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Pragmatic Truths: When Ritual Meets the Reality of Community Engagement

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ABSTRACT

Community engagement is the touchstone of all universities and is critical to the credibility and overall standing of academic institutions. The cardinal features of engagement include 'Capability, Commitment, Contribution, Continuity, Collaboration and Conscience'. However these abstract concepts are often idealized and simplistic. On the other hand, when community engagement is managed well, participatory planning can produce better substantive ideas, useful relationships and stronger agreements across stakeholder groups. However, if engagement is more ritual than reality, it can lead to technically deficient ideas, frustrated expectations, power grabs in which parochial interests dominate conflicts and mistrust.

This case study describes the realignment of graduate nurse education at Edith Cowan University's School of Nursing Midwifery and Postgraduate Medicine with community stakeholders, to develop and sustain enrolment of students in the graduate program, with a focus on community engagement. In particular, the problems encountered will be identified and the "how to" and "how not to" manage engagement processes will be discussed.

Through the realignment process the pragmatic truths of community engagement emerged; namely, a conflict of agenda, unrealistic expectations of capability and ability of stakeholders, resistance to change. This occurred despite a true intent for meaningful, sustained and beneficial partnership.

The "how to" emerged through assessment and involved a reality check of the power of human agents. This led to the development of a conceptual model of community engagement which embodies a change management framework. The how 'not to' involved developing a set behaviours and descriptors as a diagnostic tool to identify hidden agendas, white elephants, and personal shortcomings.

In conclusion, the case study provides a set of practical resources for community engagement, lessons learned and strategies to overcome issues and concerns of real and perceived barriers. Further work is required to refine and test the approach in other settings.

INTRODUCTION

Traditionally the purpose of universities has been to provide education for individuals who have the measured capacity to undertake tertiary education. Educational programs have been dictated by university agendas, and by courses that are marketable to the community. Members of the community who were responsive to the university agenda, felt privileged to be offered a place at university. However, contemporary university based programs are now forced to respond to industry needs at almost a vocational level in order to ensure enrolment numbers. Industry and individuals are now empowered and proactive with regard to educational and workforce issues that affect them. First, industry is interested in addressing workforce pressures by adding skilled numbers to a diminishing skilled workforce. Second, for the individual, a university education is no longer elitist, as commonwealth funds are available to support students in disciplines listed as having 'shortages'. This is most evident in the healthcare field where the number of specialty nurses is significantly depleted (Duffield, & O'Brian-Palias, 2003).

Industry expectations have increased in regard to the amount of input to university decision making and processes. In the Australian context, it is this expectation that has led university decision makers to seek new and improved models of engaging the public in policy making processes (Sankar, 2005; Cavaye, 2004); with the rhetoric of "engagement" focussing on the achievement of outcomes that are mutually beneficial for the university and the wider community, a trend given national impetus through the work of the Australian Universities Community Engagement Alliance (Davis & Shirley, 2007).

Community engagement, as a key strategy for universities, ensures that community organisations are partners in developing programs which bring together a range of stakeholders in deliberation, implementation and adoption of university initiatives which dovetail with community and industry agendas. Cavaye (2004) asserts that the driver of community engagement may be linked to both community expectations and the political and social expectations of universities and governments. Whereby, the strategy is responsive to societal demands for relevance to community needs (Evans, 2005). Accordingly, the emphasis on community engagement in the university sector requires the development of enduring partnerships and collaborations with external organisations and the forming of these partnership are outlined in "how to" documents and readings which guide key stakeholders through the "engagement terrain", a terrain which takes a variety of forms but has as an essential element interaction where the learning and discovery functions of the academic institution are enriched and community capacity is enhanced (Holland, 2001).

This paper discusses a community engagement project undertaken between the University and an industry partner. The paper focuses on some of the constraints experienced by university stakeholders when participating in the project and describes the pragmatic truths that acted as disablers in the engagement interaction when the rituals of engagement take precedence over people in the engagement process, and offers solutions to dealing with the paralysis that occurs.

