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Strategic Partnerships

Bridging the Collaboration Gap

Abstract

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“Teambuilding,” “partnering,” “outreach,” and “collaboration” all are terms of the new millennium. Such terms suggest a continuing trend in healthcare. Partnering and collaboration are the hallmark of many successful models implemented by practice and academic healthcare settings worldwide. Strategic partnering, within and beyond institutions, provides opportunities for personal and professional growth, outreach, and collaboration. Within the global nursing community, cross-national partnerships represent a vehicle for extending knowledge sharing, and for using on-site visits, tele- and

videoconferencing, electronic mail, and other resources. The World Wide Web has opened doors to distance learning programs that were once a dream, and that now represent reality. The author addresses the partnering concept and applications within the local healthcare community, within the country, and worldwide.

The ability to build collaborative relationships truly enhances patient outcomes as well as patient and staff satisfaction. Cultural sensitivity is a concern across all communities, with an emphasis on empathy, confidence, and mutual trust. *Empathy* is the ability to put oneself in another's place. *Confidence* is one's ability to trust in and know oneself. And all relationships begin with mutual trust. The amount of time needed to establish mutual trust varies considerably across communities and countries. In the Russian Federation, for example, the development of trust may require 4 to 6 months. Only then can the relationship between patient and healthcare provider, or in business, progress. The idea of more effective cross-cul-

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tural capabilities is captured in many terms similar to “cultural competence.” “Cultural knowledge,” “cultural awareness,” and “cultural sensitivity” all convey the idea of improving cross-cultural capacity, as illustrated in Table 1.¹

• CULTURAL COMPETENCE

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system or agency, or among professionals, enabling that system or agency, or those professionals to work effectively in cross-cultural situations.¹ Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of healthcare, thereby producing better health outcomes.²

Diversity in the workplace is not merely a social goal. The United States is a nation of diverse populations and groups. The future of the US society depends on the ability of Americans to talk effectively with one another, to reach mutual understanding, and to realize that in diversity there is strength.

• THE AVERAGE AMERICAN

The profile of the average American is changing significantly. In the year 2000, people of color made up 43% of the US population. The statistical meaning of the word “minority” is quickly losing its significance. By the year 2075, African Americans, Alaskan Natives, American Natives, Hispanic Americans, and Asian Americans will be the statistical majority in the United States.³ By the year 2056, the “average” US citizen will trace his or her descent to Africa, Asia, the Hispanic countries, the Pacific Islands—almost anywhere except Europe.⁴

Nurses can serve as catalysts to ensure that diversity is valued. Diversity should be encouraged in the workplace and any environment in which human contact is made. Sensitivity toward and willingness to understand others are major keys to effective communication with those who are culturally different. There must be awareness of others’ thoughts and feelings, regardless of their race, creed, or cultural background. Effective, multicultural communicators are aware of other persons’ frames of reference and views of the world. They understand that worldviews are influenced by culture. Communica-

TABLE 1

Terminology*

Cultural Knowledge

Familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group.

Cultural Awareness

Developing sensitivity and understanding of another ethnic group, generally involving internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others. Cultural awareness must be supplemented with cultural knowledge.

Cultural Sensitivity

Knowing that cultural differences as well as similarities exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences.

*Data from Cross T, Bazron B, Dennis K, Isaacs M. *Towards a Culturally Competent System of Care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center. 1989: vol. 1.1

tion skills can be learned that assist in understanding how others view their worlds and react to them. The views of others may differ from ours, but these views are based on their own realities.

• CULTURAL SENSITIVITY

How sensitive are you to your own views of those who are different? Do you view other cultures as equal in value to yours? Is your cultural group superior to another? Are you culturally sensitive to your own heritage and the possibility that you were taught, perhaps unconsciously, as a part of your upbringing, to be prejudiced? Do you value and respect differences? Are you aware of your own values and biases and how they affect those who are culturally different? Do you avoid stereotyping and labeling? Do you monitor your own assumptions about those different from you? Are you willing to accept someone of a different race into your organization (ie, your professional society, club, or place of worship)? Self-examination concerning these questions is important for those who hope to become culturally skilled communicators.⁴

The emerging sense of worth felt by members of culturally distinct populations can no longer be neglected. Learning about their different values, attitudes, desires, aspirations, and beliefs is necessary because these affect everyone.

