

A model for successful research partnerships: A New Brunswick experience

By Karen Tamlyn, Helen Creelman, and Garfield Fisher

Abstract

The purpose of this paper is to present an overview of a partnership model used to conduct a research study entitled "Needs of patients with cancer and their family members in New Brunswick Health Region 3 (NBHR3)" (Tamlyn-Leaman, Creelman, & Fisher, 1997). This partial replication study carried out by the three authors between 1995 and 1997 was a needs assessment, adapted with permission from previous work by Fitch, Vachon, Greenberg, Saltmarche, and Franssen (1993). In order to conduct a comprehensive needs assessment with limited resources, a partnership between academic, public, and private sectors was established. An illustration of this partnership is presented in the model entitled "A Client-Centred Partnership Model." The operations of this partnership, including the strengths, the perceived benefits, lessons learned by each partner, the barriers, and the process for conflict resolution, are described. A summary of the cancer care initiatives undertaken by NBHR3, which were influenced directly or indirectly by the recommendations from this study, is included.

A partnership between academic, public, and private sectors was established to conduct a research study entitled "Needs of patients with cancer and their family members in New Brunswick Health Region 3 (NBHR3)" (Tamlyn-Leaman, Creelman, & Fisher, 1997). This partnership developed over time and is illustrated in the "Client-Centred Partnership Model" (see Figure One). Initially, an overview of the study is presented in order to provide the context in which the partnership and the model were developed. The main focus of the paper describes the detailed operations of this partnership and the model which emerged as a result of this successful research endeavour (see Figure One). Finally, the cancer care initiatives influenced by the recommendations from the study are summarized.

The goal of this research was to conduct an extensive needs assessment of patients with cancer and their family members, and to



Karen Tamlyn (standing), Helen Creelman, and Garfield Fisher.

ultimately maintain or improve programs and services for patients with cancer and their family members living in NBHR3. There are seven health regions in New Brunswick, with Region 3 being the largest. This region serves a population of approximately 165,000 with the regional hospital (Dr. Everett Chalmers Hospital) located in Fredericton, the provincial capital. Region 3 covers over 23,000 square kilometres and is primarily rural. The study was carried out by the three authors between 1995 and 1997. The main stakeholders for this initiative were patients with cancer and their families in NBHR3. Other stakeholders which funded the project included: the NBHR3 Corporation through the Chalmers Regional Hospital Foundation (which mounted a two-year Cancer Care Campaign 1995 and 1996), New Brunswick Medical Research Fund, and the University of New Brunswick.

Study

The needs assessment was a partial replication study, adapted with permission from previous work by Fitch, Vachon, Greenberg, Saltmarche, and Franssen (1993). The study was a cross-sectional needs assessment to identify common needs, problems, and coping experienced by patients with cancer and their family members throughout three phases of the disease trajectory: disease-free, on treatment, and terminal disease. The study included a sample of 235 patients who were interviewed and 168 family members who completed a self-report survey. The questions covered a wide range of topics, including physical functioning, social relationships, emotional well-being, cognitive ability, economic and occupational performance, adaptation to the diagnosis and treatments, informational needs, relationships with health professionals, and utilization of health care and social resources.

Up until the time of this study, the Regional Cancer Services Committee (RCSC) did not have a comprehensive standardized database concerning patients' and family members' perceptions of their needs. Data regarding the needs patients and families experience during their illness and their perception of gaps in the service were viewed as most beneficial in designing future service delivery initiatives and identifying research imperatives. With an enhanced understanding of the needs of patients and families receiving care in NBHR3, the RCSC would be in a stronger position to prepare an effective response to the identified needs of

Karen Tamlyn, RN, MN, CON(C), is Professor and Assistant Dean, in the BN Program, Faculty of Nursing, University of New Brunswick, Fredericton, New Brunswick.

Helen Creelman, MN (Retired), is a former Oncology Clinical Nurse Specialist at the Dr. Everett Chalmers Hospital in Fredericton.

Garfield W. Fisher, BA, MEd, works in Analytical Support Services with Evalu-plan Consulting Inc. in Fredericton.

the growing number of people living with cancer in the community. It would also be possible to target interventions to specific high-risk groups, such as those in the palliative phase of their disease.

Partnership and model

In order to conduct a comprehensive needs assessment with limited resources, a partnership between academic, public, and private sectors was established. The academic sector (represented by the first author) was the University of New Brunswick and the public sector (represented by the second author) was the NBHR3 Corporation. The third author (representing the private sector) was hired initially as a consultant for the project and later became a full, unpaid partner.

