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## **Doctor of Education in Organizational Leadership**



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Dr. Joey Cope, Dean of the College  
of Graduate and Professional Studies

Date: November 17, 2020

Dissertation Committee:



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Abilene Christian University  
School of Educational Leadership

A Program Evaluation of a Rural Nursing Academic Partnership

A dissertation submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Education in Organizational Leadership

by

Meagan A. Spencer

December 2020

## **Dedication**

“God can restore what is broken and change it into something amazing, all you need is faith.” Joel 2:25 (MSG)

## **Acknowledgments**

Thank you first to the Lord God Jehovah, who has been faithful throughout this journey. Thank you to Dr. Cecilia Hegamin-Younger, my chair, who pushed me to go above and beyond. Thank you Dr. Karmyn Downs and Dr. Lawrence Santiago for being wonderful committee members who really made me think about the future of this research. Thank you to Dr. Andrew Lumpe for supporting my committee and me as the dean's representative.

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### **Abstract**

As the American Association of Colleges of Nursing and Commission on Collegiate Nursing Education continue to promote the implementation and creation of literature on academic partnerships, a Christian university, sought to evaluate its academic partnership with a for-profit hospital for the first time in regard to student perspectives. The purpose of this mixed-methods program evaluation was to describe the student perceptions of the academic partnership in trusting, collaborating, and engaging nursing students and recruiting and retaining nursing graduates to rural hospitals and health care facilities. Measurable impacts included both qualitative and quantitative coding of the levels of trust, collaboration, and engagement of the university students and through coding student reflection papers. These descriptive and performance measures provided evidence to inform the university/hospital partnership of strategies to recruit and retain nurses early in their careers.

*Keywords:* nurse, partnership, leadership, dedicated educational unit, evidence-based practice

## Table of Contents

Acknowledgments.....	ii
Abstract.....	iv
List of Tables .....	viii
List of Figures.....	ix
Chapter 1: Introduction.....	1
Background.....	3
Statement of the Problem.....	3
Purpose of the Study .....	4
Research Questions.....	4
Significance of the Study .....	5
Definitions of Key Terms .....	5
Summary.....	6
Chapter 2: Literature Review.....	7
Mode of Review.....	7
Importance of Academic Partnerships .....	8
Theoretical Framework.....	9
Partnerships.....	16
Academic Partnerships.....	16
Dedicated Educational Units.....	19
Residencies .....	20
Summary .....	24
Healthcare Environments.....	24
Urban Environments .....	24
Rural Environments .....	25
Perceptions of Partnership Success.....	26
Partnership Staff Perceptions.....	27
Student/New Nurse Perceptions in Partnerships.....	30
Summary .....	32
Importance of Leadership in Partnerships .....	33
Beneficial Leadership Styles in Partnerships.....	33
Importance of Leaders Developing Future Leaders.....	36
Summary .....	37
Transitioning New Nurses Into the Workforce.....	38
Challenges for New Nurses .....	39
Benefits of a Transitional Program.....	40
Summary.....	42
Limitations .....	43
Summary.....	44



Chapter 3: Research Method.....	46
Research Design and Method .....	46
Procedures.....	46
Population and Sample .....	48
Site Selection .....	48
Recruitment.....	48
Materials/Instruments .....	49
Questionnaire .....	49
Pilot Study.....	53
Pilot Study Findings.....	54
Data Collection and Analysis Procedures.....	55
Reliability/Validity of Questionnaire.....	55
Questionnaire Analysis .....	56
Analysis of Student Reflections.....	58
Trustworthiness.....	58
Ethical Considerations .....	58
Assumptions.....	59
Limitations .....	59
Delimitations.....	60
Data Protection.....	60
Confidentiality .....	61
Potential Risks and Benefits .....	61
Summary.....	62
Chapter 4: Results .....	63
Sample.....	63
Research Questions .....	65
Success of the Partnership is in Developing and Training Nurses .....	65
Student Preferences of Rural Versus Urban Work and Living Environments .....	67
Student Perceptions of the Strengths and Weaknesses of the Partnership.....	69
Effectiveness of the Partnership Goals .....	77
Summary .....	80
Success of the Partnership is in Developing and Training Nurses .....	80
Student Preferences of Rural Versus Urban Work and Living Environments .....	81
Student Perceptions of the Strengths and Weaknesses of the Partnership.....	81
Student Descriptions of Their Experiences.....	81
Effectiveness of the Partnership Goals .....	81
Chapter 5: Discussion, Conclusions, and Recommendations.....	82
Discussion of Findings.....	82
Research Question 1 .....	83
Research Question 2 .....	84
Research Question 3 .....	85
Research Question 4 .....	85

Research Question 5 .....	86
Implications.....	87
Limitations .....	90
Recommendations.....	90
Conclusions.....	92
References.....	93
Appendix A: Initial Recruitment Script.....	100
Appendix B: Email and Informed Consent.....	102
Appendix C: Preliminary Director Email .....	104
Appendix D: Reminder Emails.....	105
Appendix E: Demographic Questionnaire Code Book.....	106
Appendix F: Questionnaire Code Book .....	108
Appendix G: Questionnaire Dimensions .....	112
Appendix H: Student Reflection Matrix.....	115
Appendix I: IRB Approval.....	154

## List of Tables

Table 1. Staff Perceptions .....	28
Table 2. How Leaders Influence Partnerships Positively .....	34
Table 3. Benefits of a Partnership in Transition to Practice .....	41
Table 4. Demographic Summary .....	64
Table 5. Summary of the Perceptions of Alum Experiences Contributing to Becoming a Skilled Professional ( <i>N</i> =29).....	66
Table 6. Relationship Between Pre- and Post-Partnership Work Environment and Preferences ( <i>N</i> =29) .....	68
Table 7. Relationship Between Pre- and Post-Partnership Living Environment and Preferences ( <i>N</i> =29) .....	69
Table 8. Summary of Student Perceptions of Strengths ( <i>N</i> =29).....	71
Table 9. Summary of Student Perceptions of Weaknesses ( <i>N</i> =29) .....	73
Table 10. Summary of Partnership goals ( <i>N</i> =29) .....	77
Table 11. Summary of the Effectiveness of Recruitment Strategies ( <i>N</i> =29).....	80

## List of Figures

Figure 1. Characteristics of the Synergy Model in Developing Community-Academic Partnerships.....	11
Figure 2. A Model of Partnership Synergy.....	15

## Chapter 1: Introduction

Nursing shortages have plagued many rural areas in the United States. Rural facilities struggle to gain recruitment and retention over their urban counterparts. As a response, the nursing community has suggested the solution of satisfaction and academic partnerships to create a pipeline in increasing recruitment and retention to facilities (AACN, 2008; Ackerson & Stiles, 2018; Enders et al., 2016; Haddad et al., 2020). The American Association of Colleges of Nursing (AACN) has promoted partnerships and residencies that help struggling hospitals recruit baccalaureate-prepared (BSN) nurses and supporting nurse education (Enders et al., 2016). Using the framework suggested by the AACN, universities and healthcare facilities have been able to partner to create goals for satisfaction to generate recruitment and retention outcomes in their local areas (AACN, 2008; Ackerson & Stiles, 2018; Enders et al., 2016; Haddad et al., 2020).

The importance of academic partnerships and nurse retention has hinged on nursing shortages, which are pronounced in rural areas (Ackerson & Stiles, 2018; Burman & Fahrenwald, 2018; LaSala, 2017). Studies on satisfaction, even on a student level in partnerships and residencies, have been important to the future of nurse retention (Dobalian et al., 2014; Haddad et al., 2020; Stout et al., 2015). A return on investment in the form of recruitment costs has been a prime benefit of academic partnerships and residencies in nursing (Haddad et al., 2020; Stout et al., 2015). New nurses cost anywhere from \$22,000 to \$64,000 to replace due to training expenses (Robert Wood Johnson Foundation, 2010). These expenses can drain a facility financially; therefore, establishing academic partnerships that are satisfactory among students and staff may also influence the financial stability of a facility (Enders et al., 2016; Robert Wood Johnson Foundation, 2010).

Stout et al. (2015) also described how nursing shortages create a shortage of clinical placement spots for students in nursing schools, thus feeding the cycle of nursing shortages (Dobalian et al., 2014; Stout et al., 2015). Again, replacing nurses has been costly in orientating, interning, and educating new employees each year (Dobalian et al., 2014; Enders et al., 2016; Garrison et al., 2017; Robert Wood Johnson Foundation, 2010; Stout et al., 2015).

To find a solution to nursing shortages, some hospital systems such as the Department of Veteran Affairs (VA), a prime stakeholder in the nursing market, sought to address the problem of the nursing shortage as a stakeholder in postsecondary education by taking the previous recommendations made by the AACN to create better recruitment and financial stability (Dobalian et al., 2014). The VA's problem was further discussed through the problem of having a useful clinical partnership model for developing nursing outcomes and retention in the VA (Dobalian et al., 2014). However, there was still evidence of a lack of nurses in the nation, and the VA system average of 45% of new graduate nurses change employers after their first year (Dobalian et al., 2014). As mentioned before, replacing and retraining nurses costs hospital systems (Dobalian et al., 2014; Garrison et al., 2017; Stout et al., 2015). Also, if appropriate clinical placements have not been procured, nursing programs risk delaying graduation for students, or students risk not having sufficient real patient experience because programs have to rely on simulation experiences (Dobalian et al., 2014; Garrison et al., 2017; Stout et al., 2015).

As mentioned previously, establishing satisfactory academic partnerships in nursing have been a gift for facilities seeking to create pipelines of workers and attain financial stability because of decreased turnover. In this study, the satisfaction of a newly established academic partnership in nursing has been explored through student views. The hope was that a satisfactory

partnership as perceived by recent graduates would lead to an increase in graduates who preferred to work in the rural area.

## **Background**

The town in which the university and hospital of this study were located includes a population of around 15,000 with demographics including 88% White/Caucasian, 9% Black/African American, and 3% Other (U.S. Census Bureau, 2018). There was also an 84% high school graduation rate and an 18% college graduation rate. Healthcare was the biggest employment industry employing 16% of workers (U.S. Census Bureau, 2018). The hospital of 501 staff had 50,265 annual emergency room visits and 5,841 annual patient admissions (HCA, 2018). In an attempt to attract the nursing students to remain in the local area, the hospital partnered with the university and established clinical experiences and training opportunities for students in the nursing program. The hospital took an interest in the university nursing program and established clinical experiences and training opportunities for students in the nursing program. The hospital created opportunities for students to experience multiple modalities of healthcare in clinical, let students not just observe but apply hands-on experience, and started discussing and training for residency opportunities before graduation. The university/hospital relationship started at the initiation of the university nursing program in 2016 and has never been assessed.

## **Statement of the Problem**

Academic partnerships have been relatively new in the literature with Dobalian et al. (2014) providing the first program evaluation of these types of partnerships. The university/hospital program has never been evaluated, and an evaluation of this program provides a unique contribution to the literature through the use of a for-profit hospital and a

private Christian university. Only one other for-profit hospital was found in the literature as an example of an academic partnership, and it was partnered with a public university (Stout et al., 2015). Since a comprehensive analysis of outcomes has never been attempted, such an analysis was beneficial for documentation and goal formation. While there was evidence that hospital partnerships with nursing programs could enhance graduate attraction to rural hospitals, the literature was not expansive, and a partnership between a for-profit hospital and private Christian university had not been explored.

### **Purpose of the Study**

The purpose of this mixed-methods program evaluation was to describe the university/hospital academic partnership program's characteristics through student perceptions. This evaluation on student perceptions guided the partnership in addressing perceived needs to meet partnership goals. The data facilitated the partnership in assessing needs and diagnosing problem areas. Using the results of the evaluation, the partnership will be able to plan and implement appropriate changes addressing the issues identified. In addition, the evaluation will have a sustainable evaluation model to assess future needs.

### **Research Questions**

RQ1: How do students perceive how successful the partnership is in developing and training them as nurses?

RQ2: How do students' preferences of rural versus urban work and living environments change after participation in the partnership?

RQ3: What do students perceive as the strengths and weaknesses of the partnership?

RQ4: How do students describe their experiences in the partnership through reflection during their time in the partnership?



RQ5: What is the effectiveness of the partnership goals?

### **Significance of the Study**

The AACN has set the foundation that successful partnerships and residencies are the pathways to alleviating local nursing shortages and expanding nurse training (Dobalian et al., 2014; Enders et al., 2016; Garrison et al., 2017; Pearson et al., 2015). The hospital continually sought to modify leadership training that leads to higher healthcare worker retention among hospitals in its system, while the university aimed to find ways to promote community retention of its graduates. The organizational impacts of this evaluation not only measured progression towards university and hospital goals and mission, but also provided evidence to inform the partnership program of strategies to recruit and retain nurses early in their careers. Thus, informing best practices.

### **Definitions of Key Terms**

The following key terms were essential to understanding this research. These terms were referenced from a variety of resources.

**Dedicated educational unit (DEU).** A unit set up at a hospital specifically for training students with the new nursing staff or nursing students (Dorcy et al., 2016; Nishioka et al., 2014).

**Evidence-based practice (EBP).** The best practices in which to teach and train healthcare workers and serve patients (Enders et al., 2016).

**Leadership.** Hospital administration, including the chief executive officer, chief nursing officer, preceptors, and clinical educators who work for the hospital (Garrison et al., 2017).

**Nurse.** One who has completed a four-year baccalaureate-leveled degree or BSN-RN through an accredited program (Daniel & Smith, 2018). Due to the workforce progressively

requiring a four-year BSN degree to work in a hospital setting, nurses in this study will be defined as BSN leveled nurses (Daniel & Smith, 2018).

**Partnership.** Academic-hospital partnerships in which students participate in clinical experiences with hospital professionals and administration. Hospital professionals also utilize clinical opportunities to train students to enter into the hospital's residency program upon graduation (Dobalian et al., 2014; Pearson et al., 2015).

**Rural.** Any county that does not have a town of 50,000 or more people (Ross et al., 2017; USDA, 2017).

**Urban.** Any county that has a town of 50,000 or more people (Ross et al., 2017; USDA, 2017).

## **Summary**

Academic partnerships have been highly promoted by the AACN, yet the literature has still remained sparse concerning their effects on students (Enders et al., 2016). Additionally, a program evaluation benefited the university/hospital in monitoring outcomes and creating goals for the future. The program evaluation also analyzed the perceptions of the university nurse graduates to strategically promote those values and benefits within the academic partnership (Dobalian et al., 2014; Stout et al., 2015).

## **Chapter 2: Literature Review**

The purpose of this literature review was to provide a comprehensive review of academic partnerships in nursing as it relates to the theoretical domains of the partnership synergy model of program review. Chapter 2 described the partnership synergy model framework of a successful partnership in nursing, reviews perspectives in the literature in academic partnerships in nursing and proposes contributions to the literature from this study. Through the present study, I sought to describe program characteristics and outcomes, so that it was possible to understand student perspectives and create future goals of the academic partnership between the university and the hospital. For this purpose, I presented existing research literature about the need for partnerships in recruitment, problems with rural recruitment, benefits of leadership influence in partnerships, concerns with new nurse transition into practice, and perceptions of the effectiveness of partnership models. Using this progression of topics and the existing literature, I attempted to make a case for the study. Also, I discussed the framework of evaluation used in the study: a partnership synergy model for formative program evaluation.

### **Mode of Review**

I identified research literature for this study by performing searches in EBSCO, a comprehensive database for social science researchers; CINAHL, a comprehensive database for nursing and allied health; and ERIC, a comprehensive database that includes government research using the search terms “nurse” and “partnership.” I included quantitative, qualitative, and mixed-methods studies along with research studies and reviews. I further filtered the search by limiting results to peer-reviewed journals between 2014 and 2019, the last five years of research. As of March 9, 2020, such a search returned 103 results. I further filtered the results by removing papers that dealt with diversity, faculty, non-U.S. healthcare, and patients. After

filtering, 18 results were found. Within the 18 final results, themes of educational partnerships, perceptions of partnerships, leadership within partnerships, and transition reoccurred in the results. I then searched for literature pertaining to the themes by using a Boolean search with the keywords “nurse” and “partnership” and the associated theme.

First, I input the keywords “nurse” and “partnership” and the added theme of “educational,” such a search returned 34 results. I further filtered the results by removing papers that dealt with faculty, non-U.S. healthcare, and patients. After filtering, 13 results were found. Next, I input the keywords "nurse" and "partnership" and “perceptions,” and such a search returned 24 results. I further filtered the results by removing papers that dealt with faculty, non-U.S. healthcare, and patients. After filtering, 12 results were found. Third, I input the keywords “nurse” and “partnership” and “leadership,” and such a search returned 21 results. I further filtered the results by removing papers that dealt with faculty, non-U.S. healthcare, and patients. After filtering, 11 results were found. Fourth, I input the keywords “urban” and “healthcare,” then “rural” and “healthcare.” The results included 203 and 157 results. After filtering, 8 results were found.

Lastly, I input the keywords “nurse” and “partnership” and “transition,” and such a search returned 23 results. I further filtered the results by removing papers that dealt with faculty, non-U.S. healthcare, and patients. After filtering, 13 results were found.

### **Importance of Academic Partnerships**

Academic partnerships emphasized the importance of leadership and partners who advocate for each other (Dobalian et al., 2014; Garrison et al., 2017; Pearson et al., 2015; Titzer et al., 2014). Research demonstrated that resources such as administration help sustain a partnership by administration helping establish relationships within the organization, between

organizational partners, and within the community with the partnership synergy domains of trust, collaboration, and engagement (Dobalian et al., 2014; Garrison et al., 2017; Pearson et al., 2015; Titzer et al., 2014). Furthermore, long-term partnerships have a higher propensity for positive outcomes such as attraction to both the school and hospital involved (Dobalian et al., 2014; Garrison et al., 2017; Pearson et al., 2015; Titzer et al., 2014).

A prime reason that academic partnerships in nursing have become popular in recent years is due to rural healthcare leaders facing challenges, such as nurse shortages (Garrison et al., 2017; Pearson et al., 2015; Titzer et al., 2014). With nursing shortages and a strained nursing workforce, nurse graduates sought healthy environments, and healthcare organizations strive to create those environments (Auerbach et al., 2017; Titzer et al., 2014). Over half-a-million more nurses with a bachelor of nursing degree will be needed to sustain the workforce in the next few years (Steele-Moses, 2018; Stout et al., 2015). Therefore, recruiting nurses and increasing clinical knowledge was a problem for creating good nurse retention practices (Garrison et al., 2017; Stout et al., 2015).

Clinical placement, nursing education, and employers vetting potential candidates, all within the continuing research on the pedagogy of partnerships was the most stressed framework in preventing nursing shortages (Dobalian et al., 2014; Enders et al., 2016; Garrison et al., 2017; Pearson et al., 2015). The AACN called schools of nursing and healthcare facilities to explore further enhancements for partnerships to integrate communities and improve outcomes (Enders et al., 2016).

### **Theoretical Framework**

The partnership relationship between the hospital and the university nursing students could be understood through Lasker et al.'s (2001) partnership synergy model in formative

program evaluation (Royse et al., 2009). The partnership synergy model explained how partnerships create synergy in their characteristics to which culminate in the partnership and help describe the sustainability, effectiveness, and efficiency of the partnership (Lasker et al., 2001). Used initially to assess partnerships in community health within the United States, the researchers explained how partnerships with mutual capital benefits of resources help create effective partnerships (Lasker et al., 2001). Relationships played a crucial role in developing essential collaboration and meeting the development of workers within the organizations (Lasker et al., 2001).

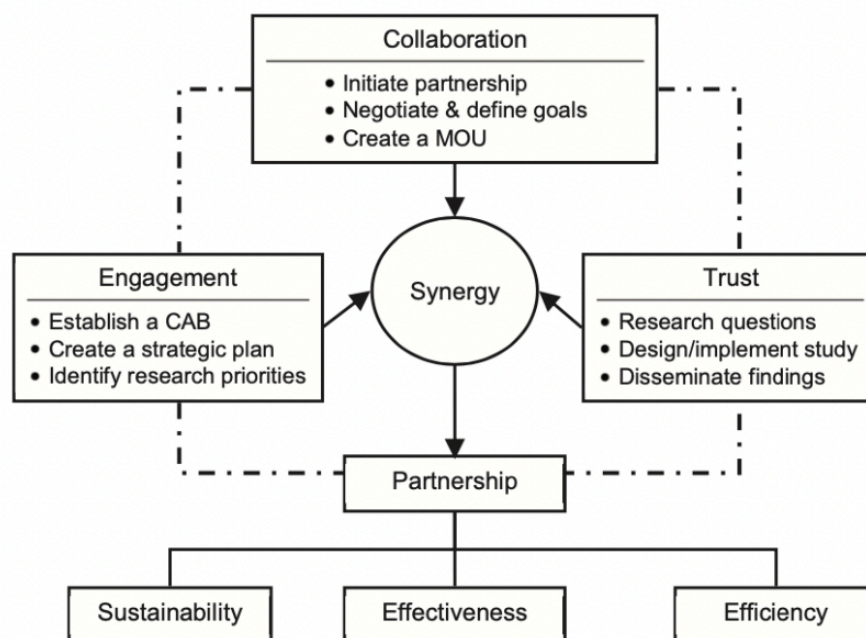
Brush et al. (2011) adapted the partnership synergy model to program evaluation illustrating that synergy includes the positive outputs of collaboration, trust, engagement and the activities that are performed under each of those domains. The success of the partnership was then determined by if synergy was achieved (Brush et al., 2011; Lasker et al., 2001). First, activities such as initiation of the partnership, creating mutual goals, and establishing shared priorities that produce collaboration, engagement, and trust were input units into the synergy of the program (Brush et al., 2011). Then, the effectiveness of the collaboration, engagement, and trust drove the synergy or lack thereof of the partnership (Brush et al., 2011). Next, the synergy or non-synergy established the partnership framework or output in the program evaluation (Brush et al., 2011). Finally, the partnership framework produced the outcomes of sustainability, effectiveness, and efficiency of the partnership program to the each organization and the community (Brush et al., 2011).

The model in Figure 1 demonstrated the characteristics of partnership synergy including trust, collaboration, and engagement producing the partnership outcomes of sustainability, effectiveness, and efficiency. If leaders connect, an environment of collaboration, trust, and

engagement is established, outputs of sustainability, effectiveness, and efficiency will be achieved (Brush et al., 2011; Lasker et al., 2001).

### Figure 1

#### *Characteristics of the Synergy Model in Developing Community-Academic Partnerships*



*Note.* Reprinted from “Moving toward synergy: Lessons learned in developing and sustaining community-academic partnerships,” by B. L. Brush, J. M. Baiardi, & S. Lapides, 2011, *Progress in Community*, 5, p. 28. Copyright 2011 by The Johns Hopkins University Press. Reprinted with permission.

In this model, engagement is met by establishing a change-advisory board that creates a strategic plan and identifies research priorities (Brush et al., 2011). Collaboration is met through initiation or two entities working in a partnership together in the case of this study, students and staff (Brush et al., 2011). Leaders define the goals to be met by students, and a memorandum of understanding is established between student and staff that they will meet the defined goals

(Brush et al., 2011). In trust, research questions about the partnership are established to implement a study and findings are distributed to the organizations (Brush et al., 2011).

The partnership synergy model fitted this research study in multiple modalities, including the goals of the collateral agreement between the hospital and the university regarding students. The American Association of Colleges of Nursing (AACN) and the American Organization of Nurse Executives (AONE) classified synergy and sustainability as a necessity for partnerships for hospitals and universities towards students (Beal et al., 2011). Also, the AACN and AONE determined there is a need to identify the effectiveness of individual partnerships (Beal et al., 2011). Lastly, partnerships tended to focus on multiple types of collaborations between students and hospital staff, which leads to the need for strong partnerships to expand training (Beal et al., 2011; Lasker et al., 2001).

Lasker et al. (2001) defined partnership synergy as a potential for enabling individuals in organizations. It is also noted that nearly half of partnerships do not last after the first 12 months, so it is essential to analyze the factors that create lasting partnerships (Lasker et al., 2001). Furthermore, partnership resources defined by Lasker et al. (2001) include money, skills, connections, and space. Relationships were defined by trust and respect, and characteristics were defined by leadership and management (Lasker et al., 2001).

Formative evaluation can provide insight into the phases of partnership formation, implementation, and continuance that influence leadership, relationships, and communication (Lasker et al., 2001). Partnership synergy was created by combining resources, shared vision, and perspectives to gain the outcomes of partnership effectiveness, efficiency, and sustainability (Brush et al., 2011; Drahota et al., 2016; Lasker et al., 2001). When goals and evaluation of those



goals by stakeholders support each other in a partnership, the satisfaction and effectiveness of the partnership aligned in sustainability (Lasker et al., 2001).

