

M. Christina Esperat
Alexia Green
Cindy Acton

One Vision of Academic Nursing Centers

Executive Summary

- ▶ Academic-based nursing centers typically strive to fulfill multiple purposes, providing care to underserved populations, clinical experiences for nursing students, and practice opportunities for faculty.
- ▶ This complex set of objectives are often rooted in tenuous funding arrangements as evidenced by the closure of more than half of clinics established within the last 20 years due to financial viability.
- ▶ Sustainability should be carefully considered when establishing a program given the seriousness of the commitment entered when embarking upon patient and community relationships.
- ▶ The Penn Macy Initiative is noted for defining key success factors and stabilizing forces in academic-based nursing centers including the alignment of organizational mission; a faculty model supporting practice as an aspect of appointment, promotion, and tenure; and the level of commitment represented in an organization's mission.
- ▶ Dedicated, full-time nurse managers were also cited as critical leaders with the necessary skills to balance their role as entrepreneur and trustee.

MOST ACADEMIC NURSING divisions articulate a vision and mission that reflect those of the parent institution as well as the general orientation of the profession. In addition, the vision and mission generally aim to respond to the needs of the immediate external environment. The task of the organization is to ensure that their vision and mission are more than just empty pronouncements made to satisfy external requirements, such as those for accreditation. Rather, they should serve as a guide to developing the organization's strategic goals, and the expectation is that all activities and initiatives engaged in by the organization flow from these broad and lofty statements.

In the world of nursing academia today, organizations that base their operations on strategic plans and who fulfill multiple functions as societal institutions responsive to their external environments, continually face the challenges of fulfilling mission within an increasingly constrained environment. Indeed, at times it appears that realizing the vision requires an enormous capacity to deal with conflicting and sometimes competing interests of various stake-

holders at all levels, both internal and external to the organization. At the same time, the basic institutional supports needed to face those challenges continually vary, leading to uncertainties that appear to be the only certainty upon which these organizations can depend. In the mad scramble to survive and thrive within this somewhat schizophrenic environment, educational administrators are expected to not only respond calmly and reasonably, but to also be "proactive" leaders as they navigate treacherous shoals within an academic ocean of hardships and challenges. The literature exhorts the leadership to better integrate basic and tripartite expectations of education, research, and practice (Evans, Swan, & Lang, 2003;

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M. CHRISTINA ESPERAT, PhD, RN, APRN, BC, FAAN, is a Professor and Associate Dean for Research and Practice, Texas Tech University Health Sciences Center, Lubbock, TX.

ALEXIA GREEN, PhD, RN, FAAN, is a Professor and Dean, Texas Tech University Health Sciences Center, Lubbock, TX.

CINDY ACTON, MSN, RN, CNA, BC, is an Assistant Professor and Faculty Practice Coordinator, Texas Tech University Health Sciences Center, Lubbock, TX.

Fagin, 1996); direct and manage multiple evolving faculty roles and expectations (Boyden, 2000; Krafft, 1998; MacNee, 1999); explore community partnerships to stay relevant (Anderko & Uscian, 2002; Lutz, Herrick, & Lehman, 2001; Naylor & Buhler-Wilkerson, 1999); and in the face of all these, to stay flush and solvent (Evans et al., 2003; Mackey & McNeil, 2002). It is therefore not surprising that the idea of promoting an environment within academic nursing that promotes professional practice among an already overwhelmed faculty is met with wary, and often weary, attempts at substantial compliance.

Preparation and the Academic Practice Enterprise

The traditional sources of financial support for academic nursing over the past years have been steadily eroding. Given the climate of resource constraints that pervade in the current environment, it is not unexpected that academic nursing, like academic medicine, will experience increasing pressure to use faculty practice as a means of providing additional revenue streams for shrinking budgets. Thus, the vision and mission are no longer disembodied statements that everyone in the organization memorizes temporarily for accreditation site visitors, but are actual imperatives that daily impinge upon the reality of nursing educational administration. The academic enterprise can no longer focus solely on the educational and teaching mission; it has to fully integrate the other missions that characterize the tripartite nature of today's nursing academic organization. Failure to do so will lead to stagnation that will in the long run be counterproductive to its overall attempt to realize the vision upon which it is based.

