

**EDUCATIONAL PARTNERSHIP WORKING: A CASE STUDY IN  
SOCIAL CAPITAL**

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## **Abstract**

Collaborative partnership working would appear to be highly valued by Higher Education Institutions (HEI). This thesis is about one such educational partnership. The context is that of partnership working between Schools of Nursing located within Higher Education institutions and the National Health Service (NHS) to deliver the practice learning elements of the nursing curriculum. Such partnership arrangements are historically quite young and are thus worthy of investigation. There have been many iterations of the nursing curriculum but the central tenet that delivery is based on a partnership remains. The aim was to explore the experience of both academic and practice staff engaged in a partnership between one School of Nursing and an NHS partner. The following questions were posed. How does such a partnership manifest itself? What are the structural relationships? What are the motivating factors for participants? What capabilities are required to work in this way? What are the benefits and risks for participants and organizations? What determines a successful partnership? The literature yielded perspectives on both the concept and the operation of partnerships in the public sector. A case study of one partnership was undertaken. Data were collected through a qualitative research process underpinned by social phenomenology, which included documentary analysis and semi structured interviews with staff from the HEI and NHS. Data were analysed using a framework based on

the work of Hycner (1999). A theoretical framework of social capital influenced the analysis. Findings were largely supportive of the existing literature. The strongest elements of partnership related to partnership as a means of production, the importance of structured activity, equality, ambiguity of benefits, organizational advantage, leadership and professional imperatives. Furthermore the following aspects of social capital were seen as relevant to the discussion; trustworthiness, information, obligations, norms, networks and formal and informal relationships. The results add to nurse educators understanding of these partnerships. A set of "lessons learned" was constructed and areas for future research identified.

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## CHAPTER ONE

### THE RESEARCH PROBLEM CONSIDERED

The thesis is about educational partnership in the public sector. As this area is potentially vast there is a need to identify the context and locus of enquiry. The context is that of partnership developments between Schools of Nursing located within Higher Education institutions (HEIs) and the National Health Service (NHS). Such partnership arrangements are historically quite young and are thus worthy of investigation. Although there has been an underlying notion of partnership throughout the history of nursing education, the concept really only came to prominence, in the HE sector, with the publication of the *Peach Report* (UKCC 1999). As a result of the continued criticism from within the nursing profession of the existing national curriculum, commonly referred to as *Project 2000*, the then professional body, the United Kingdom Central Council for Nursing Midwives and Health Visitors (UKCC), asked Sir Leonard Peach, a noted civil servant and Chair of the Commission for Education, to undertake a further review, with the report being published in 1999.

Sir Leonard Peach had been involved in the original work that led to the adoption of the *Project 2000* curriculum at the end of the 1980s. However, within the profession there was open scepticism about the

associated move into the higher education sector, with fears expressed about students' clinical and professional skills. While et al (1995) reported that the increased emphasis upon the academic components of the curricula had led to a perceived decline in the clinical skills of newly qualified nurses. This, in turn, appeared to have a detrimental effect on the students' level of anxiety during their professional education and training (Luker et al 1996, Runciman et al 1998). Students reported that they lacked confidence in clinical decision making and in the implementation of care (Charnley 1999, Evans 2001) Furthermore, Carlisle et al (1999) reported on nurse managers long standing concerns about clinical skills and competence in relation to an ever changing health care environment. Macleod Clarke et al (1996) went as far as to describe the problem as one of practical skill illiteracy. It is interesting to note at this juncture that this set of concerns has recently resurfaced in the past year with the publication of Robert Francis QC's report of the failures at Mid Staffordshire NHS Trust. Within the Francis Report (2013) there are recommendations about ensuring that student nurses have practice based experiences prior to undertaking their degree at University. Whilst these proposals are fraught with operational and logistic difficulties the overall sentiment in the media is that practice standards have fallen and need addressing. Over the years concerns about nursing practice standards have been a common theme.

The *Peach Report*, more commonly referred to as “Fitness for Practice”, supported the view that the curriculum had swung too far towards the academic at the expense of the practical. The Report attempted to redress the balance. What was proposed was a student centred, outcomes based curriculum which valued learning in the workplace as well as that of the academic setting. A new set of professional standards of competence was identified, to be used for teaching, learning and assessment. In addition the report recommended that clinical experiences should be planned earlier in the programme and should be longer in duration, offering students the time and space to develop the core clinical skills required of a nurse. Chapter Five of the report addressed partnership working. Partnerships between universities and the NHS were seen as central in ensuring that the subsequent student experience equipped them for the rigours of contemporary practice. A number of recommendations on partnership working were made, these included (p45):

- Service providers and HEIs should continue to develop effective, genuine partnerships to support;
- their respective commitments to students
- curriculum development, implementation and evaluation
- joint awareness and development of service and education issues
- delivery of learning in practice
- defining responsibilities for underpinning learning in practice

monitoring the quality of practice placements.

the provision of sufficient suitable practice placements

the development of standards and specified outcomes for placements

Recognising that no individual can provide the full range of expertise required by student service providers and HEIs should;

work together to develop diverse teams of practice and academic staff who will offer students expertise in practice, management, assessment and mentoring and research.

support dedicated time in education for practice staff and dedicated time in practice for lecturers to ensure that practice staff are competent and confident in teaching and mentoring roles and lecturers are confident and competent in the practice environment.

formalise the preparation, support and feedback to mentors of pre-registration students. This should be continued by service providers, in line with best practice, for preceptors of newly-qualified nurses and midwives.

Furthermore the standards for nursing education in the UK were updated again in September 2010 with the publication of "*Standards for pre registration nursing education*" (NMC 2010) reinforcing the importance of a partnership approach to deliver sound practice development as part of the education of nurses. As a result of the *Peach Report* and the ensuing changes, a great deal of effort has been exerted on 'educational partnership working', not only in terms of the curriculum, but across a range of educational activity. Partnership effort requires constant investment and is always a challenge when things get difficult or go wrong. To that end Schools of Nursing have adopted elaborate infrastructures to ensure that the quality of the learning experience in practice is not put at risk. The current professional and regulatory body, The Nursing and Midwifery Council (NMC) specifically monitors the risks of partnership activity in annual programme monitoring. Programme monitoring is underpinned by the set of national standards (NMC 2010). Even with elaborate systems for supporting students learning in practice, issues can occur. For example, the requirements for mentor preparation, update and monitoring are complex and subject to professional body audit. This has challenged the partnership at a local level and has put a strain on the University/NHS partnership relationship. One of the questions to emerge from these recent challenges was the extent to which the challenges have affected the key participant's perceptions of

the partnership, and importantly how they work in terms of trust and perceived benefits?

Following the *Peach Report* it is argued that the partnership “glue” that binds the organizations (HEI and NHS) together is, in the main, all the activity associated with the delivery of initial nurse preparation. Other activity such as continuing professional development, research and consultancy does, to a greater or lesser extent, also drive the partnership. However, for the purpose of this thesis a focus on partnership will be realised through work associated with the nursing curriculum. The “Fitness for Practice” nursing curriculum emphasised partnerships between HE and the NHS. Sixteen demonstration sites were selected to run the partnership curriculum from 2002. Following the introduction of this curriculum across the UK, the Department of Health commissioned an evaluation project, (Scholes *et al* 2004) to examine how the early partnerships were working. One of the aims of the project was: “To identify how the partnership had been developed and how it responded to the needs of the NHS, balancing local and national agendas for change.” Scholes *et al* (2004) reviewed the emerging models of partnership working as advocated. They (2004:10) reiterated the importance of the partnership approach stating that: “The establishment of a more developed and integrated partnership between HEIs and service is the most important starting point for taking forward the recommendations”.

The following observations were noted in the executive summary of the project report (p xi):

- “There is evidence of far greater collaboration and shared responsibility for student learning by the Trusts and far greater involvement by HEIs in workforce planning.”
- “As partnerships have matured, and communication increased between the Trusts, HEIs and Workforce Development Confederations (the commissioners), there has been an increase in more forthright exchanges. There has been a significant shift away from a blame culture to one where joint agreements about future initiatives and joint responsibility for identifying and then taking action to resolve any potential challenges are in place.
- “There remained a cultural mismatch between HEIs and the NHS. This could sometimes place the partnership under strain. For example, the lack of speed of response by the HEIs to emerging issues was the source of some frustration for the Workforce Development Confederations (WDCs) and Trusts”.

- As the partnerships have become more established there has been a shift away from initial plaudits to a more critical stance on the success of the reforms. However, there are signs of joint responsibility for taking forward areas for further development that has gone some way to eliminate a culture of blame

Furthermore, the evaluation identified a number of issues that required attention in relation to the roles of future participants. These actions were aimed at improving and sustaining the practice learning experience of students. Scholes *et al* (2004:18) concluded that: "Generally there was a feeling that things had improved as a result of the partnership curriculum and that strategies were in place to keep improving. There was greater collaboration between the Trusts and HEIs even though this had been established at a time of continually changing agendas and competing demands. Greater collaboration had been driven by a mutual requirement to reduce attrition and increase recruitment." However, there was variance in opinion about the impact of the new curriculum on student performance. The evaluation report went on to suggest that: "Learning in practice was affected by poor quality role modelling, support and supervision." However, it was clear that considerable work had been done to address these issues and improve mentorship. Certainly senior managers and educationalists were positive sensing an improvement in



standards of mentorship. Nevertheless, they concluded that: "there was considerable room for improvements to assure a consistently high quality practice component to the curriculum. This was particularly important to assure patient safety and ensure that remedial educational packages were not required at the point of registration." Many HEIs were developing strategies to raise the quality of practice learning through partnership arrangements at this time and it was seen as essential to assure that whilst the students were in practice the art of nursing was explicitly role modelled and the science of nursing was taught.

Subsequent studies examined notions of partnership in relation to practice learning within the nursing curriculum. Brown (2006:601) investigated the experiences of lecturer practitioners in nursing practice and concluded that: "although the findings are not generalisable to other lecturer practitioners the participants appeared to work in partnership with practitioners to bring a change in the clinical environment where learning was supported and encouraged. The partnership appeared to place the onus on the practitioner to develop their practice and the lecturer practitioners appeared to work as an educational enabler." Furthermore, Mallik and McGowan (2007;55) discussed partnership working practice learning and suggested that: "Good partnership working is the key to valid and reliable assessment of practice learning and this area of proposed good practice needs more in-depth exploration and development." O'Neil and Kruael (2004:295) also discussed the need for

new partnerships in nursing education and stated that: "They must develop partnerships with others in the education-care continuum to have any real hope of mounting and sustaining an effort to build the programs needed to address the long-term challenges of a nursing workforce that is adequate in number and skill." They also recognised the requirements of long term investment or as they put it "the creation, care, and feeding of these partnerships." They concluded that future investment beyond the origins of the agreement to work together is essential, and that any new partnerships will only be successful if both participants understand that the work begins with the creation of the collaboration. So much effort is usually spent in structuring a relationship that the partners fail to look beyond the initial phase to the real challenge. Like most good relationships, work starts after the honeymoon. This thesis focuses on a period well beyond the honeymoon period.

In response to the partnership challenges in nursing, new partnership practice education supporting roles have been introduced across the UK in the guise of clinical placement facilitators, and standards for the preparation, monitoring and development of these post-holders have been established. The impact of these roles has never been fully evaluated and at a policy level there remains no firm commitment to their ongoing funding, (Murray 2007). Given the dearth of evaluative information regarding these roles there is considerable scope for questions to be asked about the experiences of these post holders. They

could tell us a lot about partnership working. Scotland, in line with other parts of the UK, has a significantly large number of such posts funded by devolved Government and the universities. The views of these clinical placement facilitators was central to this thesis.

From a broader HE perspective the prevailing climate offered a real opportunity for partnerships between employers and higher education to go beyond the provision of tailored continuing professional development (CPD) and into organizational learning, establishing a new culture of continuous exploration and innovation. Indeed the formal instruments and policies that universities have in place to facilitate partnerships could be construed as a form of structural capital (HE Academy 2008). These arrangements were framed within a model of knowledge production labelled by Gibbons *et al.* (1994) as trans-disciplinary, where knowledge is produced at the site of application and with the co-operation of users and stakeholders, and which can contribute to organizational structural capital.

Successful, sustainable partnership working involves a constant dialogue with employers, and it is only natural that such dialogue brings to light needs that require swift response by the higher education institutions. Just as programmes constantly evolve so the partnerships and

approaches to maintaining those partnerships have to adapt; they are likely to require mutuality in adjustment.

Like all nurse education providers my own School had implemented the recommendations of the "Fitness for Practice"/partnership curriculum and had updated the curriculum in the light of the NMCs standards (2010). Curriculum delivery had been supported by an infrastructure that aimed to support students in practice through a "Service Education Collaborative Strategy" (The University 2009). This was underpinned by a national set of standards laid down by the NMC (NMC 2008, 2010). Each year the NMC monitored programme delivery to ensure that all the risks associated with practice learning were being controlled.

This thesis focuses on a case study of partnership working in one School of Nursing in Scotland and its NHS Board partners. The main aim is to explore whether the experiences of the participants engaged in partnership working reflected the literature and whether the perceptions of the participants could be located within a theoretical frame of reference shaped by notions of *social capital*. The literature suggested that each organization should benefit from the relationship. Was this actually the case? Could the benefits of the partnership be explicitly identified, and to what extent were these benefits tangible and acknowledged by the

participants? Was the outcome of partnership working more complex than a simple cost benefit model?

The focus of the research was therefore a case study of the experience of implementing the School's Service Education Collaborative Strategy and Partners in Practice Agreements with local NHS partners. The latter detailed the partnership responsibilities of each party in relation to;

- Recruitment and selection of nursing students
- The provision of appropriate practice learning placements
- The ongoing support of the students practical learning experiences

The thesis analysed the experiences of working within structures and processes developed to support students' practical learning experiences. There were key players involved in the partnership arrangements at various levels within the organizations (HEI and NHS) who actively engaged in this work on a daily basis and it was the experiences of these individuals that is of particular interest. Such individuals are engaged in partnership working activity at varying levels within the organizations from the strategic to the operational. This thesis explored the nature of partnership in the ongoing support of the students' practical learning experiences as perceived by these participants.

As outlined above and taking a more strategic perspective, the concepts of partnership working and collaboration appeared to be highly valued by Higher Education institutions. An initial review of a range of higher education and health-care policy papers revealed that the terms collaboration and partnerships were used extensively. However, a number of questions remained about both the nature and experience of working collaboratively in partnership and the potential and actual benefits of such work. In particular the benefits linked to the fields of healthcare and higher education and more specifically at the interface of the partner organizations within what is essentially a quasi market context (Humphreys and Quinn 1994). In summary, it was the intention of this thesis to examine the concept of partnership working as it was realised through the experiences of both academics and practice-based staff working in a variety of 'partnership working' activities associated with the support of students' practical learning experiences in one school of nursing and its NHS Board partners. The choice of NHS partners was determined from overt School policy statements; e.g. *Partners in Practice Agreement* (The University 2006, 2009). The following section outlines the research aims and questions;

The overall aim of the thesis was to explore the experience of both academic and practice staff engaged in educational partnership working between one School of Nursing and its NHS partners in relation to the

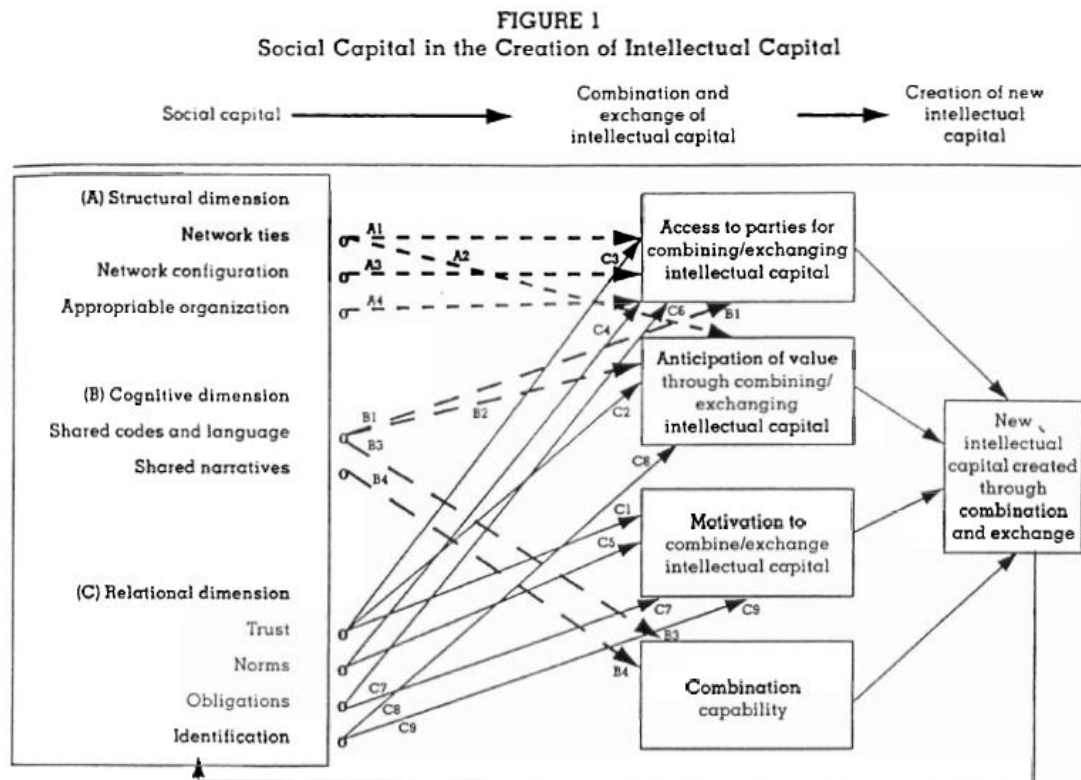
support of students' practical learning experiences. This should illuminate the process of partnership working and the experiences of those most closely involved. In order to locate the enquiry within an appropriate theoretical framework, the work of Adler and Kwon's Conceptual model of *Social Capital* (2002:23) and Nahapiet and Ghosal's (1998) notions of social capital, intellectual capital and organizational advantage, helped to shape a structured framework for the research questions. The rationale for this approach sat with the potential relationship of partnership benefits as social capital. Benefit was construed as part of a process of organizational advantage.

It should however be noted from the outset that there is wealth of literature on the sociological use of forms of capital. The term 'social capital' was coined by American education scholar L. J. Hanifan (1916:130) to describe 'goodwill, fellowship, mutual sympathy and social intercourse among a group of individuals and families who make up a social unit'. He proposed that these intangibles make life worthwhile to people and that social capital was an investment created by getting people in communities to socialize and work together. The modern use of the term social capital originated in the works of three social scientists: Bourdieu, Coleman and Putnam. Bourdieu's (1979) version of social capital is understood in the context of symbolic capital and critical theories focusing on classism in societies. According to his perspective,

social capital is the sum of all resources accessible only to individuals who are members of a specific network or social group of wealthy elite. Coleman's (1988) conceptualization of social capital extended the idea from individuals to groups of people and is inclusive of all social classes. In addition, Coleman added the idea that social capital has the productive capacity to create outcomes that otherwise would not be achievable. Lastly, social capital in Putnam's (1993) work refers to features of social organization such as trust, social norms and networks that can improve the efficiency of society by facilitating coordinated actions. The work of Putnam and in particular Coleman is drawn upon in the thesis.



Figure 1 below diagrammatically represents the theoretical relationship between Social Capital and the creation of Intellectual Capital.

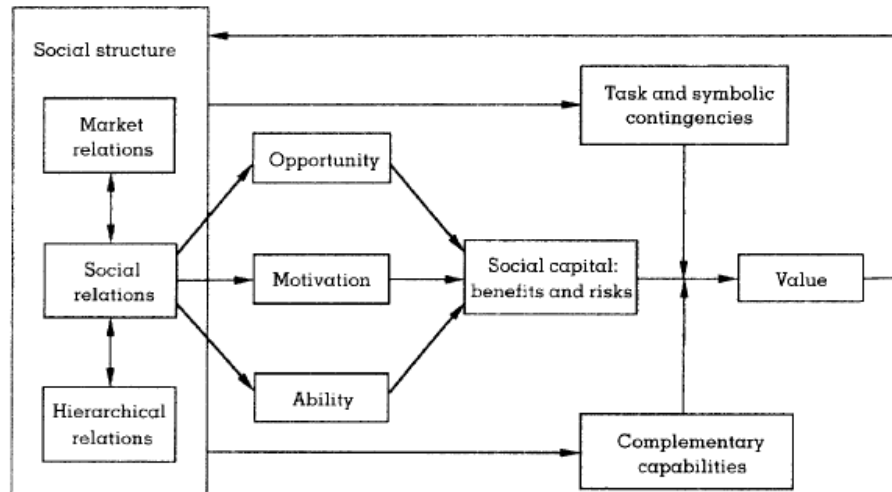


Taken from Nahapiet and Ghosal (1998:251)

The initial premise for the thesis was that the participants would exchange and combine their intellectual capital around practice learning development which in turn through shared values, motivation and engagement would lead to the strengthening of social capital in the partnership system and the creation of new intellectual capital. To explore this process the conceptual model of Social Capital as outlined by Adler and Kwon (2002:27) was utilised to shape the key areas for the research

questions. Figure 2 below shows the model and its integral elements. Questions about social structures, social relations, abilities, benefits and risks were deemed as significant in shaping the set of research questions that would ultimately direct the thesis.

**FIGURE 1**  
**A Conceptual Model of Social Capital**



Given the aim as previously stated earlier in this chapter a set of research questions were identified. These were;

- How does partnership working manifest itself in this specific context?
- What are the formal and informal structural relationships that enable partnership working?
- What are the factors that motivate participants to engage in partnership working?

- What essential abilities/competencies are required to engage in partnership working?
- What are the perceived benefits and risks for the participants and their organizations?
- What are the determinants of successful educational partnership working as constructed by key participants at the HEI/NHS interface?

If social structure (Adler and Kwon 2002) provides the context it would be important to explore the nature of the relationship and the primary purpose for the relationship as perceived by the participants. In addition it would be legitimate to ask whether this differs between the HEI and the NHS. Therefore it was important to explore the fundamental nature of the relationship and to what extent it had been shaped by market, social and hierarchical influences? Utilising the model as outlined by Adler and Kwon's (2002:24), how do participants construct the opportunities for partnership working? Opportunities may be primary or secondary in nature. Primary being concerned with the overt tasks normally related to the purpose of the partnership and secondary opportunities associated with other less explicit or opportunistic tasks. This element of the enquiry examined social ties, formal and informal networks, frequency, intensity and complexity of networking and whether networks were essentially closed or open and whether structural holes existed (Burt 2000).

When examining the factors that motivated participants to engage in partnership working it was important to include both personal and professional factors. Equally it was important to explore notions of self interest and organizational interest. Questions such as; what are the prime motivating factors in the partnership working? And how are these factors perceived? were deemed to be appropriate. Factors such as norms and trust, willingness, self interest, shared destiny, enforced trust and influence were also explored. Finally the relationship of timescale and the pace of development were examined and the effects this had on the partnership. For example, in these types of partnerships what is more important: immediate reciprocity or future advantage?

In relation to essential abilities/competencies it was of interest to explore the interpretations of abilities as articulated by the participants themselves or as they observed in others. Importantly and embracing the theoretical framework of social capital the perceived benefits and risks for the participants and their organizations required attention. Indeed as a consequence of the ongoing partnership arrangements could new intellectual capital be identified? (Nahapiet and Ghosal, 1998). Was there an organizational advantage as described by Adler and Kwon (2002) and if so what did this look like? The ultimate question needed to examine the determinants of successful "educational partnership working" as

constructed by key participants. What did success look like? In this context was there a dominant view of successful partnership working in practice? Was there a difference between the *modus operandi* and *opus operatum* of the participants? What did the partnership working “road map” (Brown and Duguid 1991) look like?

Within this chapter the rationale and basis for the thesis have been outlined. The importance of the local context for partnership working has been described and the potential for important new evaluative information has been recognised. Given the ongoing support both academically and professionally for these types of partnerships in nursing education there was scope for the outcomes of the thesis, firmly shaped by the research questions forwarded in this chapter, to be of significant interest to all nurse educators in the UK. Given the relative lack of evaluative information around partnership working between HEIs and the NHS in the delivery of nursing education this thesis had the potential to open up a series of debates about the basis of the arrangements themselves and the structures, processes and outcomes that emerged from working in this way. In the next chapter the findings from an examination of the literature related to concept of partnership is outlined.

In doing so a choice was made to explore the concept of partnership and the theoretical framework of social capital in one chapter. The literature

and the theoretical perspectives on social capital chosen are so closely intertwined that it was deemed appropriate to examine each alongside each other rather than explicate the theory in a separate chapter. The primary rationale for this is explained in the clear links in the origins, development and research associated between social capital and education. The concept of partnership is so embedded in the process of nursing education it was felt important to explore social capital within that context to offer greater clarity for the analysis later in the thesis.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

The purpose of a literature review is to provide the context from which the thesis develops. It offers a critical overview of work already undertaken within the field from which the research focus and questions are derived. In addition to a consideration of previous findings, it provides an insight into the methods employed in the past to examine the concept of partnership which, in turn, will influence the choice of research methodology and methods.

The literature dealing with educational partnership working is considered. The intention is to critically examine the concept of educational partnership working as realized through the delivery of a nursing curriculum in a Scottish university. The aim was to explore whether the experiences of the participants engaged in partnership working reflected the literature and whether the perceptions of the participants could be located within a theoretical frame of reference shaped by notions of social capital. The partnership literature suggests that each partner organization should benefit from the relationship. Is this evident in this particular case and can the benefits of the partnership be identified explicitly? In addition, to what extent are these potential and tangible benefits

acknowledged by the participants? Or is the process and outcome of partnership working more complex than a simple cost benefit model? Furthermore, it was the intention of this thesis to fill a gap in knowledge of the subject by examining the perceptions of the stakeholders in delivering a partnership approach to practice learning within the nursing curriculum. Perceptions were explored through the theoretical lens of social capital given the broad intention to assist in the process of clarifying the specific research questions it was important to explore the full range of literature on partnerships from a number of key perspectives.

#### *Method and Scope of the Review*

The literature was accessed through a number of databases within the university library and other search engines. The search was shaped through the use of the following keywords; partnership, collaboration, education, higher education, nursing education and social capital. The research question and the aims and objectives of the thesis guided the search which yielded a substantial amount of preliminary material. This was added to by secondary searching for materials referenced in preliminary material. Each piece of literature was then reviewed against the research question and themed. A separate review was also undertaken where the literature was analysed by taking a social capital perspective. This dual approach enabled further refinement of the



themes. The process of refinement moved from the broad to the particular. This led to a further exploration of additional literature from a policy perspective in both higher and nursing education. Subsequently, the trawl of the literature revealed a wealth of material which was drawn together and organized under a number of themes. These are;

*Ideological policy drivers:* The key question here centered on the political genesis of the term partnership, as it had emerged from a market driven conservative approach through a redefinition under the banner of “Third Way” politics and the major influence this had in shaping policy and practice across government. Given changes in government in the UK over the period of the thesis it was important to examine whether the previous focus would be challenged by any new administration at Westminster.

*Determinants and definitions in an educational policy context:* The main purpose here was to see how the term partnership had been constructed. What were the essential elements of the definitions used and how did this translate into the context of education. It was important to get a sense of the key features of the concept, whether some of these features were viewed as more crucial, and the work that had been completed on determining the key factors in successful partnership working.

*Rhetoric and analysis (e.g. equality, power, complexity and tensions):*

Having determined the broad definitions and parameters of partnership working in a number of differing contexts it was important to examine the critical and analytical literature which deconstructed the concept. Careful analysis of the determinants as identified previously, including critical commentary on the relationships, implementation, process and outcomes partnership working were sought to illuminate the inherent difficulties and tensions with practical application.

*Partnerships in higher education:* given that the empirical element of the thesis was to be located in the higher education setting it was important to examine the origins, policy and current delivery perspectives within this context. A major focus was on education but other higher education related activity such as business interaction, research and consultancy was also examined.

*Partnerships in health and social care:* as the locus of the case study was nursing education an examination of the origins, policy, delivery and other forms of working relationships across the health and social care landscape was deemed important to provide a professionally organized context.

*The position of partnership for nursing education:* a review of literature in this area naturally led on from the health and social care review.

Partnership working for the delivery of nursing education in the UK is a requirement subject to professional body audit and risk based monitoring. It was important to see how this had influenced the development of partnership arrangements.