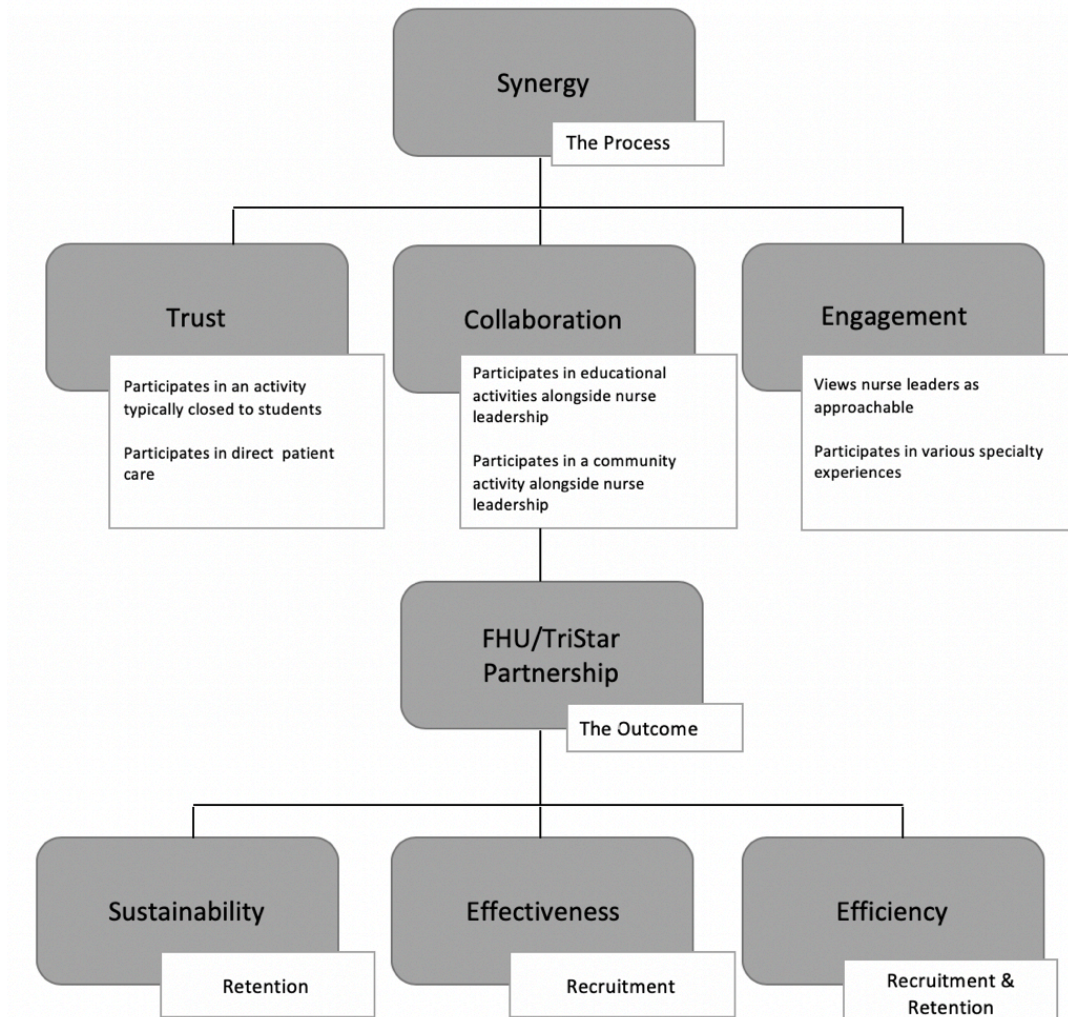
Drahota et al. (2016) further supported Lasker et al. (2001) through conducting a follow-up study of the effectiveness of the partnership synergy model. Defining partnerships as creating synergy through combined resources such as knowledge and skills to benefitted the local community, started programs, and achieved goals, the researchers conducted a systematic review characterizing the community academic-partnerships (Drahota et al., 2016). Through the review, the researchers found the partnership dimensions of leadership, administration and management, efficiency, resources, partner challenges, and community challenge with the overarching theme of collaboration (Drahota et al., 2016).

In addition, efficiency, effective management, and sustainability in shared resources also led to higher synergy (Drahota et al., 2016). Collaboratively, these findings from Drahota et al.'s (2016) review can be used as a further synthesis of Lasker et al.'s (2001) theory that the formation of the partnership, perceptions of those partnerships, leadership, and leaders leading transition promote synergy within partnerships.

Leadership was a critical element of successful partnerships including their communication (Beal et al., 2011; Drahota et al., 2016; Lasker et al., 2001). Communication strategies of leaders created synergy and decisive action when training students and creating partnership goals (Lasker et al., 2001). Communication of the mission and values of the partnership formed relationships that generated a positive organizational culture, and attracts individuals to that culture (Beal et al., 2011; Drahota et al., 2016; Lasker et al., 2001). In this model (Figure 2), trust included any risk-taking events for the staff including the student

participating in direct care activities and activities typically closed to students such as meeting where confidential information was shared.

Collaboration included the student working alongside staff in both educational and community activities. Engagement included student participation in activities and positive communication between staff and students. These facets of trust, collaboration, and engagement were all described through current partnership goals. If these program goal components were met and were met with satisfaction by the student, the partnership should be defined by a synergistic relationship which should result in sustainability, effectiveness, and efficiency which describe the outcomes of positive recruitment and retention.

**Figure 2***A Model of Partnership Synergy*

*Note.* Adapted from “Moving toward synergy: Lessons learned in developing and sustaining community-academic partnerships,” by B. L. Brush, J. M. Baiardi, & S. Lapides, 2011, *Progress in Community*, 5, p. 28. Copyright 2011 by The Johns Hopkins University Press. Reprinted with permission.

## **Partnerships**

Clinical placement was an essential component of nursing education and employers' recruitment of potential candidates (Dobalian et al., 2014; Enders et al., 2016; Garrison et al., 2017; Pearson et al., 2015). Partnerships can facilitate clinical placement. National organizations such as the AACN challenged schools of nursing and healthcare facilities to develop and explore different types of partnerships to improve community health and educational outcomes (Auerbach et al., 2017; Enders et al., 2016).

Notably, the AACN has developed recommendations that help organizations form partnerships and utilize them to help recruitment efforts and retention to both hospitals and universities in nursing shortage areas (Auerbach et al., 2017; Burman & Fahrenwald, 2018; Enders et al., 2016). The AACN also promoted the Robert Johnson Wood Foundation's *Charting Nursing's Future* goal to develop strategic partnerships and redesign nursing education through planning and growing a pipeline of local students to become nurses (Robert Wood Johnson Foundation, 2010). Some of the suggestions of the AACN were to set up academic partnerships between universities and hospitals, dedicated education units (DEUs) at hospitals, and for hospitals to set up residencies for new nurse graduates (Auerbach et al., 2017; Enders et al., 2016; Robert Wood Johnson Foundation, 2010). The first component of program evaluation in the partnership synergy model that organizations must research was the history of successful partnerships, and the history of the different types of partnerships will be explored in this section.

### ***Academic Partnerships***

Partnership synergy in an academic partnership involved the relationship between a university and a healthcare organization to facilitate the training of students. In this type of

partnership, resources are shared between the university and healthcare organization with the goal of providing opportunities for students (Auerbach et al., 2017; Enders et al., 2016).

The Veterans Affairs (VA) Offices of Academic Affiliations and Nursing Services was one of the first recognized programs to implement the hospital/university partnerships (Dobalian et al., 2014). This partnership, the VA Nursing Academy or VANA, developed a successful model through evaluating the challenges and strategies that sustain effective partnerships between university nursing programs and hospitals (Dobalian et al., 2014).

The VA clinical rotations were often viewed poorly by both students and staff because of the lack of understanding on both sides of cultural education and job performance (Dobalian et al., 2014). The VANA program was noted to provide a standard for culture and performance for both students and staff through collaborative education opportunities (Dobalian et al., 2014). Mentorship between students and staff spurred on staff to continue education, innovate clinical practice, and help students become part of a team (Dobalian et al., 2014). The VANA partnership also boosted the reputation of both the hospital and university as competitive entities in healthcare through producing highly qualified new nurses (Dobalian et al., 2014).

While Dobalian et al. (2014) and Pearson et al. (2015) provided a starting framework for academic nursing partnerships, these researchers lacked the understanding of the importance of the local socio-economic and healthcare context of rural communities. The incorporation of local contexts of rural communities allowed nurses to have an advantage in creating a receptive environment for the community, helping healthcare leaders collaborate as partners with the community (Dobalian et al., 2014; Pearson et al., 2015).

Stout et al. (2015) examined the partnership between the University of Texas at El Paso (UTEP) and Del Sol Medical Center, a Hospital Corporation of America (HCA) for-profit

hospital. UTEP and Del Sol Medical Center partnered utilizing the AACN recommendations for academic partnerships created a program in which senior nursing students participated in extensive orientation during their clinical rotation in order to improve recruitment, increase student and preceptor satisfaction, and ease transition. Preceptors in the UTEP and Del Sol study perceived more difficulty with lack of confidence, then role expectations, and fears of patient safety (Stout et al., 2015).

Overall, the UTEP and Del Sol study rendered successful in its inaugural implementation with all of the students accepting offers to work at Del Sol and a 93% pass rate on the NCLEX on the first try, thus bringing in 25 new graduates to start temporarily relieving the hospital's nursing shortages (Stout et al., 2015). Students indicated that the most significant factor that led them to unit integrations within the partnership included support, consistency, and skills help (Stout et al., 2015). Students also stated they were most satisfied with peer support, including a sense of belonging and being part of a team (Stout et al., 2015).

The themes of inter-organizational collaboration, variety in cultures, recruiting faculty, partnership structure, and long-term commitment are common themes that are crucial to developing academic partnerships in nursing (Auerbach et al., 2017; Broome et al., 2014; Dobalian et al., 2014; Enders et al., 2016; Pearson et al., 2015; Stout et al., 2015). Furthermore, several researchers discuss that development of academic partnerships involves including hospitals and universities that have differing leadership, organization, and culture; however, research is needed in more specific partnership examples (Auerbach et al., 2017; Broome et al., 2014; Dobalian et al., 2014; Enders et al., 2016; Stout et al., 2015).

### *Dedicated Educational Units*

Dedicated Education Units (DEUs) were also forms of academic partnerships. Partnership synergy in a DEU involved the relationship between a university's students and a specific unit in a healthcare organization (Dorcy et al., 2016; Nishioka et al., 2014). A DEU was set up at a hospital specifically for training students with nursing staff that is specially trained in teaching nursing students (Dorcy et al., 2016; Nishioka et al., 2014). A DEU was different from an academic partnership in that DEUs are for specific units, usually at larger hospitals; whereas, academic partnerships usually consist of whole hospital involvement (Dobalian et al., 2014; Dorcy et al., 2016; Nishioka et al., 2014). Two DEU examples were found in the literature, including Nishioka et al. (2014) and Dorcy et al. (2016).

The academic partnerships in DEUs also had more explicit role definitions and continuity of education with progressions than that of traditional units (Dorcy et al., 2016; Nishioka et al., 2014). On the Clinical Nurse Teacher Survey Scales administered by the researchers, all areas rendered more satisfaction in a DEU than in the traditional clinical model (Nishioka et al., 2014). Satisfaction can be seen in the effect sizes of each category including the learning atmosphere of the unit, leadership style of the nurse manager, quality of nursing care on the unit, nature of the clinical supervisory relationship, work-life satisfaction of nurses, professional development and faculty support, and student benefits and learning (Nishioka et al., 2014).

Dorcy et al. (2016) evaluated the partnership between the College of Nursing at Seattle University (SU) and the Seattle Cancer Care Alliance (SCCA; Dorcy et al., 2016). SU and SCCA followed the DEU model presented by the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine (HMD; Dorcy et al., 2016). DEUs, such as

the one implemented by SU and SCCA, pinpoint specialty areas of nursing that have shortages in individual hospital settings (Dorcy et al., 2016).

University faculty helped coordinate students by working with hospital staff about learning outcomes and meeting AACN standards, but preceptors were the primary student leaders. Like Nishioka et al. (2014), Dorcy et al. (2016) sought out satisfaction outcomes; however, Dorcy et al. (2016) included the satisfaction outcomes of student participants. All 54 students reported satisfaction with their experience and even provided feedback for dynamic changes in the program. The positive return on the SCCA's investment included a 100% retention rate of hires in the first five years and around one-third of participating students hired into oncology units. Unlike Nishioka et al. (2014), the SU/SCCA DEU study kept data for formative evaluation, including the 100% pass rate on the NCLEX for participating students and the partnered DEU unit effectively increased satisfaction and the hiring pool.

### ***Residencies***

Partnership synergy in a nurse residency involved the relationships between the university's nurse graduates and a healthcare organization (Agosto, 2017; Burman & Fahrenwald, 2018). The nurse residency prefaced the academic partnership movement by providing new nurses a transitional learning opportunity to bridge academics to practice (Agosto, 2017; Burman & Fahrenwald, 2018; Jones et al., 2017; Wildermuth et al., 2019). Many students in academic partnerships bridged to residencies upon graduation from their university programs (Agosto, 2017; Burman & Fahrenwald, 2018; Jones et al., 2017; Wildermuth et al., 2019). The AACN recommended partnerships between academic nursing and hospitals to advance the nursing practice (Enders et al., 2016). For those in all settings, but primarily rural, partnerships offered an opportunity for recruitment and specialty (Burman & Fahrenwald, 2018).



The clinical immersion experiences developed the relationships between preceptors and students. These relationships were found to be beneficial in recruitment and retention of student nurses because they instilled a sense of confidence with the student nurses (Agosto, 2017; Burman & Fahrenwald, 2018; Jones et al., 2017; Wildermuth et al., 2019). In addition, residency programs offered prehire offers with clinical immersion opportunities which also facilitated the recruitment of new nurses (Agosto, 2017; Burman & Fahrenwald, 2018; Jones et al., 2017; Wildermuth et al., 2019).

Letourneau and Fater (2015) followed the Institute of Medicine and The Joint Commission recommendations for implementing new nurse residency programs. Similarly to Pearson et al.'s (2015) integrative review of VA academic partnerships, Letourneau and Fater (2015) conducted an integrative review of residencies by analyzing twenty-five theoretical and empirical articles published from 2006 to 2013 that subscribed to the AACN recommendations on partnerships (Enders et al., 2016).

By identifying the problem, searching the literature, and evaluating and analyzing the data, Letourneau and Fater (2015) were able to derive useful results. Overall, the literature demonstrated evidence that residencies lead to better recruitment and retention rates for new nurses (Letourneau & Fater, 2015). Increased retention and decreased turnover a year out were common conclusions in the literature regarding residencies, along with positive financial results. Satisfaction, increased quality, and improved clinical thinking were also listed as factors that supported partnerships.

Jones et al. (2017) and Agosto (2017) further contributed to the literature on residencies by researching specific residency programs. Jones et al. (2017) researched the Swedish Medical Center (SMC) in Seattle's adoption of simulated clinical experiences with soon-to-be nurse

retirees for building its residency program. To utilize the soon-to-be-retired nurses, SMC utilized those nurses' knowledge to write simulations that will help future nurses. These retirees and leaders also hired new nurse graduates as the first-choice picks in order to influence them the most in the culture of the SMC community.

Enhanced quality of care, along with a positive investment return, was found in the SMC study (Jones et al., 2017). Overall, the hospital saved \$2.5 million after the first year of hiring new nurse graduates (Jones et al., 2017). Furthermore, the new graduate hires resulted in better results in fall prevention, rapid response team utilization, and hand hygiene success (Jones et al., 2017). SMC also demonstrated savings in orientation and educational materials and less turnover through utilizing the residency program (Jones et al., 2017). SMC also demonstrated savings in orientation and educational materials and less turnover through utilizing the residency program (Jones et al., 2017). From 2011 to 2016, new hire rates grew from 17 in 2011 to 600 in 2016 (Jones et al., 2017). The turnover rate averaging just two percent further confirmed the effectiveness of SMC's residency strategy (Jones et al., 2017).

The Children's Hospital of Philadelphia (CHOP) also utilized nurse residency to build its staff of nurses who can work in multiple critical care units in the hospital (Agosto, 2017). Agosto (2017) found that a traditional central staffing model with a float pool limited qualified nurses and stressed the nurses able to practice on multiple units. Effectiveness of the CHOP partnership was measured by considering the 27 new nurses who were hired, safety data, completion of passport certifications, and satisfaction of preceptors and managers. Like Jones et al. (2017), CHOP also found the residency program not only controlled costs and improved satisfaction and teamwork but also made nursing staff flexible enough to handle economic shifts due to census

fluctuations. As long as 17 nurses were on a unit, there was a reduction of around \$40,000 of overtime costs.

Garrison et al. (2017) also pioneered a residency program to alleviate nursing shortages; however, Garrison et al. focused on a small rural hospital instead of individual units of larger hospitals. The hospital in Garrison et al.'s study needed an immediate solution to shortages, even if temporary, and to not just create a short-term fix. The Chief Nursing Officer (CNO) and nurse managers agreed that clinical rotations under trained preceptors and sole ownership of some clinical rotations such as women's health would give them a firm advantage over competing hospitals. The effectiveness of the residency was measured with the Casey-Fink Experience Survey. The new nurses responded with favorable views of transition with the residency. The hospital also increased filled nursing positions by 20% after the first residency period.

Ackerson and Stiles (2018) conducted a review using the Cumulative Index to Nursing and Allied Health Literature, Ovid Nursing Journals, and ProQuest Health and Medical Complete databases to review nurse residency programs. Ackerson and Stiles (2018) found that residencies expanding for at least a year were effective at saving hospital recruitment and replacement costs.

Residencies were the precursor to both academic partnerships and DEUs; therefore, many of the same elements found in residency research supported academic partnerships (Agosto, 2017; Burman & Fahrenwald, 2018; Jones et al., 2017; Wildermuth et al., 2019). Through the work of residency researchers, residencies as partnerships were found to enhance the nursing workforce further and may complement academic partnerships and DEUs as partner models.

### ***Summary***

An environment that was communal and beneficial for both students and nursing partners was the foundation of partnership strategy. A collaborative partnership must have produced reciprocity and understanding from each partner (Burman & Fahrenwald, 2018; Garrison et al., 2017; Wildermuth et al., 2019). Partnerships should also capitalize on the context of the environment to best meet student, partner, and patient needs, whether the partnership is through clinical experiences or residency programs (Burman & Fahrenwald, 2018; Garrison et al., 2017; Wildermuth et al., 2019).

Partnerships also created an alliance of organizational relationships that can achieve a shared goal with geographically local hospitals and universities (Dobalian et al., 2014). Dobalian et al. (2014) identified benefits of partnerships to include more significant attraction of students to nursing programs, better-prepared graduates, better recruitment and retention of nurses to the partnership hospital, and strong professional relationships.

### **Healthcare Environments**

Hospital and nursing program partnerships were one way to address the attraction of nursing graduates to experience working in rural areas. Attempting to attract more nursing graduates to rural areas was a common theme among rural hospital human resource officers, chief nursing officers, and administrators (Cummings et al., 2018; Garrison et al., 2017). However, there were differences between urban and rural environments in attraction to those environments, needs of the community, and supply and demand.

### ***Urban Environments***

Hospitals have had issues with staff recruitment, versatile staff, nurse education, and recruiting BSN nurses because of larger urban hospitals' ability to help nurses with specialty

positions, professional goals, and provide more resources (Johansen et al., 2018). First, there were more areas for advancement within larger hospitals and the ability to work in a specialty practice such as obstetrics and cardiology (Johansen et al., 2018). Next, additional resources that urban hospitals had included more ancillary staff on nights and weekends and more nursing support during trauma intakes on nights and weekends, as well (Johansen et al., 2018).

Millennials who are the youngest of the nursing workforce have gravitated towards the urban cities and suburbs as cities are becoming safer and more accessible (Myers, 2016). Urban areas provided young adults and families with a selection of private and public schools, extracurricular activities, and transportation options such as ride-sharing, walking, or public transportation (Myers, 2016). Additionally, more Millennials have been coming out of university with college loan debt (Myers, 2016). Because of student loan debt, Millennials have not purchased homes, but instead found apartments and rental properties that rural locations do not possess (Myers, 2016).

### ***Rural Environments***

Not all nurses sought an urban area to raise their families and work (Johansen et al., 2018). Some nurses coveted the respect that their rural communities gave them for being a healthcare provider (Johansen et al., 2018). The connections made with patients and the community with their coworkers gave some rural nurses a sense of pride and belonging (Johansen et al., 2018). Other rural nurses wanted to remain by family, and like being close to their children's school, so they do not wish to commute to work (Johansen et al., 2018).

Furthermore, rural healthcare leaders faced challenges, such as nurse shortages (Garrison et al., 2017; Pearson et al., 2015; Ross et al., 2017; Taylor et al., 2015; Titzer et al., 2014). Over

half-a-million more nurses with a bachelor of nursing degree will be needed to sustain the workforce in the next few years (Steele-Moses, 2018; Stout et al., 2015).

The researchers continued to describe how nursing shortages also create a shortage of clinical placement spots for students in nursing schools, thus feeding the cycle of nursing shortages (Dobalian et al., 2014; Stout et al., 2015; Taylor et al., 2015). Since the Department of Veteran Affairs (VA) was a prime stakeholder in the nursing market, it sought to address the problem of the nursing shortage as a stakeholder in postsecondary education (Dobalian et al., 2014). The VA's problem was further discussed through the problem of having a useful clinical partnership model for developing nursing outcomes and retention in the VA (Dobalian et al., 2014). However, there was still evidence of a lack of nurses in the nation and the VA system (Dobalian et al., 2014). An average of 45% of new graduate nurses changed employers after their first year (Stout et al., 2015). Replacing nurses was costly in orientating, interning, and educating new employees each year (Dobalian et al., 2014; Garrison et al., 2017; Stout et al., 2015; Taylor et al., 2015). If appropriate clinical placements have not been procured, nursing programs risk delaying graduation for students or students risk not having much real patient experience because programs have to rely on simulation experiences (Dobalian et al., 2014; Garrison et al., 2017; Stout et al., 2015; Taylor et al., 2015).

### **Perceptions of Partnership Success**

Perceptions of partnerships were essential to understanding how stakeholders perceive the effectiveness of the program activities that leadership has implemented to garner trust, collaboration, and engagement (Brush et al., 2011; Drahota et al., 2016; Lasker et al., 2001). Some researchers have focused on perceptions in nursing partnerships between hospitals and universities, while other researchers have focused on the research and teaching implications of

partnership practice (Ackerson & Stiles, 2018; Hensel, 2014; Jones et al., 2017; Moneke & Umeh, 2015; Nishioka et al., 2014; Pearson et al., 2015; Stout et al., 2015; Titzer et al., 2014; Unruh & Ning, 2014). First, the researchers Pearson et al. (2015), Ackerson and Stiles (2018), Jones et al. (2017), Nishioka et al. (2014), Moneke and Umeh (2015), and Titzer et al. (2014) provided a staff perspective to the sustainability, effectiveness, and efficiency of partnership. Second, researchers Stout et al. (2015), Hensel (2014), and Unruh and Ning (2014) provided a student or new nurse perspective outputs that produce the same outcomes that define partnership synergy.

### ***Partnership Staff Perceptions***

Staff was the first line of perceptions in partnership synergy (Brush et al., 2011; Lasker et al., 2001). If staff perceived a program poorly, often, the program would not last (Brush et al., 2011; Lasker et al., 2001). Lasker et al. (2001) noted only 50% of academic partnerships lasted past the inaugural year. Pearson et al. (2015) have completed the most comprehensive research in the area of academic nursing partnership perceptions. Pearson et al. (2015) made contributions to the research on partnership effects by utilizing Dobalian et al.'s (2014) study and expanding the literature on partnerships with VA hospitals. Pearson et al. (2015) further confirmed the validity of Dobalian et al. (2014) through quantitatively analyzing the validity of the VA partnership's specific effect on hospital staff. Pearson et al. (2015) further identified benefits such as continuing education, recognition, and leadership opportunities for hospital nursing staff who participate in partnerships. The researchers extended Dobalian et al.'s (2014) research by exploring the unmeasured territory of hospital staff involved in partnerships (Pearson et al., 2015).

Pearson et al. (2015) characterized VANA participating nursing staff by their satisfaction with the program. Pearson et al. (2015), in their quantitative case study of multiple VANA partnerships, found most participants thought students did not increase their perceived job difficulty. Around 56% even considered enrollment in additional higher education after their exposure to the program providing a potential in hospital sustainability (Pearson et al., 2015). Satisfaction with recognition of participating in the VANA program ranked with 48%, but 66% thought that clinical instructors brought needed expertise to the unit (Pearson et al., 2015). Overall, high rankings were associated with clinical instructors, personal reward, and recognition from working with students in the VANA program that the researchers considered as effectiveness and efficiency outcomes of the program (Pearson et al., 2015). However, like Dobalian et al. (2014), Pearson et al. (2015) were limited to a specific sector of healthcare, which may have different results in private management. An overview of staff perception outcomes is available in Table 1

**Table 1**

*Staff Perceptions*

Outcomes	Perception	Study
Positive Outcomes	Sustainability, Efficiency, Effectiveness	Ackerson & Stiles, 2019 Dobalian et al. 2014 Dorcy et al., 2016 Jones et al., 2017 Moneke & Umeh, 2015 Nishioka et al., 2014 Pearson et al., 2017
Negative Outcomes	Difficulty, Fears, Lack of Confidence	Stout et al., 2015

Like Pearson et al. (2015), Ackerson and Stiles (2018) provided a comprehensive review of staff perceptions in a research review that used the Cumulative Index to Nursing and Allied Health Literature, Ovid Nursing Journals, and ProQuest Health and Medical Complete databases



to review nurse residency programs. Ackerson and Stiles (2019) focused on hospital administrators and nurse managers' perception of residencies and found that the leadership perceived partnerships as beneficial to the sustainability, effectiveness, and efficiency of partnered hospitals.

Another partnership that supported Pearson et al. (2015) and Ackerson and Stiles (2019) perceptions of staff includes Jones et al.'s (2017) study in which staff at Swedish Medical Center (SMC) in Seattle also participated in staff perception measures of new nurse graduates. Staff at SMC perceived new nurses as the first-choice picks for the sustainability of the hospital because of the influence that senior nurses could have on them (Jones et al., 2017). Senior nurses and administration also perceived fall prevention, rapid response team utilization, and hand hygiene with an increased success rate as positive outcomes of the residency program's effectiveness and efficiency (Jones et al., 2017).

Nishioka et al. (2014) also found many similarly high satisfaction areas of Pearson et al. (2015) and Jones et al. (2017) including the learning atmosphere, leadership style of the nurse manager, quality of nursing care on the unit, nature of the clinical supervisory relationship, work-life satisfaction of nurses, professional development and faculty support, and student benefits and learning as the basis for an effective partnership. However, Nishioka et al. (2014) did not align with Stout et al. (2015) because the preceptors in the UTEP and Del Sol study perceived more difficulty with lack of confidence, then role expectations, then fears of patient safety.

Like Pearson et al. (2015), Jones et al. (2017), Nishioka et al. (2014), and Moneke and Umeh (2015) found that among the most influential job satisfaction predictors were organizational commitment and encouragement from staff and leaders. Job satisfaction ranked

high in preventing turnover, while that same satisfaction was also linked to positively perceived leadership (Moneke & Umeh, 2015). Overall, Moneke and Umeh's (2015) most significant finding was a correlation between shared vision and job satisfaction that will help leaders understand their influence in the nursing workforce.