The Faculty Practice Community

Establishment of a viable faculty practice enterprise is pro-

posed as a way of responding comprehensively to the challenge of realizing the vision and fulfilling the mission that nursing academic institutions must face. Clearly, nursing as a profession is practice-based, and the professional model typically characterizes part of the structure and function of many nursing academic units. Faculty practice as a concept fits within this model, and has been a part of the academic landscape for many years. It has evolved as nursing academia has evolved, responding to changes brought on by time and circumstances, and taking its current form that allows for various forms and permutations which reflect the uniqueness of institutions that breed them (MacNee, 1999). In fact, various organizing models of faculty practice have been put forward, reflecting the spirit of innovation that flourishes within environments that frequently provide little support for such novelties. Broussard, Delahoussaye, and Poirrier (1996) conclude that models for faculty practice require "a synthesis of education...practice and research roles...essential to effective functioning of nursing faculty in a changing health care delivery system" (p. 86), which is clearly not a path to be taken lightly or without serious consideration.

Application of these models, however, is littered with an uneven history of some exhilarating successes, many lackluster attempts, and not a few dismal failures. Even up to this point, the goal of establishing a faculty practice that fits the organization remains for many an elusive one. And even after discovering a model that apparently fits, maintaining the concept that will survive takes a great deal of nurturance and support from all levels. Undoubtedly, the effort to maintain faculty practice within a nursing academic institution will remain a challenge for faculty and administration alike, and will

require regular and periodic evaluation and review for it to remain relevant to the organization's mission, and sustainable in that it does not drain scarce resources needed for overall organizational survival.

The Academic and Practice Center

One avenue through which faculty practice has been facilitated and promoted is the academic-based nursing center. Although nursing centers can be traced back for over a century (Mackey & McNeil, 2002), the innovation and evolution of academic nursing centers paralleled the infusion of federal funding for nurse practice arrangements that started in the mid-1980s through the Division of Nursing at the Bureau of Health Professions (Clear, Starbecker, & Kelly, 1999). By 1998, the division had funded more than 40 nursing centers, and continues to promote the concept of these types of arrangements during each funding cycle. The concept of an academic nursing center is multifaceted, and although it allows for uniqueness and a nontraditional orientation, some types have evolved to a point of prescribing certain normative forms. The defining characteristics of these types reflect the propensities and resources of the faculty and administration that adopt them.

One of the distinguishing characteristics of academic-based nursing centers is the fact that they serve as safety nets for vulnerable populations in high-risk communities. The Division of Nursing funds nurse practice arrangements to provide care to medically underserved populations, and many schools and academic departments of nursing are able to initiate these types of projects because of the division's support. Indeed, providing incentives for meeting societal responsibilities while at the same time realizing educational and practice goals is a brilliant concept to assist the

nation in the task of providing for the health care needs of these populations. It is a challenge which many institutions have accepted. It is not, however, a challenge to be taken without much deliberation and thought. Wink (2000) suggests that the answers to certain questions must underlie the nursing academic institution's decision to initiate a nurse-managed center. These questions should deal with fundamental issues of philosophical and ideological contexts, institutional and individual commitment, organizational structure and function, operational concerns, and legal and regulatory constraints.

The attempt to establish academic nursing practice goes beyond the goals of promoting faculty practice and providing additional avenues for student clinical practice. It must be engaged in not just because other self-respecting institutions have them, although faculty practice through nursing centers certainly has become a benchmark for success, particularly for educational nursing divisions within academic health science institutions. Because academic nursing can no longer afford to be just in the "business of teaching," the practice mission of the school must be seen as a serious enterprise that requires the necessary resources to give it a chance to take root and to eventually flourish. The fundamental philosophy that underlies its existence must be understood by everyone who engages in it, and the whole organization must support it to the full extent that it can.

