Co-opetition and Higher Education – A Grounded Theory Study into the Evolution of a Shared Vision for Health Care Practice Learning within the North-West Practice Education Group.

Thesis submitted in accordance with

the requirements of the

University of Chester

for the degree of

Doctorate in Business Administration

by

Louise Elizabeth Shorney

September 2023

Declaration

"The material being presented for examination is my own work and has not been submitted for an award of this or another HEI except in minor particulars which are explicitly noted in the body of the thesis. Where research pertaining to the thesis was undertaken collaboratively, the nature and extent of my individual contribution has been made explicit."

Acknowledgments

I would like to express my sincere thanks to my wonderful supervisors Dr. David Perrin and Dr. Gina Holmes. Your support, guidance and expert advice enabled me to navigate through this doctoral journey. You gave me the belief that I could do this even when I doubted.

To my colleagues and friends for being there while I undertook this journey.

Thank you to the participants who gave up their time so willingly and shared their experiences with me. You keep me going and make me realise that we all are doing our best 'despite'.

To Jacey and Jessica, you have supported me without hesitation and complaint, and I hope this thesis shows you that anyone can achieve their desire. To my Mam and Dad, your pride in me has never faltered.

Finally, to Rich, you have been my rock and have steadied the nerves when the waves became choppy and for that I am eternally grateful.

ABSTRACT

Author: Louise Elizabeth Shorney

Title of study: 'Co-opetition and Higher Education – A grounded theory study into the evolution of a shared vision for health care practice learning within the North-West Practice Education Group.'

The aim of this study was to explore how co-opetition is experienced by healthcare academics who are members of the North-West Practice Education Group [NWPEG]. The research was undertaken across seven universities in the North-West of England. Healthcare academics who had a role associated to practice learning and who were members of the North-West Practice Education Group [NWPEG] participated in the study. Constructivist grounded theory [CGT] was the chosen methodology, with interviews and focus groups being the preferred data collection strategies. Constant comparative analysis as outlined by CGT was undertaken during the data collection and analysis phase, which facilitated the emergence of codes and categories. Integral to CGT is that of the researcher, their position within the research and how they interact with the processes. Reflexivity and critical thinking are intertwined within the research process, as this enables the researcher the opportunity to contextualise their position within the research.

The findings identified three major categories, which highlighted both strengths and tensions of working within co-opetition. Co-opetition supported collaboration across the universities, and this was strengthened during the COVID-19 pandemic. Tensions and tussles arose when there was an imbalance between internal and external relationships and strategic and operational expectations of the participants' roles. The impact of these tensions affected participants' ability to work within co-opetition. There was an overarching sense of pride from participants regarding the work developed and produced within the NWPEG, yet this was not celebrated. The study contributes to the existing literature and evidence base of co-opetition and offers unique insights into how co-opetition supports the development and evolution across informal networks. This study also offers unique recommendations for future research specifically for healthcare education and practice learning.

Contents

List of figures

List of tables

List of abbreviations

Allied Health Professional – AHP
Constructivist Grounded Theory – CGT
Cheshire and Merseyside Consortium – C&MC
Cheshire and Merseyside – C&M
Department of Health and Social Care – DHSC
Edge Hill University – EHU
Greater Manchester - GM
Greater Manchester Programme Management Office – GM PMO
Grounded Theory – GT
Health and Care Profession Council - HCPC
Health Education England - HEE
Health Education Institution – HEI
Higher Education – HE
National Health Service - NHS
National Health Service England – NHS/E
Liverpool John Moores University – LJMU
North-West – NW
North-West Practice Education Group - NWPEG
Nursing and Midwifery Council – NMC
Manchester Metropolitan University – MMU
Microsoft Teams - MS
Pan London Practice Working Group - PLPWG
Practice Assessment Document – PAD
Practice Assessment Record - PAR
Private, Independent and Voluntary Organisation – PIVO's
Royal College of Nursing – RCN
SSSA – Standards for Supervision and Assessment
Social Exchange Theory – SET
University of Bolton – UoB
University of Central Lancashire - UCLan
University of Cumbria – UoC (1)
University of Chester – UoC
University of Liverpool – UoL
University of Manchester - UoM
University of Salford - UoS

SUMMARY OF MY DOCTORAL JOURNEY

This section presents an overview of my journey to date and provides insight into how I have arrived here.

Learning for me has become a lifelong desire; the urge to continue to expand and understand perspectives and views has facilitated me in becoming who I am today. Understanding the desire to continue with education during my life has been influenced by my formative school years and being told 'you must try harder'. Despite such feedback, I continued with learning through further education and then onto higher education, which has spanned over 35 years. Why might you ask? Learning has allowed me to view the lens of the world from different perspectives and this has allowed for greater understanding and context of people within situations both professionally and personally.

My doctoral journey started initially by registering for a PhD. The PhD journey and experience were not compatible at that time with my personal circumstances, so I withdrew from the programme. At the time this was a difficult decision to make but the right one. I had feelings of guilt and failure; this is not uncommon as Brown (2013) illuminates that doctoral studies can bring a plethora of negative emotions to the surface. Reflecting on this experience highlighted that the subject being explored had changed focus and as such, any evidence I had formulated was no longer compatible or aligned with the changing healthcare landscape.

My role as faculty/school lead for practice learning and development both within my previous and current employment led me to want to understand the nuances of cross boundary relationships. I was particularly interested in how Higher Education Institutions [HEIs] collaborated with one another and whether there was any direct or indirect competition. It is evident that a main contributor driver for completion of doctoral studies is through registering on the programme most suited to your area of practice as this allows you to jump into "the adventure" (Brown 2013, p. 405).

To enter the DBA programme, I was required to provide evidence of prior learning in the field of business management. Completion of the MBA facilitated my learning and how I was

situated within my experiences in my role and the wider community. I was able to bring previous experiences and learning through accreditation of prior experiential learning and completed a series of new modules.

Undertaking IS7002 Skills and Approaches assisted me in developing greater insight into the nuances of how organisational and personal cultural norms intertwine and how these can either facilitate or thwart business growth.

Public Finance Policy (IS7003/IS7141) enabled me to gain a greater insight into funding and finance positions of higher education and ramifications of changing to tuition fees, particularly within the Health and Social care environment.

IS7022 Designing Practitioner Research and IS7020 Negotiated Learning Experience (Triple) allowed for exploration and analysis within the workplace and how new and emergent roles aligned to faculty business. Completing the modules highlighted how changes in developing roles can threaten the existing workforce and how this perspective needed to shift to allow for more creative ways of working.

IS8004 Research and Research Development supported the formulation of ideas toward a proposal and how this would frame my thesis. The proposal allowed for a detailed reflection on previous learnings, consideration for alternative approaches of research methodologies and what I wanted to achieve in the thesis.

1S8005 Research Project – the thesis below focusses on organisational issues which are of a strategic importance for both myself, my employer and colleagues working within the arena of healthcare education, particularly aligned to learning in practice. My positionality is integral to the research as I am situated within the North-West Practice Education Group [NWPEG] and as such the thesis was undertaken from an emic perspective (Mostowlansky and Rota, 2020). The thesis will be presented in a structured format there will be elements within the text which will be reflexive of my learning and experiences. The thesis has allowed me to examine an area of practice which I am passionate about, and I hope this perspective is evident throughout the work. The thesis has also contributed to the co-opetition evidence base, specifically how this approach works within the NWPEG. Due to the context in which

the thesis is written I have chosen to write in the first person as opposed to the third person. Writing in the first person enabled me to utilise the reflexive stance required for interpretative research (Holloway and Galvin, 2017). Writing in the first person has also allowed me to develop as a researcher, doctoral student, and writer (Webb, 1992). It also needs to be acknowledged that citations and references within the thesis span beyond the arbitrary 10-year limit this is to ensure that the evidence captured reflects the political changes and reforms over recent decades (Greenbaum, 2021). I also use the words student and learner interchangeably; this is reflective of the sentence structure and context of the writing.

I hope you enjoy reading the thesis. Thank you.

Who am I…

I am a doctoral student standing in the abyss trying to find a way to explain

How my knowledge, understanding of the theory and experiences are presented on the page

And why and what the participants disclosed

Will it be enough to reach the end goal?

I am a doctoral student standing in the abys

Who am I…

How did I get here being a doctoral student?

It certainly wasn't from encouragement at School they had much more bemusement

I don't think they thought that I was a learner

More of a day dreamer and dawdler not a learner

Being constantly told 'If you don't do this, you won't get that'

Does not inspire the dream or desire

I will prove them who has had the last laugh

Yes, I may have been a day dreamer who 'should have tried harder'

But at times you need to find your own way of learning and yearning for more

Because here I am standing at the front of the stage – achieving the highest accolade.

1. INTRODUCTION

This chapter presents an overview into my thoughts, and my personal and professional motivation for undertaking this research project. The chapter also presents an overview of the nursing profession and workforce challenges. The project sought to understand how higher education institutions [HEIs] developed a shared vision for practice learning in healthcare through the development of a collaborative and cooperative relationship of co-opetition. My interest surrounding the subject of co-opetition formed over recent years, particularly when I entered the realms of supporting practice learning within higher education. Practice learning and assessment is integral to all health and social care programmes yet the expectations and impact of supporting this aspect of curriculum is often misunderstood by both clinical and academic staff (Lau, Chan, Cheah, Jabbar, and Lim, 2024). This perception has evolved over time through observing that whilst practice learning and assessment is part of an academic's role within the programme teams, this was not always evident or equally supported. This perception was also a reflection upon myself and where my roles were previously situated within the HEIs as I frequently believed that supporting practice learning was not my responsibility.

Primarily my previous roles oversaw post qualifying education and as such, there was not direct requirement to support practice learning. I did, however, support pre-registration education learners but not to the depth that is required. It was only when I entered a role where I had direct oversight and management of practice learning that I became aware that this area was more than a student assessment. I realised that practice learning was a complex, nuanced, and multifactorial, from strategic oversight to individual student specific matters. I learned that collaboration and cooperation was integral to supporting practice learning to ensure that the student had a positive learning experience, fulfilled the requirements of the programme, and were prepared for registration and the workforce. I also learned that collaboration and cooperation was required across numerous organisational structures and individuals within the Nursing and Midwifery Council [NMC], Health and Care Professions Council [HCPC] Health Education England [HEE], National Health Service England [NHS/E], the National Health Service [NHS], Private, Independent and Voluntary organisations [PIVO's] and HEIs, to ensure any strategic imperatives were operationalised.

While collaboration and cooperation are frequently seen as the overriding behaviours of leading practice learning, there can also be competition. We are all employed by different organisations and as such, vie for potential candidates to become a student within our respective HEI. Collaboration, cooperation, and competition are intertwined elements of co-opetition (Figure 1). Co-opetition is described as an interorganisational association which unites collaboration and competition with the intention of developing shared strategies and goals (Bouncken Gast, Kraus, and Bogers, 2015).

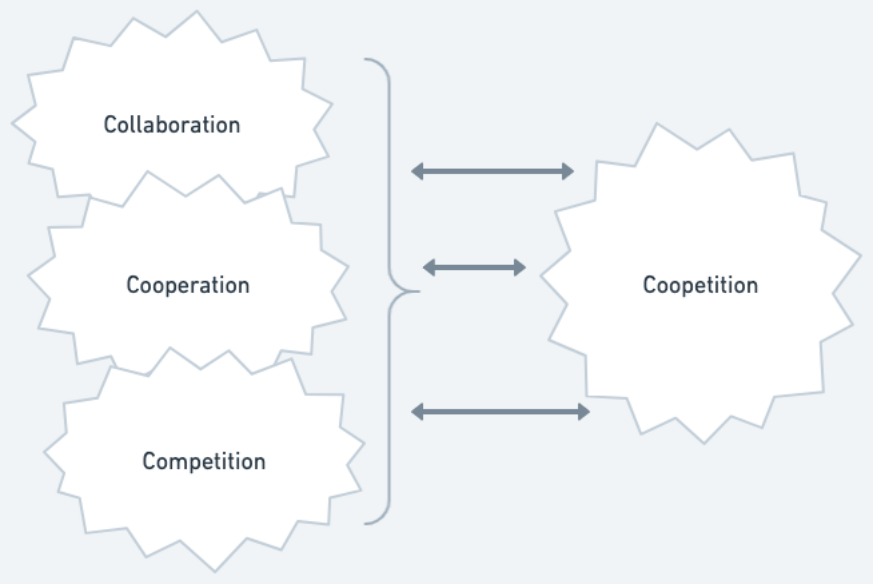


Figure 1 - Co-opetition

Acknowledging all the themes of co-opetition is essential when working across various boundaries as it should allow for respect to everyone. This can be challenging as we all have different perspectives, individual values, organisational demands, and expectations (McGee, 2015). Acknowledging that conflict, frustration, and challenges can also be present within co-opetition is necessary, and there needs to be an understanding of how this is managed. As I developed into the role, I realised that there were themes that threaded through the practice leads role. One of the overarching themes was ensuring that students had a positive experience whilst in practice learning and how we as health care educators developed a shared vision to support this across the North-West [NW] of England. Co-opetition has allowed me to research an area of practice I am passionate about, gain a greater appreciation of myself, and strengthen the evidence base of practice learning and co-opetition.

1.1 COVID-19 Pandemic and Doctoral Studies

The study was undertaken during the COVID-19 pandemic and this section contextualises the impact this had upon me as a doctoral researcher and the potential impact this may have had on the data collection.

The COVID-19 pandemic saw a fundamental shift in doctoral researchers' productivity, progression, and personal development (Winnington et al., 2020). This was due to the reduction of support networks underpinning doctoral learner experiences; no direct access to participants and limited access to data; a reduction in wellbeing and increase in stress levels; and poor work-life-study balance (Atkinson et al., 2021; Aubury, Laverty, and Zhao, 2021; Camerlink, Nielsen, and Windschnuer, 2021). A reduction in productivity was also noted by Cui, Ding, and Zhu (2021) who found that women's research publication activity was negatively impacted upon, with a 14% reduction relative to men during the initial stages of lockdown in the United States of America.

It is, however, also important to acknowledge that some doctoral students experienced an increase in creativity in networking though the use of technologies, creation of alternative approaches for data collection and an enhanced work-life-study balance due to the reduction in extra distracting factors (Kappel, Schmitt, Finnegan, and Fureix, 2021). Such positivity was not reflective of all my experiences during my doctoral journey but were more akin to the experiences of struggling with work-life-study balance. This was particularly evident during 2020 with children requiring home schooling, remote working, and overseeing and managing with the deployment of healthcare students into clinical practice to support the NHS workforce within my HEI. The stress ebbed and flowed throughout the duration of the study in line with the changing rules and guidance aligned to COVID-19. My experiences are reflective of the findings of Pyhalto, Tikkenen, and Anttila (2023); that COVID-19 negatively impacted upon the participants' doctoral journey, their social networks and work-life-study balance. It is also worth noting that the doctoral studies are challenging, COVID-19 just added an additional layer of complexity (Pyhalto et al., 2023). Identifying alternative support networks and strategies have been essential in buffering against the stressors, as has the constant support from my supervisory team.

The pragmatic acceptance of the changes required due to COVID-19, allowed me to be adaptive and responsive. Yet, the impact upon whether elements of the data captured all the nuanced elements attributed to interviews and focus groups due to the virtual nature of collection is not known. There will also be elements of the data which will not be able to be replicated due to the time it was collected. Some of the data does, however, demonstrate that when there is an urgent event such as COVID-19, collaboration and co-opetition was strengthened.

1.2 The Practice Issue

Practice learning is integral to all registered health and social care educational programmes as this enables learners to develop occupational competence and proficiencies (Billett, 2015; Attenborough, Abbott, Brook, and Knight, 2019). This study acknowledges nuanced differences of professional requirements, but this study focusses solely on the practice issues associated with the nursing profession.

1.2.1 The Evolution of Nursing as a Profession

> *'It takes a remarkable person to be a nurse. This is a profession where joy meets sadness, where courage must outweigh fear. This is rewarding, this is challenging, this is nursing.'* (Royal College of Nursing, 2012).

Nursing as a profession has undergone numerous iterations since the establishment of the General Nursing Council and professional register through the Nurses Registration Act 1919 (Kelly and Watson 2015; Kings Fund, 2000). The subsequent decades have seen a plethora of reports recommending reforms to the professional standards, education, and discipline which include Nurses Bill, (1943); The Salmon Report on Nursing, (1967); Report of the Committee on Nursing, (Briggs, 1972); Project 2000: A New Preparation for Practice, (UKCC, 1986); Making a Difference: Strengthening the Nursing and Midwifery Contribution to Health and Health Care (DoH, 1999); Agenda for Change: A Modernised NHS Pay System (DoH, 2002); Our health, our care, our say: a new direction for community services (DoH, 2006) and Raising the Bar: Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants, (HEE, 2012). The Nursing, Midwifery and Health Visitors Act has also undergone subsequent iterations in (1979, 1992, and 1997). The initial act in 1979 saw the

formation in 1983 of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting [UKCC], national boards for each country were also established of which was the English National Board [ENB] for England (Kelly and Watson, 2015). The intention of the structure was to provide or arrange the provision of education approved by the ENB and ensure that persons undertaking education would be able to qualify for the requisite profession. The function of the UKCC and ENB was also to formalise and improve standards of professional conduct and the quality of education (Le Var, 1997a). When I entered the profession as a student in 1989 education or training as it was then described was delivered solely within hospital-based Schools of Nursing (Le Var, 1997a). I entered the nursing profession at a time of profound transition as the provision of education was moving towards formalising the nursing qualification from certificate to diploma (UKCC, 1986). The intention of Project 2000 curriculum was to realign training from the apprenticeship model whereby nurses were employed, educated, and based within a hospital, to education based within higher education [HE] and funded via a bursary (Le Var, 1997b). Evidence by Fretwell (1982 and 1985) cited that the model of education pre-Project 2000 failed to demonstrate constructive alignment across the theory and practice of nursing, which is integral to the profession. The reform highlighted that educators did not have the requisite qualifications and lacked any form of educational currency, and it was proposed that all educators must be a graduate and possess a formal teaching qualification (Briggs, 1972).

It was therefore suggested that the Project 2000 curricular would focus on generic/foundation year 1 followed by 2-year subject specific (mental health, child and learning disability) education with students having supernumerary status whilst in practice learning. Additionally, it was anticipated that the reform would align nurse education and the value of the profession to that of other healthcare professionals and their programmes (Rodriguez-Perez, Mena-Navarro, Dominguez-Pichardo, and Teresa-Morales, 2022). Despite the multitude of reforms, it is evident that there continues to be a perceived disparity of professional competence of nursing against other professionals within society (Rodriguez-Perez et al., 2022). Nevertheless, the educational shift from certificate to diploma level learning demonstrated that nurses were adept at clinical reasoning and utilising evidence-based practice (Sermeus et al., 2011).

Regulatory changes occurred again in 2002 with the inception of the Nursing and Midwifery Council [NMC] as the supervisory body and approver of educational standards both for the individual profession and approved HEIs. It was posited that the NMC would become more patient focussed approach by ensuring to protect the public, evidenced in the standards of The Code (NMC, 2018c).

Nursing became an all-graduate profession in 2009, which was seen to be a pivotal in the evolution of the profession due to the educational requirements of the programme and how the learner developed their cognitive knowledge, clinical decision making and skill acquisition (Rodriguez-Perez et al., 2022). It is also noted by Aiken et al. (2014) and Liao, Sun, Yu, and Li (2016) that there is a demonstrable reduction in patient mortality, shorted length of stay and reduce incidence of hospital acquired incidences when graduate nurses are within the workforce skill set. To ensure patient care and mortality is managed effectively the regulatory framework was again revised in 2018 to ensure that the nursing profession were prepared for caring in the 21st century (NMC 2018 a,b,c). The changes to the standards of proficiency placed greater emphasis on advanced skill acquisition and leadership which is seen to be pivotal for today's healthcare (Rodriguez-Perez et al., 2022).

Funding reform occurred parallel to the regulatory changes to the profession. Students entering the nursing profession in 2011 were entitled to a means-tested NHS bursary; (Glasper, 2016). Health programmes pre-2017 were funded through Health Education England [HEE] and student numbers recruited were capped. A review of pre-registration health care education funding highlighted that there was a substantial gap in the cost attributed to education provision. The review also highlighted that there was a need to increase the student body to support the workforce within health and social care and as such, tuition fees were introduced in 2017 and the cap on student numbers was lifted (Universities UK, 2015).