COMMUNITY ENGAGEMENT

For the purposes of this paper 'engagement' is used as a generic inclusive term to describe the broad range of interactions between people. It includes a variety of approaches, such as consultation, involvement and collaboration in decision-making and empowered action in formal partnerships. The word 'community' is also a very broad term used to define groups of people and here it is used to encompass stakeholders and interest groups defined by, geographic location, and a professional identity.

'Community engagement' is therefore viewed as a planned process with the specific purpose of working with an identified group (nursing educators in a hospital) connected by geographic location, with an identity to address issues affecting their delivery of their educational programs. The linking

of the term 'community' to 'engagement' serves to broaden the scope, shifting the focus from the individual to the collective, with the associated implications for inclusiveness to ensure consideration is given to the diversity that exists within any community. Engagement at Edith Cowan University (ECU) denotes a particular form of interaction between the University and the broader community, characterised by a two way flow of benefits. The key element in a successful engagement is mutuality. In short, there should be benefits for both parties if engagement is to be meaningful, sustained and successful (Edith Cowan University's Engaging and Serving our Communities Engagement Functional Plan 2008-2010, 2008).

Benefits for stakeholders include opportunities for a diversity of voices to be heard on issues which matter to the University and industry alike. Mutuality ensures that University and industry standards are met and there is ownership of solutions to problems or building plans for the future, so that industry shares in decision-making and has a higher level of responsibility for creating that future. In simple terms, engagement may foster a sense of belonging so that all stakeholders are comfortable with the fit of responding to educational and industry demands.

THE COMMUNITY ENGAGEMENT PROJECT

The community engagement was initiated by Senior Nursing Management and Nurse Educators in a Western Australian hospital to give recognition of prior learning (RPL) to their hospital-based education programs including, but not limited to, intensive care, renal nursing, and emergency nursing courses.

Existing hospital-based education programs have a recruitment function, in the sense that they attract nurses to the hospital to undertake training, and at the most fundamental level, lock in the nurse's labour for the duration of the program with the potential for ensuring an ongoing workforce in the longer term. Hospital based education programs for the most part serve the needs of industry; however, they may not meet the academic standards for RPL required by the University for the individual undertaking the course and over the course of the engagement it because apparent that the intent of the program was to address workforce issues rather than meet the professional career requirements and academic recognition at formal award level for individual nurses.

The University's engagement was also strategic. That is, course development is reliant upon meeting the strategic intent of the University, which requires community engagement as a precursor for all academic initiatives. Further, the University's postgraduate nursing program required an increase in student numbers in areas relating to advanced clinical nursing. Hence, the University entered the collaboration with an agenda to align hospital-based programs with an academic award principally to increase student enrolment. Surface Mutuality was acknowledged. For, by aligning the hospital based courses with the University's academic awards, the intent of the hospital to provide education to ensure a well-educated and competent workforce, in demanding and technologically specialised areas in nursing, was met; whilst the University's requirement to secure student numbers was also addressed (NN3ET, 2006).

Community Engagement Rituals

The University's Community Engagement Model provided the framework for collaboration and interaction. The Model involved the Six C's of Community Engagement (Brown & Isaacs, 1994) and stakeholders commenced the ritualised process of engagement according to the six C's of capability, commitment, contribution, conscience, collaboration and continuity.

Simpson Wood and Dawes (2003) believe that to assess capability the people not the project should provide the starting point, to ensure that the stakeholders have an understanding of, and experience in, the tasks at hand. This requires commitment, contribution and conscience. Commitment requires active participation in decision-making processes which strengthens capacity to mobilise personal

resources. This is significant because the engagement often requires a redefinition of goals and values challenging existing ideals and rituals. Contribution or effective participation requires setting boundaries that define participants' roles and responsibilities to each other, not as a matter of imposing control, but so that trust, shared understandings, and a "deep mutuality" may develop. When it occurs, each participant willingly is accountable for their problems, and accepts the responsibility to take steps to address them. In line with contribution and commitment the concept of conscience creates trust and mutual respect between stakeholders thereby strengthening the partnership of the engagement. These abilities may be developed over the duration of the project, but the project must commence with those who are able to champion it because of their expert understanding of the processes required to negotiate successful engagement, including collaborative communication which brings together the stakeholders on an equal footing to consider important issues.