Titzer et al. (2014) took Jones et al. (2017), Nishioka et al. (2014), and Moneke and Umeh (2015) a step further through analyzing not just partnership planning, but succession planning. Titzer et al. (2014) examined succession planning programs to understand nurse leadership perceptions of themselves as they seek advancement. Titzer et al. (2014) noted their exploration of hospital feedback resulted in 70% of participants lacking succession plans. Using Benner's from novice to expert theory, the researchers constructed a framework for understanding better-perceived planning models of transition (Titzer et al., 2014). St. Mary's Medical Center partnered with the University of Southern Indiana developed a leadership program in which new graduates worked to achieve competencies in leadership to support their careers (Titzer et al., 2014).

### ***Student/New Nurse Perceptions in Partnerships***

Students who perceived an organization positively were more likely to seek employment and retain employment with that organization (Brush et al., 2011; Dobalian et al., 2014; Lasker et al., 2001; Pearson et al., 2015; Stout et al., 2015). While Pearson et al. (2015) noted the lack of research on student perceptions of academic nursing partnerships, the research of Stout et al. (2015) was found as the one academic nursing partnership to provide information on student perspectives on academic nursing partnerships in the literature. Hensel (2014) and Unruh and Ning (2014) found perspectives of new nurse perspectives in residencies.

First, Stout et al. (2015) provided the most relevant information needed to study student perspectives on the effectiveness, efficiency, and sustainability of academic nursing partnerships. Student participants in these researchers' study responded that the most significant factors that led them to unit integrations included support, consistency, and skills help at 53.8% (Stout et al., 2015). Students also stated they were most satisfied with peer support at 80.8%, including a sense of belonging and being part of a team (Stout et al., 2015).

Hensel (2014) found similar results to Stout et al. (2015) through using a modified Q-methodology to understand new nurses' professional identity perceptions. Hensel (2014) utilized the Quality and Safety Education for Nurses Effort as a framework. The Quality and Safety Education for Nurses Effort includes the areas of safety, care, information, evidence-based practice, and teamwork as core areas of effectiveness (Hensel, 2014). Hensel (2014) found a search in the Web of Knowledge database literature on Quality and Safety Education for Nurses resulted in five studies comprising of all competency areas. The purpose of Hensel's (2014) study was to find patterns of professional perception of self in newly graduating BSN students.

Overall, participants perceived themselves as champions, collaborators, and individualists when in clinical practice settings such as clinical opportunities and residencies (Hensel, 2014). The participants also noted their participation in perceptual factors helped their teams and leaders (Hensel, 2014). Finally, the participant perceptions helped hospitals understand what students and new nurse graduates' valued as they begin their partnerships and residencies to understand how to structure residencies for sustainability, effectiveness, and efficiency (Hensel, 2014).

Additional researchers, such as Unruh and Ning (2014), examined nurse perceptions of job satisfaction by sampling first-year nurses working in hospitals in Florida to understand their initial job perceptions. Interestingly, new nurse perceptions of job conditions were consistent in

predicting job satisfaction (Unruh & Ning, 2014). Unruh and Ning (2014) found lower job satisfaction contributed to a lack of help, high workload, lack of organizational procedures, lack of supervisor support, and inadequate instructions aligns to Hensel's (2014) finding of the value of autonomy, Unruh and Ning (2014) found high job satisfaction was attributed to being trusted to work independently and having autonomy in decision-making. Like the students in Stout et al.'s (2015) study, new nurses also demonstrated values in thorough orientation, education, and mentoring with higher job satisfaction (Unruh & Ning, 2014).

### ***Summary***

The areas of benefits, supports, and leadership values of preceptors, faculty, students, and new nurses have been included in previous literature on academic practice partnerships as valuable outputs that influence program outcomes (Ackerson & Stiles, 2018; Dobalian et al., 2014; Jones et al., 2017; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014). Both the academic and clinical environments have been explored through the perceptions of faculty and hospital partners, but formal analysis of student bias in those partnerships has received little recognition in the effectiveness of program outputs (Dobalian et al., 2014; Nishioka et al., 2014; Pearson et al., 2015; Stout et al., 2015).

Future academic-practice partnerships between nursing schools and healthcare communities will benefit from implementations of this research (Dobalian et al., 2014; Nishioka et al., 2014; Pearson et al., 2015; Stout et al., 2015). Students may feel more valued if their opinions are included in the research (Dobalian et al., 2014; Nishioka et al., 2014; Pearson et al., 2015; Stout et al., 2015). Faculty, nursing staff, and preceptors can also use perception data as an output component that can be changed through the input and activity components of a program

to build content and clinical around the values that students describe (Dobalian et al., 2014; Nishioka et al., 2014; Pearson et al., 2015; Stout et al., 2015).

### **Importance of Leadership in Partnerships**

Researchers have also found leadership to be a valuable dimension of healthcare recruitment and retention in partnerships (Burman & Fahrenwald, 2018; Dwyer et al., 2019; Garrison et al., 2017; Wildermuth et al., 2019). Leaders built relationships to develop collaboration, trust, and engagement with the activities they develop in their organizations (Brush et al., 2011; Lasker et al., 2001). In the history of the literature, nurses were cited for valuing a hospital's reputation of having a supportive environment founded on leadership (Steele-Moses, 2018; Wildermuth et al., 2019). The areas of benefits, supports, and leadership values of preceptors and faculty were in previous literature on academic practice partnerships, but again, student perceptions are sparse in the literature (Dobalian et al., 2014; Steele-Moses, 2018). Administrators, such as CNOs, were viewed as both leaders and clinical educators (Garrison et al., 2017). These leaders were found to make a significant impact on academic practice partnerships, given that CNOs also worked as human resource agents in recruitment (Garrison et al., 2017). Leaders such as CNOs were found to be critical in building quality in healthcare and preventing strain on the nursing workforce (Garrison et al., 2017).

### ***Beneficial Leadership Styles in Partnerships***

Beneficial leadership styles created positive synergy (Brush et al., 2011; Lasker et al., 2001). The nature of leadership style in academic partnership contexts was best explained through leader service by the views of students, new nurses, and staff perceptions of their leaders (Broome et al., 2014; Burman & Fahrenwald, 2018; Dwyer et al., 2019; Steele-Moses, 2018). Beneficial leadership styles were a valuable resource or input for partnership synergy production

(Drahota et al., 2016; Lasker et al., 2001). The categories of common positive leadership areas and associated leadership styles are available in Table 2.

**Table 2**

*How Leaders Influence Partnerships Positively*

Leadership Style	Activity	Study
Collaborative	Transition	Broome et al., 2014
	Relationships	Burman & Fahrenwald, 2018
	Work Environment	Dwyer et al., 2019 Hallock, 2019
Transformative	Transition	Dwyer et al., 2019
	Work Environment	Enders et al., 2016
Authentic/Relational	Relationships	Broome et al., 2014
	Work Environment	Dwyer et al., 2019 Steele-Moses, 2018

One of the most comprehensive researchers on the effectiveness of leadership styles on partnerships includes Dwyer et al. (2019). Dwyer et al. (2019) explored why different styles of leadership lead to varying outcomes in the nursing workforce and local work environments. Dwyer et al. (2019) also found the constructs of leadership have elements surrounding the process, influence, group setting, and shared goals of the leaders, organization, and partnership entities. Dwyer et al. (2019) was supported by several researchers that found collaborative leadership, transformational leadership, authentic leadership, and the development of clinical leadership roles with progressive autonomy such as the chief nursing officer (CNO) created the best perception of the leadership environment by students and new nurses (Burman & Fahrenwald, 2018; Dwyer et al., 2019; Enders et al., 2016; Hallock, 2019; Steele-Moses, 2018).

Authentic and relational leadership have guided nursing leadership literature because of the focus on relationships creating positive outcomes in healthcare (Dwyer et al., 2019; Steele-Moses, 2018). These leadership styles created a synergistic environment in which the well-being

of staff becomes a valuable resource (Burman & Fahrenwald, 2018; Dwyer et al., 2019; Enders et al., 2016; Hallock, 2019; Steele-Moses, 2018).

Furthermore, relationally focused and authentic leadership or leadership styles that placed forming positive and real relationships with people stood out in the research of (Dwyer et al., 2019; Steele-Moses, 2018). Researchers discussed that relational and authentic leadership practices might provide better recruitment, retention, and work environments through his probing research questions and analysis (Dwyer et al., 2019; Steele-Moses, 2018).

In the relationship category, outcomes included commitment, empowerment, and retention and useful to retention with leadership styles that were nurturing authentic leadership paired with effective communication yielded useful to teamwork (Broome et al., 2014; Burman & Fahrenwald, 2018; Dwyer et al., 2019). Authentic and transformational leadership styles yielded as positive to culture and community (Broome et al., 2014; Burman & Fahrenwald, 2018; Dwyer et al., 2019; Hallock, 2019; Steele-Moses, 2018).

Researchers such as Steele-Moses (2018) found the importance of leadership on nurse recruitment by first reviewing the literature through a search with keywords for nurse recruitment (Steele-Moses, 2018). Steele-Moses (2018) and Jones et al. (2017) both stated that expert knowledge and wisdom help with succession planning efforts, and Steele-Moses (2018) found that out in the interviews. Overall, new nurse graduate turnover in these five programs decreased by over four percent (Steele-Moses, 2018). It was found that word of mouth by community partners was found to be more effective than a paid advertisement in the recruitment process (Steele-Moses, 2018). New nurses were also interested in knowing their leaders as caring individuals who exhibit transformational leadership through caring about the well-being of their employees and promoting mutual respect in the organizational community (Steele-Moses, 2018).

Overall, relational types of leadership contributed to positive outcomes for health, relationships, and the work environment (Broome et al., 2014; Burman & Fahrenwald, 2018; Dwyer et al., 2019; Hallock, 2019; Steele-Moses, 2018). Implications for these studies included leaders focusing time and energy into leading effectively and investing in a leadership capacity for the future to achieve shared goals of the organization (Broome et al., 2014; Burman & Fahrenwald, 2018; Dwyer et al., 2019; Hallock, 2019; Steele-Moses, 2018). Leadership affected nurses who then affect patient care and satisfaction that could influence community perception and support, safety, and loss of staff (Broome et al., 2014; Burman & Fahrenwald, 2018; Dwyer et al., 2019; Enders et al., 2016; Hallock, 2019; Steele-Moses, 2018).

### ***Importance of Leaders Developing Future Leaders***

Leaders developing future leaders spurred the transitional process in developing effective partnership synergy (Brush et al., 2011; Lasker et al., 2001). The value of supportive leaders that develop future nurses through partnerships, residencies, and beyond was a valuable resource or input within effective, sustainable, and efficient programming (Garrison et al., 2017; Hallock, 2019; Titzer et al., 2014; Wildermuth et al., 2019). When new nurses participated in academic partnerships and residencies, there were often themes of feeling overwhelmed, supported, and confident in their clinical environments (Garrison et al., 2017; Hallock, 2019; Titzer et al., 2014; Wildermuth et al., 2019). However, Hallock (2019) found that leaders help model the way of partnership by helping brand the partnership's reputation in the community by how they treat others. Congruently, other researchers found leaders that model the behavior they expect express the values of their organization and partnerships (Garrison et al., 2017; Hallock, 2019; Titzer et al., 2014; Wildermuth et al., 2019).



In support of Hallock's (2019) finding, other researchers found that leaders also formed shared goals and missions for their employees and partners which helps employees and partners have a sense of confidence in their abilities to serve when they are meeting the shared goals and mission of the organization (Moneke & Umeh, 2015; Titzer et al., 2014; Unruh & Ning, 2014; Wildermuth et al., 2019). Leaders were also found to challenge their employees to embark on new educational opportunities and practice by improving, growing, and creating new endeavors in the organization such as new programs, services, or partnerships (Hallock, 2019; Moneke & Umeh, 2015; Titzer et al., 2014; Unruh & Ning, 2014; Wildermuth et al., 2019).

Hospital leaders did not instill fear, but instead a sense of confidence and approachability in their employees while building trust in their communities (Hallock, 2019; Titzer et al., 2014; Wildermuth et al., 2019). Nurses also viewed leaders as positive enablers of career growth and morale boosters (Hallock, 2019; Moneke & Umeh, 2015; Titzer et al., 2014; Unruh & Ning, 2014; Wildermuth et al., 2019). Exemplary leaders showed appreciation not only just for their employees but also for their partnership and participating students (Hallock, 2019; Moneke & Umeh, 2015; Titzer et al., 2014; Unruh & Ning, 2014; Wildermuth et al., 2019).

### ***Summary***

Leadership was a standard input among researchers evaluating education nursing partnership outcomes (Hallock, 2019; Moneke & Umeh, 2015; Titzer et al., 2014; Unruh & Ning, 2014; Wildermuth et al., 2019). These studies benefit future research by exploring causal relationships testing empirical data; however, limitations in the use of probability sampling in most studies may have limited the diversity of samples (Broome et al., 2014; Burman & Fahrenwald, 2018; Dwyer et al., 2019; Hallock, 2019; Moneke & Umeh, 2015; Steele-Moses, 2018; Titzer et al., 2014; Unruh & Ning, 2014). Overall, researchers found a leadership style

association with higher nurse job satisfaction in over 50 of the reports. These findings provided consistent support for further research as to if relational and authentic leadership components promote positive outcomes and positive organizational culture not only in long-time employees but also new nurse graduates (Dwyer et al., 2019).

### **Transitioning New Nurses into the Workforce**

The transition from student to nurse was found to be a challenging time in a new graduate's career, yet a valuable activity within the partnership synergy model of program evaluation in developing outcomes (Agosto, 2017; Dorcy et al., 2016; Garrison et al., 2017; Jones et al., 2017; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). As transition occurred, interpersonal relationships within the new nurse's work environment positively affected commitment to the hospital (Agosto, 2017; Dorcy et al., 2016; Garrison et al., 2017; Jones et al., 2017; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). Hospital and university leaders strove to successfully transition new nurses into careers in which the new nurses are engaged and committed to service (Agosto, 2017; Dorcy et al., 2016; Garrison et al., 2017; Jones et al., 2017; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019).

Confidence and empowerment within the transition period led to retaining new nurse graduates, while demands such as working beyond regular hours and feeling unsupported by colleagues lead to turnover (Dorcy et al., 2016; Garrison et al., 2017; Jones et al., 2017; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). Stability was the keystone of transition; if new graduates feel stable through engagement, change, and challenging events within their careers, stability is created (Dorcy et al., 2016; Garrison et al., 2017; Jones et al., 2017; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019).

### *Challenges for New Nurses*

New nurses recruitment and retainment were outcomes to determining a successful partnership in the partnership synergy model (Brush et al., 2011; Dobalian et al., 2014; Lasker et al., 2001; Pearson et al., 2015; Stout et al., 2015). Transition was a challenging activity that affects the outcomes of employee sustainability (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). One of the most comprehensive studies on the activity of transition is the work of Wildermuth et al. (2019). Wildermuth et al.'s (2019) study focused on transitional theory and used a qualitative, phenomenological study to explore new nurse graduates' experiences transitioning to the profession through a residency program through the lens of satisfaction, retention, competence, and knowledge advancement.

Using Meleis' Transitional theory, Wildermuth et al. (2019) examined five properties of transition, including awareness of the transition, engagement, perceptions of change and difference, the period of the transition, and critical events of transition creating anxiety. The community, including the nursing program, participating hospitals, and supportive individuals, either supported or inhibited transition (Wildermuth et al., 2019). Process indicators that helped facilitate positive transitional outcomes included a connection to individuals within the community and a work environment that build confidence and identity (Wildermuth et al., 2019). Wildermuth et al. (2019) found that feeling overwhelmed, supported, and confident emerged as significant themes in the data.

Furthermore, other studies also found that short-staffing, multiple admissions and discharges, and multiple critical events were attributed to participants feeling overwhelmed just

like in Wildermuth et al.'s (2019) study (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014). However, trusting preceptors that were previously known by new nurses in their student clinical experiences and an environment in which questions were encouraged attributed participants feeling supported (Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). Familiarity with hospital staff and protocols and being able to contribute to a team were attributed to participants feeling confident (Garrison et al., 2017).

### ***Benefits of a Transitional Program***

While transition was a challenging activity, it was also a highly beneficial activity to produce positive program outcomes within the partnership synergy model (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). Establishment of a positive community, cultural beliefs, and attitudes facilitated belonging to an organization (Garrison et al., 2017). Friendships and family within the healthcare environment were valuable resources for new nurses undergoing a transition (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). The benefits and outcomes noted that these studies are available in Table 3.

**Table 3***Benefits of a Partnership in Transition to Practice*

Benefit	Effects	Study
Positive Community	Sustainability Effectiveness	Ackerson & Stiles, 2018 Agosto, 2017 Dobalian et al., 2014 Dorcy et al., 2016 Dwyer et al., 2019 Garrison et al., 2017 Jones et al., 2017 Letourneau & Fater, 2015 Pearson et al., 2015 Stout et al., 2015 Unruh & Ning, 2014 Wildermuth et al., 2019
Psychological Capital	Effectiveness Efficiency	Dwyer et al., 2019 Wildermuth et al., 2019
Social Capital	Sustainability Efficiency	Ackerson & Stiles, 2018 Agosto, 2017 Dobalian et al., 2014 Dorcy et al., 2016 Dwyer et al., 2019 Garrison et al., 2017 Hensel, 2014 Jones et al., 2017 Letourneau & Fater, 2015 Pearson et al., 2015 Stout et al., 2015 Unruh & Ning, 2014 Wildermuth et al., 2019

Wildermuth et al. (2019) also discussed that hospitals that built psychological capital or the ability for its nurses to gain confidence, optimism, perseverance, and resiliency during transition increased synergy and sustainability. Leaders developed a sort of insurance policy to prevent new graduate burnout when they build psychological capital very early in a new nurse's career (Dwyer et al., 2019; Wildermuth et al., 2019). Being in a student role, then staying with the same leaders that built the facets of psychological capital in the new nurses, was also

attributed to even more confidence, comfortability, and trust (Dwyer et al., 2019; Wildermuth et al., 2019).

Relational resources promoted well-being and health when new nurses were faced with challenges and stressors within their careers, and positive relational supports were used to help them navigate the various emotions of transition (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). Working with supportive preceptors and teammates helped new graduates feel valued and trusted during the transitional period, as well (Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Wildermuth et al., 2019).

### ***Summary***

Transition was a common activity and goal of educational nursing partnerships to produce program outcomes (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). Over time, these models provided an opportunity in recruiting and retaining new nurses that had already been vetted and trained by the host hospital (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). Overall, participants viewed transition positively when starting the transition process prior to graduation from their nursing programs (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau &

Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). These studies particularly highlighted the importance of the familiarity of supports with positive transitional experiences as the preceptors and setting remained constant through the transition from student to practicing nurse (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019).

### **Limitations**

Limits in the research continued to include that academic practice partnerships between nursing programs and hospitals in rural areas have not been explored as a student relational model (Garrison et al., 2017; Pearson et al., 2015). This limit led to a deficiency in the research on how community partnerships affect rural healthcare recruitment (Garrison et al., 2017; Pearson et al., 2015). Both the academic and clinical environments explored the perceptions of faculty and hospital partners, but formal analysis of student perceptions of leadership in those partnerships has received little recognition (Pearson et al., 2015). Additionally, there was a lack of empirical evidence of partnership success, and information is needed as organizations create new partnerships (Dobalian et al., 2014). Research on responsive and sustainable frameworks of investment that build long-term commitment to local areas was needed to create models and strategies for partnerships to follow (Burman & Fahrenwald, 2018). Researchers perceived leadership as necessary to form receptive recruitment environments, so research is needed to establish the foundation in the literature as to what new nursing graduates perceive as necessary to seek out in the rural hospital environment (Garrison et al., 2017).

These researchers also noted that most of the research in the literature comes from a preceptor point of view (Pearson et al., 2015). Pearson et al. (2015) on page 2 states that, “little is written about the impact of academic-practice partnerships, such as VANA, on the staff nurses in these clinical training environments.” Pearson et al. (2015) stated that student perceptions need to be included in the research to clear up any deficiencies of student experiences being the same as preceptor experiences. Deficiencies in the literature also included what strategies students valued in the academic-practice partnership (Pearson et al., 2015).

### **Summary**

The outcomes of this study have the potential to contribute to the literature as other nursing programs and hospitals seek to establish their own partnership programs. An environment that is communal and fruitful for both students and nursing partners was the foundation of partnership synergy (Burman & Fahrenwald, 2018; Garrison et al., 2017; Pearson et al., 2015). First and foremost, a collaborative partnership must have produced reciprocity and understanding between partners and students (Burman & Fahrenwald, 2018; Garrison et al., 2017; Wildermuth et al., 2019). These partnerships included capitalizing on the context of the environment to best meet student, partner, and patient needs, whether the partnership is through clinical experiences or residency programs (Burman & Fahrenwald, 2018; Garrison et al., 2017; Wildermuth et al., 2019).

While studies have explored the views of preceptors and administration, researchers such as Pearson et al. (2015) stated the pedagogy of partnerships is limited in student perceptions on the effectiveness of the academic practice partnerships and the implications in formative program evaluation (Dobalian et al., 2014; Garrison et al., 2017; Pearson et al., 2015).



The history of partnerships provided a comprehensive framework of the foundation of academic nursing partnerships and the areas that other researchers have studied. When placing an education nursing partnership whether academic, DEU, or residency into a partnership synergy model for formative program evaluation, researchers found what inputs, activities, and outputs produce the outcomes of sustainability, effectiveness, and efficiency of the program (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). First, the literature produced a comprehensive input of leadership as the primary resource that also produces all other resources input into educational nursing partnerships (Broome et al., 2014; Burman & Fahrenwald, 2018; Dwyer et al., 2019; Hallock, 2019; Moneke & Umeh, 2015; Steele-Moses, 2018; Titzer et al., 2014; Unruh & Ning, 2014). Next, the literature produced a comprehensive activity of successful transition as the most valuable activity in producing educational nursing program outcomes (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019). Finally, the literature produced a comprehensive output of positive faculty, staff, student, and new nurse perceptions as the most valuable outputs in producing outcomes of sustainability, effectiveness, and efficiency in educational nursing programs (Ackerson & Stiles, 2018; Dobalian et al., 2014; Jones et al., 2017; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014).

### **Chapter 3: Research Method**

The purpose of this formative evaluation was to evaluate the university/hospital partnership using a modified partnership synergy framework (Brush et al., 2011). This chapter consisted of six sections. The first section described the methodology. The second described the instrumentation and operationalization of constructs. The third section described data collection and analysis. The fourth section described the process for the pilot study. The fifth section discussed the ethical consideration. Lastly, the final section provided a summary of the chapter.

#### **Research Design and Method**

The purpose of this study was to assess the partnership through a formal evaluation. This assessment described the partnership and diagnosed potentially problematic areas so that the partnership could create a plan for addressing problematic areas and implement the appropriate measures and re-evaluate if those measures are effective in order to maintain an effective, efficient, and sustainable partnership.

#### ***Procedures***

This evaluative study utilized a mixed methodological approach based on a framework of the partnership synergy model to analyze the academic partnership program of the university and the hospital (referred to as the partnership). The purpose of this evaluation was to examine the characteristics of the partnership as defined by the partnership synergy model. To explore this relationship, a retrospective study was conducted. The study triangulated information from questionnaires and student reflection papers of student clinical experiences. For the purposes of this study, success in the partnership was defined as meeting the following goals:

1. Seventy percent (70%) of partnership students have at least four specialty experiences during clinicals at the hospital.

2. Seventy percent (70%) of partnership students participate in at least one community activity such as a health fair or other community events at the hospital during their time at the university.
3. Seventy percent (70%) of partnership students participate in at least two collaborative efforts of the following with leadership at the hospital: bedside conferencing, patient conferencing, discharge, or acuity.
4. Seventy percent (70%) of partnership students participate in at least one of the activities typically closed to students: statistical matrix on quality or patient case management.
5. Seventy percent (70%) of partnership students participate in effective communication with the hospital leadership including nurse managers, the CNO, charge nurses, and university faculty during clinicals at the hospital.
6. Seventy percent (70%) of partnership students participate in at least two direct patient care situations.
7. Student recruiting events will be attended by 25% of senior partnership students.

To examine the effectiveness of the partnership, a two-stage methodological design was implemented. Using Survey Monkey, a questionnaire was administered to all graduating nurses from the partnership through email. I developed the questionnaire to assess the perceptions of the graduate nurses regarding their training, the questionnaire asked questions about the student's experience with (a) clinical training, (b) leadership support, and (c) recruitment efforts. Once the participants completed and submitted the form, Survey Monkey exported the responses directly to SPSS v. 26 for analysis.

The second stage of this evaluation involved reviewing the student reflection papers. I filed a formal request to the director of the nursing program at the university to utilize the papers

in this study. The reflection papers was analyzed for themes that address student perspectives of trust, collaboration, and engagement during clinical experiences (defined below).

### **Population and Sample**

The population of this evaluation included all nursing graduates who have matriculated through the partnership program. The program has been in existence since 2018. As of January 31, 2020, a total of 37 nurses completed the partnership program. All nurses who graduated from the program in the first two academic years of 2018 to 2019, were asked to participate.

### **Site Selection**

The site included in this study was the university. The research site, the university, was contacted regarding the purpose of this research study and the university accepted the ACU IRB for this study. The hospital and the university acted as the primary community stakeholders. Nursing graduates of the university were the participants in this study for questionnaires.

### **Recruitment**

After IRB approval by Abilene Christian university, nursing graduates were identified through a formal request to the university (see Appendix A). The request asked for names and current emails of the nursing graduates. Since the nursing program at the university was only four years old, there were two graduating classes. Therefore, the inclusion criteria included graduating from the university nursing program from 2018 to 2019. All graduates meeting the inclusion criteria were contacted via email (see Appendix B). The email provided my introduction, the purpose of the research, an informed consent with an explanation of the research process and rights, and an incentive of a \$10 coffee gift card, which was given upon completion of the questionnaire. The informed consent (see Appendix C) described the role as a participant in the evaluation, what could be expected, as well as the applicable laws that protect

the identity of the participant. A waiver of consent was approved by the ACU IRB. Participants consented to the study by clicking on the questionnaire link within the recruitment email.

