and hospitals.

If you decide to volunteer, we will schedule a 1-hour in-person initial meeting. You will also be asked to participate in one or two 30 minute follow-up interviews. I will ask you questions about your experience of studying nursing within a partnership program. The conversation will be audio-recorded and analyzed. Individual responses will be kept confidential.

You should know that your participation in this research is strictly voluntary. Also, you may withdraw your consent at any time and for any reason without consequence or retaliation.

If you are interested, or have questions, please feel free to contact me directly on my personal cell phone at (503) 780-8982 or email me at troy.larkin@providence.org. You are also encouraged to read the consent form which is attached to this email which gives more details than this email.

Thank you for considering participating in this nursing research project.

Troy Larkin
PhD Nursing Student - University of Hawai‘i

Appendix C

Interview Guide

After securing and recording consent, the interview will be guided by the following:

Verbal Explanation:

- The purpose of this study is to uncover the lived experience, shared meaning, and common practices of those who have studied nursing within a clinical-academic partnership such as the (name of program).
- The purpose is not to evaluate or critique the program itself.
- Rather, I am interested in learning more about what it was like for you to attend school as a partnership program participant.

Questions (demographic):

- Would you state your age please?
- Would you state your gender please?
- Would you state the amount of time you have been an RN?
- Would you state the kind of nursing you do?
- Where you employed by Providence or did you volunteer for Providence prior to your experience in an academic-practice partnership? If so, for how long?
- When did you graduate from your nursing program?

Questions (general):

- Tell me about your experience of studying nursing as a program participant.
- How did the partnership between Providence Health & Services and (University of Portland - or - University of Great Falls) impact your experience of being in school?

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