*Social Capital as a theoretical framework:* given the choice of social capital as the theoretical lens for the thesis it was important to identify the seminal work that had shaped the discourse around social capital, its position in relation to education and links to partnership. It was recognized at this juncture that the review of the literature as outlined above would inevitably look different as a result of this decision. Furthermore, references to social capital theory were sought through the other elements of the review (e.g. through the political discourse).

Each of these themes was explored in more detail.

### *Introducing Partnership*

Partnership can be simply defined as the state or condition of being a partner or a relationship between individuals or groups that is characterized by mutual cooperation and responsibility, for the achievement of a specified goal. However most definitions of partnership are located within the fields of law and business where partnership is

defined as the relation subsisting between partners, the contract creating this relation and an association of persons joined as partners in business. For example, in civil law systems a partnership is a nominated contract between individuals who, in a spirit of cooperation, agree to carry on an enterprise; contribute to it by combining property, knowledge or activities; and share in its profit. Partners may have an agreement or declaration of partnership and in some situations these agreements may be registered and available for public inspection. In many countries, a partnership is also considered to be a legal entity.

A partnership is also seen as a type of business entity in which partners share with each other the profits or losses of the business. Partnerships are often favoured over corporations for taxation purposes. However, depending on the partnership structure and the jurisdiction in which it operates, owners of a partnership may be exposed to greater personal liability than they would be as shareholders in a corporation. In other words, a partnership can be said to be; a legal contract entered into by two or more persons in which each agrees to furnish a part of the capital and labour for a business enterprise, and by which each shares a fixed proportion of profits and losses. However, when you move away from the general and the legal and business definitions towards those in the educational and political literature, definitions tended to emphasise the more social goal orientated relationship aspects. For example, they

emphasise mutual co-operation and responsibility and are viewed as a more co-operative relationship between people or groups who agree to share responsibility. In a socio-political context the contemporary view of partnership had involved a reconstruction of its original conservative political meaning. At the heart of this redefinition there are at least four interrelated sets of discourses that have combined to redefine partnerships as a new way of organizing the delivery of social services that not only offers a potentially better and more pragmatic alternative than state or market-focused strategies but also promotes collaboration and civil society participation in the definition of public policy.

Given that this thesis is aimed at exploring the concept of partnership through the lens of social capital it was argued that the notions of capital sit at the heart of all of these definitions, although as you move away from the law and business dimensions the type of capital may be more social in nature. The literature points to the fact that partnership is a concept that is being used increasingly in the UK political arena. It is this politico-ideological perspective of partnership that will be examined next.

### *Ideological Drivers*

Although partnerships are usually defined as necessary, pragmatic and benevolent ways of organizing social welfare, in practice they are

complex, contradictory and even paradoxical social phenomena. Indeed not all partnerships can be viewed as essentially positive or socially benevolent, there are partnerships forged to advance criminal and other forms of anti social behaviour, however the notion of partnership as outlined in this review portrays a vision of public policy that stresses efficiency, devolution and participation and in which everyone benefits. Partnerships have been a central principle in contemporary political rhetoric and practice. Harris (2000) and Mullinix, (2001) describe partnership as a buzzword, which has become a transdisciplinary concept, as well as global practice in modern society. Governments, agencies, organizations and individuals are all actively engaged in a variety of forms of activity labelled 'partnership working' in business and in the broad sweep of social policy. This includes education, health, housing, community development and international development. Dhillon (2005) explains that partnership has emerged as a prominent practice in different policy fields including all sectors of education. For example, Rudd (2003) highlights a partnership approach to sharing best educational practice as it emerges from national evaluations of educational research. Tett et al (2001, 2003) describe how partnerships have enhanced community education programmes and Jones and Bird (2000) show how partnership was used as the primary strategy in advancing education action zones. In addition Billet et al (2007) suggest that Governments, civic organizations and aid agencies worldwide are increasingly looking to social partnerships

as a means to understand and address local and regional concerns and for building social capital. Dowling et al (2004:309) discuss the nature of successful partnerships and argue that "the intrinsically beneficial nature of partnerships is similar to the classical arguments in favour of democracy and participation, and the more recent variants that focus on social capital." The notion of partnership is based on an assumption that many policy problems arise at the interface between institutions rather than within individual organizations (Newman, 2001). So how has this broad consensus on the usefulness of partnerships arisen in the social policy field?

As Osborne (2000) explains Public-Private partnerships are possibly the type of partnerships that have received most attention in political discourses and academic studies in recent years. Cardini (2006) further argues that these moves started under the Conservative administrations of the 1980s and 1990s in response to the belief that the public sector needed to acquire some of the characteristics of the private sector to provide better quality services. Although in the UK these first partnerships in the private sector were encouraged under a Conservative administration, during the last Labour government partnerships achieved a different status (Falconer & McLaughlin, 2000; Clarke & Glendinning, 2002; Hughes & McLaughlin, 2002; Franklin & McCulloch, 2003). Partnerships have evolved from being a possible approach for managing

and delivering public services to a new form of coordination for public policies; from a mechanism applied only in certain policy fields to a strategy to be implemented in every department and at various governmental levels; it has shifted from being a non-core word in policy discourse to a fundamental feature within government's public agenda. Partnerships became a favourite word in the lexicon of New Labour.

From the point when the Labour Government took office in May 1997, the number of policies and discourses around partnerships expanded significantly in and across various governmental fields. Theoretically, the term is part of and blurs with a wider family of concepts such as networks, cooperation, coordination and trust. The ideological basis of partnership is connected to academic and political discourses that tend to support the idea that partnerships are original, neutral and superior forms of organizing social welfare (Cardini 2006). Labour's widespread use of Third Way rhetoric, governance narratives, collaborative discourses and social capital theories provided the elements to shape define and legitimate a new concept of partnerships as a benevolent, neutral and pragmatic concept. The Third Way represented itself as a general shift in political theory that was different from the centralized bureaucratic hierarchies of Old Labour as well as from the market-focus of the Conservative Party. This differentiation was emphasized and legitimized



by a series of academic debates that focused on the changing relationships between the state, welfare institutions and civil society.

Within the emerging “Third Way” of doing things, partnerships were directly linked to social capital theories (Coleman, 1990, 1997; Putman et al., 1993; Fukuyama; 1995). Social capital theories provided a source of legitimating knowledge for the promotion of partnerships, based on the idea that the enhancement of social networks is a necessary condition for the social and economic progress of societies (Gamarnikow & Green 1999a,b, 2001; Dickson et al., 2003a; Riddell & Tett, 2001; Alcock & Scott, 2002). Drawing on social capital theories and their emphasis in the promotion of trust and alternative forms of capital in civil society, a new political alternative to both neo-liberal individualism and post-war collectivism was formulated.

The language of partnership pervades a number of policy and empirical studies. (Geddes, 1997; Balloch & Taylor, 2001; Glendinning et al., 2002). The themes of collaboration and partnership sometimes referred to by the shorthand term ‘joined- up government’, were at the centre of the last Labour government’s vision of the modernized welfare state. Such policies tended to be focused on those who are seen to be at the political margins such as socio-economically disadvantaged communities and

groups, because the rhetoric of partnership is strongly tied to 'social justice' in many of the UK and Scottish Governments' policy documents (Riddell and Tett 2001). The deficit model of social inclusion would appear to be at the heart of a drive to accept partnership approaches. For example, Clegg and McNulty (2002) argue that the previous Labour Governments thinking placed particular emphasis on partnerships between the public, private and voluntary sectors in combating social exclusion, a view supported by a range of social initiatives, (Geddes 1997, Wilson and Charlton 1997, Hughes and Carmichael 1998, Griffiths 2000, Miller and Ahmad 2000).

At the time of writing this review it remained to be seen whether the Conservative/Liberal Democrat coalition Government, formed following the election in May 2010 would be as enthusiastic about the concept of partnership. Both parties had differing starting positions to that of the outgoing Labour administration. A review of both the Conservative and Liberal Democrat Party policy papers (pre coalition) on universities, education and health revealed no reference to the concept at all. However, in the "The Coalition: our programme for government" (HM Government 2010) there were a number of references to partnership working. First the coalition in itself was a form of "partnership government" (p7). Secondly, it outlined support for "the creation of Local Enterprise Partnerships – joint local authority-business bodies brought

forward by local authorities themselves to promote local economic development – to replace Regional Development Agencies.” (p10) Thirdly it supported “partnerships between local newspapers, radio and television stations to promote a strong and diverse local media industry” (p14). Fourthly a partnership for the delivery of long term care for the elderly was envisaged. Finally with specific reference to universities and colleges it was stated that “The Government believes that our universities are essential for building a strong and innovative economy. We will take action to create more college and university places, as well as help to foster stronger links between universities, colleges and industries.” (p31). Fostering stronger links would seem to imply that the partnership agenda was still being viewed as a means of delivering priority work streams.

So it would seem that the language of partnership is ever present. However, it remained to be seen whether the fundamental political ideologies of the Conservative and Liberal Democrat parties in relation to governance and the market would emerge as the coalition found its feet or whether a more Liberal perspective would temper somewhat a shift from the fundamentals of the “Third Way” as rolled out by the last Labour government. The early emphasis for that government was economic in focus; reducing the UK financial deficit and addressing other pressing financial issues. The public sector was targeted for efficiency savings. A key question here was; did partnerships have a role to play in addressing the fall out from the global economic downturn and the crisis of

confidence in the global economic markets? Prime Minister Cameron's famous quote of "we are all in it together" also hinted at a partnership approach although over the subsequent years this statement came in for huge criticism.

### *Definitions and determinants of successful partnerships*

There are many different definitions of collaborative partnerships (Huxham, 1996; Pratt et al., 1998; Tett et al., 2001, 2003). At its simplest form, it is about working together jointly with at least one other person or group. However, the terms and conditions under which the agreement to work together are made can produce very different results and the nature of the overt or covert power relationships that exist can also impact on the relationship. The term partnerships and the implementation of partnerships are understood and mediated differently in different contexts and by different stakeholders (Kruss 2004; Foskett 2005). From a higher education perspective the terms are often related to the concept of symbiosis through ventures that yield mutual benefits for all parties. Examples include research collaborations, partnership agreements between higher and further education colleges, the higher education academy institutional partnership programme and well established partnerships between universities and health care systems for medical and healthcare education, (Trim 2001, Davies and Smith 2004,

HEA 2009). There is, it would seem, an underpinning assumption that collaborative partnership working is a good thing and that it is a synergistic relationship where the total effect is greater than the sum of the parts. On this basis, it is argued that the participants in the development at least perceive that the benefits outweigh the costs.

However, the diversity of contexts in which the term partnership is now used revealed both the extent of the policy thrust towards this way of working and, perhaps more importantly, the lack of clarity about the meaning of the concept. Powell et al (2001:2) characterised partnership as "the indefinable in pursuit of the unachievable" and Ling (2000:82) points to the "methodological anarchy and definitional chaos" in the literature on partnership. Marks (2007:136), whilst considering partnership as a key strategic approach for tackling inequalities in health, described partnership working as an issue that was both complex and "imperfectly understood." One of the fundamental difficulties appeared to be that the terms collaboration and partnership were often used interchangeably. The elementary relationship between the terms was explored by a large research study conducted in South Africa, where the term partnership was seen to go beyond collaboration to embrace a more formal type of relationship (HSRC, South Africa 2003). The study emphasised the importance of both interpersonal and professional relationships as well as the equality of contribution from the partners.

The notion of shared value systems appeared to be equally as important. As Trim (2001) pointed out, the most successful partnerships occurred where institutions had similar value systems. The partnership needs to be ready to recognize these emergent aims and work with them or it puts itself in jeopardy. It is clear from a range of studies (Jones & Bird, 2000; Trim, 2001; Clegg & McNulty, 2002; Foskett, 2005) that the success or failure of the partnership can depend as much on the unstated aims as on the original objectives. In addition there may be emergent aims that are slowly revealed as the project develops and the trust between the partners grows, which may have not been clearly stated at the start. Furthermore there is a growing literature exploring the dynamics of partnership working (Breitenbach and Erskine 1997, Geddes 1997, Machell 1999, Bradshaw 2000, Miller and Ahmad 2000). In terms of partnership monitoring and evaluation Marriott and Goyder (2009) offer useful insights into the dynamics of successful partnerships. They state that "Successful partnerships are based on a win:win proposition" and that "monitoring and evaluation are key to the health of the partnership over the long term" (p27) and that exemplary partnering demonstrated the following criteria for success; ethical principles and standards, transparency and accountability, ownership and inclusivity, relevance to needs, sound planning and goal clarity, quality and impact focus and finally sustainability. They also referred to the work of Halper (2009) who

argued that a key challenge in transforming a partnership into a more permanent arrangement is ensuring that monitoring and evaluation remains central to the management process. Furthermore, they suggested that it is somewhat inevitable that as the maturity in the partnership grows there is a need to shift efforts to emphasise results, rather than the partnering process.

Khanna et al (1998) developed the concept of private and common benefits to alliance partners and went on to suggest that partners often fail to appreciate the scale of partner asymmetric differences. There can then be resulting challenges to the dynamics of the alliance relationship. For example the partnership arrangements for the delivery of the nursing education curriculum in Scotland rest with The Scottish Government Health Directorate (SGHD), the universities and the NHS Health Boards. However the SGHD undertakes a monitoring function which somewhat skews the symmetry of the relationship with the universities. Inkpen (2000:2), commenting on the work of Khanna et al (1998), states that; partners must learn to work together and work to learn together." This suggests that a process of investment is required in the dynamic. Khanna et al (1998) discriminate between the investment required for the creation of a partnership and that required to sustain it. Furthermore, Inkpen (2000) made reference to the work of Hamel (1991) when

discussing the notions of transparency, receptivity and intent as being important in understanding the dynamics of partnership dynamics.

Sustainability was also discussed by Marriott and Goyder (2009), they laid out evaluation criteria (PfE and OECD) for sustainability based on the benefits derived by the partners, a “moving on or exit strategy articulated from the outset” and one that considered the long term resource implications (p78). The key to this appears to sit with how explicit the benefits and value added elements in the partnership plan were identified initially and in subsequent updates. In educational partnerships this may go well beyond simple educational outcomes. Finally, Marriott and Goyder (2009) indicated that partners should think through the negative impact of dissolving or not sustaining the partnership.

Within this thesis it was argued that the nature of the partnership required significant investment for sustainability in that the partners had been brought together as the result of a policy imperative, rather than out of some freely entered into arrangement. It was therefore argued that the partnership had to sustain regardless of how much in reality the commitment of the partners varied. However, it is suggested that, sustainability could be greater where clear social capital benefits are exhibited. Is the product of the educational endeavour viewed as a clear benefit for all? There are other questions about the current impact of the



current economic climate on the partnership as universities and the NHS deal with the funding efficiency drive that came as funding becomes tighter in the public sector as the UK's financial deficit was being reduced. What was already emerging was that the job market for qualified nurses was getting tighter and this would have further implications for the partnership arrangements.

Relationship structures were discussed by Donaldson and O'Toole (2000) within the context of industrial markets. They put forward four structures: bilateral, recurrent, dominant partner and discrete. Bilateral relationships are the high relationship strength form. This means that the belief and action elements are at a high level and, in bilateral relationships, partners co-operate for mutual advantage. There is openness of information sharing and collaboration at a strategic level. Both the process of interaction and the strength of its content are high. It is a unique and complex relationship not easily copied. Bilateral relationships are not necessarily symmetrical, but are dominated by a bilateral content and process. A recurrent relationship is a hybrid form between the pure discrete and bilateral types. Elements of reciprocity and temporal duration creep into the exchange. The relationship is open but not seen as strong by the parties involved, so that committed actions are low. The partners concentrate more on operational issues than strategic ones, and their relationship may equate to certain just-in-time relationships as described in the literature by Frazier et al (1988) and Gilbert et al (1994). Dominant

partnerships are a very common governance mechanism in which a dominant partner specifies the nature of the interaction between the partners. The nature of hierarchical supply relationships in these one-way structures is decided on an authority basis and governed by the power-dependency balance between partners. Discrete relationships are the lowest relationship strength, where there are relational elements between the parties, but these are not dominant and do not govern the exchange. Opportunism dominates this approach with few, if any, ties between the parties. Discrete relationships are based on the assumption that firms make rational economic decisions as independent actors in the marketplace.

There are distinct commonalities in the benefits and problems associated with partnership work as outlined in a further range of literature, (Geddes, 1997; Hughes & Carmichael, 1998; Machell, 1999; Jones and Bird, 2000; Tett et al., 2001, 2003; Clegg & McNulty, 2002). Druce and Harmer (2004:37) map out a framework entitled "The determinants of effectiveness: Partnerships that deliver" within which a number of clear input and output factors are recognized, based on a review of the literature concerning global health partnerships and business. These factors include: the goal and scope of the partnership; structural and organizational issues; ways of working and environment. In health care Dowling et al. (2004) conceptualized success in partnership working as having dimensions of process and outcome. Process success factors

include: the level of engagement and commitment of the partners; agreement about the purpose of and need for the partnership; the degree of shared vision; the existence of interdependency between partners; high levels of trust, reciprocity and respect between partners; favourable environmental features such as the financial climate, suitable institutional and legal structures, and a history of wider interagency activity. Satisfactory accountability arrangements, plus appropriate audit, assessment and monitoring of the partnership are also regarded as essential together with adequate leadership and management of the partnership.

Dowling et al (2004) suggested that the literature conceptualizes the success of partnerships in two main ways: process issues such as how the partners work together and outcome issues changes to service etc. However, they observed that this heavily leaned towards the former. This position links well with work undertaken by Foskett (2005). Dowling et al. (2004) conceptualized partnership outcome success in healthcare as related to accessibility; equitable distribution of services; improvements in the efficiency, effectiveness or quality of services delivered through partnerships; and improvements in the experiences of staff and informal carers. Billett et al. (2007) sketched out the principles and practices of effective partnership work from an analysis of interview data related to a study where they explored the formation, development and sustainability

of social partnerships in the field of education. What emerged from their research was a remarkable consistency with the work undertaken in other arenas. Five sets of principles were identified as being effective in guiding both initial and ongoing partnership work. These were: building and maintaining; shared purposes and goals; relations with partners; capacities for partnership work; governance and leadership; and trust and trustworthiness. Geddes (1997) and Pearce and Hillman (1998) have outlined a number of factors which inhibit a the partnership approach across organizations or institutions including inflexibility; deep-set, professional ideologies; resource constraints; pressures exerted by competition and budgetary inflexibility.

Marriott and Goyder (2009) have constructed a manual for monitoring and evaluating educational partnerships and although their work focussed on multi stakeholder partnerships in primarily public/private initiatives, they suggested that public sector approaches to partnerships can be "rigid and bureaucratic collaborations" (p28). However they outlined a number of distinct advantages over other forms of arrangement to develop educational initiatives in that partnership offered a use of a range of mechanisms, access to increased resource, new networks and the potential for greater understanding. In turn the social capital gains emerging from such networked activity for all partners is potentially great. Marriott and Goyder (2009:33) adapted the work of Cassidy and

Paksima (2007) in mapping out a model for multi stakeholder partnerships for education.

An important element of partnership not addressed in the Cassidy and Paksima model is that of equality. The concept of equality is highlighted in the literature as being contentious in partnership working processes. While the rules of engagement for creating equal partnerships may at first appear to be clear it can still be problematic. For example Marks (2007) suggested that, despite the policy initiatives described in her study which aimed to explore gaps between policy and practice in relation to the involvement of voluntary and community sector members in local strategic partnerships , using the example of inequalities in health, fault lines in policy and practice in local partnerships emerged. It became clear to Marks that members of the Voluntary Community Services were not perceived as equal partners in Local Strategic Partnerships in England. Equality and partnerships were discussed further by Samoff and Carroll (2002) who suggested, with Orwellian overtones, that "There are partnerships and there are partnerships." They go on to explain that partnership must involve collaboration that can reasonably be expected to have mutual benefits contributing to the development of both institutional and individual capacities at both institutions. This should respect the sovereignty and autonomy of both institutions, and be in itself empowering, in that it should enable both partners to be better able to

specify goals, chart directions, create appropriate governance strategies, employ effective administrative routines, and focus human, material, and financial resources on high priority objectives. Furthermore, the notion of social capital appeared to be implied when they argued that partnership must involve mutual learning in the sense of acquiring and applying relevant information and in the creation of understandings that allow the partners, as learners, to transform their situation, both locally and more broadly. They concluded by reiterating that the relationship should be fundamentally equal regardless of the differences in wealth, expertise, experience, and status.

*Partnerships in higher education, health, social care and nursing education*

From a strategic perspective the concepts of partnership working and collaboration would appear to be highly valued by higher education institutions. A review of a range of higher education and healthcare policy papers revealed that the terms collaboration and partnerships are utilised extensively. As universities increasingly compete with each other for an increased market share of students, they are constantly seeking ways in which they can find an edge in the range and scope of the courses they have to offer. In addition the modern university is expected to enter into a range of alliances and partnership developments across the full range of

its activity from teaching, research and consultancy. Salmi (2007) commented that in a global marketplace for higher education two major factors can explain what he describes as evolutionary change. Firstly, the increased demand for university education across the world has translated into greater competition between an ever increasing number of providers fuelled by the forces of globalisation and secondly a pressure on the resources available to public universities, which has consequently produced a need for sector diversification. Universities are expected to become more responsive to the needs of this market. This has led to greater collaborative arrangements in an attempt to secure third stream income.

The links between universities, business and the communities they serve are being strengthened in a whole host of ways. In attempting to strengthen market position and forge professional partnerships many universities have sought professional and other forms of accreditation for their courses. Universities that wish to foster a real sense of the global faculty need to establish, and sustain strategic partnerships and alliances with other academic and non academic institutions. Unwin (2003:1) explained that across the globe, countries are attempting to develop closer "synergies" between the needs and purposes of education, training and local and national economies. She added that there is a need for all educational institutions within national systems to develop capacity to

offer innovative partnerships with business, industry, government and local communities. The influence of the forces of globalisation on all sectors of education should not be underestimated in this ever emerging scenario. While both business and higher education can profit financially from these relationships, the strategic benefits go well beyond the instrumental and immediate and, where relationships are well implemented, have the potential to embrace the social and public interest fully, as is consistent with the case that has been made for higher education's value to democratic societies. Business and higher education have been encouraged to engage in an ongoing dialogue to improve their mutual understandings and address broad issues such as the changing nature and requirements of the world of work. These are considered to be essential roles for higher education and business in combating social exclusion and in widening opportunities for all in ways in which together they can tackle some of the major social as well as economic issues of the day. It is also recognised that this can lead to the development of a culture that encourages and rewards enterprise, innovation and lifelong learning. While all of this is encouraging in theory, a key challenge for higher education is to strike the balance that allows it to achieve its entire social and public purposes in an environment in which there is an increasing tendency to reduce the notion of responsiveness to 'market responsiveness' (CHE 2004).



This was demonstrated in my own institution where the Board of Governors produced a paper outlining the criteria for establishing working partnerships. The conclusion to this paper argued that universities should look increasingly to innovative solutions to how they can best achieve their strategic objectives and remain competitive in an ever changing environment and global market (The University 2007).

Within the context of healthcare the need for collaborative partnerships is often linked with the need for seamless services between the various professions and agencies involved in care delivery. Jones et al. (2004) supports the views of Hudson et al. (1999), who argued that inter-agency collaboration in the public sector remains chronically difficult, yet governments understandably remain enthusiastic about it. This is largely due to the perceived benefits of ensuring agencies work together in a joined up way for the individual. In addition it is argued that there are cost savings to be made in the delivery of integrated public services. In the field of health and social care the language changes and people talk about partnerships, networks, inter-organizational collaboration, cooperation, co-ordination, coalitions and alliances, but the main problem remains the same: how can health care professionals and managers working for different organizations be helped to work together effectively across organizational boundaries in the interests of the intended beneficiaries of health and social care agencies? It appears that

partnership working offers the potential for integrated holistic innovative outcomes across a whole range of education and health related social initiatives.

### *Partnerships and the nursing curriculum*

As far back as 1990, nursing's professional body adopted a position on the future framework for the provision of continuing education that emphasised the concepts of partnership and collaboration (ENB 1990). Contractual arrangements for the provision of education were initiated. These contracts related to working agreements between health planners, educationalists, health service managers and practitioners linked to clearly articulated educational outcomes and perceived benefits for future practice and delivery of nursing in the NHS. The dilemma and consequent conflict of this position was that each stakeholder held a differing perspective of expected outcomes. The overriding question at the time appeared to be what value would be added to health services as a direct result of education? Hooley and Saunders (1993) summed up the discussion when they argued that, in a market, customers buy the benefits of products as opposed to the products themselves. They concluded that benefits are only ever perceived from a sense of ongoing utility. However, in the new contractual arrangements it was observed that difficulties arose in the power relationship of the partnership. In

trying to develop collaborative approaches it was a struggle trying to avoid a relationship that was controlling. The old position had been one where, it was argued, the relationship primarily benefited the nurse educationalists. Collaboration proved to be problematic in the uncomfortable, vulnerable atmosphere of a new business culture. Quinn (1994) argued that the future of health care education should be based on a system free from the tyranny of a school focused curriculum paradigm and which acknowledged and responded to the realities of contemporary professional practice in the market. He argued that there was a real danger that defensive routines would emerge to stifle the development.

Academic nursing education in the UK is a prime example of the discomfort generated by this paradigm shift, within what Stanwick (1994) described as an already inherently conservative professional group. Stanwick was critical of the position of nurse educators who were not noted for their flexibility and often held a rather narrow view of future. This conservative position remains today supported largely by fears of compromising professional values and concerns about the risk to the public if changes to the nurse curriculum are too radical. This position is reinforced by the professional body whose *raison d'être* is "protecting the public" through an increasingly tight rein on the nursing curriculum. The last national consultation (NMC 2010) was a prime example of how risk

averse the professional body had become with suggestions that there should be even greater restriction on progression through the curriculum based on strict professional standards. This led some nurse educators to suggest that we have a national curriculum dictated by the professional body with very little room for manoeuvre for the university (Council of Deans 2010).

The concepts of customer choice, competition and market responsiveness which were key features of the market challenged the traditional position of nurse educators. As a consequence, curricula and research agenda in nurse education are now predominantly shaped by market need and the subsequent search for workable partnerships to sustain business. This is particularly true of post qualification nursing education where the portfolio of courses on offer changes rapidly in response to health and social care policy, health service redesign and competing clinical priorities. Humphreys and Quinn (1994) described this shift in nursing education, linked to the radical market reforms in healthcare and healthcare education that occurred in the 1990s, as a move away from an orthodox to a corporate paradigm. Humphreys (1993) proposed two models of response, an existing model bounded by the orthodox paradigm professionally regulated and curricula that would be educationally led and a new model of response placed within the corporate paradigm with features of market demand, training needs analysis and the market

(Humphreys and Quinn 1994:1). They referred to a process of culture change in healthcare education as "paradigm destabilization" suggesting that nursing education's orthodox paradigm was under threat. The orthodox paradigm valued the patient as the client of education and the student as putative professional. This fundamental change in market culture has led to a situation where a new model of market responsiveness based upon a partnership approach to working with customers in a more overtly collaborative sense has had to be adopted. This change has not been easy as the associated business acumen is, often, alien to nurse educators and is a significant shift from what had been the case previously. The market position in nursing education has been largely local. Contractual arrangements for the provision of the majority of both pre and post registration nursing education have been devolved to a local level. Strategic Health Authorities managed contracts for nursing education in England up until April 1<sup>st</sup> 2013, whilst The Scottish Government Health Directorate (SGHD) continued to perform this function in Scotland. It should be noted that the commissioning of nursing education is managed by the devolved administrations in Scotland, Wales and Northern Ireland. It could be argued that the degree of competition in Scotland has not been as intense and as such the pressures now being introduced in response to globalisation were more keenly felt in Scotland.

Foskett (2005:251) examined curriculum change in higher education and highlighted the extrinsic pressures for institutions to work in collaborative partnerships. This, she argued, was related directly to the need to assist employers to engage in a modernisation agenda and the associated requirement for workforce development. This is especially relevant for nursing education with the immense changes that are required to shift the balance of care from the acute hospital to the community. (Department of Health 2001), as the changing demographic demands of the UK population as it became increasingly elderly. (SGHD 2006, 2007) The explicit academic and clinical partnership approach, advocated by the Peach Report (UKCC 1999), is in itself an important extrinsic pressure for change and added to the weight of stakeholder involvement. Indeed the numbers of stakeholders who now have, or seek an influence on, the nursing curriculum is growing with central government continuing to encourage other potential stakeholders such as service users, carers and public interest groups.