While it is evident that there are positive outcomes relating to the graduate nurse, the rhetoric that nursing is a vocation continues; such narrative damages and belittles the profession (Munn, 2021). Despite the reforms and adaptations to nursing as a profession, there continues to be workforce shortages, patient safety, and other challenges this area of healthcare has not yet been addressed and managed. Indeed, this has been succinctly

highlighted within the NHS Long Term Workforce Plan (NHS England, 2023), which states that to meet that care needs of the changing demographics and healthcare needs of the population there must be radical reform in training and retention across the healthcare professional landscape.

1.2.2 Workforce

The political rhetoric and language used by political parties when attempting to discuss workforce shortages within nursing is always 'a call to action' and 'let's fix' an incredibly complicated and complex situation (Buchan, Gershlick, Charlesworth, and Seccombe, 2019; NHS England, 2023). Workforce shortages within nursing are not a new phenomenon, and despite multiple and numerous endeavours to resolve these challenges over the decades through policy shift, new professional roles and international recruitment, nursing presently is at its most precarious (HEE, 2012; Buchan and Edwards, 2000; Warren, 2022). This perilous position has been attributed to the increasing demand on health systems due to an ageing population; the Covid-19 pandemic; financial constraints of employers and conditions of employment (Holmes and Maguire, 2022). The resultant impact of the demands on nurses presently has caused the largest industrial strike action being undertaken by Royal College of Nursing [RCN] members in their 106-year history (Ford, 2022a).

To understand why the nursing profession, believe such radical action is required and where their role is situated with the wider NHS workforce needs to be contextualised. The nursing profession accounts for a quarter of the NHS workforce, with 300,000 personnel working across hospital and community services (NHS Digital, 2022; Rolewicz, Palmer, and Lobont, 2022).

From April 1st to September 30th, 2022, the total number of nurses recorded on the Nursing and Midwifery Council [NMC] register grew from 546,008 to 552,653, an increase of 1% (NMC, 2022b). Despite this slight incremental growth, 22,549 left the permanent register in 2021 (NMC, 2022a). There was a reported nurse vacancy deficit of 46,800 in June 2022, which is expected to rise to 108,000 in the next 10 years (Beech et al., 2019; Nuffield trust, 2022; Shembavnekar et al., 2022). It could be assumed that the 30% of the nursing population

aged 50 years and above are retiring from the profession, when it is in fact, people under the age of 45 years who are leaving the profession n: 23,000) (NHS Digital, 2022; Holmes, 2022). There has also been an exponential increase of nurses leaving the workforce n: 34, 000, which is 25 per cent increase of the previous year in 2021 (Holmes, 2022).

In the RCN's biannual report (RCN, 2022) respondents believed that patient care was compromised due to insufficient staffing and poor or inappropriate skill mix. Respondents frequently cited that they have worked above their allocated hours and were unable to have a rest break. It is worth noting that the survey only received 27,000 responses, it could be suggested that the findings were not reflective of the wider nursing workforce. West, Bailey, and Williams (2020) report affirmed the results of the RCN, finding that the obligation to work outside their contracted hours and poor rota management caused considerable conflict between their work and home life, and wellbeing. The report also highlighted that presenteeism, absenteeism and attrition were present within the nursing workforce before the COVID 19 pandemic. The COVID-19 pandemic has exacerbated the already inequitable working conditions of nurses' employment, but it is yet to be determined whether the impact of the pandemic will affect long term retention (Borneo et al., 2020; NMC, 2022a).

A sustained investment in the retention of the current workforce through addressing the imbalance of workplace stressors, refocusing on transforming the workplace and resolving the dispute of nurses pay is required (Buchan et al., 2019; Buchan et al., 2020; West, Bailey, and Williams, 2020; Nuffield Trust, 2022; Palmer and Rolewicz, 2022 and NMC, 2022b). The 2019 manifesto pledge to increase the nursing workforce by 50,000 by 2024-25 appears presently to be on-target (Department of Health and Social Care, 2022). However, there are still concerns that the planned target will not address the supply and demand of workforce shortages within the profession (Holmes and Maguire, 2022; Mitchell, 2022). A more critical perspective is offered by Buchan et al (2020) stating that this policy was a political ploy to address an already floundering system. Such a view is echoed by the National Audit Office (2020), the NHS Pay Review Body (2020), the House of Commons Public Accounts Committee, (2020), the Migration Advisory Committee (2020) and Warren (2022), who found that existing workforce models to recruit both national and international personnel are not achieving the desired outcomes and that national actions such as a remuneration and supportive workplace

and leadership are required. These challenges are also illuminated in the NHS Long Term Plan (NHS England, 2019) and NHS People Plan (NHS England, 2020), which both emphasised that there is a need enhance culture and leadership and consider where long-term funding aligns to workforce education and training. Furthermore, the recently published NHS Long Term Workforce Plan (NHS England, 2023) reasserts this aspirational vision of increasing health and social care education to "record levels" (p. 5).

Educating more people to enter nursing is not a simplistic solution. Although entry routes have evolved and adapted to offer different mechanisms into the nursing profession such as nursing associate and post graduate pre-registration programmes, these still take 2 years to complete (National Audit Office, 2020). There is therefore always a delay in the chain from pre-registration to registration (House of Commons Public Accounts Committee, 2020). It was expected that applicants to nursing would reduce after the withdrawal of the of the NHS bursary scheme (England) in 2017; the contrary occurred, and it has been clearly evidenced in the 2021/22 UCAS cycle that there was a 32% (n:45,740) increase of applicants to nursing programmes from previous years (Buchan et al., 2019; Ford, 2021). The increase was viewed positively; however, the 2022/2023 UCAS cycle applications were 7% (n:43,170) lower than the previous years, but 10% (n:37,990) higher than 2020 cycle (Ford, 2022b). Applications to nursing programme has continued to decline, with a reduction of 18% (n: 36,400) within the 2023/2024 recruitment cycle (Council of Deans of Health, 2023). The reduction in applications is concerning as this downward trend appears to be in direct contrast to the workforce vision set out in the NHS Long Term Workforce Plan (NHS England, 2023). The aim of increasing adult nursing training places to 58,000 in 2031/32 whilst commendable, is aspirational; the plan does not outline how this exponential rise in student numbers can be facilitated in the practice learning setting.

Learners undertaking pre-registration nursing programmes are required by the NMC to undertake a minimum of 4,600 hours of which 2,300 must be within the practice setting (NMC, 2018a; NMC, 2023). Navigating practice learning for volumes of pre-registration learners is complex and complicated both from a regulatory perspective and logistical management. Ensuring all elements of the programme are achieved in practice learning

through a robust practice assessment is the conduit between the student, practice provider and HEI and it is how this is managed which affects the experience of learners.

1.2.3 Practice Learning and Assessment

Nursing students undertaking a professionally regulated health and social care programmes are educated and assessed both in theory and practice-based learning (NMC, 2018a, b). Practice learning is an essential component in healthcare education as it ensures that students can apply the theoretical elements of the programme to the skills and proficiencies for their chosen profession (Salah, Aljerjawy, and Salama, 2018). Practice learning and assessment is undertaken in numerous clinical areas and specialities, which are aligned to the NMC (2018a and 2018b) standards of proficiencies (Immonen et al., 2019). Globally, within pre-registration nurse education, the number of hours required to complete the programme varies considerably with the United Kingdom being the highest at 2,300 accounting for 50% of the programme (Garrow et al., 2022). Health education institutions are accountable for all elements of the curricular and the development of the documentation, but the assessment of in-practice learning is the responsibility of the practice assessor (Immonen et al., 2019).

Practice assessment documentation has undergone numerous iterations, specifically when there have been regulatory changes (NMC, 2018b). Coupled with these regulatory and assessment changes was the platform on which the documentation was housed. Historically, the document was paper based, which was fraught with challenges. Paperwork was not completed in a timely manner, action plans not completed and whole documents misplaced, damaged, or even lost. This experience conflicts with Norton's (2008) stance that assessment in practice must be continuous allowing for student development and growth to achieve the requisite programme outcomes. The HEIs within the North-West migrated the nursing documentation onto an online platform over recent years, which addressed the challenges of reviewing work in a timely manner (Ali, Barhom, and Duggal, 2023). However, the assessment documentation for each HEI differed in format, assessment points and requirements. This lack of commonality caused numerous challenges for the assessors in practice as they supported numerous learners from different HEIs. Despite the progression with an interactive system, the nuanced differences continued to cause challenges with assessors and learners.

Fundamental regulatory changes by the NMC occurred in 2018 with the publication of 'Implementing the standards of proficiency for registered nurses'; 'Standards framework for nursing and midwifery education'; 'Standards for supervision and assessment'; 'Standards of proficiency of pre-registration nursing' and 'standards relating to return to practice' (NMC, 2018, a, b, d, e, f). The changes were a fundamental shift in the provision nurse education both in theory and in practice learning, so all approved programmes were required to be re-written and re-validated, including the practice assessment document. The changes afforded HEIs the opportunity to consider whether the practice assessment document could be formulated and implemented across multiple institutions as opposed to individual HEIs, and it was this driver that initiated the formalisation of the North-West Practice Education Group [NWPEG].

1.2.4 The North-West Practice Education Group [NWPEG]

Pre-2018, the NWPEG did not exist. There was an informal network of healthcare academics employed in key-roles aligned to practice learning in HEIs within the North-West of England (Figure 2). The group met quarterly to discuss practice learning matters and challenges, predominantly based around nursing. The network was an invaluable resource for me as it allowed me to understand the complexities of practice learning. The healthcare academics who oversee nursing and practice learning are both NMC and HCPC registrants.

The North-West Practice Education Group comprises of 10 HEIs across the NW, regional practice providers and executive non-departmental public body's [NHS and formerly HEE] representatives. Each integrated care system [ICS] has a HEI/practice provider group which oversee health and social care workforce matters (NHS England, 2023) specific to practice learning.

- Cheshire and Merseyside consortium [C&MC] – this group, was formed in 2016 and comprises of four HEIs; Edge Hill University (EHU), Liverpool John Moores University (LJMU), University of Chester (UoC) and University of Liverpool (UoL), local practice provider representatives and the C&M ICS, Director of Nursing and Care. The objectives of the C&MC are to offer advice and expertise; develop a collaborative approach to

emergent issues and act as an influential ambassador in supporting high quality higher education provision for health and social care practitioners.

- Greater Manchester Programme Management Office [GM PMO] – this group was established by the GM Chief Nurses/Director of Nurses via funding from the GM Workforce Collaborative in 2016. The aim of the GM PMO is to enable partnership working GM providers, HEIs, Primary and Social Care to support Nursing, Midwifery and Allied Health Professional (NM and AHP) workforce supply, retention, and development.

- South Cumbria and Lancashire – this area presently does not have a regional sub-group. UCLan has however affiliated with GM HEIs regarding the implementation of a placement management system.

North-West Higher Education Institutions

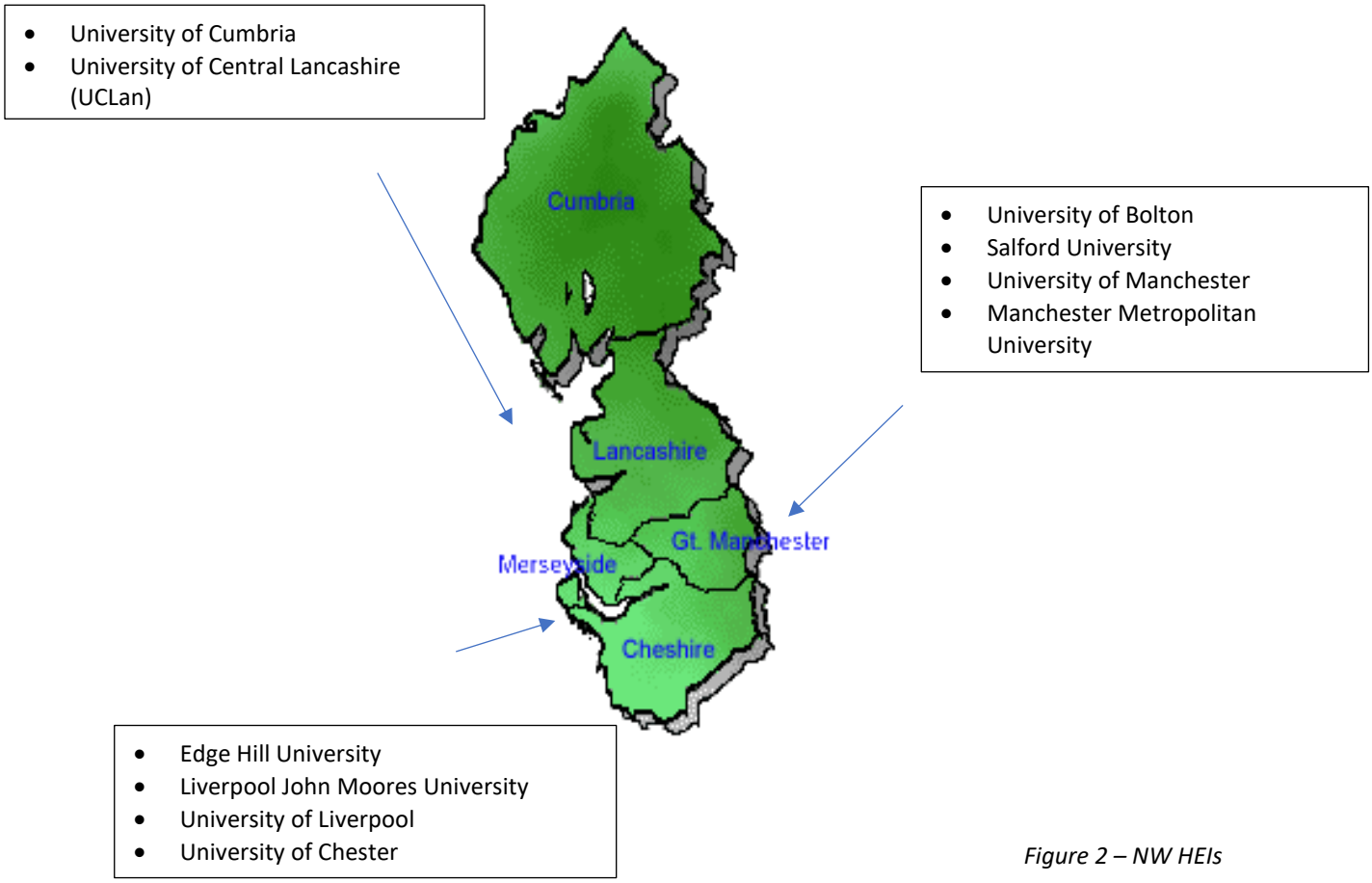


Figure 2 – NW HEIs

The North-West Practice Education Group shared ideas of best practice, ways to find solutions to issues and challenges, and considered how to raise the profile of practice learning, which could be described as a Social Exchange Theory [SET]. Social Exchange Theory supports the exchange of information, the sharing of ideas, and open communication pertaining to mutually interesting subjects using a non-threatening approach (Sharif, Farooqi, Kassim, and Zain, 2022). Social Exchange Theory facilitates the development of resources when there is limited availability of information and supports the notion of reciprocity between the group and individuals (Mohd Noor, Perumal, and Goaill, 2015). Furthermore, relationships within SETs strengthen when there are repeated interactions over a duration of time (Sharif et al., 2022). Such behaviours of a SET were evident within the group at that time as the need to collaborate strengthened the exchange of ideas and relationships.

This informal approach continued until 2018 when regulatory changes by the NMC caused us to consider the opportunity to formalise the relationships across the HEIs by establishing the NWPEG and developing a regional practice assessment document [PAD] (Table 1). A Chair was nominated, and terms of reference established. Parallel to the formalisation of the NWPEG it was apparent that other regional practice learning groups, some established, others emerging, existed. The Pan-London Practice Working Group [PLPWG] had developed and implemented a regional practice assessment document. The NWPEG sought permission to adapt the PLPWG practice assessment document to a North-West regional PAD.

The conversations within the NWPEG and across the HEIs precipitated the emergence of thoughts in my mind surrounding collaboration, cooperation, and competition. Whilst the cross-boundary working was not a new phenomenon (McEvily and Tortoriello, 2011; Hoffman, Lavie, Reuer, and Shipilov, 2018), there needed to be a greater understanding on whether these interdependencies enhanced relationships across three integrated care systems [ICS], the associated HEIs within the North-West and more specifically the NWPEG [Figure 3]. An integrated care system is described as a partnership which ensures that the NHS, local authorities, and other organisations take combined responsibility for service design, promoting health and reducing inequalities across 42 geographical locations within England (Charles, 2022). Although each ICS is responsible for specific a geographical population it is known that cross system working strengthens performance and can support excellence in clinical care (Charles, 2022).

Cross boundary working and interdependencies.

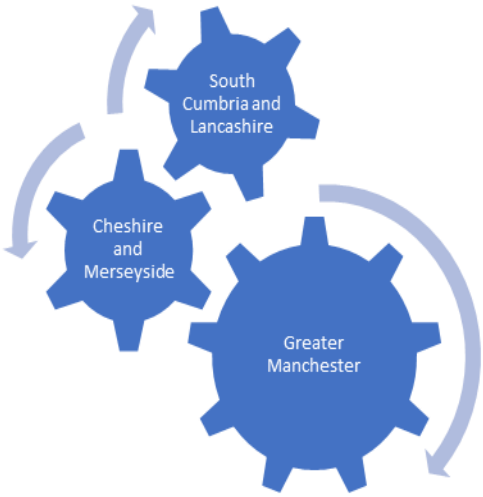


Figure 3 – Cross Boundary working and independencies

Evolution of North-West Practice Education Group

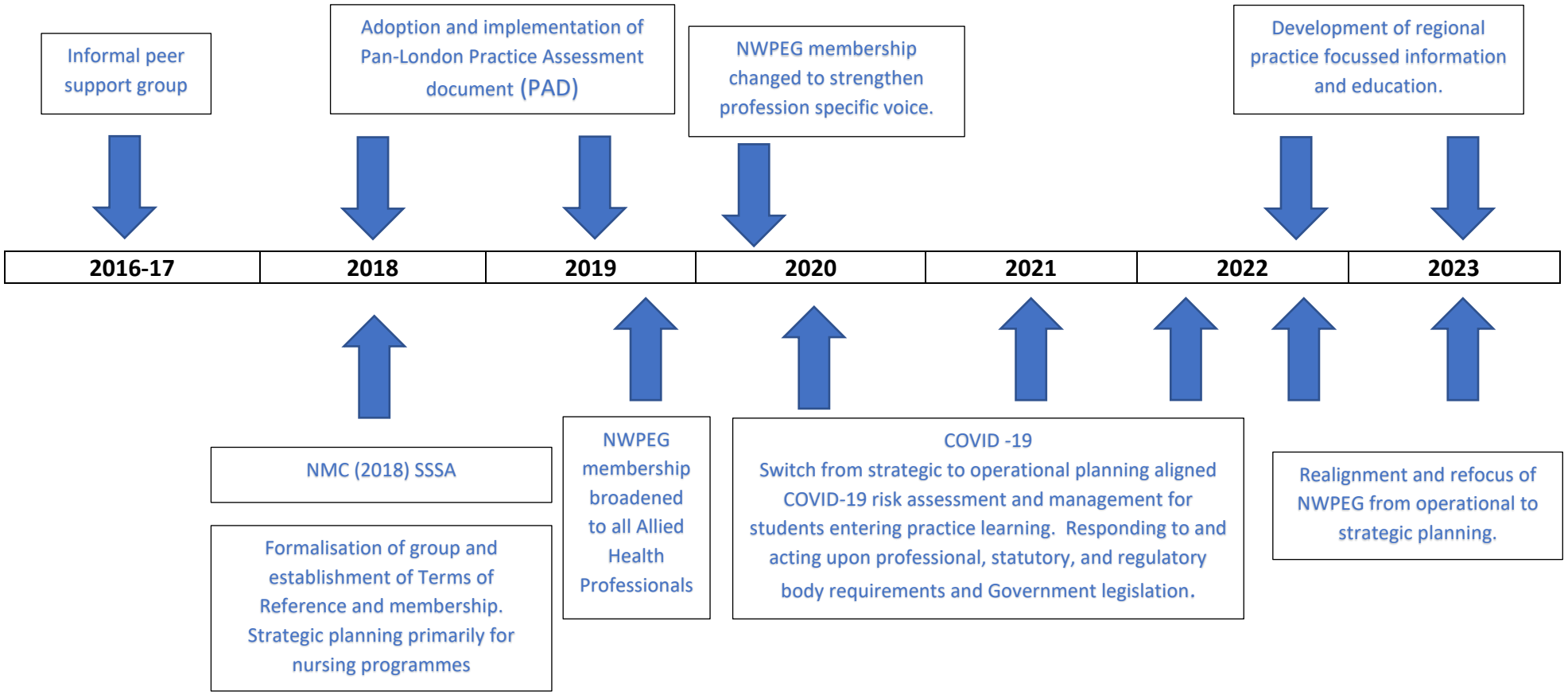


Table 1 – NWPEG

1.2.5 Research Gap – Co-opetition

Cooperation and collaboration across organisations are seen to enhance productivity and innovation through knowledge exchange (Ritala and Hurmelinna-Laukkanen, 2009; Ritala, 2012). Such a positive perspective is questioned by Gnyawali and Park (2009) who caution that collaborative relationships are complex due to interorganisational nuances. To realign the lens of interorganisational collaboration and competitiveness relationships, Nalebuff and Brandenburger, (1996) conceived the word 'co-opetition'. Co-opetition encourages cooperation, collaboration, and competition within and across organisations (Nalebuff and Brandenburger, 1996). Co-opetition facilitates collaborative and competitive interdependence through the formulation of creative, dynamic relationships (Khanna Gulati and Nohria, 1998; Bengtsson and Koch, 2000; Bengtsson and Raza-Ullah, 2016; Gnyawali and Charleton, 2018). Co-opetition and the underpinning evidence base are overwhelmingly embedded within business and its pursuit of product sales or prominence in a specific market arena (Gast, Filser, Gundolf, and Kraus, 2015; Bengtsson and Raza-Ullah, 2016; Dorn, Schweiger and Albers, 2016). It is evident that the behaviours or "complements" of co-opetition as described by Nalebuff and Brandenburger (2002 p. 10) could be applied, used, and situated within and across multiple professions and disciplines. There is however a paucity of co-opetition literature situated outside of the business evidence base and there appears to be no published literature aligned to higher education.