The decision to establish an academic nursing center must be made with the intention to create a service that will last, and not just an experiment or an innovation that will be abandoned if it does not work. Once a nursing center is established, it creates an identified client base for which it commits to provide services. That means that it cannot just sever that commitment without a serious

consideration of the consequences of the decision to discontinue services. This is particularly true when the client base originates from a medically underserved population, whose alternative options for health services are severely limited. There are many examples of nursing centers which were originally established through external funding, and for whom new client bases were established and services provided to them through the life of the grant that originated them.

It is estimated that more than half of the nurse-managed clinics established within the past 20 years have closed because of lack of financial resources (Barger & Rosenfeld, 1993; Gray, 1993; Vincent, Oakley, Pohl, & Walker, 2000). Many nursing centers that were originally funded from sources within or external to their parent organizations eventually found the challenge of continually scrambling for financial support too much to sustain once the initial funding period ended. Consequently the academic nursing organization had to make the decision, albeit painful and difficult, to either find alternative arrangements to continue services, or to ultimately close the center if no other options were available. The intentions to create a new point of access to health services for identified populations in need while at the same time furthering the goal of educational and clinical practice of faculty and students may be noble; however, the decision to establish a nursing center without a clear plan for financial sustainability is unrealistic. From its inception, it is equally as important to establish a financially sound and sustainable program as it is to provide a social good. To do less is to fail to fulfill a pact and a commitment, as well as to unwisely place the entire organization at unnecessary financial risk.

Financial Sustainability: The Crux of the Enterprise

The decision to establish an academic nursing center should be made only if the organization's leadership has both the true commitment to the concept, as well as the competence and skill set to give it a fair chance of succeeding. Sustainability of the health care enterprise means that the service it aims to provide and its intended effects survive beyond the initial investment of resources and efforts expended to create it. In addition, sustainability means that activities within the enterprise will produce sufficient revenue to support the continued activities. Sustainability is multifaceted and dynamic. Its benefits increase as the program matures, and these increased levels require the appropriate level of resources to maintain them. Thus, sustainability is never assumed, but is rather dependent on entrepreneurial leadership of those who take the responsibility of assuring that it is created (Scalafini, 2003).

The financial viability of the academic nursing enterprise is a critical element that must be a linchpin of program planning. By its very nature, the task of establishing sustainability of the nurse-managed center is a monumental challenge. Within the health care environment, resources for ongoing costs are constricting while at the same time demand for services is escalating and donor support is diminishing. Several factors are responsible for the much more fragile and tenuous climate of the nursing center environment. In general, the health care market is hostile to nonphysician owned and operated practices. The odds of obtaining long-term and sustainable resources for nurse-managed centers are extremely doubtful unless they are able to penetrate the virtual wall of harsh competition for commercial and private managed care contracts. Although most of the administra-

tors of academic nursing centers have strong leadership skills, many lack the financial and accounting competencies that are critical to establishing a sound and fiscally viable program.

Availability of information on the quality and outcomes of health care services delivered is critical to the ability to obtain managed care contracts. Most nursing centers lack the expertise and the sophisticated management information systems capable of providing accurate and reliable data on performance of their practice. In most academic nursing centers, the personnel core essential to the basic functions of the practice — health services provision and practice management — divide their time between assigned teaching responsibilities and the other requirements of being a faculty. If center operations are mostly reliant on part-time faculty who uneasily divide their time between their primary teaching assignments and the demands of service, research, and practice, the center operations become expendable and subordinate to all of the academic imperatives. It is not possible to run a health care enterprise this way; it is small wonder then that many of these nursing centers appear to have been set up to fail right from the start.

Nursing administrators must realize that being a participant in the business of addressing social problems through faculty practice demands effective and efficient use of their resources, which in turn needs the expertise and experience which they may not have at the inception of their programs. This does not preclude them from undertaking this challenge; it means that they must have the knowledge and understanding of how they can overcome their limitations.

Scalafini (2003) outlines the essential institutional structures that must be established to build sustainability as a primary goal in program development. First,

strategic management, which allows the organization to plan and develop the program around their vision and mission, must lead the nursing administration to identify revenue-enhancing opportunities and ways to effectively respond to those opportunities. Strategic management includes the formation of community partnerships that can improve the organization's ability to create new and effective revenue streams for the center. It also means that those responsible for the faculty practice program should understand that to ensure sustainability, program activities must be focused on business goals that lead to diversified funding (private donor and government), cost recovery, cross subsidies, endowment capture, and product sales.