• KNOWLEDGE OF CULTURAL DIFFERENCES

Feelings, thoughts, nonverbal behaviors, and ideas are important in interpersonal communication, and these are culturally influenced and learned.⁴ Empathy, interest in others, caring, personal awareness, sensitivity, and understanding are essential to interpersonal communication and diversity training. However, the presence of these core conditions is not always enough for effective communication with a person from another race or culture. “Cognitive” empathy is needed. That is, knowledge of that person’s culture or knowing “where that person is coming from” also is extremely important.⁴

A culturally skilled communicator is willing to gain cognitive knowledge about different cultures (ie, their history, cultural values, current problems and lifestyles) and how this influences their respective worldview. This may be the most important thing one can do to become a more effective intercultural communicator.

• 2003 AND BEYOND

The year 2003 presented the challenges of severe acute respiratory syndrome (SARS), anthrax, the environment, and bioterrorism. The World Health Organization responded to SARS by forming collaborative networks of professionals from Canada, Germany, Hong Kong Special Administrative Region, China, Singapore, Slovenia, Spain, Switzerland, Thailand, the United Kingdom, and Vietnam. The World Health Organization selected strategic partners with whom to share diagnostic and treatment results and case management approaches to the disease.⁵

Everyone knows that resource management in extreme disasters is important, but as the anthrax episode demonstrated, panic on the part of the public can push finite resources to the brink of exhaustion.⁶ Late 2003 also saw the challenge of bovine spongiform encephalopathy, or “mad cow disease,” a chronic, degenerative disorder affecting the central nervous system of cattle. The year 2004 represents a new beginning, but that beginning still bears the threat of nuclear war, the rebuilding of many nations across the globe, our own economic recovery, and the protection of our environment. Nurses have historically played key roles in dealing with the challenges facing mankind. Whether deployed to war or at home, nurses have had to forge new strategic partnerships within the communities in which they live and work.

• THE NURSE AS KNOWLEDGE WORKER

Nurses play unique roles as partners. They are knowledge workers, knowledge managers, and knowledge leaders. The hospital of the past never knew “health service professionals” such as radiologic and laboratory technicians, dietitians, and social workers. Currently, hospitals employ as many as 250 health service professionals for every 100 patients. In the hospitals of the past, the physician was the knowledge worker, with the nurse as the aide. In other words, until recently, the major problem of an organization was efficiency in the performance of the manual worker who did what he or she had been told to do. Knowledge workers were not predominant in organizations. In fact, only a small fraction of the knowledge workers in the past were part of an organization. Most worked independently as professionals, at best, with a clerk. Their effectiveness or lack of effectiveness concerned only themselves and affected only themselves.⁷

• THE INFUSION NURSING COMMUNITY

Strategic partnerships for the infusion nursing community may include the hospital, homecare agency, industry, pharmaceutical and medical suppliers, exhibitors and educators, as well as the professional society and the public. Infusion nurses are knowledge experts, care providers, collaborators, educators, advocates, consultants, coordinators, and motivators. The role of the infusion nursing specialist has grown dramatically, and opportunities for growth continue to abound. The infusion nurse is in a key position to identify and forge new strategic partnerships.

When it is understood that knowledge enables actions and decisions, it becomes clear that the design of an education program that will enable someone to fill a given role successfully starts with a study of what people in that role do.⁸

Infusion nursing practice has taken a new direction at home and abroad. When the profile of the infusion nurse is examined, certain changes can be seen. Once exclusively the domain of the hospital-based intravenous team, the responsibility for infusion therapy has moved from the hospital to the home, to the community, and to the workplace, and those practicing infusion therapy include staff nurses, homecare nurses, and other nursing professionals. The profile of the certified infusion nurse also has changed, and again, practice environments have dictated that process. Infusion nurses have become a community of practice, a network of people who work on similar processes or in similar

disciplines, and who come together to develop and share their knowledge in that field for the benefit of both themselves and their organization.⁹ Such communities may be created formally or informally, and they can interact online or in person.

• COLLABORATION AND KNOWLEDGE MANAGEMENT

Collaboration is a generic term that simply means teamwork or a group effort. It also has a more specific meaning of knowledge management, often used to describe close working relationships that involve the sharing of knowledge. Terminology applicable to the concept of knowledge management may be found in Table 2.