This study therefore will contribute to the co-opetition evidence base by providing a unique insight into how co-opetition is experienced by healthcare academics within the NWPEG. The findings will strengthen the value of co-opetition across different disciplines.

It has been identified that the term co-opetition and coopetition, spelt differently and are used interchangeably within the literature. For this thesis the word co-opetition will be used throughout the work.

1.2.6 Research Question

Does co-opetition amongst healthcare academics enhance collaborative relationships and experiences within the North-West Practice Education Group

1.2.7 Research Aim

The aim of this study was to explore how co-opetition is experienced by healthcare academics who are members of the North-West Practice Education Group.

1.2.8 Research Objectives

- To undertake primary research exploring co-opetition and whether this enhances partnership working within the North-West Practice Education Group
- To gain a thorough understanding into the experiences of healthcare academics working within co-opetition relationships.
- To identify aspects which enhance or inhibit relationships within co-opetition.
- To utilise the findings to inform the wider evidence-based and strengthen the value of co-opetition across different disciplines.

1.2.9 Outline Methodology

This study utilised constructivist grounded theory [CGT] (Charmaz, 2014). Constructivist grounded theory allowed me to explore and analyse the multifaceted nature of co-opetition and how this enhanced or hindered healthcare academics relationships across HEIs. Data was collected through interviews and focus groups. Comparative analysis of the data was undertaken during data collection with codes and categories identified.

1.2.10 Proposed Contribution to Theory and Practice

This study was situated within the higher education sector, which has unique and distinct characteristics from large corporate businesses, such as providing excellence in teaching, learning and research. Higher Education does utilise skills and attributes associated with co-opetition such as sharing of ideas, knowledge exchange but it is how this evidenced by individuals and groups which is not clearly understood. This study contributes to the theory

and practice of co-opetition by providing new and unique evidence exploring healthcare academics experiences of working within co-opetition.

The proposed contribution to theory and practice this thesis offers is demonstrated through:

1. Contributing to the wider evidence base through strengthening the evidence base of co-opetition across a different organisational group.
2. Demonstrating how this style of relationship can enhance partnership working within groups like the NWPEG.
3. Providing a unique insight into how the healthcare academics within the NWPEG navigated through the challenges of co-opetition.

1.2.11 Organisation and Structure of the Thesis

Chapter two outlines the literature review strategy and appraisal of the evidence base surrounding co-opetition. The chapter offers insight into the value and challenges of working within co-opetition. Gaps and omission within the literature which are pertinent to this study will be considered.

Chapter three provides an overview of the methodology and chosen data collection methods used for this study. Ethical considerations are also presented within this chapter.

Chapter four presents the analysis into the three emergent categories and uses participants' extracts to tell the story. The chapter demonstrates how the categories align to co-opetition.

Chapter five examines how the categories align to the associated co-opetition literature. Consideration is also given to an alternative evidence base, which supports the categories and how this will formulate conclusions from the findings.

Chapter six offers insight into the unique contribution this thesis offers to the evidence base of co-opetition. The chapter provides recommendations for practice and future research.

Chapter seven reflects upon the research journey and learnings I have taken while writing this thesis.

1.2.12 Chapter Summary

This chapter has provided a contextual oversight of the formulation, construction and undertaking of the thesis. I have provided an overview of the historical background and evolution of nursing as a profession, the politics of workforce challenges, and practice learning matter, which underpin this thesis.

2. LITERATURE REVIEW

2.1 Introduction

In order to capture and elicit the underpinning co-opetition evidence base I needed to undertake a literature review. A systematic literature search and review are integral elements of a research project as they provide the researcher comprehensive insight into the relevant evidence (Hart, 2018). A literature search also supports the researchers in familiarising themselves with the evidence and assists the formulation of the project aims and outcomes (Hart, 2018). This chapter will provide an overview of the literature review search strategy and an appraisal of the evidence surrounding co-opetition, the organisational settings where co-opetition is utilised and any omissions within the evidence.

The issue of where the literature search and review are situated with grounded theory [GT] is a frequently contested debate (Dunne, 2011). Glaser and Strauss (1967) advised against examining the literature in the preliminary stages of a research project. They believe that by adopting this stance can reduce pre-conceived ideals and perceptions from the literature which may cloud the researcher's perspective. This perspective is challenged by Fernandez (2012) and Charmaz (2014), and who assert that the researcher needs to have insight into the literature to facilitate formulation and the intentions of the project. This project's ideals were formulated through my experiences of collaboration and cross boundary working and the literature review supported me in understanding the subject further (Hart, 2018). A literature review was undertaken during the research proposal stage and reviewed during thesis construction and writing.

2.2 Search Strategy

The systematic literature search undertaken was methodical and logical in its approach, with clear and justifiable structure and language (Hart, 2018). A systematic literature search utilising EBSCO (all databases) was undertaken on the May 3rd, May 5th, and May 15th 2023. Key words utilised were co-opetition or coopetition; co-opetition or coopetition and higher education; co-opetition or coopetition and higher education and nursing. Boolean operators 'and' and 'or' were used to refine the search strategy. Three separate searches were undertaken to broaden the review and capture any literature associated with higher

education and healthcare education. The PRISMA (Page et., al 2021) flow diagram for new systematic reviews was used for the literature search (appendix 1). Although, PRISMA is primarily used for systematic reviews, the checklist provides a robust framework for literature searching and as such was used for this review.

Critical appraisal is a systematic examination undertaken to elicit the best available evidence within a chosen subject arena (Moralejo, Ogunremi, and Dunn, 2017; Critical Appraisal Skills Programme, 2018). Appraising such evidence can facilitate the reader in gaining insight into the credibility, trustworthiness, and relevance of the literature (CASP, 2018). There is a plethora of checklists available to guide appraisal of the evidence, frequently pertaining to specific research methods. An abridged version of The Critical Appraisal Skills Programme checklist (CASP, 2018) was utilised to facilitate appraisal of key papers surrounding co-opetition. Table 2 provides a summary overview of the empirical evidence appropriate for this review.

A further unstructured search of key social science databases ProQuest, Sage, and Science direct was undertaken to ascertain other sources or evidence. These searches did not yield any further relevant literature related to this study. These searches provided further insights into the underpinning evidence base related to co-opetition and form part of the detailed literature review.

Author/date/journal	Title of Study.	Study type	Main findings	Strengths	Limitations	Implications for practice
Crick, JM., Crick, D., and Chaudhry, S. (2022). Journal of Strategic Marketing. 30(1), 22-44	The dark-side of co-opetition: it's not what you say, but the way you do it.	Qualitative. Case study: Thirty-eight interviews with owner managers and cellar door managers across 25 small sized independently owned vineyards in New Zealand.	Co-opetition supported owner-managers in achieving their performance objectives.	Co-opetition facilitated joint initiatives, which aided sales and tourism within a specific geography. Highlighted the potential impact of poor co-opetition practices can have upon an industry.	Study was undertaken within a single specific sector (vineyards) and country. Further scrutiny of the dark side of marketing and rogue staff would have enhanced the study.	Recruitment and training off staff are essential for them to understand co-opetition practices and relationships.
Bouncken, R. B., Fredrich, V., Ritala, P., and Kraus, S. (2018). British Journal of Management. 29(3), 391–410.	Co-opetition in new product development alliances: Advantages and tensions for incremental and radical innovation.	Quantitative. Postal survey of 1049 new product development alliances within German medical and machinery sector.	Product innovation and outcomes are enhanced when organisations support and oversee all phases of development.	Co-opetition intensity fluctuates during the stages of product development. Openness and knowledge sharing are seen to be integral aspects of co-opetition.	Study was undertaken in one country, which may influence generalisation of findings globally. Low response rate - 12%.	Ensuring that all ranges of personnel are considered in co-opetition research. This will allow for greater understanding of how people in different roles perceive the benefits and challenges of co-opetition.
Bozeman, B., and Taggart, G. (2018). Sociological Inquiry. 88(3), 535–558.	Markets, clans, and arbitrage: A participant-observation study of "co-opetition" among baseball ticket scalpers.	Qualitative. An abridged approach of Grounded theory. Video surveillance, observation, and interviews.	Territorial boundaries have a positive effect on co-opetition. Business stability and confidence supported collaboration and competition positively.	How Scalpers and their Clans worked across and within systems to achieve ticket sales.	The context of the study, local and regional regulatory requirements may differ in different regions.	Developing a greater understanding of the impact that social capital has on co-opetition.

Author/date/journal	Title of Study.	Study type	Main findings	Strengths	Limitations	Implications for practice
Stadtler, L. (2018). partnerships. Journal of Business Ethics, 148(2), 329–345.	Tightrope walking: Navigating competition in multi-company cross-sector social	Qualitative. Case Study. Two cases comprising of educational organisations across 2 countries. Longitudinal data collected over 3 years, included semi-structured interviews with 23 managers and documentary analysis.	The study facilitates a greater understanding of how to sustain inter-organisational relationships across cross sector social care partnerships (CSSP).	The overarching desire to achieve a shared vision, increased economic benefits and enhanced reputation was seen to drive co-opetition.	This study was undertaken across 2 countries and language issues may have impacted upon the findings.	Refinement, further exploration, and appraisal of the benefits of collaboration and competition within CSSP.
Wemmer, F., Emrich, E., and Koenigstorfer, J. (2016). European Sport Management Quarterly. 16(3), 341-363.	The impact of co-opetition based open innovation on performance in non-profit sports clubs.	Quantitative. Online survey distributed to 2116 sports clubs within a district of Germany.	Engagement in co-opetition was seen to have a positive impact upon organisational performance in non-profit sports club.	Performance was enhanced when non-profit organisations adopted a market-oriented approach to business. This was through the using external knowledge and innovation to support co-opetition.	Generalisability as the study was undertaken in one state in Germany within a non-profit sports club.	Organisations should consider how knowledge external, and innovation can be used to enhance performance.

Author/date/journal	Title of Study.	Study type	Main findings	Strengths	Limitations	Implications for practice
Sanou, FH., Le Roy, F.,and Gnyawali, D. R. (2016). British Journal of Management, 27(1), 143–160.	How does centrality in co-opetition networks matter? An empirical investigation in the mobile telephone industry	Quantitative Interviews. Documentary analysis of annual reports, newsletters, and journals (2000-2006).	The study demonstrated that co-opetition centrality had a direct and indirect impact upon a firm's market performance.	Co-opetition networks offer a unique approach to specific industries and how they can enhance market performance.	The study's focus was narrow as it only considered on how co-opetition influenced competitive activity and aggressiveness.	Further examination about the effects of centrality within co-opetition networks versus cooperative networks.
Landkammer. F., and Sassenburg, K. (2016). Journal of Experimental Psychology. 145 (12), 1670-1686.	Competing while cooperating with the same others: The consequences of conflicting demands in co-operation.	Quantitative. Experimental design testing relationship patterns – co-opetition vs. competition vs. control.	Co-opetition facilitates supportive behaviours when people need to resolve conflict.	Interpersonal co-opetition is seen to prevent negative connotations associated with collaborating and competing.	The scenario-based approach to testing co-opetition is not reflective of real-world relationships.	How co-opetition can enhance, support, and improve innovation.
Le Roy, F. and Fernandez, A. (2015). British Journal of Management. 26(4), 671–688.	Managing coopetitive tensions at the working-group level: The rise of the coopetitive project team.	Qualitative. Exploratory Case study Interviews and documentary analysis.	How co-opetition was managed across different levels of a project team.	Co-management across a project positively affected in the reduction of co-opetition tensions.	Unique to two competitors within a space programme within France.	Project managers need to be informed and understand co-opetition and how this approach can reduce tensions.

Author/date/journal	Title of Study.	Study type	Main findings	Strengths	Limitations	Implications for practice
Werner, K., Dickson, G., and Hyde, K. F. (2015). Event Management. 19 (3), 365–380.	Co-opetition and knowledge transfer dynamics: New Zealand's regional tourism organizations and the 2011 Rugby World Cup	Qualitative Exploratory case study Pre and post event interviews. Documentary analysis.	Co-opetition was seen to thwart sharing of knowledge, specifically related to destination marketing and mega-events.	Regional tourist organisations developed insightful skills and experiences in the development and delivery of the Rugby World cup.	The uniqueness of the RWC in New Zealand and the geography of the event limits replicability and transferability.	The impact of co-opetition on knowledge transfer.
Lorgnier, N., and Su, CJ. (2014). European Sport Management Quarterly. 14 (1), 87-109.	Considering co-opetition strategies in sports tourism networks: a look at the non-profit nautical sports clubs on the northern coast of France.	Qualitative Interviews, observations, and documentary analysis.	Co-opetition within non-profit industry assists organisations in understanding the collective value of an industry.	The value of cross-sector co-opetition. How co-opetition centrality within non-profit organisations can strengthen the collective value of an industry.	Specific to non-profit nautical sports clubs in Northern France.	Further research on whether co-opetition enhances and complements non-profit organisations – globally.
Hillbun, (Dixon), H., and Ganesan, S. (2013). Journal of Marketing. 77 (11), 91-107.	Does knowledge base compatibility help or hurt knowledge sharing between suppliers in co-opetition? The role of customer participation.	Quantitative Scenario experiment.	Co-opetition is strong when there is high level of customer value and participation. Whereas co-opetition is weaker when customer value is low, but participation is high.	Knowledge sharing across suppliers is seen to enhance performance and sales.	The complexity of co-opetition and not sharing information was not explored in this study.	Exploration of procedural requirements that underpin knowledge sharing and co-opetition.

Author/date/journal	Title of Study.	Study type	Main findings	Strengths	Limitations	Implications for practice
Ritala,P. (2012). British Journal of Management. 23(3), 307–324.	Co-opetition strategy—When is it successful? Empirical evidence on innovation and market performance.	Quantitative Web-based survey.	Business environments impact upon the success or failure of co-opetition.	Innovation and market performance was enhanced when co-opetition strategy was adopted.	The study focussed solely on how co-opetition affected performance and such narrow.	Further research examining the negative elements of co-opetition needed.
Peng, T. A., Pike, S., Yang, J. C., and Roos, G. (2012). British Journal of Management. 23 (4), 532–560.	Is cooperation with competitors a good idea? An example in practice	Qualitative Case Study - Interviews Documentary analysis between 1991 – 2005.	Co-opetition was seen to enhance performance levels of an organisation.	Longitudinal study provided detailed insight into how co-opetition enhanced performance.	Study was exploratory and did not intend to be generalisable.	Further research relating to the negative aspects of co-opetition such as technological risks, loss of control.
Peng, T.-J. A., and Bourne, M. (2009). British Journal of Management. 20 (3), 377–400.	The coexistence of competition and cooperation between networks: Implications from two Taiwanese healthcare networks	Qualitative. Case Study – interviews and documentary analysis.	Co-opetition was seen to support the sharing of resources across organisations to enhance efficiency.	The study highlighted the nuanced differences and balances between collaboration, cooperation, and competition and how 2 organisations manoeuvred through these domains.	Contextualisation of the benefits of co-opetition to patients was not explicit.	How healthcare organisations successfully manage and balance co-opetition constructively.
Lou, X., Slotegraaf, RJ., and Pan, X. (2006). Journal of Marketing. 70(4), 67-80.	Cross-functional "co-opetition": The simultaneous role of co-opetition and competition within firms.	Quantitative. Survey.	Cross-functional co-opetition across different departments is seen to enhance the organisations customer and financial performance.	Cross-functional co-opetition has an important effect on business performance.	The participants were limited to executive and middle managers.	How personnel from other areas of an organisation affect the evolution of cross-functional co-opetition.

Author/date/journal	Title of Study.	Study type	Main findings	Strengths	Limitations	Implications for practice
Tasi, W. (2002). Organization Science. 13 (2), 179 - 190.	Social structure of "co-opetition" within a multiunit organization: Coordination, competition, and intraorganizational knowledge sharing	Quantitative. Survey.	An organisation's ability to share internal knowledge is affected by hierarchical structures and lateral informal relationships.	Rigid hierarchical structures reduce the opportunity for knowledge sharing. Whereas informal relationships are seen to positively influence knowledge sharing amongst organisational groups that compete for a market space.	The participants were limited to directors within each organisational sub-unit.	The impact that intrafirm rivalry has upon co-opetition.

Table 2 – Summary overview of literature search

The literature appraised evidenced that co-opetition can enhance organisational productivity and performance, customer participation and value and develop a greater understanding of individual professional sectors and cross boundary relationships. The literature emphasised that for co-opetition for be successful, it was necessary for all personnel to be cognisant of the benefits and rules. Failure to be fully conversant of the value of co-opetition was seen to cause a potential imbalance between collaboration and competition with the emergence of aggressive behaviours. The literature highlights pertinent elements of the value of co-opetition. Conversely, the potential negative connotations of co-opetition need to be addressed and considered. Co-opetition evidence presented, cited, and discussed has representation across a broad timeframe of more than 10 years. While this may be contested there is no substantive evidence to support the 10-year myth. Greenbaum (2021) does however, challenge this stating that there is no specific timeliness requirement and that you should "cite the work of those who have directly influenced your work" (American Psychological Association, seventh edition, 2020, p. 253) and as such the evidence spans a wider chronological timeframe than that of 10 years.

The following section will provide a detailed appraisal of the evidence pertaining to co-opetition, an overview of the various approaches to co-opetition research and gaps within the evidence base.

2.3 Co-opetition

"Business is War" (Nalebuff and Brandenburger, 2002 p. 3), was the historical language used within industry with the need for competition, battles, winners, and losers. What was apparent for businesses and technology to evolve and expand was the necessity to synergise endeavours and collaborate (Nalebuff and Brandenburger, 2002). The need for collaboration overrode the desire to compete, and different approaches to working relationships needed consideration. The concept of 'co-opetition' emerged from work within the information technology [IT] industry with the realignment of relationships between collaboration and competition. Co-opetition emphasised that there is a necessity to collaborate to support innovation, knowledge transfer and the potential increase in market share and sales, rather than vie to become the most successful business in that marketplace (Jacobs and Bengtsson, 2014). The mechanisms of game theory initially provided a framework for co-opetition by

offering an approach for decision making, through corrected language, shared vision, and strategic thinking (Nalebuff and Brandenburger, 2002). Game theory offers a framework to organisations in developing strategy within a competitive marketplace (Nalebuff and Brandenburger, 2002). Although, game theory still provides a scaffolding for co-opetition there are now nuanced differences and approaches of co-opetition.

Variances within co-opetition can provide the researcher greater opportunity in considering how processes and structures intertwine, and the impact this has upon relationships (Bouncken et al., 2015). However, Charleton, Gnyawali, and Galavan (2019) criticise the variances, suggesting that they diminish the strength of the evidence base. Irrespective of the strengths or negative implications toward the various approaches of co-opetition, it is pertinent to consider and contextualise the differences within this study.