Because of cybersecurity issues with email and potential cybersecurity training at the hospital, I acknowledged potential participants may not want to open the hyperlinks contained in the email. To increase participation, the director of the nursing program at the university sent an introductory email (see Appendix C) introducing me and explaining that the graduates would receive an email with a link from me. Recruitment into the study was for two weeks. A total of four emails were distributed over two weeks using *MailChimp*, an advertising template website for recruitment.

The first email introduced the study and requested participation. The subsequent emails served as reminders that the study was open for participation and there were incentives for participation (see Appendix D for the reminder emails). Due to the recent development of novel coronavirus (COVID-19) in the United States, Tennesseans may not gather in nonessential public spaces indefinitely per executive order 17 from Governor Bill Lee; therefore, this study was executed electronically as to ensure the health and welfare of all potential participants per Centers for Disease Control recommendations.

### **Materials/Instruments**

Instrumentation in this study included the use of a questionnaire and student reflection papers to answer the research questions regarding student perceptions of the partnership.

### ***Questionnaire***

Using the framework of the partnership synergy model, the questionnaire was developed to assess the perceptions of graduate nurses regarding their training. Specifically, the

questionnaire was developed to measure the paradigms of trust, collaboration, and engagement as defined by the partnership goals including:

**Trust.** The hospital and university nursing leadership allowing a student to participate in an activity typically closed to students and direct patient care.

**Collaboration.** The hospital and university nursing leadership allowing a student to participate in educational activities and a community activity alongside nurse leadership.

**Engagement.** The hospital and university nursing leadership allowing students to participate in an approachable relationship with nursing faculty and staff and various specialty experiences.

**Recruitment.** The partnership actively attempts to transition the university nursing students before graduation in order to increase the number of graduates hired by the facility.

**Retention.** The partnership actively attempts to retain the university nursing students before graduation in order to increase the number of graduates hired by the facility through demonstrating a positive work environment and caring leadership throughout the partnership experience.

The questionnaire consisted of two sections. The first section included eleven demographic questions, including urban and rural preference pre-partnership and post-partnership. The following describes the questions that were used in Section One:

Section 1: Demographic items:

1. Age
2. Ethnicity
3. Gender
4. Year of graduation from the university nursing program

5. Geographic location of current work facility (urban/rural)
6. Geographic location of current residence (urban/ rural)
7. Current preference of work location (urban/rural)
8. Past preference of work location (urban/rural)
9. Satisfaction with current facility (urban/rural)
10. Satisfaction with current residence (urban/rural)
11. Past/present work as a BSN-RN at the hospital

Section 2: Questionnaire Items:

The second section is composed of 20 closed-ended questions measuring the student's experience with (Appendix F):

(a) partnership goals;

Q12. Did you participate in at least four specialty (e.g., operating room, emergency department shift supervisor, nurse manager, and/or case management/quality management) areas during clinicals?

Q13. Did you participate in at least one community event (such as health fairs, community education, etc.) during clinicals?

Q14. Did you participate in at least two collaborative efforts (e.g., bedside conferencing, patient conferencing, discharge, and/or acuity) during clinicals?

Q15. Did you participate in one activity typically closed to students (e.g., statistical matrix on quality and/or patient case management) during clinicals?

Q16. Did you participate in effective communication with hospital leadership (e.g., nurse managers, the CNO, charge nurses, and university faculty) during clinicals?

Q17. Did you participate in at least two direct patient care situations (e.g. code, catheter insertion, nasogastric tube insertion, wound debridement, patient education, glucose analysis, etc.).

Q18. Did you attend at least two recruiting events (hospital hosted lunch or information session) during your senior year at the university?

(b) clinical training;

Q19. Do you feel that participation specialty experiences during your clinicals at the hospital prepared you to become a skilled professional?

Q20. Do you feel that participation in community events such as health fairs, community education, and other community health events at the hospital during your time at the university prepared you to become a skilled professional?

Q21. Do you feel that participation in collaborative efforts such as bedside conferencing, patient conferencing, discharge, or acuity with leadership at the hospital prepared you to become a skilled professional?

Q22. Do you feel that the participation in activities typically closed to students such as quality assurance/statistical analysis or case management prepared you to become a skilled professional?

Q23. Do you feel that participation in communication with hospital leadership including nurse managers, the CNO, charge nurses, and university faculty during clinicals at the hospital helped you develop effective communication in your current job?

Q24. Do you feel that recruitment conversations or events with the hospital prior to graduation were valuable in your employment after graduation?



Q25. Do you believe that at least one of the following retention efforts at the hospital attracted you to the hospital as an option for employment: hospital leadership or work environment?

(c) Partnership strengths; and

Q26. What did you like most about the partnership (check all that apply)?

Q27. What are the strengths of the partnership?

Q28. Based on your previous response, what contributes to the strengths you chose?

(Select all that apply)

(d) Partnership weaknesses

Q29. What did you like least about the partnership?

Q30. How can the partnership improve?

Q31. Based on your previous response, what would you change about the partnership to improve it? (Select all that apply)

### **Pilot Study**

To test the items in the questionnaire, a pilot study was conducted to assess the questionnaire's readability, interpretation, and other issues that may occur. I recruited 16 senior nursing students from the partnership to conduct the pilot study. The director of nursing at the university sent an email to the nursing students introducing me and the evaluation that will be conducted. After the introductory email, I emailed the students requesting their participation in the pilot study. A link was included in the email with the informed consent that includes a personal introduction, the purpose of the research, an explanation of the research process and rights of the pilot study. A link with a date and time for a group Zoom meeting to discuss the experience of the questionnaire was also sent. The following questions were asked:

1. What are your thoughts on the questions?
2. Was the questionnaire easy to read and understand? If not, do you have any suggestions to make it easier?
3. Is the questionnaire clearly worded? If not, do you have any suggestions to make it easier?
4. Did the questionnaire take less than 15 minutes to answer? If not, do you have any suggestions to make it easier?

Upon completion of the pilot study, a \$10 coffee gift card was emailed to the participants.

Upon receiving the completed questionnaire and the Zoom conference call, I used the feedback to modify the questionnaire. In addition, the pilot study allowed me to enter and analyze the data to further assess any issues with the questions and the process in general. The pilot study was conducted virtually due to the recent development of novel coronavirus (COVID-19) in the United States, Tennesseans may not gather in nonessential public spaces, indefinitely, per Executive Order 17 from Governor Bill Lee; therefore, this study was executed electronically as to ensure the health and welfare of all potential participants per Centers for Disease Control recommendations.

### **Pilot Study Findings**

The purpose of the pilot study was to aid in the validation of the questionnaire questions. I purposefully selected and emailed 22 senior nursing students who have participated in the partnership and asked them to participate in the pilot study and review and complete the questionnaire. I then scheduled a meeting via Zoom to discuss the structure and relevance of the questionnaire questions. During the pilot study, I explained the questionnaire originated from

student experiences within the partnership. I did make all the majority recommended changes suggested by the pilot study group.

During the pilot study review, participants made many suggestions to improve the scope of the questionnaire. Participants first suggested that there was too much emphasis on management. Participants suggested a shift in the questions from management to staff interactions. Participants also suggested more specificity in questions. An example of specificity includes explaining to the participant that the question pertains to their experience even if they have chosen to work at a different facility. Also, the addition of a question about if the participant had ever worked at the hospital was suggested and was added to the questionnaire.

Overall, the pilot study provided an opportunity to examine the cohesiveness of the questionnaire and if additional questions were needed to increase the quality of the evaluation. The participants stated the questionnaire was easy to access, navigate, and took a minimal amount of time out of their day. With the suggested revisions, the participants suggested the questionnaire would be a good resource and even suggested some questions that may affect future evaluations.

### **Data Collection and Analysis Procedures**

The purpose of evaluating the partnership was to assess the effectiveness, efficiency, and sustainability in recruiting and retaining nurse graduates from the university at the hospital. This section discusses how the questionnaire and reflection papers were analyzed to answer the research questions.

#### ***Reliability/Validity of Questionnaire***

Reliability of the questionnaire was determined by developing and testing adequacy of the questionnaire and its feasibility, if the protocol was realistic, and the likeliness of recruitment

success within the pilot study. Validity of the survey was determined through both content and criterion validity. The experts in the partnership were consulted to create questions that cover the constructs of the partnership. The questionnaire questions also are derived from the criterion of the partnership synergy model and current partnership goals that are established within the model.

### ***Questionnaire Analysis***

*Survey Monkey* collected the data and transferred the file directly to SPSS v. 26 for analysis. The demographic variables were summarized using descriptive statistics using a Pearson Chi-square test of independence. An alpha level of significance of 0.05 was used to assess statistical significance.

Analysis of research questions using the partnership synergy model was completed as follows:

RQ1: How do students perceive how successful the partnership is in developing and training them as nurses?

The perception of the partnership was identified through the questionnaire questions regarding the perception of participation in experiences of trust, collaboration, and engagement and were located in Q19-Q23. To examine differences in demographic characteristics, a Pearson Chi-square test of independence analysis of the questionnaire will help determine associations of the categorical variables or if demographics have effect on student perceptions of their training.

RQ2: How do students' preferences of rural versus urban work and living environments change after participation in the partnership?

To examine the work environment, Q5-Q11 were summarized. A Pearson Chi-square test of independence of the questionnaire assessed associations of the demographic variables were independent of student work environment preferences.

RQ3: What do students perceive as the strengths and weaknesses of the partnership?

To examine the strengths and weaknesses of the partnership, Q26-Q31 were summarized using descriptive statistics. To assess demographic differences, a Pearson Chi-square test of independence was used.

RQ4: How do students describe their experiences in the partnership through reflection during their time in the partnership?

Student reflection papers were analyzed using thematic analysis for emerging themes to understand the influences of the partnership on student perspectives. I analyzed the student reflective papers from student clinical experiences in the partnership for themes that describe their experiences through manual deductive identifying reoccurring phrases and concepts in each paper. The reoccurring phrases and concepts were then condensed to meaningful units in codes. I further condensed the coded material into overarching themes in a matrix. The matrix results described student experiences while participants in the partnership, which could then be compared to their views one-year post partnership through the questionnaire to assist the partnership if and why perspectives change.

RQ5: What is the effectiveness of the partnership goals?

To examine the effectiveness of the partnership goals, Q12-Q18; Q24-Q29, was summarized using descriptive statistics. To assess demographic differences, a Pearson Chi-square test of independence was used.

### ***Analysis of Student Reflections***

The reflection papers were further address in research question four. Structural analysis through thematic coding was used for the qualitative coding of student reflection papers. Coding organized codes into themes and dimensions (Maher et al., 2018). Coding allowed me to synthesize the data into a meaningful context for readers (Maher et al., 2018). Thematic coding of the student reflection papers involved the codes being organized into their appropriate themes and dimensions. I condensed the coded material into themes in a matrix, which described student experiences while participants in the partnership.

### ***Trustworthiness***

Credibility in the study was established through the triangulation of the questionnaire data with student reflection paper data (Lincoln & Guba, 1985). The transferability of the results from the study was established through the AACN and CCNE guidelines for all partnership programs (Lincoln & Guba, 1985). Dependability in the study was established through layering data collection and analysis in the two-part approach of a questionnaire and student reflection paper analysis (Lincoln & Guba, 1985). Confirmability of the data of the study was established through the data auditing of my dissertation chair and committee (Lincoln & Guba, 1985).

### ***Ethical Considerations***

The IRB approval for the study was through the Abilene Christian University (ACU) Office of Research and Sponsored Programs (ORSP) Institutional Review Board (IRB) Committee (see Appendix I). The research site, the university, accepted the IRB approval of an ACU exempt study with review from the provost of the university. Consenting individuals in this study participated through selective sampling. Participants were first protected through the use of consent at the beginning of the questionnaire, stating the purpose of the study. Participant

identifiers, including name and email, were not distributed in the research and are stored on a password-protected university-affiliated Google Drive. Participants were provided my identity, including contact information and affiliations, and the contact information for Abilene Christian University's IRB. Participants could discontinue participation in the study at any time and were informed of the risks and benefits of the study. Participants were informed of the right to review their individual contributions to the study, as well.

### **Assumptions**

Certain beliefs have encouraged me to conduct this research study; a few of those beliefs may be labeled as unprovable assumptions (Terrell, 2015). The first assumption was that student perception would offer valuable insight. If student perceptions were not assumed to offer valuable insight, the data would be rendered meaningless because it is based on student perceptions. The second assumption was that my commitment to confidentiality would encourage open dialogue among participant responses. Informed consent and volunteer recruitment in which the participants could withdraw from the study at any moment without ramifications helped justify this assumption. The third assumption was that the researcher-participant relationship would not interfere with the openness and honesty of responses. Using a layered approach to data collection and utilizing graduates instead of current students aided in justifying this assumption. If these assumptions were not present, the study would have become irrelevant because the data would have no inherent value (Terrell, 2015).

### **Limitations**

As an adjunct instructor of anatomy and physiology at the university, I looked at the world through the lens of the university. While I was not a direct faculty member of the nursing program at the university or staff at the hospital at the hospital, I was a member of the

community that believes the university and the hospital are serving the community with excellence. Shortcomings of this study included a small sample size as the partnership was only four years old, and the university has had only two graduating classes, which could have rendered homogenous outcomes. Participants' responses could have included bias due to fear of damaging the reputation of the university or the hospital.

### **Delimitations**

Delimitations served as parameters to thoroughly and efficiently focus on the research (Terrell, 2015). Exclusions in this study included clinical preceptor, administrator, and faculty perception. These exclusions were applied due to the current literature in academic nursing partnerships, including the perceptions of these roles. Current students were also excluded from this research due to the influence of those students' current enrollment in the program leading to bias. I chose to include the perceptions of recent graduates due to the lack of literature in that area.

### **Data Protection**

Data collected through the questionnaires and student reflection papers were kept in a password protected Google Drive affiliated with Abilene Christian University. Only I and the dissertation chair, Dr. Cecilia Hegamin-Younger, had access to the Google Drive folder and the information collected within it. No identifying information of the participants was shared aside from the generalized titles of university graduate, and a code was assigned to each graduate that only I knew. I securely will store the records for this study for three years as determined by the Office of Research and Sponsored Programs at ACU (ORSP).



**Confidentiality**

Questionnaire results were recorded using Survey Monkey and were stored in a password protected Google Drive. Information derived from the student reflection papers were also stored in a password protected Google Drive. The Google Drive was only accessible to me and the chair.

**Potential Risks and Benefits**

There was little to no risk for participants in this study. There was considered a slight risk for mild discomfort due to critiquing the program. Participants had the right to withdraw consent and to discontinue participation in the study at any time. The benefits of participating in this study was to help understand the outcomes of the academic partnership program of the university/hospital towards nursing students and help the university and hospital serve future students within the partnership. This study could lead to the hospital and the university implementing more informed education about the inputs and activities within academic partnerships.

Future academic practice partnerships between nursing schools and healthcare communities will benefit from this research by building content and clinical around valued perceptions (Garrison et al., 2017; Pearson et al., 2015). Consequently, new graduates may feel more valued if their opinions are included in the research (Pearson et al., 2015). Rural hospitals seeking skilled nurses and wanting to benefit from the reciprocity of partnerships by creating a funnel of skilled workers was beneficial but not well understood in the literature (Garrison et al., 2017; Stout et al., 2015). Furthermore, rural hospitals desired to hire and sustain nurses long-term to benefit the community and morale of the organization (Stout et al., 2015). However,

nursing schools also benefitted from the availability of clinical placements, and students benefit from the experience and nurse residency placements (Garrison et al., 2017; Stout et al., 2015).

### **Summary**

Evolving health care and academic settings created a need for stronger partnerships between hospitals and universities to recruit and retain nurses (Burman & Fahrenwald, 2018; Dobalian et al., 2014). Healthcare and academic leaders were accountability partners that promote program outcomes such as passing board scores and employment (Garrison et al., 2017). Finding new ways to format academic-practice partnerships in rural areas was a way to address the challenges of clinical placement sites for schools and nurse recruitment for rural hospitals (Burman & Fahrenwald, 2018; Dobalian et al., 2014).

## Chapter 4: Results

This study aimed to evaluate the effectiveness of the partnership. Using the insight from student perceptions of the partnership, this study's goal was to enable the partnership to reflect and consider changes that might help recruit and retain new nurses at the hospital, rural. This chapter aims to report the data analysis results obtained from the partnership questionnaire and reflection papers.

This chapter consists of the following sections: The first section describes the sample, including the participants, and compares the university association demographics in nursing. The second section summarizes the data results. The third section includes a discussion of the data results. The fourth section includes a summary of the chapter.

### Sample

A total of 29 alumni completed and returned the questionnaires, representing a 78% response rate. The demographic summary is provided in Table 4. The sample consisted of 25 (86%) female and four (14%) male alumni. Of the alumni, 26 (90%) were White/Caucasian participants and three (10%) non-White/Caucasian. The non-White alumni identified as African American/Black (1), Middle Eastern/North African (1), and Asian/Pacific Islander (1). Due to the small sample and limited diversity for gender and ethnicity, all analyses were conducted on the total sample.

Two cohorts were recruited, 7 (24%) alumni representing the 2018 cohort, and 22 (76%) in the 2019 cohort. The age distribution included 17 (59%) alumni age 18-28, and 12 (41%) alumni were 29 or older.

**Table 4***Demographic Summary*

	Sample <i>n</i> (%)	TICUA <i>n</i> (%)	<i>z</i> -test	<i>p</i> -value
Gender				
Female	25 (86)	4,039 (87)	-.09	.93
Male	4 (14)	615 (13)		
Race/ethnicity <sup>a</sup>				
Caucasian	26 (90)	3,422 (73)	2.06	.04
Not Caucasian	3 (10)	1,296 (27)		
Age (in years)				
18-28 <sup>b</sup>	17 (59)	3,530 (76)	-2.21	.03
29+ <sup>c</sup>	12 (41)	1,104 (24)		

*Note.* Nursing data taken from the Tennessee Independent Colleges and Universities Association (TICUA), 2020. Counts are based on graduate numbers.

a. Ethnicity was reduced to Caucasian and not Caucasian in subsequent analyses because the small sample size of varying ethnic backgrounds is small.

b. TICUA ages are 18-24

c. TICUA ages are 25 and older

The university was a member of The Tennessee Independent Colleges and Universities Association (TICUA), and the TICUA nursing data were used to compare the data from the university to the most updated and similar university demographic information for accuracy. Comparing the alumni sample with the TICUA nursing data alumni sample (presented in Table 4), there was a difference in racial composition ( $z = 2.06, p = .04$ ). With the sample consisting of 90% Caucasian, proportionately, there were a statistically significant more Caucasians in the study than the TICUA population. This makeup skewed the population's population due to non-

Caucasian races/ethnicities comprised of around 27% of the nursing school population in TICUA institutions (TICUA, 2020). However, it should be noted that the local demographic data included a nine percent non-White population (U.S. Census Bureau, 2018).

Lastly, there was a difference in the representation of age ( $z = -2.21, p = .03$ ). Ages differed in the partnership with alumni 18-28 (59%) and 29 and older (41%) being equal in representation than the TICUA data with alumni 18-24 (76%) and 25 and older (24%; TICUA, 2020).

### **Research Questions**

The partnership was evaluated through five research questions. This section examines the perceptions of the alum to assess and evaluate the partnership in terms of (a) strengths, (b) weaknesses, (c) competent development of nurses, (d) the effectiveness, and (e) student reflection. This section described the results of the questionnaire and student perception papers to address each research question.

### ***Success of the Partnership is in Developing and Training Nurses***

The hospital had a goal of training students in the partnership to perform in their environment to maintain students' pipeline from the students at the university into employees at the hospital. The questionnaire's following results analyzed alumni perceptions of the partnership's contributions to their training and development gains as a nurse. The summary of experience perceptions is located in Table 5.

**Table 5**

*Summary of the Perceptions of Alum Experiences Contributing to Becoming a Skilled Professional (N=29)*

Participation in	Yes <i>n</i> (%)	No <i>n</i> (%)
Specialty experiences	27 (93)	2 (8)
Leadership and management activities	22 (76)	7 (24)
Community events	19 (60)	10 (40)
Collaborative efforts <sup>a</sup> :		
Acuity	26 (90)	3 (10)
Bedside	23 (79)	6 (21)
Patient education	23 (79)	6 (21)
Patient conferencing	20 (69)	9 (31)
Communication with the following hospital leadership <sup>b</sup> :		
Nurses	28 (97)	1 (3)
CNO/Nurse managers	23 (79)	6 (21)
Other professions	16 (55)	13 (45)
Physicians	12 (41)	7 (59)

*Note.* Included in the questionnaire was a non-specific “other” category for collaborative events and communication. Alumni responded 17% and 10% yes, respectively, and not included in subsequent analyses.

a. 17% of alumni responded that “other” collaborative efforts helped them become skilled professionals.

b. 10% of alumni responded that “other” communication with hospital leadership helped them become skilled professionals.

The partnership’s success was measured by the alumni’s perception of their experiences, contributing to becoming a skilled professional nurse. The majority (> 69%) of alumni agreed

the collaborative efforts aided their educational development. Collaborative efforts refer to bedside conferencing, patient conferencing, patient education, and acuity. Ninety percent (90%) of the alumni indicated that participating in acuity, collaborating on managing the level of care a patient receives, fostered their education development. Bedside conferencing, actively communicating with the multidisciplinary team to update all units on patient status, about and with the patient regarding the patient's condition were also perceived (79%) as facilitating development. The majority of alumni (79%) also indicated that collaborating on patient education about managing their disease and care aided educational development. To a lesser extent, 69%, alumni indicated that collaborative patient conferencing helped with education development.

Concerning communication, almost all alumni (97%) agreed that communicating with nurses helped their development. Next, the communication with the CNO (79%) was perceived as helpful. Third, communication with other professionals such as occupational therapists, social workers, physical therapists, and techs (55%) was perceived as helpful. The majority (59%) of alumni agreed that communicating with physicians did not facilitate their development.

### ***Student Preferences of Rural Versus Urban Work and Living Environments***

The partnership was located in a rural area; therefore, it was in the partnership's interest to create and maintain a pipeline of university nursing students to nurses working in the local rural area. The majority of alumni (72%) lived in an urban area prior to the program. Table 6 provides the results of the shifts in work preferences and work environments after the successful completion of the program.

**Table 6***Relationship Between Pre- and Post-Partnership Work Environment and Preferences (N=29)*

Pre-Program Work		Post-Program Work		Chi-Square	p-value
		Urban n (%)	Rural n (%)		
Environment <sup>a</sup>	Urban	16 (76)	5 (24)	9.69	.002
	Rural	1 (13)	7 (87)		
Preferences <sup>b</sup>	Urban	18 (86)	3 (14)	13.75	<.001
	Rural	1 (13)	7 (87)		

*Note.* a. 2 cells (50%) have expected counts less than 5.

b. 1 cell (25%) has an expected count of less than 5.

There was a significant relationship in the work environment measured between the prior work preferences and the current work environment ( $\chi^2 = 9.69, p < .002$ ). Proportionately, 24% of the alumni who worked in urban environments prior to the program shifted to working in a rural environment. Thus, demonstrating a minimal change within the partnership synergy outcomes of sustainability, effectiveness, and efficiency of recruiting and retaining graduates to the area.

In addition, there was a significant relationship between prior work preferences and current work preferences ( $\chi^2 = 13.75, p < .001$ ). There was a 14% shift of alumni who preferred to work in an urban setting prior to the program indicated they preferred to work in a rural area after the program. These results demonstrated a minimal change within the partnership synergy outcomes of sustainability, effectiveness, and efficiency of recruiting and retaining younger graduates to the area. Table 7 provides the results of the shifts in living preferences and living environments after the successful completion of the program.



**Table 7***Relationship Between Pre- and Post-Partnership Living Environment and Preferences (N=29)*

Pre-Program Living		Post-Program Living		Chi-Square	p-value
		Urban n (%)	Rural n (%)		
Environment <sup>a</sup>	Urban	9 (100)	0 (0)	21.36	<.001
	Rural	2 (10)	18 (90)		
Preferences <sup>b</sup>	Urban	9 (100)	0 (0)	21.36	<.001
	Rural	2 (10)	18 (90)		

*Note.* a. and b. 1 cells (25%) has expected counts less than 5.

There was a significant relationship in the living environment measured between the prior living preferences and the current living environment ( $\chi^2 = 21.36, p < .001$ ). Proportionately, 0% of the alumni who lived in urban environments prior to the program shifted to living in a rural environment. Thus, demonstrating no change within the partnership synergy outcomes of sustainability, effectiveness, and efficiency of recruiting and retaining graduates to the area. In addition, there was a significant relationship between prior living preferences and current living preferences ( $\chi^2 = 21.36, p < .001$ ). There was a 0% shift of alumni who preferred to live in an urban setting prior to the program indicated they preferred to live in a rural area after the program. These results demonstrate no change within the partnership synergy outcomes of sustainability, effectiveness, and efficiency of recruiting and retaining younger graduates to the area.

### ***Student Perceptions of the Strengths and Weaknesses of the Partnership***

Strengths and weaknesses of the partnership were assessed through alumni responses to six items on the questionnaire. The questions in the strengths section included: (a) most liked in the partnership, (b) strengths in the partnership, and (c) contributors of strengths in the

partnership. Questions regarding weaknesses included (a) least liked in the partnership, (b) needed improvements in the partnership, and (c) contributors to the needed improvements in the partnership.

**Strengths.** Strengths included the most liked components of the partnership, such as leadership, recruitment efforts, people the alumni worked with, and the clinical opportunities offered. These components were measured based on the literature of previous studies measuring these components and the collateral agreement of the partnership to promote these elements. Partnership strengths also included the alumni getting to collaborate with professionals, staff trust of the alumni, a pathway to a job at the facility upon graduation, and receiving respect in the community.

