



## Ten Years and Counting: A Successful Academic-Practice Partnership to Develop Nursing Research Capacity<sup>☆</sup>



Katherine Finn Davis<sup>a,\*</sup>, Madeline “Mimi” Harris<sup>b</sup>, Mary G. Boland<sup>a</sup>

<sup>a</sup> University of Hawai‘i at Mānoa, School of Nursing & Dental Hygiene, Honolulu, HI 96822, United States of America

<sup>b</sup> The Queen’s Health System, Honolulu, HI 96813, United States of America

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### ABSTRACT

Achieving a decade long successful academic-practice partnership between a university-based school of nursing and a large private healthcare organization during a time of healthcare payment transformation is a significant accomplishment. Goals of the partnership are to provide evidence that 1. research collaboration and mentoring are instrumental in improving patient care by shaping nursing infrastructure and capacity and 2. consultation and mentoring activities will effectively engage faculty and staff nurses in an academic-practice research partnership. Nursing faculty and practicing clinicians collaborate on organizational priorities to improve patient care outcomes. Of the 28 approved studies, 17 are completed, five are in progress, and six were not completed. Dissemination products directly related to this partnership include: three publications, 23 podium presentations, and eight poster presentations delivered at local, national, and/or international conferences. Findings from seven of the 17 completed projects have been translated to improve practice. Several partnership participants have continued their academic progression and continue to conduct studies. This innovative partnership is a successful endeavor that bridges education and practice in our community, while developing research capacity in both institutions. This article adds to the emerging literature on models of academic-practice partnership to develop nursing research.

### Introduction

Nursing has a long history of partnering beyond the discipline with organizations, religious groups, medicine and allied health, and government to create change. There is potential to build upon this history while creating innovation and change in continuously evolving health and academic systems (Libster, 2011). The University of Hawai‘i at Mānoa School of Nursing & Dental Hygiene (UHM SONDH) and The Queen’s Health System (QHS) are celebrating ten years of a thriving academic-practice partnership that has developed, implemented, and disseminated the results of collaborative projects to improve healthcare delivery through research and evidence-based practice. This innovative partnership is a successful endeavor that bridges education and practice in our community, while developing research capacity in both institutions.

Our partnership began in 2006 when senior leaders at the two institutions examined the existing academic and healthcare literature to identify partnership types and characteristics associated with success.

We chose to adopt an equal partnership model with formal expectations and joint funding for projects (Boland, Kamikawa, Inouye, Latimer, & Marshall, 2010). As additional materials and resources emerged in the literature, we reviewed those recommendations to ensure our effort was aligned with the national movement. Therefore, although this partnership predates the Robert Wood Johnson Foundation initiative on the Future of Nursing at the Institute of Medicine (2010), our goals are closely aligned. One of the six recommendations in this groundbreaking report states there should be expanded opportunities for nurses to lead and diffuse collaborative improvement efforts. Specifically, that private and public funders should collaborate and collectively fund research on models of care and innovative solutions that will facilitate nurses to contribute to improved health and health care (Institute of Medicine, 2010).

The American Association of Colleges of Nursing (AACN) and the American Organization of Nurse Executives (AONE) collaborated to develop eight guiding principles for the academic-practice partnerships valued by both sectors (Table 1) (AACN & AONE, 2012). As challenges

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\* Corresponding author at: University of Hawai‘i at Mānoa, School of Nursing & Dental Hygiene, 2528 McCarthy Mall, Webster Hall 410, Honolulu, HI 96822, United States of America.

E-mail addresses: [kfdavis@hawaii.edu](mailto:kfdavis@hawaii.edu) (K.F. Davis), [mharris@queens.org](mailto:mharris@queens.org) (M. Harris), [mgboland@hawaii.edu](mailto:mgboland@hawaii.edu) (M.G. Boland).

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**Table 1**  
Guiding principles to academic-practice partnerships<sup>a</sup>.

1. Collaborative relationships between academia and practice are established and sustained.
2. Mutual respect and trust are the cornerstones of the practice/academia relationship.
3. Knowledge is shared among partners.
4. A commitment is shared by partners to maximize the potential of each registered nurse to reach the highest level within his/her individual scope of practice.
5. A commitment is shared by partners to work together to determine an evidence based transition program for students and new graduates that is both sustainable and cost effective.
6. A commitment is shared by partners to develop, implement, and evaluate organizational processes and structures that support and recognize academic or educational achievements.
7. A commitment is shared by partners to support opportunities for nurses to lead and develop collaborative models that redesign practice environments to improve health outcomes.
8. A commitment is shared by partners to establish infrastructures to collect and analyze data on the current and future needs of the RN workforce.