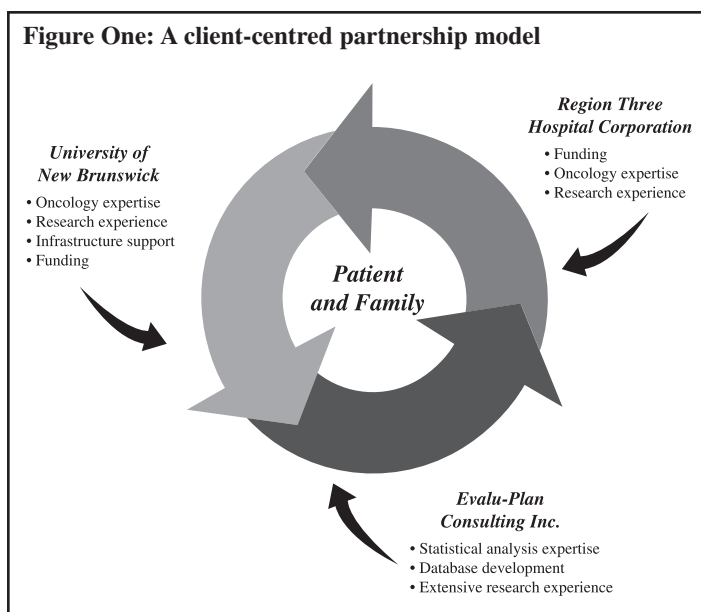
The academic partner brought expertise and interest in oncology nursing along with previous research experience. She had a professional relationship established with the public sector partner and held a formal appointment as a nurse associate in oncology at the Dr. Everett Chalmers hospital. She had established credibility in the academic community, in oncology research, and in the clinical specialty of oncology. The university setting contributed the necessary infrastructure for the project; for example, the eligibility for and acquisition of funding, management of those funds, and the hiring of research assistants.

The public sector partner was the clinical nurse specialist (CNS) in oncology who worked extensively with patients and their families at the Dr. Everett Chalmers Hospital. She also had previous research experience. In her professional relationship with the academic partner, she had a formal appointment at the University of New Brunswick as an adjunct professor. Her position as CNS facilitated the process of ethical review and access to the target population. Other strengths included her established credibility in the field of oncology nursing, the fact that she was well-known and respected, and her reputation as a strong patient/family advocate. The NBHR3 Corporation, through the Chalmers Regional Hospital Foundation, provided the majority of the funding for the project.

The private sector partner was unknown to the other partners. However, he was highly recommended as a consultant because he had extensive knowledge, experience, and credibility in the health research field. He had established links with key players in the

health care field, including the provincial cancer registry and hospital corporations, and with the provincial and federal governments. During the planning and implementation phases, he was able to eliminate potential roadblocks and problems because of his research expertise. He assisted in adapting the data collection tool to reflect the local hospital setting and the rural nature of New Brunswick. He developed the database for the project and provided statistical analysis expertise. Other strengths included his abilities in organizing and writing research proposals and reports. His endless source of energy, creativity, enthusiasm, and sense of humour were effective in maintaining the momentum for the project.

Throughout the project, the partners were able to remain focused on the goal of maintaining or improving programs and services for patients with cancer and their family members living in NBHR3. This was possible because no one partner had any personal or hidden agendas which could have jeopardized the partnership and the completion of the project. The partnership worked well because of the strong commitment each member brought to the project, as well as the desire and willingness to work together as a team. A high level of trust, flexibility, and respect between the academic and public partners already existed prior to the start of this project. These qualities very quickly extended to the private partner and continued to build over the duration of the project. Each individual brought different perspectives and strengths to the partnership, as previously mentioned, which complemented each other and helped to create a balance within the team. These strengths also provided a comfort level in trusting individual partners to make decisions within their own area of expertise. Because of this established mutual trust, respect, and commitment, the partners operated on



Calea is the Care Leader in Home I.V. Therapy and Advanced Woundcare. Since 1992, Calea has been extensively involved in providing:

Chemotherapy, Pain & Symptom Management, I.V. Antibiotics, Hydration and TPN and Enteral Nutrition

Calea's newest division, Calea PalliativeCare, was developed to expand our expertise into the delivery of expert palliative nursing and home making services. Our certified nurses specialize in end-of-life advocacy, caregiver education, expert nursing care and pain and other symptom management. Our palliative knowledge enables patients with any illness to die well in their home or location of choice. To help guide this process, Calea has designed a series of seminars for all caregivers that will run throughout the year; for a schedule of our free caregiver forums, please contact us.

If you would like more information about Calea HomeCare or Calea PalliativeCare, please visit our website at www.calea.ca or contact us at 1(888)909-3299

calea.

2785 Skymark Avenue, Unit 2, Mississauga, ON L4W 4Y3

a very informal basis and formal terms of reference were not developed.

The perceived benefits of this partnership for each partner included increased competency and confidence levels related to research skills, expanded credibility in conducting research, and satisfaction in knowing the research recommendations were directly and/or indirectly responsible for creating changes in cancer care. In addition, the private partner benefited through increased exposure of his company, increased knowledge base in the area of cancer, and an opportunity to give back to the community. Key lessons learned throughout this project were the importance of ensuring a realistic budget and timeline for each phase of the project, and the need to value and respect each member's individual strengths and working styles.