Of the strengths, 90% of the alumni perceived the partnership's strength to collaborate with other professionals such as therapists, managers, and other hospital staff. To a lesser extent, alumni indicated that providing a job and trust, including staff letting the students perform tasks (66% and 62%, respectively) were strengths. Demonstrating that alumni value job offers from the hospital and that the staff trusts them to perform tasks and work alongside them. Fifty-five percent (55%) also indicated that respect in the community, which includes recognition by others working at a strong hospital, was a strength of the partnership.

Examining what contributed to the partnership's strengths, 90% agreed that the organizations' leaders within the partnership contributed most to the strengths of the partnership. A little more than half of the alumni perceived the confidence in staff (55%), and a job offer (52%) contributed to the strength of the partnership. Few (34%) indicated that local support was perceived as a lesser contributor as found in Table 8.

**Table 8***Summary of Student Perceptions of Strengths (N=29)*

	Yes <i>n</i> (%)	No <i>n</i> (%)
<b>Most Liked<sup>a</sup></b>		
People I worked with	26 (90)	3 (10)
Leadership	17 (59)	12 (41)
Clinical opportunities	17 (59)	12 (41)
Recruitment efforts	7 (24)	22 (76)
<b>Strengths</b>		
Collaboration with professionals	28 (97)	1 (3)
Provided a job	19 (66)	10 (34)
Trust	18 (62)	11 (38)
Respect in the community	16 (55)	13 (45)
<b>Contributors of Strengths<sup>c</sup></b>		
Organizations' leadership	26 (90)	3 (10)
Staff confidence in student	16 (55)	13 (45)
Job Offer	15 (52)	14 (48)
Local support	10 (34)	19 (66)

*Note.* a. 0% of alumni responded that “other” aspects of the partnership were most liked.

b. 7% of alumni responded that there were “other” strengths in the partnership.

c. 10% of alumni responded that there were “other” contributors to partnership strengths.

**Weaknesses.** Weaknesses included the least liked components of the partnership, such as leadership, clinical opportunities, recruitment efforts, and the people the alumni work with.

These components were measured based on the literature of previous studies measuring these components and the collateral agreement of the partnership to promote these elements.

Partnership weaknesses also included improvements that could be made, such as students collaborating with professionals in patient care, staff trusting students with patient care,

extending a job upon graduation as a BSN-RN, and extended a job as a tech when the student is in school. Partnership leadership working closely together for the benefit of the students, the extension of a job offer in senior year, the partnership preferring university students to perform clinical tasks over students from other programs, and recognition in the community as a skilled professional were included as contributors to chosen areas of improvement.

A summary of the weaknesses is found in Table 9. Of the partnership's least-liked aspects, 36% agreed the clinical opportunities were a weakness. To a lesser extent, alumni indicated recruitment efforts (29%) were a weakness indicating a need for better recruitment and review of clinical opportunities. Also, alumni wanted an extension of a job offer as a tech (42%). Trust was another area of needed improvement (31%) indicating alumni may feel they were not trusted or the scopes of what they could or could not do as a student needed further explanation. The most significant contributor to needed improvements included recognition, with 33% of alumni responding to the need to be commended for their accomplishments and encouraged throughout the program.

**Table 9***Summary of Student Perceptions of Weaknesses (N=29)*

	Yes <i>n</i> (%)	No <i>n</i> (%)
Least Liked <sup>a</sup>		
Clinical opportunities	10 (36)	18 (64)
Recruitment efforts	8 (29)	20 (71)
People I worked with	2 (7)	26 (93)
Leadership	2 (7)	26 (93)
Needed Improvements		
Extend job offer as a tech as a student	12 (42)	17 (58)
Trust	9 (31)	20 (69)
Collaboration	6 (21)	23 (79)
Extend job offer as BSN-RN	1 (3)	28 (97)
Contributors to Needed Improvements <sup>b</sup>		
Recognition	9 (33)	18 (67)
Organizational preference	7 (26)	20 (74)
Job offer	4 (15)	23 (85)

*Note.* a. 1 missing response, b. 2 missing response.

**Student Descriptions of Their Experiences.** Student reflection papers were analyzed to understand student experiences throughout the partnership. The reflection papers follow the students throughout their clinical rotations in the operating room, case/quality management, emergency department, shift supervisor, and nursing manager. Students reflected on their hospital staff's interactions, what they valued, and how they might improve situations.

Structural analysis of student reflection papers through thematic coding was used for the qualitative coding. Subcodes and codes were used to describe a meaningful context. The subcodes described a particular context, which was then organized into codes, then organized

broader into themes. The subcodes, codes, and themes were then condensed into a matrix to describe alumni experiences in the partnership.

From a review of student reflection papers, three themes emerged: team, communication, and personality. The student reflection papers were the first sub coded using descriptive analysis. A coding table was then created using the sub coded material. Subcodes were reduced into 11 primary codes, and these codes were then reduced to the three central themes in the student reflection papers: team, communication, and personality.

**Team.** Team was defined by including the student or the student recognizing staff work together with each other or patients. One common thread among participant responses was that the belief in a team mentality (working together) was the most effective aspect of the partnership. Alumni relayed in both the questionnaire and student reflections that team that works well together and professionals helping each other positively impacted their views of the partnership. In Appendix H, the occurrences of team mentality by code and subcode are seen. Inclusion, being looked out for, and being a part of a team all influenced how students perceived their experiences in the student reflections. The top five comments in this category that stood out that summarize this theme included:

Student A:

I learned more about being a team player, regardless of your position and the importance of how to be a leader. I saw how the staff really respected her and a lot of it has to deal with her being a team player and the respect she relays back.

Student B: “You got the sense that there are teams within teams, not from a standpoint of superiority but from the vantage point of a well-oiled machine.”

Student C: “In a way, it was kind of beautiful how everyone functioned in sync...I thoroughly enjoyed my time there and would be honored to be a part of a team like that.”

Student B:

Respiratory worked well with imaging. The doctors asked the nurses for input. The vibe of the environment was unchanged because the CNO was on the unit. Seemingly, no one modified their behavior. Employees were valued. What a great thing. It will always impress me.

Student B: “I am, for the most part, impressed with the level of community that exists among the employees and the sense of sincerity they appear to have for one another.”

**Communication.** Communication was defined by approachability, teaching, understanding, and seeing the hospital mission at work and lack of activities, which means the preceptor may not use the time well. Students indicated that communication was a positive force or a problem factor in the partnership. Five comments in this category that stood out that summarize this theme include:

Student D: “The nursing staff was welcoming and respectful to any questions I asked.”

Student E: “I was unable to really do much except watch her chart about her patients, so it was a little frustrating.”

Student F:

X’s mission is: Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost effective healthcare and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve. Through all of my clinicals at this hospital, I have found this to be true and apparent every day.

Student G: “The two doctors staffed this day treated everything as a teaching moment with me.”

Student H: “X had complete confidence in me all day...With my IV attempt with her, she did not hover but repeatedly told me her confidence in me before we even stepped foot in the room.”

**Personality.** Personality was defined by differing student interests, negative staff comments, preceptor strengths, and staff demonstrating care towards students and one another. Students indicated that personality, whether the students’ or the staffs’ were influential in shaping student views of the partnership. Five comments in this category that stood out that summarize this theme include:

Student I: “Mrs. X is someone that I would enjoy having as a boss. She was kind to everyone, respectful of everyone and their unique situation, knowledgeable of the staff and the hospital's procedures, and she was easily approachable.”

Student J: “She and other nursing staff members stated throughout the day, ‘One day you're going to have her job.’ That was a very humbling expression that made me really consider a job in management.”

Student K:

He seems like a perfect example of a servant leader. He wants the staff to feel comfortable coming and talking to him about any issues they may have without consequences or reprimand...He would be somebody I would enjoy to work under.

Student L: “She talked with one of the people in the department about who I could follow, and they scoffed about it. It kind of hurt my feelings.”

Student B:



Healthcare providers are taught to educate and remove barriers to care. This sits at the heart of what we do. And yet I hear disparaging remarks about the ‘crazy person in the annex," and the "crackhead in room {whatever}.’ I see a woman living with an obvious infestation of scabies on her person, but the doctor says, ‘she's just a junkie.’ What fuels this discrimination?

### ***Effectiveness of the Partnership Goals***

Partnership goals were established in the development of the partnership. The goals include: (a) participation in four or more specialty areas, (b) participation in one or more community event, (c) participation in two or more collaborative efforts, (d) participation in effective communication, (e) participation in two or more direct patient care activities, and (f) participation in two or more recruiting events. The perceptions of the alumni in meeting these goals are presented in Table 10.

**Table 10**

*Summary of Partnership goals (N=29)*

	Yes <i>n</i> (%)	No <i>n</i> (%)
Participation in $\geq 4$ specialty areas	29 (100%)	0 (0%)
Participation in $\geq 1$ community event	29 (100%)	0 (0%)
Participation in $\geq 2$ collaborative efforts	29 (100%)	0 (0%)
Participation in effective communication	29 (100%)	0 (0%)
Effective communication	28 (97%)	1 (3%)
Participation in $\geq 2$ direct patient care activities	29 (100%)	0 (0%)
Participation in $\geq 2$ recruiting events	22 (76%)	7 (24%)

To measure the goals' effectiveness, students were asked about their participation in at least four specialty areas. This goal was unanimously met (100%) by the alumni. Thus, indicating engagement within the partnership synergy model because all alumni had at least four specialty experiences.

When asked if the alum had participated in at least one community event, this was also unanimously met (100%) by the alumni, thus indicating collaboration within the partnership synergy model because all alumni had at least one community event experience. Participation in collaborative efforts, such as bedside conferencing, patient conferencing, discharge, and/or acuity, were met by most alumni (96%), indicating collaboration within the partnership synergy model. Collaboration included participating in different hospital areas and the students utilizing their skills alongside other hospital staff.

Question 15, which asked if the alum had participated in one activity typically closed to students, such as statistical matrix on quality and/or patient case management, was unanimously (100%) met by the alumni, thus indicating trust within the partnership synergy model. Effective communication, which included collaborating with hospital professionals to learn and provide the best care to a patient within the partnership, was met by most alumni (96%), indicating collaboration within the partnership synergy model. Question 17, which asked if the alum had participated in at least two direct patient care situations. This was unanimously (100%) met by the alumni, indicating trust within the partnership synergy model. No areas of significance were found in this question set.

The partnership goals of trust were defined by the hospital and university nursing leadership, allowing a student to participate in direct patient care, a collaboration by the hospital and university nursing leadership, allowing a student to participate in educational activities and a

community activity alongside nurse leadership, and engagement by the hospital and university nursing leadership allowing students to participate in various specialty experiences. Q14, which asked if the alum had participated in at least two collaborative efforts, and Q16, which asked if the alum had participated in effective communication with hospital leadership, had all but one participant engaged in two collaborative efforts and effective communication within the partnership. Alumni also noted they primarily did not attend recruiting events at the hospital, with 25 (86%) responding they did not attend a recruiting event.

hospital leadership and work environment were the most influential in recruitment (90%), as found in Table 11. Staff encouragement was the second most significant contributor to employment selection and contributed the greatest to recruitment and retention within the partnership. Mission and values within the partnership organizations was the third most significant contributor to employment selection and recruitment and retention within the partnership. The majority of alumni believed that hospital leadership or work environment attracted them to the partnership as an employment option, as found in Table 10. This upheld the partnership synergy facets of recruitment and retention.

Effective recruitment strategies also answered the question of meeting partnership goals effectively. The partnership had a goal to recruit university students to become hospital employees; therefore, it needed to know what it can do to improve its value to students. Table 11 presents the effectiveness of recruitment strategies.

**Table 11**

*Summary of the Effectiveness of Recruitment Strategies (N=29)*

	Yes <i>n</i> (%)	No <i>n</i> (%)
Hospital leadership and work environment	26 (90)	3 (10)
Staff encouragement	23 (79)	6 (21)
Mission and values	16 (55)	13 (45)
Recruitment conversations	12 (41)	17 (59)
Recruitment events	8 (28)	21 (72)

Of the effective recruitment strategies, 90% of the alumni perceived that hospital leadership and the work environment was the greatest recruitment tool. Next, alumni indicated that staff encouragement and staff upholding the organization's missions and values (79% and 55%, respectively) were valuable recruitment tools. In addition, recruitment conversations (41%) and recruitment events (29%) lagged in effectiveness and may need to be reevaluated by the partnership.

### **Summary**

The goal of this study was to evaluate the partnership through understanding the student perspectives of a rural nursing partnership. The following summarizes the findings for each research question:

#### ***Success of the Partnership is in Developing and Training Nurses***

- Students perceived the partnership as successful because of their experiences in specialty areas (93%), collaborative efforts in acuity (90%), and communication with nurses (97%).

### ***Student Preferences of Rural Versus Urban Work and Living Environments***

- Students' preferences changed minimally (24%) to work in a rural setting after partnership participation.
- Living environment and preferences did not change after partnership participation.

### ***Student Perceptions of the Strengths and Weaknesses of the Partnership***

- Strengths included the people that the alumni worked with (90%), collaboration with professionals (97%), and the organizations' leadership (90%).
- Weaknesses included clinical opportunities (36%) with the needed improvement of extending a job offer as a tech while a student (42%) and receiving recognition (33%).

### ***Student Descriptions of Their Experiences***

- Experiences within the partnership were described through students' reflections papers by experiencing team, communication, and personality.
- Most experiences were described positively.

### ***Effectiveness of the Partnership Goals***

- The partnership goals were effective in being met with recruitment events at 76%, communication at 97%, and all other goals being met at 100%.
- Students viewed the hospital leadership and work environment (90%) as the most effective recruitment goal due to these reasons leading them to work in the hospital more so than other reasons.

## Chapter 5: Discussion, Conclusions, and Recommendations

The partnership with the hospital and university was developed in response to the nursing shortages and the challenge of attracting qualified nurses to rural areas. The purpose of this evaluation was to examine the wants and needs of the partnership using student perception to provide insight into the partnership, to determine the effectiveness and identify changes in the partnership.

Five research questions guided the outcomes of the evaluation were the following:

RQ1: How do students perceive how successful the partnership is in developing and training them as nurses?

RQ2: How do students' preferences of rural versus urban work and living environments change after participation in the partnership?

RQ3: What do students perceive as the strengths and weaknesses of the partnership?

RQ4: How do students describe their experiences in the partnership through reflection during their time in the partnership? and

RQ5: What is the effectiveness of the partnership goals?

### Discussion of Findings

The largest subject driving academic nursing partnership assessment was nursing shortages (Dobalian et al., 2014; Redford, 2019). Shortage needs were expected to continue through 2025 because of a large demographic of nurses retiring and a large number of patients aging (Redford, 2019). Academic nursing partnerships helped increase communication between universities and hospitals to address areas of need (Dobalian et al., 2014; Pearson et al., 2015; Redford, 2019; Stout et al., 2015). Shortages are the problem and academic partnerships and satisfaction are the answer (AACN, 2008).

### ***Research Question 1***

Student experiences were viewed favorably through the partnership, which backs the literature that support through academic nursing partnerships and leaders and staff who build that support build collaboration, trust, and engagement (Brush et al., 2011; Dobalian et al., 2014; Lasker et al., 2001; Pearson et al. 2015). Students perceived the partnership as successful in developing and training them as nurses. There was evidence that good communication creates satisfaction in the partnership through staff encouragement, teaching and engaging with students organically, and collaborating in efforts that help them become skilled professionals. In accordance with the literature, the partnership had a communal synergy that is the foundation of partnership strategy (Burman & Fahrenwald, 2018; Garrison et al., 2017; Pearson et al., 2015).

How each person within the partnership communicated with one another affected student views. The partnership demonstrated a commitment to fostering growth and building relationships in the team mentality and positive communication that is represented within the data from both the student reflections and questionnaire. The majority of the relationships within the partnership were defined by trust and respect, and characteristics of the leadership and management within the hospital, which directly fits in the partnership synergy model's idea of trust. While there were six instances of negative communication in RQ4 within the student reflection papers, there were 48 instances of positive communication. This was further backed in RQ1 with evidence that good communication creates satisfaction in the partnership, as alumni believe that communication in the form of staff encouragement (79%) is an effective recruitment strategy, while it has not necessarily produced recruitment results at this point in the partnership.

## ***Research Question 2***

While long-term partnerships were found to produce positive outcomes for recruitment in the literature, recruitment to rural areas was minimal in this short-term partnership (Dobalian et al., 2014; Garrison et al., 2017; Pearson et al., 2015; Titzer et al., 2014). The partnership produced high synergy indicators both in the questionnaire and student reflection outcomes; however the partnership was still young and urban areas were still attracting students as backed by the literature. (Brush et al., 2011; Drahota et al., 2016; Lasker et al., 2001). Urban still attracted more graduates (Auerbach et al., 2017; Sellers et al., 2019). On the questionnaire, recruitment by means of human resources was not valued at the level that relationships were, which backs the literature that word of mouth is a more effective recruitment tool than paid advertising (Steele-Moses, 2018). The minimal change was not only limited by the age of the partnership and limited population size, but indicated human resources should focus on transitioning students more before graduation, which would support successful transition in the literature (Ackerson & Stiles, 2018; Agosto, 2017; Dobalian et al., 2014; Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Pearson et al., 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019).

Students' preferences of rural versus urban work and living environments changed minimally after participation in the partnership. The majority of new graduates still preferred to work in urban environments despite efforts to recruit the new graduates to more rural areas. While students who positively perceived their partnership are more likely to seek employment there, this was not true for this study (Brush et al., 2011; Dobalian et al., 2014; Lasker et al., 2001; Pearson et al., 2015; Stout et al., 2015). The questionnaire reflected the literature that younger graduates gravitate towards urban areas. A minimal shift towards rural areas was present



in work environment (24%) pre- and post-partnership and none in living environment. However, it should be noted that while there is a minimal statistical shift, the shift is large compared to the sample size. While the shift was minimal, it may indicate the partnership heading in the right direction with recruitment outcomes.

### ***Research Question 3***

The weaknesses in the partnership were minimal and the strengths were described in relational terms. Trust, collaboration, and engagement through relationship with leaders and staff were indicators of strengths in partnerships within the literature and within this study (Lasker et al., 2001). Leadership that was relationally focused stood out in the research and lead to better recruitment (Dwyer et al., 2019; Steele-Moses, 2018). While better recruitment was not significantly changed in this study, the synergy of relationship strengths indicates of high satisfaction with the partnership (Dwyer et al., 2019; Steele-Moses, 2018). Students perceived the strengths as relational and weaknesses as minimal in the partnership. The partnership strengths were described in relational terms with enjoying the hospital staff and collaborating with them.

### ***Research Question 4***

Key themes in the student reflection papers that related to the literature included that communication strategies through student teaching created synergy (Lasker et al., 2001). The communication through teaching was established though understanding the mission to work towards the values of the organization (Royse et al., 2009). Teaching helped students become part of the team within the hospital (Dobalian et al., 2014). Both staff and leaders helped brand the partnership's reputation among students by how they treat others and create the culture of the organization (Hallock, 2019). Questions were encouraged and helped students feel supported as

staff and leaders taught, included and trusted students to perform tasks (Dorcy et al., 2016; Dwyer et al., 2019; Garrison et al., 2017; Hensel, 2014; Jones et al., 2017; Letourneau & Fater, 2015; Stout et al., 2015; Unruh & Ning, 2014; Wildermuth et al., 2019).

Students described their experiences in the partnership through reflection as a satisfactory learning experience because of the team mindset and good communication within the partnership along with admiration for the personalities that staff and leaders contribute to the partnership. Staff took the time to teach the students without any prompting and collaborate with them. The commitment and empowerment achieved through effective communication and relational leadership should have led to increased retention (Broome et al., 2014; Burman & Fahrenwald, 2018; Dwyer et al., 2019). However, due to limitations, increased retention was not true for this study.

#### ***Research Question 5***

The partnership goals formed by the organizations were almost unanimously met. Per AACN recommendation, these goals were to help plan and grow a pipeline from the university to the hospital (Robert Wood Johnson Foundation, 2010). However, it should be noted much of the literature did not produce success, but discussed structure of development, which was the case for these original partnership goals (Dobalian et al., 2014). Research Question 1 solidified the goals were not just met, but had good outcomes. Now that an initial assessment was completed, these goals should be updated to reflect further needs and student values.

Another reflection was rural nurses are generalists who need competency in a myriad of skills for underserved rural populations that have a lack of access to specialists (AACN, 2008; Burman & Fahrenwald, 2018). Some aspects of the partnership cannot change due to AACN standards for nursing schools. While students may desire to specialize or participate in what they

view as more exciting areas, the AACN required generalist education. The partnership engaged students in many different areas, including many leadership areas such as shift supervisor, nurse management, and quality/case management as well as community events to help provide a more generalist than specialist approach.

### **Implications**

Collaboration filled the need for high satisfaction. Students mentioned collaborative efforts they either participated in or witnessed 96 times within the student reflection papers in RQ4. These collaborations included participating in meetings, participating in procedures, performing a task with staff, witnessing teamwork, and witnessing interdisciplinary collaboration. Alumni confirmed the importance of collaboration with satisfaction by agreeing that collaborative efforts helped them become skilled professionals (acuity 90%, bedside 79%, patient education 79%, and patient conferencing 69%) in RQ1. While there is no evidence of assimilation leading to retention within the partnership, the data pointed to high satisfaction.

Since the partnership was only four years old, the long-term effect of satisfaction on retention may change over time to reflect the literature. There was evidence for culture creating satisfaction in the partnership and that hospital leadership and the work environment was viewed as an effective recruitment strategy (90%), however, there is no evidence in this improving retention at this point in the partnership.

Partnership synergy did not equate to recruitment and retention. While there was high satisfaction within the partnership, there is no evidence of recruitment shift at this point. The majority of students still preferred to work (55%) in urban environments. However, only 38% preferred to live in urban environments. While there was no evidence that lack of satisfaction was pushing new graduates away from the rural area, new graduates still wanted to work at

larger hospitals in urban areas. However, the shift within the small sample size may indicate potentially larger shift in future cohorts.

The culture of the partnership helped build strong relationships and fill the gap of satisfaction. Organic teaching, mission orientation, and positive communication especially that experienced with nurses (97%) and the CNO/nurse managers (79%) created an environment of primarily positive relationships. Personality was the primary contributor to creating positive links between students and staff. Students mentioned their admiration for hospital staff and leaders 93 times within the student reflection papers in RQ4. The partnership strengths in RQ3 were also described in relational terms and confirm how personality plays a key role in relational satisfaction with 90% of alumni agreeing they liked the people they worked with the most, 97% agreeing that collaborating with professional was the greatest strengths, and 90% agreeing the organizations' leaders were the greatest contributor to the partnership strengths. There was evidence for good relationships that create satisfaction in the partnership, however, there was no evidence in this improving retention at this point in the partnership.

Teaching that was organic fostered the collaboration and engagement aspects of the partnership synergy model. The hospital staff-initiated teaching and engaging with students even though it was not required, and taught with the mission, goals, and objectives of the hospital in mind. This organic teaching can develop into mentoring, which enhances the student's career and lead to further satisfaction.

Although there was not a preceptorship model within the partnership, only in residency at the hospital, the partnership staff organically teaches from a preceptorship model, but not just a preceptorship model, also a mentoring model helping enhance the student by promoting sponsorship, visibility, protection, and encouragement. Staff taking time to teach a student

without any prompting was mentioned 36 times within the student reflection papers. There was evidence for teaching creating satisfaction in the partnership, however, there is no evidence in this improving retention at this point in the partnership.

Alumni valued their experiences despite some negative commentary. Specialty experiences (93%), as addressed in RQ1, contributed to becoming a skilled profession, even though 36% of alumni expressed they would like better clinical opportunities in RQ3. Also, while there were 22 mentions of student disdain for their experiences in leadership and management experiences (case/quality, shift supervisor, and nurse management) in RQ4, 76% of alumni agreed that leadership and management activities helped them become a skilled professional in RQ1.

Trust, collaboration, and engagement established synergy. Within this partnership, communication, teaching, culture, and relationships created these facets of synergy which reflected the satisfaction of the alumni. These synergistic relationships, in theory, should have produced the outcomes of sustainability, effectiveness, and retention or the recruitment and retention that mitigate the nursing shortage problem. In this study, however, there was minimal evidence of a shift in recruitment and retention from urban areas to rural areas. This result indicated not being able to directly attribute rural practice as more cohorts need to be evaluated. However, this evaluation provided a baseline for future evaluations.

The partnership goals were effective in being met; however, the partnership should consider critiquing the recruitment and retention goals to improve outcomes. hospital leadership and work environment were influential in recruitment, but new recruitment strategies were still in need of further targeted goals.

## **Limitations**

This study was designed to provide a program evaluation of a rural academic nursing program in hopes to support programs considering implementing a similar partnership. Given the following limitations, generalizations should be interpreted carefully. First, the study provided findings from a partnership in one rural town in Tennessee. Second, the findings were based on the perceptions of a small number of rural nursing graduates from a particular university program. Although the number of alumni was small, it still represented 78% of the potential alumni. To help reduce this limitation, archival data in the form of student reflection papers were used to help triangulate the data from the questionnaire.

Third, the alumni were not asked why they did or did not chose a rural area. Future researchers should consider a more focused study on why alumni choose the work and live in either rural or urban areas. Fourth, was my positionality. As an instructor employed at the university, the primary researcher carried biases that might have affected the study. This position also brought with it a depth of insight about the inner workings of the partnership. The primary researcher worked to ensure that confidentiality was paramount to my research. I took precautions in trying to assure data were analyzed objectively. These precautions included triangulating the data from questionnaires to establish the accuracy of the data. Given these limitations of the research, there were many contributions that could be ascertained from the outcomes of this research.

## **Recommendations**

This initial evaluation has helped define positive outcomes and potential needs within the partnership. The recommendations below were made for others interested in conducting similar research to determine further benefits of rural academic nursing partnerships.