Inter-firm co-opetition provides a strategic approach to organisations that have distinct complementary similarities, and who recognise the value and benefits that knowledge exchange can provide to business (Bengtsson and Raza-Ullah, 2016). Nguyen, Ngo, Bucic, and Phong (2018) and Greven, Fischer-Kreer, Muller, and Brettel (2022) reinforce the perspective that inter-firm co-opetition facilitates co-creation of ideas and business innovation. Inter-firm co-opetition between two rival organisations is often viewed through a dyadic lens, which is seen to have fundamental differences from network co-opetition (Chiambaretto and Dumez, 2016). Dyadic co-opetition supports organisations in managing challenges in a collective manner through sharing of resources and expertise, to gain a stronger market share (Gnyawali and Park, 2009; Czakon and Czernek, 2016). Bengtsson and Kock (2000) suggest that inter-firm co-opetition should not be limited to two organisations as it is evident that multiple organisations frequently undertake this approach to collaboration. Whilst network co-opetition endeavours to cultivate similar traits as inter-firm, there are distinct differences in the formulation of these relationships (Czakon and Czernek-Marszalek, 2019).

Centrality is a unique attribute within network co-opetition, with organisations placed in the most central position favouring the greater rewards from the network (Sanou, Le Roy, and Gnyawali, 2015). Knowledge sharing, advice giving, and relationship development are seen

to enhance network centrality co-opetition (Geraudel and Salvetat, 2014). Such attributes should be viewed positively; however, this is dependent on the power balance between organisations (Peng and Bourne, 2009). Organisations with a dominant central position are seen to draw more resources from the network and display greater competitive actions to those with less influencing power (Bouncken et al., 2015; Sanou, Le Roy, and Gnyawali, 2016). Competitive behaviour across and within inter-firm and network co-opetition can stimulate greater collaborative activity; conversely such behaviour can cause organisations to become distrustful and reticent about sharing resources (Bengtsson and Koch, 2000). It should also be noted that when there is large network co-opetition there are numerous actors (personnel) working at different levels both across and within organisations, and their interpretation of co-opetition relationships can affect and influence business endeavours (Gnyawli et al., 2016).

It is therefore necessary to have insight into the behaviours of actors and their responses toward co-opetition (Geraudel and Salvetat, 2014). Geraudel and Salvetat (2014) postulate that an individual's personality trait can have a direct impact upon their ability to work within co-opetition. They suggest that those with an extrovert personality trait have a greater propensity to work within co-opetition than those with introvert personality traits. Their findings align to Chen, Xie and Shang's (2011) work which found that personnel with conscientious enthusiastic attributes were more likely to enter co-operative relationships. Furthermore, Gnyawali, He, and Madhavan (2006) purport that the more central the manager is to the project there is a greater tendency for co-opetition. This behaviour aligns to Bouncken et al., (2015) and Sanou, Le Roy and Gnyawali (2016) views on network centrality, yet their focus within their studies were situated with an organisation rather than an individual. Whilst these parallels relate to network centrality there is lack of insight into how organisations work within co-opetition across multiple networks and alliances (Bengtsson and Raza-Ullah, 2016; Chaimbaretto and Dumez, 2016).

Multilevel co-opetition facilitates analysis of co-opetition interactions (Bengtsson and Raza-Ullah, 2016; Chaimbaretto and Dumez, 2016). Chaimbaretto and Dumez (2016) suggest that multi-level co-opetition allows for analysis of interactions across various organisational levels and can provide insight into the stresses and value of relationships. Gaining a greater insight

how these alliances function is echoed by Bouncken, Clauβ, and Reuschl (2016) who emphasise that to preserve co-opetition, governance an appreciation of the dynamic and mechanical behaviours of individuals and organisations is required. The multilevel interpretative frameworks conceptualised by Bengtsson and Raza-Ullah (2016) and Dahl, Kock, and Lundgren-Henriksson (2016) offer a structural approach to capturing the strategic insights into the intended and evolving actions within co-opetition from a practice perspective.

Whilst the evidence base surrounding co-opetition is frequently viewed from a positive lens, some of the literature is conceptual and applying to the 'real world situation' could prove challenging. Nevertheless, the empirical evidence of co-opetition reviewed provides a robust insight into the value of utilising this approach within business (Bengtsson and Kock, 2000). It would however be remiss not to contextualise the challenges within co-opetition and the impact this may have upon business endeavours and relationships. Sustaining relationships within co-opetition can prove challenging due to tensions across the simultaneous coexistence of competing and collaborating (Bengtsson and Johansson, 2012). Tension can arise when there are incompatibilities across business goals, management and leadership styles, and individuals' ability to understand the value of co-opetition (Crick, Crick, and Chaudhry, 2022; Tidstrom, 2019). Tensions can also arise when trust has not been established across organisations (Bengtsson and Johansson, 2012). Trust within co-opetition is known to create, and can enhance, motivation between individuals and organisations (Lascaux, 2020; Shen, Gao, and Zhang, 2019). This perspective is reiterated by Raza-Ullah and Kostis (2020), whose hypothesis revealed that trust increases co-opetition strength, and facilitates collaboration and knowledge sharing. They also highlight that trust allows organisations to acknowledge uncertainties and inspire fairness in their ability to participate in co-opetition. The literature emphasises that trust is essential within co-opetition, and this will determine the outcome of these relationships.

2.4 Chapter Summary

The literature reviewed and chapter have provided insight into the strengths, values, and challenges of co-opetition (Gast et al, 2015; Bengtsson and Raza-Ullah, 2016; Dorn, Schweiger, and Albers, 2016). The evidence surrounding co-opetition is historically based within the business IT sector (Lorgniier and Su, 2014; Gast et al, 2015; Bengtsson and Raza-Ullah, 2016; Dorn, Schweiger, and Albers, 2016; Wemmer, Emrich, and Koenigstorfer, 2016). There is, however, emerging evidence within non-profit organisations that co-opetition is becoming a more favoured approach to enhancing innovation and business acumen (Lorgniier and Su, 2014; Wemmer, Emrich, and Koenigstorfer, 2016). Equally, large corporate organisations within the airline and tourist industries are also working within co-opetition to strengthen the sector of their businesses, offering more choice to the customer, and yet still competing (Czakon and Czernek, 2016). Irrespective of which organisation co-opetition is employed, it is apparent that working relationships are enhanced (Gast et al., 2015; Bengtsson and Raza-Ullah, 2016; Dorn, Schweiger, and Albers, 2016).

Despite the ever-expanding evidence base relating to co-opetition there is a paucity of literature related to higher education and more specifically, healthcare education. It is evident that there is a necessity to work within co-opetition across HEIs and healthcare as it is apparent that there is greater strength in working collaboratively than in isolation (Nalebuff and Brandenburger, 2006; Bengtsson and Raza-Ullah, 2016). It could be suggested that the NWPEG appears to be working within co-opetition. This is evidenced through the overarching need to be collaborative whilst working within the competitive environment of HE. Gaining insight into co-opetition was the catalyst for this study to understand how and why the NWPEG collaborated and the value of this relationship. This study therefore intends to enhance our understanding into co-opetition within the NWPEG and whether such relationships strengthen partnership working across higher education. The study will provide new evidence surrounding co-opetition and how this approach can influence collaboration and cooperation within healthcare education. The study will also contribute to the growing evidence base surrounding co-opetition.

The following chapter will outline methodological considerations which underpin this study and how the chosen approach aligns to the research aim and questions.

3. METHODOLOGICAL CONSIDERATIONS

3.1 Introduction

This chapter will outline how my ontological and epistemological beliefs influenced the methodological approach utilised for the study. The positionality of the researcher and how they dynamically interact within the research process and participants drew me to constructivist grounded theory [CGT] (Charmaz, 2014). The chapter will provide a justification for utilising constructivist grounded theory (Charmaz, 2014) for this study. Consideration surrounding the ethical principles underpinning grounded theory and the participatory nature of constructivism will also be discussed in this chapter.

3.2 Ontological and Epistemological Perspectives

It was posited by Gray (2017) that the ontological and epistemological perspectives of a researcher can influence the methodological and philosophical underpinnings of a research project. Ontology is described by Crotty (1998 p. 10) as the "the study of being", whereby a researcher formulates their philosophical assumptions of reality. Moon and Blackman (2017) expand upon this further suggesting that a researcher's ontological perspectives are situated across a continuum from realism and one fixed reality of truth to relativism of multiple realities inferring that no one truth of reality exists. The objective, positivist aspect of one fixed reality of truth occurs independent of individual experiences, whereby the multiple realities encompass individual experiences (Antwi and Hamza, 2015).

Coupled with ontology, epistemology focusses not on what is, rather "how we know what we know" (Crotty, 1998 p. 8), how we acquire and disseminate this knowledge (Rehman and Altharthi, 2016). Formulating my thoughts of where my ontological and epistemological perspectives were situated, it is evident that I observe the world through multiple realities and seek to acquire knowledge through individuals' experiences (Patton, 2015; Moon and Blackman, 2017). I reject the assertion that there is an objective truth to reality, rather reality is dependent on how individuals experience their reality at specific times (Patton, 2015; Moon and Blackman, 2017). I am interested in individuals' perspectives, their values, beliefs and where they are situated within and across relationships and interactions (Rehman and Alharthi, 2016). I am also interested in the positionality of the researcher, how their

assumptions and behaviours could influence the research process (Antwi and Hamza, 2015). The formulation of ontological and epistemological perspectives of understanding individuals' views of their experiences informed the formulation of the research approach, which was qualitative research. Qualitative research an iterative process which seeks to understand a chosen phenomenon by gaining a greater understanding of how an individual's real-life experiences influence their construction and interpretation of a specific situation (Saks and Allsop, 2019). This study is not situated within the objective fixed reality that is measured, tested, and generalised to formulate reliable objective outcomes (Gray, 2017). The study will not measure cause and effect of the impact of human behaviours, but rather intends to develop a more detailed understanding of the evolution of a shared vision for practice learning across HEIs (Antwi and Hamza, 2015). This is in direct contrast to the positivist paradigm which assumes that knowledge and reality are objective and can be measured through experimentation (Bell, Bryman, and Harley, 2019). It is accepted that when a study intends to measure causal factors through testing and generating theories, a positivist approach to business research is appropriate (Bell, Bryman, and Harley, 2019). However, interpretivism facilitates a greater understanding of human behaviours within business research, and as such was the chosen approach used (Antwi and Hamza, 2015). Due to the interpretivist nature of the study, it was essential to find a methodology which fulfilled and supported the chosen aims and objectives of the study. Consideration was given to methodologies such as case study; auto-ethnography and phenomenology and it was decided that they were unsuitable (Table 4). The rejected methodologies focussed solely on specific elements of the study rather than the whole study and therefore would not have fully addressed and answered the research question and aims (Bell, Bryman, and Harley, 2019).

Methodology	Approach	Rationale for rejection
Auto-ethnography (Adams, Jones, and Ellis, 2014)	A methodology which the researcher describes and analyses their personal, subjective, and emotional experiences.	Auto-ethnography would not capture the relationship across participants within this study.
Case Study (Yin, 2018)	A methodology which investigates a specific phenomenon with an individual or group.	The specific phenomenon would not have captured the relationships and behaviours observed within co-opetition within this study.
Phenomenology (Groenewald, 2004)	A methodology which is interested in exploring individuals' behaviours, lived experiences and how they view the world.	Phenomenology would not enable me to understand how participants within this study were able to work within co-opetition.

Table 3 – Alternative Methodologies.

The methodological approach needed to ensure that participants' experiences, perceptions, and thoughts about co-opetition were considered. The methodology also needed to support me in developing a greater understanding of the underpinning research process and how I engaged with this approach. It was decided that constructivist grounded theory was the most suitable methodology for this study it aligned to my ontological and epistemological position of seeking to understand personal experiences; interpretation and understanding actions of individuals (Antwi and Hamza, 2015).

3.3 Grounded Theory

Grounded theory [GT] is described by Glaser (1998) as a rigorous inductive research method, which allows for the systematic generation of new theory from data collected. Grounded theory as a methodology emerged in the 1960s by Glaser and Strauss (1965, 1967, 1971) and Glaser, Strauss, and Strutzel (1968) who were determined to challenge the historical positivist empirical approach to research through a more interpretivist qualitative approach (Bryant and Charmaz, 2007). The intention was to liberate researchers from the constraints of the largely positivist paradigm and quantitative research designs, which were the overarching approaches to research at that time (Henwood and Pidgeon, 2003). Grounded theory is seen to facilitate the development of theory and concepts particular to a specific discipline, which in this study is how co-opetition is experienced by healthcare academics who are members of the NWPEG.

Despite such bold declarations regarding liberation, O'Connor, Netting, and Thomas (2008) believe grounded theory is too rigid in structure and lacks the flexibility usually observed in qualitative research. Nevertheless, Glaser (1998) purported that although grounded theory is inductive in its approach, it is not always situated within an interpretivist qualitative paradigm and can be applied to a positivist quantitative paradigm. This broad stance was positioned to provide researchers the opportunity to generate statistical based positivist results, which at that time were deemed more superior (Bryant and Charmaz, 2007). Whilst Glaser's (1998) view is acknowledged, there is a lack of insight into how the methodological structure of GT is applied and utilised across both paradigms (Bryant and Charmaz, 2007). This is due to grounded theory rejecting the linear structure of testing theory through positivist research, suggesting that a constant comparative approach allows the researcher greater insight into the formulation of theory (Birks and Mills, 2015). As noted by O'Connor, Carpenter, and Coughlan (2018) the epistemological stance of the researcher also has a direct impact upon the paradigm chosen and as such a positivist grounded theory may be the preferred approach. Positivism is not my preferred philosophical position, so I have adopted and utilised the interpretivist approach to research through the lens of a qualitative paradigm, as this capture's perspectives and explanations of behaviours of individuals within a specific phenomenon. Whilst the views of critics are acknowledged, grounded theory as a research method has undergone numerous iterations since the publication of *Discovery of Grounded*

Theory (Glaser and Strauss, 1967). Classical grounded theory design is noted as being an objective, inductive systematic methodological process which facilitated the generation of theory relating to an area of interest (Gardner, McCutcheon, and Fedoruk, 2000; Hull, 2013).

The evolutionary developments of GT have seen the methodological approach expand and divert into interpretivism GT (Corbin and Strauss, 1990), feminist GT (Campbell and Bunting, 1991), post-modern GT (Cheek, 2000), situational GT (Clarke, 2005), and constructivism GT (Charmaz, 2006) (Table 5).

GT Methodology	Author
Interpretivist GT is a systematic approach to investigate a specific phenomenon, through a repetitive process of data collection and theory generation.	Corbin and Strauss, 1990
Feminist GT aims to understand a females view of their interactions and social processes, through knowledge production.	Campbell and Bunting, 1991
Post-Modern GT aims to question, challenge, and analyse the realities of the researcher and participants.	Cheek, 2000
Situational GT allows researchers to collate and map across a field of practice, individuals, and artefacts, to analyse the interconnectedness of each unique situation.	Clarke, 2005
Constructivist GT seeks to understand and explore social processes of individuals and their view of the world.	Charmaz, 2006

Table 4 – Evolution of Grounded Theory.

While the adaptation of GT allows for a richer research experience which addresses broad topic areas, the divergence can pose challenges, particularly to a novice researcher as they need to understand the 'rules' of the GT model they are following (Timonen, Foley, and Conlon, 2018). Despite the challenges posed regarding the divergence of GT, adaptations allow the novice researcher entering the field the opportunity to utilise and the most suitable

approach to their study and their epistemological and ontological stance. To determine which GT model was suitable for this research, I needed to reflect upon the purpose and intention was of the project. The study explored how co-opetition was experienced by healthcare academics to elicit the value and potential challenges of collaborative, cooperative relationships. This was through personal experiences of cross boundary working and relationships, the evidence underpinning the value of co-opetition, and the desire to understand participants understanding of co-opetition. Constructivist grounded theory (Charmaz, 2014) was deemed the most suitable model and was utilised for the study.

3.4 Constructivist Grounded Theory

Constructivist grounded theory [CGT] is described by Charmaz (2014) as interpretivist interpretation allowing the researcher to be an integral aspect of the research process. The shift in methodological position within constructivist grounded theory allows the research to be situated in the social, historical, local, and interactional contexts (Charmaz, 2014). This is of particular importance for this study as I sought to understand how co-opetition across, HE supported or hindered collaboration. Constructivist GT supports the notion that researcher and participants have a dynamic interaction, and the views of the researcher are integral in the data collection process (Gardner, McCutcheon, and Fedoruk, 2010; Gardner, 2012). The dynamic interaction between participants and myself was integral to this study as I am an established active member of the NPWEG and attempting to "don a cloak of objectivity" would be problematic (Charmaz, 2014 p. 305). This is due to having an awareness of the nuances of the NWPEG and a detailed understanding of healthcare education, particularly practice learning. Although CGT allows the researcher to be an integral aspect of the research process, it is important to acknowledge and be cognisant of any preconceptions I may have had about the participants thoughts, how they view the work undertaken by the NWPEG and their value placed on co-opetition (Peng and Bourne, 2009). This view is reinforced by Charmaz (2017), who asserts that the researcher also needs to be cognisant of their own views and assumptions and where they are situated within the research process. Acknowledging my perceptions and ensuring they do not preclude the interactions and thoughts of participants, facilitated a greater understanding of the shared experiences of co-opetition (Charmaz, 2017).

The process of GT is usually presented in a linear manner, the development and emergence of information can occur at any time during the research process (Figure 4).

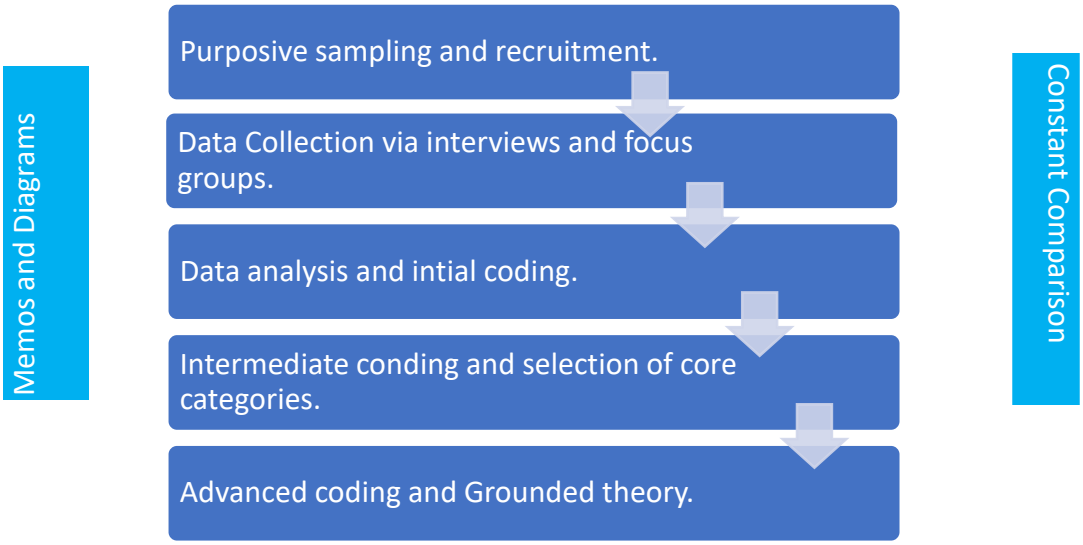


Figure 4 – GT data collection and analysis process.

This method is an integral element to constructivism and makes this approach to GT unique (Charmaz and Henwood, 2017). Another attribute which is unique to CGT is acknowledging how and where the literature review is situated within the process. It is suggested by Glaser (1978) that researchers should have familiarity of the wider literature and that a more detailed analysis should be avoided to prevent biases. Undertaking this research without preconceptions and assumptions of underpinning theory and evidence based would have been challenging, as I had formulated ideas and concepts in the development of the project to ascertain gaps or omissions in the evidence (Glaser and Strauss, 1967). It was also a requirement to provide a contextual background of the literature during the ethical approval process. However, what is clear is that regardless of when the literature review is undertaken, the researcher must align key findings to their project (Glaser, 1978; Charmaz, 2014). This view is reinforced by Fernandez (2012), who asserts that researchers should embed research findings to existing evidence and integrate emergent theory to formal substantive theory.

Grounded theory seeks to understand experiences and perceptions of individuals, coupled with the flexible, adaptive, and pragmatic view of CGT methodology were deemed the most appropriate for the study.

