

Barriers to and Benefits of Interuniversity Collaboration

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Introduction

International exchange and collaboration has become a reality for both Western and Asian leading nursing schools and colleagues that would not considered a part of their scope a decade ago. The concept of interuniversity collaboration (IUC) has become a global phenomenon for local and international nursing societies in the last decade and is expected to be more prospective in the future. Several themes have framed the background context for the importance of the phenomenon of (IUC).

First, the international transportation and communication system has become more convenient and efficient than ever. As such, the increase in immigration and travel has significantly increased the ethnic diversity of people including patients and medical professionals (Fenton, 1997).

Second, an exploration of multidisciplinary

epistemology including biomedical, nursing and social sciences has been brought about in the last two decades. Both naturalistic and positivist paradigms are acceptable by life scientists and reported in forms of qualitative, quantitative and triangulation research methods (Halcomb & Andrew, 2005, Shih, 1998). These multiple approaches have evidences in increasing the validity, strength, and interpretative potential of a phenomenon, decreasing investigator's bias, and providing more profound perspectives in revealing the deeper context of the phenomenon and the related back ground context (Denzin, 1989). The concept of global village has been accepted by the societies of medical and nursing and the public not only in the aspects of geogragraphy, not also the pluralism of epistemology systems.

Third, through better communication, international nursing societies shared more common base of merits and value systems such as learning-helping together between developed, developing and underdeveloped countries. Today, nurses with a deeper appreciation of human life and values are developing cultural sensitivity for appropriate, individualized clinical approaches. Transcultural nursing concepts are being incorporated into the curricula for nursing folks

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including nurse educators in the schools and hospitals, administrators, and students in many parts of the world (Giger, & Davidhizar, 2004).

Fourth, due to active participation in policy-making of major health issues and providing effective health promotion programs for the vulnerable populations such as HIV (+), malnutrition, tuberculosis, drug abuse, pregnant teenagers, and single-living elders with chronic disease, as well as critical cases such as SARS patients in 2003, the contributions of nursing societies have been more acknowledged in local and international levels.

Fifth, the interdisciplinary collaboration (IDC) models for medical societies (MS) have been more successful and MS have more confidence to support IDC for nursing profession. Meanwhile, there are increasing needs for MS and non-MS societies to help manage the complex local and international nursing and health phenomenon.

Sixth, nursing societies have more competent faculty members and leaders with good performance of profession and English than ever.

Last, the authority levels and financial resource systems in the levels of government, school, and hospitals are more friendly to provide support nurse leaders (case manager in particular) to learn international models.

Missions of World's Leading Universities – Examples of School of Nursing

The concept of IUC is embedded in the three major missions of the world's leading schools of nursing.

First, preparing nurse leaders for national nursing societies as nurse clinicians, educators, administrators, researchers, theory developer (or

theorists), policy decision-makers etc.

Second, preparing nurse leaders for international nursing societies.

Last, educating nurse leaders as nursing experts, model, paradigm for other nurses including: (a) caring with high quality of professional nursing knowledge and skills; (b) caring with humanistic concepts; (c) providing high quality of nursing and health care related policy-making; (d) being sensitive to public's health needs; (e) promoting higher quality of nursing disciplines; (f) 3-6 polishing nursing values; (g) contributing to major health programs in the local, national and international levels; and (h) ensuring nursing profession as one of national leading and valuable professions.

Contemporary Challenges Encountered by Nursing Profession

The concept of IUC is one of the contemporary challenges for nursing profession. Two major pressing rationales exist. First, nursing profession has more intercorrelated relationships with domestic leaders than ever. Government, medical societies, nursing societies, other non-medical /surgical professional organizations, and public have impacts on one another.

Second, learning and shaping major society's value systems together – a world's global value systems have been forming: (a) respecting for all professionals; and (b) sharing and establishing core value systems of a profession, such as “we vs. I or you”, “passion vs. careless”, “caring vs. mechanical outcomes”, “individual needs vs. standard protocol”, “holistic vs. fragmental dimension”, “transitional needs vs. single time needs”, “sharing vs. ordering”, and “mutual consensus vs. one-way hierarchy”.

Rapidly Transformed Concepts of Health & Related Issues

Being confronted by the rapidly transformed concepts of health and related issues in the 21st century, nurse leaders need to develop IUC for better empowerment.

First, transforming concepts of health: concepts of health moved to value preventive medicine & nursing, anti-aging, optimal well-being, health related quality of life (HRQoL), blessed-dying etc. For instance, international health collaboration programs for contagious disease, i.e., HIV (+), SARS, TB etc.

Second, more profound global world views call for more flexible medical/nursing paradigms. For instance,

1. The world has become an immigration one: (a) short or long stay in a geographical area; and (b) coexisting pleural cultural belief & value systems

2. Respect for human rights regardless of age, sex, ethnicity, religious affiliation, educational level, financial status, gender etc.

3. Respect for person's need for totality

4. Respect for person's multidimensional health needs: (a) physical functional well-being; (b) cognitive needs of conscious learning, understanding, and decision-making etc; (c) psychological needs of legitimate in both expressing affective needs and calls for psychological help with no shame; (d) social needs of interpersonal and social farewell support etc; and (e) spiritual needs of searching for personal beliefs, value systems, and religious support.

Last, respect for new definitions of metaparadigms rooted in pleural cultural value systems— take leadership in advancing the UN Millennium development goals (Marlaine C.