<sup>a</sup> American Association of Colleges of Nursing and American Organization of Nurse Executives (2012).

to our healthcare and public education system mount, such partnerships can be at risk as priorities shift within organizations and resources are constrained by payment transformation and declining legislative appropriations for education. Our experience over the initial five years of partnership validated the relevance of the guiding principles. We committed to a sustained partnership through formal collaborative relationships at the senior leadership level and continued engagement as leaders in key positions changed. The regular review of the partnership memorandum of understanding (MOU) guided us through these transitions. Mutual respect and trust deepened over time leading to joint accountability and recognition for contributions, frequent and meaningful engagement, and mutual investment and commitment. The partnership infrastructure to collect and analyze data and share knowledge supported transparency in local and national dissemination mechanisms such as communicating current best practices and participating in joint research. Additionally, this collaborative model with the goal to improve patient care delivery by focusing on nurses providing direct care has also led to the development of an evidence-based practice initiative that has since become a statewide effort.

In 2016, the AACN issued a report, *Advancing Healthcare Transformation: A New Era for Academic Nursing*, recommending greater investment in nursing research programs and improved integration of research into clinical practice (AACN, 2016). Additional sources have supported the creation of these partnerships and the value for both the academic and healthcare partner (Beal et al., 2012; Breslin et al., 2011; Bvumbwe, 2016; Everett, 2016; Everett et al., 2012; Jefferies et al., 2014). Our partnership, focused on building research capacity for both partners, is unique in the academic-practice partnership arena (Duffy et al., 2015; Tubbs-Cooley, Martsof, Pickler, Morrison, & Wardlaw, 2013). Partnerships of this type have been shown to improve both knowledge and research productivity (Duffy, Culp, Sand-Jecklin, Stroupe, & Lucke-Wold, 2016).

#### The partners: The University of Hawai'i at Mānoa School of Nursing & Dental Hygiene and The Queen's Health System

With a population of 1.3 million people on six islands in the most isolated location in the world, Hawai'i relies heavily upon a sense of community and culture based on connectedness with the land, ourselves, and each other. Communities range from urban in Honolulu to rural on the "neighbor islands". In 2018, Hawai'i regained the title of healthiest state after dropping to No. 2 in 2017 and is Hawai'i's ninth year in the No. 1 spot since the health rankings were first published (*America's health rankings annual report, 2018*). While we have strengths, the healthcare system recognizes the disproportionate access to primary

and specialty care is a major challenge to improving health. We are a small community that cares for each other, shares resources, and collaborates in order to be successful. We acknowledge that we are all stronger when we work together than we could ever be apart. As such, the SONDH and QHS fully appreciate the need to collaborate and understand that benefits result from partnerships to improve the delivery of nursing care and, ultimately, patient outcomes. Both organizations share a mission to address the needs of underserved Native Hawaiian and Pacific Island people through improving health outcomes and building a nursing workforce representative of the state population.

The QHS is a nonprofit healthcare organization with a legacy of caring for the people of Hawai'i that dates back to 1859. As Hawai'i's oldest and preeminent family of hospitals and healthcare organizations, QHS provides preventive and specialty healthcare services in more than 70 locations throughout the Pacific. As the only quaternary medical center serving the entire state, QHS has a large and diverse patient population and an 85% Bachelor of Science prepared nursing workforce with a vast range of clinical expertise. QHS is the state's sole organization with American Nurses Credentialing Center (ANCC) Magnet Recognition® and is committed to improving patient care based on evidence.

The University of Hawai'i at Mānoa is the flagship campus within the 10 campus UH system. UH does not operate an academic medical center and relies on private hospitals for undergraduate and graduate clinical nursing education. The SONDH is dedicated to improving health through education, research, and service and provides instructional, clinical and research activities to enhance the health and care of diverse populations in the State of Hawai'i and the Asia-Pacific region. The SONDH offers academic knowledge and skills, commensurate with the requirements for the conduct of research, scholarly writing, and dissemination and is the sole doctoral/research intensive institution in the State of Hawai'i offering the Bachelor of Science (BS), Master of Science (MS), Doctor of Nursing Practice (DNP), and Doctor of Philosophy (PhD) degrees in nursing.

