Academia and hospital perspectives on collaborative research approaches to achieving quality in Practice

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Abstract

Collaborative research projects are increasingly being utilised by hospitals and academia in order to achieve mutual objectives. This paper describes a cooperative exercise between a small regional hospital and a university in Western Australia built around a staff satisfaction survey. The first section of the paper examines some of the healthcare literature in the area. The second section describes the experiences of the student researcher undertaking the survey and the perspectives of the quality manager of the hospital overseeing the research. Both perspectives provide a richer understanding of collaboration through personal accounts. The student was able develop a staff satisfaction survey tool to meet the accreditation and quality objectives of the hospital while learning about the significant challengers and barriers to conducting a research project in an industry setting. The hospital was able to benefit from an independent researcher completing a survey of staff and the provision of a report reflecting current literature, data analysis and modest recommendations.

Introduction

Collaborative projects between hospitals and university settings can be used to develop cost effective, evidence based practice to improve health care outcomes (Boswell and Cannon, 2005; Campbell and Taylor, 2000; McCoughen and O'Brein, 2006). Collaborative projects can vary in size according to the objectives of the research. This collaboration was a small quality project between the Peel Health Campus (PHC) a 140 bed regional hospital, and Murdoch University School of Nursing and Midwifery (MUSONM), in Western Australia.

The broad aim of this collaboration was for staff at PHC to participate in a staff satisfaction survey as part of an ongoing quality program for the hospital that would be used in the accreditation process. The survey was undertaken and analysed by a student completing a Masters of Health Management Quality and Leadership. Within this framework there was potential for firstly, the hospital to acquire a useful dataset identifying important trends and issues as part of on-going quality improvements and secondly, for the student to acquire new research skills in an applied and real world setting. The aim of this paper is to discuss the strategic collaboration and the learning outcomes of this project from both the hospital and academia perspectives.

Literature Review

Collaboration can be described as the pooling of knowledge, capacity, resources, and interests. Through sharing tasks, a product is produced that can promote professional development of all members involved (Beattie et al. 1996; Pittman et al. 1991). The process of collaborative research has been described as the "The six C's of collaboration" (Lancaster, 1985) and includes the contribution, communication, commitment, compatibility, consensus and credit being identified by both parties. Successful collaboration between hospitals and academia is founded upon these processes. In addition the disclosure of self interest should be openly discussed, and in this way trust is established and the collaboration can develop to meet the needs of each party (Anderson et al. 2011).

The positive outcomes of collaboration between academia and hospital settings have been described as significant (Boswell and Cannon, 2005; Campbell and Taylor, 2000; McCoughen and O'Brein, 2006). These outcomes include the integration of education, practice and research (Downie et al. 2005). Moreover, collaboration provides a means to bridge the practice-theory gap whereby best practice outcomes are realised (Downie et al. 2005; Gererish and Clayton, 2004; Wallin et al. 2003). The advantages of collaborative research include the development of trust between parties through mutual benefit to promote research and quality health effects (Downie et al. 2005; Taylor et al. 2007). The development of trust across the divide is a fundamental issue as hospitals and academia work together to achieve the joint objectives of the research.

Despite many positive outcomes from collaboration discussed in the literature, there are also some difficulties with joint collaborative projects. These difficulties

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can include a mistrust of academia staff by hospital staff (Gaskill et al. 2003). Gaskill et al. (2003) describe the difficulties of developing trust between staff employed by hospital, and the research staff employed by the universities. Hospital staff may be suspicious of academics and may not cooperate in the desired or anticipated way. Staff may also consider that their own personal practice is being examined and this may result in a barrier between staff and researcher. In addition staff may perceive the research as a management strategy, which could have alternative motives such as changing staff/client ratios, ward closures and service provision (Gaskill et al. 2003). In addition McCloughlan and O'Brein (2006), describe that politics and power, inadequate resources, poor commitment and ineffective communication within organisations may become problematic for both parties.

There is an acknowledged tension therefore between those who advocate for closer links (Downie et al. 2005; Gererish and Clayton, 2004; Wallin et al. 2003) and those who acknowledge the very real difficulties that might undermine constructive collaboration (Gaskill et al. 2003; McCoughen and O'Brein, 2006). The space between these positions offers opportunities to build capacity and achieve mutually beneficial outcomes. This is founded on existing relationships between the partners.

The relationship, context and preparation

The relationship between MUSONM and the PHC has been viewed by both parties as positive. Since the MUSONM was established in 2004, close professional relationships have been built over time despite the personnel changes that are inevitable in organisations. In this context senior management at PHC approached the School's Deputy Dean and asked about the possibility of a postgraduate student undertaking a small quality project. The project identified was to conduct an all of staff satisfactions survey, as part of the ongoing commitment to quality within the organisation. A post graduate student enrolled in the Master of Health Management Quality and Leadership

was identified by the Deputy Dean in discussion with the Chair of Postgraduate Nursing, and discussions between the two organisations continued. This project was identified as a core element of a Masters degree.

