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Adriana Myers
Shenandoah University

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Community-Campus Partnership Effectiveness for Nursing Faculty Curricula in Rural Virginia
Adriana T. Myers, BS, M.Ed Candidate, Project Investigator
Shenandoah University
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Abstract

Nursing schools state that faculty shortages caused by low faculty salaries are a primary reason for nursing shortages. In a Shenandoah University graduate survey, many nurses wanted to teach but could not leave their higher-paying clinical jobs. Shenandoah University’s Graduate Program in Winchester, VA received funding from the Virginia Health Workforce Development Authority to use rural community-campus partnerships to plan a nursing faculty residency program to increase the number of nursing faculty. The program’s planning partners were economic development, business, academic, and philanthropic organization leaders in seven rural planning districts. Community Based Participatory Research was used to assess the effectiveness of Community-Campus Partnerships with the following research question: “What are the stakeholders’ perceptions of the benefits of this strategy to improve the overall health of communities?” The literature review examines health education models developed with the consideration of community involvement and distance education. Qualitative, semi-structured interviews were conducted with project partners to assess their perceptions of the effectiveness of Community Based Participatory Research in the development of nursing curricula. Findings highlight how collaboration increased knowledge and facilitated shared decision-making. Through partnerships, the program staff became aware of community needs that graduates should consider as nursing faculty. Study results indicate that community-campus partnerships can be advantageous to rural communities.

Keywords: Community-campus partnerships, Community Based Participatory Research, nursing shortage, rural Virginia, hybrid, distance education, informatics.

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Community-Campus Partnership Effectiveness for Nursing Faculty Curricula in Rural Virginia

There is a shortage of adequately prepared nurses in Virginia’s rural areas. According to Shirley Gibson (2009), president of the Virginia Nurses Association, the state will have a shortage of 20,000 nurses by 2020. The U.S. Department of Health and Human Services Health Resources and Services Administration (2010) recently reported that Virginia had fewer nurses than the national average: 624 per 100,000 residents compared to 746 per 100,000 nationally. According to the American Association of Colleges of Nursing (AACN, 2013), there will be 1.1 million job openings for Registered Nurses (RNs) and Advanced Practice RNs (APRNs) nationally by 2022. This gap will worsen for Virginia as the nursing and nursing faculty population ages. In 2013, the average age for nursing faculty in Virginia was 59 years old and close to retirement (AACN, 2012). The new health care structure will compound this shortage by bringing more than one million people into the health care system (Mercer, 2011).

The U.S. Office of Personnel Management (2009) stated that the nursing faculty shortage is the root cause of the growing nursing shortage. According to the AACN (2012), two-thirds of U.S. nursing schools stated that they did not accept applicants because of faculty shortages. According to a Virginia Licensed Nursing Workforce Survey performed by the Virginia Department of Health Professions (2010), a small proportion of registered nurses in Virginia report that they were employed in academic settings compared to national figures. Dorrie Fontaine, dean of the University of Virginia’s School of Nursing, concludes that the only way to accept more applicants into nursing schools is to increase the number of faculty (Strong, 2012). In the focus Planning Districts of this project, two collaborating nursing schools concurred with this report. James Madison University accepted only 64 of its 154 qualified applicants in the Spring of 2012. In the Fall of 2011, Radford University accepted only 80 of its 165 applicants.
Both schools reported a shortage of faculty as their limiting factor. Competition from more lucrative nursing salaries in clinical settings also contributes to the faculty shortage (AACN, 2012). Many nurses want to teach but cannot leave their clinical jobs (AACN, 2012). Educators are thereby challenged to develop strategies to increase the nursing faculty workforce without forcing nurses to sacrifice their clinical practices to accept faculty positions.

**Shenandoah University’s Planning Project**

The Shenandoah University (SU) School of Nursing’s Graduate Program has positioned itself to meet this challenge by receiving funding for a planning grant (hereinafter the planning project) from the Virginia Health Workforce Development Authority (VHWDA) to use informatics technology to educate graduate registered nursing educators through distance education. This project, *The Shenandoah University Nursing Faculty Residency Program: A Strategy to Increase Virginia’s Nursing Workforce Pipeline*, planned to create a masters of science degree in nursing with concentrations in both informatics and education. The goals of the planning project were as follows: 1) develop a faculty residency program including health informatics and distance education training, 2) develop residency placement plans in collaborating nursing schools and other nurse training organizations contributing to a geographically distributed nursing workforce, 3) conduct Community Based Participatory Research, and 4) create a proposal to submit for implementation.