The mission of the two partner organizations aligns across several levels. The SONDH vision and mission is to be a leader in nursing education and research in Hawai'i and to generate and transmit knowledge to promote quality of life and health for present and future generations. The QHS mission, through the Queen Emma Nursing Institute (QENI), is to promote excellence in patient care and outcomes through workforce development, education, and research. Strategically both organizations prioritize educational opportunities for nurses and advancing professional nursing practice.

The SONDH and QHS have worked together informally since 1932 to meet the common purpose of sustaining and expanding nursing capacity in Hawai'i while considering the evolving needs of each organization. In a recent example, the SONDH provided the on-site Executive Associate Degree RN to BSN program to support QHS to meet the target of 80% BS prepared nurses by 2020. Over the years, the SONDH and QHS have also collaborated with other healthcare systems, the Board of Nursing, the Hawai'i State Center for Nursing, and local organizations to ensure the nursing workforce meets the needs of the state. Most recently, the organizations took action to implement the recommendations of the 2010 Institute of Medicine Future of Nursing report on supporting full scope of Advanced Practice Registered Nurse (APRN) practice.

The impetus for this specific research capacity building partnership followed changes in nursing leadership at both QHS and the SONDH with the new leaders sharing a vision to advance nursing practice. The Vice President for Patient Care and Chief Nursing Officer (CNO) of QHS recognized the importance of research to achieving Magnet Recognition® and committed to developing research capacity. Simultaneously, the SONDH Dean was committed to engaging the community by establishing positions for the Director for Community Partnerships and a few years later, the Associate Dean for Research. Both executives committed to building sustainable research capacity

that would strengthen each organization.

## Structure

Preliminary discussions about building a research partnership began in 2006 with a vested interest by the SONDH Dean and QHS CNO. Both partner's evolving focus on nursing research required an agreement on a common purpose for increasing nursing research capacity in Hawai'i to "improve health through nursing practice". This necessitated a deep understanding of each other's unique organizational cultures, roles and responsibilities, logistics, and resources related to the conduct of research. Other key stakeholders included SONDH's Director for Community Partnerships and QHS's Director of the QENI.

Over the course of six months, a MOU was created that outlined purpose, funding mechanism, key dates, application requirements, and roles and responsibilities for each organization. The MOU was executed at a formal ceremony with the Chief Executive Officer (CEO) of QHS and the Chancellor of the University of Hawai'i at Mānoa. This first phase of the effort has been described in a previous publication (Boland et al., 2010).

The goals of the partnership have remained consistent over time and are to provide evidence that: (1) research collaboration and mentoring are instrumental in improving patient care by shaping nursing infrastructure and capacity, and (2) consultation and mentoring activities will effectively engage faculty and staff nurses in an academic-practice research effort. The first phase of the partnership used a request for proposals (RFP) process to identify areas where QHS nurses wanted to improve or change standard practice approaches. A RFP was developed and included a template for proposal development.

## Operational process

The partnership identified co-directors, two from the SONDH and one from QHS, that were responsible to (1) provide partnership oversight; (2) develop and distribute an annual RFP outlining the purpose of the partnership, commitments needed, expected end-products, eligibility, support available, deadlines, and application requirements; (3) coordinate scientific and programmatic reviews of each proposal; and (4) select proposals for funding. The first phase of our model partnered staff nurses and SONDH faculty members with mutual research or evidence-based practice interests. QHS nurses identified the relevant clinical topics in need of study and SONDH faculty members elected to pair with the nurse.

The nurse-faculty pair responded to the RFP by developing a proposal that was reviewed and scored by doctorally-prepared nurses at QHS and the SONDH Research Committee faculty members. In phase one, we saw that the range of project interests by individual nurses was broad and didn't reflect QHS nursing identified priority action areas. Also, it was challenging to find a fit between the topic and interest of faculty members. We observed that some teams required support for project implementation. The clinicians were very involved with their daily responsibilities and faculty were managing multiple roles. Thus, the research project did not remain a priority. Therefore, we developed a tracking system for monitoring study progression and the partnership co-directors met monthly to review each project. The partnership co-directors took on the mentoring role if faculty were unable to complete their commitment. They met with teams that needed extra assistance and had regular contact with all teams. This supported the teams to move forward and facilitated conduct of the study and dissemination of the results.