• RIGHT KNOWLEDGE, RIGHT PLACE, RIGHT TIME

As professionals, nurses are familiar with the concept of the “five rights” of medication administration and their subsequent impact on patient outcomes. Within the context of knowledge management, references to additional “rights,” knowledge, place, and time can be found. Knowledge management is not about capturing all of the best practices and knowledge that profession-

als possess and storing it in a computer system, hoping it will some day be applicable to practice. Consider your own practice setting in which you receive multiple electronic mail messages daily, some of which include attachments containing information you have no time to consider. You respond by filing it away, and when you need it, you may or may not be able to remember where the information was stored. Quality knowledge management is about getting the right knowledge in the right place at the right time—when it is needed.

The right knowledge is the knowledge one needs to do a job to the best of one’s ability, whether that means generating a nursing diagnosis, making a clinical decision, responding to a patient’s question, administering an intravenous medication, or dealing with a practice challenge.¹⁰ The information may be in someone’s head and not easily retrieved. The right place, however, is the point of action or decision: the meeting, the patient help line, or the patient’s bedside. The right time is when the professional or the team responsible for the outcome needs the information.¹⁰ Right knowledge, right place, and right time are easily applied to partnering.

• ATTRIBUTES OF PARTNERS

Partners must understand not only the values, goals, and constraints of the partnership itself, but also the values, goals, and constraints of the other partners. Partnerships must translate broad goals into measurable, interim targets and time frames. Partnerships must begin with an end in mind, with a measurable goal that will benefit both parties in the relationship.

In such relationships, nurses are able to introduce new visions of nursing education and practice, to educate and facilitate the development of visionary nurse leaders, or to create a forum worldwide to enhance nursing. Nurses are uniquely positioned to move from “me” to “we.” As patient advocates, they seek first to understand and then to be understood.

As professionals, nurses are able to build team spirit by celebrating their differences. In nursing, they can become known as agents of change. Nurses recognize and value strength in those who are future-oriented, competent, continuous learners, team players, and risk takers, those who are confident and optimistic. Five factors leading to successful strategic alliances are found in Table 3.

• SUMMARY

Globally and in the United States, nursing represents a diverse workforce. The nursing profession embodies so

TABLE 2

Terminology Associated With Knowledge Management

Knowledge Manager

A role with developmental and operational responsibility for promoting and implementing knowledge management principles and practices.

Knowledge Mapping

A process to determine where knowledge assets are within an organization, and how knowledge flows. Evaluating relationships between holders of knowledge will then illustrate the sources, flows, limitations, and losses of knowledge that can be expected to occur.

Knowledge Repository

A place to store and retrieve explicit knowledge. A low-tech knowledge repository could be a set of file folders. A high-tech knowledge repository might be a database.

Knowledge Worker

An employee whose role relies on his or her ability to find and use knowledge.

TABLE 3

Five Factors Leading to Successful Alliances*

1. Partner at the highest level possible and secure buy-in from all levels of staff.
2. Assess whether or not a potential partnership is the right match by sharing business strategies, understanding each other's core competencies, and determining whether or not there is synergy in goals.
3. An alliance or strategic partnership may be a formal business relationship, rather than a handshake. Contractual obligations should be in writing to avoid potential misunderstandings. Hold regular meetings to determine targets and access progress.
4. You may partner in some areas and collaborate in others. For example, IBM competes directly with Microsoft in some areas of the software business. They also cooperate on new standards and ensure that IBM products run on the Windows platform, as well as other platforms. Today's competitor may be tomorrow's partner, something that we have seen in the infusion homecare market.
5. Partnering requires a commitment from both parties. Assign accountability and require results. Having a formal process in place to renew or exit a partnership is valuable.

*Data from *CRM Today*. <http://www.crm2day.com/highlights/EpyZVAVAAkhPBKGzJQ.php>

many backgrounds and cultures. As professionals, nurses have the innate ability to penetrate underserved markets, to facilitate recruitment and retention efforts, and to increase job satisfaction. Diversity among nurses is a benefit as they attempt to establish the evidence base for their practice, while pursuing excellence, standardizing competencies, enhancing outcomes, engaging in teambuilding, partnering, and reaching out to and collaborating with others. There is no doubt that strate-

gic partnering, within and beyond institutions, provides opportunities for personal and professional growth. By choosing their partners strategically, with a vision for optimizing knowledge management, nurses can set the standard for others to follow.

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