This set in train a number of collaborative meetings and planning sessions. During the initial meetings between PHC executive, the PHC quality manager, the student and her supervisors discussed the commitment and expectations of both parties. The hospital conducted staff satisfaction surveys every two years and so it was anticipated that the new survey would provide some data for comparison with earlier surveys. In the interim two year period there had been a number of changes in the leadership and management of the PHC, and the current executive was keen to gauge the staff levels of perceived satisfaction. After several communications the survey was reviewed and modified to permit new data to be collected that was relevant to PHC needs. The intended survey also was supported by plain English instructions, consent and a letter of support from the CEO. Approval from the Human Research Ethics Committee at Murdoch University was achieved (approval 2010/204). The survey instrument was printed, and the project was ready to deliver to the staff.

The key process here was the need to negotiate with people with different perspectives and understandings of what was manageable and realistic given the inevitable constraints in the project of this type. The student needed to complete a project of significant quality and magnitude, while the hospital needed information that could be helpful in understanding how the organisation was tracking and that could be collected with minimal disruption to the day to day work. This process helped to build rapport and trust that is vital in collaborative projects (McCloughlan and O'Brein, 2006).

In order to build awareness and trust within the staff who would participate in the survey, the student engaged in several activities, both prior to the survey being distributed and also during the period that the survey was being conducted. Table 1 describes the strategies that were undertaken to engage participants in the

survey. As previous surveys had been undertaken on a regular basis (every two years) staff was anticipating this survey. The awareness of the staff was seen by the student as a positive factor, however it became apparent that not all staff were willing to contribute to the research.

Examples of how participants were engaged in the survey

• Formal presentations were provided to managers at staff meetings prior to the survey being conducted, in order to answer questions and request manager support during the survey.

• Informal discussions were provided to staff (in consultation with managers), at local staff meetings, in order to answer questions and inform staff of the survey.

• Informal discussions were undertaken at ward nursing handovers, in order to answer questions and inform staff or the survey.

• Opportunistic discussions with staff were initiated, as posters and collection boxes were distributed around the hospital by the student.

• Flyers were created and distributed to all staff notice boards informing staff about the survey.

• Provision of a newsletter article to be published in the hospitals second monthly newsletter, in order to raise awareness to staff of the survey.

• Emails were sent to managers to increase awareness of the survey and a request to include the survey as a topic to be discussed at any ward/department meetings.

• Site visits conducted during the two weeks that the collection boxes were open, to talk informally with staff about the survey being conducted and the closing date for the survey.

• Spare copies of the survey were carried by the student at all site visits so that the survey could be handed to the staff to complete, and then staff could deposit into the various collection boxes.

CConversations between the student and staff identified that some staff did not feel that completing the survey would make a difference in their workplace. Staff members commented that previous surveys did not appear to make any

difference to their working conditions. At this point the student was able to provide some examples of outcomes from previous surveys conducted. The student also encouraged staff to complete the survey as a method of empowerment (Sahoo and Das, 2011). One of the open ended questions in the survey specifically addressed what suggestions the staff would like to contribute to the executive to make the PHC a better place to work. Therefore the student encouraged staff to use this survey as a way in which to express their thoughts and have their say. In addition the student assured staff that the data would be collated off site, the data would be anonymous and the report would be given back to the executive of the campus who would distribute the results to staff.

The Survey

In line with previous surveys a small questionnaire was distributed, with all 550 staff receiving a hard copy survey with their fortnightly pay slip. The groups of staff surveyed included; catering, clerical, nursing, management, medical and support services.

Outcomes from the student and the hospital quality manager perspective

This project was an opportunity to conduct a quality improvement project within a small regional hospital. It was an opportunity for the student to communicate and collaborate with the executive of PHC and refine a survey instrument suitable for their needs. Joint outcomes included, the development of communication skills, novice research skills development, efficient use of time and concerns of trust.

Communication

Effective and open communication is essential for successful collaboration (Anderson, et al. 2011), and this project permitted the student to refine and practice communication skills. It was necessary to communicate to the senior management team, including both oral and written presentations. The student also communicated with middle management and all the various staff

groups. With each meeting there was the opportunity for the student to talk with a different group of people, who were at times reluctant to engage and even suspicious to the motives of executive in initiating the survey. The difficulty of engaging staff in research had been identified by the student whilst conducting the literature review for the project, and therefore when this was encountered; it was not unexpected (Gaskill et al. 2003; McCloughen and O'Brein, 2006). The reading of current literature permitted the student to be aware of the issue and also to be prepared, so as to not be personally disappointed with any negative comments by staff about the project. These meetings, whilst needing to be time efficient, as the staff had busy workloads, required honesty, empathy and an ability to objectively inform staff of the potential benefits to them and the organisation through completing the survey.