The graduate degree will utilize informatics technologies to confer its curricula via distance education accessible in rural areas. After baccalaureate prepared applicants enroll, complete the informatics courses, and ensure competency by passing the American Nurses Credentialing Center (ANCC) nursing informatics certification exam, they will be recognized as board certified in nursing informatics (RN-BC). SU’s degree ensures quality educators by including practical experiences (residencies) teaching distance courses through university
collaborators who will pay student faculty nurses a minimal stipend (see Table 1). The expected outcome is that nurses in full-time or part-time clinical practices can learn to teach from home and therefore contribute to relieving faculty shortages.

The outstanding feature of this planning project is that it was developed through Community-Campus Partnerships (CCPs) between SU and community leaders in a wide rural area of Virginia (Planning Districts 4 through 7 and 9 through 10) which are part of the “rural crescent”: a horseshoe shaped area of rural communities which experience lower than normal access to health care providers (Virginia’s Community Colleges, 2014). The Bipartisan Policy Center (2011) stated that any effort to increase the nursing workforce must be performed within a coordinated planning framework and infrastructure. Indeed, curriculum designers have an ethical obligation to plan curricula to adequately prepare health professionals to provide care based on community needs. Since community involvement in workforce change is essential, VHWDA required that its grantees collaborate with community business leaders, economic development organizations, education institutions, and philanthropic organizations to meet their funding goals. The SU graduate program incorporated CCPs to enlist collaborators’ advice as the Nursing Faculty Residency Program was developed. These collaborators also agreed to consider future implementation roles.

The planning project’s demographic, and many other distance education students tend to be adult learners who are unable to abandon their careers. Treistman, Carr, and McHugh (1993) reported a successful model of “Community-Based Midwifery Education.” They found that a significant barrier to attaining midwifery education is “the requirement that they uproot their families, and relocate to the centers of university training programs” (Treistman et al., 1993, p. 359). Accordingly, their program addresses community needs and “emphasizes independent, adult learning” (Treistman et al., 1993, p. 359) with distance-education standards that highlight
community involvement and “assure that graduates continue to serve the communities in which they reside” (Treistman et al., 1993, p. 358). The planning project staff and collaborators concur with this position and incorporate these ideas within the curriculum framework.

A community approach to education leads to the development of lifelong skills, critical analysis of performance and effective decision-making: all of which lead to better patient outcomes (Engum & Jeffries, 2012). The Chicago Public School system and The Rush University College demonstrated a successful CCP to meet health needs of their community members (specifically underserved, high risk, high school students) (Glow & Sperhac, 2003). This CCP allowed for all stakeholders to collaborate “as equal partners” to “build on the assets, strengths, and capacities of each” (Glow & Sperhac, 2003, p. 395). Their partnership demonstrated how health professional students could partner with individuals or organizations in their communities to overcome multifaceted social and health related issues (Glow & Sperhac, 2003). The planning project curriculum follows a similar strategy.

A Culture of Service

Partnerships that plan to use health informatics technology can create curricula that address health care professional training in rural communities. For example, in the Delta (Arkansas, Louisiana, Mississippi, and Tennessee), rural citizens suffer from a “deficit in health care delivery” (Skorga, 2002, p. 150), which is demonstrated by their high instances of chronic disease, obesity, and infant mortality (Skorga, 2002). Therefore, the Delta Health Education Partnership was founded to promote education “anytime, anywhere” by training health professionals to work together using distance education to increase access to primary health services (Skorga, 2002, p. 150). This partnership promoted collaboration, communication, and informatics technology. They proved successful in reaching rural populations of students, by
creating a curriculum that focuses on “student interaction, collaboration, engagement, and
discovery” so that “students are more active in the learning process” (Skorga, 2002, p. 154).

Glow and Sperhac (2003) state, “Creating a culture of service and collaboration is vital to
the education of today’s healthcare professionals” (p. 398). The SU mission statement has the
same message: “Shenandoah University educates and inspires individuals to be…lifelong
learners; and ethical, compassionate citizens who are committed to making responsible
contributions within a community” (Shenandoah University, 2014). This planning project
sought to contribute to the university’s culture of service and collaboration, and consequently
assess the collaborators’ opinions of the planning project’s effectiveness.

The planning project staff used Community Based Participatory Research (CBPR) to
assess the effectiveness of CCPs to address the planning project goals. CBPR has been reported
as “the most effective collaborative approach for culturally sensitive health research” (Bomar,
2010, p. 1). It is a partnership between researchers and community participants formed to
address issues that are directly chosen by community members (Bomar, 2010). Using the CBPR
approach, community members, leaders and educators partnered with SU to share individual
community needs and issues of concern. This process allowed all partners to arrive at solutions,
share decision-making, and create mutual ownership of the planning project.