3. 5 The Researcher Perspective

The researcher is a fundamental contributor of CGT as they are integral to the co-construction of any emergent categories and theories (Kenny and Fourie, 2015). Whilst this is acknowledged, I needed to ensure that any preconceptions I may have had about co-opetition, the NWPEG and the participants did not affect data collection, analysis, and coding. My preconceptions were centred around certain members of the NWPEG using their voice to drive the agenda and other members feeling unable to challenge. The individualistic behaviour was in direct contrast to co-opetition and to the NWPEG (Gast et al., 2015). Whilst this may not have been a true reflection of individuals, I observed these behaviours at some of the NWPEG meetings. Preconception as Glaser (1998) and Clarke (2005) believe can occur because of the researcher's insight and interest into a subject matter, they suggest the constant comparative approach of CGT should facilitate extraction of patterns of data across the participants. Utilising reflexivity throughout the research process and writing allowed me to contextualise whether my preconceptions of behaviours were factually correct and allowed me to consider how they may have influenced in the research process. Such as stance is supported by Charmaz (2014) who asserts that reflexivity enables the researcher to consider where they are situated within the research process, how their perspectives affect the research outcomes and where this is situated within the written report. Coupled with reflexivity was memo writing throughout the research journey; memos and notes were captured in a journal and scribed against transcripts. Memo writing facilitated the opportunity for critical thinking about the research process and how I was formulating the data analysis process, which allowed me to contextualise the whole study rather than individual data sets (Charmaz, 2014). Charmaz (2014) also suggests that through the constant comparison of data, reflexivity, and memo writing, enhances credibility of the study. Further analysis and appraisal of credibility of this study will be considered after presentation of the findings and discussion. This interest enabled me to formulate thoughts about how healthcare academics worked within the NWPEG and how their reality interplays with each other.

Reflecting upon my views allowed me to understand what impact this may have had upon both the articulation and interpretation of the research being undertaken (Gardner and McCutcheon, 2012; Patton, 2015). It is acknowledged by Buchman and Bryman (2007) and Bell, Bryman, and Harley (2019) that personal values and beliefs should not be seen as unwelcome obstacles, but instead integral to the research process. Mies (1993 p. 68) suggests that researchers should adopt a position of "conscious partiality" whilst undertaking a project by employing reflexivity to their values. Utilising reflexivity allowed me to facilitate greater understanding of where I was situated within the research, and how I connected and related to the participants. Reflexivity also allowed me to consider the value of the study and how this aligned to my epistemological and ontological position of interpreting experiences and actions of individual (Day, 2012). Corlett and Mavin (2018) reinforce this view further by emphasising that reflexivity is an integral element to qualitative research as it allows the researcher to consciously consider how their ontological and epistemological stance can influence the chosen approach to research paradigm.

As previously alluded to by Kenny and Fourie (2015) the researcher is integral to CGT as they co-construct emergent categories and theories with the participants. This perspective is reinforced by Gaber (2016) who asserts that emic researchers are people with an insider view of what is occurring, allowing them examine relationships and behaviours. This is further reinforced by Beals, Kidman, and Funkai (2016) who suggest that an emic researcher embraces the research process through challenging boundaries of their own world. It is however noted by Bulk and Collins (2023) that there can be challenges to insider research (emic). Insider research is seen by Toy-Conin (2018) to be too familiar with an individual situation they are exploring and as such may bring their subjectivity and biases to the research process. Bulk and Collins (2023) and Beals, Kidman, and Funkai (2016) challenge this stance arguing that an emic researcher can gain a more detailed understanding of a group or social context. Bulk and Collins (2023) reinforce this view further emphasising that an emic researcher shares experiences with their participants, not characteristics. This view is reflective of this study in that we all are healthcare academics, our roles are unique, and we all have shared experiences of the NWPEG. What Bulk and Collins (2023) highlight is the need for robust quality assurance to mitigate against the risk of overt bias.

3.6 Quality Assurance and Ethical Considerations

As previously highlighted in section 3.5 ensuring robust quality assurance is necessary to mitigate the risk of insider research bias (Bulk and Collins, 2023). Thorough quality assurance can also reduce the subjectivity frequently associated with qualitative research (Koch and Harrington 1998). Coupled with quality assurance is ensuring ethical principles are acknowledged and maintained throughout the research process. This section provides an overview of how quality assurance, and ethical principles was upheld while undertaking this research project.

3.6.1 Quality Assurance

All research must be trustworthy and credible (Creswell and Miller, 2000; Adler, 2022). Lincoln and Guba (1985) expand upon this further suggesting that the four concepts of credibility, transferability, dependability, and conformability increase trustworthiness of a qualitative research project.

Credibility is associated with ensuring the analysis addresses the intended study's aims (Adler, 2022). To increase trustworthiness the researcher should ensure that there is clarity and consistency with participants, data collection techniques, the constant comparison of data analysis procedures and constructive alignment to methodology and related theory (Kakar, Rasheed, Rashid, and Akhter, 2023). The methodological ideals of CGT theoretical sampling and constant comparison of data analysis, which underpin this study corresponds to this criterion (Charmaz, 2014). This view is reinforced by Charmaz and Thornberg (2021) who emphasise that by asking incisive questions about the data, developing systematic comparisons during the research, and evidencing the stages of the research process enhances credibility. Furthermore, I sought clarification from participants to clarify initial concepts and emergent codes during data collection, which Lincoln, and Guba (1985) describe as member checking. They further suggest that adopting a consistent approach during data collection not only aids credibility, but it also ensures consistency and dependability. The same interview guide was used throughout this study, thus ensuring a consistent approach to data collection. Producing clear and detailed justification of the research and decision-making process underpins dependability and conformability and provides a detailed reader audit trail (Creswell and Miller, 2000). Transferability refers to the extent to which the findings from

this study can be applied to contexts beyond those being studied by providing a comprehensive description of participants, data collection and analysis methods, which are presented in sections 3.7, 3.8 (Kakah, Rashid, Rasheed, and Akhter, 2023).
The structure of CGT of the constant comparison of data collection and analysis aligns strongly to the quality assurance procedures outlined, this study evidences the processes undertaken to maintain robust governance considerations.

3.6.2 Ethical Considerations

Ensuring ethical principles are acknowledged within the research project to minimise the avoidance of harm for the participants (Bell, Bryman, and Harley, 2019). Ethical approval was sought and granted from the Faculty of Business and Management ethics committee at the University of Chester in September 2021. The study ensured that Diener and Crandall's (1978) four ethical principles of ensuring there is no harm to participants, lack of informed consent, invasion of privacy and no deception involved were addressed and understood. Whilst this study did not anticipate that any harm would occur to participants, there were questions during data collection which may have caused concern and may have resulted in participants being reticent in disclosing pertinent information (Patton, 2015). This was specific to negative connotations or conflict that may occur within co-opetition (Bengtsson and Kock, 2000).

It was therefore paramount that informed consent was sought both at recruitment and data collection stages. Providing a detailed level of information regarding the study and information being sought facilitated informed consent and prevented deception (Gray, 2017). Participants were provided with a jargon-free information sheet, informing them of the overall research purpose, design, and risks. Formal written consent was also obtained (Appendix 3). Participants were informed that they were able to withdraw from the study at any time and that any data collected would be destroyed.
Due to the study being situated within the North-West of England and participants being affiliated to the NWPEG, maintaining confidentiality and anonymity was important as I did not want to present data which would compromise participants and their employer (Atkins and Wallace, 2012). This however, proved challenging due to the uniqueness of the participants' roles and role titles, and their profession and roles associated with the NWPEG.

Initially, I had intended to anonymise participants with a generic title of 'lecturer' to remove elements of their professional background and specific roles within their educational institution. Reflecting upon this, I believed that genericising participants role title would detract from and dilute the data captured. I therefore sought feedback from participants to ascertain their perspectives on anonymisation and confidentiality. Participants felt they had nothing to hide and were happy to support if the study is not compromised but some confidentiality was maintained. The participant information table (table 5) was adapted with the use of pseudonyms and the removal of any role association with the NWPEG such as chair and genericising profession. I did, however, keep their role title as I felt this was pertinent to some of the data captured.

Another ethical consideration was my position as the researcher within the study. As with the participants, I am a member of the NWPEG and employed as a lead for practice learning within an HEI within the North-West; as such I could be considered an insider researcher (Fleming, 2018). Insider research been subjected to criticism due to the potential impact upon the research and bias (Chavez, 2008). Within CGT the researcher's positionality is seen to be integral as their assumptions underpin and formulate ideas of the research (Charmaz and Henwood, 2017). Charmaz (2014, p.27) aptly highlights that "We are not passive receptacles of which data is poured' and "what we bring to the study influences what we see". It was therefore essential that a reflexive stance was adopted through a conscious appraisal my own perceptions and experiences and how these may have impacted or influenced the research (Charmaz, 2006).

The study was undertaken during the COVID-19 pandemic and there were restrictions in-place, and all interviews and focus groups were undertaken on Microsoft Teams [MS]. The functionality of MS Teams allowed for recording and transcription, which I edited with a professional transcriber. Data was stored and secured in accordance with University of Chester Data Protection Policy (2019) and the Data Protection Act (2018).

3.7 Sampling and Recruitment

3.7.1 Sampling

Sampling within research aims to capture information from a pre-determined representative group (Gray, 2017). Quantitative and qualitative paradigms adopt contrasting approaches to sampling to address the requirements of a specific research method and question (Gray, 2017). Sampling strategies are situated within two categories: probability and non-probability sampling (Gray, 2017). Probability sampling is the favoured approach in quantitative research, utilising techniques such as simple, stratified and cluster randomisation to ensure that that a representative sample are recruited, thus ensuring generalisability of a study results across a population (El-Masri, 2017; Rahi, 2017). Non-probability sampling offers alternatives approaches to accessing a population who have specific attributes associated with the research (Bell, Bryman, and Harley, 2019). While non-probability sampling can be utilised within quantitative research, it is frequently used in qualitative research (Rahi, 2017). This is due to the strategies utilised within non-probability sampling, such as convenience and purposive which assist in recruiting from a specific population (Rahi, 2017). Whilst it is acknowledged by Saks and Allsop (2019) that non-probability sampling can be rudimentary and deliberate, Coyne (2008) counters this view stating that sampling within qualitative research is complex, multifactorial as there can be interconnected, particularly purposive and theoretical sampling strategies.

Sampling procedures and processes within grounded theory are frequently viewed through a purposive lens as this allows the researcher to recruit participants who can respond to the research questions posed (Gray, 2017). The purposive approach allowed me to identify and recruit key personnel within the North-West Practice Education Group [NWPEG] to participate. Previous and current NWPEG members employed as healthcare academics leading on practice learning activities in a HEI within the North-West of England were identified as the designated sample as they are instrumental in driving the shared vision for learning in practice education across the region.

Despite purposive sampling being the preferred approach to initial recruitment, it was pertinent to include theoretical sampling within the data collection process as this is integral to GT and CGT research (McCrae and Purssell, 2016; McCann and Polacsek, 2018). Theoretical sampling is described as an iterative process which allows the researcher to

concurrently collect, analyse and code the data (Glaser and Strauss, 1967). As a novice researcher it was difficult to ascertain where and when theoretical sampling would commence within the data collection process (Birks and Mills, 2015). I chose to utilise this approach after the first episode of data collection, as outlined by Chun Tie, Birks, and Francis (2019). The rationale for adopting this approach allowed me to reflect, review and analyse the initial data collected (McCrae and Purssell, 2016).

3.7.2 Sample and recruitment

Existing and previous members of the NWPEG employed as healthcare academics leading on practice learning activities in a HEI within the North-West of England were invited to participate. The sample was specifically aligned to HE as I wanted to seek understanding of colleagues' views and perceptions of co-opetition and the value of this style of relationship. A clear inclusion and exclusion criterion for the sample, allows for duplication and replication if the topic were revisited (Saks and Allsop, 2019) (Table 5). Conversely, the sample and relationships observed are unique to this study and replicability may prove challenging. However, the underlying principles of co-opetition and cross boundary working can be duplicated and replicated.

Inclusion Criteria	Exclusion Criteria
• Previous and current members of the NWPEG employed as healthcare academics. • NWPEG members who are employed and work within a UK HEI and who are situated in the NW. • NWPEG members who were actively involved in the HEI decision-making process relating to practice learning. • NMC/HCPC registrant. • NPWEG members who are cognisant with professional, statutory, and regulatory NMC requirements.	• Previous and current members of the NWPEG who are not healthcare academics. • NWPEG members who are not employed by a UK HEI. • NWPEG members who do not have direct involvement in the decision -making process relating to practice learning. • Not an NMC/HCPC registration. • NPWEG members who are not cognisant with professional, statutory, and regulatory NMC requirements.

Table 5 – Inclusion and exclusion criteria

Healthcare academics employed in key-roles aligned to practice learning from ten HEIs were invited to participate (Appendix 2). Of these, seven HEIs participated. One HEI colleague offered to participate; however, they were new in role and to the NWPEG and were unclear what perspective they would bring to the study and as such did not contribute. Two HEIs did not respond. Participants were all registered nurses and allied health professionals who had a wealth of clinical experience and who had transitioned into higher education and were working in roles specifically aligned to practice learning within health and social care (Table 6). To ensure anonymity of participants pseudonyms were used.

Participants roles and experiences.

HEI	Participant	Profession, role, and experiences
HEIA	Joe	Registered Nurse. Senior Lecturer. Ten years' experience in HE.
HEIA	Ali	Allied Health Professional Senior Lecturer/ Director of Placements and Partnerships. Sixteen years' experience in HE.
HEIB	Bev	Registered Nurse. Faculty Lead for Practice Quality. Seven years' experience in HE.
HEIC	Sue	Allied Health Professional Head of Work Based Learning Twenty years' experience in HE.
HEID	Bob	Registered Nurse. Associate Head Practice Education. Eight years' experience in HE.
HEIE	Liz	Registered Nurse. Lecturer/Placement lead – Nursing Eight years' experience in HE.
HEIF	Ruth	Registered Nurse. Senior Lecturer/Practice Lead Ten years' experience in HE.
HEIG	Meg	Registered Nurse. Head of Practice Learning. Seventeen years' experience in HE.

Table 6 – Participants roles and experiences

3.8 Data Collection and Analysis

3.8.1 Data Collection

Data collection strategies within grounded theory are not bound by a set of guidelines or rules but are inextricably linked to the phenomenon under investigation (Duchscher and Morgan, 2004). To determine which is the most suitable data collection approach, Glaser (1978 in Charmaz, 2014, p. 34) suggests considering "what's happening here"? From the perspective of this study, I wanted to understand participants perceptions and experiences of co-opetition and elicit their views on the values and challenges with such relationships (Edwards and Holland, 2013). Interviews and focus groups are frequently used in qualitative research and grounded theory as they capture participants experiences and perceptions of the phenomenon under investigation (Foley, Timonen, Conlon, and O'Dare, 2021), and were the preferred approach to data collection for this study, as they afforded me the opportunity to have a meaningful guided conversation with the participants (Green and Thorogood, 2009; Rubin and Rubin, 2011).

Following ethical approval an email invitation was sent to prospective participants. Dates and times were scheduled to undertake the interview and focus groups (Table 7).

Timeline for recruitment and data collection.

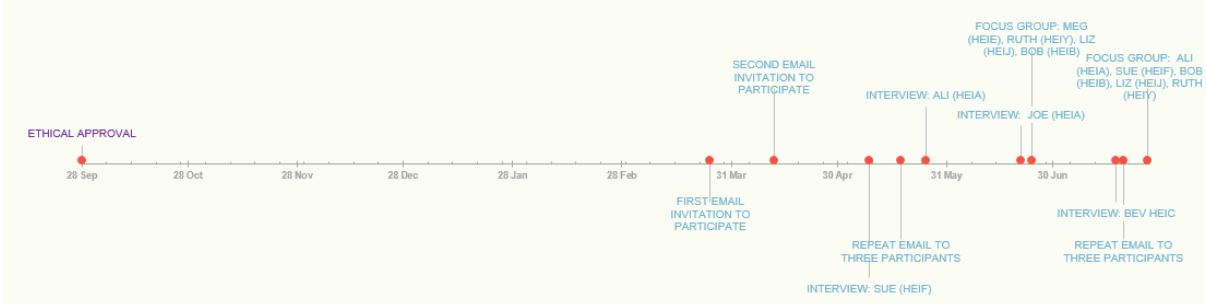


Table 7 – Timeline

An interview guide (Appendix 4) which aligned to the research questions and underpinning evidence base was developed and used during data collection to guide the conversation (Charmaz, 2014). Charmaz (2014) suggests that using an interview guide can aid in reducing awkward and ill-judged questions and is particularly supportive for novice researchers. Glaser (2012), however counters this view suggesting that an unstructured interview can facilitate a

greater more open conversation with participants. Despite the potential benefits of an unstructured interview, I knew that I did not have the confidence to lead such a conversation and the guide acted as an aide-memoire for me during the discussions and to ensure the research questions were addressed. It is also suggested by Foley et al., (2021) that as data collection process progresses, conversations can become more nuanced and directive, and that an interview guide facilitates such conversations. They also suggest that questions within an interview guide can be adapted to support such conversations. I did not adopt this approach as I wanted to capture views across and between participants, and amending the guide would not have proffered the information I wanted to glean from the participants. Adopting this approach allowed me to interpret and identify patterns, codes, and categories both within and across the data set (Charmaz, 2017). I did as Charmaz (2017) suggests, return to the participants to elucidate codes and categories from the initial data set. Whilst I had not considered data saturation, it was evident that no new categories were presented or discussed in the final focus group (Aldiabat and Le Navenec, 2018).

3.8.2 Analysing Data

Analysing data within qualitative research revolves around extracting themes and categories from the data, using a framework to elicit the information (Braun and Clarke, 2006). On initial consideration of how to analyse data through CGT, it appeared incredibly complex and complicated. This was due to the differences of language used within CGT and the idea of iteration and constant comparison. Iteration, comparison, and review are approaches frequently used within qualitative research as phases of thematic analysis, an approach I am familiar with (Braun and Clarke, 2006). Despite, having an understanding and experience of qualitative data analysis, I formed some anxiety about CGT. Nevertheless, clarity was gained regarding the unique approach to data analysis within CGT, which facilitated a detailed understanding of the emergent perspectives of the participants and how these aligned to co-opetition.

Within CGT, analysis of data follows a procedural process, whereby the researcher collects and analyses data simultaneously (table 8) (Qureshi and Unlu, 2020; Polacsek, Boardman, and McCann, 2018). The constant comparison undertaken during data collection and analysis allowed me to identify concepts and categories within and across the data (Charmaz, 2014). Constant comparison also allowed me to appraise similarities of perceptions across the data

and to contextualise nuanced differences, which the facilitated formulation of patterns across the data (Tie, Birks, and Francis, 2019).

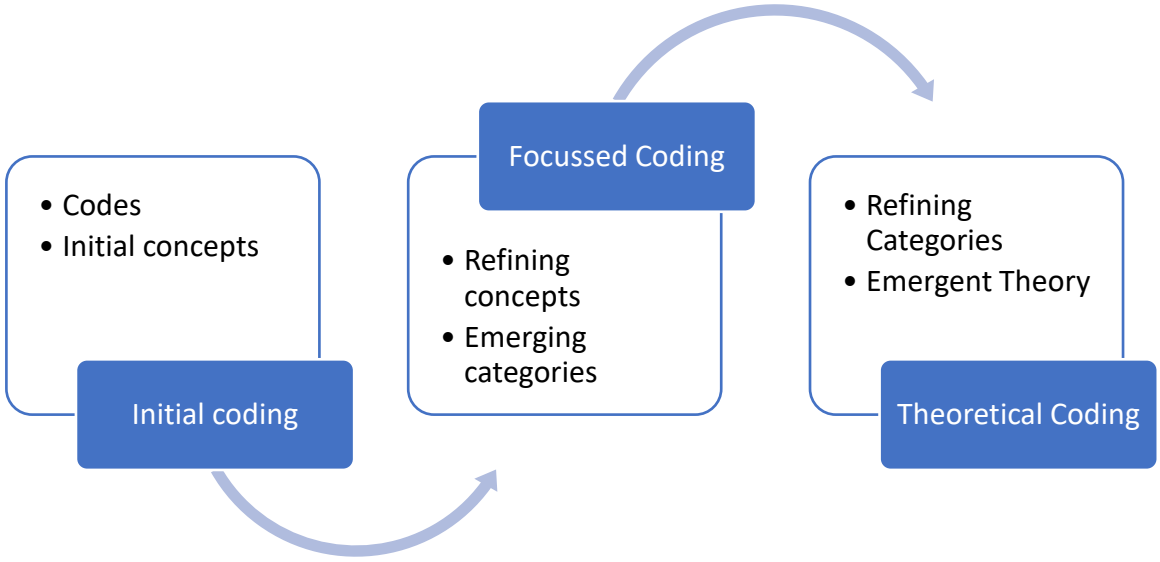


Table 8 – Data analysis procedure Qureshi and Unlu, 2020.