Novice research skills developed

The project was also an opportunity for the development of research skills through conducting a survey and collating all the data (including literature review ethics application and research proposal). The research developed the student's understanding of managing quantitative and qualitative data. It also provided an opportunity to write an executive report and make recommendations based on the findings contextualised within the current literature. The research also provided development of writing skills gained through the process of writing for publication.

Furthermore, a personal learning outcome for the student included the unexpected emotions of conducting research. As every survey was examined the student was relieved but also aware of the responsibilities of research. It was a privilege for the student to read the comments and examine the level of satisfaction within the staff. The responsibility of being able to analyse the written responses that staff wrote in their surveys, coupled with the desire to be able to reflect those accurately in the final report resonated with the novice researcher. On reflection the student was cognisant that the researcher has a responsibility to plan, execute and analyse with integrity, but

it was a valuable experience to feel that responsibility and associated excitement.

Time management

One advantage from this collaboration from the hospitals perspective was the efficient use of time. The time that the student spent raising staff awareness of the survey and the extent of evaluation undertaken, could not have been achieved by hospital personnel given the limitations of resources. The hospital found it extremely useful to be able to use certain questions previously asked so that quantitative trends could continue to be identified.

From the hospital's perspective, the project was an extremely positive experience. The collaborative project enabled a refreshing examination of the staff satisfaction survey tool through the joining together of academia and hospital perspectives. The student was able to introduce new questions influenced by a research background, and thus expand the scope of the survey content.

The final report contained extensive qualitative and quantitative information that exceeded previous results produced internally by the hospital. Results from previously conducted surveys were demonstrated by tables and graphs whereas the report generated by the university-hospital collaboration was more detailed. The final report not only included current literature but also analysis of data from an independent viewpoint and recommendations. The use of thematic analysis identified very specific areas of strength and areas where opportunities for improvement could occur.

Trust

In contrast, some negative outcomes from this project included an average response rate (26.4%, n=141) and mistrust about the survey expressed by the staff. The response rate of 26.4% is consistent with the expected return rate for a hard copy survey instrument (Pearson and Fitzgerald, 2001) however it was anticipated that due to all the pre survey publicity the response rate would have been higher. A general mistrust of the executive staff was apparent from comments made to the student researcher throughout the project. The

mistrust was directed both at the student and towards the management of the facility. Some staff members commented to the student their confusion as to why an 'outsider' was conducting the survey. Some staff perceived this as a weakness of the project, and yet some staff identified that this was strength. The mistrust between hospital staff and researchers has been discussed by Gaskill et al (2003), who identified that staff may feel defensive and insecure of an 'outsider' conducting research. Perhaps a higher response rate could have been achieved by hospital staff conducting the survey and that is something the hospital team could consider in future.

In addition to the staff identifying trust as an issue, the student experienced personal feelings of worth about the project. Many months of study were occupied with preparing and carrying out the survey whilst the student was immersed in preparation and conducting the survey. Therefore the student felt responsible for presenting the findings to executive that were representative of the staff level of satisfaction. However, the student was left to consider how the results would be utilised by the hospital executive; would be the project report be used by executive to make a difference in staff satisfaction, or was this project was just an exercise in the accreditation process for the hospital? Objectively the student was able to rationalise the aim of the survey and the relevance of completing it, in order to pas the unit of study within the Masters degree. In contrast, subjectively, the student was left wondering if the research really would make a difference to the participants in their day to day work satisfaction.

Overall the staff satisfaction survey was an extremely positive experience from the student's perspective as a novice researcher. To be able to conduct a quality improvement project within a hospital environment was a great opportunity to apply and develop some basic research and communication skills. It was also a worthwhile learning exercise that helped to meet the hospital's need for information about staff satisfaction.

General reflection

This project highlighted the six constructs of collaboration described by Lancaster (1995). The project required the contribution, communication, commitment, compatibility, consensus and credit being identified by both parties. However the issue of trust (Gaskill, et al 1993) emerged as vital consideration and despite our best efforts to address this issue the disappointing returns and the anecdotal comments of staff suggested that more work needed to be done to circumvent this undermining variable.

Conclusion

There is a growing literature on the potential benefits and difficulties of collaborative health research. This paper describes the perspectives' of student and hospital setting during the completion of a small collaborative project on staff satisfaction. The importance of securing access to the hospital setting and managing the relationship with the hospital was critical to the completion of this project. Even small projects, when done well, can lead to a richer understanding of local health professionals at work and have the potential to enhance their wellbeing. Set against the context of shrinking research funds and increasing expectations to demonstrate clinical effectiveness and efficiency, collaborative projects of this nature will become even more important.

Key Points

1. Collaborative projects between hospital and academia can be used to develop cost effective, evidence based practice to improve health care outcomes.

2. Positive outcomes from collaborative research for the novice researcher include the opportunity to acquire new research skills in an applied and real world setting.

3. The development of trust between parties during collaborative research is a fundamental issue as hospitals and academia work together to achieve the joint objectives of the research.

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