**Method**

The planning project’s specific activities addressed many of the common barriers that can
arise in CCPs. Community-based projects and collaboration require steadfast involvement and
initiative (Skorga, 2002). Project staff began their relationship with collaborators by having
individual meetings with each group to orient them to the CBPR and grant goals. Memorandums
Of Agreement (MOAs) were secured that outlined all stakeholder responsibilities and their
intent for collaboration during potential future implementation. The Project Investigator (PI)
encouraged continual collaborator involvement by creating and circulating a web-based monthly newsletter describing our progress to all collaborators. Local and national rural health news and announcements of rural community professional meetings were also included (see Appendices A and B for examples of the monthly newsletter).

Sample and Participant Selection

The CBPR requirement of having a multidisciplinary team can be problematic and time consuming (Bomar, 2010). The representation of our collaborators from business and community development leaders, nurses, nursing faculty, and philanthropic organizations assured the multidisciplinary nature of our partnership. All participants were leaders within the organizations they were representing. Three were representatives from three Virginia universities, one represented a local hospital system, one represented a non-profit organization that connects community agencies to increase access to care using a “campus” format, two represented economic development organizations, two represented business, and one represented philanthropy. Table 1 lists SU’s collaborators and their implementation roles.

Table 1

<table>
<thead>
<tr>
<th>Collaborator</th>
<th>Name of Organization</th>
<th>Implementation Roles</th>
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<tbody>
<tr>
<td>Education</td>
<td>Valley Health Winchester Medical Center, Our Health: &amp; University of Virginia,</td>
<td>Student faculty placement, 50% payment to student for teaching a course, collaborate on student research projects</td>
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<tr>
<td></td>
<td>Radford University, James Madison University Schools of Nursing</td>
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<tr>
<td>Business</td>
<td>GeoHealth Innovations, Inc., Shenandoah Valley Workforce Investment Board, Inc.</td>
<td>Collaborate on student research project. Provide scholarships to students to present research findings at professional state or local conferences</td>
</tr>
<tr>
<td>Economic Development</td>
<td>Winchester Frederick County Economic Development Commission, Shenandoah Valley Partner</td>
<td></td>
</tr>
<tr>
<td>Philanthropy</td>
<td>Birth Matters Virginia</td>
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If stakeholders do not perceive the benefits for the community as significant, or trust is lost in any part of the project; failure is inevitable (Bomar, 2010). The ability to develop and maintain relationships in this aspect is fundamental. Over the course of the 18-month grantfunding period the SU Project staff held three meetings with each collaborator. The first was the introductory meeting, which sought to explain the Planning Project goals and the MOA. The second meeting was designed to inform collaborators of progress, present the curriculum, and receive feedback. Project staff also attended two meetings on site with selected community development collaborators to seek implementation funding. The third meeting was held to complete the CBPR interview. In summary, the newsletter and meetings enabled the Planning Project staff to address potential barriers in a timely manner.

Assessments and Measures

The PI submitted the following materials to the Institutional Review Board (IRB) at Shenandoah University: application for use of human services in research, explanation of study, method of confidential data storage, and informed consent forms. After receiving approval from the IRB, the planning project staff utilized a qualitative research design, consisting of semistructured phone interviews with community stakeholders. In a semi-structured interview, the interviewer and respondents engage in a formal interview. The interviewer uses an interview guide, which is a list of questions and topics to cover (usually in a specific order) during the conversation (Crabtree, 2006). The interviewer follows the guide but allows for open conversation when she/he feels it is appropriate (Crabtree, 2006). For reporting purposes, the PI condensed all transcribed interview responses to exclude open-ended conversations that did not assist in answering the interview question and organized responses into themes (see Table 2). Participants signed an informed consent to participate in an interview and consent for photographic or voice recording. The interviews consisted of the following sequential questions:
1) How do you believe this community-campus partnership has helped to develop the curriculum associated with a faculty residency program?

2) How do you believe this community-campus partnership has helped to develop placement plans for faculty residents in a way that will lead to a geographically distributed nursing workforce?

3) What benefits do you believe Community Based Participatory Research will have on increasing the nursing workforce?

4) Health informatics and distance education is a very important portion of this program. If you were an Informatics Consultant, what guidelines or advice would you give someone who is creating a distance education course?

To assure participant confidentiality, all files containing interview results are kept in a secure electronic location in the faculty sponsor’s office at the SU School of Nursing. Only the PI and faculty sponsor have access. These documents will be stored by the PI or within the department and shall be retained for at least five years after completion of the research. The completed survey results were codified to preserve the confidentiality of participants. Collaborators stated understanding of participation termination guidelines, as well as the use of interview answers as testimonies in online media (website, newsletters) with no names associated.

Individual interviews were completed with eight of ten collaborators. The interviews lasted approximately one hour. All eight participants signed the informed consents. Two project collaborators did not respond to requests for interviews. Both the PI and the faculty sponsor were present with each participant on a conference call. Participant answers were voice-recorded and transcribed. The benefits of this research project were stated to the participants as follows: Findings will help the principal investigator understand how to: 1) promote the elimination of
health disparities through community-campus partnerships or alternatives, and 2) increase the health professions workforce through effective collaboration.

