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BUILDING STRENGTH THROUGH COLLABORATION: What Faith Community Nurses Need To Know

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Cover Page Footnote

Author notes: Figure 1, The Collaboration Equation is an illustration created by this author for use by Faith Community Nurses, other healthcare professionals, and other persons outside of healthcare, trade, and industry professionals. Figure 1 can be used only with the permission of the author who can be reached by email at: mpotter@syntactsolutions.com. Figure 2, The Collaboration Checklist is created and developed by Marcia A. Potter, RN, Faith Community Nurse. Readers are free to use this Checklist without restrictions. The collaboration prayer for FCNs is a prayer frequently used by The Reverend Canon Nathaniel P. Katz, The American Cathedral of the Holy Trinity in Paris, France. Reverend Katz has accepted a call to be the Dean of Christ Church Cathedral in Houston, Texas, and will assume this role as of September 24, 2023. References American Nurses Association & Health Ministries Association, Inc (2017). Faith community nursing: Scope and standards of practice, 3rd Edition. NurseBooks.org. Start, R., Matlock, A. M., & Mastal, P. (eds.). (2016, May). (2016, May) Ambulatory care nurse-sensitive indicator (NSI) industry report: Meaningful measurement of nursing in the ambulatory patient care environment. [Report]. American Academy of Ambulatory Care Nursing. Retrieved from <https://www.aaacn.org/sites/default/files/documents/misc-docs/AAACNNSIIndustryReport.pdf> Potter, M. (n.d.). The Collaboration Equation. Author. Warmington, P., Daniels, H., Edwards, A., Brown, S. S., Leadbetter, J, Martin, D. M., & Middleton, D. (2004, January). Interagency collaboration: A review of the literature. ResearchGate. Retrieved from https://www.researchgate.net/publication/254986461_Interagency_Collaboration_a_review_of_the_literature

Building Strength Through Collaboration: What Faith Community Nurses Need to Know

A Practitioner's Approach

I have always been an advocate for collaboration among people, teams, and organizations. For me it comes naturally, it is the norm for getting things done. I can't imagine solving problems or serving people without collaborators—partners in work, life, and living. Serving as a nurse leader within a health system or as a healthcare consultant assessing a complex problem, I influence and shape strategies to improve or transform. And in my practice as a Faith Community Nurse (FCN) serving the community on behalf of stakeholders with a shared vision, I've found that few outcomes are achieved without collaboration. In preparation for this issue of the *International Journal of Faith Community Nursing*, I reviewed relevant literature to discover broad ideas and compared my perspectives to global thinkers. I was happy to find commonalities of thinking and recurring themes for what to consider. As a key reference, I've included a summary of literature published in the United Kingdom (UK) which is full of good information and well-formed concepts (Warmington et al., 2004). In this article, I offer tips and tools from my experience, *A Collaboration Equation*, and a *Collaboration Checklist Tool* to use as guides. When I organize a project to engage collaborators, it is global thinking that moves me to action. I see the big picture, create a snapshot in my mind that becomes an image of what might be, and then give it structure, energy, and flow. This mental model helps me imagine the outcome and work backward through the steps of what it will take and who or which organizations might fit to get the best result. While I think globally, imagining how to deliver attractive services locally is necessary. Over the years, I've developed a track record that works.

What is Collaboration?

It is so rare that anything I work on related to community health can be done without the engagement of others—their ideas, time, muscle, and money. My experience has taught me that it is most helpful to start a collaborative effort with a brief discussion of what collaboration means. It's a concept as commonly used as "teamwork" or "empowerment" and I must add, is often misunderstood. Commonly used words don't ensure common understanding and without clarification cause disconnects or missed expectations. Lloyd et al. (2001) coined the phrase "joined-up solutions to joined-up problems" (as cited in Warmington et al., 2004, p. 1). When you think about this, the act of joining-up to offer solutions sets the stage for people who experience shared problems or have common unmet needs. When there is sharing, there can be joining. This simple definition could be used in your project kick-off meetings, embedded into meeting agendas and notes, in project reports, joint agency communications, printed and visual materials, and social media messaging. The phrase also invites the dynamics of diversity in all its forms and opens the doors to addressing the big population health issues of our time such as health equity and health access. Whether on the provider-giving side of the equation or on the consumer-receiving side, in this time of post-pandemic recovery joining forces has never been more important.

Why Collaborate?

Engagement of resources cannot happen effectively if the value proposition of why a specific person or a particular agency is needed and is not made clear between all parties. During the pandemic, we innovated ways to engage with our communities, providers, and consumers. Innovation was not an option; we refashioned the meaning of access and how to not only collaborate to survive but also to achieve success under extreme and dire conditions. As you envision projects that need collaborating partners, don't hesitate to engage people and agencies in other regions, states, and countries. Doing so is now possible because of modern technology, shared portals, and best practices. We have traversed nearly all the obstacles to communication, at any time, any place, anywhere.