The concept of partnership really only came to prominence for nursing education with the publication of the *Peach Report* (UKCC 1999). This report, more commonly referred to as "Fitness for Practice", argued for the development of partnership working as a basis for the delivery of a new nursing curriculum in the UK. Chapter Five of the Report addressed specifically partnership working. Partnerships between university

providers and NHS practice were seen as central to ensuring that the subsequent student experiences equipped them for the rigours of contemporary practice. The Report made a number of recommendations about partnership working. These were referred to in Chapter One. Subsequently, a great deal of effort has gone into what is commonly referred to as 'educational partnership working' within all Schools of nursing in the UK. Scholes *et al* (2004) examined how the early partnerships worked. One of their aims was: "To identify how the partnership has been developed and how it responds to the needs of the NHS, balancing local and national agendas for change." Scholes *et al* (2004) reviewed also the emerging models of partnership working and identified that there were encouraging signs of joint responsibility for taking forward areas for further development that partnerships had matured with evidence of far greater collaboration between NHS and university partners, however a cultural mismatch between NHS and Universities had, at times, placed the partnership under strain. The interesting thing to note here is that the partnerships arose directly from the recommendations from Peach and as such were probably more than tentative at first. Both partners had little choice but to collaborate and it is suggested here that this could have been a possible cause for the strain identified in the Scholes *et al* evaluation.

Tett et al (2003:39) discussed aspects of mutual benefit in partnerships. The central argument when this is applied to the nursing curriculum delivery partnership education centres on both the process of the partnership and the outcome. The outcome was clearly a better prepared nurse who could fully engage in the modern healthcare environment. However the process benefits have never really been made explicit in evaluations of this specific partnership. This thesis will explore the process.

### *Social Capital*

The theoretical framework within which this thesis will consider its findings is that of social capital. The links between partnership working in education and the concepts of social and cultural capital are clear, as will be demonstrated below. Bourdieu (1986) describes social capital as the aggregate of actual or potential resources linked to durable networks or less institutionalized relationships of mutual acquaintance and recognition. This, he argued, provides each of its members with the backing of the collectively owned capital, and that the volume of the social capital possessed by any given agent, or in this case organization, will depend upon the size of the networks of connections that can be effectively mobilized. Putnam (1996:66) defines social capital as 'the features of social life - networks, norms and trust - that enable participants to act



together more effectively to pursue shared objectives'. The place of social and human capital in education and educational attainment is outlined by Coleman (1990, 1997) and (Becker 1964). For Coleman, the concept of social capital complements that of human capital; indeed, it helps explain variations in the levels of human capital in any given society. Coleman goes on to specify three forms of social capital. The first deals with the level of trust which exists in the social environment and the actual extent of obligations held. Social capital is high where people trust each other, and where this trust is exercised by the mutual acceptance of obligations. The second form concerns information channels; here Coleman cites a university as a place where social capital is maintained by colleagues supplying each other with ideas and information. Thirdly, norms and sanctions constitute social capital where they encourage or constrain people to work for a common good, forgoing immediate self-interest. It is therefore argued that there are potentially strong associations between the notions of social capital and the networking connections at the heart of contemporary education partnership working, the nature of which is said to be symbiotic in nature, with each partner gaining mutual benefits. It therefore argued that the mutual benefits gained from partnership working can be construed as a form of social capital.

Social capital is said to be defined by its function. It is not a single entity but a variety of different entities, with two elements in common: they all

consist of some aspect of social structures, and they facilitate certain actions of actors — whether persons or corporate actors - within the structure (Coleman 1990). Are the social structures of partnerships identified in this thesis part of Coleman's elements of social capital? Furthermore are the stakeholders in the partnership the actors referred to by Coleman? Coleman essentially relates the notion of social capital to the benefit of the person or individual and what might be of concern in this study is the question of whether this can relate to the collective i.e. the organizational partnerships that are the hallmark of contemporary educational partnership working.

There are some concerns about the nature of the closeness of relationships in partnerships as this can sometimes lead to the screening and even hoarding of information in an attempt to gain or maintain competitive advantage; as Baldacchino (1995:271) puts it, "face-to-face relations are complemented by back-to-back relations." More recently, in the context of globalizing tendencies, the link between *space* and social capital is being potentially uncoupled, so that one may share fewer relations of reciprocity and trust with neighbours and kin, yet engage in and construct close social networks and institutions which are remote and perhaps even short-lived. The symbiotic mutual benefits related to partnership can equally be linked to the concept of social capital. Burt (1997) posits that with respect to aetiology, social capital is a quality

created between people and that social capital can predicts that returns to intelligence, education, and seniority depend in some part on a person's location in the social structure of a market or hierarchy. The location of the person or organization as perceived through their position in the working partnership will be of interest in this study.

Schuller and Field (1998:234), whilst discussing the social arrangements that are required for the development of a healthy learning society explored the place of social capital. In the conclusion to their article they pose a set of questions for further study which include questions that concern the nature of social relationships which form the essence of the social capital concept, and have more of a practical or policy-related character. As part of this question setting they ask "what kinds of institutional relationship are most supportive of learning?" When considering the concept of educational partnership working one might extend this question to embrace the notion of partnerships as an integral contemporary element of higher education and health service institutional relationships. These relationships will, according to Schuller and Field (1998:234), "definitely be plural; in some instances, collaboration may be the appropriate mode of coexistence, but in others competitive relationships will be the ones which most actively foster learning." This begs the question; what then are the most fruitful forms of competition and collaboration in partnership arrangements that enable social units to

deploy and exploit the knowledge and skills acquired as social capital? With this question in mind it seems sensible that this thesis focused on the working partnerships in place between higher education and the NHS. Therefore it was the concept of educational partnership working in the widest sense of contemporary nursing education, within the context of social capital theory, which was the focus of this thesis.

### *Summary*

Within this chapter the literature surrounding the concept of partnership has been explored. The exploration was organised utilising a number of key themes; Ideological policy drivers, determinants and definitions of partnership within an educational context, a critical deconstruction of the concept and the emerging tensions, partnerships in higher education, health and social care and nursing education and finally social capital as the underpinning theoretical framework for the thesis. A summary of the key issues emerging from the literature review will now be offered.

*Ideological policy drivers:* In this context the overriding assumption was one of partnership as intrinsically beneficial, that participation in the partnership will be good for all. In making this assumption one could see how the term has influenced a broad sweep of social policy. However, there was evidence that this assumption was fundamentally flawed with

examples provided of how the dynamic and contextual factors associated with partnership development had led to negative impacts.

*Determinants and definitions in an educational policy context:* A broad range of definitions were uncovered. Definitions tended to differ between contexts and between partners and partnership stakeholders. Many outlined a notion of symbiosis and one of mutual benefit. There was however a recognition about the diversity of contexts and how this tended to make the definition in reality complex. This complexity meant that some felt the term lacked clarity. There was agreement that partnerships were dynamic in nature and changed overtime, despite a feeling that the underpinning values remained largely sustainable. Where partnerships were sustainable then participants saw greater benefit. The importance of relationship structures was clear.

*Rhetoric and analysis (e.g. equality, power, complexity and tensions):* Careful consideration of the definitions and determinants as identified above illuminated the inherent difficulties and tensions with practical application in both process and partnership outcomes. Equality and power relationships were clearly identified as important factors in the whole process of partnership building and maintenance.

*Partnerships in higher education, health and social care and nursing:* In higher education partnerships were largely seen as a response to greater sector competition and global educational forces. The relationships between universities, business and enterprise were well defined. Often the outcomes were framed in economic rather than social terms. In health and social care the overriding concern was associated with seamless service user experiences. It was recognised how challenging partnerships were in their development and sustainability over time. However a paradigm shift was recognised in the relationship between educators and consumers across health and nursing education which was driving the partnership agenda.

*Social Capital as a theoretical framework:* The literature recognised the linkages between education and social capital and furthermore the relationship between partnership work and the generation of social capital. Of interest for this thesis will be the elements of social capital such as trust, networks and information channels.

## **CHAPTER THREE**

### **METHODOLOGY AND METHODS**

The purpose of this chapter is threefold; first to examine the range of methodology and methods that could be employed to address the research questions, whilst clarifying the distinction between methodology and methods. Secondly it provides an opportunity to detail, and provide a rationale for, the methodology and methods chosen and finally it allows the author an opportunity to locate the methodology within an ontological and epistemological context. This chapter will examine the competing philosophical positions that underpin the debates writ large in the social science research literature and the philosophical position that underpins the study. The chapter begins by exploring the competing philosophical positions that may influence a study such as this. This is followed by an outline and justification of the choice of philosophy and subsequent methodology. Finally the available methods and research instruments are explored and a rationale for the methods chosen is provided.

Social science concerns itself with the study of society and the relationships of the individuals within society. The social scientist searches for lawful abstract generalizations in human behaviour, and is also interested in particular qualities of individuals and in the meaning these

individuals ascribe to their actions. In terms of approaches to the process of enquiry in the pursuit of better understanding, the social scientist researcher is confronted by two fundamentally different research paradigms. These paradigms emerge from differing worldviews related to the very nature of knowledge itself and the approaches required to verify that knowledge. The philosophical literature is immense and paints a complex picture of the positions one could adopt. This is neatly illustrated by Niglas (2001) where she attempts to map out the variety of positions from positivism to hermeneutics. Indeed she goes on to offer a further set of ideas beyond hermeneutics linked with post modernism and critical theory. However for the purpose of this chapter the traditional tensions often referred to as the "paradigm wars" (Gage 1989; Hammersley 1993), were considered.

What is clear is that the social science and research literature outlines a variety of contending models, located on a continuum with a concern for the measurement of quantifiable outcomes and verification of facts at one end (Positivism) and an emphasis on rich naturalistic description at the other (Interpretivism). The main concern for the researcher in the social sciences is not always trying to establish facts about the social world as they are often more concerned with experiences and meanings of social phenomena. Within this study the phenomenon of interest was that of *educational partnership* working and in particular the individual



interpretations of the participants' experiences. Because this type of enquiry is socially bound and unique it becomes increasingly difficult to replicate and therefore to generalise the outcomes or findings to the social population at large. This was true of this enquiry where the focus of interest sat with the experiences of the key players in the development, maintenance and evaluation of a specific educational partnership. A number of key players were identified; these included the mentors and practice education facilitators (PEFS) working directly with students in the delivery of the practice element of the pre registration nursing course; the practice education lecturers (PELS) from the University who support the mentors and PEFs; and the managers and strategic leads from the University and the NHS Board responsible for the partnership. An exploration of the key philosophical issues now follows.

An essential philosophical issue for the researcher rests with the ontological and epistemological positions adopted in relation to the enquiry at hand. An exploration of these relevant positions is necessary if the researcher is to adopt an appropriate methodology to guide the study.

### *Ontology and Epistemology*

The term ontology refers to questions about the nature of reality, and is a theory of "being". For this study the ontological question that needed to

be asked centred on how reality was constructed for all the key players, including the researcher in the educational partnership. If one examines the competing philosophical positions discussed earlier in this chapter then one can observe differing ontological views associated with the nature of reality. From a positivist perspective reality can be construed as a concrete structure and process; in essence the objective observable factual world of the partnership. Whereas from an interpretive position, reality is a product of human imagination constructed through a social process or symbolic discourse; in essence a subjective socially constructed world of partnership working.

Epistemology refers to the nature or theory of knowledge. The fundamental question is whether accurate knowledge of the world of partnership is possible? In addition there are concerns about the nature, validity and the limits of enquiry. Furthermore how do we establish knowledge and should this be seen as fact (positivism) or meaningful insights (interpretive). Marsh and Furlong (2002) examining these concepts from a political science perspective suggest that the concepts have the relative permanence of a skin, rather than that of a sweater that can be pulled on and off at whim. By this they argue that all researchers will inevitably have a position (skin) and should recognise and acknowledge their ontological and epistemological positions. This stresses the importance of clarifying one's ontological and epistemological

assumptions. Such clarification is important because it serves to justify decisions to use a particular research method. The positivist positions can be summed thus: ontologically the reality of partnership working is "out there" to be studied, captured and understood. Epistemologically reality is objective. The investigator and the investigated function independently of each other, and the investigator is capable of studying the object without influencing or being influenced by it. The interpretive position ontologically suggests that the reality of partnership is a social construction and that the purpose of enquiry is to understand the meanings associated with this construction. From an epistemological perspective the interpretive claims that the process of enquiry and the researcher are inextricably bound and as Howe (2003:15) explains "interpenetrate each other". If this argument is coupled with the organizational position of the researcher then the interpenetration argument is strengthened. A consideration of the advantages and disadvantages of organizational position, partnership working and enquiry is explored later in this chapter with reference to the literature on *insider* research.

First, let us consider positivism. This proposes that the only authentic knowledge is that which is based on actual sense experience. Seale (2004:10), whilst outlining an empiricist epistemological position confirms that knowledge and scientific theories of the world are derived solely from

empirical sense experience or observation. Such knowledge can only come from affirmation of theories through strict scientific method. Positivism embraces a rigid distinction between the theoretical or conceptual contents of knowledge claims, on the one hand, and their observable contents on the other. It then presupposes this distinction in setting a very strict standard for empirical knowledge. In essence authentic knowledge must be grounded in brute observational data (Howe 2003).

Delanty (1997:12) identifies a number of tenets associated with positivism associated with the practice of science. These are; scientism, phenomenalism, empiricism, value freedom and instrumental knowledge; each of which will now be explored more fully. Scientism draws attention to the positivist notion that natural sciences can be considered "as the model for all sciences". Phenomenalism refers to the view that the reality to be studied can be reduced to observable units or phenomena. This implies that nature exists outside science and can be neutrally observed (Romm 2001). Empiricism is linked to phenomenalism in that it suggests that inquiry requires that experiences be used to judge the veracity of hypotheses. Through both inductive and deductive processes one can aim to explain certain observed outcomes, which can lead to the validation of facts. In relation to value freedom, this term refers to the idea that researchers must direct their enquiries toward finding out about the world

that exists outside themselves. Objective knowledge appears to be supported by the notion of direct observable evidence to support the phenomenon being studied. Moss and Edmonds (2005) concluded on the basis of historical evidence that the natural sciences are much more heavily constrained by evidence and observation than by theory while the social sciences are constrained by prior theory and less so by direct evidence. Direct observable evidence appears to be the key criterion for making a judgement about objectivity. Positivism requires a commitment to the pursuit of scientific truth. It is argued that this can only be realised through a process which is independent of self reflection or personal subjective elements since truth is a statement about an objectively existing reality. However the realisation of such a position even within a positivist dimension is problematic. We shall return to these problems later when we explore the counter position in greater detail.

The counter argument is that the social world of educational partnership working is so inherently complex that it cannot be adequately explained by the research methods of the natural scientists. It is generally accepted that social science is uncomfortable with the tenets as applied within a positivist context. Weber (1972) opposed the positivist tenet of scientism. He argued that there is a fundamental difference between the enquiry methods of the natural and the social sciences. Howe (2003:15) observed that critics of positivism "successfully demolished the standard of

knowledge verificationism" a long time ago, arguing that attempting to establish the observational contents of knowledge is inseparable from the conceptual contents in the way verification requires. Howe argued that observational and conceptual contents "interpenetrate one another". He explained that this interpenetration of empirical knowledge and the value laden nature of empirical knowledge are salient in social research. The vocabulary of this enquiry is rooted in descriptions of social practices with an aim to evaluation and improvement. Furthermore, Bridges (2003) suggested that the growth in qualitative research methodology in educational research rested on an epistemological challenge to the traditions of the notions of validity; positivist constructs of reality and conventional views of the way in which inferences are drawn between the particular and the general. Weber (1973) argued that social science research is not just about observing the world of human conduct; one also needs to understand it. It is therefore difficult to justify a philosophical research position such as positivism that advocates a value free and objective process.

Social phenomena are not so much objectively measured but subjectively interpreted by the human mind. The human mind is endowed with an encultured understanding of many of the social phenomena that concern us as a result of socialisation. Objectivity assumes stability in the natural and social world. It is argued that there is no such stable experience in

the social sciences, indeed, one might characterise social processes by their ability to periodically undergo fundamental change, therefore can never be truly objective. Hammersley (1999) concluded that there is a general rejection of the idea that social research should be concerned simply with the production of value relevant objective knowledge, and that researchers should carry out their work in clear consciousness of its socially situated character. It is acknowledged that the partnership arrangements scrutinised in this study are by their very nature fluid and dynamic.

#### *The adopted methodological position*

The study explored the perceptions of educational partnership working within the context of higher education for healthcare professional development in Scotland. A range of key participants' views were sought to illuminate the processes involved in the conception, planning, implementation and evaluation of one example of partnership working. The example chosen focused on the essential partnership working required for the delivery of the practice element of the pre registration nursing curriculum in a School of Nursing in Scotland. Given the symbiotic nature of partnerships and the association of mutual benefits related with partnership working, the proposed study was guided by a theoretical framework shaped by theories of human and social capital. The

importance of a theoretical framework will be returned to when the chosen methodology is examined later in this chapter. As the intention of the study was to explore the processes, interpretations and positions of educational partnership working through the theoretical lens of human and social capital theory it was argued that to adopt an interpretive approach to the empirical enquiry would be philosophically appropriate. An interpretive position enabled rich descriptions of meaning in action. Guba and Lincoln (1985:36-38) proposed that the naturalistic/interpretive paradigm holds that:

- there are multiple constructed realities which can only be studied holistically;
- in an enquiry the observer and the observed are interactive and inseparable;
- the aim of an enquiry is to identify working hypotheses which describe the individual case rather than laws or principles which are true anywhere;
- all entities correspond to a state of mutual simultaneous shaping rather than to a
- series of discrete causes and effects;
- all enquiry is value bound rather than value free.



A number of clearly identifiable links existed between the characteristics of the naturalistic paradigm as proposed by Guba and Lincoln (1985) and the study which supported the choice of philosophical position. Therefore in this study the researcher accepted the counter positivist position and acknowledged the social complexity of the partnership phenomenon. In doing so an interpretive methodology was employed shaped by various contexts. These contexts include higher education, healthcare education and nursing. It was acknowledged that the frame of reference for partnership working was influenced by the directions of contemporary higher education and healthcare policy. In addition the study was located within a theoretical framework shaped by theories of social capital, as described in earlier chapters. It was proposed to explore the phenomenon of educational partnership working through the use of a "case study" approach.

### *Method and Methodology*

It was important to describe the distinction between the methodology of the case study and the methods employed to collect the data. *Methodology* relates to a system of methods used in a particular area of study or activity; whereas *methods* refer to particular procedures for accomplishing or approaching something, especially a systematic or established one. It ensured that the researcher is well organized and

systematic in thought and action. An understanding of methodology should come prior to method as it is more fundamental and provides the philosophical groundwork for method. To state one's methodological position is to describe one's view of the nature of reality: for the positivist, the methodological position is that the facts of the world represent real objects, while for the phenomenologist; the world they choose to explore is one of intersubjectively constructed meanings. Within phenomenology, with its emphasis on understanding the person's experience of the world and their situation, the research methods are the methods of philosophy. Those methods include, for example, conceptual analysis; linguistic analysis; hermeneutical method and praxis; historical-critical method; literary philosophy; and formal logic.

Phenomenology, per se, is a branch of philosophy, owing its origin to the work of Husserl and later writers such as Heidegger, Sartre, Merleau-Ponty and Schutz who took the ideas into existentialism. The aim of phenomenology, as propounded by Husserl, is to study human phenomena without considering questions of their causes, their objective reality, or even their appearances. The aim is to study how human phenomena are experienced in consciousness, in cognitive and perceptual acts, as well as how they may be valued or appreciated aesthetically. Phenomenology seeks to understand how persons construct meaning and a key concept is intersubjectivity. Our experience of the world, upon

which our thoughts about the world are based, is intersubjective because we experience the world with and through others. Whatever meaning we create has its roots in human actions, and the totality of social artefacts and cultural objects is grounded in human activity.

Phenomenology is probably the most significant philosophical movement of the twentieth century, as far as the social sciences are concerned. Husserl's ideas, amended and developed, have informed research in sociology, psychology, social psychology, education, health sciences, and many other fields. Phenomenological ideas underpin virtually all of those schools of thought that hold that it is necessary to understand the meaning attributed by persons to the activities in which they engage, in order to understand their behaviour. Lester (2000) described the purpose of the phenomenological approach was to illuminate the specific, to identify phenomena through how they are perceived by the actors in a situation. In the human sphere this normally translates into gathering 'deep' information and perceptions through inductive, qualitative methods such as interviews, discussions and participant observation, and representing it from the perspective of the research participant(s). Phenomenology is concerned with the study of experience from the perspective of the individual, 'bracketing' taken-for-granted assumptions and usual ways of perceiving. It is important to distinguish between statistical and qualitative validity: phenomenological research can be

robust in indicating the presence of factors and their effects in individual cases, but must be tentative in suggesting their extent in relation to the population from which the participants or cases were drawn.

Having examined a number of philosophical positions within the phenomenological movement, the work of Alfred Schutz (1967) was chosen to shape the approach used in this thesis. Schutz's phenomenological approach is located in the social world and draws on a more sociological basis than other writers. This seemed appropriate for the current study as the study was focussing on the social world of the actors engaged in partnership working. Schutz (1967) believed that people are engaged in an on-going process of making sense of the world, in interaction with their fellows and we, as scientists, are seeking to make sense of their sense-making. In doing so, we must inevitably make use of the same methods of interpretation as does the person in his or her 'common-sense world'. In Schutz's words, the ordinary person, acting in the world, is in a biographically-determined situation, doing what he or she does according to the system of relevances that enables them to select from the environment and from interactions with others, those elements that make sense for the purpose at hand. For example in relation to this thesis how were participants making sense of their working world of partnerships?

Schutz, demonstrated that knowledge is derived from people's practical experiences. He suggested that the sources of socially-acquired knowledge can be seen as four ideal types:

- i. the eyewitness: someone who reports something that they have observed in the world within their reach;
- ii. the insider: someone who, because of their relationship to a group which is more direct than my own, is able to report some event, or the opinions of others, with the authority of sharing the same system of relevance as the other members of the group. The insider's information is seen as valid, at least in part, because their knowledge of the context of the situation is deeper
- iii. the analyst: someone who shares the system of relevances, who has collected information and organised that information in conformity with that system of relevance
- iv. the commentator: someone who does not share the system of relevances, but who has collected information in the same way as the analyst and has presented that information in such a way that one can form '*a sufficiently clear and precise knowledge of the underlying deviating system of relevances*'

It was argued that all four types played into this study through interviews with key participants as eyewitnesses and an interpretation of these

observations by the insider researcher or as Schutz might put it "*insider analyst*"

Having adopted an interpretive position and having chosen a phenomenological methodological position the methods that needed to be employed to collect the appropriate data could be explored. In doing so the choice of the Case Study as the overarching methodology for this study was considered. Case study as the appropriate methodology will now be examined and justified.

### *Case Study*

Within this study the specific example of partnership working was viewed as a "case" to be examined in detail from the perspectives of the significant involved players. The basis for viewing partnership working as a "case" emerged from the application of a definition by Johansson (2003). Johansson outlined that there are different ideas about what a case study is. In an attempt to find a common denominator that case study researchers (Yin 1994; Merriam 1994; Stake 1995, 1998; Miles & Huberman 1994; Gillham 2001) might agree on, he outlined the following:

The case study should have a "case" which is the object of study. The "case" should

- be a complex functioning unit,
- be investigated in its natural context with a multitude of methods,  
and
- be contemporary.

The chosen example of partnership working fitted with these criteria in that the application within the pre registration nursing curriculum is a complex process involving individuals employed by two public funded institutions that in theory work as a functioning unit. Secondly the partnership was a naturally occurring contemporary phenomenon shaped by educational and health policy. Finally, there was an opportunity to investigate the chosen partnership in its natural context with a multitude of methods. Indeed there were clear links to the purpose of partnership evaluation as discussed by Marriott and Goyder (2009) in their manual for the monitoring and evaluation of education partnerships. They identified evaluative work around the relationships within the partnership and the results achieved, arguing that the former is high in the early years and the latter higher as the partnership matures. It was argued that this particular partnership had many years to mature which indicated a need to focus more on results. However, given the nature and complexity of the partnerships genesis it was intended to examine both relationship and results.

Stake (1994:236) stated that "As a form of research, case study is defined by interest in individual cases, not by the methods of enquiry". Stake emphasises the design of the study to optimise understanding of the case rather than generalisation beyond. Johansson (2003) did not fully support Stake's position on methodology suggesting that a case study is indeed expected to capture the complexity of a single case, and that the methodology which enables this has developed within the social sciences. Such methodology is applied not only in the social sciences, such as psychology, sociology, anthropology, and economics, but also in practice-oriented fields such as environmental studies, social work, education, and business studies. Given that this case was grounded in contemporary educational practice, it added weight to the choice of case study. Furthermore, compared to other methods, the strength of the case study was its ability to examine, in-depth, a "case" within its "real-life" context (Yin 2004).

Stake (1995) described three types of case study: Intrinsic; Instrumental and Collective. An intrinsic study is undertaken to primarily gain a better understanding of the particular case. The instrumental study examines a particular case to provide insight into an issue or refinement of theory. The collective study examines a number of cases in order to inquire into the chosen phenomenon. The case study in this study examined issues around partnership working within a proposed theoretical frame of social



capital in order to provide new insights into both. This case study could be defined as instrumental. An instrumental case study should focus on one case, whilst taking account of the context, and should therefore encompass many variables and qualities. These variables and qualities relate to the higher education, healthcare and nursing contexts within which the case was situated. Johansson (2003:5) labelled this strategy "explicative". Some authors (Lewis 1966, Huberman and Miles 1984, Peshkin 1986) have argued that the case study is always instrumental in that the researcher always has an agenda. Indeed Stake (1994:238) himself sees his own categorisation of case study types as "heuristic more than functional". Stake emphasises the study of the particular. He further argued that uniqueness is likely to be pervasive in the case and will extend to;

- The nature of the case
- The historical background
- The physical setting
- Other economic, legal, political and aesthetic contexts
- The informants through whom the case can be known

Yin (2004) and Flyvberg (2006:221) outlined common concerns or misunderstandings regarding case study. These were that;

- general theoretical knowledge is more valuable than concrete practical knowledge

- One cannot generalize on the basis of an individual case, therefore the case study cannot contribute to scientific development
- The case study is most useful for generating hypotheses (first stage) leading to testing.
- The case study contains a bias towards verification, a tendency to reinforce the researchers preconceived notions
- It is often difficult to summarise and develop general propositions and theories on the basis of specific case studies

Given these concerns it was important to ensure that these issues were acknowledged and wherever possible addressed. However, Stake (1994) argued that the complexities of the case deserve adequate attention but how much and how long this attention should be is open to question. In this case the parameters and timescale were determined by the scale of the study and was therefore self-limiting.

Validity of communication within the study was crucial. Stake (1994:241) argued "meanings do not transfer intact" and "there is an expectation that the meanings of situation, observation, reporting and reading will have a certain correspondence". To reduce the likelihood of misinterpretations researchers employ triangulation. Triangulation has been generally considered a process of using multiple perceptions to clarify the meaning and verifying the repeatability of an observation of interpretation. Triangulation also serves to clarify meaning by identifying

different ways the phenomenon is being seen (Flick 1992). Therefore triangulation techniques were employed to increase the validity and robustness of the data. In gleaning the perceptions of the key players in the everyday realisation of partnership and observing work and review of policy, a working clarification of the phenomenon was sought.

Furthermore in relation to the generalisation concerns highlighted by Flyvberg (2006), Johansson posits that generalisations from cases are not statistical, they are analytical. He argued that they are based on reasoning and suggested three principles of reasoning: deductive, inductive and abductive. Generalisations can be made from a case using one or a combination of these principles. Given the interpretive stance adopted for this study, the appropriate scheme of reasoning for this study was inductive.