In 2007, concurrent with seeking ANCC Magnet Recognition®, QHS formed a Nursing Research Council that was the organizational home for the partnership. This marked the beginning of the second phase and development of the QHS Nursing Research Fellowship (NRF), where the partnership moved on from the faculty-nurse pair model. In this phase, the QHS CNO and project co-director focused the RFP to organizational

identified areas of need. As a result, QHS and select SONDH faculty mentors provided didactic and consultative services to teams of staff nurse researchers who were interested in generating new knowledge and aligning projects with QHS clinical priority areas (Latimer & Kimbell, 2010). Rather than have multiple faculty members involved with the projects, the SONDH identified one nursing faculty member with extensive research experience as the point person supporting the 6-month NRF by serving as a mentor to staff nurse teams with an end goal of completing and submitting a proposal to the QHS Institutional Review Board (IRB). The SONDH committed 25% workload effort equal to one day per week of this faculty member's time to the NRF in addition to her oversight effort as the co-director and continuing tactical input from the Director for Community Partnerships. Application requirements and research priority areas were delineated in this second phase.

In 2015, the NRF evolved again (third phase) to become our current model. The six-month curriculum expanded to two years to provide education and support past the IRB submission for the successful completion and dissemination of projects. The NRF first year consists of monthly didactic sessions that culminate in complete proposals ready for submission to QHS's IRB. The second year consists of monthly didactic sessions to facilitate implementation, analysis, and dissemination. Over the course of the two-year NRF, faculty from both organizations spend time preparing and delivering lectures, consulting with teams about methods and design issues, and editing the IRB application, abstracts for conference presentations, and final manuscripts. The Fellows have didactic coursework and assistance provided by the UH John A. Burns School of Medicine Office of Biostatistics and Quantitative Health Sciences, QHS and UHM librarians, and a QHS IRB staff member over the duration of each NRF. The teams also have access to interprofessional experts affiliated with QHS and the SONDH to provide guidance, as needed. Administrative support and oversight is provided by QHS to assist with dissemination and solicitation of the RFPs, interviewing applicants, approving teams to join the NRF, and coordinating logistics for the monthly lessons. An annual review of the goals and vision of the partnership, its outcomes-to-date, and barriers is conducted by the strategic leadership team of the Dean, CNO, and co-directors who make revisions, as necessary, to meet the continuing priorities and needs of both organizations.

To recruit NRF applications, QENI emails the announcement to their nursing listserv as well as publicizes at events such as Nursing Grand Rounds and other meetings, as appropriate. Applicants are incentivized to apply if they are interested in joining, moving up, or maintaining the highest level of the Clinical Ladder. Internal budget support for the research project itself is attractive to nurse who are not ready to apply for outside research grants. Many NRF applicants often move on to disseminate via writing and submitting a manuscript which meets Clinical Ladder expectations.

Over time we experienced transition of key leaders at the strategic and tactical levels. Fortunately, the transitions were planned with sufficient notice to allow succession planning. In the span of two years (2016-2017), the QHS CNO was promoted to a CEO position at a system hospital on a neighbor island and three key leaders retired - the SONDH Director for Community Partnerships, the SONDH co-director, and the QENI Director. The SONDH Dean remained in her position and an experienced QHS Director familiar with and committed to the project was appointed as the QHS Vice President for Patient Care and CNO. The SONDH recruited an experienced nurse researcher to the SONDH Director for Community Partnerships position. Because the partnership was a formal initiative with well-defined roles and responsibilities, the succession plan has enriched the partnership and expanded our capacity for the conduct of evidence-based practice and research.

## Funding

As with all aspects of the partnership, funding approaches have

evolved as well. Both organizations commit human, fiscal, and in-kind resources to ensure studies are adequately funded through to dissemination. The QHS QENI budget provides fiscal resources for eight hours/month of salary support for each Fellow. Initially, the SONDH provided release time for the faculty member to co-manage the partnership and to teach in the Fellowship. Currently, the QENI is providing the SONDH with 25% time buyout for the SONDH Director for Community Partnerships to serve as nurse researcher and support the NRF. This speaks to the recognized added value and sustainability of the program.

In-kind resources are allotted for the nurse researcher and administrative staff from both organizations. Funding for individual studies is shared equally across the two organizations and the first-year research teams developed budgets ranging from \$7 k to \$20 k. Subsequently, we found increased funding was needed to ensure successful completion and dissemination; therefore, we established a maximum budget of \$25,000 per study. The QENI budget funds the QHS contributions to the projects. The CNO in collaboration with the QENI Director decides nursing research priorities/partnerships at a high level. The SONDH allocates funds from the school budget. The total budget contributed by both partners over the past 10 years has been approximately \$400,000.

Private and state regulations prohibited certain purchases by each organization and impacted efficiency of the partnership and individual studies. These impediments were resolved by organizing the budget for each study into two categories: (1) budget items allowed by QHS; and (2) budget items allowed by the SONDH. For example, QHS disallowed expenses for travel for dissemination so the SONDH assumed that responsibility. The SONDH is challenged with paying salaries of non-UH employees; therefore, QHS covers non-faculty personnel expense.