Since the pandemic, people and organizations have been compelled to reconstitute who and what they are and what purpose they serve to each other and their constituencies. In this new environment finding and choosing partners is key. Using project concepts and visual images of how potential partners can work together allows you to share your vision and helps to highlight features and benefits for the best possible outcome for contributors and guests. If yours is a small community with limited resources, you must think beyond already stretched local agencies. Don't fall into the trap of thinking that small can't deliver big. If you live or work in a small town or a rural or remote area, your leadership and know-how may be the driving forces to open the information pipeline to your community. Your collaborative efforts under these environmental conditions are a vital lifeline to families that live with limited services and care.

Looming large as part of the answer to why you would build collaborating partnerships is the importance donors and grant funding agencies place upon your agency's ability to marshal resources. Individual donors want to know how their dollars will impact people and the quality of their lives and grant makers lay out guidelines for how funds can be spent and what items are not allowed in your project budget. They want these factors clarified in a plan and to see the evidence in your reports of how you found solutions and carried costs not covered by donations. The plans and reports are proof that through the combined partnerships there is the capacity to fulfill funding agreements and contracts and that success is real. When partnerships are developed it reflects the ability to enlarge human resources and financial resources beyond what donors provide. It also demonstrates our stewardship of these resources, not just dollars that pay for supplies, stipends, food, or incentives. Negotiate with partners and agencies as to what and how they can contribute to an ongoing program or short-term project. Keep in mind that the exponential value of volunteers' quantifiable time and talents provide evidence of contributions that reflect sweat equity. This is the cost of labor you do not pay for but without which the work would not happen. Through collaborative relationships, you build the strength to complete efforts you could not otherwise undertake otherwise. Collaboration is a skill. These skills grow with experience.

If your organization is the primary or lead agency for a project, it is your number one job to shape and express the purpose of the collaboration. How might collaborators experience the initiative? What would the mix of consumers look like; what demographic targets do you need to attract and serve? As you make your case to potential partners, ask them to express how they see their agency's role and participation and give them room to give input and shape the list of

reasons that answer the *why*? They need to understand your intent in becoming joined-up and to see their stake and success in the outcome. The purpose statements are fundamental to participating partners as well as those who will benefit from your combined efforts. Integrate this information into your talking points and communication strategy. Use participating agency logos and bylines and display them clearly in your messaging. Collaborators, whether individuals or an agency, are the collective stakeholders to get the job done. Their role in the effort must align with their personal, professional, or agency objectives to make the collaboration equation work. Without buy-in your project may fall short of its full potential. The partners must deliver. *The Collaboration Equation*® in Figure 1 (Potter, n.d.) reflects how these dynamics work together.

Figure 1

The Collaboration Equation®**How can Collaborators be Identified?**

Consider different providers who offer services either pro bono or for a fee and that have the experience and subject-matter expertise needed by the population to be served. These may include:

- teachers, *promotoras* - defined as specially trained lay community members (community advocates) who provide basic health education in the community without being a professional health care worker, or trained or credentialed educators or speakers on a specialized topic;
- agencies that deliver programs or services that are already funded to serve the constituents you are trying to reach and have brand recognition in the locations where the events or services are to be offered;
- public officials, publicly funded agencies, and/or academic program staff;
- program staff with similar goals but are unaware of your project and cannot help. I refer to these sources as “unknown operators”. They are providers who want to serve your needs but until you share the value-proposition opportunities unmet needs aren’t obvious;
- department staff at hospitals or health districts who are equipped to know of local and regional resources, have direct connections and have the leverage to call these resources to act on your behalf.

Finally, consider your project structure options. Keeping a narrow scope or theme for your event narrows the number of contributors and puts the spotlight on a narrow purpose. Alternatively, enlarging the theme and widening the range of providers and services will attract guests who can benefit beyond your primary purpose such as improving vaccine uptake or screening for the risk of hypertension. Following the second course of action can broaden impact but alters the amount of effort. Both approaches have importance and value. The context must be considered. A simple example of how these options can be contrasted would be the option of hosting a clinic in your faith community to offer COVID-19, influenza, monkeypox, and shingles vaccines only. This illustrates a narrow scope, few providers, with an emphasis on guests

becoming vaccinated. Or one could offer the same vaccines for the same purpose but within an event structured as a health fair offering health screenings, and health education on nutrition, diabetes, heart health, mental health, financial health, and spiritual well-being. The lead time for planning the first type of event contrasted with what would be needed for the second is significantly different. Writing a work plan, developing the schedule and the content to include in a communications strategy, organizing the location and facility layout, and securing the human and expert resources needed to produce and manage either type of event is significantly different. Both have high value, however, one has a single purpose while the other has a multi-purpose. Your choice drives the plan and the relationships.

Also crucial to your project's success is the consideration of lifestyle and comfort. Choosing to offer a one-time stand-alone event or combining the event with other regularly scheduled events such as an annual picnic or agency business meeting are options. Other considerations are seasonal and holiday timeframes, the time of day, the day of the week, and the lead sponsor agency. In addition, the event location, access to parking and public transportation, and volunteer rides and ride share are all operational features of an event to consider. These decisions will impact guest turnout.