Analysis of data through constant comparison was at first undertaken in a rudimentary manner, rather than the prescribed approach described by Polacsek, Boardman, and McCann (2018). This initial analysis was undertaken by repeatedly listening to the conversations, reading, and comparing across the data sets. Transcribed data was initially highlighted, and notes scribed against segments of the transcripts, which allowed me to capture thoughts and concepts. Adopting such an approach to initial data analysis could be considered unsuitable within CGT, but it allowed me to gain insight into the participants perspectives and contextualise their situation within the study. This also allowed me the opportunity to gain a greater insight into the coding process and feel more confident when this commenced.

Consideration was given to utilising data analysis software as this is perceived to offer a more detailed appraisal of qualitative research through enhanced coding and production of conceptual ideals (Woods, Paulus, Atkins, and Macklin, 2016). The suggestion that data analysis software would provide an enhanced and more detailed appraisal of the data was appealing as I have limited experience in utilising such tools. I did, however, want to immerse myself in the data analysis stage and believed that using software would detract from this and the reflexive element of this study, a view supported by Woods, Macklin, and Lewis

(2015). I therefore chose to analyse the data manually following the CGT process of initial coding, focussed coding, and theoretical coding (Tie, Birks, and Francis, 2019).

Coding is an integral process within GT as it allows the researcher to interrogate the data, describe what is occurring within the data and comprehend what the data means (Clarke, 2005; Charmaz, 2014). Coding allowed me to make sense of the data by segmenting sentences and extracting words or phrases and identifying codes (Charmaz, 2014). After the rudimentary analysis a more detailed analysis was undertaken when initial codes where captured. Transcripts were reviewed line by line with segments of data and words coded; this activity was repeated across the data set collected, then colour coded and labelled. Initial coding allowed me to gain tacit insights into participants experiences of the NWPEG and their roles within higher education. Table 9 provides exemplars of the analysis process and appendix 5 provides a more detailed illustrative example of coding within a focus group transcript. This was of particular interest due to the geographical situation and organisational positioning of the participants and whether this influenced their ability to effect proposed changes emanating from NWPEG, such as the PAD. Reviewing and analysing the data also facilitated a deeper understanding of the relationships across participants and their perceptions of each other and the NWPEG. This mechanistic approach to analysis does as Charmaz (2006) asserts, and keeps the participants opinions and perspectives present, which was pertinent to this study as I wanted to search for meaning and how participants perceived co-opetition.

Initial Coding	Emerging Categories	Refining Category
"Background wise I qualified in 2002 from ****** University, I'm a children's nurse and I went to work as a children's nurse in a very large children's hospital, around and about locally, and worked in trauma and then in critical care, and that's, you know, always been my passion." (Meg). "I qualified in 1991 and I wasn't even in a university. I was in ***** Hospital School of Nursing. So, all of my kind of academic life has come post qualification. I worked at ***** Hospital for five years. I was a surgical nurse and then moved to *****" (Ruth). "I think our roles were quite isolating that were the only one of us within our institutions. So rather than our peer support being in being internally, are peer support is very much externally across the region" (Sue). "I think the things that are more challenging is when we're not all in the same place. And so we're just working at different speeds and we're working it with different focus and you're sometimes drawn into things that are a priority in somebody's organization, not necessarily yours" (Ruth)	Registered Health Care Professional. Pride. Lecturing. Roles and responsibilities. Decision making. Practice lead. Challenges.	Professional Context
"We've had to do a lot of work over the last couple of years of		

getting programme leads to understand that practice is actually still part of their programme. They don't just look after the theoretical element; their practice is the 50%." (Bev). "So, they…they will spend 50% of their time in a…in a practice placement and what…what does that mean to actually get them to that placement?" (Bob). "Sometimes you feel like you're behind the curve or that you've almost got this enormous piece of work that needs to be done to get you to that place that you need to be in" (Ali). "And and I also, I sometimes feel, although less so more recently that I think the practice side of the nursing degree. It's it's very often the poor relation" (Ruth).	Lack of ownership. Practice assessment. Expectations. Stressful. Complex.	Ownership of practice learning
"We're representing the University and the **** and ***** Consortium which will ultimately feed into the NWPEG" (Liz). "So…I think it kind of did bring us all together and we started forming them relationships then and actually saw that we can all work together" (Joe). "To get that support when we're supposed to be the adult E adult about certain decisions and we can confer with other people who are. Being the adult on these matters" (Sue). "So obviously, the rollout of In place is the big one that's	Bigger context. Support network. Collaboration.	The NWPEG

probably on the forefront, but actually learning lessons from each other and actually some going face some earlier as health kind of because if we all have to do that from the start" (Bob).	Helpful.	

Table 9 – Data analysis process

Initial coding and emergent categories were identified across the data and three main categories where identified, which were:

- Professional Context
- Ownership of Practice Learning
- The NWPEG

Figures 5, 6 and 7 provide an overview of how the codes aligned to the categories and linked to the research aim and outcomes of this study.

Figure 5 – Professional context associated codes.

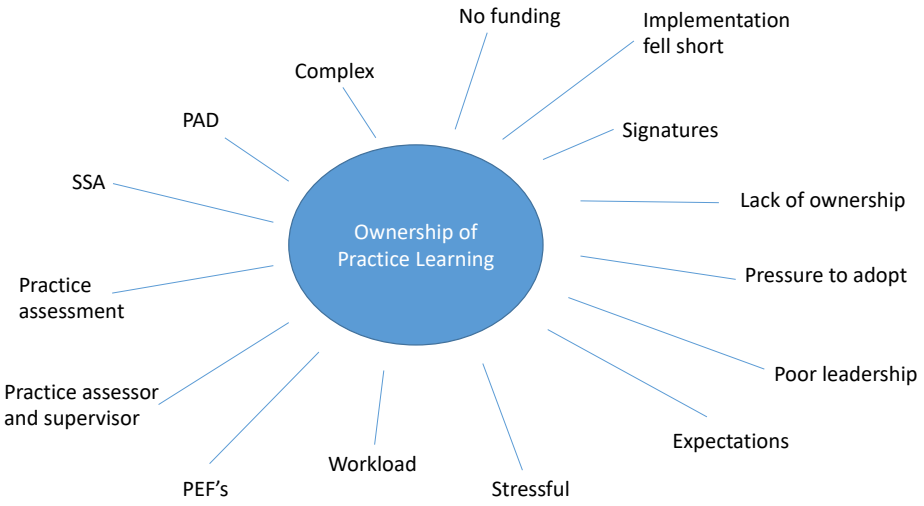


Figure 6 – Ownership of practice learning associated codes.

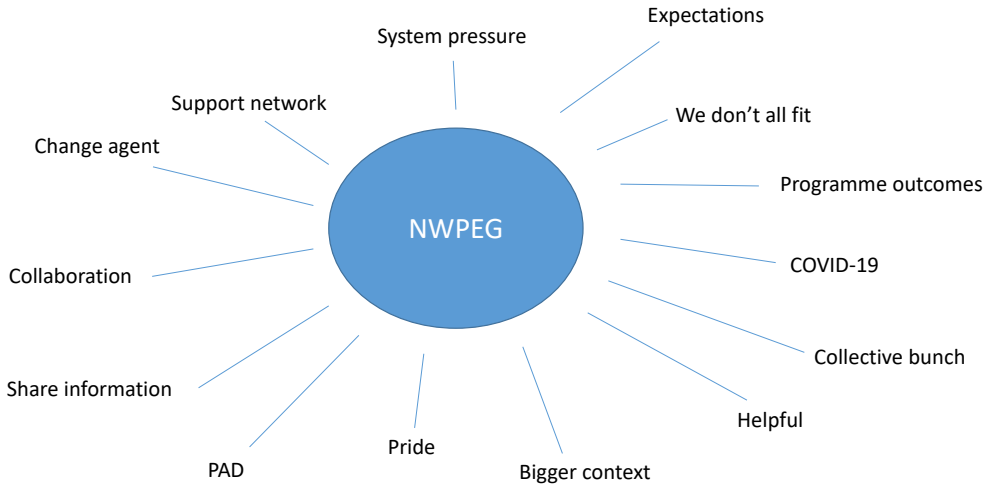


Figure 7 – The NWPEG associated codes.

The conceptual map (Figure 8) illustrates how the three categories merge into the construct of co-opetition. The conceptual map illuminates the how the categories are inexplicably interconnected, and how these connections align to the research aim and outcomes and co-opetition. Appendix 5 provides a more detailed illustrative example of coding within a focus group transcript.

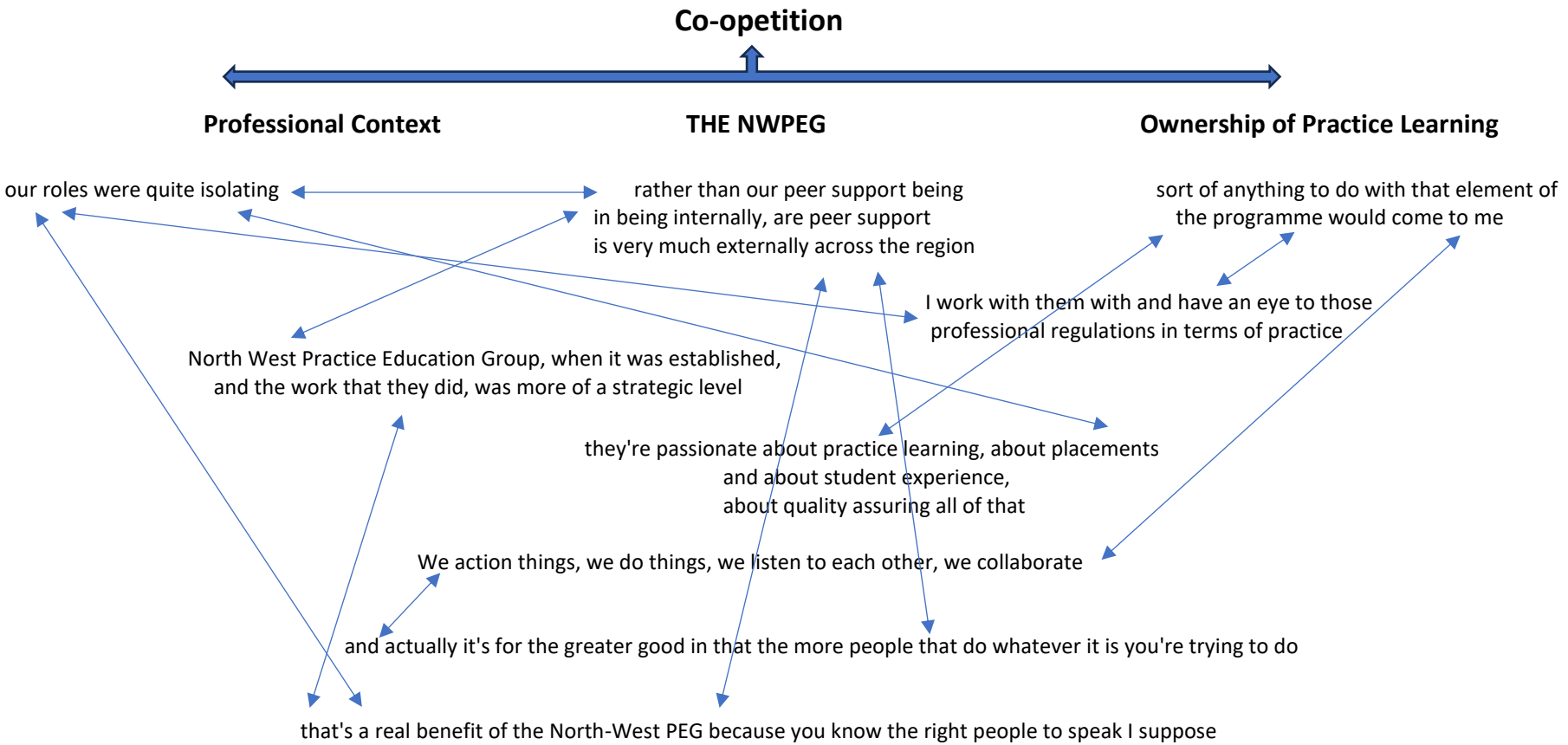


Figure 8 – Conceptual map of categories.

3.9 Chapter Summary

This chapter has provided an oversight of how my epistemological and ontological perspectives influenced the chosen methodology and methods for this study. I have provided a critical justification of data collection methods, sample, and sampling strategies. I have also outlined the processes undertaken during data analysis. Quality assurance and ethical considerations have been presented with assurances offered regarding where I am situated in the research project.

The following chapter will contextualise the findings, how they align to research questions, the literature of co-opetition, and other relevant evidence.

4. FINDINGS

4.1 Introduction

As outlined in the previous chapter, this study was situated within the constructivist grounded theory paradigm and as such, followed the data analysis process aligned to this methodology (Charmaz, 2006). This chapter will present the findings from three emergent categories of this thesis and how participants worked within co-opetition. The categories provided insight into the complexity of working as a healthcare academic overseeing practice learning and how NWPEG provides a network of support and collaboration. The categories also offer insight into the mechanisms of muti-firm interorganisational network co-opetition within the NWPEG and both the value and complexities of this relationship.

The findings and discussion chapters will be presented separately. The rationale for presenting the chapters in this format is to ensure the participants' experiences are captured and illuminated in a distinct manner, rather than having the literature permeate their thoughts.

4.2 Category One – Professional Context

All participants are registered healthcare professionals and have worked within a clinical healthcare environment as a registered nurse and/or allied health professional prior to entering higher education into an academic role. Sue, Ali, and Joe were appointed into lecturer- practitioner roles supporting the development of a new programme and profession-specific education.

*"My professional background is as an allied health professional. I've been qualified since 1996 and started my career in practice, worked in practice until 2007, came to work at *** in 2007 as a lecture practitioner" (Ali).*

*"Allied health professional by background and I qualified in '97… I started as a lecturer practitioner when they opened the new ******* programme in 2003" (Sue).*

*"I was employed as a nurse part time and as a lecturer part time and I did that for another three years previous and that was over at University of ******...whilst working at ****** hospitals er...and…and kind of that's where I got the…the bug, if you like, for nurse education" (Joe).*

A lecturer-practitioner is the conduit in aligning the theoretical aspect of education to the practice element of a profession (Thurtle and Horsfall, 2016). The role allows the practitioner the experience in developing the requisite professional and clinical skills within HE whilst supporting learning in clinical practice. The role also provides insight into HE. Bob was appointed into a specific role of overseeing practice education and had elements of the lecturer-practitioner role; it was however situated within HE.

I'm a registered nurse by background. So, I qualified in two thousand and, oh God, eleven… So, I was…started off as a practice education lecturer (Bob)

Ruth and Bev had undertaken specific educational roles within the clinical setting prior to entering HE. Ruth believed she was an experienced educator within her clinical role, but did not envisage the marked differences between clinical and higher education:

*I qualified in 1991 and I wasn't even in a university. I was in **** Hospital School of Nursing…used to delivering education before I moved into higher education, although we all know it's a different beast in higher education (Ruth).*

Interestingly, no other participant expressed the same view as Ruth regarding entering higher education, rather it was their desire to support students and their personal development which influenced their transition into an academic role. Meg's journey into HEI:

"all started, the whole kind of love to work with students...and I saw the opportunities really for students then how, you know, they need to be involved at all levels" (Meg). Whereas Liz felt that an *"opportunity came up in the university for a full-time post. I'm a bit like ****, I sort of felt like I'd hit my glass, my own glass ceiling that I'd put there myself really…*"(Liz)."

The desire to provide a positive student experience was a thread throughout all the conversations, and was still present within their current roles, particularly within the practice setting, as this area of learning can have the most profound impact upon the student. Joe described this as passion:

"…all in a role that they were passionate about. So, they're passionate about practice learning, about placements and about student experience, about quality assuring all of that" (Joe).

All the participants' roles oversaw practice learning within their organisations across multiple disciplines or one profession, and despite having the word 'practice' within their role title, it was evident that participants roles differed considerably. Meg and Sue had distinct titles which assumed a strategic position within their organisation, whereas Liz's role was that of a lecturer who supported practice learning across one discipline. She also stated that she did not have a role description aligned to this aspect of her position.

*"I lead the placement team for the undergraduate BN programme, adult programme at the University of ****** There's actually no real, like, role specific things. There's no sort of job description for my role but basically as the lead for placements for the university, for the nursing programme"* (Liz).

Similarly, Ruth's experiences were akin to Liz's in that she supported one healthcare profession; this, however, was a recent change as previously she oversaw all practice learning of professional programmes within her organisation.

There was lack of clarity across participants about each other's roles and responsibilities which was illuminating as well as alarming as it is assumed that we all do the same thing, clearly, we do not. There was an internal tension with all participants regarding the complexity and expectations of their role, which swayed between strategic and operational oversight and responsibilities.

This was not seen to be unduly problematic, as Sue suggests that:

"*it's strategically influencing how they operate…what direction the operational elements take"* (Sue).

Bev reinforced this perspective by stating that:

"it's more of a steering role rather than a management and development role with that to ensure it's going…" (Bev*).* Joe offered a similar view but believed "*I still had to try and be involved at that level to make sure that those two things matched up*" (Joe).

Liz, however, questions the above perspectives stressing:

*What I can do in my little pocket is completely different to what **** can do. What ***** can do, what everybody else can do, and it's what can be what I could action might not be as quick as somebody else the how the role can influence highlighting…it just differs so much from where you sit in strategic level where you sit in, you know it's, you know, in the establishment is so different"* (Liz).

This was an interesting insight into Liz's role, and it became clear during the conversations that certain participants had oversight of a team to support practice learning, whereas others were working independently. This had an impact upon the ability to influence at a strategic level as Liz highlighted below.

"You know your roles and responsibilities, and that's it. And it just differs so much from where you sit in strategic level where you sit in, you know it's, you know, in the establishment is so different…." (Liz).

Sue supported this view, emphasising:

"I think in reality, our challenge can be that even within our organisations that can be recognised by some parties and not by others. So I think there's that. The structural

challenges can be internal. Across the board, or internal in different sections of where you your role feeds into…." (Sue).

Probing further into the strategic versus operational challenges highlighted the impact this had upon the participants, particularly when trying to support developmental work and implementing change that emerges from the NWPEG. There was a tension surrounding organisational responsibilities and the NWPEG as there was not always the capacity within individual's workload to support both endeavours.

Ruth expresses this succinctly by stating:

"I'm involved in what I need to be involved in, and then I stay out of the rest because I can't possibly take any more on from it really" (Ruth).

Ali reaffirms this perspective acknowledging:

"that…that stepping forward to be counted when it comes to taking on responsibility for additional work is a real challenge for some people because they've got too many things to do already and they're just thinking I can't possibly do anymore and some people are really good at saying that and articulating that and saying, you know, I couldn't possibly right now do this piece of work" (Ali).

There appeared to be a lack of awareness relating to the external facing elements of their role, with colleagues within their departments and teams not having a clear understanding of this aspect of the participants' roles.

Ruth alluded to this during the conversation believing that:

"I'm always struck by how much externally facing work and how much time I have doing things external to my organisation that isn't visible within my organisation…So, I don't necessarily think people that I work alongside actually really know what I do" (Ruth).

Meg's reflection was like Ruth's:

"*cause when people say, what do you do? I certainly wouldn't sit and list all of that, but it's...I describe it like knitting spaghetti and actually… but I…that doesn't make any sense, but it's trying to actually tell colleagues. Did you know that this is all the things you know?" (Meg).*

Bev also found that:

"I don't think anybody fully understands and I don't know. I'm. I'm not getting the impression that anybody feels that they fully understand what that role is" (Bev).

Ali proffers a different perspective:

"*so this there's some learning there in terms of organisational structure, which makes me feel very isolated because nobody really gets me or understands what it is I'm supposed to be doing*" (Ali).

Sue suggested that:

"*our roles were quite isolating that were the only one of us within our institutions*" (Sue).

Being 'the only one' was a source of consternation across the participants due to the complexities of practice learning and the ability to manage elements of the programme such as governance and quality surveillance. Ruth reiterates this perspective stating:

"it's governance issues, quality surveillance, responsible for making our Is are dotted and our Ts are crossed in relation to practice learning" (Ruth).

Meg stated that her role encompassed:

"*particularly around governance, audits, growth, incidents"* (Meg).

Similarly, some participants had oversight of student-specific practice learning matters. Liz alluded to this during the conversation:

"*sort of anything to do with that element of the programme would come to me, which would go from ensuring students are prepared for placement to making sure that placements are audited correctly*" (Liz).

Bob highlighted the complexities of overseeing practice learning:

"*I think that the issue, the…the additional difficulty with that is because practice learning is predominantly out in clinical practice in a different organisation that we have very limited governance or control over how they operate then…and the impact that has on the students, especially within healthcare, is massive*…" (Bob).