## Outcomes

The benefits to each organization are significant as the projects address quality patient care priorities at QHS. From the outset, the goals have been to develop nursing research capacity - knowledge and skills - to improve patient care and foster relationships to bridge between academia and clinical practice. The vision is to create a nursing workforce capable of generating and applying new knowledge to solve clinical problems. The partnership has provided opportunity for SONDH faculty to develop and conduct clinical research, deepen the academic-practice relationship, and support expert clinicians to expand their practice. The faculty also benefitted as they had opportunities to learn new research designs & methods, collaborate with clinicians, stay current with clinical issues & learn a new clinical area, and publish. Faculty pairing with staff on studies could also use the intramural funding to buy-out workload time and support dissemination. The partnership scholarship accomplishments have contributed to faculty success in achieving tenure and/or promotion. Additionally, several NRF participants continue to conduct studies and an indirect outcome is the academic progression of nine Fellows of whom seven enrolled in SONDH graduate programs. Importantly, participating in the NRF helps the QHS nurses maintain their Clinical Ladder status as conducting research is an activity that can lead to moving up the Clinical Ladder or maintaining the highest status. Many nurses on the Clinical Ladder are subsequently promoted into nursing management.

As of the most recent cohort, a total of 16 SONDH faculty members and 55 QHS staff members have participated/are participating in the partnership. There were typically three to five studies funded per cycle with teams of varying sizes. Twenty-eight studies have been reviewed, approved, & supported. See [Table 2](#) for a select listing of recent studies. Of the 28 approved studies, 17 are completed, five are in progress, and six were not completed. Reasons for not completing ranged by team and included unit not supportive of research topic and key team members moving. Dissemination products directly related to this partnership include: three publications, 23 podium presentations, and eight poster presentations delivered at local, national, and/or international

**Table 2**  
Select recent study titles

- The efficacy of the use of a new medication brochure on Hospital Consumer Assessment of Health Care Provider and System Survey (HCAHPS) scores to improve through medication side effects education for patients discharged from an orthopedic joint replacement unit
- Patient assignment of float pool nurses vs. unit staff nurses
- Predictors of change from full code to DNR status during hospitalization for end-stage heart failure patients on a telemetry unit
- Diabetes distress in an Asian Pacific Islander diabetic population
- Impact of SICU progressive mobility program on delirium
- The effect of an eight-week self-care program on self-perceived burnout
- Hula used to lower distress through activity (The HULA study)
- The impact of a nurse navigator on colorectal surgery pathway patient
- Emergency department nurse manager intentional rounding

conferences. Findings from seven of the 17 completed projects have been translated to practice. Recognizing the need for additional manuscript preparation support, the SONDH and QHS partnered with the Hawai'i State Center for Nursing to develop a biennial writing workshop offered in six monthly didactic sessions ([Kooker, Latimer, & Mark, 2015](#)). To date, this workshop has facilitated the preparation of 27, submission of 23, and publication of 17 evidence-based practice and research manuscripts. See [Table 3](#) for additional detail on the academic-practice partnership.

There is an expectation for the NRF graduates to disseminate their work. In the past few years, we have steered them into writing workshops to help them publish their results. Other methods of dissemination have been at QHS Nursing Grand Rounds, SONDH Research Poster Day, and peer-reviewed poster and podium presentations given at outside conferences. Some have pursued additional research projects on their own, independent of the NRF. Currently, former Fellows can guest lecture in the NRF, but there is no formal mechanism to have NRF graduates mentor or teach incoming cohorts.

## Challenges & facilitators

The challenges for the partner organizations centered on: differing academic and practice culture and policies, roles and responsibilities of the faculty and each research partner, and recognition of adequate time and funds to conduct research. The continuous monitoring by the QHS QENI Director, the SONDH Director for Community Partnerships, and key faculty identified and removed tactical barriers. As strategic challenges arose, the committed senior leaders in both organizations engaged in developing solutions.

Facilitators for success are a commitment by both institutions to the overarching goal of this partnership and a willingness to modify the terms as needs change. Impediments to the original partnership that paired individual staff nurses with faculty members were recognized within the first few years. Finding nurse-faculty pairs of researchers with similar interests was challenging. There was also a mismatch in terms of research skills, so faculty became the responsible party for writing the proposal and taking the lead for dissemination. The NRF was then implemented to overcome these impediments and has demonstrated success in these last few iterations, with faculty from the SONDH serving in a mentorship and supportive role. As an acknowledgement of this synergistic partnership, we were recognized with the 2017 AACN Academic-Practice Partnership Award.