Second, strategic management must be coupled with financial and marketing management, which increase the efficiency in administrative and service delivery operations, and positions the organization to effectively adjust to the ever-changing need and demands of consumers and stakeholders. In addition, there must be a sound plan for organizational and human resource development, which allows the organization to plan and manage projected changes, as well as respond effectively to unanticipated changes in its operations or its environment. And last but not least, the organization must have access to management information systems which are critical to the effective performance of the organization's other functions. These information systems must have the ability to capture information about the organization's financial operations and service operations, and to analyze and act on information in a timely and effective manner. Information systems are so important because they provide the raw material which the strategic systems transform into sustainable quality integrated basic health services, which then allows efficient

capture of sustainable resources to support all of the functions of the organization. Specific activities under those business functions are listed in Table 1.

Mobilizing Change via Effective Management

Scalafini (2003) distinguishes between two types of management that have implications for academic nursing centers. The author describes entrepreneurial management as one end of the managerial behavior continuum wherein individuals pursue opportunities to realize their individual or collective objectives regardless of the resources they control. It is the "soul of sustainable services," and is less contingent on resources currently controlled than on the likelihood or confidence that initial success will elicit from others the resources needed to achieve the venture's objectives. Trusteeship, on the other hand, involves the administration of resources already under control. Trustee management tends to become more essential as the organization becomes more successful and its resources increase, such that these resources become established and must be managed more effectively. In reconciling the vision with the realities of surviving in the health care market, academic nursing centers must combine elements of both entrepreneurial and trustee management wisely and effectively.

Emergent strategic action, based upon the premise that the environment is not controllable and indeed chaotic, is typical of entrepreneurial management, because it allows for organizations to respond to this chaos. Emergent strategy is a critical method for organizations to adapt to unexpected plans and opportunities because it encourages action, allows opportunities for learning from these experiences, and transfers lessons learned to other components of the organization. Typically, academia has focused on the more traditional method of

**Table 1.
Management for Program Planning**

Strategic Management	Financial Management	Marketing Management	Organizational Development and Operations Management	Information Management
<p><i>Mobilization via Business Planning</i></p> <ul style="list-style-type: none"> • Mission/goals • SWOT analysis • Objective setting • Strategy development • Management processes • Activities and timeline 	<p><i>Financial Planning</i></p> <ul style="list-style-type: none"> • Link budgets/strategies • Estimation of costs/revenues, surplus/deficits • Capital requirements 	<p><i>Market Planning</i></p> <ul style="list-style-type: none"> • Needs assessments • Competitor analysis • Objective setting • Client segmentation: adoption benefits and costs • Strategy development: service mix, pricing, delivery, promotion • Strategic alliances 	<p><i>Organizational Development</i></p> <ul style="list-style-type: none"> • Organizational assessments: effectiveness, efficiency • Responsibility charting • Organizational governance • Policies and procedures • Skills inventory • Staffing needs • Links with community 	<p><i>Strategic Use of Information</i></p> <ul style="list-style-type: none"> • Cost analysis • Cost control • Utilization trends • Balanced Scorecards • Environmental scanning: economic trends, government policies, competition
<p><i>Specific Strategy Design</i></p> <ul style="list-style-type: none"> • Prepaid programs • Referral networks • Community links • Benefit packages • Cross subsidization • Funding diversification • Group practice • Bulk procurement 	<p><i>Accounting Controls</i></p> <ul style="list-style-type: none"> • Functional segregation • Authorization and recording • Procurement 	<p><i>Utilization of Marketing Information, Market Testing Strategies</i></p> <ul style="list-style-type: none"> • Benefits packages • Prepaid programs • Service demand 	<p><i>Personnel Administration</i></p> <ul style="list-style-type: none"> • Job descriptions • Compensation • Performance review • Credentialing • Training • Needs assessment • Schedule 	<p><i>Claims Management</i></p> <ul style="list-style-type: none"> • Appropriate evaluation and management (E&M) coding • Followup of claims denials • Accounts receivable
<p><i>Strategic Learning</i></p> <ul style="list-style-type: none"> • Balanced scorecards <p><i>Strategic Awareness</i></p> <ul style="list-style-type: none"> • Feasibility studies 	<p><i>Capital Acquisition</i></p> <ul style="list-style-type: none"> • Cost recovery • Grants • Commercial credit <p><i>Strategy Cost/Revenue estimates</i></p> <ul style="list-style-type: none"> • Prepaid programs • Referral networks • Community links • Benefit packages • Cross subsidization • Funding diversification • Bulk procurement 	<p><i>Client Focus</i></p> <ul style="list-style-type: none"> • Quality demands • Satisfaction • Communication <p><i>Special Markets Referral Networks</i></p>	<p><i>Logistics</i></p> <ul style="list-style-type: none"> • Supply: procurement procedures, inventory control • Equipment maintenance • Facility maintenance 	