If all attributes of this Model are not present 'process paralysis' may result because stakeholders do not have the personal and professional resources to understand the agendas, nor the capability to decision make or to focus on what is important (de Souza Briggs, 2007). Capable stakeholders are empowered by skill and position to take opportunities to best represent their agency's agenda, and to act as equal collaborators in the engagement process. This ensures that the continuity and sustainability of the project is achieved (Shirlow and Murtagh, 2004).

Pragmatic Truths

The underlying premise for any successful and sustainable engagement is that all stakeholders are equally committed to the engagement. The pragmatic truth, however, is that each group may have underlying tensions that are compounded by individual agendas and cultural artefacts, which despite all attempts to collaborate, may make the engagement process disheartening, conflictual and prone to failure.

Unfortunately, failures in engagement between stakeholders are often not accidental. Many engagements are limited to superficial planning, cursory input, limited discussions of the real ramifications of decisions, and poor supports to help stakeholders become informed and capable of exerting a real influence. This may occur because the collaboration begins with is an over emphasis on the rituals of the "doing' rather than on group dynamics. The 'how- to' management, tactics and process, rather than 'how to manage and work with people' takes precedence to get the project completed (de Souza Briggs, 2007; Butterworth & Fisher, 2001).

The experience of community engagement with hospital stakeholders highlighted the difficulties of not adequately knowing the people. That is, a focus on the managing of tasks to align the hospital based course to the university curriculum was initially overriding. Both stakeholders appeared to have reached consensus about the need for alignment and how the alignment would be undertaken. Communication at this point was superficial because in reality neither party truly understood what this alignment meant.

As the engagement progressed it emerged that hospital stakeholders perceived that alignment meant loss of ownership and control, identity of and identification with their program, and the belief that the University was getting 'their program' for nothing. On reflection, University stakeholders did not comprehend this attachment to 'a program' and the fears of the loss of that identity with that program which historically had been run by the hospital with the associated roles, responsibilities and employment that it engendered. In fact, University academics felt that the hospital participants should have felt fortunate that the University was collaborating with them to confer an academic award and providing academic guidance to them. However, understanding of educational curriculum and its ramifications and merit may not have been the remit of educators within the hospital employ. This lack in synergy in goal orientation precipitated a stalemate with both stakeholders feeling frustrated. Lack of agreement about the direction of the alignment of the program, tensions within and between groups, individuals working in silos, lack of openness, role ambiguity and unclear lines of

accountability resulted. Competing goals undermined the project as the lack of focus on collective performance and shared objectives saw both stakeholder groups considering individual output and not working together. University stakeholders relied on the appointed project manager, the local champion to "deal with" the personalities and problems within the hospital group, to ensure a shared purpose and to get the work done.

Traditionally local champions, who are a recognised and respected member of a stakeholder group, act as the key driving force to liaise throughout the engagement process. They represent, influence, and motivate to initiate or implement actions and liaise between the stakeholders to allow for more effective management of potential conflicts. However over reliance on a local champion, without consideration of the disparate personal agenda of group members, does not facilitate stakeholder allegiance to the project. What results due to this overreliance may be unresolved conflict, passive participation and tokenism (Butterworth & Fisher, 2001) as deep values and cultural differences are evidenced.

Culture is comprised of the assumptions, values, norms and tangible signs or artefacts of an organisation and its members (Zwann, 2006). It is a learned set of shared interpretations which affect the behaviour of stakeholder groups and therefore needs consideration prior to commencing any community engagement project because to be truly "engaged" necessitates shared interpretations of the reasons for engagement, as well as mutuality in benefits.

Inherent cultural differences became evident when mapping of the alignment processes began. Two mental models, one academic and one practical became overt. Mental models are representative of the culture. 'Academic' versus 'practical' were lines drawn in the sand and on the whiteboard. University academics failed to initially acknowledge the importance of cultural artefacts, which established the hospital identity and value system, as did the hospital fail to acknowledge that of the University. Schein (1992) asserts that members operate unconsciously with learned responses to the groups problems when a perceived threat to survival from external environment is presented. Vis a Vis the University and the hospital both represented the external environment in this case. The threat came from a lack of deep mutuality or understanding of the others values and the inability of either party to clearly articulate or acknowledge this.