## Conclusion

As [Libster \(2011\)](#) describes, although not necessarily labeled as such, academic-practice partnerships have existed for hundreds of years in various models and many lessons can be learned about perseverance and innovation by those who came before us. In that light, a 10-year partnership may not sound remarkable, but in a time of rapidly changing healthcare priorities and workforce demographics, it requires

**Table 3**  
Structure, process, and outcomes of the UHM SONDH-QHS academic-practice partnership.

Structure		
Partnership goals	Activities	Outcomes
<i>Structure:</i> Establish academic-practice partnership between the University of Hawai'i at Mānoa School of Nursing & Dental Hygiene (SONDH) and The Queen's Health System (QHS)	<ul style="list-style-type: none"> <li>● Identify key stakeholders</li> <li>● Establish regular meetings</li> <li>● Create a Memorandum of Understanding (MOU)               <ul style="list-style-type: none"> <li>○ Define purpose of partnership</li> <li>○ Identify research goals and objectives</li> <li>○ Outline roles &amp; responsibilities</li> <li>○ Determine funding mechanism</li> <li>○ Delineate application requirements</li> <li>○ Determine priority research areas</li> </ul> </li> <li>● Develop process to monitor and evaluate partnership</li> </ul>	<ul style="list-style-type: none"> <li>● QHS: Chief Nursing Officer &amp; Director of Queen Emma Nursing Institute; SONDH: Dean &amp; Director for Community Partnerships</li> <li>● Key stakeholders held regular meetings over six months to develop MOU</li> <li>● MOU executed at public signing with CEO of QHS and Vice Chancellor for Research at UH Mānoa</li> <li>○ Purpose of partnership outlined in MOU</li> <li>○ Goals were delineated: To provide evidence that:               <ul style="list-style-type: none"> <li>■ research collaboration and mentoring are instrumental in shaping nursing infrastructure and capacity</li> <li>■ consultative and mentoring activities that will effectively engage faculty and staff nurses in an academic-practice research partnership</li> </ul> </li> <li>○ MOU outlined roles &amp; responsibilities of each partner</li> <li>○ QHS &amp; SONDH allotted funding</li> <li>○ Requirements included a written research proposal &amp; budget</li> <li>○ Priority research areas: Patient safety, patient outcomes, and/or work environment issues</li> </ul>
<i>Process:</i> Establish an interactive research practice	<ul style="list-style-type: none"> <li>● Identify QHS &amp; SONDH Directors</li> <li>● Prepare &amp; finalize annual fixed-price contract, outlining terms of administration, start and end dates, funding mechanisms, etc.</li> <li>● Prepare an annual Request for Proposals (RFP)</li> <li>● Establish a procedure for proposal review</li> <li>● Communicate internally and externally about the partnership</li> </ul>	<ul style="list-style-type: none"> <li>● The Director for Community Partnerships schedules annual meetings with the key stakeholders to review the partnership goals, progress to-date, revise activities, and resolve any barriers to success.</li> <li>● QHS Director of Queen Emma Nursing Institute, SONDH Director for Community Partnerships &amp; an Assistant Professor named as Partnership Co-Directors.</li> <li>● 'Task Orders' were/are developed for each year of the partnership, signed by both organizations, and managed through the Office of Research Services at UH.</li> <li>● The co-directors developed and distributed an RFP each year outlining the purpose of the partnership, commitments needed, expected end-products, eligibility, support available (administrative &amp; research), deadlines, and application requirements.</li> <li>● A scoring sheet was developed to conduct scientific and programmatic reviews of each proposal.</li> <li>● Information about the partnership was distributed widely               <ul style="list-style-type: none"> <li>○ QHS incorporated information about the partnership on their internal Nursing Research Council website.</li> <li>○ SONDH created a webpage about the partnership.