The philosophical arguments rehearsed earlier in this chapter applied to the approach taken. Baxter and Jack (2008) referred to Stake (1995) and Yin (2003) who based their approach to case study on a constructivist paradigm. Constructivists claim that truth is relative and that it is dependent on one's perspective. Johansson (2003) picked up this point when he argued that a paradigm of choices rejects methodological orthodoxy in favour of methodological appropriateness as the primary criterion for judging methodological quality. Case study methodology, it is

suggested, now bridges the methodological gap in the social science. There is a wide range of methods and instruments available, including but not limited to surveys, ethnographies, experiments, quasi-experiments, economic and statistical modelling, histories, research syntheses, and developmental methods (Yin 2004)

How then did the case study work? There are three basic steps in designing case studies; first one must define the "case" that you are studying. What is the "case" and what related subtopics need to be covered as part of the related case study? The more the object of the study is a specific, bounded system, the greater the usefulness of the epistemological rationale that Stake describes. The definition of this case was the reality of implementing the "*partners in practice agreement*" as a form of practical partnership working in nursing education. Second one must decide whether to do a single case study or a set of case studies. This was a single case. Third, decide whether or not to use theory development to help to: select the case, develop the data collection protocol, and organize the initial data analysis strategies. The case study could attempt to build, extend, or challenge this perspective, possibly even emulating a hypothesis-testing approach. A theoretical perspective was used to shape the data collection and importantly the analysis strategy. As described in earlier chapters this centred on the perceived social capital benefits of partnership working. It was argued that, the less

experience you have in doing case studies, the more that you might want to adopt some theoretical perspective. Without this, and without adequate prior experience, it is argued that you might have trouble convincing others that your case study has produced findings of any value to the field. (Yin 2004).

Unlike most other methods, when doing case studies one may need to undertake data collection and analysis concurrently. For instance, a field interview of one person may produce information that conflicts with that from an earlier interview. Doing the interview is considered data collection, but surfacing the conflict is considered data analysis. One may want that analysis to happen quickly, so that data collection plans can be modified while still in the field; either by re-interviewing the earlier person or by seeking to find a third source to resolve the conflict (Yin 2004).

Good case studies benefit from having multiple sources of evidence. Therefore in collecting case study data, the main idea is to “triangulate” or establish converging lines of evidence to make your findings as robust as possible. There was a need to adopt a range of data collection tools to ensure this triangulated perspective is obtained. Furthermore Johansson 2003 argued that triangulation provided an important way of ensuring the validity of case study research. Normally, data collection methods are triangulated (many methods are combined), but in addition to this, data

sources, theory, or investigators might also be triangulated (Denzin 1978). Having provided a rationale for the choice of case study a consideration of the sample and data collection methods was undertaken.

### *The Sample*

Taking a lead from the definition as explained by Schutz a group of individuals central to the purpose of the partnership were identified as an excellent source of data. Given the critical role that practice learning development played in the partnership it was important that those staff engaged in this work on a daily basis should form the sample. Within the NHS Board there are a number of staff engaged in this work including; mentors, practice education facilitators (PEFS) and nurse managers. However for this case a choice was made to concentrate on the practice facilitators as they were viewed as the linchpin between practice and the university ensuring that the frontline mentors were supported whilst liaising with the university when problems arose. There were two types of PEF identified; Project PEFs (Funded in part by NHS Education for Scotland (NES), the NHS Board and the university) and other PEFs (fully funded by their Board or through a combination of the NHS Board and the university). For the purpose of this case study both fulfilled the same functions in the partnership.

In addition the university had employed a specific group of academic staff to service the partnership. These were known as Practice Education Lecturers (PELS). Their role was to support the whole practice learning agenda from mentor preparation to working with PEFs in practice. However it was envisaged that the PELs would have a differing perspective given they were employed by the university. Given the specific nature of the case a purposeful sampling approach was adopted. Purposeful sampling allows the researcher to target those participants with the richest stories to tell. In this case interest sat with the accounts of the everyday working dynamic of the partnership. In total the sample comprised of eleven participants; 7 PEFs and 4 PELs. All participants were interviewed. Access to the participants, consent issues and participation rules are outlined later in this chapter.

### *Data collection methods*

In considering methods it was important to acknowledge that phenomenology demands that we seek to discover the world as it is experienced by those involved in it. It is about the nature of human experience and the meaning that people attach to their experiences. In trying to arrive at this kind of understanding, the researcher is asked to 'bracket', or suspend belief in the phenomena of the external world, to put them aside and focus on the consciousness of that world. Clearly this

suggests that the research methods labelled as involving 'emergent structure' are most likely to be of use in a phenomenological investigation. In particular, observation and qualitative interviewing are widely used, as is documentary analysis. In other words, the label 'qualitative methods', can be applied.

There are many methods that the researcher could have used. However the choice of methods related back to the questions as outlined in a previous chapter. Three distinct methods were chosen and are now explored in turn.

Figure 3 below summarises the advantages and disadvantages of various data collection techniques that could be employed within the case study.



**Figure 3 Advantages and disadvantages of various data collection techniques**

<b>Technique</b>	<b>Advantages</b>	<b>Possible constraints</b>
<i>Using available information</i>	Is inexpensive, because data is already there. Permits examination of trends over the past.	Data is not always easily accessible. Ethical issues concerning confidentiality may arise. Information may be imprecise or incomplete.
<i>Observing</i>	Gives more detailed and context-related information. Permits collection of information on facts not mentioned in an interview. Permits tests of reliability of responses to questionnaires.	Ethical issues concerning confidentiality or privacy may arise. Observer bias may occur. (Observer may only notice what interests him or her.) The presence of the data collector can influence the situation observed. Thorough training of research assistants is required.
<i>Interviewing</i>	Is suitable for use with both literates and illiterates. Permits clarification of questions. Has higher response rate than written questionnaires.	The presence of the interviewer can influence responses. Reports of events may be less complete than information gained through observations.
<i>Small scale flexible interview</i>	Permits collection of in-depth information and exploration of spontaneous remarks by respondents.	The interviewer may inadvertently influence the respondents. Analysis of open-ended data is more difficult and time-consuming.
<i>Larger scale fixed interview</i>	Is easy to analyse.	Important information may be missed because spontaneous remarks by respondents are usually not recorded or explored.
<i>Administering written questionnaires</i>	Is less expensive. Permits anonymity and may result in more honest responses. Does not require research assistants. Eliminates bias due to phrasing questions differently with different respondents.	Cannot be used with illiterate respondents. There is often a low rate of response. Questions may be misunderstood.
<i>Participatory and projective methods</i>	Provide rich data and may have positive spin offs for knowledge and skills by researchers and informants.	Require some extra training of researchers.

An examination of different data collection techniques and their advantages and disadvantages, revealed that they could be complementary. Skilful use of a combination of different techniques reduced the chance of bias and gave a comprehensive understanding of the phenomenon. The chosen methods are now outlined.

### *Semi-structured interview*

In order to gain an insight into the perceptions of the key players in the educational partnership a series of semi structured interviews were undertaken. The purpose of the interview was to generate insights and concepts about the phenomenon of interest. It expanded understanding of the phenomenon and helped to clarify similarity of thought and importantly exceptions to the rule, by charting extreme views. The results from interviews were checked and validated elsewhere with other interviews and other data sources. In this particular case it was interesting to see if the various participants shared a common view of partnership working, its reality and the potential benefits to both organizations. Several types of interviews exist: topical, oral history, life history, evaluation interview, focus group interview, and cultural interviews (Rubin and Rubin 1995).

Interviews are concerned with the facts and sequence of an event. The interviewer is interested in a reconstruction of the experience; for instance, what happened at the clinical environment team or partners in practice group meetings. The researcher actively directs questions in pursuit of precise facts. They also provide an opportunity for the participant to explore what those experiences felt like and how they subsequently responded and engaged with the activities in hand; furthermore interviews can provide an opportunity for the experiences to be located within an historical frame of reference. This often results in narratives and stories that interpret the past. This was important to this study in terms of how the partnership had developed over time.

Interviews can also have an evaluative function; for example, where researchers are interested in new programmes or school developments and are looking to suggest improvements. It was intended to interview a range of key players involved in the delivery of the chosen partnership from each organization.

### *Documentary analysis*

Documentary research involves the use of existing texts and documents as source materials: government publications, newspapers, certificates, census publications, novels, film and video, paintings, personal photographs, diaries and innumerable other written, visual and pictorial sources in paper, electronic, or other 'hard copy' form. Documentary

research is one of the three major types of social research and arguably has been the most widely used of the three throughout the history of social sciences. It has been the principal method for leading sociologists. The key issues surrounding types of documents and our ability to use them as reliable sources of evidence on the social world must be of paramount consideration. Documentary research needs to use internal and external sources to support or challenge the viewpoint or argument of academic work. The process of documentary research often involves some or all of conceptualizing, using and assessing documents. The analysis of the documents in documentary research can be either quantitative or qualitative analysis (or both). There are a number of key documents were identified that shaped the structure and function of the partnership. Many of these were national policies in nursing education emanating from Government and the professional bodies. Furthermore, local policy and guidance was often written to interpret and provide a more detailed local "feel" for partnership working. Finally, there was evidence of the standard of partnership working in a range of audits and monitoring events led by the University, NHS and professional bodies that commented on the partnerships "state of play". All of these documentary sources were of significance to this study.

## *Data Analysis*

Having settled on an appropriate set of methods for collection of data it was important to consider the approach that would be taken for analysis of the data collected. The approach adopted was consistent with the interpretive paradigm and data that was qualitative in nature. The most common analysis of qualitative data is through a form of observer impression. That is, expert or bystander observers examine the data, interpret it via forming an impression and report their impression in a structured format. In this study the observer is the researcher. It was accepted that analysis of the data needed to be systematic in nature and therefore an appropriate "method" was sought to provide a systematic engagement and interpretation of the data. Groenwald (2004) made reference to the work of Hycner (1999) as an appropriate method for analysis. However, Hycner (1999:161) cautions that 'analysis' has dangerous connotations for phenomenology as the term analysis normally refers to 'breaking into parts' and therefore can lead to a loss of the whole phenomenon. Hycner addresses this challenge in what he calls a process of 'explicitation'. This implies an investigation of the constituents of a phenomenon while keeping the context of the whole. For this study a simplified version of Hycner's (1999) explicitation process as outlined by Groenewald was used. This explicitation process had five 'steps' or phases, which were:

- 1) Bracketing and phenomenological reduction.
- 2) Delineating units of meaning.
- 3) Clustering of units of meaning to form themes.
- 4) Summarising each interview, validating it and where necessary modifying it.
- 5) Extracting general and unique themes from all the interviews and making a composite summary.

Each stage of the explicitation process will now be described in more detail.

*Bracketing and phenomenological reduction.* The term reduction, coined by Husserl, is regarded by Hycner (1999) as unfortunate, because it has nothing to do with the reductionist natural science methodology. Phenomenological reduction “to pure subjectivity” is a deliberate and purposeful opening by the researcher to the phenomenon “in its own right with its own meaning” (Fouche, 1993; Hycner, 1999). It also points to a suspension or ‘bracketing out’ that has a neutral starting position; that is no position is taken either for or against. The researcher’s own presuppositions thus not allowing the researcher’s meanings and interpretations or theoretical concepts to enter the unique world of the informant/participant (Creswell, 1998,; Moustakas, 1994; Sadala & Adorno 2001). This is a different conception of the term bracketing used when interviewing to bracket the phenomenon researched for the

interviewee. Here it refers to the bracketing of the researcher's personal views or preconceptions (Miller & Crabtree, 1992). Holloway (1997) and Hycner (1999) recommend that the researcher listens repeatedly to the audio recording of each interview to become familiar with the words of the interviewee/informant in order to develop a holistic sense of the phenomenon. Zinker (1978) explains that the term phenomenological implies a process, which emphasises the unique own experiences of the participants. The here and now dimensions of those personal experiences gives phenomena existential immediacy. Given the insider position of the researcher bracketing was a significant challenge in the analysis process. Recognition from the start of this challenge was important.

*Delineating units of meaning.* This is a crucial phase of explicating the data, in that those statements that are seen to illuminate the researched phenomenon are isolated. (Creswell, 1998; Holloway, 1997; Hycner, 1999). A substantial amount of judgement call is required while consciously bracketing ones own presuppositions in order to avoid inappropriate subjective judgements. The list of units of relevant meaning extracted from each interview is carefully considered and redundant units eliminated (Moustakas, 1994). To do this the literal content is considered and the number of times a meaning was mentioned was noted.

*Clustering of units of meaning to form themes.* With the list of “units of meaning” in hand then a further “bracketing” should take place to ensure presuppositions are eliminated in order to remain true to the phenomenon. By rigorously examining the list of units of meaning the essence of meaning of units is elicited within the holistic context. Colaizzi, makes the following remark about the researcher’s ‘artistic’ judgement here: “Particularly in this step is the phenomenological researcher engaged in something which cannot be precisely delineated, for here he is involved in that ineffable thing known as creative insight” (as cited in Hycner, 1999, 150-151). Clusters of themes are typically formed by grouping units of meaning together and the researcher identifies significant topics. Both Holloway (1997) and Hycner (1999) emphasize the importance of returning to the recorded interview to derive clusters of appropriate meaning. Often there is overlap in the clusters. By interrogating the meaning of the various clusters, central themes are determined, “which expresses the essence of these clusters” (Hycner, 1999, p. 153). Coffey and Atkinson (1996) and King (1994) remark that many qualitative analyses can be supported by a number of personal computer software packages that have been developed since the 1980s. However, “there is no one software package that will do the analysis in itself” (Coffey & Atkinson, 1996, p. 169) and the understanding of the meaning of phenomena “cannot be computerized because it is not an algorithmic process” (Kelle, 1995, p. 3). In other forms of qualitative



research, software packages (such as ATLAS.ti, NUD\*IST, The Ethnograph) can be used to ease the laborious task of analysing text-based data (Kelle, 1995) through rapid and sophisticated searches, line-by-line coding, and so on. However, these programs do not help with doing phenomenology. Given this position the analysis for this study was undertaken without the aid of any software package.

*Summarise each interview, validate and modify.* A summary that incorporates all the themes elicited from the data gives a holistic context. Whatever the method used for a phenomenological analysis the aim is to reconstruct of the inner world of experience of the participant. Each person has his own way of experiencing reality therefore each element of the experience must be understood in relation to the others and to the total phenomenon. At this point the researcher conducts a 'validity check' by returning to the informant to determine if the essence of the interview has been correctly captured. Any modification necessary is done as result of this 'validity check'. A summary of the interview alongside the themes was checked in this way.

*Extracting general and unique themes for all the interviews and composite summary.* Once the steps of the process outlined above has been completed for all the interviews, the researcher looks for the themes common to most or all of the interviews. Care must be taken not to

cluster common themes if significant differences exist. The unique or minority voices are important counterpoints to bring out regarding the phenomenon. The explication concludes with the writing of a composite summary, which must reflect the context from which the themes emerged. According to Sadala and Adorno (2001) the researcher, at this point transforms participants everyday expressions into expressions appropriate to the scientific discourse supporting the research. However, Coffey & Atkinson (1996) emphasise that good research is not generated by rigorous data alone but striving to go beyond the data to develop ideas. Initial theorising, however small, is derived from the qualitative data.

### *Ethics*

Given the plurality of methodologies used in social science there is a diverse range of risks that professional social science has to manage, both for the research subject and the researcher, as well as more formal risk-related considerations that derive from legal or regulatory provisions (ESRC 2010, BERA 2004).

Risk is often defined by reference to the potential physical or psychological harm, discomfort or stress to human participants that a research project might generate. As data collection techniques are

developed, we need to consider whether our procedures are likely to cause any physical or emotional harm. Harm may be caused, for example, by:

- violating informants' right to privacy by posing sensitive questions or by gaining access to records which may contain personal data;
- observing the behaviour of informants without their being aware (concealed observation should therefore always be crosschecked or discussed with other researchers with respect to ethical admissibility);
- allowing personal information to be made public which informants would want to be kept private, and
- failing to observe/respect certain cultural values, traditions or taboos valued by your informants.

Several methods for dealing with these issues are recommended:

- obtaining informed consent before the study or the interview begins;
- not exploring sensitive issues before a good relationship has been established with the informant;
- ensuring the confidentiality of the data obtained; and
- learning enough about the culture of informants to ensure it is respected during the data collection process.

In order to mitigate the risks the proposal for this study was reviewed by two research ethics committees;

- School of Education (University of Nottingham)
- North of Scotland Research Ethics Service Committee (NOSRES) alongside the NHS Research and Development approval (local NHS Board)

Approval was provided by both committees. Whilst the approval from the university was straightforward the approval from the NHS proved to be challenging. The following section describes a series of concerns expressed by the NHS committee and how these were successfully addressed in order to gain approval. (The evidence for Ethics approval is located in the appendix.)

Ethical approval from the NHS was required as an interview of NHS employees was proposed. Information about the proposed study was provided in detail through a central IRAS application and this was then considered by NOSRES. Provision of clear information for participants was addressed by providing a participant information sheet that outlined the purpose, aims, objectives, risks and what was required of participants. Ensuring anonymity of participants was essential. This was also addressed in the participant information sheet. It was proposed that all interview and group data be coded. All data used in the final report was

anonymised as far as was possible. However whilst every effort was made to ensure that all participants contributions to this study remained anonymous, given the small sample, the focus of the study and the fact that only one School of nursing and midwifery was involved it had to be recognised by participants from the outset that some of the data in the thesis could be attributable to individuals. This was explicitly acknowledged on both the participant information sheet and consent forms. Participant consent was also addressed in the participant information sheet. In addition there was written consent obtained from that all participants, which was signed before any data was collected.

In terms of access to participants, as a purposeful sample was envisaged, formal written permission was sought ahead of approaching appropriate participants from senior managers within the respective organizations. Indeed NOSRES required the recruitment of participants to be secured through an appropriate manager in the NHS or within the University. A direct approach from the researcher was deemed inappropriate.

Participant harm was assessed as low risk due to the nature of the study, however information was provided to participants about who they could discuss concerns with if this should arise. In relation to harm, NOSRES also had concerns that the pool of people being recruited was small. The Committee felt that participants may feel pressurised to take part due to the nature of my professional role. In response participants were re-

assured at the initial contact when the purpose of the research was being outlined. The Participant Information Sheet and informed consent forms were adjusted to accommodate these concerns. In addition NOSRES felt that the Participant Information Sheet should emphasise that this was an independent study and would not affect the participant's performance review at all. It was therefore also made clear to the participants that this was a research project that would not contribute to performance review, nor was linked to any organizational objectives. The information sheet was modified accordingly. Furthermore, the Committee asked what would happen if, during the interviews, themes emerged that suggested major organizational flaws. It was agreed that all information would stay within the study but that a dialogue with the participant about possible options including withdrawal from the study would be discussed if this became an issue. Finally the Committee felt that the Participant Information Sheet needed to be more understandable to a lay person making clear what the aims of the study were. This was addressed.

The chosen research design, methodology and methods were scrutinised by the project supervisor and agreed as appropriate. As the researcher held a senior position within the School of Nursing it was important to address the concerns raised within the research literature concerning what is termed "insider research". It was acknowledged that this provided a unique and privileged perspective, but brought with it a number of

research challenges. The challenges were noted as; access, pre-understanding, role duality, and organizational politics. These challenges were addressed firstly by the recognition of the challenges in the first instance, secondly the need to inform all participants of the researchers inside interest in the study ahead of participants consenting and thirdly by ensuring that all data analysis was subjected to an internal validity check with participants. A further discussion on the challenges of insider research will now be provided.

### *Insider research*

There are opposing viewpoints on “insider research” that were considered. Morse (1998, p. 61) made the following point: “It is not wise for an investigator to conduct a qualitative study in a setting where he or she is already employed and has a work role. The dual roles of investigator and employee are incompatible, and they may place the researcher in an untenable position.” Insider researchers are often seen as being native to the setting and as such will have insights into the lived experience of the phenomenon under study. Rather than this being considered a benefit, insiders are perceived to be prone to charges of being too close, and thereby, not attaining the distance and objectivity deemed to be necessary for valid research. Others argue against this position. It could be considered that we are all insiders of many systems—our families,

communities, and organizations—and the knowledge we have of these systems is rich and complex. Brannick and Coghlan (2007) argue that researchers can, through a process of reflexive awareness, articulate tacit knowledge that has become deeply segmented because of socialization in an organizational system and reframe it as theoretical knowledge. By being close to something or knowing it well, could be an advantage in the research process. Alvesson (2003:176), supports this view stating that “A self-ethnography is a study and a text in which the researcher-author describes a cultural setting to which s/he has a “natural access,” is an active participant, more or less on equal terms with other participants.” The researcher can therefore work in the research setting and use their experiences, knowledge and access to empirical material for research purposes.

Furthermore, Coghlan and Brannick (2005) argue that researchers who undertake a research project in their own organization do so as complete members who retain the choice of remaining members within a desired career path when the research is completed. Insider research has its own dynamics that distinguish it from an external-researcher approach. This researcher is already immersed in the organizations being studied and has built up knowledge of the organizations from being a participant in partnership working and is therefore in a unique and privileged position. It should also be noted that the participants will also acknowledge the



partnership work undertaken as a collective within the School that includes the researcher, therefore it would not be too much of a surprise for the researcher to be interested in the phenomenon. Nielsen and Repstad (1993) summarise the process of insider research as a journey from nearness to distance—and back. What is fundamentally important is the acknowledgement of the significant challenges that insider research poses. The main challenges are; access, pre-understanding, role duality, and organizational politics.

“In considering insider-research projects, potential researchers, through a process of reflexivity, need to be aware of the strengths and limits of their pre-understanding so that they can use their experiential and theoretical knowledge to reframe their understanding of situations to which they are close. They need to attend to the demands that both roles—organizational roles and the researcher role—make on them. They need to consider the impact of organizational politics on the process of inquiry, who the major players are, and how they can be engaged in the process. These issues pertain to insider research irrespective of whether the research is undertaken in a traditional positivist or hermeneutic mode or through interventionist action research” (Brannick and Coghlan 2007:72). Furthermore, Stephenson and Greer (1981) point to two issues related to role duality. First, what is the potential for role conflict and value conflict

when researchers study a familiar setting? Second, are there problems relating to those who are researched after the research is completed?

The acknowledgement of these challenges and the role that reflexivity played as a result of the researcher's position went some way to addressing concern about rigor. In conclusion Anderson and Herr (1999), argued that in terms of strong practitioner research in educational institutions there is a clear need to continue to struggle with epistemological (e.g., inside vs. outside), political (e.g., power and status relations), and material (e.g., workplace conditions) differences. They concluded that it's out of this struggle that ultimately new definitions of "rigor" emerge. It was this emerging definition of rigor that was the key to this study.

## **CHAPTER FOUR**

### **PRESENTATION OF THE FINDINGS**

The overall aim of this study was to explore the experience of both academic and practice staff engaged in educational partnership between one School of Nursing and a key NHS partner. This was specifically in relation to the planning, development and delivery of the practice learning element of the pre-registration nursing curriculum. In this chapter the findings will be presented using a framework based on the original research questions outlined in Chapter 1 These were:

- How does partnership working manifest itself in this context?
- What are the formal and informal structural relationships for partnership working?
- What are the factors that motivate participants to engage in partnership working?
- What essential abilities/competencies are required to engage in partnership working?
- What are the perceived benefits and risks for the participants and their organizations?

- What are the determinants of successful “educational partnership working” as constructed by key participants at the HEI/NHS interface?

In order to explore these questions two data sources were identified: strategic documents that outlined formal arrangements for the partnership between the HEI and the NHS and a series of semi structured interviews with participants, which were audio taped and transcribed verbatim. The participants were academic staff managing and delivering the practice element of the nursing curriculum and practice educators working with student nurses in practice placement settings. Findings from these data sources are presented using the original research questions as an organiser.

#### *The partners: culture/ethos*

Each partner had its own identity, culture and ethos which in part contributed to the way the partnership was set up, organised and delivered. The NHS Board was a large health provider serving both an urban and rural community. It had a long established link with the local university medical and nursing schools and therefore had a strong organisational learning culture. It provided a full range of medical services alongside a number of national specialities. Whilst it had its share of finance and resourcing issues reflective of a modern NHS provider it had

always managed to avoid adverse publicity and was largely seen in a positive light by the population it served. It supported other smaller island NHS Boards from both a services and organisational governance perspective and because of its geographical location was viewed as at the cutting edge of digital and telemedicine. The nursing workforce was largely local in origin with graduating students from the local university seeing it as their employer of first choice.

The University in the partnership was a modern “post 92” university which had a large faculty dedicated to health and social care courses. It had an excellent reputation in the sector with the majority of its income generated by an extensive portfolio of courses and research in engineering and business linked to the oil and gas industry. The position of the health courses whilst financially stable was largely viewed as having a lower academic status associated with the vocational nature of the health professions courses and their relative maturity in the HE sector. In the health education sector the provision was well respected but perhaps tended to be conservative in approach and therefore lacked the innovation and creativity seen elsewhere. Having said that the professional and regulatory bodies for nursing, midwifery and the health professions had also reported on the provision as of a good standard with all major risks well managed.

## *Manifestation of the partnership*

The partnership is formally described in two key documents.

- The Service Education Collaborative Strategy to Support Student Learning in Practice (SECS)
- The Partners in Practice Agreements (PiP), (one for each partner NHS Board)

The content of each of these documents provides a formal context for the partnership.

The Service Education Collaborative Strategy to Support Student Learning in Practice was originally developed in May 2000 and has undergone a number of revisions with the last revision completed in November 2011.

The priority for the strategy was stated as:

*"building upon the existing collaborative agreements to develop flexible working arrangements, which are tailored to meet the requirements of local service groupings, localities and the School. The aim is to enhance communication and to offer teaching and clinical experience opportunities, for both service and academic staff involved in the provision of pre and post registration education practice learning"*

In essence, the strategy emphasised:

*“the need for service and education providers to work together to support and develop student learning in practice.”*

In practical terms (SECS) provided a clear structure for the operation of a working partnership aimed at supporting student learning in practice. Appendix 1 of the strategy provided a diagrammatic representation of the communication structures that support the partnership. The remit for each of the partners was set out and the processes for implementation described. A key driver appeared to be the requirement to demonstrate that the standards for practice learning as set down by the Nursing and Midwifery Council (NMC) were being met. This requirement was audited through an annual scheme of programme monitoring by the NMC which specifically examined compliance with the standards. Provision of robust evidence was therefore essential and the strategy aimed to ensure that this evidence was available.

The second set of documents reviewed were the Partners in Practice agreements (PiP). These were in place for all the NHS Boards who worked with the University to develop and deliver practice learning experiences. The importance of positive learning environments, and the resource

required to ensure this, was recognised in the opening statement of the agreement:

*"It is well recognised that developing pre registration student nurses and student midwives require positive learning experiences in quality Practice Placements. In addition they require support and supervision from suitably prepared staff, who will work alongside the student whilst on Practice Placement, according to the requirements of the Programmes."*

The link between the two documents was clear. Within the PiP the Service Education Collaborative Strategy to Support Student Learning in Practice was defined as:

*"a strategy developed collaboratively between the School and service provider partners to support the learning of student nurses and midwives in practice."*

The PiP was underpinned by a number of education policies and therefore was considered within the context of the following quality standards:

*The Quality Assurance Agency's Precepts for Work- based and Placement Learning (QAA 2007)*

*Quality Standards for Practice Placements (NES 2008)*



*Standards to Support Learning and Assessment in Practice (NMC 2008)*

*Health and Safety at Work Act (1974)*

*The Service Education Collaborative Strategy (The University 2009)”*

The PiP agreement outlined the arrangements for a number of essential tasks. These were:

*The recruitment and selection of students*

*Arrangements for the provision of placements*

*Communications between the partners*

*Indemnity insurance for students on placement*

*Mechanisms for the resolution of disagreements*

The agreement was a practical working document and Appendix 1 of the document outlined a number of specific risks and the duties of each partner in managing these. The final section of the document provided a “letter of authority”, which essentially allowed the students to undertake the practice placement in the partner organization with certain conditions attached. The following extract from the agreement sets this out:

*“This letter of authorisation sets out the conditions of the period of Practice Placement, which we have arranged for you. It does not constitute a contract of employment. The appropriate nurse manager will ensure that you gain clinical experience at all times under the supervision*

*and direction of a registered nurse, midwife or health visitor. A named Mentor will have day to day responsibility for your supervision. The NHS Boards have agreed conditions for your Practice Placement."*

The conditions were then spelt out for the students which applied whilst they were enrolled on the course. This was reinforced in the following extract:

*"This authorisation is valid only whilst you are actively participating in the course. If, for any reason, your studies and/or experience, which constitutes an approved part of your course is interrupted, and/or you are no longer regarded as a student of this University, this authorisation is withdrawn and is no longer valid".*

Finally the agreement was offered legitimacy as it was signed by the Head of the Nursing School for the University and the Director of Nursing for the NHS Board.

### *The role of participants*

During the interviews participants were asked to describe their current role within the context of the partnership arrangements. Participants were either PELs or PEFs. The Practice educator facilitators interviewed had

been in post for up to seven years and fell into one of the following categories:

- Project PEF (Funded in part by NHS Education for Scotland (NES), the NHS Board and the HEI)
- Other PEFs (fully funded by their Board or through a combination of the NHS Board and the HEI).