1. It is recommended future researchers evaluate other rural academic nursing partnerships because rural nurses are unique because they are generalist more than specialist who meet the needs of many different areas, but thrive on positive work relationships and work independence.
2. It is recommended that future researchers conduct focus studies on why alumni choose rural or urban areas, why student choose the university, and human resource recruitment strategies to further explore specific recruitment topics.
3. It is recommended future researchers include the perception of others especially students as it relates to the relationship between their perceptions of rural academic nursing partnership and recruitment and retention of nurses to rural areas. By including the perceptions of more stakeholders, a partnership could more accurately draw conclusions about the effectiveness of the partnership synergy model.
4. It is recommended that the partnership reevaluate in three years to examine actual changes implemented in conjunction with the findings of this study. This would allow the partnership to further evaluate the effectiveness of the partnership synergy model and incurred changes.
5. It is recommended that the partnership consider including the tools in this study in the university's student exit follow-up postgraduation. This would allow the partnership to have a consistent model for evaluation.
6. It is recommended that the partnership investigate the areas that produced significance and/or concern within the evaluation in order to make appropriate changes.

## Conclusions

This partnership emerged in 2016 to help alleviate nursing shortages in the local area. While not a nurse, the primary researcher in this study, a speech-pathologist, realized the need for academic healthcare partnership in that field were needed as well. The study of an academic nursing partnership in the area provided a baseline for other clinical establishments as the university forms new healthcare programs to help alleviate shortages in the region.

While there was plenty of research on the importance of establishing partnerships, there was little research on (a) evaluation outcomes and (b) student perceptions. There was a need for identifying a model of partnership implementation that partnership leaders could follow to begin the implementation of rural academic healthcare partnerships. The purpose of this mixed-methods study was to evaluate a rural academic nursing partnership including (a) how students perceive how successful the partnership is in developing and training them as nurses, (b) how students' preferences of rural versus urban work and living environments change after participation in the partnership, (c) student perceptions of the strengths and weaknesses of the partnership, (d) how students describe their experiences in the partnership through reflection during their time in the partnership, and (e) the effectiveness of the partnership goals. In conclusion, this study proved to be a useful tool for both the hospital and university to use as a baseline for future studies in finding ways to increase retention in rural areas.



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## **Appendix A: Initial Recruitment Script**

I hope that you are doing well and off to a great start in your nursing career!

I am Meagan Spencer, I taught many of you in A&P I and II. I am contacting you because I could use your help. I am working on my doctorate in education at Abilene Christian University.

I am studying the academic nursing partnership between the university and the hospital. Now, it is time for me to collect data for my dissertation by conducting a questionnaire with xxxx nursing graduates.

I need you to participate because, as a xxxx university nursing graduate, you can better help me understand your experiences. The purpose of this study is to explore the experiences and perspectives xxxx nursing graduate perceptions of the xxxx partnership. Your past experiences and insights as a xxxx nurse graduate are very valuable.

I am asking you to answer a questionnaire. It should only take about 15 minutes. During this exercise, you will be asked to participate in the following: a demographic portion to the questionnaire and the questionnaire itself to gather information on program perceptions. You will be asked questions based on or your thoughts and experiences. Your participation in this study is voluntary. If you decide to participate in this study, you can click on the link to the questionnaire. After answering the questionnaire, I will also send you a \$10 coffee gift card via email as an appreciation for you helping me in this study.

Please be aware that before you start the questionnaire that there is minimal risk in taking part in this research study. As an xxxx nursing graduate, the research will benefit from your description of your experiences and perspectives during your time as a student at xxxx. Your questionnaire responses will be recorded using the application SurveyMonkey. The questionnaires will be kept on my password-protected Google Drive, and hard copies will be



stored in a secure location with access control for three years after the approval of the dissertation to protect your privacy and confidentiality.

If you have questions about the research study, contact me at xxxxxxxxxx or by email at xxxxxxxxxxxxxx. If you are unable to reach me or wish to speak to someone other than me, you may contact Dr. Cecilia Hegamin-Younger, dissertation chair, at xxxxxxxxxxxxxx. Dr. Hegamin-Younger graduated with a Ph.D. in Measurement and Statistics from the University of Iowa. If you have concerns about this study, believe you may have been injured because of this study, or have general questions about your rights as a research participant, you may contact ACU's chair of the Institutional Review Board and executive director of research Megan Roth, Ph.D. Dr. Roth may be reached at xxxxxxxxxx or xxxxxxxxxxxxxx.

Thank you for your consideration,

Meagan A. Spencer, M.S. CCC-SLP

## **Appendix B: Email and Informed Consent**

### **Introduction: A Program Evaluation of a Rural Nursing Academic Partnership**

I, Meagan Spencer, am enrolled in the Doctor of Education program in Organizational Leadership in Higher Education at Abilene Christian University.

As a doctoral student, I am required to present a dissertation to fulfill the doctoral program. This study is to assess student perspectives of a rural nursing academic partnership.

In the context of this research, I hereby request your consent to participate in this questionnaire study that is being administered electronically via Survey Monkey.

**PURPOSE AND DESCRIPTION:** The purpose of this study is to explore the student perspectives of a rural nursing academic partnership. If selected for participation, you will be asked to complete a questionnaire. The questionnaire is expected to take approximately 15 minutes and gather information relevant to the research purpose. This activity will only commence with your written permission indicated by signing this form. Participation in this research study is voluntary. Additionally, I will be collecting demographic information.

**RISKS & BENEFITS:** There is minimal risk in taking part in this research study. As with any study involving collection of data, there is the possibility of breach of confidentiality of data. Every precaution will be taken to secure participants' personal information to ensure confidentiality.

As a xxxxxxxxxxxx University nursing graduate, the research will benefit from your description of your experiences and perspectives during your time as a student at xxxxxxxxxxxx University.

I cannot guarantee that you will experience any personal benefits from participating in this study. There is a compensation of a \$10 coffee gift card associated with this study upon completion of the questionnaire. Your participation is strictly voluntary.

**PRIVACY & CONFIDENTIALITY:** Information collected about you will be handled confidentially per the law. Some identifiable data may have to be shared with individuals outside of the investigator, such as members of the ACU Institutional Review Board.

I have completed the Protecting Human Research Participants training as required by Abilene Christian University's Internal Review Board, which emphasized the importance of ensuring that the participants are protected from personal, social, and professional harm.

The primary risk with this study is breach of confidentiality. However we have taken steps to minimize this risk. We will not be collecting any personal identification data during the survey. However, Survey Monkey may collect information from your computer. You may read their privacy statements here: <https://www.surveymonkey.com/mp/policy/privacy-policy/>.

**CONTACTS:** If you have questions about the research study, the principal investigator is Meagan Spencer, a doctoral student at Abilene Christian University, who may be contacted at xxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxxx or by phone at xxxxxxxxxxxx or by email at xxxxxxxxxxxx. If you are unable to reach me or wish to speak to someone other than the me, you may contact Dr. Cecilia Hegamin-Younger, dissertation chair, at xxxxxxxx. Dr. Hegamin-Younger graduated with a Ph.D. in Measurement and Statistics from the University of Iowa. If you have concerns about this study, believe you may have been injured because of this study, or have general questions about your rights as a research participant, you may contact ACU's chair of the

Institutional Review Board and executive director of research Megan Roth, Ph.D. Dr. Roth may be reached at xxxxxxxxxxx or xxxxxxxxxxx or xxxxxxxxxxxxxxxxxxx.

### **Additional Information**

Your participation in this research is entirely voluntary. You may decline to participate from the study at any time and for any reason without any penalty or loss of benefits to which you are otherwise entitled.

There are 37 expected participants to be enrolled in this study

Your participation may be ended early by me for certain reasons. For example, I may end your participation if you no longer meet study requirements, I believe it is no longer in your best interest to continue participating, you do not follow the instructions provided by the researchers, or the study is ended. You will be contacted by me and given further instructions in the event that you are removed from the study.

Your \$10 coffee gift card incentive will be distributed via email as an electronic gift card 1-2 weeks after your questionnaire is completed.

### **Consent Signature Section**

Please click the button below if you voluntarily agree to participate in this study. Click only after you have read all of the information provided and your questions have been answered to your satisfaction. If you wish to have a copy of this consent form, you may print it now. You do not waive any legal rights by consenting to this study.

If you wish to document consent with a signature for your records; please indicate this by signing this document and submitting it to xxxxxxxxxxx

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

### Appendix C: Preliminary Director Email

xxxx Nursing Graduates,

This email is to inform you that you will start receiving emails within the next two days that contains information regarding a research study. These emails will be coming from Meagan Spencer's email address xxxxxxxxxxxxxx. This email is to inform you that the emails are verified and the links in the email are trusted

Thank you,

xxxxxxx

Director of xxxx Nursing - xxxxx Campus

## Appendix D: Reminder Emails

xxxx nursing graduate,

Recently, you were contacted by me to participate in a questionnaire for xxxx nursing graduates. The questionnaire should take around 10-15 minutes to complete. To get started, simply click on the link below to read the information regarding the study and the informed consent.

The information you provide will be used to help better understand the xxxxxx partnership from a student perspective and support the program in creating new goals.

I know that you are very busy with your career as a nurse, and I appreciate the time you take to provide your experiences and perspectives.

Sincerely,

Meagan A. Spencer, M.S. CCC-SLP

## Appendix E: Demographic Questionnaire Code Book

Please complete the following questionnaire information regarding your time in the xxxx nursing program

\*Urban: Town of more than 30,000 people \*Rural: Town of fewer than 30,000 people.

Q1. Please select your gender:

- Female (1)       Male (2)       Other (please specify) (3)

Q2. Please select your ethnicity (Select all that apply)

- White or Caucasian (1)       Black or African American (2)  
 Asian/Asian American (3)       Middle Eastern or North African (4)  
 Hispanic/Latinx (5)       Native American or Alaskan Native (6)  
 Native Hawaiian or other Pacific Islander (7)       Other (8)

Q3. What year did you graduate from the nursing program?

- 2018 (1)     2019 (2)

Q4. What is your age?

- 18-28 (1)       29-39 (2)       40-50 (3)       51 and over (4)

Q5. What is your current work environment?

- Urban (1)       Rural (0)

Q6. Which environment do you currently live?

- Urban (1)       Rural (0)

Q7. Prior to starting your clinicals, where did you prefer to live?

- Urban (1)       Rural (0)

Q8. Prior to starting your clinicals, where did you prefer to work?

- Urban (1)       Rural (0)

Q9. Since graduating where do you prefer to work?

- Urban (1)       Rural (0)

Q10. Since graduating where do you prefer to live?

- Urban (1)       Rural (0)

Q11. Have you ever worked at xxxxx as a BSN-RN?

- Yes (1)       No (0)

## Appendix F: Questionnaire Code Book

Please complete these 20 survey questions regarding your experiences as a student in the xxxxx nursing partnership

Q12. Did you participate in at least four specialty (e.g., operating room, emergency department shift supervisor, nurse manager, and/or case management/quality management) areas during clinicals?

Yes (1)    No (0)

Q13. Did you participate in at least one community event (e.g., health fairs, community education, etc.) during clinicals?

Yes (1)    No (0)

Q14. Did you participate in at least two collaborative efforts (e.g., bedside conferencing, patient conferencing, discharge, and/or acuity) during clinicals?

Yes (1)    No (0)

Q15. Did you participate in one activity in leadership and management (e.g., statistical matrix on quality and/or patient case management) during clinicals?

Yes (1)    No (0)

Q16. Did you participate in effective communication with xxxx leadership (e.g., nurse managers, the CNO, charge nurses, and xxxx faculty) during clinicals?

Yes (1)    No (0)

Q17. Did you participate in at least two direct patient care situations? (e.g., code, catheter insertion, nasogastric tube insertion, patient education, glucose analysis, etc.)

Yes (1)    No (0)

Q18. Did you attend at least two recruiting events (xxxx hosted lunch or information session) during your senior year at xxxx?

Yes (1)    No (0)

Q19. Do you feel that participation in specialty experiences (e.g., operating room, emergency department, shift supervisor, nurse manager, and/or case management/quality management) during your clinicals prepared you to become a skilled professional?

Yes (1)    No (0)



Q20. Do you feel that participation in community events (e.g., health fairs, community education, etc.) during your time at xxxx prepared you to become a skilled professional?

Yes (1)    No (0)

Q21. Do you feel that participation in following collaborative efforts during your clinicals prepared you to become a skilled professional? (Select all that apply)

Q21.1  Bedside conferencing    Yes (1)    No (0)  
 Q21.2  Patient conferencing    Yes (1)    No (0)  
 Q21.3  Patient Education    Yes (1)    No (0)  
 Q21.4  Acuity    Yes (1)    No (0)  
 Q21.5  Other: (please specify) \_\_\_\_\_

Q22. Do you feel that participation in leadership and management activities prepared you to become a skilled professional? (e.g., statistical matrix on quality or patient case management)

Yes (1)    No (0)

Q23. Do you feel that participation in communication with the following xxxx leadership during clinicals helped you develop effective communication in your current job? (Select all that apply)

Q23.1  Other professions    Yes (1)    No (0)  
 Q23.2  CNO/nurse managers    Yes (1)    No (0)  
 Q23.3  Nurses    Yes (1)    No (0)  
 Q23.4  Physicians    Yes (1)    No (0)  
 Q23.5  Other: (please specify) \_\_\_\_\_

Q24. Which of the following were valuable in your employment selection? (Select all that apply)

Q24.1  Recruitment conversations    Yes (1)    No (0)  
 Q24.2  Recruitment events    Yes (1)    No (0)  
 Q24.3  Staff encouragement    Yes (1)    No (0)  
 Q24.4  Mission and values    Yes (1)    No (0)  
 Q24.5  Other: (please specify) \_\_\_\_\_

Q25. Do you believe that xxxx leadership or work environment attracted you to xxxx as an option for employment?

Yes (1)    No (0)

Q26. What did you like most about the partnership? (Select all that apply)

Q26.1  Leadership [Yes (1)/No (0)]

- Q26.2  Recruitment efforts [Yes (1)/No (0)]  
 Q26.3  People I worked with [Yes (1)/No (0)]  
 Q26.4  Clinical opportunities [Yes (1)/No (0)]  
 Q26.5  Other: (please specify) \_\_\_\_\_

Q27. What did you like least about the partnership? (Select all that apply)

- Q27.1  Leadership [Yes (1)/No (0)]  
 Q27.2  Clinical opportunities [Yes (1)/No (0)]  
 Q27.3  Recruitment efforts [Yes (1)/No (0)]  
 Q27.4  People I work with [Yes (1)/No (0)]  
 Q27.5  Other: (please specify) \_\_\_\_\_

Q28. What are the strengths of the partnership? (Select all that apply)

- Q28.1  Students get to collaborate with professionals [Yes (1)/No (0)]  
 Q28.2  The staff trusts students [Yes (1)/No (0)]  
 Q28.3  Provided a job upon graduation [Yes (1)/No (0)]  
 Q28.4  Respect in the community [Yes (1)/No (0)]  
 Q28.5  Other: (please specify) \_\_\_\_\_

Q29. What contributes to the strengths you chose? (Select all that apply)

- Q29.1  The xxxx leadership work closely together to benefit students' nursing education [Yes (1)/No (0)]  
 Q29.2  Local and community organizations support the staff [Yes (1)/No (0)]  
 Q29.3  Extension of job offer [Yes (1)/No (0)]  
 Q29.4  Staff confidence in students [Yes (1)/No (0)]  
 Q29.5  Other: (please specify) \_\_\_\_\_

Q30. How can the partnership improve? (Select all that apply)

- Q30.1  Students collaborating with professionals in patient care [Yes (1)/No (0)]  
 Q30.2  Staff trusts students with patient care [Yes (1)/No (0)]  
 Q30.3  Extended a job upon graduation as a BSN-RN [Yes (1)/No (0)]  
 Q30.4  Extended a job as tech when you are in school [Yes (1)/No (0)]  
 Q30.5  Other: (please specify)

Q31. What would you change about the partnership to improve it? (Select all that apply)

- Q31.1  The xxxx leadership work closely together for the benefit of the students [Yes (1)/No (0)]  
 Q31.2  Extension of job offer in senior year [Yes (1)/No (0)]  
 Q31.3  The partnership prefers xxxx students to perform clinical tasks over students from other programs [Yes (1)/No (0)]  
 Q31.4  Recognition in the community as a skilled professional [Yes (1)/No (0)]

Q31.5  Other: (please specify) \_\_\_\_\_

Thank you for participating in this questionnaire. If you have any further questions, please do not hesitate to contact me at:

Meagan Spencer

XXXXXXXXXXXX

XXXXXXXXXXXX

XXXXXXXXXXXX

### Appendix G: Questionnaire Dimensions

Question	Dimension Measured
<p>Q12. Did you participate in at least four specialty (e.g., operating room, emergency department, shift supervisor, nurse manager, and/or case management/quality management) areas during clinicals?</p> <p>Q16. Did you participate in effective communication with xxxx leadership (e.g., nurse managers, the CNO, charge nurses, and xxxx faculty) during clinicals?</p> <p>Q17. Did you participate in at least two direct patient care situations? (e.g., code, catheter insertion, nasogastric tube insertion, wound debridement, patient education, glucose analysis, etc.)</p> <p>Q19. Do you feel that participation in specialty experiences (e.g., operating room, emergency department shift supervisor, nurse manager, and/or case management/quality management) during your clinicals prepared you to become a skilled professional?</p> <p>Q23. Do you feel that participation in communication with the following xxxx leadership during clinicals helped you develop effective communication in your current job?</p> <p>* Q26. What did you like most about the partnership?</p> <p>* Q27. What did you like least about the partnership?</p> <p>* Q28. What are the strengths of the partnership?</p> <p>* Q29. What contributes to the strengths you chose?</p> <p>* Q30. How can the partnership improve?</p> <p>* Q31. What would you change about the partnership to improve it?</p>	Engagement
<p>Q13. Did you participate in at least one community event (e.g., health fairs, community education, etc.) during clinicals?</p> <p>* Q14. Did you participate in at least two collaborative efforts (e.g., bedside conferencing, patient conferencing, discharge, and/or acuity) during clinicals?</p>	Collaboration

<p>Q20. Do you feel that participation in community events (e.g., health fairs, community education, etc.) during your time at xxxx prepared you to become a skilled professional?</p> <p>* Q21. Do you feel that participation in following collaborative efforts during your clinicals prepared you to become a skilled professional?</p> <p>* Q26. What did you like most about the partnership?</p> <p>* Q27. What did you like least about the partnership?</p> <p>* Q28. What are the strengths of the partnership?</p> <p>* Q29. What contributes to the strengths you chose?</p> <p>* Q30. How can the partnership improve?</p> <p>* Q31. What would you change about the partnership to improve it?</p>	
<p>* Q14. Did you participate in at least two collaborative efforts (e.g., bedside conferencing, patient conferencing, discharge, and/or acuity) during clinicals?</p> <p>Q15. Did you participate in one activity typically closed to students (e.g., statistical matrix on quality and/or patient case management) during clinicals?</p> <p>* Q21. Do you feel that participation in following collaborative efforts during your clinicals prepared you to become a skilled professional?</p> <p>Q22. Do you feel that participation in activities typically closed to students prepared you to become a skilled professional?</p> <p>* Q26. What did you like most about the partnership?</p> <p>* Q27. What did you like least about the partnership?</p> <p>* Q28. What are the strengths of the partnership?</p> <p>* Q29. What contributes to the strengths you chose?</p> <p>* Q30. How can the partnership improve?</p> <p>* Q31. What would you change about the partnership to improve it?</p>	Trust
<p>Q18. Did you attend at least two recruiting events (xxxx hosted lunch or information session) during your senior year at xxxx?</p>	Recruitment

<p>Q24. Which of the following were valuable in your employment selection?</p> <ul style="list-style-type: none"> <li>* Q26. What did you like most about the partnership?</li> <li>* Q27. What did you like least about the partnership?</li> <li>* Q28. What are the strengths of the partnership?</li> <li>* Q29. What contributes to the strengths you chose?</li> <li>* Q30. How can the partnership improve?</li> <li>* Q31. What would you change about the partnership to improve it?</li> </ul>	
<p>Q25. Do you believe that xxxx leadership or work environment attracted you to xxxx as an option for employment?</p> <ul style="list-style-type: none"> <li>* Q26. What did you like most about the partnership?</li> <li>* Q27. What did you like least about the partnership?</li> <li>* Q28. What are the strengths of the partnership?</li> <li>* Q29. What contributes to the strengths you chose?</li> <li>* Q30. How can the partnership improve?</li> <li>* Q31. What would you change about the partnership to improve it?</li> </ul>	Retention

\*Denotes question measures more than one dimension

### Appendix H: Student Reflection Matrix

Theme	Code	Subcode	Supporting statement & clinical area
Team Mentality	Student Included on Team	Included in Meeting	<p>“We started off the day in the bed meeting. This was my third time in on the meeting, and each time I go, I have a better understanding of what they are talking about. I know I said this in the last paper, but I genuinely love these meetings because I think they are so important to start the day” W04 (SS)</p> <p>“As soon as we got on shift, we went to a meeting. This meeting was to discuss the hospital overall and if there were any issues in any of the departments” B02 (SS)</p> <p>“I got to attend a Bed Management meeting that included staff from all departments” Y25 (SS)</p> <p>“X and I began our day by attending a bed management meeting which was composed of nursing leaders and managers from every department in the hospital as well as the Chief Nursing Officer, X” X03 (SS)</p> <p>“At eight-thirty, I followed X to the bed huddle in quality management. X discussed the situations surrounding two patients” C24 (SS)</p> <p>“First up were two meetings back-to-back with administrative and clinical staff for hospital updates: census, policy changes, percentage/numbers met and needing to be met, changes coming, patient plans/course of care actions (discharges, admits, specialty services)” S08 (SS)</p> <p>“The day began with bed huddle where every department in the hospital gets together and discusses every patient in the hospital and the current plan for them” T07 (SS)</p> <p>“After the bed huddle meeting, we returned to her office” D23 (SS)</p> <p>“Mrs. X's day started out with a meeting with the CNO of the hospital, X, and other members of the healthcare team” G20 (SS)</p>

			<p>“We attended the daily bed hold meeting, like we did every other day, rounded on all of our patients/halls” E22 (SS)</p> <p>“In the morning we participated in the bed huddle meeting where every hospital leader come and discuss the goals and outcomes for the day” Z26 (CQ)</p> <p>“After safety finished with me they sat me in the morning meeting where all the department heads and managers where discussing the current hospital status and went over the hospital informatics board” B25 (CQ)</p> <p>“When we went to the 'bed huddle,' which is where many of the management and staff meet together to discuss patient census and patients that need more attention” C24 (CQ)</p> <p>“Then I sat through a daily meeting covering department needs, ranging from equipment to staffing to pending discharges” S08 (CQ)</p> <p>“My day started in a meeting called the "Bed Huddle"” Z01 (CQ)</p> <p>“During the first part of the day, I attended a meeting with case management manager, X, which was composed of nursing leaders and managers from every department in the hospital as well as the Chief Nursing Officer, X” X03 (CQ)</p> <p>“To start off the morning all department heads go to Quality in the conference room” C03 (CQ)</p> <p>“The day started out with my attending a meeting with X and where other members of management were in attendance and discussed the facility's census and other related concerns from nursing management as well as other departments” U06 (CQ)</p> <p>“Right after lunch, we had a meeting with every medical person involved in patient care” W04 (CQ)</p> <p>“The day started out by attending the daily bed management meeting, where X did her best to</p>
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			<p>help me understand what was going on and I was able to get a brief overview of what each management position had in that meeting” E22 (CQ)</p> <p>“The day started out in the bed meeting. I would say this was the highlight of my day” W04 (NM)</p> <p>“The first meeting, at 08:15, was a meeting called Bed and Safety Huddle but was referred to as the "Morning Bed Huddle." This meeting included all directors and managers of every department in the entire hospital” J17 (NM)</p> <p>“At 12:30 X and I attended a "Quality Meeting" with the nurse managers, CNO, and Pharmacist. This meeting's formal name is "failure Mode, Effect, and Criticality Analysis (FMECA). This meeting was by far my favorite due to the amount of collaboration and debates between the nursing managers” J17 (NM)</p> <p>“X and I started the day by attending the bed management meeting which was composed of nursing leaders and managers from every department in the hospital as well as the Chief Nursing Officer, X” X03 (NM)</p> <p>“We started off the day just like every other day in upper management: going to the bed hold meeting with all upper management staff” E22 (NM)</p> <p>“Upon return from lunch, a laborious round table ensued to prepare for the weekly Monday afternoon staffing meeting with the CNO, involving 3 department heads coordinating the schedules of the nursing staff for the upcoming week ahead” I18 (NM)</p> <p>“The highlight of my day was when I attended the meeting with the new nurse residents that recently graduated this past fall. This meeting gave me an insight for when I start the nurse residency program at X in July, and to know what will happen next in my career” D23 (NM)</p> <p>“We ended our day with a Monthly Diversion meeting. This meeting consists of the</p>
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			<p>department managers, Pharmacy, the CNO, CFO and CEO” Z01 (NM)</p> <p>“To start they day, X and I attended the 8:15 huddle meeting with all the managers and supervisors of the hospital” Y02 (NM)</p> <p>“The morning started with X and I attending a meeting with department management discussing the hospitals census and other areas of concern regarding nursing, therapies, dietary, and all other hospital departments” U06 (NM)</p> <p>“Around 3 o'clock we went to a meeting where they discussed a standard practice for counting all equipment used for procedures due to them getting left in patient” G20 (NM)</p> <p>“One meeting I thoroughly enjoyed was an afternoon meeting which consisted of the CNO, ACNO, and each administrator from each department. This meeting covered the goals for the next coming months and the budget expectation” V05 (NM)</p> <p>“The highlight of my day was attending a one-on-one meeting involving Mr. X and Mrs. X, ACNO. During this meeting, we discussed emergency room data and the current census in the department” V05 (ED)</p>
		Included in Procedure	<p>“As soon as everyone scrubbed in, the First Assist, X, told the CRNA, "This is a student from X — she is going to watch you intubate. Let her watch and visualize the vocal cords.", which I was able to do” Z01 (OR)</p> <p>“The supervisor and I transported the patient by bed to ICU where he was medicated” F21 (SS)</p> <p>“A nurse and I transported the patient to the holding room where she was prepped before the operation.” C24 (OR)</p> <p>“Also, one of my favorite experiences in the ER was interacting with a patient while we were trying to interrogate her pacemaker” A01 (SS)</p> <p>“It was a relief to the nurses for us to take the time to help them out with their new patients.</p>