</li> <li>○ An article was published describing the structure and process of developing the partnership                   <ul style="list-style-type: none"> <li>■ Boland et al. (2010). Partnership to build research capacity. <i>Nursing Economics</i>, 28(5), 314–321, 336.</li> </ul> </li> </ul> </li> <li>● The RFP was distributed each year with outreach to QHS nursing staff and SONDH faculty members.</li> <li>● The co-directors communicated with interested staff and faculty, exploring interest areas and determined possible partners.</li> <li>● Staff/faculty partners developed research proposals in accordance with the RFP and guidance from the co-directors.</li> <li>● Reviewers were solicited from QHS and SONDH. Each proposal underwent scientific review by one QHS staff member and SONDH faculty member. Scoring sheets were submitted to the co-directors.</li> <li>● The co-directors reviewed each proposal, their scientific review scores, and the budget of each proposal prior to a meeting to determine which proposals would be accepted for funding and the funding amount.</li> <li>● A SONDH administrative staff member prepared the award letter and distributed them to the research partners, the fiscal officer, and the co-directors.</li> <li>● Quarterly progress reports (via email) were solicited from the research partners.</li> <li>● Agenda for the co-directors' monthly teleconferences consisted of discussing the current status of each study. If any known barriers to progress surface, one of the co-directors took responsibility to reach out to the staff/faculty team to provide assistance. A tracking sheet was updated monthly.</li> <li>● The tracking sheet was updated to reflect dissemination of results locally, nationally, and internationally.</li> <li>● Any translation to practice of study results were documented on the tracking sheet.</li> </ul>
<i>Process:</i> Partner faculty and nursing staff to develop and implement research projects (2007–2014)	<ul style="list-style-type: none"> <li>● Solicit faculty and nursing staff partners each Fall</li> <li>● Pair staff and faculty with similar research interests</li> <li>● Research partners prepare proposal and budget</li> <li>● Conduct scientific review of each project's proposal</li> <li>● Conduct programmatic review of each project's proposal &amp; budget</li> <li>● Prepare and distribute award letters</li> <li>● Solicit study progress reports</li> <li>● Monitor study progress</li> <li>● Monitor for dissemination products</li> <li>● Monitor for study impact on patient care practices</li> </ul>	<ul style="list-style-type: none"> <li>● The RFP was distributed each year with outreach to QHS nursing staff and SONDH faculty members.</li> <li>● The co-directors communicated with interested staff and faculty, exploring interest areas and determined possible partners.</li> <li>● Staff/faculty partners developed research proposals in accordance with the RFP and guidance from the co-directors.</li> <li>● Reviewers were solicited from QHS and SONDH. Each proposal underwent scientific review by one QHS staff member and SONDH faculty member. Scoring sheets were submitted to the co-directors.</li> <li>● The co-directors reviewed each proposal, their scientific review scores, and the budget of each proposal prior to a meeting to determine which proposals would be accepted for funding and the funding amount.</li> <li>● A SONDH administrative staff member prepared the award letter and distributed them to the research partners, the fiscal officer, and the co-directors.</li> <li>● Quarterly progress reports (via email) were solicited from the research partners.</li> <li>● Agenda for the co-directors' monthly teleconferences consisted of discussing the current status of each study. If any known barriers to progress surface, one of the co-directors took responsibility to reach out to the staff/faculty team to provide assistance. A tracking sheet was updated monthly.</li> <li>● The tracking sheet was updated to reflect dissemination of results locally, nationally, and internationally.</li> <li>● Any translation to practice of study results were documented on the tracking sheet.</li> </ul>