This distinction was important as the perceptions of each varied and had implications in terms of the networks accessed across Scotland and ultimately the perceived social capital of each. These issues will be further discussed in later chapters. The Practice Education Lecturers were employed by the HEI.

All PEFs described their role as wide, diverse, fluid, challenging, varied, adaptable and interesting. This view was summed up by PEF 5 who stated that:

*“It’s a role that is very diverse. You can be doing one thing one day and you can be doing another within five minutes because it’s completely different.”*

The elements of the role as described were categorised for ease of presentation and include the following key activities:

- Early set up work
- Ongoing support
- Interventions
- Teaching
- Professional regulation
- Structure requirements
- Curriculum
- Other

Whilst the activities listed above were noted as shared between PEFs and PELs there were some differences noted with PELs also referring to their role as including the following activities:

- Strategy
- Management and direction

These activities will now be described with examples of responses from participants.

### *Early set up work*

Early set up work was associated with the induction of students into their practice placements, discussions about expectations, logistical considerations, educational planning and ensuring any reasonable adjustments were in place for students with recognised disabilities.

PEF4 described the early logistical work in this way:

*"Initially what happens is that I get informed which students are coming to the placements that I help or at least the hospital get their own and from there it's a case of me matching them up with placements within my area , assigning mentors, making sure the mentors are on the register, making sure that the mentors are going to be ok and they're not going to be away for six weeks holiday or something ridiculous like that and making sure that the placements have got enough staff to support the students."*

And again:

*"I quite often get the students phoning me up saying you know they have not done theatres before and they have no idea about it. What can we learn? What can we do? I ask them if they have any specific interests. I try to match the theatre to their specific interests I sort of try to steer the student towards an area that may be able to accommodate them."*

PEF2 stated that:

*"the initial visit to them is to let them know that we are about and that we're there to support them if there are any problems. It's also to let them know some of the things that are expected of them that perhaps you know their mentors may forget to tell them."*

#### *Continuing support*

Following initial induction activity this was seen as a major part of the role. It included supporting students and mentors in practice. This was seen as crucial to practice learning as mentors work with students on a daily basis. Some described elements of pastoral care and support. Interestingly PEFs saw themselves as a second line support after the mentor, whilst the PELs saw themselves supporting the PEFs. These perceptions very much linked to the structural arrangements for the partnership as described in the SEC and PiP. Support visits were both formal and informal. Receiving feedback from students and mentors on how the placement had worked for both was also seen as important. The majority stated that their main role was to support pre registration nursing students.

Continuing support was illustrated by PEF 3 who stated that:

*"I support mentors in practice. I make it part of my routine every week to go round all the areas actively making sure that these students are being supported and that the mentors are being supported."*

There appeared to be clear structure to the support system, with students being supported by mentors who in turn were supported by PEFs who in turn were supported by PELs from the university.

PELs 8 & 9 outlined the direct lines of support between the key participants as follows:

*"directing the work of the practice education facilitators overseeing what they are doing, dealing with any difficult queries that the lecturers or the facilitators may have, dealing with any difficult students issues that they may have in practice on a weekly basis rather than on a daily basis.."(PEL 8)*

*"Rather than me supporting them (the students) directly so my role is very much about the mentors supporting the students." (PEL 9)*

### *Intervention*

Intervention appeared to be associated with students who gave cause for concern or required additional work in their practice development. There

was a very clear structural process for this with mentors expected to deal with issues as they arose and if support was required then the issues would be escalated to the PEF, PEL and then in particularly challenging circumstances to the Senior Lecturer lead for practice learning in the University. At the latter stage issues were seen as being particularly complex and significant.

This process of escalation was well described by PEF4 thus:

*"the mentors support the students and I support the mentors and if there's any issues the mentors come to me and I speak to them about it and we instigate the cause for concern process if necessary"*

PEF2 further described the escalation process like this:

*"Trying to overcome (the issue of concern) at a very local level using the cause for concern process and if it can't be sort of rectified by the very local level then we make it a very formal cause for concern and work with our practice education colleagues at the university to resolve the issues"*

### *Teaching*

All participants were involved in clinical learning tutorials and some facilitated education sessions for the students on placement. These were



either delivered by the PEF or they brokered a specialist intervention from their network of clinical contacts.

PEF2 outlined this as follows:

*"We do run some education sessions for them (the students) as well. Co-opting in our practice colleagues"*

### *Professional regulation*

It was interesting to note that many of the participants talked about activity associated with the formal professional requirements for practice learning. This was mainly about ensuring that the NMC standards for supporting learning and assessment in practice (SLAiP 2010) were adhered to. This activity involved preparing and updating mentors, maintaining the live register of mentors, facilitating triennial reviews of mentor activity, audit of the learning environment to ensure it is suitable for practice learning and making arrangements for adult nursing students to meet the European Union requirements as laid down in the educational standards and requirements from the Nursing and Midwifery Council (NMC). This activity was significantly strong as the NMC annually monitors the application of the standards in formal processes known as validation, approval and programme monitoring.

For example PEL8 stated that:

*"You couldn't support your students in practice without the collaboration of your partners I'm trying to think specifically of a course or a programme. I think even just thinking about I'm beginning to waffle now..... looking at NMC monitoring, NMC validation."*

In addition PEL 6 stated that:

*"I'm also responsible for co-ordinating the maintenance of the mentor register for the NMC standards and ensuring mentors are meeting their triennial review"*

### *Information*

Information channelling was discussed by a number of participants. Some of this related to attending meetings which were formalised through the structural arrangements of the partnership. However, it was interesting to note that the majority saw the formal information channel as uni-directional which was from University to practice placements rather than vice versa.

PEF 3 described this information channelling as predominantly a means by which the HEI got key messages across to everyone involved in the

practice learning endeavour and hence managed and controlled the operation:

*"Activity with the university is primarily concerned in looking after students and passing on the information from the university to mentors.*

### *Curriculum*

Some participants described being drawn into the University to get involved in a range of curriculum activities, these included; admissions interviews, curriculum planning, development and delivery of skills teaching and placement preparation sessions with students.

For example PEF 7 stated that:

*"I am coming in here helping with clinical skills sessions" and: "I come along to the module team meetings getting involved in the discussion about the actual skills sessions and this last time I acted as academic support"*

Whilst many described curriculum involvement in this way some felt that the PEF contribution to the development of the curriculum was underplayed or indeed tokenistic in nature.

For example PEF 5 stated that:

*"I think there can be..... there is at times it can feel that the university is dictating"*

With specific reference to curriculum decisions and power relationships

PEF 5 said:

*"I think sometimes from my point of view sometimes certain (curriculum) work streams it is almost a fait accompli before the PEFs or the mentors or the team leaders are brought on board and it sometimes feels like it can be a piece of tokenism in the fact that we haven't engaged and I feel that the documents have been written"*

This highlighted some power relationship issues. The power relationship between the partners was explored in some detail with all participants and will be discussed more fully later in this chapter.

#### *Other issues*

A range of other issues were mentioned by participants. These included attempts to embed the concepts of practice education into the normal business of the clinical areas. One participant discussed the role as involving intelligence gathering in relation to practice learning and that

this intelligence helped to shape the practice learning experiences for students currently on placement as well as those following behind them. Some described meeting with other universities and Further Education Colleges. This was determined geographically as other institutions shared practice placements which required a further level of co-operation. Finally, on a very practical level, some participants engaged in logistical planning activity such as making arrangements for additional experiences e.g. EU curriculum requirements (NMC).

In addition to the PEF experience the PELs equally described a challenging, varied and at times complex role. However there were some differences noted. PELS did not describe their role as having elements of monitoring, teaching, or curriculum development in relation to the partnership. They did however describe the following additional elements.

### *Strategy*

Strategic activity included organising and brokering post registration education with the University for workforce development, linking with placements at a remote distance to the University and working in the more strategic structures associated with the partnership.

For example PEL 8 explained that they worked strategically as follows:

*"on a weekly basis working with strategic partners and in particular the head of professional development unit within the local NHS Board, the practice educators and the Directors of Nursing."*

### *Managing and Directing*

PELs described their role as directing, managing and supporting the role of the PEFs. They also tended to get more involved in complex cases and complaints related to practice placements. They also played a key role in managing the structures and meetings associated with the partnership approach.

PEL 9 described this aspect of the role thus:

*"in participating in the conferencing that we do around our clinical learning environment team meetings and clinical learning environment standards team meetings, I'm responsible for making sure that we have got a very robust networking arrangement with the university"*

Having described the variety of self perceived roles by participants it was important to explore the fundamental nature and purpose of the partnership relationship. The following section addresses this question.

### *Purpose of the relationship*

The purpose of the partnership was well described by participants and broadly fell into two categories; process and outcome. Each of these was influenced to a certain degree by professional requirements. Purposes linked to the process of the partnership were associated with communication between partners, the day to day operation of delivering the practice learning element of the curriculum, resolving issues as they arose, and planning for curriculum changes. The purpose of the relationship linked to outcome was associated with the quality of the product of the partnership efforts, good placements for student learning as shown through evaluative measures and ultimately a high quality of nurse emerging from the course fit for the rigours of contemporary practice in the partner NHS Boards. Various facets of the relationship will be explored throughout the rest of this chapter.

The process and outcome of the partnership are exemplified in the following responses from PEF 5 and PEL 6:

*"our primary role is really to support the mentors provide learning opportunities within the clinical just to make sure they are at the highest possible standard so we support the mentors to you know provide that educational input to the students to provide good clinical environments and we also support the students when they're out in placement."* (PEL 6)

*"One of the things I would say is the fact that nobody is hiding anything from anybody I think that when it comes to building up a work force that ultimately will be for the NHS Board, then if the University can get the quality of the placement so the student gets the best learning experience to equip them for twenty first century nursing then the NHS Board , all be it there is the crisis with the jobs at the moment, they will be getting a quality work force from newly qualified trained staff." (PEF 5)*

The notion of "quality nurse production" as the outcome of the partnership was a particularly strong theme throughout the interviews. Product was constructed as the future generations of nurses which could be utilised as a product for the NHS Boards as employees. The partner relationship was cemented through very clear structures which appeared to shape and drive the interpersonal relationships between the partners. The purpose of the partnership structures appeared to be primarily about providing a strategic overview and management structure as well as information exchange and dealing with day to day operational issues. One participant described the relationship as symbiotic. PEF 2 stated that:

*"I think that it (the relationship) is very symbiotic we both need each other. I think it is a very good relationship because I never feel that one is above the other"*



and PEF 3 stated that:

*"First and foremost we have a very good relationship with everyone at the university ladies like (lecturer named) who is a PEL there and (named lecturer) the lead at the university we're able to actually access any of these people virtually any of the time."*

The strong structural context of the partnership arrangements was noted by many of the participants and it is this aspect of the partnership that will now be outlined.

#### *Formal and informal structural relationships*

As mentioned earlier in this chapter the structures for the partnership are described in formally adopted working documents. The views about the partnership structures as outlined by the participants will now be outlined. Interestingly participants made reference to formal, informal and additional structural arrangements. Formal structures were those as described in the strategic intent documents (SECS and PiP). Informal structures tended to be linked to opportune type meetings and where PEFs met outside of the formal arrangements of the partnership. However, it was noted that additional structures had been set up deliberately to support the day to day work of some PEFs. This was observed mainly in community nursing settings and seemed to be

geographically determined. Some described the structural arrangements of the partnership as complex. This complexity was attributed to the professional requirement for such a partnership. Indeed some participants suggested that one couldn't actually fulfil the requirements without such arrangements being explicitly in place.

PEF2 referred specifically to the PiP as the agreement that drove the partnership:

*"we co-operate within our partners in practice agreement in essence this agreement (PiP) sets up the relationship."*

There was however a view that although there were formal partnership documents the work itself went well beyond the explicit structures as described in the formal documents.

PEF 1 described the partnership in the following way:

*"I see the partnership as more. I know it's a document but I see it more as working thing rather than the actual paper (PiP)"*

The formal partnership documents outline what the partnership structures should look like. Many described the various formal meetings of Clinical

Learning Environment Teams (CLET) and Clinical Learning Environment Standards Team (CLEST) as integral elements of this structure. Others made reference to the area nursing and midwifery advisory group (GANMAC) as the ultimate strategic meeting concerned with practice education.

PEF 2's comments described the structures well:

*"we have what is called CLET groupings so our geographic patch itself is a CLET grouping and the three lecturers on occasions will come up to the meetings"*

*"we also then have what's called CLEST meetings so that's the clinical and learning standards team and that is where we link in with the university and we bring say information back from the practice areas we talk about things that have been disseminated at the CLET."*

PEF 5 described the relationship between the various meetings as such:

*"The Senior Lecturer attends a senior nurses group for the NHS Board and then will feed any issues that are needed for CLET to CLEST to GANMAC and back and then it will go around again it's like a circular"*

Beyond the formal structures a number of participants described other structures that had been put in place to help the PEFs in their work. Whilst some saw this as facilitative others described the meetings as a distraction from the central work of the whole practice education team. For example the Education Support Forum was discussed by nearly all PEFS and the Community PEF forum was very well thought of by those PEFs who had a community nursing remit. One of the questions that emerged from this response related to why these additional structures were required? The additional structures were described as allowing further networking and discussion of specific issues which did not get "air time" within the formal meetings. What transpired was a criticism of the formal meeting arrangements as not serving the full requirements of PEFs. Some described the agenda of the formal meetings as being too university led. This had a direct link to the development of social capital within this group of PEFS and will be discussed further in later chapters.

PEF 6 described the rationale for additional meetings as follows:

*"I think our CLET meetings are very heavily led by the university and university staff and we have a core agenda so sometimes we have to look at the balance of that to encourage the mentors to contribute a bit more and also that we have some proper mentor representation" and: "the PEF's support for the (additional) group that gets together. There's almost*

*like some peer support there and it's a wider group and it's also meant to be a working group where we can take issues to and we can take things forward."*

*Do the structures work?*

In general all participants indicated that the formal structures worked reasonably well, although some noted that there were difficulties in the early years 2000-2004 which related to uncertainty about who to contact in times of crisis. It was however noted that through the formal adoption of the SECS and the PiP after 2004 that the initial concerns had largely been resolved. As a consequence of introducing the formal structures for the partnership a number of participants outlined that the process for dealing with cause for concern issues had improved. Timing associated with interventions did appear to be important for everyone. In general everyone spoke in a positive fashion about the relationship and appeared content that the current structures fostered good working relationships. The formal structure meetings (CLET and CLEST) were largely discussed in positive terms. Generally these meetings were seen as both necessary and facilitative of the primary purpose for the partnership, namely the support of students in their practice learning. The CLET meeting was perceived as being more open with invites to both mentors and students where operational issues could be aired. The CLEST was seen as being

more formal and a part of governance arrangements. However, these structural arrangements did appear to have created some tensions, especially where it was noted that additional meetings, outside the formal structure, had been created to address operational concerns. Some felt that the structures were University dominant.

For example PEL 6 stated that:

*“The working groups and the CLET meeting is heavily led by the university. They set the core agenda and we need to encourage the mentors to contribute a bit more. There needs to be better representation from other stakeholders*

The negative aspects of the working relationship between partners will now be addressed.

#### *Structural difficulties*

Despite the majority of comments about the structural relationship being positive there were some comments that indicated difficulties, there was a perception that genuine consultation could sometimes be lacking or initiated too late in the day. A number of participants also described certain aspects of the formal relationship working better than others.

For example part of the interview with PEF 4 revealed that:

*"perhaps the partnership works particularly well in terms of delivering the educational experience in practice for students but not so well in terms of planning the educational experiences through curriculum development."*

Interestingly as part of that discussion the issue of "sides" in the relationship emerged.

PEF 4 stated that:

*"I'm not employed by the University. I have to deal with the repercussions. I can ask for certain things but might not get it! I can influence, but I have no real influence on the academic side as I'm not paid by them. I'm not an unequal partner, I'm a different partner my priorities are practice"*

Other tensions seemed to centre on the uneasy relationship between professional practice standards as constructed by the PEFs and the University's academic regulations. There did appear to be some misunderstanding around each partner's essential "modus operandi" and how the partner organizations influence this. The classic example, discussed by several PEFs related to student attendance. The following

passage from the interview with PEF 4 sums the tensions up. The initial question was about purpose of the relationship with the response being:

*"In university you're not required necessarily to sign in there are only certain things that are absolutely mandatory and you don't have to attend lectures because you can get it online or somebody can take notes for you. In the first year I would say there is this attitude that they are a student and they don't have to turn up to work on time."*

PEL 8 provided a perspective based on a notion of ownership:

*"I think where it's not clear and we struggle with this is who does the student belong to and there is a sense from some of the practice educators that when they're in the university they belong to the university when they are in practice they belong to practice and they do want to treat the student as they are an employee"*

PEL 8 went on to outline the root of the tension as perhaps not fully understanding each others roles and organizational imperatives. It was apparent that understanding each other was essential and if this didn't happen then the partnership was weakened. Another bone of contention which appeared to relate to need for better mutual understanding related to academic regulations.



PEF 4 stated that:

*"I think academic regulations disappoint practice sometimes" and: "We feel let down because the students get so many chances to pass the course. It's a 40% pass rate and if somebody takes four attempts to get through it at a 40% pass rate then I think that worries practice quite a lot."*

A further tension possibly associated with ownership of the student and the partner relationship was the split in the curriculum between theory and practice. The NMC enshrines the split as being 50:50 and this appears to have led to issues related to curriculum ownership and equality of experience issues. The notion of a 50:50 theory practice split was mentioned a lot in the interviews. The following quote from PEF 1 was typical:

*"We had pointed out that we are 50% responsible for the education so we really need 50% participation"*

Quite what constituted the 50% in the partnership would appear to be debatable and will be discussed more fully in the next chapter.

### *Motivating factors*

Participants were asked to describe the factors that motivated them to engage in this type of work. A range of issues emerged and these will now be outlined. First and foremost the majority of participants discussed their interest in the relationships between education, teaching, support and practice development. This was augmented by an expressed passion for the primary subject of nursing. In addition responses included reference to lifelong learning principles although these principles were never explained or outlined. The following were typical of responses to this question:

*"I love teaching and sharing knowledge and experiences. I actually get a kick out of seeing someone maybe struggling to understand something and you can explain it and they get it I think that's my main drive."(PEF 1)*

*"You've got to have a passion for education, a passion for developing people and seeing people being the best they possibly can". (PEF 2)*

*"I like the principles of lifelong learning" (PEF 5)*

Linking this passion to the subject of nursing appeared equally as important, especially in terms of making a difference for the future, for example PEF 2 stated that:

*"when these posts came along I thought that this was a really good opportunity to broaden my knowledge about education and to maybe do something about the quality of the nursing students that we were producing."*

Picking up the theme of partnership outcome and production again some PEFs discussed their concerns about the outcomes of previous nursing education courses and wanted to make a contribution to a positive change. This was very much linked to notions of helping people to aspire to their best. Another important motivating factor was related to the PEFs previous positive experiences as students and wanting to replicate this for future generations. This was summed very well by PEF 4:

*"I had had a couple of particularly good clinical teachers in my training and they inspired me." and: "for me knowledge is not useful unless everybody knows it. You know how can you know about something if you don't know about it and those were the two things that really made me want to become a clinical teacher."*

The variety, diversity and challenge of the role were also seen as attractive. For example PEF 6 stated that:

*"you really have to be able to think on your feet the role is very varied"*  
and *"I was attracted to the diversity of the role and probably still am I have had quite a lot of types of nursing roles within my career and I think I maybe get bored quite easily like a lot of people and you're really not it's not going to happen to you particularly quickly in this role"*

Opportunity for personal and professional development was also mentioned by PEF 3:

*"from a personal point of view I've felt that the university has been very very positive for me. I've been made an associate lecturer for instance"*

### *Capability*

The responses to this question elicited the following issues: organizational abilities, personal attributes and characteristics, flexibility, diplomacy, educational preparation and a solid insight into the contemporary issues affecting both the profession of nursing and nursing education. The only issue of contention appeared to be leadership, with participants from the university critical of a lack of leadership qualities in the PEF community.

This was interesting because not one of the PEFs mentioned leadership as an important attribute to develop and sustain the partnership. This is an interesting observation given the recent criticism of a lack of leadership in some health professions in the wake of the Robert Francis report (2013) into the poor care at Mid Staffordshire Hospitals. Over recent years a lot of investment has gone into the development of nursing leadership, particularly in the NHS and yet there remain serious concerns about the leadership abilities of staff in key positions such as PEF. PEL 8 stated:

*"It is very often that some of the people that are in these roles (PEFs) have not necessarily demonstrated strong leadership in practice and so they are then put into roles in practice where some of their abilities and skills to be a leader and a change agent are exposed."*

This observation may have implications for the staff development of people in these roles going forward, however there were many other personal attributes identified by participants; the following list is not exhaustive, but gives a flavour of the range of responses.

- Patience
- A sense of humour
- Respect for everyone involved
- Approachability

- Visibility
- Reflective
- Mutuality in the learning process
- Good listener

In relation to personal qualities the following responses were typical:

*"To have the ability to see all sides of the story the bigger picture to be patient I've become more patient in this role" (PEF 7)*

*"I think it's about the facilitative role I think it's about us making things easier and I think it's really really important so I think that although nurses generally are perceived to get on with everyone and be great communicators I think that ability to get on with people at all levels is an absolute must really"(PEL 6)*

Flexibility and adaptability were specific qualities mentioned by several participants, especially the ability to adapt to differing environments and different levels of the organizations.

PEF 5 stated that:

*"I think you've got to be adaptable definitely got to be adaptable you've got to adapt to situations"*

Adaptability issues were also linked to the ability to communicate with everyone at all levels of the organizations, attempting to keep everyone on board. This included consultancy and making a case for change at more strategic levels within the NHS or the university. In this context the skills associated with diplomacy were much regarded.

PEF 2 stated that:

*"We will often be the person representing both the student and the university and the placement area, so you do need to know skills of diplomacy."*

Educational preparation for the role was also mentioned with the majority acknowledging that to undertake this work you need to be educated to at least degree level because of the need to process information, think critically and analyse the world. PEF 3 summed this up saying:

*"Qualification wise I think that the degree level of qualification probably does help primarily because of the way that degree level people process information and analyse the world because you do think of looking upon"*

*the world differently after you've been educated to degree level From a personal point of view I feel that you have got to have that level of insight."*

Further insights into nursing, education and the way healthcare works were also attributes valued by nearly all the participants. This enabled PEFs to pull together the key players perspectives and organise work through knowledge of the higher education process, for example through the constructive alignment of planned educational experiences.

PEF 4 stated that:

*"I think you have to have knowledge of educational processes. We have a number of staff who are really enthusiastic but lack knowledge about learning outcomes, assessment and integration of those two things."*

Finally strength of character, assertiveness and the ability to stand your ground were seen as important. PEL 6 sums this up as follows:

*"I think there's absolutely no point in taking on this role if you can't stand up there and say I'm a nurse and that's what I do"*

The issue of leadership was only mentioned by one participant who was quite critical of the lack of this attribute in the PEF community generally



and this had hampered the development of the partnership and sometimes led to unnecessary tensions. PEL 8 outlined this as follows:

*"very often some of the people that are in these roles have not necessarily demonstrated strong leadership in practice and so they are then put into roles in practice where some of their abilities and skills to be a leader and a change agent are challenged"* and: *"I'm involved with the PEF interviews and within the interview panel it's normally a manager in practice and myself. It's only me that's looking for leadership"*

#### *Benefits and risks*

The documentary analysis implied that there were clear benefits for the student in terms of supporting their learning and crafting the placements to enable this to happen. However, when asked about benefits beyond the student this was a much more difficult question to answer and many of those interviewed struggled to respond. It was interesting that in the main responses concentrated on the benefits to the individuals working in the respective partner organizations rather than the organizations themselves. Indeed when this question was asked there were many long pauses before a response was offered. Individual benefits were seen as opportunities for personal and professional development for both

themselves and nurses within the organization they worked for. PEF 3 stated that:

*"Other advantages? I think from a personal point of view I've felt that the university has been very very positive for me. I've been made an associate lecturer for instance and have been doing some work around Inter-professional education"*

Others talked about the advantages to mentors, for example PEL 6 outlined the following:

*"Benefits beyond the relationship? I suppose it's about continuing professional development for your staff. It's about peer support as well. Within some of the meetings it can also be a bit of clinical supervision."*

There was a trend in the responses to construct the "organization" as a collection of individuals rather than a recognised collective in its own right. Nearly all responses to the question about benefits to the organization elicited responses about individuals working in the organization. The following response was typical.

*"I think there are huge benefits for us. In my discussions with mentors they will often talk about students being a resource. They see students*

*are a resource to them and by that they mean their personal development and their mentoring skills.” (PEL 9)*

On the other hand when it came to describe the tangible organizational benefits, these were discussed in predominantly outcome/product terms. The product of the partnership arrangement was seen as the new staff emerging from the course that could be utilised by the NHS. PEF 5 for example summed it up in this way:

*“If the university can get the quality of the placement so the student gets the best learning experience to equip them for twenty first century nursing then the NHS Board are getting a quality work force from newly qualified trained staff.”*

PEF 2 also highlighted the importance of the future NHS workforce and importantly the quality of that provision. Having a say in the education process is important in terms of influencing the outcome:

*“Through the partnership we’re actually training nurses providing the practice side education for them which is essential for our future if we don’t invest at this stage who knows what might come out the other end.”*

PEF 4 continued the theme when they stated that:

*"They, (the NHS), get a decent work force out of it."*

Some however, saw the benefits as more mutual: a sort of symbiotic relationship. PEF 3 outlines the mutuality of the education engagement in the partnership as follows:

*"The mentors learn a lot from the students and so I think from the point of view of patient care delivery I would argue strongly that it enhances that."*

PEF 2 was quite explicit when stating that:

*"I think that it (the partnership) is very symbiotic we both need each other."*

Finally in terms of benefits for the organizations the notion of opportunity and kudos was mentioned. PEL 9 stated that:

*"I think probably in the university's point of view they can that they can offer one of the most remote placement allocations probably in Europe. They can use that as a promotion I think for recruiting students." and:*  
*"Where else would you get a fantastic experience and opportunity to*

*witness how health care is delivered in the remote and rural side of things.”*

An interesting take on the benefits of the partnership was professionally constructed around the NMC standards and the need to be able to provide clear, robust evidence that practice learning standards were being explicitly met. Compliance with NMC standards for both organizations appeared to be a significant factor in shaping the partnership. This was a very clear external drive for the partnership and directly feeds into the metrics used by the public to make judgements about the quality of the provision. PEF 9 highlighted this very point:

*“You wouldn’t be able to demonstrate that you’re meeting patient safety standards, NES standards and NMC standards without having the collaboration”*

Furthermore PEL 6 said that:

*“In terms of implementing the NMC standards; I’m not sure how it works without the partnership structure.”*

Other benefits mentioned included reference to quality assurance and enhancement of the practice learning experience. The safety and quality

of patient care was mentioned most frequently and there also appeared to be a largely held view that service quality is dependent upon the success of the partnership in both the immediate and long term. Some indicated that this is primarily what engagement with each other is about. PEL 8 stated that:

*“So advantages other than supporting students in practice is having this dual force to help shape nursing and midwifery education in practice because one couldn’t do it without the other”*

However, PEL 8 also suggested that there might be real missed opportunities beyond the work that both parties do with the students.