			<p>They were very appreciative for our help, and it felt nice to be able to help them in that situation” L15 (SS)</p> <p>“Shortly after this, I assisted the nurses with changing out the patient's bed linens due to the patient's skin flaking off as a side effect of chemotherapy” C24 (SS)</p> <p>“All of the nurses, including myself, put a sliding sheet under the woman, then picked her up and moved her to the floor” J17 (SS)</p> <p>“X allowed me to go to X with her and X to explain and implement this new process” V22 (CQ)</p> <p>“We immediately started to assess the situation and stopped the infusion. We controlled the bleeding and eventually was able to get another IV site on the patient after having to discontinue the bleeding IV site” X24 (NM)</p> <p>“We finished the day by interviewing a nurse from the current nursing residency program who was interested in transferring for the South med-surge floor to the labor and delivery unit” X03 (NM)</p> <p>“I would say my highlight of the day was observing the interview process, and thankful it wasn't me that day, and that I did not have anyone extra watching me interview” E22 (NM)</p> <p>“The highlight of my day was that I got to touch a uterus” D04 (NM)</p> <p>“When this task was complete, I accompanied Mrs. X on patient rounding. I considered this to be the highlight of my day as we were able to interact with patients” Z01 (NM)</p> <p>“My nurse X made sure to pull me to see things that were not very common, like getting to watch a patient receive adenosine to get his heart out of supraventricular tachycardia” A01 (ED)</p>
		Performed a Task	<p>“When the patients were admitted I helped the outpatient nurses with vital signs as they collected an H &amp; P and did client education” Y02 (OR)</p>

			<p>“I helped move the patients to and from the OR, observed the surgery, and received the patients vital signs when returning to their rooms” X03 (OR)</p> <p>“I also assisted with discharge instructions and taking patients to their vehicles, ensuring they had a driver” X03 (OR)</p> <p>“In the cholecystectomy, I helped have and prep the patient’s abdomen with iodine. In addition, I also helped receive vitals for the blood transfusion and a post-cath lab patient” X03 (OR)</p> <p>“The highlight of my day was helping a challenging patient that was disoriented and irritated. By engaging with her love of animals, I was able to calm her until her daughter arrived” H19 (SS)</p> <p>“I was also able to help by faxing pertinent information to the proper recipients and help X critically think at times” W22 (CQ)</p> <p>“I suctioned and assisted with mouth care. I was educated about medications and ARDS” F21 (NM)</p> <p>“X allowed me to give some intradermal injections and coached me on reading the results for the 48-72-hour reading” S08 (NM)</p> <p>“I administered flu and pneumonia vaccines and watched the admission and discharging process” Y25 (NM)</p> <p>“My day in the ER consisted of many ECGs, starting IVs, assisting in discharge teaching, and assisting in the care of individuals” W23 (ED)</p> <p>“I even got to do an in and out catheter for a urine specimen” P11 (ED)</p> <p>“I got to assist with the compressions and breaths during CPR” W23 (ED)</p> <p>“I did perform several EKG's and an in and out catheter with success” Z01 (ED)</p>
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			<p>“I successfully performed multiple IV blood draws and IV insertions, between 6 to 9, along with distributing blood into the appropriate colored tubes to send off to the lab” P11 (ED)</p> <p>“The Nurse, who was driving, noticed the patient engulfed in flames. He had been smoking in the van while wearing his oxygen still. When they arrived at the ER, he was still on fire. I assisted in putting the fire out” W23 (ED)</p> <p>“I also performed vital signs, did EKG's and made sure the clients were comfortable while they waited for results” P11 (ED)</p> <p>“I put in an IV, drew blood for lab work, and got his chief complaint and assessment completed...After my first IV, I gained a lot of confidence in my skills as a student nurse, and I felt like I could really help out” A01 (ED)</p> <p>“I got a lot of practice on starting IVs on several different patients... I also learned how to do echocardiograms on patients” C03 (ED)</p> <p>“During this day, I was also able to provide three (one male, two female) in &amp; out catheters with bladder draining...But at the end of the day, I was approached by staff and asked if I would be interested in joining the ED after graduation, and residency/training. I know that once I took ahold of myself, having faith in myself, then I was truly able to soar” S08 (ED)</p> <p>“I helped start IV's, stock the rooms, obtain blood cultures, transport patients to the floor, flu swabs, strep swabs, and a Penicillin shot” X03 (ED)</p> <p>“The rest of my day I started many IVs, learned how to do a 10 lead ECG, and documented vital signs on each patient I cared for” Y02 (ED)</p> <p>“During my clinical day, I was able to start many intravenous catheters. While inserting an IV the nurse also gets a blood sample for CBC” M14 (ED)</p> <p>“I started three IVs and assisted with placing a straight catheter on a two-year-old female</p>
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			<p>patient that presented with a urinary tract infection” L15 (ED)</p> <p>“During this time I performed EKGs, initiated an IV insertion, gave PO meds, observed a shoulder relocation, observed stitch application, observed patients receiving x-rays, and applied a midcalf stirrup splint to the right ankle” H19 (ED)</p> <p>“Through this rotation, I learned how to appropriately do an ECG. I really enjoyed this because every time a patient came in with "chest pain" or something dealing with the heart, they asked me to get the ECG. I felt like I had an important role and they trusted me” W04 (ED)</p>
	Staff Working Together	Teamwork	<p>“I learned more about being a team player, regardless of your position and the importance of how to be a leader. I saw how the staff really respected her and a lot of it has to deal with her being a team player and the respect she relays back” Y25 (SS)</p> <p>“You got the sense that there are teams within teams, not from a standpoint of superiority but from the vantage point of a well-oiled machine” I18 (SS)</p> <p>“Every department helps each other out when things get busy” G20 (SS)</p> <p>“It takes an entire team to run that hospital, some of them may be in the shadows or dysfunctional at times, but at the end of the day they all came together and "got things done" for the greater good” B25 (CQ)</p> <p>“I believe that teamwork and collaboration is key to their success with the hospital” K16 (CQ)</p> <p>“The highlight of my day was a general experience of seeing openness and effective collaboration between the management and staff” H19 (NM)</p> <p>“The teamwork throughout the ER was exceptional” B02 (ED)</p>

			<p>“Everyone worked well together, everyone helped each other, and everyone had a positive mood throughout the day” W04 (ED)</p> <p>“Everyone is always ready to help each other in any way that they can” X03 (ED)</p> <p>“However, immediately upon entering the emergency department, I felt very welcomed and part of the team” Y25 (ED)</p> <p>“The ED boosted my confidence up more and I was happy with the skills and education I learned with some of the nursing staff. And by the end of the day, the nursing staff was very appreciative of me being there. Some were so happy about the length of time that I was able to stay with them... I left feeling confident and appreciated” D23 (ED)</p> <p>“Every employee, that was part of the health care team in the emergency room, was very approachable and easy to interact with” J17 (ED)</p> <p>“In a way, it was kind of beautiful how everyone functioned in sync...I thoroughly enjoyed my time there and would be honored to be a part of a team like that” V22 (ED)</p>
		Interdisciplinary	<p>“The highlight of the day came for me watching the interpersonal team dynamic come together seamlessly over concern for a hospice man who had mistakenly injured himself by smoking with a nasal canula on his face” I18 (SS)</p> <p>“Respiratory worked well with imaging. The doctors asked the nurses for input. The vibe of the environment was unchanged because the CNO was on the unit. Seemingly, no one modified their behavior. Employees were valued. What a great thing. It will always impress me” I18 (SS)</p> <p>“The highlight of my day was both of the interdisciplinary meetings; these meetings are pivotal to ensure optimal care while in the hospital at X Medical Center” V05 (CQ)</p> <p>“That afternoon I spent with X. We went to bed huddle, where the nurses, doctors, case management, respiratory therapy, physical</p>

			<p>therapy, and pharmacists discuss each patient on the unit and the plan for continuing their care. It was really interesting to see how they all got on the same page about each patient” T07 (CQ)</p> <p>“At 3:00 p.m. we had a meeting with Case Management. The goal of this meeting was to enhance the physician and nurse bedside meetings at 1:00 p.m. This was fun to watch other professions coming together to collaborate and make patient care efficient and provide optimal results” Y02 (NM)</p> <p>“There was a multidisciplinary meeting with each patient, this included dietary, PT/OT, speech, pharmacy, case management, physician, and nursing. This is a great way to round on patients and make sure everyone is on the same page about their care, goals, and any needs or issues for that patient” F21 (NM)</p> <p>“Once again I attended the interdisciplinary team which is very intriguing to me” V05 (SS)</p> <p>“We started our day out in the bed huddle meeting at 8:30am with all the other nurse managers and management of other departments in the hospital. I really love this time of communicating and collaborating with all the interdisciplinary teams in the hospital” Y02 (SS)</p> <p>“We started the day out with a coordinated interdisciplinary manager meeting” F21 (SS)</p>
	It's Everyone's Job	Nothing is Below You	<p>“She was even able to fix it and prevented a further need of assistance. She jokingly said she was the all-purpose handyman for the hospital. She was fixing hospital beds, blinds, sinks, and stopped to clean parts of the floor when she saw a mess” N12 (SS)</p> <p>“I observed her "jump in," involving herself when she perceived there was an act she could perform at that moment” I18 (SS)</p> <p>“She is a team player. She never asks anyone to do anything that she wouldn't be willing to do herself” T07 (SS)</p> <p>“She was not opposed to wheeling patients out herself, transporting them in beds,</p>



			<p>assisting with vitals, hooking up patients to machines, and anything that would make the process quicker and smoother” Y02 (SS)</p> <p>“I also really appreciated that X works the floor one day a week to be with her staff...Before this, I viewed it as a position that I would never be able to obtain...After leaving the hospital today, I felt like one day I may try to become a nurse manager” W04 (NM)</p> <p>“One thing last thing that I learned with X was that the nurse managers were required to work the floor one day a week. This was a recent requirement, but I think that it is a good requirement” X24 (NM)</p> <p>“He managed to show the importance of being a servant leader by helping when needed and not being above working the floor of the unit” L15 (NM)</p> <p>“He was not trying to make himself seem like he was something he wasn't. He knows he is human and is actively working to improve in his job. It is great to know that management does not think they are any better than the actual people working on the floor” B02 (NM)</p> <p>“The previous week, X had worked the floor as a night nurse on the unit to try to show support through presence with the night shift workers. I thought that his doing this was really a great thing for a person in a leadership position to do” C24 (NM)</p> <p>“Mrs. X was an excellent preceptor, and she is a true leader. One thing that makes her such a good leader is that she is willing to step down and work as a nurse if she has to. She is not a leader who refuses to help her staff” A01 (NM)</p>
		Looking out for Staff	<p>“I am, for the most part, impressed with the level of community that exists among the employees and the sense of sincerity they appear to have for one another” I18 (SS)</p> <p>“One nurse told me they hope she never leaves, because they feel as if she has their back. That is important to know that staff appreciated such hard work and notices how they feel about their job” L15 (SS)</p>

			<p>“I was impressed that her first words to the nurse were, "Are you okay?". This showed her support to that nurse was first and foremost” Z01 (SS)</p> <p>“She often makes rounds to every unit to ask how they are doing and what tasks she can do to make their day easier” N12 (SS)</p> <p>“The highlight of the day for me was that she takes such good care of the team and ensures they have what they need to do their job efficiently” G20 (SS)</p> <p>“She knew the staff was having difficulties and worried, so she did what she could to make things easier for them and to help them do what was best for the patients even during all that chaos. I learned SO much during this clinical and absolutely loved all the "behind the scenes" access I got. This is the kind of stuff you don't learn in textbooks. I feel this experience will help me to have more patience in stressful situations &amp; it gave me an image of a type of supervisor I want to be one day” E22 (SS)</p> <p>“Like stated above, X was very personable. Everyone she talked to was like she was talking to her best friend. You could tell she genuinely loved her job and cared for every single person she interacted with” W04 (CQ)</p> <p>“Both X and X's jobs are difficult, it's obvious they truly care about the staff and patients, but in two completely different styles, they embody Yin and Yang in the ED at X” B25 (NM)</p> <p>“He talked to me about the importance of showing the staff appreciation and letting his employees know he is always there for them. To me this was such an inspiration and highlight, to not only see a director care but to also hear him talk about it. I enjoyed so much listening to him talk about how he supports his staff and wants them to constantly improve and grow into the best nurses they can be” L15 (NM)</p> <p>“X really showed a genuine concern and interest in the patients as well as the staff” U06 (NM)</p>
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			<p>“A few of the nurses and techs received some great compliments from the patients so she went to the Human Resources office and got some candy to give to them. The smallest things can make your employees feel appreciated and she did just that” Y25 (NM)</p> <p>“X seems like he genuinely cares about his employees and is actively seeking ways to better communicate with them” B02 (NM)</p> <p>“X made it clear to me from the start of the day that being a good leader meant one must put their team members first” D04 (NM)</p> <p>“To see that a director would come at every call to aid his staff warms my heart. He is a true leader. Being a serving leader is also a very great strategy to being a great leader” P11 (NM)</p> <p>“X had a lot of strengths as a preceptor. The most notable to me was how much he cared for both his team and his patients. He saw himself as an equal team member to his staff” D04 (ED)</p>
		Advocacy	<p>“X acted as an advocate for the patient and the patient's family by calling the doctor to speed up the evaluation process” P11 (SS)</p> <p>“X also delegated well and was one of the biggest advocators I have ever met” T07 (CQ)</p> <p>“Miss X became the mediator when there was confusion between what a doctor said to the patient” G20 (CQ)</p> <p>“I believe X's strengths were shown in the way she advocated for this patient and others throughout the day” Z01 (CQ)</p> <p>“I learned many things today but most importantly I learned how to be a patient advocate” V05 (CQ)</p> <p>“I was able to experience such authority and mercy within X. He was able to give me examples of times he has advocated and fought for his employees by helping them improve in their skills and tasks” L15 (NM)</p> <p>“My preceptor's strengths during this clinical were confidence, advocacy for her patients and employees (new hire), thoroughness, and time</p>

			<p>management. I learned a lot during this clinical” E22 (NM)</p> <p>“Mrs. X is advocating on our behalf and working to help our hospital and getting to experience that firsthand will help me become a more appreciative and better nurse” A01 (NM)</p>
Communication	Positive Communication	Approachable with Questions	<p>“I was also able to spend some time with the circulating Nurse X who allowed me the opportunity to ask many questions as I was curious about the role of RN_ It was truly a great experience” Z01 (OR)</p> <p>“I really loved talking with her, I wasn't afraid to ask questions, and I learned the true importance of her job” W04 (SS)</p> <p>“I was intimidated at first due to the status she held but she was very nice and welcoming. I appreciated that she answered any questions I had as well” Y25 (SS)</p> <p>“She is easy to talk to, approachable, and determined to provide safe and proficient care of the patients and nurses” L15 (SS)</p> <p>“I spent some time talking with the social worker and her role at the facility, her experiences and how she handled a variety of not so hypotheticals I threw at her” I18 (CQ)</p> <p>“Later I was able to spend some time with Mrs. X and ask questions regarding case management” G20 (CQ)</p> <p>“From ten to ten-thirty, I got to ask questions and learn more about was X, the Sepsis Coordinator” J17 (CQ)</p> <p>“She was very informative and was excited to answer our questions” D04 (CQ)</p> <p>“He welcomed me to the department by taking the time answering any of my questions that occurred. L15 (NM)</p> <p>I felt comfortable asking her questions about things I did not understand” Y25 (NM)</p> <p>“He took the time to ask me questions and help me make the connections I needed to make as</p>

			<p>we provided interventions for patients” T07 (ED)</p> <p>“The nursing staff was welcoming and respectful to any questions I asked” L15 (ED)</p> <p>“I asked X and his assistant different questions regarding the ER and if someone without that kind of confidence could still succeed &amp; learn how to work well in the ER-both of them answered yes. That got me thinking about this career even more” E22 (ED)</p>
		Provided Hands-on Learning	<p>“He then went on to explain what was being done at the beginning of the surgery. He was trying to find a place where I could visualize the procedure when the CRNA stated, "Come stand by me". From this vantage point, I was able to view SO much!” Z01 (OR)</p> <p>“Once the perforated colon was removed, X made a point to bring the tray over with the colon so I could view it more closely. I feel had he not initiated my involvement from the start, I would not have been given the opportunities I was granted” Z01 (OR)</p> <p>“The nurse gave me the patient’s bone to feel and see how it looks. I was also able to touch the mold they use to secure the implant” Y02 (OR)</p> <p>“While the nurses held pressure to the femoral artery, I was able to feel the pulse too. I palpated his dorsalis pedis and posterior tibial artery” D23 (OR)</p> <p>“The highlight of my day was being able to network with the staff and gain knowledge about the management process. Being a nurse manager is a roll that I think I would enjoy having in the future” R09 (NM)</p> <p>“Overall, I really enjoyed my ED clinical. I followed X and he was more than willing to explain anything he did and allowed me to receive a lot of hands-on experience” Y25 (ED)</p>
		Taught Student	<p>“Dr. X was the performing Surgeon and made it a priority to explain what and why certain things were being done. He made sure I was able to view the different muscle layers and explained</p>

			<p>why he was placing different sutures in different ways” Z01 (OR)</p> <p>“She was so willing to teach me every aspect of her job even when I didn't ask. I also appreciated that she wanted to get my involved in so many different things so I could learn” W04 (SS)</p> <p>“X is an amazing preceptor to follow. She provides you with enough information to help you want to become a house supervisor or even be a part of management” D23 (SS)</p> <p>“While making rounds and submitting patient placements into rooms (patients being admitted: she explained reasoning behind each placement, size of room, close or far from nursing station, unit choice, and patients' individual needs that were to be met best in each choice)” S08 (SS)</p> <p>“Doctor X was awesome and walked me through everything he was doing and teaching me the entire time” B25 (OR)</p> <p>“The highlight of the day was X explaining to a nurse how to easily insert a nasogastric tube. X explained that if you squirt viscous lidocaine up the nare to coat the passage until the patient can taste it and then slowly push the tube as the patient swallows an ice chip, there won't be as bad of a gag reflex and it should go down smoothly. It was really neat to hear her explain it and she was so supportive of the staff” T07 (SS)</p> <p>“X was so kind as to walk me through the procedure, and then helped the patient back to the recovery area” D23 (OR)</p> <p>“X, the circulating nurse, showed me around and taught me a lot of interesting facts, procedures, and supplies used in the operating room today” D23 (OR)</p> <p>“They showed me how to administer the nerve block” W04 (OR)</p> <p>“In addition, she was able to explain and teach me things that I asked about, and she went out of her way to explain the</p>
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			<p>situations that were going on in the hospital. She also helped me learn by asking me questions about how to perform procedures like inserting an IV” A01 (SS)</p> <p>“She explained to us a method of talking to people that can give the patient autonomy, but also understand the consequences involved in their decisions” D04 (CQ)</p> <p>“The highlight of my day was speaking with X. She took the time to make sure I understood everything she was explaining and then took the time to get to know me... She asked about what I wanted to do with my degree and why I became a nurse. She was very encouraging to continue my education and to get the dream job” T07 (CQ)</p> <p>“Dr. X took the time to teach us about a new disease that he had found in one of our patients, and this was the highlight of my day” A01 (CQ)</p> <p>“They were all very willing to teach me things and talk with me about their role at the hospital, especially X. She taught me about a new way that we are doing brain scans and we can see how long it takes for blood to make it to a certain part of the brain” A01 (CQ)</p> <p>“She was very easy to talk to and explained everything she was doing in the process, which I really appreciated” Y25 (CQ)</p> <p>“After the above-mentioned meeting, the meeting objectives and goals were thoroughly explained to me” S08 (CQ)</p> <p>“The representative with X stated they have tried to partner with several hospitals and X was the only one as of yet that has agreed to partner with them to help those with addiction. This made me want to be a part of the X family even more” Z01 (CQ)</p> <p>“She also was constantly talking to me about what she was doing, why she did things a certain way, and the best way to approach certain situations that were more difficult than others” W04 (CQ)</p>
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			<p>“I would have to say that the highlight of my day was when X, the risk manager, broke down the last meeting of the day for me. She opened the pages on her computer that they had talked about and explained what they were doing with Joint Commission, why they were doing it, and how it will benefit the hospital. This last bit of the day helped me tie together the other seemingly separate parts of the day that I witnessed” K16 (CQ)</p> <p>“I then went with X who is the hospital social worker. I never realized the things that went on behind the scenes off the floor. I always thought these people were there just to bug us, but all of these people have very important jobs. I honestly thoroughly enjoyed Quality and could see myself doing it one day” A26 (CQ)</p> <p>“She also taught me how to perform, and allowed me to perform, the fittings for the respirators. This was an enjoyable experience for me” S09 (NM)</p> <p>“He talked to me about the surveys that are given to each individual patient to rate their experience, and how this incorporates the overall production of the emergency department and with other areas within the hospital. He wanted to make sure I understood the concept and took the time to show me the overall outcome for each quarter from X Corporation” L15 (NM)</p> <p>“He was very helpful and open to having a student. He explained to me his daily tasks some of which included keeping papers organized for when Joint Commissions comes in, staffing, coaching opportunities” B02 (NM)</p> <p>“The highlight of my day was getting to talk to Mrs. X throughout the day. We talked about nursing school, where I want to work, her experiences as a nurse, and her job as a chief nursing officer. I really enjoyed spending the day with her because she is so sweet, and she taught me so much throughout the day” A01 (NM)</p>
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			<p>“He made sure to explain the ER tracker, the board that describes which each patient needs, and he explained how we triage patients” A01 (ED)</p> <p>“The staff were very nice and very much willing to offer up information and or tips for techniques to make things easier to handle during the day” C03 (ED)</p> <p>“The two doctors staffed this day treated everything as a teaching moment with me” J17 (ED)</p> <p>“Nurse X was an excellent teacher and challenged me to think critically through challenging situations and to examine the cases more thoroughly” H19 (ED)</p> <p>“The other two main nurses I followed were very helpful in expanding my skills set and promoting confidence...X was quick to pull me along with her and talk me through skills as she did them” T07 (ED)</p> <p>“In the ER, the nurses not only gave me a lot of confidence, but if a skill looked as if it would be difficult, they stayed right beside me and helped me perform it” N12 (ED)</p> <p>“Throughout the day, X showed me how to draw blood from patients, distribute the blood into the right sample tube, and send the samples off via the hospital capsule delivery system” C24 (ED)</p> <p>“They explained specific things, asking me questions, and told the other nurses to inform me on certain patients or procedures that I need to listen to or see” J17 (ED)</p> <p>“X had complete confidence in me all day...With my IV attempt with her, she did not hover but repeatedly told me her confidence in me before we even stepped foot in the room” T07 (ED)</p> <p>“For new skills I haven't performed, I was asked once if I knew how to do it, and if I didn't they were very nice. Some nurses showed me the</p>
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			<p>first time and expected me to do the next, others walked me through how to do it the first time” N12 (ED)</p> <p>“He was very willing to teach and let me do as many skills as were available to me” B02 (ED)</p>
	The Mission is Known	Student Knows the Mission of Hospital	<p>“The mission of X Medical Center is to provide care to patients and improve human life by striving to provide high quality, cost-effective healthcare in the community of X” A01 (SS)</p> <p>“X's mission is: "Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve.” E22 (SS)</p> <p>“The mission statement is "above all else, we are committed to the care and improvement of human. life." The motto is "small enough to care, large enough to heal.” M14 (SS)</p> <p>“At X Medical Center, the mission states, "Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high-quality, cost-effective healthcare in the communities we serve.” X03 (SS)</p> <p>“The mission and values of the facility are "Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve.” U06 (SS)</p> <p>“The mission of the hospital is to be committed to the care and improvement of human life by providing high-quality, cost-effective healthcare” P11 (SS)</p> <p>“The mission of X Medical Center's mission and goal continues to be to provide quality, individualized patient care to the communities we serve X Medical Center is proud to be your family's community hospital for whatever changes the future may bring. Being a part of X affords X Medical Center's patients access to an entire healthcare network. No matter what the healthcare need may be, you can receive that service through our system” R09 (SS)</p>