Communication and a wide range of human experience including feelings, identity, and meaning-making, form the basis of a culture and as such is the vehicle by which meanings are conveyed, identity is composed and reinforced, and feelings are expressed (Victorian Government Department of Sustainability and Environment, 2005). If deep mutuality is to be achieved, all participants, in this engagement, must participate using different cultural habits and meaning systems in order to develop a new shared meaning of education programs and awards. Therefore, the management of people who are representative of a specific culture or agenda is critical, because conflict results when communication is superficial.

Conflict can occur around personalities, issues and values. The individuals as group members and the group help to determine whether this conflict will be a positive learning process or destructive and polarising for the group (Salas, Rosen & King, 2007; Tyler & Bladder, 2000). Resolving differences in values entails a much deeper analysis into how each of our value systems are created. A strong understanding of culture and communication processes is required for successful engagement plus a willingness to negotiate. Negotiation skills are a necessity for all stakeholders present at the Engagement Table as the approach required to bring about successful engagement requires the extensive ability to 'speak', to 'be heard', to 'know the bottom line' and to be 'respectful and acknowledging'.

The process for Community Engagement and the Six C's Model while providing the structure for engagement is limited by the Model's lack of support in ways to manage people, communication and culture. Particularly when that process is strongly aligned to change and the fears and confusion

which surround the acceptance of that change in the first instance, and then the potential for sustaining the change, over a period of time when dealing with stakeholders who may not be committed to the changes brought about by the engagement. Here, this meant the enrolment of students in the University award and amendments to the hospital based education program that ensured compliance to the University's requirements.

To deal effectively with change, it is important to realise that every change requires psychological adaptation or a period of transition so that time for adjusting to shared interpretations of meaning and a shared vision develops. This is difficult even when the change is wanted. Therefore, engagement 'champions' should anticipate stakeholders going through an ending of the old ways and an adjustment time in the beginning phase of planning to the new ways of the engagement process. This takes considerable energy and it is easy to run out of reserves, which can lead to unwise actions and frustration that may, in itself, thwart the engagement project. Thus, the ritual of engagement maybe fraught with obstacles for many reasons which are not covered in the Six C's, and stakeholders in the project outlined, used a number of strategies to understand the 'people dynamics' at play in this engagement to bring about successful outcomes for stakeholders.

STRATEGIES

Reflection played a major role in identifying why the project stalled. Questions relating to why we were 'stuck' on issues believed to have been settled formed the basis of debriefing after engagement meetings. As academics the need for the hospital to 'get on board' was a given. Why they would not, was the challenge! University stakeholders reviewed all engagements with hospital stakeholders and arrived at the following strategies to address the obstacles identified.

Relationships

Review of relationships uncovered the need to reconcile competing loyalties and responsibilities as it became evident that loyalties related to cultural artefacts and the need to preserve the integrity of differing value systems were affecting progress. This meant that academics had to refocus and re-evaluate their roles in the engagement so that competing stakeholder's values were not seen to be compromised. This meant a more than superficial acknowledging of competing values and a decision to provide multiple options for hospital stakeholders to consider. Providing multiple solutions, while knowing the bottom line, ensured that the University was seen to be flexible, acknowledging and open to all issues presented at the table.

Acknowledging the Cultural Dichotomy

Hospitals are large institutions that are hierarchical in structure, have strategic, operational, and managerial imperatives, and require workers to do their job. That is, values related to providing nurses who could work and do specialised tasks was the primary goal of educational programs and programs were a recruitment and retention strategy only. On the other hand proficiency in tasking and mechanistic control of student workload was not important to University academics. This cultural dichotomy prevented forward movement. The decision was made to reconsider our approach. What was important? Did we need to align as strictly as we felt? Did the hospital educators need the firm structure? Did the hospital understand academic requirements and award bestowal?

Acknowledgment of the cultural dichotomy became the focus of the next stakeholder interaction. However instead of focusing on difference we intentionally sought 'sameness' in thinking. This was to develop a growing sense of group cohesion and common spirit. This meant shifting the focus from the content of the educational program to patient outcomes, a common theme central to nursing, educational standards and the delivery of healthcare. This sharing of value, which both stakeholders held dear, provided common ground for discussion. Meetings then became productive with new ground rules established and cooperative rather than competitive relationships to the fore. Consensus

formed the basis of action however acknowledgement of conflict as a natural occurrence rather than an obstacle to progress reframed group dynamics.