*“I think where we have not got a lot of evidence is collaboration where students are not the shared element. You know even just thinking about research, thinking about scholarship, I don’t think we do that terribly well yet through the partnership. We only seem to understand the rules of engagement when we’ve got a student and where the student requires a placement.”*

### *Determinants of success*

This was another difficult question for the majority of participants to answer with many long pauses whilst answers were formulated. Answers varied from the nebulous through to the more pragmatic and functional which concentrated on what the partnership is about whilst others mentioned more tangible measures such as metrics. The difficulty experienced by participants was best demonstrated in the following response to this question from PEF 7, following a very long pause they stated:

*"Oh gosh that's a really difficult question. I think that we are supporting students successfully. Is that tangible though? Can we actually say it's because we've all been partnership working at the end that somebody's reached the end of their course? Gosh I'm very stumped with that. That has surprised me."*

Responses can be organised again along the lines of partnership process and outcome. In relation to outcome focused success and on its most simple level PEF 1 constructed success as excellent student experiences as demonstrated through positive feedback:

*"Students often give us very positive feedback which I term as a success that they have really enjoyed their placement."*

PEF 2 highlighted the tangible measures of student success as follows:

*"I think we can see that certainly from 'cause for concerns' data that there are areas that we manage to overcome difficulties through students, or in placements and turn them around." And: "I think that we have mentor registers that are up to date and are available for people to see..."*

PEF 5 discussed the changes observed in the students from day one of the course until they graduate whilst PEF 4 talked about having happy students and mentors as measure of success:

*"Happy students, happy mentors, good patient care and for us it's a waiting list of students waiting to come to us post-qualification. An educated workforce leads to better patient care...."*

Some participants constructed success as more to do with the quality of the practice learning process and experience. An understanding of each partner's expertise coupled with a clear view of expectations was also identified as an important determinant of success. PEF 1 described how



this understanding was best used in relation to specialist curriculum development:

*"Everybody being clear about what's expected from both sides. I think the one thing that I found was most useful was when we developed a module for the hyperbaric unit, working with staff down here (university) and getting all the forms and necessary paperwork ready at the beginning that I think that went very well."*

Feeling that you were an equal partner in the relationship was important if somewhat contentious. Some felt very much equal in the relationship albeit they were fundamentally different in nature, whilst others felt the university was the more powerful relation. Examples of each view are highlighted below:

*"I think full participation from both or however many parties that are involved and a feeling of equal value from each of the partners" (PEF 5)*

This was a view supported by others such as PEL 6 who stated that:

*"You're views count and that you're respected for bringing forward views from practice as well and via versa so I think there's certainly a degree of respect I think predominantly it is an equal partnership."*

Whereas PEF 3, whilst explaining the importance of communication between the partners for success talked about the equality of the relationship as follows:

*"We get basically what we have to implement from the university and we're sort of bound to make a success of it so probably that's where the power lies. It's with the university not us."*

The notion that the partnership was University led came up again in this set of responses. For example PEF 7 suggested that:

*"yes I think there's a general feeling that's perhaps (the partnership) is more university led but to a certain degree the university are providing the course so perhaps that has to be."*

### *Summary*

Having outlined the participants responses to the research questions a number of perspectives on partnership have emerged through the process of data analysis. Having presented the raw data from the documentary review and from the interviews the following chapter will explore the data from an analytical perspective. The data analysis process as outlined in the methodology chapter was applied and a number of emerging themes

on the overall concept of partnership were identified. It is these themes that will shape the chapter with the discussion further influenced by the theoretical framework of social capital.

## **CHAPTER FIVE**

### **IMPLICATIONS OF THE FINDINGS**

In the previous chapter the key findings from the documentary analysis and interviews were outlined. Within this chapter the findings will be further discussed within the context of the available literature on both partnership and social capital. The partnership documents and interview transcripts were concurrently reviewed following the analytical process as described by Hycner (1999). A number of themes were identified:

- Partnership as production
- Partnership as structured activity
- The challenge of partnership equality
- Partnership, clarity and the quality of student experience
- Partnership and time
- Partnership and the professional imperative

These themes form the structure for this chapter. Each theme will be discussed in turn. Similarities and differences from the available literature will be highlighted with an aim to identify areas of support, challenge and lines for future enquiry. This will be followed by a discussion of the findings centred on notions of social capital and in particular the ideas forwarded by Ostrom and Ahn (2003), Adler and Kwon, (2002) and Coleman (1988). The themes related to partnership will be discussed first.

### *Partnership as Production*

One of the key observations was that the majority of participants constructed the purpose of partnership as productive outcome. When taken in the context of practice learning endeavours, partnership was seen to be about the production of competent nurses. This was viewed as important despite the efforts that go into the process of partnership working itself. This chimes with Trim (2001), Davies and Smith (2004) and HEA (2009) where an underpinning assumption of collaborative partnership working is that the total effect is greater than the sum of the parts. It does appear that participants believed that the benefits constructed as outcome outweigh the costs associated with delivery. In addition many participants considered that investment over time was hugely beneficial to the quality of the partnership product. In the early stages of the partnership the emphasis appeared to be on process issues but as the partnership matured there was a shift in focus to results. This observation is very much in line with the view of Halper (2009). This was strongest in the production of nurses as outcome. Whilst practice educators focussed on student outcomes, the University viewed production as going well beyond immediate benefits to students. The partnership endeavour as far as the University was concerned related to products such as university metrics and professional regulatory body audit outcome. There appeared to be a synergy in the partnership where the benefit to the NHS is a safeguarded future workforce. The benefit to

the university on the other hand was a set of favourable metric results through which they could promote and market courses. Hooley and Saunders (1993) suggested that customers buy the benefits of products as opposed to the products themselves although in this case it's not so clear, however one of the key outcomes of the Peach Report (1999) related to the partnership equipping the NHS future workforce so in that sense the partnership can be deemed a success.

Production as an outcome of partnership can be located in a wider social context where business and higher education are encouraged to improve their mutual understanding to address the requirements of the future world of work. Within this study this was illustrated as an ever present tension between the partners about the nature of the product and its relevance for the contemporary world of nursing. The literature recognised this tension where the rewards can be far reaching but can be hampered by an increasing requirement for the education partner to be responsive to short term market issues (CHE 2004). Hooley and Saunders (1993) concluded that benefits are only ever perceived as utility. However, in the new contractual arrangements associated with this partnership it was observed that difficulties arose in the power dynamic. The university in trying to develop collaborative approaches found it a struggle to avoid a relationship that was not overly controlling in nature. As discussed earlier, the old position had been one where the relationship

primarily benefited nurse education. Genuine collaboration was problematic in the uncomfortable, vulnerable atmosphere of an emerging business culture. Within this study, whilst notions of power in the partnership were recognised the position had changed from that described by Quinn (1994) where health care education needed to be free from the tyranny of a school focused curriculum paradigm to one that acknowledged the realities of contemporary professional practice. It is not unsurprising that given this prevailing culture that the partnership required, as a consequence of Peach (1999) is still dominant. Dominance was reflected in the study and was identified as central to production. Partnerships between universities and the NHS were acknowledged, in Peach (1999) as central to ensuring that the subsequent student experiences equipped them for the rigours of contemporary practice.

Scholes *et al* (2004) reviewed the emerging models of partnership working and identified that there were encouraging signs of joint responsibility for taking forward areas for further development. Indeed they recognised that partnerships had matured with evidence of far greater collaboration between partners, however a cultural mismatch had been identified that placed the partnership under strain. This study indicates that the fundamental purpose of the partnership has changed little since Scholes *et al* (2004) evaluation. It was however acknowledged by all participants that the partnership had experienced tensions from

time to time. Nevertheless, the working relationship had continued to mature and had developed a robustness assured by clarity of operational structure. The importance of structure was identified as a strong feature in both formal partnership documents and the perceptions of participants. The structure of partnerships will now be discussed.

### *Partnership as structured activity*

It was clear that the required partnership for practice learning development within the nursing curriculum had been built upon a strong strategic and operational structure. There were many descriptions about the structural relationships between individuals and the partner organizations. This was best demonstrated in the hierarchy of meetings where practice learning was central to the agenda. All described the structures in detail and were well versed in the reporting mechanisms, lines of action, authority and accountability. Some went as far as to suggest that the partnership couldn't function without the structural framework. This observation related to an emergent complexity in the relationship. In nursing education partnerships the situation had shifted considerably from the position as described in the early evaluation work undertaken post Peach report (1999). For example Powell et al (2001), and Ling (2000) described a partnership chaos which very much at odds with the highly structured relationship and the importance placed on the structures observed in this case.



The partnership types observed in this study relate well to that outlined by Donaldson and O'Toole (2000). They forwarded four structure types: bilateral, recurrent, dominant partner and discrete. Analysis uncovered a partnership structure described as having features of the bilateral and dominant partner types. There was clear evidence of information sharing and collaboration at a strategic level through the nursing and advisory forum at the local NHS Board aimed at developing mutual advantage. The advantages were identified as being different for each partner but had enough synergy to meet the elements of the bilateral type. Bilateral relationships are viewed as having strength in high relationship. Belief and action are high where partners co-operate for mutual advantage. There is open information sharing and collaboration at a strategic level. Both the process of interaction and the strength of its content are high. Bilateral relationships are not necessarily symmetrical, but are dominated by a bilateral content and process. However, whilst the main features of this type were easily described by participants there were some who described an imbalance in the relationship that fitted more with the dominant type. The dominant partner was reported as being the University. A number of participants from the NHS Board highlighted that their role was dependent upon direction from the University. Dominant partnerships are a very common governance mechanism in which the dominant partner specifies the nature of the interaction between the partners. It is argued that the University was using the partnership

structures as a means of governance, indeed there was documentary evidence that the strategic elements of the partnership were directly linked to governance reporting mechanisms. There was an association with professional regulatory requirements. The University strongly influenced the work of the partnership in this respect. Many participants referred to the need to provide evidence for programme monitoring activity undertaken by the NMC. It seemed that work was directed by this imperative. The relationship was sometimes described as being "one way" being driven by the University. This fits with the dominant partner type described by Donaldson and O'Toole (2000) where the nature of hierarchical supply relationships in these one-way structures is decided on an authority basis and governed by the power-dependency balance between partners. The University seemed to have more to lose if the partnership failed and therefore commanded the structural relationship. The recurrent relationship type described as having low commitment to action was rejected as the central feature of commitment to action was observed as high rather than low. Commitment to action was clearly described at both a strategic and operational level. The discrete type was also rejected as the ties between the parties were much stronger and planned than that outlined in the discrete model with its associations with opportunistic action. There was little described in the operation of this partnership that appeared opportune.

Coleman (1990) emphasised the importance of structure in the development of social capital. He explained that it is a variety of different entities which all consist of some aspect of social structure, and facilitates the actions of actors, whether the actors are individuals or working corporately. Given the importance of the structural framework in this partnership it is argued that the arrangement did add to the social wealth of each party. The way this wealth was described was of interest. It was noted how easier it was to describe the benefits of the relationship in individual rather than collective terms. This would appear to be consistent with the work of Coleman who essentially related the notion of capital to the benefit of the individual. When asked about benefit of the partnership for the organization, participants struggled to articulate the advantages. However, the benefit to the participants themselves or others in their organizations were easily described. Was this simply an articulation difficulty or did this reflect Coleman's notion of individual benefit? Again in terms of structural intent, this appeared to be constructed as a benefit to the collective and critical for operation. However the operational outcomes of such a relationship were either construed as "high quality product" or when challenged beyond notions of product related to individual benefits. Given that organizational partnerships are the hallmark of contemporary nursing education, it was interesting to note the difficulty participants had in articulating the organizational capital generated from the relationship.

### *The Challenge of Partnership Equality*

The notion of an imbalance in the relationship indicated a dominant partner type relationship was present. References to equality and balance of power were described in the majority of interviews. Equality and power in partnerships and the associated tensions and complexity were well recognised in the literature. It was therefore not surprising that these concepts emerged early in interviews. At this juncture it is important to appreciate the difference between equality and value of contribution. There was clear evidence that all contributions were valued in terms of partnership goals. Equality as a theoretical concept in partnerships commands high status (Trim 2001, HSRC 2003). However the reality in this study highlighted practical concerns. One of the fundamental influences in equality in this case was the professional regulatory requirement (NMC) for the curriculum to be divided between theoretical and practical instruction on a 50:50 basis. This requirement had to be clearly evidenced for NMC approval of the course. Whilst the importance of the 50:50 contribution to curriculum delivery was recognised various interpretations were identified related to practice learning. Some construed the 50% linked to practice learning as direct responsibility for student experience, some as a license for ownership and others as evidence for equality of participation. Historically the curriculum has been perceived as being owned by the education provider (Quinn 1994) and the notion of a partnership with practice colleagues is one that has

emerged over time. Early evaluation highlighted successes but pointed out the need for a collective responsibility based on the notion of the 50:50 split which required further development. This study suggested that significant progress has been made in this area, however there were still some notable challenges with equality of partnership.

It is interesting to note the work of Khanna et al (1998) and the realisation that partners often fail to appreciate the scale of partner asymmetric differences. Only one participant explicitly referred to her contribution as being that of a "different" rather than an equal partner. For the majority of participants equality was being confused with the relative value of their contribution. In essence there was an assumption that each partner inevitably brought something different to the table. Khanna et al (1998) went on to suggest that there can be challenges to the dynamic of the alliance as a consequence of these differences. It appeared that concerns about equality, whilst understandable, were an inevitable consequence. The nature of the differences may instil a perception of an unequal relationship. In Chapter Two the relationships in the current partnership arrangements for the delivery of the nursing education curriculum in Scotland were outlined along with an argument that the perceived relative power of the partners can skew the relationship. It is argued that these perceptions of power were at play in this case. It was clear that perceptions of power and equality were

important to participants and had influenced the working dynamic. This was best illustrated when participants discussed their role. When practice educators working for the NHS discussed the practical experiences of students they felt very much in control, whereas when it came to making a contribution to curriculum design they felt somewhat marginalised. These observations highlighted an uncomfortable dynamic in the partnership. This illustrated well the view of Hamel (1991) who considered transparency, receptivity and intent as being important in understanding the dynamics of partnerships. It would be important to recognise these tensions in the partnership dynamic before they become what Marks (2007: 136) described as "fault lines".

Samoff and Carroll (2002) suggested that partnership must involve collaboration that can reasonably be expected to have mutual benefits. There should be respect for the sovereignty and autonomy of both institutions, and be in itself empowering, in that it should enable both partners to be better able to specify goals, chart directions, create appropriate governance strategies, employ effective administrative routines, and focus human, material, and financial resources on high priority objectives. However in this case the concerns regarding equality appeared to undermine Samoff and Carroll's position. The partnerships focus was so clearly predicated upon what was perceived to be a University agenda many participants from the NHS struggled to see how

the process and outcome of the partnership could benefit both institutions in equal measure. Furthermore, many struggled to see how the NHS benefited beyond the production of qualified nurses. There appeared to be some concern in the development of both intellectual and social capital in this case. Furthermore, the notion of social capital appeared to be implied when it is argued that the partnership must involve mutual learning. It was difficult to argue that mutual learning had taken place in this case.

One of the most interesting observations in this case was the way that nearly all participants struggled to articulate the organizational benefits of the partnership. Benefits were largely constructed as individual in nature as opposed to collective for the organization. This was a somewhat surprising observation and requires further exploration in terms of how the participants constructed benefit for the individual rather than the collective. There is perhaps further work that is required to understand this phenomenon in particular from perspectives of institutional or organizational social capital. This could be the key theoretical contribution as the literature tends to focus on individuals and families/networks rather than organizations themselves. Certainly the perception in this case was that the collective was essentially a collection of individuals. This issue will be returned to later in this chapter within the discussion on social capital.

### *Partnership, clarity and quality of student experience*

Earlier in this chapter the concept of product as an outcome of the partnership was discussed. Whilst the notion of product was a strong theme in all responses there was also a recognition that the process of the partnership was important. References to the process of supporting students in their practice learning development were described as the clarity and the quality of the learning experience. Halper (2009) suggested that as partnerships mature the focus of success shifts to outcome rather than the process itself. There are similarities with the current case with process and outcome of the partnership linked to process and outcome of practice learning. Participants explained that their primary function was to ensure that the students' practice learning journey was clear and high in quality. Dowling et al (2004) suggests that the literature conceptualizes the success of partnerships in two main ways: process issues such as how the partners work together and outcome issues or changes to service. However, they observed that in research terms this heavily leaned towards the former. This case showed that the structural arrangements had a significant impact on process and outcome. Dowling et al. (2004) went on to construct success in partnership working as having clear dimensions of process and outcome, indicating that process success factors would include: the level of engagement and commitment of the partners; agreement about the purpose of and need for the partnership; the degree of shared vision; the



existence of interdependency between partners; high levels of trust, reciprocity and respect between partners; favourable environmental features such as the financial climate, suitable institutional and legal structures, and a history of wider interagency activity. All these factors in the partnership were deemed effective in terms of process. Furthermore satisfactory accountability arrangements, appropriate audit, assessment and monitoring of the partnership were also regarded as essential together with adequate leadership and management of the partnership.

Marriott and Goyder (2009) outlined that exemplary partnering demonstrates; ethical principles and standards, transparency and accountability, ownership and inclusivity, relevance to needs, sound planning and goal clarity, quality and impact focus and finally sustainability. To a large extent all of these were demonstrated in this study. The key relationship between the existing literature and the findings from this study are the close links with the quality of the student experience. This is explicitly associated with the quality of the product. There was a strong sense of investment in the partnership arrangements driven by the need for a quality outcome to secure the future of the NHS workforce and subsequent service delivery. This investment was seen as long term and the partnership had matured over a period of time and become more tangible in terms of these benefits. It is the notion of

investment and the more contemporary concept of return on educational investment that will be discussed next.

### *Partnership and time*

Throughout the literature on partnerships one sensed the importance of a maturation process as partnerships develop over time. The maturity of a partnership is commented on by Halper (2009), who argued that a key challenge in transforming a partnership into a more permanent arrangement is ensuring that monitoring and evaluation remain central to the management process. Furthermore, it was suggested that it is somewhat inevitable that as the maturity in the partnership grows there is a shift to the emphasis on results. The participants in this case recognised the maturity of the partnership as a strength and that the time required for this was essential, however what was interesting was that the concept of time appeared to be somewhat paradoxical in nature given the criticisms levelled at the University regarding the pace of partnership work associated with curriculum review and development.

This case supports the early evaluative work on partnerships undertaken by Scholes et al (2004). Scholes et al (2004) reviewed the emerging models of partnership working between HEIs and the NHS and identified that there were encouraging signs of joint responsibility for taking forward areas for further development and that partnerships had matured with

evidence of greater collaboration. However, at that time it was noted that a cultural mismatch between NHS and Universities had, at times, placed the partnership under strain. Whilst the cultural positions of each organization were not the primary focus of this study, it would appear from the findings that this mismatch was not as obvious now as perhaps it had been in Scholes work. Clearly these partnerships are more mature but whether the organizational cultures are closer is debateable. This study would suggest that great strides have been made on this front especially in later years. It appears that the formal partnership structures have been helpful. However the discussions around differing perceptions of the 50:50 theory practice structure of nursing courses along with other competing organizational priorities may still be feeding into a cultural mismatch. Observations from this study suggested that any massive changes in culture were not obvious. In the past couple of years nursing courses in the UK have come under rather close scrutiny in the run up to and subsequent publication of the Francis Report (2013). This report detailed the systematic breakdown of care at Mid Staffordshire Hospital. The roles of nursing and nursing education are highlighted in the report and a number of recommendations were intended to ensure that a culture of care and compassion is assured. Clearly this relates to arguments forwarded here about the product of the partnership as described in NHS staff with the right values and attributes. There will be much written and discussed over the coming months and years about the culture in the

NHS. At the heart of compassionate care sits the professional relationships that nurses have with service users and carers. It is argued that a solid partnership can enhance the experiences of students and enable them to acquire the values required of the NHS workforce for the future. The process of relationship development is very much to the fore in this scenario.

### *Partnership and the professional imperative*

The HSRC study conducted in South Africa in 2003 emphasised the importance of the interpersonal and professional relationships in the establishment of good collaborative working arrangements. Participants in this study articulated the importance of the interpersonal relations they enjoyed. Some described this as significant in achieving good outcomes. However, on a professional level the influence of the external driver from the professional body standards in this area of work should not be underestimated. Participants in this case were well versed in the practice learning standards and many described that their working practices were primarily shaped by these standards. In doing so the evidence would be to hand when any educational monitoring or audit took place. This was clearly of greater significance for the University staff in the partnership.

## *Social capital and Partnership reconsidered*

Having discussed the findings in relation to the literature on partnerships this chapter will now focus on the findings in related to literature on social capital. A number of themes related to social capital have been identified.

The following observations have helped shape the discussion;

- Communities of practice education and social capital
- Perceptions of equality in community constituents (The real life pecking order)
- Social capital and structure (Formal v Informal arrangements in the partnership)
- Social capital and networks of learning (benefits for individuals, organizations, key players, social intelligence)
- Social capital and capability
- Building social capital over time (Historically developed stability, long term investment in partnership, ownership, challenges posed by the passage of partnership time)
- Social capital as investment
- Social Capital and health, education and nursing

Throughout the fieldwork and the subsequent analysis of the data the findings were subjected to further review utilising the lens of social capital. This was primarily based upon the forms of social capital as defined by Ostrom and Ahn (2010: xiv) in the context of creating

collective action. These are; trustworthiness, networks and formal and informal relationships. These forms of social capital are also key to the work of Coleman (1988). There are a number of comparisons that can be drawn between Coleman's work and the present case. It is argued that this is appropriate within this current context as within his paper entitled "Social Capital in the creation of Human Capital" He introduced the concept of social capital in its broad generality but then pursued this within an educational context. The identified comparisons will now be discussed.

Coleman (1988) suggested that social capital is not a single entity but a variety of entities that consist of some form of social structure. As we have seen in the present case the importance of structure was highlighted by many participants. Coleman went on to emphasise the importance of the trustworthiness of the structures. In the current study, whilst the structures were strong, this appeared to have been challenged by some participants from the NHS who created co-structures for associated specific purposes. Additionally the formal partnership structures as outlined in the formal partnership documentation (SEC and PiP) created a sense of obligation and expectation which became the "social norm". Whilst there was some minor disagreement regarding obligations there appeared to be a clear set of expectations about how the partnership should "play out". In relation to Coleman's view on obligations and

expectations it is argued that the obligations were different between the partners with what appeared to be a greater set of perceived obligations resting with the University. This goes some way to explaining why a number of participants felt the University “called the shots”. Evaluation of similar partnerships over the past 15 years suggest that the overall responsibility has been perceived to rest with the University despite the stated references to a 50:50 academic/practice curriculum delivery model.

Coleman (1988:102) also discussed the notion of “credit slips” as the currency of obligation. However the dimensions of obligation in this partnership did not lend themselves well to this analogy. Coleman admits that social capital is less tangible than physical capital as it exists within the relations. Obligation appeared to link to the notion of production as outlined earlier in this chapter. Obligation within the partnership chimed with the obligation create a future credible, competent workforce. The NHS constitution DoH (2009), lays down the objectives of the contemporary National Health Service, the rights and responsibilities of the various parties involved in health care, (patients, staff, trust boards) and the guiding principles which govern the service. One of the guiding principles of the constitution is that the NHS should work across and in partnership with other organizations, such as Universities in the interest of patients, local communities and the wider population. The NHS is an integrated system of organizations and services bound together by the

principles and values reflected in the Constitution. It is argued that the future interests of patients will be assured through a steady flow of competent, qualified, practice ready nurses entering the system. From that perspective the concept of production and the quality of production took on a greater significance. The relationship between social capital health and nursing is one that is well described in the literature and whilst the relationship with health was not the primary focus of this study it is certainly worth a mention in this discussion. A number of factors have been shown to have an impact on a nation's health. Veenstra (2001) suggested that individuals tended to be healthier the higher they are on the income ladder; however nations with higher GDP per capita are not necessarily the healthiest ones. Other factors appear to be involved and some suggest that equality may affect health through its impact on social cohesion and social capital. The concept of social capital coincides with serious attention being paid by population health researchers around the nature of social relations and society. Wilkinson (1996) and Lynch and Kaplan (1997) proposed that societies with a high degree of income inequality are also ones with low levels of social cohesion. This notion is supported by Kennedy et al (1998) who suggested inequality can lead to decreased participation in the public space and to greater mistrust which in turn can have a negative influence on health. Furthermore Veenstra (2001) forwarded that the forms of social capital may influence health related behaviours by promoting diffusion of health related information.



When applied to the nursing education curriculum an understanding of the interplay between the social determinants of health and capital becomes a fundamental area of study. Furthermore in recent years we have seen a greater emphasis placed on the integration of health and social care with an overarching requirement for the NHS to work in collaboration with local government to deliver seamless services. Clearly the gains forged in partnerships around nursing education can enable the transition of future practice learning opportunities within the new world of greater integrated services. The work of the partnership in the future may become much more diverse as a result. In addition, when one overlays the new commissioning arrangements within the NHS that came into place on April 1<sup>st</sup> 2013 as part of the Health and Social Care Bill (2013) then the NHS landscape becomes more cluttered and complex with the emergence of independent providers and new partnership settlements.

The information that exists within social relationships is another important form of social capital. Coleman suggested that information can be a basis for actions. Information acquisition can be costly and requires investment. One of the interesting observations in this case was the two tier structure for Practice Education facilitators working in the NHS. Some were "project PEFs" and had been appointed through financial resource allocated by the Scottish Government and NHS Education for Scotland. Others were locally employed and as a consequence did not have access to the information that flowed from Government to the project PEFs. The project PEFs had

access to a national forum run by the Government and in that sense had access to greater networks and information regarding national developments around role. Whilst this was largely played down by project PEFs it appeared to be highly significant to non-project PEFs who consequently felt marginalised. This had inevitably set up some tensions in the PEF community. This was a stark example of the importance of information as part of the capital in the partnership. Another interesting observation concerned the flow of information within the partnership itself. Information flow was seen as coming in one direction; from the University to NHS. Some PEFs recognised this as inevitable given the differing roles of the partners but others felt misinformed or informed about significant issues "late in the day" putting them at a distinct disadvantage. Read (2013) examined workplace social capital in nursing, which she described as an evolutionary concept. Read recognised elements of nursing social capital as networks of social relationships, shared assets and shared ways of knowing and being. The antecedents were identified as trust, communication and positive leadership practice. This latter antecedent is interesting in the context of this case where there was criticism of a lack of positive leadership within the PEF group. Certainly a contemporary discussion within the NHS centres on changing cultures. It is argued that a more openness and transparency can be achieved through strong clinical nursing leadership. Read went on to suggest that there were clear benefits for nurses, patients and

organizations if the culture were to shift in that direction. This final point appears to be at odds with the current case where articulation of organizational social capital and benefit from partnership working was problematic.

Coleman (1988:104) also makes reference to the establishment of norms as an important element of social capital. He stated that "a prescriptive norm within a collectivity that constitutes an especially important form of social capital is the norm that one should forgo self interest and act in the interests of the collectivity". It is argued that in this case the maturity of the partnership has been instrumental in the establishment of the norms associated with practice learning activity. Everyone described a clear sense of purpose in their roles and the structures and protocols had cemented the norms of the activity. However, there were some examples of where PEFs described the personal benefits of the activity and their involvement in the partnership that had in a sense fostered "self interest". Many PEFs described the advantages that had been secured for them both personally and professionally as a result of their involvement in partnership work. Indeed others had consciously set up other informal structures within the partnership to enable other interests to be pursued; for example where the PEFs working in the community practice settings had set up a separate meeting structure. It appeared that the purpose of this was in part the self-interest of participants and not simply a means of enhancing the practice learning experiences of students.

However, as Coleman went on to argue strengthening the norms in a partnership can stifle ongoing creativity or have detrimental effects in other areas. The structures and purpose of the partnership in this case could fit with this analogy. For example the highly influential “external” factors such as professional audit and metric achievement appeared to be so powerful that a conservative line around new ways of working in the partnership had emerged. Dissent from the agreed norm was frowned upon, with participants from the university in particular holding a stronger conservative view than those in the NHS. This seemed to have been compounded by the external audit process that was very much grounded in a risk management approach. This was demonstrated in the partnership as risk averse actions supported by tight structure. Earlier in this chapter the importance of social structure within the partnership was recognised and discussed. Coleman (1988) outlined the significance of social structures as related to the development of social capital and proposed that there are certain attributes about structure that have relevance, these attributes will now be discussed.

Coleman also suggested that norms arise as an attempt to limit negative and maximise positive effects from the environment external to the social network. The professional imperative that underpinned this partnership was a key factor. He went on to suggest that the norm creation process does not always follow and in these cases it is a result of a lack of closure within the social structure. The question to be asked in this case is

whether this partnership was an example of a closed social structure? Closure of the social structure is important for the existence of effective norms and also for trustworthiness as it allows for the proliferation of obligations and expectations. What is being argued in this case is that the potential sanctions from the external risk assessment of partnership working could be so negative on reputation that participants ensured the social structure was closed. Coleman (1988: 107) goes on to state that "Reputation cannot arise in an open structure". As the reputation of the University was at stake the structures and the behaviours of the participants ensured that the system is a closed one. As a consequence closure within the partnership led to a strong sense of trustworthiness. This appeared to be the case with nearly all the participants interviewed.