			<p>“Above All Else, We Are Committed to the Care and Improvement of Human Life.” — Mission Statement” I18 (SS)</p> <p>“The mission and goal of this facility are, "Above all else; we are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve"” G20 (SS)</p> <p>“The mission statement is "above all else, we are committed to the care and improvement of human life." The motto is "small enough to care, large enough to heal."” M14 (CQ)</p> <p>“The mission and values of the facility are "Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve."” U06 (CQ)</p> <p>“X lists their mission statement:" Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve. X Medical Center's mission and goal continues to be to provide quality, individualized patient care to the communities we serve. X Medical Center is proud to be your family's community hospital for whatever changes the future may bring.” B25 (CQ)</p> <p>“The mission throughout the hospital is the same because they believe in the same thing, patient safety and care. The patients deserve safe and quality care” G20 (CQ)</p> <p>“The mission of X Medical Center is to provide care to patients and improve human life by striving to provide high quality, cost-effective healthcare in the community of X” A01 (CQ)</p> <p>“X’s mission is, "Small enough to care, large enough to heal"—while the case managers mission is to create cost effective healthcare and fragmentation prevention” V05 (CQ)</p> <p>“The mission statement claims, "Above all else, we are committed to the care and improvement</p>
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			<p>of human life. In recognition of this commitment, we strive to deliver high-quality, cost-effective healthcare in the communities we serve." X03 (CQ)</p> <p>"X's mission is: "Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve," and based on my experiences during clinicals at the hospital, I have found that they do an excellent job maintaining this mission" E22 (CQ)</p> <p>"The mission statement is "above all else, we are committed to the care and improvement of human life." The motto is "small enough to care, large enough to heal." M14 (NM)</p> <p>"The department has adopted the mission statement of the hospital, X. It states: "Above all else, we are committed to the care and improvement of human life." T07 (NM)</p> <p>"The mission and values of the facility are "Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve." U06 (NM)</p> <p>"The mission of X Medical Center's mission and goal continues to be to provide quality, individualized patient care to the communities we serve. X Medical Center is proud to be your family's community hospital for whatever changes the future may bring. Being a part of X affords X Medical Center's patients access to an entire healthcare network. No matter what the healthcare need may be, you can receive that service through our system" R09 (NM)</p> <p>"According to Mrs. X, the mission of her department is that of the Hospital's Mission Statement, "Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve." Z09 (NM)</p> <p>"The mission throughout the hospital is the same because they believe in the same thing,</p>
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			<p>patient safety and care. The patients deserve safe and quality care. The best motto I like of the hospital is "small enough to care, big enough to heal". That has such a strong impact on the patients" G20 (NM)</p> <p>"Mrs. X says that her department's mission is the same as the facilities mission: "Above all else, we're committed to the care and improvement of human life." W23 (NM)</p> <p>"X's mission is: "Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve," and based on my experiences during clinicals at the hospital, I have found that they do an excellent job maintaining this mission" E22 (NM)</p> <p>"The mission of X Medical Center is to provide care to patients and improve human life by striving to provide high quality, cost-effective healthcare in the community of X" A01 (NM)</p> <p>"X Medical Center ER mission statement: Our Mission is to be the greatest Department of Emergency Medicine by delivering excellent healthcare, with respect and dignity to all patients needing emergent or urgent care services. X's mission statement communicates to the public that they provide treatment to both" I18 (ED)</p> <p>"The mission and values of the facility are "Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve." "U06 (ED)</p> <p>"X lists their mission statement:" Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve. X Medical Center's mission and goal continues to be to provide quality, individualized patient care to the communities we serve. X Medical Center is proud to be your family's community hospital for whatever changes the future may bring." B25 (NM)</p>
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		<p>Student States the Mission of the Job</p>	<p>“The purpose of the shift supervisor, per X, is to make sure that the hospital runs properly as a whole. If there was a problem in the hospital, she was on top of it” W04 (SS)</p> <p>“The mission of the department is to make everything within the hospital to run smoothly” Y25 (SS)</p> <p>“The Clinical Supervisor of Inpatient Nursing Services assists in a coordinated effort in fulfilling department responsibilities with a long- range plan, mission, vision, and values of X Medical Center” J17 (SS)</p> <p>“I think viewing the mission statement through the eyes of management serves to remind us that we are a link in the chain; one shared purpose, "to the care and improvement of human life."” I18 (SS)</p> <p>“According to Ms. X, the mission of her department is to focus on patient flow and staffing needs and how this will enhance productivity while ensuring patient care and patient satisfaction while also ensuring the nursing staff has what they need in order to do their job to the best of their ability” Z01 (SS)</p> <p>“X's mission statement is, "Small enough to care, large enough to heal"—while the Nursing Supervisor's mission is to "put out fires" throughout the hospital” V05 (SS)</p> <p>“The department has adopted the mission statement of the hospital, X. It states: "Above all else, we are committed to the care and improvement of human life."” T07 (SS)</p> <p>“The mission of the department is similar to that of the hospital. The patients deserve safe and quality care” G20 (SS)</p> <p>“X explained the main goals of her job is to alert others when patients are at risk for sepsis” M14 (CQ)</p> <p>“Both departments have adopted the hospital's mission statement as their own, stating: "Above</p>
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			<p>all else, we are committed to the care and improvement of human life.” T07 (CQ)</p> <p>“The mission of the department is to prevent readmission for patients to the hospital” Y25 (CQ)</p> <p>“X described her department's mission as helping empower the patient to understand their healthcare needs and providing them with the knowledge necessary to make informed decisions” H19 (CQ)</p> <p>“The overall goal of this department is to ensure that the staff know and follow safety guidelines, such as hand washing and proper precautions for different diseases” K16 (CQ)</p> <p>“The labor and delivery unit practices by the same mission statement as the rest of the hospital, "Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high-quality, cost-effective healthcare in the communities we serve.” X03 (NM)</p> <p>“The mission for the emergency department is the same as that of the hospital: to be committed to the care and improvement of human life by providing high-quality, cost-effective healthcare” P11 (NM)</p> <p>“I was located at X Medical Center. X's mission statement is, "Small enough to care, large enough to heal"—while the Nursing Manager's mission is to manage staff and patient obstacles throughout the hospital” V05 (NM)</p> <p>“X’s mission statement is, "Small enough to care, large enough to heal"— while the emergency department's mission is to provide critical care in emergent situations” V05 (ED)</p> <p>“The mission of the ER is to give quality care to everyone who comes into the department” D04 (ED)</p> <p>“Like all other departments at X, the mission of the operating room is to provide high quality, cost-effective care” G20 (NM)</p>
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		Student Sees the Mission Performed	<p>“Overall, I observed the mission statement of this facility to be an accurate reflection of their collective authenticity” I18 (SS)</p> <p>“Throughout the day, she emphasized the department's mission of ensuring patients were appropriately placed in the correct wing of the hospital with an adequate staff” H19 (SS)</p> <p>“X’s mission is: "Above all else, we are committed to the care and improvement of human life. We strive to deliver high quality, cost effective healthcare and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve." Through all of my clinicals at this hospital, I have found this to be true and apparent every day” E22 (ED)</p>
	Lack of Activity	Nothing for Student to do	<p>“I would say the frustration of the day was having no hands-on experience to participate in” Z01 (SS)</p> <p>“My frustration of the day was not being able to really help when it came to paperwork and I had to wait until there was something I could do” U06 (SS)</p> <p>“Not to be negative, but there was literally nothing for me as a student that could be done except to watch X work on her computer and not be able to go to meetings” B25 (CQ)</p> <p>“I was unable to really do much except watch her chart about her patients, so it was a little frustrating” A01 (CQ)</p> <p>“The second frustrating portion of the day was during documentation, there is nothing for me to do because I am unable to really help with this task and observing someone type for two hours gets monotonous” K16 (CQ)</p> <p>“My frustration of the day was not being able to help my preceptor with her paperwork and handling of services” U06 (CQ)</p> <p>“All of this is important and interesting, but it was hard for me because I just sat there and watched her because it was not something I could actively be involved in” W04 (NM)</p>



			<p>“The only down fall to the day was spending most of it sitting in his office” L15 (NM)</p> <p>“The frustration of the day was simply not being able to see much due to being unable to attend many of her meetings” W23 (NM)</p> <p>“I became frustrated when my day consisted of things I could not help with. I am a doer and am constantly seeking out how to help people but for the most part of the day I was standing on the sidelines just listening to interactions” T07 (NM)</p>
		Nothing in Department Happening	<p>“Even though there wasn't much going on, she still taught me a lot of things” A26 (OR)</p> <p>“There weren't any procedures in the operating room (OR) this morning. Therefore, X the manager of OR took me upstairs to observe a cardiac catherization” D23 (OR)</p> <p>“Next person was stroke coordinator, honestly, I did not learn much from her, nor did I fully understand what her actual job was, seemed like fluff to me, thankfully she only had me for thirty minutes” B25 (CQ)</p> <p>“The frustration of the day was that I did not get to see many procedures” D04 (NM)</p> <p>“My frustration of the day was that there were no interesting things going on in the ED when we were in there” U06 (ED)</p>
Personality	Negative	Different Student Interests	<p>“I think that the frustrating part of my day would have to be the hours that this position entails. 0800 sounds like a good time to get to work, however, 2000 is a late night for me. Add to that the hour drive I have one way; the day seems to drag on” K16 (SS)</p> <p>“Being a shift supervisor is not a position that I think I would enjoy having in the future” R09 (SS)</p> <p>“I do not have the personality that this job requires” Y02 (SS)</p> <p>“I would never want her job, to me it is boring, mind numbing and a waste of a nurse with great talents” B25 (CQ)</p>

			<p>“From what I gathered, it is not a department I would be interested in doing as I find it difficult to sit for extended periods of time and enjoy being out on the floor and being involved, but I am glad I at least got to see part of what they do” Y25 (CQ)</p> <p>“Even though I thoroughly enjoyed this clinical experience, I do not think this is the field of nursing that I am interested in” V05 (CQ)</p> <p>“I found the numbers, graphs, spreadsheets, etc. all very boring” Z01 (CQ)</p> <p>“I believe for me it would be entirely too overwhelming” C03 (CQ)</p> <p>“This did not seem fun or intriguing to me” B02 (CQ)</p> <p>“I could not do their jobs, nor would I want to, it would drive me crazy, 100% respect for them and what they do day in and day out” B25 (NM)</p> <p>“I must conclude by stating that healthcare organizational logistics is not my calling. I do not have the patience, desire, will or motivation to engage in the tasks associated with middle management” I18 (NM)</p> <p>“I don’t think that it is for me, however, because I like to take time with my care” C24 (ED)</p> <p>“I have discovered that I prefer the slower pace, and I don't feel like you can even begin to try to develop a therapeutic nurse client relationship with the brief and rushed interactions you have with each patient” K16 (ED)</p>
		Staff Comments	<p>“Healthcare providers are taught to educate and remove barriers to care. This sits at the heart of what we do. And yet I hear disparaging remarks about the "crazy person in the annex," and the "crackhead in room {whatever}." I see a woman living with an obvious infestation of scabies on her person, but the doctor says, "she's just a junkie." What fuels this discrimination?” I18 (SS)</p>

			<p>“I often felt inadequate and in the way most of the day because I didn't know her expectations of me. T07 (SS)</p> <p>I listened to all the upper management staff discussing all their personal issues, their clothes &amp; mismatched shoes, their eyelash extensions, their nails, their ex-husbands marital problems, you name it” E22 (SS)</p> <p>“The frustration of my time in this department was that there was apparently a miscommunication between the nurse leader and another employee on when a student was to come. They discussed swapping times with case management, and apparently it wasn't set in stone. Therefore, when I showed up after lunch, it was unexpected and came off as inconvenient” Y25 (CQ)</p> <p>“She talked with one of the people in the department about who I could follow, and they scoffed about it. It kind of hurt my feelings” C24 (CQ)</p> <p>“At the very beginning as the nurses were moving about and getting patients admitted, I felt like I was invisible to the staff as one by one they walked by me without speaking” D23 (ED)</p>
	Preceptor Strengths	Composure	<p>“I really admire X's work ethic and positive attitude that she holds towards her position, towards other employees, and towards patients within the hospital” Y25 (SS)</p> <p>“X is an amazing supervisor, and she handles herself very well under the amounts of stress she is dealing with” Z26 (SS)</p> <p>“She never showed frustration when asked to relieve difficult situations; she has a great rapport with everyone” N12 (SS)</p> <p>“She was so helpful and informative with each task she tackled. She conquered each task that came her way with ease and determination” L15 (SS)</p> <p>“She maintains a cool head within stressful situations or when it feels as if things start to</p>

			<p>become overwhelming. Nurses adore her and love the work she does” L15 (SS)</p> <p>“I was very impressed in how the supervisor handled stressful and emergent situations” Q10 (SS)</p> <p>“I was privy to see the supervisory role portrayed as a staff nurse to whom other staff nurses went to for guidance; not any differently than they go to one another with. This is a testament to the regard this shift supervisor was held in. Her style can be interpreted as humanistic, subtle, anticipatory, and lowkey” I18 (SS)</p> <p>“X had so many strengths as a shift supervisor. I don't even know where to begin. The main strength I would say, would be her calm, gentle nature. Through all the chaos, she kept her cool &amp; was able to keep everyone else calm. I know she had to be freaking out on the inside, but outside she appeared calm and collected. She was also able to think on her feet quickly and always kept the patients &amp; staff in mind” E22 (SS)</p> <p>“I never once saw Ms. X lose her cool or be unprofessional in any way despite all of the stressful situations she encountered. She went above and beyond to make sure everyone's needs were being met whether it was nurse or patient” Z01 (SS)</p> <p>“She was calm, able to reroute thoughts and actions with ease of priority placement. She never once showed that she was overwhelmed or bothered” S08 (SS)</p> <p>“She is a calm person and I too have that same characteristic and demeanor. I like it when staff or patients come to me with issues that I can help them with and that is what she incorporated in her role today” D23 (SS)</p> <p>“She is an amazing nurse with a unique skill set and did her job with great ease and class. This job is very demanding emotionally, time wise, and it uses a lot of leadership skills” Y02 (SS)</p> <p>“Her enthusiasm for the medical field and encouragement to find new ways of improving</p>
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			<p>communication between staff and management was very inspiring” H19 (CQ)</p> <p>“X was the highlight of my day. She was such a happy person to be around. Her interactions with every person she interacted with was inspiring. Even through frustrating situations, she maintains her cool and talked to people appropriately. She laughed, joked, loved on and cared for people all day” W04 (CQ)</p>
		Knowledge	<p>“It was awe inspiring to see such multitasking at hand, but also how she managed her day with such responsibilities. I hope to one day go back and be able to talk to X again” L15 (SS)</p> <p>“She had an abundance of experience and knowledge and was able to deftly navigate her managerial position through strong leadership traits” H19 (SS)</p> <p>“My preceptor's strength was her knowledge. She was very intelligent and had a lot of experience. She knew about the policies and procedures of the hospital without even having to research... This has made me want to do a higher-level acuity of nursing care. I am now interested in possibly working in high level acuity, like the west unit at X” F21 (SS)</p> <p>“I feel like X’s strengths are her experience and her authority she holds with the floor staff. Also, part the authority she has earned is from helping the staff when needed” K16 (SS)</p> <p>“X made me feel very comfortable, and she gave me a lot of encouragement on my role as a student and future nurse and imparted a lot of her knowledge of nursing to me” R09 (SS)</p> <p>“Her strengths are her vast clinical experience and knowledge, her firm and honest personality, her time management skills, and her ability to lead well by serving” Y02 (SS)</p> <p>“Once of the strengths I noticed with this nurse supervisor was her ability to critically think as a nurse. V05 (SS)</p>

			<p>X was very clear with her wording and even went to great lengths to change her speech pattern to meet each patient's" T07 (CQ)</p> <p>"Both Miss X and Mrs. X have wonderful qualities that make them a well-rounded case manager. They have the knowledge and background on how to think outside the box, communicate with the patients, think on their feet, and use resources to help patients after discharge" G20 (CQ)</p> <p>"It is another level of patient care I have never thought about, and I admire all the ladies I met and appreciate their knowledge, compassion, and work ethic to make X what it is today" Y02 (CQ)</p> <p>"The highlight of my time with them was speaking with X. She was very sweet and knowledgeable. I feel as though I learned the most with her although I feel like there was much more I could have learned" Y25 (CQ)</p> <p>"X's strengths would have to be her extensive knowledge of the nursing profession. She has her RN, MPA, and DNP. She radiates intelligence while in conversation with her" K16 (CQ)</p> <p>"She was very knowledgeable but made sure I understood everything well; she was a great teacher. I learned that one day I would love to be a Nurse Manager" Y02 (NM)</p> <p>"My preceptor's strengths were his ability to communicate with staff and patients effectively, his vast wealth of knowledge, and how he applied this to his practice" U06 (NM)</p> <p>"Mrs. X is someone that I would enjoy having as a boss. She was kind to everyone, respectful of everyone and their unique situation, knowledgeable of the staff and the hospital's procedures, and she was easily approachable" W23 (NM)</p> <p>"My preceptor's strengths were in patient satisfaction and knowledge of the unit and hospital. She was very educated and knew about how things ran" F21 (NM)</p>
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			<p>“He was very knowledgeable and taught me many very useful ways to perform nursing skills” J17 (ED)</p> <p>“My preceptor's strengths were his knowledge about the inner workings of the facility including being able to answer all my questions, and his problem-solving abilities” U06 (ED)</p>
		Leadership	<p>She told me, “If it’s their problem, it is my problem.” B02 (SS)</p> <p>“It was great to see the positivity she had when she approached situations. Also, seeing the bedside manner she provided to patients and the rapport she had with other nurses” Y25 (SS)</p> <p>“She is very dedicated to her position and gets things accomplished within a timely manner. To me, she is the definition of a true leader, and I really appreciated her willingness to teach” Y25 (SS)</p> <p>“In addition, she is a great leader. She has the ability to motivate her staff and help them work harder to be better nurses. She is a leader that leads with authority; she isn't afraid to help someone talk an issue out emotionally, and she can still be a leader who gives tough love when it's needed as well” A01 (SS)</p> <p>“My preceptor's strengths were her ability to think fast and problem-solve when she needed to do so. She also had good communication skills, which makes a huge difference in whether you could do the good job she does as shift supervisor” U06 (SS)</p> <p>“During my time with the day shift supervisor, X, I learned what it means to be a leader” Z26 (SS)</p> <p>“X was an amazing role leader, and it is obvious that she is appreciated and cherished by her staff and employers” N12 (SS)</p> <p>“X is much of a leader within the X facility. They are lucky to have her as a team member and leader” L15 (SS)</p>

			<p>“I admired the respect she garnered from those around her both from upper management and housekeeping alike, how she left her office door open on the rare occasion she was in it, but mostly how approachable and available she remained throughout the entire shift” I18 (SS)</p> <p>“Mrs. X has fantastic qualities of a leader” G20 (SS)</p> <p>“Overall, I hope that I learned something about delegation, prioritizing tasks, and remaining calm when there are numerous reasons to be in a stressed or high-strung state. This supervisor was an excellent model of leadership” S08 (SS)</p> <p>“She was very respected, and her team was obviously very confident in her leadership” I18 (CQ)</p> <p>“She also has a strong sense of leadership (she led most of the meetings I attended) and accountability, further she is approachable to the staff X truly is an authoritative figure and someone to aspire to be like” K16 (CQ)</p> <p>“He also showed me the true meaning of being a servant leader. He was open, honest, understanding, calm, and trusting to not only his employees but every person that walks through the doors of X. It was an overall pleasant experience to have” L15 (NM)</p> <p>“X had a lot of good leadership qualities. She willingly asked for help throughout the day, gladly delegated whenever she could, advocated strongly for the nurses beneath her and patients, and held true to the standards and protocol of the hospital” T07 (NM)</p> <p>“He seems like a perfect example of a servant leader. He wants the staff to feel comfortable coming and talking to him about any issues they may have without consequences or reprimand... He would be somebody I would enjoy to work under” B02 (NM)</p>
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			<p>“Throughout the day she demonstrated leadership through ensuring her team members were happy, given credit for their accomplishments, and on top of their performance” D04 (NM)</p> <p>“She and other nursing staff members stated throughout the day, "One day you're going to have her job". That was a very humbling expression that made me really consider a job in management.”D23 (NM)</p> <p>“This situation, while it was devastating, was the highlight of my day because I was accurately able to see a true leader. He showed empathy, care, and servant leadership” P11 (NM)</p> <p>“Along with her great leadership skills, Mrs. X also has great personal skills. She can talk to angry family members and patients and help resolve the issue they are having” A01 (NM)</p> <p>“As the day progressed, the staff pushed me to be a leader: to make decisions, and to trust myself” S08 (ED)</p>
	Staff Cares	Compassion	<p>“She has been in their shoes before and understandings how busy they can get” W04 (SS)</p> <p>“X had to insert another IV, she demonstrated understanding and compassion to the patient, which I believe keep the patient from getting upset about the situation” Y25 (SS)</p> <p>“My preceptor's strengths consisted of being a team player, showing compassion to patients and being a leader” Y25 (SS)</p> <p>“Finally, I believe that she is very devoted to her job. She is caring and compassionate about everything she does. Just by the way she talks to co-workers, you can see how much she cares” P11 (SS)</p> <p>“I felt very proud to see this group of people who behaved so compassionately and acting as a pseudo family” I18 (SS)</p>

			<p>“I told you, she and I are kindred. Her passion and enthusiasm for the work she does is infectious. She has not become jaded or lost her compassion. I learned a lot about the specifics of her occupation as it relates to the hospital setting” I18 (CQ)</p> <p>“X demonstrated how a compassionate and knowledgeable case manager can play a major role in patient healthcare outcomes” H19 (CQ)</p> <p>“I learned a lot about being a good and compassionate leader. I was very thankful for my time shadowing and working with X!” Z26 (NM)</p> <p>“Mrs. X is amazing at her job. She is precise, hardworking, thorough in her work, and compassionate” G20 (NM)</p> <p>“She displayed a strength of character that served as an example of the type of compassion needed as a nurse and assuaged any fears that patients and their families may have had” H19 (NM)</p> <p>“Not only was he authoritative and organized, but he was personable and showed compassion to his employees” V05 (ED)</p> <p>“I would love to be like X as a nurse. He was concerned for and valued people” D04 (ED)</p>
		Kindness	<p>“I witnessed there to be a balance of interpersonal harmony and a shared dedication to patient satisfaction. They were mindful, respectful and above all, generous with their time” I18 (SS)</p> <p>“She is one of the nurses' biggest cheer leaders. She wants them to try new things and do it for themselves but when they get something hard, she is right there telling them "good job" and how proud she is of them” T07 (SS)</p> <p>“She was the sweetest nurse, but she also had to be firm and strict in order to perform her job well” Y02 (SS)</p> <p>“Mrs. X is terrific at the job she does and makes it look effortless. She is kind,</p>

			<p>hardworking, organized, helpful, caring, and easy to reach when needed. She is committed to her job and is excellent at it” G20 (SS)</p> <p>“One of my preceptor's strengths were how friendly and welcoming she was. Not just with me but with the patients as well. She made sure she let them know she's doing what she can for the patient and talked to them like they were family” Y25 (CQ)</p> <p>“The hospital provided food to all staff &amp; students that day (subs, chips, cookies), so that was definitely the highlight of the day” E22 (CQ)</p> <p>“X was so sweet, even if a patient was not being sweet back to her. She maintained professionalism the whole time I was with her” W04 (NM)</p> <p>“He truly cared about his staff and patients, he would walk into a room and people would immediately brighten” B25 (NM)</p> <p>“The new graduate nurses gave a brief introductory to themselves, food catered by X, program managers talked about their new state of the art simulation lab in X, and how long the program would be and what it entails” D23 (NM)</p> <p>“Before I left, X gave me some reference cards for EKGs to give to people in our class” C24 (NM)</p> <p>“In addition, she is a very sweet and kind person, so it is easy to follow her as a leader” A01 (NM)</p> <p>“As soon as I got to the emergency department, one of the nurses, X, pulled me right away and introduced me to the staff and showed me around. I appreciated this very much because the ED is very different than the med surg units that I am used to” A01 (ED)</p> <p>“He was very polite and smiled when he initially saw me and kept a nice calm demeanor with him throughout the day” D23 (ED)</p>
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			<p>“Another highlight to my day was that we got free lunch again” E22 (ED)</p> <p>“The patients were treated with respect and dignity” D23 (ED)</p>
		Dedication	<p>“She is such a hard worker and I respect her so much for that” W04 (SS)</p> <p>“I work with X every weekend, and I strive to be a nurse like her one day. When she is faced with difficult situations, she works quickly and even if she doesn't know how to solve a problem right away, she will work with the staff to help fix the problem” A01 (SS)</p> <p>“X has many strengths which include organization, prioritizing, and getting the job done” M14 (SS)</p> <p>“X made a families’ concern her own. When it comes to the patients, X always puts them first. She not only serves the patients, but she serves her staff and co-workers” P11 (SS)</p> <p>“X did an excellent job the entire day, but especially at the end of the day when all hell broke loose, and she didn't just say "see ya, my shift is over;" she followed through and helped until the issue was resolved” E22 (SS)</p> <p>“I was impressed by the way she specifically sought out each and every nurse and care partner to inquire about their day and if there was anything, she could do to help any of them. She was sincere, and she meant what she asked” I18 (SS)</p> <p>“She possessed the kind of quality that I like and want to achieve. I am willing to work hard. I am about to receive my registered nurse degree and I want to enjoy what I do and determine to find my vocation in my life and career” D23 (SS)</p> <p>“Immediately it was obvious that the staff was passionate about their roles in the hospital; sepsis, stroke, safety, infection control, etc.” B25 (CQ)</p>

			<p>“Even though X had a problem finding a rehab program for her all day, she never stopped trying” W04 (CQ)</p> <p>“It felt as if I was at a theme park versus being in a hospital the way he talked about his job” B25 (NM)</p> <p>“X loves his job and it shows by the way he interacts with the nurses and the patients” Z26 (NM)</p> <p>“Another highlight of my day was really seeing X's dedication to X through how she managed the employees and the patients. There was mutual respect between her and the employees and overall, nursing career at” Y25 (NM)</p> <p>“X’s strength showed through her enduring efforts to communicate with the interdisciplinary team throughout the day and her lifelong commitment to X” D23 (NM)</p> <p>“The nursing staff really look up to the nursing managers for support and guidance. The relationships are respectable and build each other up” N12 (NM)</p>
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Key: Departments; Shift Supervisor (SS), Nurse Management (NM), Quality/Case Management (CQ), Emergency Department (ED)

Key: Student Comment (e.g., A32)

## Appendix I: IRB Approval

**ABILENE CHRISTIAN UNIVERSITY**  
*Educating Students for Christian Service and Leadership Throughout the World*

Office of Research and Sponsored Programs  
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103  
325-674-2885



Dear Meagan,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled

(IRB# 20-078 ) is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

*Megan Roth*

Megan Roth, Ph.D.  
Director of Research and Sponsored Programs

Wednesday, June 10, 2020

Meagen Spencer



RE: IRB Proposal Review **IRB# 20-036**  
Title of Proposal: **A Program Evaluation of a Rural Nursing Academic Partnership**  
Review Level: **Exempt**

Dear Ms. Spencer:

The Institutional Review Board (IRB) and the Office of Academics have approved your proposal. This approval is effective for one year and will expire on 06/10/2021. You must obtain written approval from an authorized representative at any site where the survey is administered or focus group is conducted.

A copy of the approved proposal is attached. Please note that any changes made to your proposal shall be approved by the IRB prior to those changes being implemented. Such change requests may be sent to xxxx.

At the conclusion of the study, you must complete a final report. Please submit the report to xxxx. The final report must be completed within one calendar year. If the study is not completed in one calendar year, you must provide the IRB with an update of the study and request that the study is allowed to continue.

I wish you the best as you move forward with this study, and please do not hesitate to contact my office if I may be of any assistance.

Respectfully,

xxxxxxx  
xxxxxxx