Ruth reinforces this viewpoint, emphasising:

"Yes but, yes but because the world of practice learning is so complex, there isn't a single solution to anything" (Ruth).

It was evident across the conversation that there was also lack of clarity and ownership regarding the practice learning element of healthcare programmes. Reflecting upon her role Liz believed:

"*you know, it's almost like one person managing the 50% of the programme"* (Liz).

Bev was more vocal about her organisation:

"I find that within the academic teams, practice isn't up here on the agenda because they are so embroiled in delivering the theory aspect…" (Bev).

She does, however, offer insight into how she has tried to resolve this matter, and whilst this had achieved the desired outcome, it was not clear within the conversation*:*

"We've had to do a lot of work over the last couple of years of getting programme leads to understand that practice is actually still part of their programme. They don't just look after the theoretical element; their practice is the 50%. So, they…they will spend 50% of their time in a…in a practice placement and what…what does that mean to actually get them to that placement?" (Bev).

4.2.1 Category One Summary – Professional Context

Reflecting upon this category and the personal context of participants it was apparent that their roles in overseeing practice learning was complex and at times isolating. What was evident was participants organisations were receptive to the NWPEG developments and all NW HEIs adopted the PAD. This could be viewed as working within the realms of co-opetition as adopting the PAD across the NW reduced duplication and achieved a shared goal (Brandenburger and Nalebuff 2021). The contention for participants relating to translating co-opetitive activities within their organisation was their positionality and their ability to influence change, specifically with emergent work from the NWPEG (Crick, Crick and Chaudry 2023).

The following section will contextualise the findings relating to the category – ownership of practice learning, specifically when implementing an adaptation of the practice assessment document.

4.3 Category Two – Ownership of Practice Learning

As presented in section 4.1, participants expressed challenges and frustration at colleagues perceived lack of support for practice learning. This was particularly evident when implementing the Pan-London practice assessment document. As alluded to in section 1.2.3, the NMC regulatory changes in 2018 required all HEIs to re-write the pre-registration nursing curriculum, including the practice assessment document. The concept of each HEI constructing, writing, and approving a PAD was overwhelming, and when it was proposed that the NW HEIs adopted this document it was, as Joe suggested:

"…no brainer. It made life easier. It made decision making easier er…it made the process easier…" (Joe).

The NPWEG believed that adopting a uniform approach to practice assessment across the NW would support a positive student experience, offer ease of use for practice assessors, and reduce assessment errors within the practice setting. Despite these positive beliefs, the reality of implementing the PAD across the NW proved challenging, due to the timings of the implementation across the ten HEIs, the preparation required for students, HEI and practice staff, and COVID-19. Sue expressed her frustration regarding her situation:

"I'm gonna be really honest, there was a decision that was made…well, getting people to engage in looking at it was really hard Louise, really, really hard. Erm…I had…we had a dysfunctional leadership team at the time. Erm…and if I'm honest, a dysfunctional head of school. So, in terms of ownership and people recognising they needed to take some responsibility, that was quite hard" (Sue).

Joe elaborated further:

"*when I…I remember when Practice Assessment Record [PAR] was released, we had the buy in of all the senior people. All the Practice Education Facilitators, yeah, but we didn't get that buy-in from everyone else..."* (Joe).

Ruth's experience echoed that of Sue and Joe's; she felt that:

"introducing that into our school...erm wasn't easy. I don't know about the staff that you work with yourselves, but staff want to know about things as and when they need to know about things. So, the preparation work for it didn't maybe prepare staff because they didn't need to know about it until this particular group of students started in two…in 2020" (Ruth).

Ruth raised a salient point regarding timings of introducing the standards to colleagues and the resultant experiences she had. Although the standards changed in 2018, most HEIs in the North-West did not seek approval until 2019 and 2020, therefore colleagues may not have

understood the changes and impact these had to the curricular and practice learning. Being a later adopter was:

"I think initially from an ethical perspective, we felt a bit a bit of pressure in regards to having to adopt it, cause I think we were the last ones to sign up to say yeah, because we had significant issues around the how many signatures it needed and…" (Bob).

The issue of pressure was also an issue for Ruth as she was new in role when the change in standards occurred, and she felt the adoption of the PAD:

"*was a fait accompli"* (Ruth).

This perspective was echoed by Liz who believed:

"*well we've gotta be in it to win it. So, let's be here…*" (Liz).

Although Liz was new to her role, she described her uncertainty in adopting the PAD and questioned:

"*and I don't think, certainly from my perspective, the university that originally would have signed us up, whoever it was, I don't know, whoever it was, has never really kept to grips with it with what has come out of it"* (Liz).

The late adopters of the PAD raised some pertinent issues specifically attributed to the operationalisation and management of the document from a student/assessor perspective, which in 2018 were not clear. This finding aligns to the strategic versus operational challenges of the practice lead role discussed in section 4.1, and it is questioned whether the full concept of co-opetition was understood by certain participants about the strategic benefits of adopting a regional PAD. Individual operational implementation could also be attributed to the position of the practice lead within their organisation and their expert knowledge. It could however be associated with, as Sue suggests:

"because we're the practice leads everything related to practice comes towards. So then ownership within programs can sometimes be less than optimal" (Sue*).*

It would be remiss not to consider this finding as it was apparent that consideration was not given fully at that time to the complexities of implementing the PAD across the NW within the NWPEG. Reflecting upon this Joe recognised that:

"*the implementation that putting it into practice erm…that fell short, and I don't think that's anyone's fault. No one...how do you deliver this to…I don't know what the number of employees it must be, what? How many nurses we got in the NW, a hundred thousand, not that many? How can you implement something to that many people? Well, you can't…, especially with no funding. I mean, if you had funding and you had the…the power of the trust behind you to say everyone must do this, then great, but it just wasn't there"* (Joe).

It was expected that the PAD would be implemented across the three geographical areas within the NW; despite all practice leads attempting to undertake this endeavour, migration to the new document was not as easy as anticipated. The lack of ownership was evident across both HEIs and practice learning. Bob affirmed this within his organisation:

"*the thing ownership within a program because it initially started with others. I've still got it now where I'm seeing as the PAD lead or anything to do with practice. And actually I keep going now it's an assessment within your program. And they just don't want to do anything to in regards to it…and the lack of ownership without within a program of an assessment that is equates to 50% is significant*" (Bob).

Bev had similar experiences:

"*That apart from going in PAR, to ensure that students are doing what they need to be doing and then signing up as an academic assessor (AA), it feels sometimes that's as far as they feel their role is in practice, and it gets very much missed because practice is 50%"* (Bev).

Joe conversely experienced challenges with practice colleagues, stating:

"*unless you have engagements to…to sell an idea or to promote an idea, whatever word you wanna use, unless you get an opportunity to do that, then the user, at the other end, has no buy in. They have no buy in at all and I think that's what the biggest problem with this has been, is that the buy in in practice has not been there"* (Joe).

Sue elaborates on her situation:

"*I think that the…the influences are different within this as well. So, I think it starts from that- passive recipients from an academic point of view. So therefore, because of that people haven't necessarily been able to sell that in quite the same way because there isn't the same ownership of it, ownership and pride and knowledge, I suppose, you know, you…you're reading half a page ahead of the students, so I think giving that picture was really difficult*" (Sue).

"*Erm…I think for me having the PAD and it being so big and onerous and complex, it takes away from the…the ability for the students to just go into practice and learn. I think it's very much become for…for practice staff as well as students a tick boxes, I need to get this done*" (Bob).

Ruth reinforced the anxiety students' experience highlighting that it is:

"*very stressful actually for them. The number of pages that require a signature. The number of proficiencies…well, the proficiencies have got to go somewhere, I know they have, but yeah, there's a huge volume problem and students are very stressed. It dominates their placement. The worry that it will or won't be completed dominates the placement…*" (Ruth).

Observation upon practice as an academic assessor concurred with Bob and Ruth's experiences. The PAD had numerous pages to review and sign, which was time consuming and onerous. Bev agreed:

"*There are too many places to sign. They can't get people to sign them…they're cumbersome but a necessary cumbersome process, you know at time…"* (Bev).

The level of workload associated with completing the PAD was also felt to be overwhelming.

"The workload, yeah, and I agree with everything … just said, but I think the workload of the academic assessor has just like, gone…everyone's nodding, is just absolutely got…skyrocketed…" (Meg).

The associated workload could have been attributed to the formatting of the PAD and how this was presented in the electronic format.

"it was literally…just almost a PDF of what they'd got in paper format. Nobody had thought about, well, they're filling this in here, we need to ask for that to automatically populate into there. We need to think about what reports we're going to be running, how that will be engaged…" (Sue).

Sue considered whether the challenges with navigating and managing the PAD could have affected colleagues' acceptance and ownership, suggesting:

"*there's a gap there that people maybe aren't being taken on that journey. There's an expectation that everybody knows what that journey is, and they've, you know, they've experienced it*…" (Sue)

She reflects that:

"*probably there were too many of us and no one took lead responsibility for implementing that out. It was one of those, you know, the everybody thought that somebody and nobody that I think that's our risk and for me. That's what happened with the nursing document and then internally. Because, well, I've got a fabulous chain of emails that shows the constant...and ignoring really of the requirement to have somebody to lead it…."* (Sue).

Influencing change and encouraging ownership was seen by Ali, who is an AHP:

”an additional challenge trying to go into nursing and convince them that I know what I'm talking about and that's. The thing is, it's the same for everybody. It's just a different you wearing a different hat, aren't you? But I think particularly when you going into nursing as a non-nurse because it's 50% of the program and you know what could you possibly know and how could you possibly represent our voice and all of those things, I think where it's been easier for me has been….” (Ali).

Sadly, such a response was not unique to Ali, Sue also encountered similar experience, highlighting that colleagues were:

“*very angry that I wasn't a nurse and many people within the team. That I wasn't a nurse*” (Sue).

These challenges aligned to their professional context and how they navigated with other professional groups. Ali did however acknowledge that she had ‘an ally’ in Joe, who as the previous practice lead and a nurse was able to offer support and assistance, which proved incredibly helpful.

“*I think that sometimes it's about knowing the right people who've got that influence within individual departments to try and get things over the line”* (Ali).

Interestingly, Ali also highlighted that the challenges of influencing, and ownership were not unique to nursing. She alluded to similar experiences within another discipline:

“that's…sometimes that's what I get, is that little bit of kick back from people and go well, isn't this…haven't we already got this? What's this now, you know? How is this different to what we've already got in place? So, I think it's about that ability to then communicate and say, well, this is how it's different. This is what it adds. This is the extra layer on top, you know, it's the icing on the cake. Or it’s a, you know, this is actually a regional priority. You

might not feel it's a priority for you right now but this is a regional priority and it's something that we need to take notice of… "(Ali).

Irrespective of the healthcare discipline, it was apparent that at times the practice leads needed to be assertive and redirect specific requests, rather than solve all practice related issues.

*"I've had to be really tough on that and really go back and go this is not my role and then I'll reply back and say sorry, this is not my role. I get involved in loads of **** around student progression. If it's about the student and their progression, it is not me. If it's about that student's experience of practice or practice's experience of that student then there's a quality issue, then come see me. I mean, I always say, you know, ask me anything and I'll direct you to the right place…"* (Bev).

Although Meg offered a similar stance believing that colleagues concerns surrounding practice learning matters was:

"*very much fed through us as the gatekeeper"* (Bev).

*S*he reinforced Bev's view regarding resolve specific practice learning challenges:

"*actually because it's always been fixed, if you like, then there isn't a problem. If you're here and you think well oh they'll fix it, and so back to your point *****, I think until we don't fix it, it won't change"* (Meg).

Liz emphasised this further suggesting that they:

"are victims of our own success and I think sometimes we are a little bit aren't we because we do and it's, you know the university, will never know about…The work that we then do to ensure that the student, you know, is able to put an action plan in...It improves patient care, improves student experience, improves…rather than just going, oh well fine, we'll close it

down and move on, and they don't see that do they because we…we just we manage it, we just...crack on" (Liz).

The perspective of cracking on emerged strongly during the COVID-19 pandemic as practice leads were seen as the conduit between the changes to professional regulation, health, and social care policies and how these impacted upon the student journey in practice learning.

"People, team ended up ringing me to write the policies for the university. So no, I'm with you. It, it, it kind of propelled us into this really weird in between element that actually became all things to all people, rather than being able to focus on what?" (Sue).

Coupled with the enormous disruption and impact COVID-19 had across the HEI sector and within practice learning was the introduction and implementation of the PAD within certain HEIs, and this was seen as:

"*Awful timing*" (Liz).

No-one foresaw the impact of the pandemic or indeed the length of time of the restrictions were in-situ and it was not clear as to whether this had impacted upon ownership of practice learning. Bev does however offer her insight into her experiences:

"through…through COVID there was a massive realisation that no-one else does our job as Practice Leads. There's only us. No-one else gets it even, no matter how much we explain what our role is, other people don't always quite get it" (Bev).

4.3.1 Category Two Summary – Ownership of Practice Learning

Ownership of practice learning highlighted some contentious and frustrating experiences of the participants. What was evident was that there was a reluctance in accepting the PAD within the HEI and in practice learning due to multiple reasons. The need to operationalise the strategic vision of the NWPEG had not been fully understood by the participants, and this may have impacted upon the change. COVID-19 had a profound impact upon the implementation of the PAD as did the sense of ownership of practice learning. The misunderstanding that all matters practice learning were seen by some of the participants colleagues to be their responsibility caused conflict.

Reflecting upon this category and the research aims, it was not evident that practice learning was seen to be equivalent to the theoretical elements of healthcare programmes. The sense of co-opetition again was not clear, with colleagues viewing participants as the expert. Nevertheless, consideration of how these behaviours are associated with understanding co-opetition will be presented within the discussion. Through the conversations it was evident that participants found support and collaboration within NWPEG and the regional groups and this will be presented and discussed in the following section.

4.4 Category Three – The NWPEG

Collaboration was observed by all participants as a vehicle to support change within practice learning across the NW, this was through both NWPEG and the ICS specific groups (Figure 9).

Figure 9 – NW England ICS.

The complexities of collaborating across the NW were seen:

"as being huge…we all do the same thing. We all want the same thing and…especially as we cross patches so much..."(Bev).

Sue believed that the NWPEG was:

"a vehicle for streamlining things for practice that's the whole purpose...and at times many heads are better than one in making those decisions..." (Sue).

Ali reinforced Sue's perspective suggesting that:

"*NWPEG is that vehicle for trying to share information, making sure that everybody's up to date on what's happening within each of the three regions, trying to align where possible" (Ali)*.

The complexities of working across three ICS could have been complicated due to being in

"*direct competition with one another*" (Joe), but knowing "*that the competition stops once we've got the bums on the seats"* (Bev) and that *"it's much better than it was in regards to that and I think that's the stronger voice*" (Bob) and that we have *"forged some massive relationships across, not just **, but with *****, as well...but I think our relationships through the PAD and through to NWPEG really has helped massively us work together as the North West*" (Bev).

The formation of the NWPEG supported participants who were new in role was seen to be a *"really useful vehicle for me when I started in role to try and understand the bigger context*" (Ali).

The group also supported Bev in having:

"*open and frank conversations because I know people, I know the practice leads really well and we can have those conversations*" (Bev).

Ali continued:

"*it feels really, really supportive and really positive and a real forum for us to move things forward. It's a collective and that collaboration and communication, I think without NWPEG would be really challenging"* (Ali).

Ruth agreed and believed:

"*that that kind of collaborative moving things forward I find very helpful"* (Ruth).

Bob expanded further explaining:

"it's definitely been beneficial for me in conversations with senior managers in regard to actually this is a NWPEG approach. We all agree to it and actually then it's enabled them to review some of the policies and processes that have been stagnating in the organisation for so many years. So having...Back up of NWPEG as a collective bunch of professionals doing the best for the for students around practice, and it's definitely helped me with having conversation, difficult conversations with senior leaders of the organisation" (Bob).

My experiences are reflective of the participants, especially the supportive element of the NWPEG and within the *and* region. This support was heightened during the pandemic as we became collective decision makers and

"really had to pull together, we really had to come together, especially in the end …we just became even closer" (Bev).

The sense of collective support was invaluable to Liz, as she felt the group supported her during the initial stages of the pandemic citing:

"*...very, very quickly. Students were pulled, moved, then, then flung back out and actually we had still very little to go by, you know, you know, we didn't, we didn't have a vaccine. We didn't have, you know, personal protective equipment [PPE] was shocking, you know. It was. It was really scary at first not just all on me, but the whole student body and our little part of the world felt I felt safe and felt like we were doing the safe, the fair and the right thing in this one*" (Liz).

The anxiety that was experienced around this time heightened the need to strengthen relationships.

"I would say it was the pandemic that really built those relationships with the other HEIs because we were forced to…into working so closely together, every day. I think there was a meeting every day at one point because we were…we were just trying to make sure no

matter who you were, where your students were, we just had to get everybody in a place where they were safe and supported and doing what they needed to do to fulfil the program outcomes" (Ali).

The relationships forged during this time gave the participants a:

"kind of closer working relationships because we had to have conversations, you know...How have you managed all these situations that we'd never come across and never thought we would come across, as you know, and it was just, you know, sharing experiences" (Bev).

Meg suggested that:

"*there's just safety in numbers. There's lots of people and I think…you know, particularly around, you know, the sort of COVID crisis, that was really helpful in terms of having those…that amount of people around a virtual table and another enabler is the fact we now live in a virtual world. So, it's much more accessible to be in a NWPEG*" (Meg).

The support offered within the NWPEG during the pandemic alleviated some isolation alluded to in category one as "*we were in your house*" (Sue). Despite the support there was still the reoccurring theme of whether systems differences within the NW impacted upon any emergent work within NWPEG. Ruth raised a salient point stating:

"*I think the things that are more challenging is when we're not all in the same place. And so we're just working at different speeds and we're working it with different focus and you're sometimes drawn into things that are a priority in somebody's organisation, not necessarily yours"*. .... "*we don't all fit the same way and I think that's what I find the biggest challenge really is to make things fit in a way that suits our individual organisations as well as the bigger region cause. Doesn't always quite match up"* (Ruth).

Whilst this was not viewed in a negative manner, it was how each organisation and ICS contextualised the broader ramifications within practice learning which proved challenging.

Ali articulated her perspective:

"*when it doesn't work, it's because we're either ******* because of system pressures and it's. I wanna say ****** heads. I don't mean that in a negative way. It's just, you know, we are basically trying to defend our own organisation and our own organisational principles in the context of decision making. That doesn't always then fit with the kind of bigger picture in the agenda that everybody else has got. And that can be really challenging*...". Yet, she emphasised "*I think when it works, it works really, really well*" (Ali).

It is worth noting that whilst there was a lot of focus on the challenges and tension of working within collaboratively within the NWPEG and across the three ICS, it was apparent that there was also a great sense of pride in the work undertaken.

"*The stuff around NWPEG is usual, the stuff where I'm proudest. Because I think it's where we have most impact...because I know it's having the biggest impact on all of the programs that I support. On the wider practice community and so*..."(Sue).

Ali, in part agreed with Sue, specifically relating to:

"*three big NW pieces of work*, *aren't they? You know, you've got NWPEG, which is that central governance, but then you've got the Allied Health Professions [AHP] reform work. You've got InPlace [implementation of an IT placement management system].* Yet she questioned the aspect of pride, highlighting *"Not that I feel particularly proud of that work. I have to say, but you know, we've moved it considerably further on than it was and we will"* (Sue).

I was surprised that Ali expressed such a perspective, and when questioning her response, she stated this was due to the ongoing challenges regarding the AHP reform and InPlace. Her frustration and challenges were acknowledged but Sue reminded her that the reforms had "*moved it forward despite*". This was a salient point and one that needed to be considered across all participants and the work undertaken with the NWPEG. Joe reminded me why the NWPEG was established:

"I will use the word fantastic and the reason why I thought and think it was fantastic...we all had the same vision erm…that we all had one thing that pulled us all together. Er…in that we were all influenced by the same values or the same goals all at the same time erm…and…and I think that's what you need to start with to be collaborative. You've all got a common goal and we all did have" (Joe).

It was helpful being reminded of why the NWPEG formed and allowed me and participants to appreciate the collaborative work that had been undertaken despite numerous challenges. It also reminded me of what has been lost since we moved into the virtual world of communication and meetings, and whether this impacted upon participation and collaboration within the NWPG. Bev reflected upon this highlighting that:

"*Erm…but some people just their…their chosen mechanism is to say nothing and just sit in the background with the camera off...And again, I mean,...I wonder whether having virtual meetings facilitates that behaviour. There's less place to hide when you're sat in a physical room around the table"* (Bev).