Some time and attention was given to acknowledge the group's dynamics so that the group sustained its forward development and achieved its full potential. This required that everyone involved shared opinions, facts or feelings that they may have. It is through this sharing of contributions that the group was able to come to a decision that satisfied everyone. A useful strategy here required each member to rank order a list of prioritised items to achieve project outcomes. When each has completed the task individually, the group then set about making one list. Invariably the group rankings were more accurate than the individual rankings. This kept the group to task but acknowledged individual differences.

Emotional Intelligence

Emotionally intelligent behaviours may develop when there is diversity of culture and differences to agenda. When the group is able to rank alternatives and listen to the views of others, group members are provided with enough information to take the best action possible in relation to the engagement. This means that only through listening to someone who thinks differently can one begin to see something in a different way. Explaining the reason behind one's thought can help others to see its merit. Finally, when everyone is committed to a common purpose, the task is more easily accomplished. Commitment to a purpose helps one move past one's own initial thinking, and allows one to listen to a diversity of ideas and to make an emotionally intelligent response (Nazzaro & Strazzabosco, 2003).

Managing change

Diagram 1

In making an emotionally intelligent response Delahaye (1996) provide change management strategies which may assist in facilitating commitment to the engagement agenda. The Champion in allowing time to transition change acknowledges that stakeholders may lose focus as the impact of change becomes evident. Truthfulness in the gains and losses of the engagement and change must be honestly aired as stakeholders begin to accept and respond in ways that clarify expectations and establish new lines of authority. The emotionally intelligent champion expects group members to experience episodes of anger, frustration, discouragement and resentfulness; however this potential for conflict should be recognised but not allowed to stall the engagement. Manion (2007) calls this period of change the 'pit'. It takes courage to refocus to a positive vision of what things will be like when this transition is over and to develop a clear vision letting go of the past and moving forward. Champions encourage the stakeholder group to look ahead to new skills and new approaches and the new experiences that the change engenders. By doing so the champion creates excitement and curiosity about future directions and potentials. New meaning must be associated with the engagement and the group can ask of themselves 'What have I achieved? And what more can be achieved?' By using the

Six C's as the structure for engagement and acknowledging the cyclical process of reflection, engagement and changes to practice (see Diagram 1) the goals of the engagement are more likely to be achieved and these should be celebrated and all group members should be acknowledged and applauded.

CONCLUSIONS

Community engagement does not always go according to plan. One encounters blind alleys, false leads and disappointments from which experience is gained and thinking matures. However, project problems are the elephant in the room. Differences in success, across organisations, are rarely a topic for discussion. The idealized model of community engagement is a functional process that engenders a generative mechanism of actions, rather than for reasoning about actions. Consequently it does not account for individuals, their different representations of the situation and the influence of the wider social, organisational, and historical context on their individual perceptions, behaviours and actions. Clearly, this is an essential resource for managing community engagement projects. In questioning perspectives, and their intended and unintended consequences, the actions and interactions of stakeholders could be better understood.

Active management of people, in order to generate a shared commitment, has received scant attention. In this case, internal reflection and discussion aided the explication of a complex process and uncovered important features in the engagement process. The roots of difficulties were not just limited to the direct communication between stakeholders. The wider interaction of the legacy of the historical and cultural context of hospital-based 'training' programs and a synergy of individually small factors led to the collapse in the effectiveness of community engagement. This experience illuminated the need for a richer understanding of the people and the system and for reconceptualisation of community engagement to promote a shared stakeholder representation. It also points the way for the design of pragmatic community engagement resources that aid the development of clear objectives and understanding of the various roles, responsibilities and their interdependent relationships. The promotion of shared mental models, so that those functions are transparent, can provide a common framework for assessment, planning and explanation of rationale, situational awareness and discussion. In other words, the stakeholders have a shared, current, mental model of the system and process. Such resources would be of considerable value in reducing the likelihood of project paralysis by extraneous priorities and the associated emotional consequences.

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