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EDITORIAL

Collaborative Partnerships: Building New Programs and Services for Children

COLLABORATION HAS BEEN described as the process by which work is "done by several associates with each one doing a part of the work but all subordinating their own personal goals for those of the whole team" (Stickler, 1995, p. 54). In nursing there is enormous potential for developing collaborative practices and services with multiple partners for treating infants, children, and youth with health care needs across the spectrum, from well child and episodic illnesses to acute and chronic long-term care.

Traditionally collaborative partnerships have been described primarily in terms of physician-nurse relationships. In today's health care environments, collaborative relationships can and do need to be expanded to include the complement and expertise of professionals from numerous disciplines such as social work, occupational and physical therapy, speech and language therapy, psychology, pharmacy, and dentistry.

In nursing, there are few models of interagency partnerships that can be referred to as exemplars of collaborative services for children. Early intervention programs stand out as one such model. This interagency model has its origins in education (Harbin, McWilliam, Porter, Vandiviere, Mittal, & Munn, 1995; Harbin, 1996) and has been applied successfully in facilitating achievement of developmental outcomes for infants and toddlers with or at risk for disabilities. There are numerous other populations of children and families who would benefit from improved services using this system-oriented framework. In the nursing literature, there is curiously little about this innovative approach to services, which has been tested as to its efficacy with selected populations of children (Zwarenstein, Bryant, Bailie, & Sibthorpe, 1999).

Polivka (1995) provides a useful conceptual model in terms of application for practice. Al-

though its actual implementation is limited, this collaborative framework would be useful for those pediatric nurses who seek valuable opportunities to create innovative partnerships. The expertise of professionals in education, rehabilitation, and business can be used to facilitate replication and adaptation of collaborative partnerships in health care settings. Although described in the context of service systems, Harbin's (1996) delineation of needed elements to foster successful collaboration is based on extensive experience in forming service partnerships for early intervention programs. Clearly, it can be productively applied to nursing clinical settings. According to Harbin (1996) successful collaboration includes the following: a shared mission, the involvement of all key people, leadership and facilitation, structure for joint planning, a positive climate, knowledge of policies and politics, resources and information on the best practices, and the ability to manage the change process.

In order for such a model to be successful, it is necessary that nurses either enhance existing collaborations with partners representing other institutional settings, or they must create new ones. For example, states across the nation are planning, testing, and implementing new public service programs for unemployed individuals under the new Workforce Investment Act of 1998 (signed into law on August 7, 1998). There are opportunities for pediatric nurses to provide their expertise to develop services and then implement programs for difficult-to-employ populations such as young parents, individuals with disabilities, and adolescents. Expertise is needed for supplemental services such as parenting programs, personal health, child care, and health care resources. It is an excellent opportunity to integrate interdisciplinary approaches that are more commonly found in traditional health care settings.

As resources continue to become scarce, the push to form collaborative partnerships will intensify. There is much to be gained by working with colleagues from both health and nonhealth programs who are not influenced by the professional practice biases that we as nurses have acquired over the years. Interagency partners will have developed

unique linkages and will have knowledge that will be helpful in enhancing current service capacity, leveraging existing resources, and providing the opportunity to discover new ones.

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