Smith, 2007): (a) eradicate extreme poverty and hunger (socioeconomic health issue - poverty); (b) achieve universal primary education (education: cognitive learning issue); (c) promote gender equality and empower women (gender -women health issue); (d) reduce child mortality (age – pediatric health issue); (e) improve maternal health (gender - women health issue); (f) combat HIV/AIDS & other diseases (contagious disease health issue); (g) ensure environmental sustainability (environmental health issue); and (h) *develop a global partnership for development (call for collaborative support).*

Benefits of Developing IUC

With the help of IUC the following 11 support systems for individual nurse leaders and nursing teams can be developed: (a) establishing sharing & trust relationship; (b) providing needed information and personnel resources; (c) providing professional consultation for each other; (d) supplemental to needed resource (material and personnel etc) to manage emergent and acute health situations; (e) establishing co-learning/training groups and/or exchange programs for each other; (f) establishing positive competition groups; (g) fostering and ensuring mutual passion and mission for nursing profession; (h) obtaining open-mindsets through learning broader world views and cultural perspectives; (i) upgrading professional competency; (j) offering positive collaborative rather than negative critic models for nursing and other professional societies; and (k) making efforts and contributions of nursing professions be more visible in national and international levels

Barriers of Developing IUC

Several barriers need to be watched out in developing IUC. They are:

1. Having difficulties in communication with non-mother tongue language
2. Lacking of dedicated & competent faculty members who have mission for IUC
3. Lacking mutual trust relationship between leaders of universities
4. Lacking adequate support from university system
5. Lacking competence in developing international research collaboration proposal
6. Having difficulties obtaining approval of different international institutional ethics committees
7. Taking intensive time, money and energy in developing co-learning/training groups and/or exchange programs for each other
8. Lacking experiences of preventing or managing the possible negative competition effects
9. Having difficulties in conducting research process including data collection, analysis, and academic writing for publication
10. Infrastructure-related impediments to inter-disciplinary and inter-departmental research across universities – In terms of sharing resources: it is very difficult if not impossible to release the resource country's funds for researchers in another country – since bureaucratic processes are not set up for this.
11. Educational delivery across universities needs very clearly set out memorandums of understanding, policies and procedures so that all parties are aware of their obligations and rights
12. Sharing intellectual outcomes including (a) guarding intellectual property; (b) sharing publications; (c) copyright; (d) confidentiality

concerns; (e) differing cultural, educational and ethical expectations; and (f) regulation, liability etc.

13. Tangible issues of international collaboration including good funding, travel, insurance for staff especially in unsafe travel areas, vaccinations, and tax law issues etc

14. Matters of under/graduate student involvement including tangible issues, body-mind-spirit preparations, getting assurance they are being supervised properly etc, and other risk taking

Main Tasks for Interuniversity Collaboration

Smith (2007) identifies several call to action for nurse leaders. They are: leading in world health initiatives, globalizing nursing, advancing nursing education, transforming nursing practice, transforming health care, building nursing knowledge, and creating healing environments. Nevertheless, it would be impossible to achieve these actions without world nursing leaders' collaboration wisdom. Meanwhile, schools of nursing/institutes of nursing in the leading universities are responsible for fostering both the domestic nurse leaders in their own communities, and the international nurse leaders with rich cross cultural experiences

Strategies of Establishing Interuniversity Collaboration

Five major ways are suggested for nurse leaders to develop the IUC in an effective way. First, co-hosting the international conference. Secondly, establishing practicum/advanced

training programs by exchanging students (BSN, graduate students), faculty members, researchers, and administrative staff. The following avenues are suggested: (a) national/international research collaboration programs with multiple study sites; (b) national/international teaching collaboration programs with multiple schools; and (c) national/international empirical professional competence collaboration. Thirdly, developing integrative collaborative programs with multiple purposes: students' clubs (i.e. chorus, musical instrument, dancing, photography etc) & academic learning purposes. Fourthly, periodically hosting nursing forums/colloquiums. Lastly, establishing friendly and effective avenues of training, such as in-field training (personal visit or on-line system), recording DVD, distance video/internet simultaneous technology for meeting, conference, teaching and research lab; and e-mail etc.

Successful Examples of National & International Interuniversity Collaboration

1. With other leading schools – university, senior high schools
2. With other medical centers and leading teaching hospitals, long-term care health institutes etc
3. With community which has good reputations of health promotion
4. With other nursing/medical professional associations
5. With non-profits and non-governmental organizations

Conclusion and Future Trends

Several challenging questions are raised for the future development in IUC

1. How to foster world's nurse leaders for the next century (students & all fields of nursing domains)?
2. What could be the most important issues for nurse leaders (all fields of nursing domains) in the next 5-10 years?
3. How to have more impacts on medical societies, local community, government and public?
4. How to have more in-depth discussion & more organized knowledge sharing for the important issues in each nursing fields?
5. Can the goals & strategies plans for each important issues be developed with the time frame of 3-5 years and evaluated by the international nursing consultant groups?
6. How to strengthen the collaboration b/w nursing societies & other leaders in both medical & other professional societies?

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Abstract

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The aims of this project are to discuss the importance of interuniversity collaboration (IUC) in both national and international level. The benefits and barriers of IUC, as well as the managing strategies for the difficulties in developing IUC are indepth discussed.

Keywords: international university collaboration, cross-culture, research project, benefits, barriers

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