**Results**

Overall the collaborators were very positive about our Campus-Community partnerships. In response to question one about how CBPR helped the plan to create a curriculum, they mentioned a variety of ways the community-campus partnerships were important. Responses included: broadening the reach of involvement, bringing attention to the need, helping each other address the need, having dialogue, and giving students a broader exposure to new ideas. In answer to question two regarding geographically distributed practical teaching residencies, a few mentioned that it was too early to tell. However, they felt that an infrastructure of relationships and strategies had been created which would help place students after implementation. In response to question three, participants stated that CBPR increased the number of people that would have skills to teach through technology, and opened the door for more meaningful opportunities. Significantly, one participant advised to include the “younger generation” in the CBPR process. Helpful advice was also given in response to question four, regarding guidance for the creation of a distance education course. Answers included: Keep it simple, have information technology (IT) orientations, provide IT personnel, remember that not everyone is on the same level of expertise, provide visuals so that students can “see” their instructor, create meaningful connections, and encourage student evaluations. One participant simply stated, “Informatics can take an excellent educator and change the structure of their teaching style.” When the project investigator invited more comments, the participants focused on marketing and communication. Participants emphasized career paths and receiving the buy-in of a worker who is in the midst of a career change. One participant summarized: “the key now is execution and a
key part of that is how the program publicized.” See Table 2 for a comprehensive list of themes and evidence generated from the interviews.

Table 2

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<thead>
<tr>
<th>Question 1. How do you believe this community-campus partnership has helped to develop the curriculum associated with a faculty residency program?</th>
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<tbody>
<tr>
<td>Theme:</td>
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<td>Evidence:</td>
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<th>Question 2. How do you believe this community-campus partnership has helped to develop placement plans for faculty residents in a way that will lead to a geographically distributed nursing workforce?</th>
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<td>Theme:</td>
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<th>Question 3. What benefits do you believe CBPR will have on increasing the nursing workforce?</th>
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<td>Theme:</td>
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<td>Evidence:</td>
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<th>Question 4. Health informatics and distance education is a very important portion of this program. If you were an Informatics Consultant, what guidelines or advice would you give someone who is creating a distance education course?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme:</td>
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Evidence:

• “Go with what works; other best practices or lessons learned that could be repeated in practical models to serve rural students.”
• “Develop meaningful connections.”
• “Keep it simple.”

Discussion

The SU School of Nursing’s Graduate Program received funding from VHWDA to plan a faculty residency curriculum as a strategy to increase the nursing workforce by increasing nursing faculty. VHWDA required that its grantees collaborate with community business leaders, economic development organizations, education institutions, and philanthropic organizations to meet their funding goals. The SU graduate program incorporated Community-Campus Partnerships (CCPs) to enlist collaborators’ advice as the grant goals were met. As a result, the planning project staff successfully developed a comprehensive Nursing Faculty Residency graduate degree.

As previously mentioned, lucrative salaries in clinical jobs contribute to the faculty shortage since many nurses cannot accept the lower salaries offered in academia. In response, this planning project curriculum is flexible because it is delivered via hybrid distance and helps clinical nurses teach part-time or augment their clinical jobs with faculty positions. Students also learn to deliver course materials utilizing informatics that are accessible in rural areas so they can train nursing students in rural catchment areas. This type of curricular delivery allows faculty and students to teach and learn while remaining home where family ties, community connections and cultural competence remain intact.

The utilization of community involvement and CBPR while developing the curriculum has been essential to the success of this project. The community stakeholders have positive impressions of the effectiveness of CCPs to improve the overall health of communities. This
finding is encouraging. The use of CBPR in CCPs will result in a “culture of service and collaboration” that cultivates responsible health care providers “while meeting a community need” (Glow & Sperhac, 2003, p. 398). Stakeholders view the planning project partnerships as powerful tools that will continue to provide support to the program framework.

Limitations of CBPR were largely overcome by consistent connections through phone discussions and strategic meetings regarding future implementation plans. According to Bomar (2010), CBPR involves: building trust, creating a plan based on shared visions, acting together, and making planning activities a part of daily lives in the community. This planning project’s partners stated that they trust the project staff will consider the shared vision during implementation. They also offered availability for advice during this next phase. These stakeholders intend to honor agreements to provide support to students in the form of placements and financial support for research dissemination.

This CCP created a widely accessible distance curriculum. Consequently, new nursing faculty have the opportunity to teach future nurses without relocating their families. Additionally, both faculty and graduates can remain home to serve their own community needs. The Shenandoah University graduate program utilized CCPs and CBPR to create an innovative academic solution to the nursing shortage. Together with our communities, Virginia’s campuses can solve this problem in rural Virginia.
References