Adapted from Scalafini, J. (2003).

Table 2.
Planning Strategies

Deliberate Strategy	Emergent Strategy
Plans for the future	Patterns from the past, present, and future
Think, then act	Action, then reflection
Strategies are formulated	Strategies form
What do we intend?	What is on the ground?
Can we be realized or unrealized	Can become deliberate
Smart = devising better strategies	Smart = noticing patterns and legitimating

deliberate strategy characteristic in trusteeship management, and is often uncomfortable with the faster pace of decision making demanded by the use of emergent strategy characteristic of entrepreneurial management. Emergent strategy is a critical method for organizations to adapt to unexpected plans and opportunities because it encourages action, allows opportunities from learning from these experiences, and transfers lessons learned to other work within the academic enterprise.

Table 2 shows a comparison of traditional deliberate and emergent strategies for planning as identified by O'Neil (2003).

Creating Success

The Penn Macy Initiative (Evans et al., 2003), in an attempt to build critical mass for academic practice programs, identified characteristics of successful academic-based nursing centers. Success indicators that were related to reconciling the vision, mission, and financial realities included: (a) practice being integral to mission, vision, and strategic plan; (b) academic practice being recognized on the organizational chart; (c) a critical mass of faculty in practice; (d) a comprehensive faculty practice plan; (e) the tripartite mission

being addressed in practice goals; (e) practice being addressed in appointment, promotion, and tenure criteria; and (f) leadership/administrative commitment to the practice program being demonstrated. These indicators were present in most, if not all, successful academic practice programs.

Another indicator that was present in only about one-third (33%) of the successful academic practice programs was financial risk taking (Evans et al., 2003). However, in today's rapidly changing economic and health care environment, it appears that this indicator will become increasingly important for success. A key component of emergent strategy is "thinking big" or risk taking not only in relation to finances but to practice opportunities. The idea of creating tension via risk taking to shake the organization from its doldrums and to force action in response to tension is a tool that academic nursing leaders may use to facilitate the type of dynamism that can lead to a successful academic practice enterprise. Certainly, the tensions created by assuming financial risk through the academic nursing practice are more than enough to keep administrators and faculty on their toes. This creates the

strong motivation to strive for financial viability of the enterprise right at the outset. Financial sustainability is only a means to an end, not an end in itself. The process of striving for this goal is a very important process that leads to the development of faculty as successful and pragmatic entrepreneurs and leaders who will contribute significantly to the full realization of the organization's vision and mission. Success in reconciling the vision, mission, and financial realities can be transformational in nature, creating a practice agenda clearly worth advancing, particularly as it relates to the design of a socially responsible health care system. \$

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and reach beyond the acute care hospital setting. Research is needed to document the effects of social support on patients and other colleagues.

From a nursing leadership standpoint, the literature documents the important role of social support and its positive effects on the work environment and the workforce. Whether the social support mechanism of action is a main, moderating, or mediating effect does not appear to be as important. What is important, however, is that the value and power of social support in the workforce be recognized and incorporated into the fabric of the work environment. It is becoming increasingly clear that satisfied and retained nurses are choosing to work in environments that value social support and empower nursing professional practice (Upenieks, 2002).\$

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