A further dimension of social structure related to where a structure with an original purpose can be utilised for other purposes. Whilst this is discussed in the social capital literature there was little evidence that this had occurred in this case. Primarily the partnership focused on practice learning activity and the structures and processes required to advance this. However, the importance of structure was seen as significant and therefore demanded some further thought. In Chapter 1 reference was made to a conceptual model of social capital within which three elements of social structure were displayed (Adler and Kwon 2002). Given the significance of structure in this case each of these elements will now be discussed.

Adler and Kwon (2002) referred to a set of relations that play a key role in our understanding of social capital. First they make reference to hierarchical relations as important in terms of the specification of work and decision flows. In this case an elaborate structure was set up to manage the flow of information and decision making within the partnership. Some argued that this structure was determined and controlled by the university and associations were made between this and the need to meet an external professional influence. This created a formality in the relationship that could through the passage of time yield clear evidence that professional standards had been met. Adler and Kwon recognised that whilst some literature, (Putnam 1993) emphasized a bottom up view of social capital creation there were others (Ostrom 1994, Levi 1996 and Woolcock and Narayan 2000) who stressed the top down role of formal institutions and legal rules in facilitating the emergence and maintenance of social capital and trust in civil society. Some participants in this case referred to an inequality in relations that suggested that the university was the dominant partner. It was also evident that participants deferred to the professional standards on practice education as a key driving influence that shaped the formal structures. This hierarchical professional structure was a positive whilst it also had a destructive element by alienating some of the NHS participants. The notion of hierarchy as a facilitator of social capital runs against liberal and antiauthoritarian ideologies in social research where the assumption is

that hierarchy is fundamentally destructive. Adler and Kwon (2002:28), however argue that "A more objective assessment reveals the possibility of both negative and positive effects" and conclude that "Analogous dynamics are clearly at work in the role of formal authority in organizations".

The second strand of the structural relationships outlined by Adler and Kwon (2002) referred to the market. They outlined that thinking tended to suggest that over a period of time the market corrodes social capital. It is argued here that notions of market as defined in classical terms did not play a significant part in how the partnership was formed. However in relation to how the partnership was sustained market forces, associated with professional reputation, did have a significant influence. The final element of Adler and Kwon's model is located in the social dimension. The participants in this case had a number of social relation characteristics that helped to form bonds within the partnership. All were nurses by professional background and had developed expertise in education and in particular practice education. All shared a clear sense of fundamental purpose within the partnership albeit "imposed" by professional agency. All of these factors came to together to create a synergy and internal integrity for the partnership.

## **CHAPTER SIX**

### **CONCLUSIONS, REFELCTIONS AND FUTURE RESEARCH**

This final chapter will draw together a number of conclusions, reflections and recommendations for future research into the partnership arrangements between universities and the NHS in healthcare education. The gap in the existing body of knowledge will be re-clarified in order to outline what the thesis has achieved. The original research aim and questions will be restated, a brief outline of the methodology and methods employed will be presented and the key findings outlined in order to evaluate what gaps in knowledge and understanding have been filled. Furthermore, building on the work presented in the previous chapter, an indication of how the findings have either reinforced or challenged the existing literature will be presented. The limitations of the study will be discussed along with a personal reflection on the challenges and rewards of working through the process. Finally a range of areas for future enquiry will be identified.

An initial literature review yielded information related to ideologies, definitions and the determinants of the partnership concept. In addition the literature outlined how partnerships were set up, delivered and evaluated in a range of settings including; higher education, health and



social care and education. It helped to shape an understanding of both the concept and the operation of partnerships in social environments. However, in relation to nursing education partnerships the literature was scant. It was acknowledged that the general literature may well apply to partnerships between universities and the NHS but little existed on how this worked beyond some early evaluative work from Scholes et al (2004). Indeed there was little that explored what the overall benefits were in reality. A number of gaps in understanding were thus identified which shaped the direction of the thesis. These gaps were identified as;

- A lack of understanding regarding the day to day operation of the partnership, especially given the partnership was a professional requirement.
- How much the partnership had changed since the evaluation by Scholes et al in 2004, especially given that several key changes to the nursing curriculum had taken place since then?
- How the partnership dynamic had changed, if at all, given the passage of time and the ensuing changes in nursing education.
- A lack of knowledge about how the participants in the partnership worked to meet the outcomes.
- What links there might be between partnership and the theoretical perspectives of social capital?

Having identified these gaps the overall aim of the study was to explore the experience of both academic and practice staff engaged in an educational partnership between one School of Nursing and an NHS partner. This was specifically focused on the planning, development and delivery of the practice learning element of the pre-registration nursing curriculum. Whilst the partnership had been in place for some time driven by a professional imperative there had been little formal research into how this type of relationship had developed beyond some early work from Scholes et al (2004). What was of interest in this thesis was how the relationship had developed from that point in time, how the structures that had emerged to shape the everyday practice of the partnership were influencing partnership work and how the key participants in the partnership viewed their roles in achieving an effective outcome.

A set of questions were devised around these ideas and were set out in Chapter One.

These were:

- How does partnership working manifest itself in this context?
- What are the formal and informal structural relationships for partnership working?
- What are the factors that motivate participants to engage in partnership working?

- What essential abilities/competencies are required to engage in partnership working?
- What are the perceived benefits and risks for the participants and their organizations?
- What are the determinants of successful “educational partnership working” as constructed by key participants at the HEI/NHS interface?

In an attempt to answer these questions an exploration of research approaches and methods was undertaken to choose an appropriate methodology along with a set of data collection and analysis tools. The chosen approach was that of a case study designed using the work of Yin (2003). The case study data were collected through a qualitative research process underpinned by social phenomenology (Schutz 1967), and analysed using a framework based on the work of Hycner (1999). The data collection methods chosen were; documentary analysis of formal partnership agreements along with a series of semi structured interviews with staff from the both partner organizations. The theoretical framework adopted was that of social capital and in particular the ideas articulated by Coleman (1988), Ostrom and Ahn (2003) and Adler and Kwon (2002).

The analysis of the data revealed a number of key findings. Firstly a number of interesting perspectives on partnership emerged as themes;

the strongest of which were; production, structure, equality, ambiguity of benefit, organizational advantage, time and leadership. Secondly it was evident that the partnership had developed and become much more robust since the Scholes et al evaluation in 2004. Whilst it had become stronger it had also become more complex and what was marked was the importance of strong structures to maintain the partnership. Indeed the third key finding was how important the role of structure played in the everyday operation of the partnership and how the impact of structure had significantly influenced the dynamic relationship between the partners.

Fourthly it was recognised how crucial the professional imperative was in shaping the structure and the dynamic of everyday work in the partnership. The professional imperative had led to a situation where the university was perceived as the dominant partner exemplified by practices that mitigated against professional risks and associated negative reputational forces. The power dynamic had been clearly affected by this particular phenomenon. Fifth the benefits of the partnership arrangements were predominantly reported as being mainly outcome focussed. The theme of partnership as a means to production strongly emerged from the interviews. However, whilst this was clear in terms of the educational endeavours focussed on students, it was less clear in other elements of the partnership. It was identified that the articulation

of collective partnership benefit was challenging. It was concluded that benefits for individuals involved in the partnership far outweighed collective benefits.

Finally through the analysis and application of a framework based on social capital a narrative was established that offered clear links between the ideas forwarded by Ostrom and Ahn, Coleman, Adler and Kwon and this partnership. Indeed the theoretical framework of social capital as described by Coleman (1990) in terms of trustworthiness, information, obligations, norms, networks and formal and informal relationships could be explicitly applied.

Having identified the gaps in the existing knowledge and understanding of this type of partnership earlier in this chapter a number of conclusions can be forwarded. The thesis has allowed a much better understanding of the nature of this partnership with some new ideas being represented by concepts of production, equality, structure and the specific dynamics of everyday partnership work. Secondly it has offered an update on progress from the evaluative evidence provided by the work of Scholes (2004). Partnerships are clearly stronger yet more complex. The skew of the professional imperative in the relationship appeared to have a significant influence on the partnership dynamic. Continuing partnership work should be cognisant of this and the impact this can have on the achievement of

broader outcomes. The obvious importance of partnership structures was another significant area which requires further analysis. Finally examining the links to the social capital literature has helped to broaden our understanding of how benefits in a partnership are constructed. What is clear is that there is a propensity to consider benefits in terms of the individual rather than the collective.

The results from this case study were largely supportive of the existing literature which was reassuring; however there were some observations which were at odds with the established literature in this field. In addition clear links were established to the social capital literature which are important to report. Reference to a number of literature links have been made in the previous chapter, however it is important to note the following aspects of the literature where this study reinforced existing views. Firstly ideas originally offered by Trim (2001) and Davies and Smith (2004) were very much to the fore where the total effect of partnership effort is greater than the sum of the partners working alone. Investment in the partnership over time was considered hugely beneficial. This was manifested in the discussion around the concept of "product". This also linked to literature on partnership maturity and the importance on results (Halper 2009). The emphasis on production of high quality qualified nurses echoed Halper's concept of results. It was clear that the partnership was well oiled in its processes and with the key function the achievement of the required outcomes. An embryonic maturity in the

relationship for nursing education and the NHS was evident in Scholes work from 2004 and the present study reinforced the process of maturity as evidenced through a much more complex and robust set of dynamic relations. It certainly appeared that formal partnership structures had been fashioned to support maturation and secure sustainability of effort.

Turning in detail to the theme of structure; two of the partnership types proposed by Donaldson and O'Toole (2000) were easily described. The bilateral type was in the main explicit, however power dynamics fuelled by professional standards had shifted the type into the dimensions of the dominant. Clear links between the concepts of dominance, risk and reputation were established. Whilst product and the professional standards can be construed as collective benefit, participants were extremely challenged trying to articulate benefits beyond that enjoyed by individuals. In doing so this connected with literature on social capital and in particular the work of Coleman (1990) who explicated the benefits of this type of capital as essentially individual in nature. Finally the partnership as observed demonstrated many of the attributes that Marriott and Goyder (2009) described as exemplary; ethical standards, transparency, relevance to need, sound planning and goal clarity and sustainability.

However, the study did reveal some elements of the partnership at odds with the existing literature. Firstly, partnership structure was strong and clearly defined in the formal partnership documentation, and this challenged the notions of definitional chaos as espoused by Ling (2000). This partnership was extremely well defined and certainly showed no sign of chaos. Despite some of the obvious notions of equality and mutual benefit described in the literature this study challenged the ideas forwarded by Samoff and Carroll (2002). They indicated that mutual benefits should be reasonably expected which in turn should enhance the capacity of each partner. It was clear however that on two fronts this notion can be contested. Firstly participants found it difficult to articulate exactly what this enhanced capacity was for their organization and secondly the professional imperative skewed the power dynamic in favour of the university. The partnership was therefore not always seen as mutually beneficial. Finally the concept of a cultural mismatch and its associated strain on relations between the university and the NHS as outlined in Scholes et al (2004) was not overt. It is argued that the maturity of the partnership and the much more prevailing business orientation of each partner has helped the organizations to find mutual cultural ground.

Whilst there are many positive aspects to this case study which greatly contribute to our understanding of the partnership there are a number of



limitations which require further exploration. Additionally, it is recognised that the case study could only explore a limited number of dimensions of this type of partnership, with other dimensions equally worthy of study. A series of limitations have been identified which will now be discussed.

It was stated from the outset and reinforced throughout the case study that the professional requirement for such as partnership is clear. Indeed the forced partnership position was one that required consideration throughout. A key question for any case study is how typical the case might be. Therefore in terms of the strength of this case study one has to ask how typical might this example be? We know that all Universities offering nursing education programmes in the UK must have this type of relationship so does this case study stand up in terms of its generalizability to the rest of the UK? Might the fact that the study took place in Scotland have an impact? There are quite specific differences between the four countries of the UK in terms of the commissioning arrangements for nursing education and how these might be managed and reviewed by the commissioners. The constant factor would be the relationship with the NMC as professional body and what they require of the Universities and the NHS. It is therefore argued that from a professional perspective the case should be typical. However if there were other aspects to the partnership influenced by local commissioning arrangements then the case may be atypical. For example, a comparison

of the differences in commissioning arrangements between partners in England and Scotland revealed significant local differences. Therefore any comparison between this case study and partnerships in the rest of the UK would need to take this into account.

Secondly it would be important to note the limitations of the case study in terms of who could have potentially participated. For logistical reasons the scope of the participants was limited. Key participants from both the NHS and the University were accessed, however the study could have elicited views from others in both organizations such as practising nurses working as mentors supporting the student nurses engaged in practice learning. Indeed students views themselves could have been elicited. Alternatively a managerial or leadership perspective could also have been gathered by interviewing managers in both organizations who had a vested interest in the partnership. It is postulated here that perhaps the concerns expressed about leadership in the process of the partnership might have been better understood had a wider net been cast to capture the views from other stakeholders. That said the current study has helped to clarify a series of other questions, including aspects of leadership, that in the future could be usefully pursued.

An important element of undertaking any piece of substantive work such as this thesis should be a personal reflection on the process in order to

identify personal learning. A specific focus on learning related to the completion of this thesis is undertaken which will focus on methodological, ethical and research process issues. The personal learning that emerged from working through the thesis process will be outlined.

The process of developing and delivering the thesis has been lengthy and at times personally challenging. A personal interest in how the educational partnership between the university and the NHS had been there for some time. The thesis allowed a more detailed in depth analysis of this. The key partnership concepts that supported the initial ideas emerged quite easily from the review of the literature. This helped to direct the line of enquiry which was then explored through both the interviews with participants and a review of the key partnership documents. The fact that this was a study being conducted within my own work environment and one that involved people I may have line managed led to a discussion about insider research and provided some initial ethical challenge. Indeed the process of engaging in this type of work which required access to participants who were employed by the NHS meant that the ethical permission for the study was much more protracted and complex than had at first been envisaged. This delayed the move from the theoretical idea of the thesis to the practical aspects of fieldwork and some personal impetus was lost. However, once the ethical approval from the NHS had been obtained the

fieldwork commenced and this was probably the most enjoyable aspect of the work. The work required for ethical approval was significant and on reflection engaging some expert advice at that stage would have been helpful and could have helped to maintain momentum. Advancing in to the data collection stage was enjoyable and the interviews went well. Within a short period of time a tranche of data had been acquired.

The key methodological discussions centred on the proposed use of phenomenology. Following discussions on the various approaches that could have been adopted the study settled on an exploration and underpinning of the social aspects of phenomenology as described by Schutz (1967). However, the relationship and application of this work proved immensely challenging and as such, following a supervision discussion, was simply noted as having a more general rather than specific influence on the thesis. In essence the theoretical and methodological approach was much better shaped by issues emerging from both the literature on partnership and the chosen work on social capital. It was reassuring to see that this choice also worked well when it came to analysis and interpretation of the data. These two aspects made a significant contribution to the analytical debate at that stage and in addition helped to point the way to future work in this area.

With reference to the data analysis procedures a phenomenological approach as described by Hycner (1999) as adapted into a simplified version by Groenewald (2004) was implemented. In reality the process of bracketing as defined by each was applied although whether the essence of their interpretation was realised is open to debate. The concept of adopting a completely neutral position was one which was challenging given the insider research position. Therefore the idea of continually listening and re listening to the interview tapes was adopted as a means of attempting to really understand the real positions of those interviewed. The generation of themes was something familiar to me from previous work, but gained a greater level of significance in this study given the guidance from Hycner. In the final analysis a certain level of confidence was generated that the principles of the approach had been applied in spirit if not exactly to the letter of the law. A rigorous cross examination of the themes and subthemes was undertaken to ensure the partnership and social capital themes were strong enough for discussion. This was subject to a validity check from the participants. The transcripts of interview were returned to each participant for checking along with initial clusters. In doing so confidence was generated that the analysis clusters and themes would stand up to both internal and external scrutiny. Using the actual words of participants in the thesis helped to support the analysis and worked as a further reassurance check that the interpretation was fair in the context of this particular case.

Probably the most time consuming and ultimately challenging aspect of the whole process was the write up. At times this was incredibly difficult and required enormous personal effort to stay on track. This was actually quite surprising and demanded real resilience, especially at times when other work commitments were clashing. Having said that it was really only the final couple of chapters where the findings were discussed and analysed that proved the most difficult. This happened to coincide with a series of personal family issues that proved a real distraction. Nevertheless with a concerted effort the final chapters came together. In the end the work was completed in several intense sessions as opposed to a sustained effort over a period of time. Having completed the work there was a real feeling of achievement. The most influential elements personal and professional learning are focussed on the research process, the analysis and the engagement in a professional and theoretical analysis which will stand me in good stead for future work.

Having completed the work it is clear that this case study does add to the knowledge in nursing education about the importance of and future directions of partnership working. This applies not only to the relationship with the NHS but increasingly with other organizations in the commercial, independent and voluntary health sectors. It would seem appropriate that further evaluation of the state of partnerships across the four countries of

the UK is needed as the literature reveals a dearth of genuine evaluative material in this context.

There are a series of questions that have emerged from this study which could shape a future partnership research agenda. The first of these questions relates to concerns about leadership. Interestingly the national debate on healthcare leadership is one that rages and one which has gained traction since the revelations from Mid Staffordshire Hospital (Francis 2013). The quality and nature of healthcare leadership has been offered as a possible reason for some of the troubles the NHS has encountered as it changed to meet the ever diverse requirements of an ageing population in the UK. Therefore, one area of future research interest would be to explore the concept of leadership in partnering arrangements as they move forward. In addition there are links to concepts of social capital being discussed as part of this agenda. Read (2013) suggests that "Workplace social capital of nurses is a valuable concept for nursing leadership, research and application because it captures the value of social relationships at work for nurses, their patients and healthcare organizations". Read goes on to argue that nurse leaders can enhance nurses' social capital at work by communicating effectively, engaging in positive leadership practices and cultivating trust. Indeed workplace social capital has several positive outcomes for nurses and the richness and depth of nurses' knowledge and ways of being and knowing,

represented by the concept, are valuable resources that can be incorporated and exploited in decision-making. This is especially so as the health focus culturally shifts from one that focuses almost exclusively on economic capital as its bottom line to one where values and behaviours of workers are prioritised.

Future studies exploring workplace social capital as identified by other healthcare professionals would be a logical next step in understanding how nurses' workplace social capital fits with the social capital of a healthcare organization as a whole. This could result in the articulation of a comprehensive model of interprofessional social capital. Returning to the concept of partnership there is perhaps scope to look at how the educational partnership works for other healthcare professionals as they also require a form of partnership to realise quality learning placements. Other healthcare professionals have different professional body arrangements which may not be as tight as those exercised by the NMC. Finally Read also suggests that researchers could develop and test measurement tools that operationalize the concept of social capital with appropriate validity and reliability to measure the concept consistently. Being able to measure and quantify nurses' workplace social capital would provide another avenue for assessing the value of future partnership arrangements.



Two other emerging aspects have the potential for future research. It was clear that the equality of the perceived relationship was wrapped up in the professional guidance about the course requiring a 50:50 split between practical and theoretical instruction. This fact appeared to have been deconstructed by participants in a number of ways that added complexity to the perception of equality. There is scope for further work exploring this notion of the 50:50 relationship in order to gain a better understanding of perceptions. Indeed how this manifests itself in the actions of participants in the NHS is of interest to strengthen the partnership. There is potential for tensions to be set up if differing operational perceptions persist as was described in this work. Finally it was clear that when asked to articulate the mutual benefits at a collective or organizational level participants really struggled. Notwithstanding comments forwarded earlier in this chapter about the scope of this thesis there is work that could be pursued exploring in more detail organizational partnership benefit.

Partnership working between universities and the NHS in the delivery of health profession courses is well established. The policy of partnership remains a professional requirement NMC (2010) although there remains little research on how effective these partnerships are. Given that the NMC will continue to monitor the state of partnerships there could be scope for a detailed evaluative review across the UK as they have

extensive data in institutional reports. This study clearly contributes to our understanding how these partnerships work. However, the changing NHS architecture in England with the emergence of Local Education and Training Boards (LETB) and Councils (LETC) charged by Health Education England (HEE) to manage the local arrangements for commissioning of both medical and non-medical healthcare education adds another dimension to the nature of partnerships. Indeed it offers an opportunity for some comparative evaluation across the four countries of the United Kingdom. The new arrangements in England are expected to work on a “provider led” approach with healthcare providers directing the future commissions of education programmes in response to more robust systems of workforce planning. This system will certainly change the dynamic between Universities and the NHS. Quite how this will play into the educational partnership examined in this thesis remains to be seen. There is already evidence at a local level of the LETCs having a significant influence on audits of education quality beyond existing arrangements. This situation is in its early stages of development and is one being eyed by other countries including Scotland where the relationship is seen more on a national level.

The education partnerships between universities and the NHS should continue to be explored. This thesis contributes to that exploration and offers a series of new perspectives on both the outcome and the process

of partnership working. The work will be of interest to all nurse educators as they manage their own versions of partnership across the UK. Partnership remains a professional requirement and this fact was shown in this thesis to be of significance when the dynamics of the work were investigated. It is an important element in contemporary versions of the partnership which have strengthened and become more complex in their design and delivery. What is also clear from this thesis is the ease with which theoretical perspectives of social capital can be applied. It not only offered a framework for analysis but provided an insight into the perspectives of the key participants. This type of partnership remains absolutely relevant and this thesis goes some way in advancing our understanding of the phenomenon and how it might sustain and develop as we move forward.

## REFERENCES

Adler, P., Kwon, S. (2002) "Social Capital: Prospects for a new concept"  
*Academy of Management Review*, 27, 1, p17-40

Alcock, P., Scott, D. (2002) Partnerships with the voluntary sector: can  
Compacts work? in: Glendinning, C., Powell M., Rummery K. (Eds)  
*Partnerships, New Labour and the governance of welfare* The Policy Press,  
Bristol

Alvesson, M. (2003). Methodology for close up studies—Struggling with  
closeness and closure. *Higher Education*, 46, p167-193.

Anderson, G., Herr, K (1999) "The new paradigm wars: Is there room for  
rigorous practitioner knowledge in Schools and Universities?" *Education  
Researcher*, 28, 12, p12-21,40

Baldacchino, G. (1995) Labour formation in small developing states: a  
conceptual review. *Compare*, 25, 3, p263-278.

Balloch, S., Taylor, M. (Eds) (2001) *Partnership working: Policy and  
practice*, The Policy Press, London.

Baxter, P., Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13, 4, p544-559.

Becker, G. (1964) *Human Capital: a Theoretical and Empirical Analysis with Special Reference to Education*, Columbia University Press, New York.

Billett, S., Ovens, C., Clemens, A., Seddon, T. (2007) Collaborative working and contested practices: forming, developing and sustaining social partnerships in education *Journal of Education Policy*, 22, 6, p637-656

Bourdieu, P. (1979) *La distinction: critique sociale du jugement*. Editions de Minuit, Paris.

Bradshaw, T. (2000) Complex community development projects: collaboration, comprehensive programs, and community coalitions in complex society, *Community Development Journal*, 35, 2, p133-145.

Brannick, T., Coghlan, D. (2007) "In Defence of Being Native: The Case for Insider Academic Research" *Organizational Research Methods*, 10, 1, p59-74

Breitenbach, E., Erskine, A. (1997) Participation in the anti-poverty project, *Community Development Journal*, 32, 2, p159–168.

Bridges, D. (2003) *Fiction written under Oath? Essays in Philosophy and Educational Research*. Kluwer Academic Publishers, Secaucas, New Jersey.

British Educational Research Association (2004) *Revised Ethical Guidelines for Educational Research*, BERA, Southwell, Nottinghamshire

Brown, J. S., Duguid, P. (1991) "Organizational learning and communities of practice: Toward a unified view of working, learning and innovation" *Organization Science*, 2, 1, p40-57

Brown, S. (2006) "The experiences of lecturer practitioners in clinical practice" *Nurse Education Today*, 26, 7, 601-608

Burt, J. (1997) The contingent nature of social capital *Administrative Science Quarterly*, 42

Burt, R. (2000) "The network structure of social capital" *Research in Organizational Behaviour*, 22, p345-423

Cardini, A. (2006) 'An analysis of the rhetoric and practice of educational partnerships in the UK: an arena of complexities, tensions and power', *Journal of Education Policy*, 21, 4, p393– 415

Carlisle, C. Luker, K. Davies, C. Stilwell, J. Wilson, R. (1999) "Skills competency in nurse education: nurse managers' perceptions of diploma level preparation" *Journal of Advanced Nursing*, 29, 5, p1256-1264

Charnley, E. (1999) "Occupational stress in the newly qualified staff nurse" *Nursing Standard*, 13, 29, p33-36

Cassidy, T., Paksima, S. (2007) *Global Education Initiative (GEI) Model of Effective Partnerships for Education*. World Economic Forum, Geneva

Clegg, S., McNulty, K. (2002) Partnership working in delivering social inclusion: organizational and gender dynamics, *Journal of Education Policy*, 17, 5, p587–601

Clarke, J., Glendinning, C. (2002) Partnership and the remaking of welfare governance, in: Glendinning, C., Powell M., Rummery K. (Eds) *Partnerships, New Labour and the governance of welfare* The Policy Press, Bristol

Coffey, A., & Atkinson, P. 1996. *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage.

Coghlan, D., & Brannick, T. (2005). *Doing action research in your own organization (2nd ed.)*. Sage, London.

Coleman, J. (1990) *Foundations of social theory* Harvard University Press, Cambridge, MA

Coleman, J. (1997) Social capital in the creation of human capital, in: Halsey, A., Lauder, P., Brown A. (Eds) *Education: culture, economy, society* Oxford University Press, Oxford

Council of Deans for Health (2010) *Tomorrow's Nurse (Draft Council of deans Paper)*, COD, London

Crabtree, B. F., & Miller, W. L. (Eds.). (1992). *Doing qualitative research: Research methods for primary care* (Vol. 3). Newbury Park, CA: Sage.

Creswell, J. W. (1994). *Research design: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.



Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.

Davies, S., Smith. T. (2004) Managing university clinical partnership: Learning from international experience, *Journal of the programme on institutional management in higher education: Higher education management and policy*, OECD, 16, 2, p63-71

Delanty, G. (1997) *Social Science: Beyond Constructivism and Realism*, Open University Press. Buckingham.

Denzin, N. (1978). *The research act: A theoretical introduction to sociological methods* (2nd ed.), McGraw-Hill, New York

Department of Health (2001) *Shifting the balance of care in the NHS: Securing delivery*, HMSO, London

Dhillon, J. (2005) The rhetoric and reality of partnership working, *Journal of Further and Higher Education*, 29, p211–219.

Dickson, M., Gewirtz, S., Halpin, D., Power, S. & Whitty, G. (2003) Education Action Zones: model partnerships? in: Franklin, B., Bloch M., Popkewitz, T. (Eds) *Educational partnerships and the state. The*

*paradoxes of governing schools, children and families* Palgrave Macmillan,  
New York

Donaldson, B. O'Toole, T. (2000) Classifying relationship structures:  
relationship strength in industrial markets, *Journal of Business &  
Industrial Marketing*, 15, 7, p491-506

Dowling, B., Powell, P., Glendinning, C. (2004) Conceptualising successful  
partnerships *Health and Social Care in the Community*, 12, 4, p309-317

Druce, N. Harmer A. (2004) *Global Health Partnerships, Study paper 6:  
The determinants of effectiveness: partnerships that deliver, review of the  
GHP and business literature*, DFID Health Resource Centre, London.

Economic and Social Research Council (2010) *Framework for Research  
Ethics* (FRE),  
[http://www.esrcsocietytoday.ac.uk/esrcinfocentre/opportunities/research  
\\_ethics\\_framework/](http://www.esrcsocietytoday.ac.uk/esrcinfocentre/opportunities/research_ethics_framework/) accessed 06/12/10

English National Board for Nurses, Midwives and Health Visitors (1990)  
*"Framework for continuing professional education for Nurses, Midwives  
and Health Visitors"* ENB London

Evans, K. (2001) "Expectations of newly qualified staff nurses" *Nursing Standard*, 15, 41, p33-38

Falconer, P., McLaughlin, K. (2000) Public-private partnerships and the 'New Labour' government in Britain, in: S. Osborne (Ed.) *Public-private partnerships. Theory and practice in international perspective* Routledge, London

Foskett, R. (2005) "Collaborative partnership between HE and employers: a study of workforce development" *Journal of Further and Higher Education*, 29, 3, p251-264

Fouche, F. (1993). Phenomenological theory of human science. In J. Snyman (Ed.), *Conceptions of social inquiry* (pp. 87-112). Pretoria, South Africa: Human Science Research Council

Franklin, B., McCulloch (2003) Partnerships in a 'cold climate': the case of Britain, in: B. Franklin, M. Bloch T., Popkewitz (Eds) *Educational partnerships and the state. The paradoxes of governing schools, children and families* Palgrave Macmillan, New York

Frazier, G., Spekman, R., O'Neal, C. (1988) "Just-in-time exchange relationships in industrial markets", *Journal of Marketing*, 52, p52-67.