The primary barrier experienced throughout the project was related to the difficulty in coordinating mutually convenient times to work together. Although for two of the partners conducting research was an expectation by their employers, there were challenges in blocking periods of time for this activity considering the myriad of other job responsibilities. The private partner experienced the same difficulty finding sufficient uninterrupted time because of his other business commitments. A potential barrier for this type of partnership is the lack of an established working relationship among the members. If this were the case, it would be important to assess the compatibility of working styles, as well as individual strengths and skills, and to invest time in team-building exercises prior to the beginning of the project. Other potential barriers include the absence of managerial support or appreciation of research initiatives, inadequate research infrastructure, and insufficient funding.

Conflict is a part of any working group. The few conflicts that did arise were resolved quickly by open discussion and through consensus. One of the main areas the team struggled with was how to prioritize data analysis and report the findings, given the massive amount of data collected. Because of the informal nature of the partnership, these discussions often took place in a social context, for example over lunch or dinner.

Over time, this partnership strengthened and is depicted visually as "A Client-Centred Partnership Model" (see Figure One). Because the impetus for this project was patient- and family-driven, and it focused on the needs of patients with cancer and their family members, they are in the centre of the model. Each arrow in the circle surrounding the patient and family represents one of the partners. The arrows are illustrated in a continuous circle signifying the intra-dependence of each partner. If the circle had been broken for any length of time, the successful completion of the project would have been compromised. The key contributions of each partner are listed in bullet form on the outside of the circle. This model could be applied to various nursing research and client care settings.

Initiatives

The final written report (Tamlyn-Leaman et al., 1997), including the findings of the study and the subsequent 15 recommendations, was delivered to the RCSC for NBHR3 in August 1997. Since that time, the findings have been widely disseminated at the local, national, and international levels. The results of this study have directly or indirectly influenced cancer care initiatives undertaken by the Region 3 Hospital Corporation (R3HC) since August 1997. The hospital accreditation process which occurred in October 1998 facilitated the implementation of several of the study's recommendations.

Activities which have taken place or are in progress include areas such as educational initiatives, support services, partnering, and improving communication skills. A working group was created in 1998 to develop a multiphase patient and family education project. A database of all available patient and family educational materials in NBHR3 was created and strategies are currently being developed to assist with the dissemination of these materials. This working group is partnering with the local public libraries and the Canadian Cancer Society in this endeavour. A brochure entitled "**Cancer Care Services and You**" was recently developed by the Region 3 Cancer Care Committee to increase awareness of available services offered by R3HC. A pamphlet entitled "**Cancer Web Sites for Patients, Families and Friends**" was developed in partnership with a third-year nursing student in the Faculty of Nursing at the University of New Brunswick and it has been widely distributed throughout the R3HC.

New support group initiatives include a group for family and friends of individuals with cancer, and sessions for bereavement support. All patients with cancer in Region 3 who require radiotherapy must travel outside the region for their treatment, therefore, many unmet needs related to transportation were identified by both patients and family members. The development of a "travel pool" has been explored and these efforts are ongoing.

Several initiatives related to improving communication skills have also taken place, including a workshop for health care professionals by Dr. Grant MacLean, a public session by Dr. Robert Buckman, and the "**Handle with Care**" drama produced by Ryerson Polytechnic University's Act II Studio and Toronto-Sunnybrook Regional Cancer Centre. Findings also facilitated the development of several documentation tools that promote communication of pertinent and relevant information about the patient's status.

Summary

The use of the client-centred partnership model was highly effective in achieving the goals for this study. A key factor in determining the success of this type of tripartite partnership is in the choice of team members with complementary skills and compatible work styles. The intra-dependence of team members for this project was such that if any one member left, the successful completion of the project would have been in jeopardy. Although the client population in this study had been affected by cancer, the model could be applied to populations with different health challenges. Participating in intersectoral research has many benefits for nurse researchers, including increased funding opportunities, a broader base of expertise and experience to draw upon, and collaborative support throughout the project. ♣

Acknowledgement

The authors would like to express their appreciation to Margie Fox (Research Coordinator) and to Patti Hansen-Ketchum (Research Assistant) for their contributions to this project. Acknowledgements also go to Kim Chapman, RN, MSc(N), CON(C) for her assistance in providing the authors with updated information for this publication.

References

- Fitch, M., Vachon, M., Greenberg, M., Saltmarche, A., & Franssen, E. (1993). **Needs of patients with cancer and their family members attending the comprehensive cancer program.** Toronto, ON: Unpublished Study Proposal.
- Tamlyn-Leaman, K., Creelman, H., & Fisher, G. (1997). **Needs of patients with cancer and their family members in New Brunswick Health Region 3.** Fredericton, NB: Unpublished Final Report.