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Table 3 (continued)

Structure		
Partnership goals	Activities	Outcomes
<p><b>Process:</b> Develop/refine requisite knowledge and research skills (2015 – present)</p>	<ul style="list-style-type: none"> <li>● Establish a Nursing Research Fellowship (NRF)               <ul style="list-style-type: none"> <li>○ Develop curriculum for proposal preparation</li> <li>○ Solicit staff nurse participation</li> <li>○ Review applications</li> <li>○ Notify research teams of acceptance</li> <li>○ Engage faculty</li> <li>○ Develop application</li> <li>○ Offer curriculum</li> <li>○ Disseminate information about the NRF</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● The first annual NRF class was first offered in 2008. In 2015, the biennial NRF was extended to include implementation &amp; evaluation components.</li> <li>○ The original content for eight classes included developing a research question, analyzing and organizing the literature, research methods, data collection &amp; analysis, and research ethics. In 2015, the NRF curriculum was expanded to a second year and included workshops in data entry and analysis, writing the results, limitations, and discussion sections, and dissemination products.</li> <li>○ An application form was developed and distributed to all QHS product lines.</li> <li>○ The partnership co-directors reviewed &amp; selected projects for topical fit with QHS priority areas and team composition.</li> <li>○ Research teams were notified of acceptance or denial.</li> <li>○ SONDH faculty and the QHS librarian, IRB administrator, and a researcher served as guest speakers.</li> <li>○ Originally, the end-product was an IRB application. Starting in 2015, the end product is a manuscript.</li> <li>○ From 2008 to 2014, eight monthly, 4-h proposal development sessions with an expectation of 4 h of homework were offered. Since 2015, the curriculum is offered for six monthly sessions from January to June and consists of proposal development and submission to the IRB. The teams are given until September to obtain IRB approval and then enter the remaining nine sessions through June the following year.</li> <li>○ An article was published describing the NRF: <a href="#">Latimer and Kimbell (2010)</a>. Nursing research fellowship: Building nursing research infrastructure in a hospital. <i>Journal of Nursing Administration</i>, (40) 2, 92–98.</li> <li>● Through 2018, a total of 16 SONDH faculty members and 55 QHS staff members have participated/are participating in the partnership.</li> <li>● An indirect outcome is the academic progression to graduate school of nine Fellowship participants of whom seven enrolled at SONDH.</li> <li>● Twenty-eight studies have been reviewed, approved, &amp; supported.</li> <li>● Of the 28 studies, 17 were completed, five are in progress, and six were not completed.</li> <li>● Partners from the Hawai'i State Center for Nursing, QHS, and the SONDH developed a biennial writing workshop offered in six monthly didactic sessions resulting in, to-date, the preparation of 27 manuscripts, submission of 23 manuscripts, and publication of 17 manuscripts.</li> <li>○ An article was published describing the writing workshop: <a href="#">Kooker et al. (2015)</a>. Successfully coaching nursing staff to publish outcomes. <i>The Journal of Nursing Administration</i>, 45(12), 636–641.</li> <li>● Dissemination products directly related to this partnership include 34 publications and presentations. To-date,</li> <li>○ 3 teams of SONDH faculty and QHS nursing staff published their results in national peer-reviewed journals.</li> <li>○ 23 podium presentations were disseminated at local, national, and/or international conferences.</li> <li>○ 8 poster presentations were dissemination at local, national, and/or international conferences.</li> <li>● Findings from seven of the 14 completed studies were translated to practice:               <ul style="list-style-type: none"> <li>○ Humor DVDs used with Cancer Center patients</li> <li>○ Standardized Dialysis Clinic patient education materials</li> <li>○ Blue cloth underpads pulled from supply</li> <li>○ Integrated contrast-induced neuropathy screening into the electronic medical record (EMR); order set revised</li> <li>○ Temperature management guideline institutionalized by adding to the EMR, used in clinical ladder evaluations</li> <li>○ Advanced Practice Registered Nurse (APRN) transition clinic sustained for diabetes management</li> <li>○ Interprofessional education training incorporated into critical care unit orientation</li> </ul> </li> </ul>
<p><b>Outcome:</b> Enhance scientific understanding to improve health through nursing practice</p>	<ul style="list-style-type: none"> <li>● Increase research knowledge and skills</li> <li>● Review, approve, &amp; support nursing studies</li> <li>● Complete studies</li> <li>● Disseminate results of studies</li> <li>● Translate study findings to practice</li> </ul>	

commitment, perseverance, and funding to be sustainable. We also appreciate that our organizations are co-dependent in the best sense of the word. The SONDH relies on QHS for first-class preceptors and clinical training sites for our students. QHS depends on our graduate RNs, APRNs, and researchers to meet their patient and quality health-care needs. Thus, helping and supporting each other makes good sense.

Our partnership has persevered because of the commitment of both organizations. Support from the QENI of 25% time for the SONDH Director for Community Partnerships to serve as nurse researcher at QHS and support the NRF speaks to this commitment as does the SONDH's continued mentoring and financial support of faculty-practice studies. We have been innovative in our ability to flex and change with the resources available and are always searching for ways to improve. We have also not been afraid to move on from something that was not working.

Since the start of our academic-practice partnership, we have seen the publication of *The Future of Nursing*, the AACN/AONE Guiding Principles, and the AACN Advancing Healthcare Transformation focus on partnerships. All of which reinforces that we are a frontrunner in these endeavors. A successful, thriving, and long-standing academic-practice partnership is not only achievable but incredibly rewarding and fruitful. Staff, patient care, and faculty all benefit from the combined efforts of both parties to be greater than the sum of our parts. Collaborative leadership is crucial to the success of any academic-practice partnership with deans of nursing and chief nurse executives needing a shared vision (Sebastian et al., 2018). The key to sustainability is to be flexible and responsive to the needs of both organizations over time. No one approach fits all, but each partnership can forge their own path to success, ensuring hard work and benefits are experienced equally.

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