Fukuyama, F. (1995) *Trust. The social virtues and the creation of prosperity* Hamish Hamilton, London

Gage, N. (1989) "The paradigm wars and their aftermath: a historical sketch of research on teaching since 1989" *Educational Researcher*, 18, p4-10

Gamarnikow, E., Green A. (1999a) Developing social capital: dilemmas, possibilities and limitations in education, in A. Hayton (Ed.) *Tackling disaffection and social exclusion. Education perspectives and policies* Kogan Page, London

Gamarnikow, E., Green A. (1999b) The Third Way and social capital: Education Action Zones and a new agenda for education, parents and community?, *International Studies in Sociology of Education*, 9, 1, p3–22.

Gamarnikow, E., Green, A. (2001) Citizenship, education and social capital, in: D. Lawton, J., Cairns R., Gardner (Eds) *Education for citizenship* Continuum, London

Geddes, M. (1997) *Partnerships against poverty and exclusion? Local regeneration strategies and excluded communities in the UK*, Policy Press, Bristol.

Gibbons, M., Limoges, C., Nowotny, H., Schwartzman, S., Scott, P. and Trow, M. (1994) "*The New Production of Knowledge: The dynamics of science and research in contemporary societies*". London: Sage.

Gilbert, F., Young, J., O'Neal, C. (1994) "Buyer-seller relationships in just-in-time purchasing environment Buyer-seller relationships in just-in-time purchasing environments", *Journal of Business Research*, 29, 2, p111-120.

Gillham, B. (2001) *Case Study Research Methods*, Continuum, London

Glendinning, C., Powell, M. & Rummery, K. (Eds) (2002) *Partnerships, new Labour and the governance of welfare*, Policy Press, Bristol.

Griffiths, M. (2000) Collaboration and partnership in question: knowledge, politics and practice, *Journal of Education Policy*, 15, 4,

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1).p1-12

Guba, E., Lincoln, Y. (1985) *Naturalistic Inquiry*, Sage, London

Halper, E. (2009) *Moving on: effective management for partnership transitions, transformations and exits*. International Business leaders Forum

Hamel, G. (1991) Competition for competence and inter partner learning within international strategic alliances, *Strategic Management Learning*, 12, p83-103

Hammersley M. (1993) *Social Research: Philosophy, Politics and Practice*, Sage, London

Hammersley, M. (1999) *Taking Sides in Social Research: Partnership and Bias in Social and Enquiry*. Routledge, London.

Harris, J. (2000) Working together: the principles and practice of co-operation and partnership, in: Robinson, D., Hewitt T., Harriss J. (Eds) *Managing development: understanding interorganizational relationships*. Sage Publications, London.

Higher Education Academy (2008) "*Workforce development: Connections, frameworks and processes*" HEA, York.

Higher Education Academy (2009) *Institutions Partnership Programme: Guidance on the Role for Institutions*, The Higher Education Academy

HM Government (2010) *The Coalition: our programme for government*, HMSO, London

Holloway, I. (1997). *Basic concepts for qualitative research*. Oxford: Blackwell Science.

Hooley, G., Saunders J. (1993) *"Competitive positioning: The Key to Market Success"* Prentice Hall London

Howe, K. (2003) *Closing Methodological Divides*, Kluwer Academic Publishers, Secaucas, New Jersey.

Hudson, B., Hardy, B., Henwood, M. and Wistow, G. (1999) 'In Pursuit of Inter-Agency Collaboration in the Public Sector', *Public Management*, 1, 2, p235–60.

Hughes, G., McLaughlin, E. (2002) Together we'll crack it: partnership and the governance of crime prevention, in: C. Glendinning, M. Powell & K. Rummery (Eds) *Partnerships, New Labour and the governance of welfare* The Policy Press, Bristol

Hughes, J., Carmichael, P. (1998) Building partnerships in urban regeneration: A case study from Belfast, *Community Development Journal*, 33, 3, p205–225.

Human Sciences Research Council (2003) *Working Partnerships: Higher Education, Industry and Innovation*, Research programme on Human Resources Development, HSRC, Cape Town, South Africa.

Humphreys, J. (1993) "The Marketing Gap in Health Care Education" *Nurse Education Today* 13, p202-209

Humphreys, J. Quinn, F. (1994) "Health Care Education: Towards a Corporate Paradigm" In: Humphreys, J. Quinn, F. (Eds) *Health Care Education: The Challenge of the Market* London, Chapman and Hall

Huxham, C. (Ed.) (1996) *Creating collaborative advantage*, Sage, London

Hycner, R. (1985) "Some guidelines for the phenomenological analysis of interview data," *Human Studies* 8, 279-303



Hycner, R. H. (1999). Some guidelines for the phenomenological analysis of interview data. In A. Bryman & R. G. Burgess (Eds.), *Qualitative research* (Vol. 3, pp. 143-164). London: Sage.

Inkpen, A. (2000) A note on the dynamics of learning alliances: competition, cooperation and relative scope, *Strategic Management Journal*, 21, p775-779

Johansson, R. (2003) *Case Study Methodology*, A key note speech at the International Conference "Methodologies in Housing Research" organised by the Royal Institute of Technology in cooperation with the International Association of People-Environment Studies, Stockholm, 22-24 September 2003.

Jones, K., Bird, K. (2000) Partnership as strategy: public-private relations in Education Action Zones, *British Educational Research Journal*, 26, 4, p491-504.

Jones, N., Thomas, P. and Rudd, L. (2004) 'Collaborating for Mental Health Services in Wales: A Process Evaluation', *Public Administration* 82, 1, p109-21.

Kelle, U. (1995). Introduction: An overview of computer-aided methods in qualitative research. In U. Kelle (Ed.). *Computer-aided qualitative data analysis: Theory, methods and practices*. London: Sage.

Kennedy, B., Kawachi, R., Glass, R., Prothrow-Stith, D. (1998) "Income distribution, socioeconomic status, and self rated health in the United States: multilevel analysis" *British Medical Journal*, 317, p917-921

Khanna, T., Gulati, R., Nohria, N. (1998) The dynamics of learning alliances: competition, cooperation and relative scope, *Strategic Management Journal*, 19, 3, , p193-210

King, N. (1994). The qualitative research interview. In C. Cassell & G. Symon (Eds.), *Qualitative methods in organizational research: A practical guide*. London: Sage.

Kruss, G. (2004) "Employment and employability: expectations of higher education responsiveness in South Africa." *Journal of Education Policy*, 19, 6, p673-689

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.

Lauer, Q. (1958). *Phenomenology: Its genesis and prospects*. New York: Harper.

Levi, M. (1996) Social and unsocial capital: A review essay of Robert Putnam's "Making Democracy Work" *Politics and Society*, 24, p46-55

Ling, T. (2000) "Unpacking partnership: the case of health care" in: J. Clarke, J., Gerwartz S., McLaughlin E. (Eds) *New managerialism, new welfare?* Sage, London.

Luker, K. Carlisle, C. Davies, C. Riley, R. Stilwell, J. Wilson, R. (1996) *Project 2000: Fitness for Purpose. Joint Report of University of Warwick and University of Liverpool to the Department of Health, London, DOH*

Lynch, J., Kaplan, G. (1997) "Understanding how inequality in the distribution of income affects health" *Journal of Health Psychology*, 2, p297-314

Machell, J. (1999) *The Lost Boys or the Great Unwashed: Collaborative Strategies to Address Disaffection*. Paper presented to the British Educational Research Association Annual Conference, University of Sussex at Brighton, 2-5 September.

Macleod Clarke, J. Maben, J. Jones, K. (1996) *Perceptions of the Philosophy and Practice of Nursing*, London, English National Board for Nursing, Midwifery and Health Visiting

Mallik, M, McGowan, B. (2007) "Issues in practice based learning in nursing in the United Kingdom and the Republic of Ireland: Results from a multi professional scoping exercise" *Nurse Education Today*, 27, 52-59

Marks, L. (2007) Fault-lines between policy and practice in local partnerships. *Journal of Health Organization and Management*, 21, 2,p136-148

Marriott, N., Goyder H. (2009) *Manual for monitoring and evaluating education partnerships* UNESCO, IIEP and World Economic Forum, Paris, France.

Marsh, D. Furlong, P. (2002) "A Skin, not a Sweater: Ontology and Epistemology in Political Science." In: Marsh, D., Stoker, G. (Eds), (2002) *Theory and Methods in Political Science 2<sup>nd</sup> edition*. Palgrave Macmillan, Basingstoke.

Merriam, S. (1988) *Case Study Research in Education*. San Francisco, Jossey Bass

Milbourne, L., Macrae, S., Maguire, M. (2003) Collaborative solutions or new policy problems: exploring multi-agency partnerships in education and health work, *Journal of Education Policy*, 18, 1, p19–35.

Miles, M., Huberman, A. (1994) *Qualitative Data Analysis*, Sage, Thousand Oaks, California.

Miller, C., Ahmad, Y. (2000) Collaboration and partnership: an effective response to complexity and fragmentation or solution built on sand? *International Journal of Sociology and Social Policy*, 20, 5/6, p1–38.

Miller, W. L., & Crabtree, B. F. (1992). Primary care research: A multimethod typology and qualitative road map. In B. F. Crabtree & W. L. Miller (Eds.), *Doing qualitative research. Research methods for primary care* (Vol. 3). Newbury Park, CA: Sage.

Morse, J. (1998). Designing funded qualitative research. In N. Denzin & Y. Lincoln (Eds.), *Strategies of qualitative inquiry* (pp. 56-85). Sage, Thousand Oaks, CA

Moss, S. Edmonds, B. (2005) Towards Good Social Science, *Journal of Artificial Societies and Social Simulation* 8, 4.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage

Mullinix, B. (2001) Nurturing partnership: a southern African continuum of flexible stages in partnership development, *Current Issues in Comparative Education*, 3, 1–12.

Murray T (2007) "Expanding educational capacity through an innovative practice-education partnership" *Journal of Nursing Education*, 46,7 33-41

Nahapiet J., Ghosal, S. (1998) "Social capital, intellectual capital and the organizational Advantage" *Academy of Management Review*, 23, 2, 242-266

Newman, J. (2001) *Modernising Governance: New Labour, Policy and Society*. Sage, Thousand Oaks, California.

Nielsen, J., Repstad, P. (1993) *From nearness to distance—And back: On analysing your own organization*. Copenhagen Business School, Institute of Organizational and Industrial Sociology, Papers in Organization, No. 14.

Niglas, K. (2001) *Paradigms and Methodology in Educational Research* Paper presented at the European Conference on Educational Research, Lille, France, 5-8 September 2001

Nursing and Midwifery Council (2008) "*Standards to Support Learning and assessment in Practice: NMC Standards for mentors, Practice Teachers and Teachers.*" NMC, London

Nursing and Midwifery Council (2010) *Consultation on new standards for pre registration nursing programmes*, The Council, London

O'Neil, E., Kruael, P. (2004) "Building Transformational Partnerships in Nursing" *Journal of Professional Nursing*, 20, 5, 295-299

Osborne, S. (Ed.) (2000) *Public private partnerships: theory and practice in international perspective* Routledge, London

Ostrom, E. (1994) Constituting social capital and collective action *Journal of theoretical Politics*, 6, p527-562

Ostrom, E., Ahn T. (2003) *Foundations of Social capital: Clinical Studies in Economic Institutions 2*, Edward Elgar publishers, Cheltenham

Pearce, N., Hillman, J. (1998) *Wasted Youth: raising achievement and tackling social exclusion* Institute for Public Policy Research, London.

Powell M., Exworthy M., Berney L. (2001) Playing the game of partnership. In: Sykes, R., Bochel C., Ellison N. (Eds) *Social Policy Review 13 Developments and Debates: 2000–2001*, Policy Press, Bristol.

Pratt, J., Plamping, D. & Gordon, P. (1998) *Partnership: fit for purpose*, London Health Partnership, Kings Fund, London.

Putnam, R. D. (1993) *Making democracy work: Civic traditions in modern Italy*, Princeton University Press, Princeton, New Jersey.

Quinn, F. (1994) "The Demise of Curriculum" In: Humphreys J. Quinn F. (Eds) *Health Care Education: The Challenge of the Market* London, Chapman Hall

Read, E (2013) Workplace social capital in nursing: an evolutionary concept, *Journal of Advanced Nursing*, September 2013

Riddell, S., Tett, L. (2001) *Education, Social Justice and Inter-agency working: joined up or fractured policy?* Routledge, London.

Romm, N. (2001) *Accountability in social research: issues and debate*, London, Kluwer Academic Publishers



Royal College of Nursing (1985) *The Education of Nurses: A new Dispensation (The Judge Report)* London, RCN

Rudd, P. (2003) *Partnership Approaches to Sharing Best Practice*, Paper presented at the NFER Council of Members Meeting One, Great George Street Conference Centre, London, 3rd October 2003

Runciman, P. Dewar, B. Goulbourne A. ( 1998) *Project 2000 in Scotland: Employers' needs and the Skills of Newly Qualified Project 2000 Staff Nurses*, Edinburgh, Queen Margaret College

Salmi, J. (2007) "Autonomy from the state vs Responsiveness to markets" *Higher Education Policy* 20, p223-242

Sadala, M. L. A., & Adorno, R .deC. F. (2001). Phenomenology as a method to investigate the experiences lived: A perspective from Husserl and Merleau-Ponty's thought. *Journal of Advanced Nursing*, 37(3), 282-293.

Samoff, J., Carroll, B. (2002) *The promise of partnerships and continuities of dependence: external support to higher education in Africa*, Paper presented at the 45<sup>th</sup> Annual meeting of the African Studies Association, Washington, 5-8 December 2002

Seale, C., Gobo, G, Gubrium, J. F., & Silverman, D. (2004). *Qualitative research practice*. London: Sage.

Scholes, J., Freeman, M., Gray, M., Wallis, B., Robinson, D., Matthews-Smith, G., Miller, C. (2004) "*Evaluation of Nurse Education Partnership: Final Report*" Department of Health; London

Schuller, T., Field, J. (1998) 'Social capital, human capital and the learning society', *International Journal of Lifelong Education*, 17, 4, p226—235

Schutz A. (1967) *The Phenomenology of the Social World* Northwestern University Press, New York

Scottish Government Health Directorate (2006) *Delivering for health*, Scottish Government, Edinburgh

Scottish Government Health Directorate (2007) *Better health, better care*, Scottish Government, Edinburgh

Stake, R. (1995) *The Art of case study Research*. , London, Sage.

Stake, R. (1998) "Case Studies" in: Denzin, N., Lincoln, Y. (eds.): *Strategies of Qualitative Inquiry*. London, Sage.

Stanwick, S. (1994) "The Market for Education: Supply and Demand" In: Humphreys J. Quinn F. (Eds) (1994) *"Health Care Education: The Challenge of the Market"* Chapman and Hall London

Stephenson, J. B., & Greer, L. S. (1981). Ethnographers in their own cultures: Two Appalachian cases. *Human Organization*, 40, 123-130.

Tett, L., Munn, P., Blair, A., Kay, H., Martin, I., Martin, J. & Ranson, S. (2001) Collaboration between schools and community education agencies in tackling social exclusion, *Research Papers in Education*, 16, 1, p1-19.

Tett, L. (2003) *Working in partnership*, NIACE, Leicester.

Tett, L., Crowther, J. & O'Hara, P. (2003) Collaborative partnerships in community education, *Journal of Education Policy*, 18, 1, p37-51.

The Council on Higher Education (2004) *Transformation in Higher Education: Global Pressures and Local Realities in South Africa*, CHE, Pretoria

The University (2006) "*Partners in Practice Agreement*" The University

The University (2007) *Guidance on the development of partnerships*, The University

The University (2009a) "*Partners in Practice Agreement*" The University

The University (2009b) "*The Service Education Collaborative Strategy*"  
The University

Trim, P. (2001) A review of educational partnership arrangements in further and higher education: pointers for managers in further education, *Research in Post-Compulsory Education*, 6, 2, p187–203.

Tsai, W. (2000) "Social capital, strategic relatedness and the formation of inter-organizational linkages" *Strategic Management Journal*, 21, 925-939

United Kingdom Central Council for Nursing Midwifery and Health Visiting (1990) *Fitness for Practice: The Report on the future of Nurse Education (The Peach Report)*, UKCC, London

Unwin, L. (2003) Being Responsive: Colleges, Communities and Stakeholders, In: Cosser M. et al *Technical College Responsiveness*, Human Sciences Research Council, Cape Town.

Veenstra, G. (2001) "Social capital and health" *Printemps*, Spring 2001

Weber, M. (1949) *Critical Studies in the Logic of the Cultural Sciences*, Free Press, New York

While, J. Roberts, J. Fitzpatrick, J. (1995) *A Comparative Study of Outcomes of Pre-Registration Nurse education Programmes*, London, English National Board for Nursing, Midwifery and Health Visiting

Wilkinson, R. (1996) *Unhealthy Societies: The afflictions of Inequality*. Routledge, London

Wilson, A., Charlton, K. (1997) *Making partnerships work: a practical guide for the public, private, voluntary and community sectors*. Joseph Rowntree Foundation, York.

Wilson T (2002) "Alfred Schutz, phenomenology and research methodology for information behaviour research" paper delivered at ISIC4

- *Fourth International Conference on Information Seeking in Context*,  
Universidade Lusitana, Lisbon, Portugal, September 11 to 13, 2002

Woolcock, M., Narayan, D. (2000) Social capital: Implications for development theory, research and policy. *World bank Observer*, 15, p225-250

Yin, R. (2003) *Case Study Research: Design and Methods*. Sage, London.

Yin, R. (2004) *Complementary methods for Research in Education*, American Educational Research Association, Washington DC

Zinker, J. (1978). *Creative process in gestalt therapy*. New York: Vintage

## APPENDICES

### **Appendix A: Ethics approval documentation North of Scotland Research Ethics (NOSRES) /R&D the NHS Board**

- i) Letter: Management Permission for Non-Commercial Research from  
Research and Development Department at the NHS Board  
15/09/11

#### ***Amended to ensure anonymity (Original retained)***

Dear Mr O'Brien

Management Permission for Non-Commercial Research

REC Ref: 11/AL/0341

Project title: Educational Partnership working: a case study in social capital

Thank you very much for sending all relevant documentation. I am pleased to confirm that the project is now registered with the NHS Boards Research & Development Office. The project now has R & D Management Permission to proceed locally. This is based on the documents received from yourself and the relevant Approvals being in place.

All research with an NHS element is subject to the Research Governance Framework for Health and Community Care (2006, 2nd edition), and as Chief or Principal Investigator you should be fully committed to your responsibilities associated with this.

It is particularly important that you inform us when the study terminates.

The R&D Office must be notified immediately and any relevant documents forwarded to us if any of the following occur:

- A change of Principal Investigator, Chief Investigator or any additional research personnel
- Premature project termination

- Any amendments – substantial or non-substantial (particularly a study extension)
- Any change to funding or any additional funding

We hope the project goes well, and if you need any help or advice relating to your R&D Management Permission, please do not hesitate to contact the office.

Yours sincerely

A handwritten signature in black ink, appearing to read 'S. Ridge', with a stylized flourish at the end.

Susan Ridge  
Non-Commercial Manager



# Appendix B: Ethics approval documentation University of Nottingham – School of Education

School of Education – Research Ethics Approval Form 25/01/11

2009/2/AK

## School of Education – Research Ethics Approval Form



The University of  
Nottingham

Name Stephen O Brien  
Main Supervisor John Morgan  
Course of Study EdD  
Title of Research Project: Educational Partnership Working: A Case Study in Social Capital  
Is this a resubmission? Yes

Date statement of research ethics received by PGR Office: 25/01/11

### Research Ethics Coordinator Comments:

Concerns I had regarding the anonymity / traceability of the participants have been addressed, and the possibility of data being attributed to an individual has been clearly highlighted to potential participants in both the Information Sheet and the Consent Form.

If agreeable to Stephen, I would like the statement that has been added to be kept on file by the Research Office as an example of good practice with regard to this issue.

Good luck with the research!

Outcome:

Approved

Revise and Resubmit

Signed:

Name: Dr Alison Kington  
(Research Ethics Coordinator)

Date: January 25<sup>th</sup> 2011

## **Appendix C: Associated Ethics documentation**

### i) Information Sheet for Participants

## **INFORMATION SHEET FOR PARTICIPANTS**

### **A Case study in Educational Partnership Working**

Collaborative partnership working would appear to be highly valued by Higher Education Institutions (HEIs). A literature review within the fields of nursing and higher education reveals that the terms collaboration and partnerships are extensively used. Partnership working is well defined, however, a number of questions remain unanswered about the mutual benefits to the partners. These questions are important in nursing education where partnership working between Universities and healthcare providers is an absolute requirement. The focus for this study relates to the partnership working required to support students' practical learning experiences within the delivery of the pre registration nursing curriculum. The aim is to explore whether the experiences of the participants engaged in partnership working reflects the current literature and whether of those involved benefit in ways related to the theory of social capital . The partnership literature suggests that each partner should benefit from the relationship.

#### **What is the purpose of the research?**

To explore the experiences of both academic and practice staff engaged in partnership working between one School of Nursing and its NHS partners in relation to the support of student nurses practical learning experiences. A series of questions are being posed;

- What does partnership working look like in reality?
- How are these partnerships structured?
- What motivates partners to work together?
- What skills are required to work in this way?
- What are the benefits and risks of working in partnership?
- What determines success?

#### **Why have I been chosen?**

You have been chosen because you are directly involved in the planning, delivery and evaluation of practice learning opportunities for student nurses undertaking their initial

nursing education. Therefore your view on how this works in reality will help the researcher answer the questions outlined above.

### **Do I have to take part?**

No, it is up to you to decide whether to take part. If you do decide to take part, you will be given this information sheet to keep and when you attend the interview, you will be given the opportunity to ask more questions about the study and then you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will be accepted without prejudice.

### **What will happen to me if I take part?**

If you consent to be interviewed as part of this research study the following will be required:

- You will need to consent. Consent is entirely on a voluntary basis and you can withdraw your participation at any point. Participation will involve an interview with the researcher.
- We will agree a suitable time and venue for the interview to be conducted. This may be face to face, over the telephone or via a video conference link.
- The interview will take between 45 minutes to 1 hour approximately.
- The broad areas that will be explored in the interview will be provided to you in advance in order to give you an opportunity to think about things ahead of the interview.
- The interview will be tape recorded and written consent will be sought for this before the interview proceeds.
- The data obtained will be treated confidentiality and will only be used for the purpose of the study and the data will be securely stored by the researcher.

- If during the interview any issues arise that have major implications for either organisations we will have a conversation about the option of withdrawing from the study
- You will have access to the data collected.
- A copy of the interview will be provided to you for your information and you will be asked to confirm the responses you made. At this stage there is an opportunity to amend any responses made.

### **What are the possible disadvantages, risks of taking part?**

There are no risks to you when taking part in the research. This is an independent study and all information provided will be treated in confidence. Your participation will not contribute to performance review or affect this in any way. Nor will it be linked in any way to your employer's objectives. The researcher will endeavour to ensure that being interviewed for the study will not be a burden to you in relation to time and effort. If you wish to stop at any point we will do so. Whilst every effort will be made to ensure that all participants contributions to this study remain anonymous, given the small sample, the focus of the study and the fact that only one School of nursing and midwifery is involved it should be recognised by participants from the outset that some of the data in the thesis could be attributable to individuals.

### **What if something goes wrong?**

If you have a concern about any aspect of this study, you should speak to Stephen O'Brien (**number removed**) who will do his best to answer your questions. If you remain unhappy and wish to complain formally, you can do this through the NHS Complaints Procedure. The contact details are: **Removed to ensure anonymity**. In the event that something does go wrong and harm ensues from the research and this is due to someone's negligence then you may have grounds for a legal action for compensation against The University.

### **What will happen to the results of the research study?**

It is hoped that the outcomes of this project will be published in a scientific journal. The results from this study will also help to shape our understanding of partnership working

in the future. This may have a direct influence on curriculum development and the design of practice learning experiences for student nurses in the future. In addition as this project is part of the researchers Doctor of Education study at Nottingham University the final thesis will be placed in the Nottingham University library and within an online thesis repository.

### **Who has reviewed this study?**

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee to protect your safety, rights, wellbeing and dignity. This study has been reviewed and given a favourable opinion by the local Research Ethics Service. The study has also been reviewed by the ethics committee in the School of Education at the University of Nottingham.

### **Contact for Further Information**

Researcher: Stephen O'Brien. [s.o-brien1@rgu.ac.uk](mailto:s.o-brien1@rgu.ac.uk) 01224262654

Supervisor: Professor John Morgan [john.morgan@nottingham.ac.uk](mailto:john.morgan@nottingham.ac.uk) 0115 951 3717

School of Education Research Ethics Contact details:

[educationresearchethics@nottingham.ac.uk](mailto:educationresearchethics@nottingham.ac.uk)

*We would like to thank you for considering taking part in this study.*

ii) Consent Form

## CONSENT FORM

Identification Number for this study: 11/AL/0341

### Educational Partnership working

Name of Researcher: Stephen O'Brien

**Please initial  
box**

1. I confirm that I have read and understand the information sheet dated ..... (Version .....) for the above study and have had the opportunity to ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time.
3. I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
4. I agree for the interview to be tape recorded and understand that these tapes will be wiped after they have been typed up.
5. I understand that data will be stored securely in both hard and electronic copy for the duration of the study. The data will be in the form of transcripts of interviews and will only be accessible by the researcher and shared as part of the supervision process with the researcher's supervisor. The researcher will have sole access to the data.
6. I understand that I may contact the researcher or supervisor if I require further information about the research, and that I may contact the Research Ethics Coordinator of the School of Education, University of Nottingham, if I wish to make a complaint relating to my involvement in the research.
7. I agree to take part in the above study.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent  
(if different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

iii) Invitation to Participant's letter

***(Details removed to ensure anonymity)***

Dear Practice Educator,

I am writing to inform you of a proposed research study that relates to your work as a practice education lecturer/practice education facilitator. The focus of the study relates to the partnership working required between the University and the Health Board to support student nurses' practical learning experiences in the pre-registration nursing curriculum. The aim of the study is to explore whether the experiences of practice educators the participants engaged in partnership working reflects the current literature and whether those involved benefit in ways related to the theory of social capital

Ethical approval for the study has been obtained from;

The School of Education (University of Nottingham)  
The North of Scotland Research Ethics Committee (NOSRES)

Data will be collected through a combination of documentary analysis and semi structured interviews. The researcher intends to interview;

- Practice Education Lecturers
- Practice Education Facilitators

This letter acts as a formal invitation to "opt in" to the study by agreeing to be interviewed.

Enclosed with this letter is a participant information sheet that outlines in detail the purpose of the study and what would be involved if you agreed to participate. A participant consent form is also included for your information.

If you wish to "opt in" or you would like further information or clarification about the study then please contact the researcher at the address outlined below.

Yours faithfully,

**Insert relevant line manager name**

Researcher contact details;

Stephen O'Brien

## **Appendix D: Interview Schedule and example of questions**

Interview schedule and example of interview questions

### Semi structured interview.

I am interested in partnership working between the NHS and the School of nursing and midwifery at the University. In particular, how this relates to the delivery of the clinical practice element of the pre-registration nursing curriculum.

#### Role details

(How does partnership working manifest itself in this context?)

Can you provide details of your current role and how long you have been working in this position?

Can you briefly describe the role you play with student nurses on a daily basis?

#### Structural relationships

(What are the formal and informal structural relationships for partnership working?)

(What are the perceived benefits and risks for the participants and their organizations?)

Can you tell me about the working processes of partnership?

Who do you link with at the University?

Do you attend meetings in relationship to your role?

How often do these meetings take place?

What are the purposes of these links?

How well do they work?

What are the advantages and disadvantages of these links and meeting?

What do you see as the benefits of these relationships for the NHS and the University

#### Competencies/abilities

(What are the factors that motivate participants to engage in partnership working?)

(What essential abilities/competencies are required to engage in partnership working?)



What do you see as the important skills required in undertaking your role?  
Are there particular skills required to work with colleagues at the University?

What motivated you to get involved in this type of work?

### Determinants of success

(What are the determinants of successful “educational partnership working” as constructed by key participants at the HEI/NHS interface?)

What does success look like?

What are most important factors that ensure the partnership works well?

Can you provide an example of this?