And finally, it would be an oversight not to include matters of security. We need little explanation regarding the fact that faith-based organizations are experiencing increased risk and distress and have become targets of violence, hate crimes, and special interest group scrutiny. The faith-based environment is a logical extension of the health caregiving community and they face many of the same security challenges as well-established and complex healthcare systems but without the same level of sophisticated support systems. Churches, synagogues, and mosques are those places we turn to when we celebrate and commemorate. During these gatherings, we are vulnerable. As FCNs, we are always concerned about safety. But one of the most important new competencies we must possess is the understanding, knowledge, and skills for leading our project teams and colleagues into the delicate and often painful discussions and necessary decisions related to our approach to site security. Incorporating this into the work plan increases trust and will provide the best and most experienced resources available to assist with safety during the event. Increased awareness and vigilance is the best place to start. It would be a mistake on our part to believe that "harm won't happen here."

Summary

As FCNs most of us work in ambulatory settings outside of acute care. In its *Industry Report of Nursing Sensitive Indicators*, the American Academy of Ambulatory Care Nursing (AAACN) states that "RNs in ambulatory care must possess strong clinical, education, and advocacy skills and demonstrate the ability to manage care in complex organizational systems. Registered nurses are uniquely qualified, autonomous providers of patient/family-centered care that is ethical, evidence-based, safe, expert, innovative, healing, compassionate, and universally accessible" (Start et al., 2016, p. 91). Standard 10 of The Faith Community Nursing Scope and Standards of Practice is aligned with AAACN's position and states that "the FCN collaborates with the healthcare consumer and other key stakeholders in the conduct of nursing practice." (AMA & HMA, 2017, p. 69) The delivery of community-based services such as resource and

referral, health education, vaccine clinics, mental health, healing services, health screenings, wellness and prevention programs, bystander CPR and other types of emergency response skills training are only a few of the ways FCNs can draw upon collaborative resources to gain needed support to serve their communities. Table 1 is a *Collaboration Checklist* I’ve developed to help others research and discover potential partners and collaborators depending on the size and scope of a project. Inter-agency partnerships that function through collaboration will grow capacity and capabilities very effectively and this is key to success.

Table 1

A Collaboration Checklist for Your Toolbox

REASONS TO COLLABORATE	POTENTIAL COLLABORATORS
1. Combined resources close a gap in knowledge, skills, geography, space, human capital, and available funds.	✓ Competitors with shared goals, gifts, and purpose ✓ Non-competitors who have a valued good or service
2. More comprehensive, complete, and effective solutions are created and distributed tasks and responsibilities strengthen the impact of projects that are bigger than you can manage on your own.	✓ Speakers with expertise, pro bono or for a fee ✓ Advertisers or marketers ✓ Media professionals ✓ Public Officials ✓ Transportation service providers ✓ Food Agencies
3. Multiple agencies can respond to complex needs, increase understanding of issues, and expand knowledge of problems that may not have a current solution or may never be solved.	✓ Environmental safety agencies or personnel ✓ On-line service providers ✓ Regional funders of all types ✓ Commercial, public utility, and national chain companies ✓ Foodbanks
4. Increased access to resources allows for a wider distribution of information to targeted populations and consumers.	✓ Entrepreneurs with proven track records ✓ International agencies ✓ Student/youth groups doing service projects
5. Faith Community Nurse leaders can demonstrate and model how to be strategic stewards of resources which allows people of all beliefs and common aspirations to put their values into action, be a witness to caring and kindness not only for people but for organizations and can be examples of generosity and sharing.	✓ Neighborhood Associations ✓ Block watch groups ✓ Parent Associations or peer groups ✓ Industry/Trade Associations, local chapters ✓ Law enforcement representatives, agencies

A Collaboration Prayer for Faith Community Nurses

Collaboration requires relationships. There is a lot to think about when joining resources and creating an experience that is good for all parties involved. I bear this in mind throughout the work. It is in this spirit that a centering-prayer is offered here to serve as a bridge to what comes next. I came by this prayer from someone I admire greatly and who is one of my role models. This article lays out approaches and options that would call upon resources beyond what your organization may have offered in the past. This means change and the reconsideration of our role and influence. Take time to think about yourself and your practice as a nurse, a FCN, an instrument of healing, and an extension of God's love. How we use our minds, lips, hands, and hearts in our witness through all that we seek to do, search for, and act upon is our witness. We are vessels of God's love and healing grace, as nurses and for one another. It is my hope that my words will help your words become more meaningful and that what I've offered will bring you enjoyment and a sense of accomplishment and help you be even more useful in the communities where you practice.

Creator God, help us to be masters of ourselves so that we may be servants of others. Take our minds and think through them, take our lips and speak through them, take our hands and work through them, and take our hearts and set them on fire for your love's sake. Amen

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