She did however offer insight into herself admitting that:

"*I'm guilty of it. NWPEG, did I hear every word that was said? No, because I had all the things, I had my emails open. I had people, teams messaging me. And you know this, this stuff going on isn't there? And it's, it's awful and you shouldn't be doing it. You wouldn't do it if you were working face to face. So it's about being present in the room"* (Bev).

Such thoughts about engagement could have been attributed to participants personal perspectives and capacity to engage or their confidence to support. It was clear from the conversations that:

"*there are missed opportunities for us to support each other's development because we're working in this kind of world*" (Bev).

The sense of being present and belonging was an important aspect of the NWPEG. It was felt that the past three year had caused untold disruption and as such there needed to be:

"*some reflecting, resetting and refocus*" of NWPEG (Bev).

It was recognised that the need for face-to-face could support the re-engagement and collaboration of the more reticent participants within the NWPEG.

4.4.1 Category Three Summary – The NPWEG

Collaboration was seen to be an essential component by participants who were members of the NWPEG. The NWPEG was seen to support the development of shared learning and guidance for learners within practice learning across the NW. There were, however, organisational, and individual priorities which affected implementation of the NWPEG developments within respective participants HEIs.

Relationships were strengthened during COVID-19 as it was felt that the collaborative approach supported each other as there were shared experiences. The collaboration also facilitated the development of NW information specific to COVID-19. The move to the virtual world was seen to have had a negative impact upon the sense of 'presence' of participants in NWPEG. It was discussed about how face-to-face supported colleagues who were less confident and the social aspect of the group. This area needed exploring for the future. Whilst there was at times a focus of the challenges the sense of pride around NWPEG was contextualised. Ali aptly summaries why we work within NWPEG and the value this brings to us.

"Everybody does a good job. We all do a good job and I think that we all need to recognise that because I…I see so many commonalities when I talk to my counterparts in other organisations and we all face the same challenges, we've all got the same issues. We're all trying to do the same thing and everybody's invested. That's what I get a sense of, that everybody really cares. That passion is there, that enthusiasm is there. That's what everybody wants, you know, and I don't…I don't see a weak link anywhere...if I look across the North West. I think everybody steps up and works really hard. I know some people less

than I know others, obviously, but that's because of geography and the way that we work, isn't it? But I also know that if there was a problem, I could pick up the phone and speak to anybody and have a really good conversation. We'd hopefully resolve the problem between us, so" (Ali).

4.5 Chapter Summary

The three categories have provided a detailed insight into the role of a practice lead. It was evident that they varied considerably across the HEIs; participants' roles swayed between strategic versus operational, and varied considerably across the group dependent upon where the role was situated within their organisation. It was evident that all participants undertook and supported work external to their organisation, and this was not always visible to their employer. Participants felt that there was lack of investment in supporting practice learning and as such any matters related to this area of curriculum was deflected to them to manage. This was particularly apparent when trying to implement the PAD. The lack of ownership of practice learning was a consistent thread across all participants and they were unclear if this would change as they fixed it. The sense of collaboration within the NWPEG was an invaluable support mechanism for the participants. This support was heightened during COVID-19 and reinforced the value of collaborative working and relationships. Whilst this is at times subtle, it is evident that there is the desire from practice leads to work within this framework. It is how external factors thwart and inhibit this development which will be presented within the discussion chapter. The following chapter will also contextualise how the findings align to the co-opetition evidence base and to the research aim and outcomes.

5. Discussion

5.1 Introduction

This chapter will contextualise how the three key categories align to the evidence base of the practice issues, co-opetition, and the research aim and outcomes of the thesis. The chapter will also draw upon associated evidence which underpins elements of the findings. The chapter will interweave key words from the findings to emphasise key areas discussed, to ensure constructive alignment of the findings and discussion chapters.

As outlined previously, the aim of this study is to explore how co-opetition is experienced by healthcare academics who are members of the North-West Practice Education Group.

The research objectives are:

- To undertake primary research exploring co-opetition and whether this enhances partnership working within the North-West Practice Education Group
- To gain a thorough understanding into the experiences of healthcare academics working within co-opetition relationships.
- To identify aspects which enhance or inhibit relationships within co-opetition.
- To utilise the findings to inform the wider evidence-based and strengthen the value of co-opetition across different disciplines.

5.2 Category One – Professional Context

The findings of the study reinforce the underpinning evidence base that shows the collaborative and cooperative nature of co-opetition strengthened inter-organisational relationships through the formalisation of the NWPEG as a strategic intention and the innovative approach to the implementation of a regional PAD (Nalebuff and Brandenburger, 2002; Jacobs and Bengtsson, 2014). The “strategic and dynamic process in which actors jointly create value through cooperative interactions while they simultaneously compete to the capture part of the value” (Bouncken et al., 2015 p. 591) were integral to participants and the NWPEG and this study. This desire to create value through cooperative interactions were navigated through introducing change from NWPEG within the participants respective HEIs. The construct of co-opetition was viewed positively as participants all had a shared vision to

achieve the desired outcome of enhancing the student experience while in practice learning. The desire to adapt, change and implement the PAD was the driving force for the formalisation of the NWPEG and co-opetitive relationships. Co-opetition facilitated knowledge exchange which was seen by participants to be invaluable within the NWPEG as it allowed for information gathering and creation of innovative ideas (Ritala, 2012; Peng and Bourne, 2009). Le Roy and Czakon (2016) and Estrada, Faems, and Faria (2016), reinforce the belief that co-opetition aids knowledge integration and enhances customer value. Although customer value was not directly considered within this study, understanding how the NWPEG shared their strategies for practice learning activities to support the student and practice assessors' experiences was, thus we could consider that the customer within the context of this study was the student. Bob described the NWPEG as:

"*a collective bunch of professionals doing the best for the students*."

The discourse emanating from the participants reflected that of Bengtsson and Koch's (2000) position; that co-opetition practitioners frequently tussle with multi-dimensional activities of being a representative for their organisation and themselves. The paradox of juggling these activities is illuminated within the professional context of participants as their role highlighted the numerous areas associated with the role of practice lead (Figure 10).

Figure 10 – Professional context category patterns.

The construct of the role of practice lead has evolved differently across HE and all participants within this study noted that they all had different demands and expectations within their organisations. The nuanced differences proved challenging for some of the participants due to their positionality within their organisation and internal work commitments. Gnyawli, Madhavav, He, and Bengtsson (2016) note that co-opetition relationships can be affected when there is lack of insight into individual roles and this may have had an indirect impact upon participants ability to fully engage with the NWPEG activities. Resource allocation of time and individuals is also seen by Gotsopolous (2019) to affect co-opetition, and Fonti, Maoret, and Whitbred (2017) purport that variances in cooperative behaviour can differ when there are organisational differences across a group. This perspective is further reinforced by Tidström, Ritala, and Lainema (2018) and Werner, Dickson, and Hyde (2015) who suggest that an organisation's ability to interact with co-opetition can be influenced by their rules, ability to adapt and procedural activities. This was particularly apparent with the diametric challenges illuminated in category one between strategic versus operational and internal versus external commitments and how this impacted upon participants ability to support the NWPEG.

Conflict and tension are noted to cause potential inter-firm co-opetition challenges, particularly if this is associated with performance and results (Crick, Crick, and Chaudry, 2022). Whilst this was not truly reflective of the findings of this study, it was evident that tensions arose when participants did not have the full capacity to support the NWPEG activities and when organisations did not always appreciate the value of such activities. It was highlighted by Ruth that:

"*we are not all in the same place"* (Ruth).

Conflicting tensions and competing demands can affect individuals' ability to partake in co-opetition, yet despite these differences, participants motivation to support endeavours within the NWPEG were not diminished (Lascaux, 2020). The motivation could be attributed to the interpersonal level of co-opetition observed within the NWPEG and the support this mechanism offered (Lascaux, 2020). Participants all voiced a sense of role isolation due to colleagues' ambiguity and indifference in supporting practice learning and the NWPEG

offered solace when dealing with challenging decisions and supporting the development of practice learning information (Crick, Crick, and Chaudry 2023).

5.3 Category Two – Ownership of Practice Learning

The solace that was provided within the NWPEG did not always provide the support required for participants; this was particularly evident when exploring ownership of practice learning within their respective HEIs. Despite practice learning being integral to all professionally regulated health and social programmes (Health and Care Professional Council, 2018; Nursing and Midwifery Council, 2018 a,b,c; Social Work England, 2021), ownership of practice learning was a source of untold frustration across all participants, as it was observed as the poor relation.

Figure 11 illustrates the complexity of the role and multi-factorial elements the participants oversaw and managed.

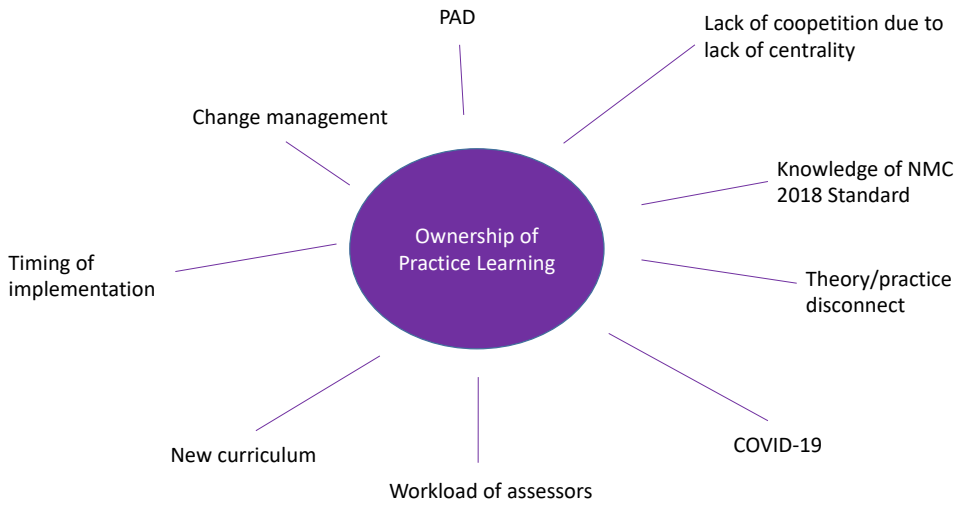


Figure 11 – Ownership of practice learning category patterns.

The feelings and experiences of '*we are not all in the same place'* and it being '*awful timing'* had a profound impact upon the HEIs adoption and implementation of the PAD. This may have been due in part of not fully acknowledging or appreciating co-opetitive tensions of implementing a strategy or fully appreciating the organisational and personnel resources

required to implement the PAD. This finding is reflected in Tidström, Ritala, and Lainema's (2018) study which found that tensions occur when there is limited understanding within organisations regarding how to strategize a strategy (p. 953). Raza-Ullah, Bengtsson and Kock (2014) concur, asserting that tensions that occur both within and across inter-organisational levels affect the impact of co-opetition. Le Roy and Fernandez (2015) reinforce this perspective highlighting that organisational cultural tensions can adversely impact upon co-opetition relationships. They do, however, propose that a project manager could mitigate against this and manage tensions within a team. This however is contested by Virtanen and Kock (2022) who question whether an individual has the attributes to both simultaneously lead, cooperate, and collaborate through co-opetition with competitors. Although this perspective related to small and medium sized firms, it could be suggested that the functionality of pre-registration nursing programmes affiliated with attributes of such organisational size. Whilst Le Roy and Fernandez (2015) and Virtanen and Kock (2022) posit pertinent and relevant issues the challenge within this study was practice leads were the conduit between the NWPEG and respective HEI and not the direct lead on the implementation of the PAD. The concept of co-opetition was derived and adopted within the NWPEG, but not overtly apparent within each HEI; rather, there was a tacit acceptance that such changes would be adopted and implemented.

The cocreation of ideas within the NWPEG were used by participants to try and influence change within their organisations specifically with the implementation of the PAD, yet this proved challenging within certain HEIs. Implementing the change was adversely affected by "*dysfunctional leadership, poor staff engagement and pressure to adopt the PAD without fully understanding the expectations of the document"* (findings p. 72). Dysfunctional leadership is known to adversely affect the dynamics of the team reducing motivation, employee satisfaction and the ability to innovate (Choi, Jung, and Kang, 2022). The reticence of colleagues to respond positively to the PAD could have been attributed to poor leadership and their lack of insight into the value of the change. Conversely, it could be argued that the change of curricular and adoption of the PAD was overwhelming and as such, personnel may have found it challenging to positively respond to any more stress or an increasing workload.

There was also anxiety expressed about the increased workload of the practice assessor and the impact that this would have on the student experience as it was seen to:

"be very stressful for them...dominates the placement" (Ruth).

Whaley, Hay, and Knight's (2023) study evaluated educators in practice experiences of the Standards for student supervision and assessment (SSSA) (NMC, 2018b). Their findings illustrated similar experiences and concerns to participants within this study. The findings offered insight into how the assessors enjoyed observing student growth, which provided participants with a sense of pride. The study did also however highlight challenges, such as excessive workload and conflicting responsibilities.

Whaley, Hay, and Knight's (2023) study was published four years post the introduction of NMC (2018b) SSSA, and consideration regarding their findings and how these are associated with this study need to be contextualised within the perspective of centrality co-opetition. As previously alluded to centrality co-opetition facilitates greater knowledge sharing and enhances relationships (Sanou, Le Roy, and Gnyawali, 2016). It is noted by Geraudel and Salvetat (2014) that personnel who affiliate to centrality co-opetition are those who work within supportive collaborative relationships. Organisations which have a stronger affiliation and who occupy a closer central position within co-opetition are seen to gain strength and resources from a co-opetitive network (Sanou, Le Roy, and Gnyawali, 2016). The traits and behaviours described as centrality co-opetition were observed with the developments of implementing the Pan-London PAD across the North-West. This was described by Joe as:

"*one of the biggest achievements and it was actually a huge feat to get every university in the NW to agree a single approach to something*" (Joe).

To agree on such a decision was seen at the time in 2018 was exceptional. There was however a perceived imbalance observed by Liz who felt there is:

"*some big fish in that pond sometimes big fish comes with bigger issues and the little fish have little issues and sometimes you get a bit lost*" (Liz).

It is noted by Sanou, Le Roy, and Gnyawali (2016) that organisations who are more centrally focussed have greater resources and are more confident in demonstrating more competitive behaviours. Whilst these behaviours were not apparent within the NWPEG or during the implementation of the PAD, nor indeed observed within the findings, this could be associated to the positionality of the participant as previously discussed. Bengtsson and Raza-Ullah (2016) suggest that co-opetition relationships can occur differently at various organisational levels with contrasting levels of cooperation and competition and therefore it could be suggested that the big fish had a greater opportunity to influence within their respective organisations.

Although participants were faced with challenges such as ownership of practice learning, and concern was raised regarding to centrality, nothing could have prepared them, their respective HEIs, the NHS, practice learning, the NWPEG and the student experience, for the radical change which occurred in March 2020 - COVID-19 pandemic. The COVID-19 pandemic initiated a seismic change in curricular delivery and enormous adaptations in ensuring students were adequately prepared and safe when entering practice learning (Morin, 2020). The pandemic also impacted upon the functionality of the NWPEG and resulted in a shift of focus from long-term strategic planning to a reactionary responsive management to local, national, and international guidance and legislation. It was during this time that the collaborative nature of co-opetition was strengthened within the NPWEG as they were seen as the COVID expert, through the development of regional student risk assessments and guidance for HEI colleagues, students, and practice providers. This response and adaptation of behaviours was akin to Crick, Crick, and Chaudry's (2023) study findings. They acknowledged that operational resources were adapted enabling them to become more dynamic and responsive to the changing landscape of the pandemic. They found that there was a need to be responsive to changes and support from other businesses to survive. This view was also highlighted in Crick and Crick's (2020) review which noted that organisations who were at greater risk of failure had a stronger propensity to collaborate with competitors. Such behaviours were observed in Crick, Crick, and Chaudry's (2023) study as they found that businesses who were not situated within networks rapidly switched to a collaborative model, whereby those in already established networks gained greater strength in these relationships.

Whilst these changes in behaviours can be perceived as positive it should be noted that pre-pandemic co-opetitive activities were competitor orientated rather than the collaborative nature observed within the NWPEG. Interestingly, it was observed that some behaviours had reverted to those observed pre-pandemic. However, network collaboration was strengthened specifically relating to indirect activities which did not impact upon individual businesses (ibid).

5.4 Category Three – The NWPEG

One key finding was the reported psychological benefits while working within co-opetition during the COVID-19 pandemic and the rewards that emerged from these relationships, with one emphasising *"we were all in this together"* (ibid p 65). This thought resonated with my study, with feelings of being stronger together being expressed by participants and their implicit understanding of sharing experiences. The sense of togetherness and support was viewed as a positive attribute of the NWPEG as the shared perspectives and knowledge supported participants within their roles and respective organisations. Figure 12 outlines the nuanced attributes participants observed of the NWPEG.

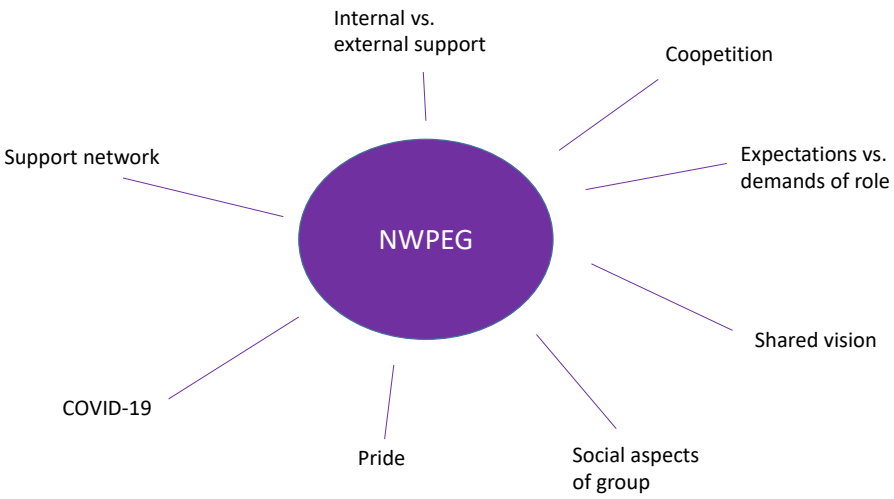


Figure 12 – The NWPEG category patterns.

The formation of the NWPEG was to ensure that all HEIs shared strategies and guidance to support learners whilst in practice learning. Such a construct is described by Czakon and Rogalski (2014), as network co-opetition. They suggest that network co-opetition is where organisations within the same market space make a conscious decision to collaborate. Czakon (2019) highlights that network co-opetition requires "coordinated actions" (p. 50), which for the NWPEG was the implementation of the PAD and regional support during COVID-19. The structure of network co-opetition is noted by Bengtsson and Kock (2000) to be dominated by either collaboration or competition. The construct of competition pervades the co-opetition literature and conundrum of where this aligns with collaboration is noted by Raza-Ullah, Bengtsson and Kock (2014) and Raza-Ullah and Kostis (2020), to be complex and contradictory. The paradox of how such diametrically opposed behaviours complement groups through co-opetition is described by Stadler (2018) as "tightrope walking" (p. 329). Stadler's (2018) findings highlighted that establishing boundaries was a key attribute in minimising competitive actions through the selection partners who could offer collaboration and support collaborative behaviours. Le Roy and Fernandez (2015) do however proffer an alternative perspective; they noted that by disaggregating strategic organisational and working group level does not always address co-opetitive boundaries and tensions. They propose that introducing and adopting a co-management approach at working group level, together with boundaries suggested by Stadler (2018), should assist in ameliorating co-opetition tensions and competition. Although, competition was raised during the conversations, and it was apparent that this rivalry ceased when students registered to their chosen programme and HEI. Competition was not seen to be the dominant driver of the NWPEG, rather the sense of collaboration and the benefits of collaborating were the driving factors.

The collaborative attribute within co-opetition facilitated innovation within the NWPEG and enabled participants to question existing internal policies and processes through the offering of alternative solutions. The alliance within the NWPEG was seen to facilitate and enable individual organisational change, which is seen by Gersheimer, Kanbach, and Gast (2021) to be of mutual benefit for all involved in co-opetition activities. This perspective is further reinforced by Tidström, Ritala, and Lainema (2018) who emphasise how individuals involved

within co-opetition relationships concurrently navigate through strategic decisions within co-opetition and how they relate and apply to their organisation's intentions. This lens of co-opetitive behaviours links to SET and how this supports the exchange of information and sharing of ideas (Sharif, Farooqi, Kassim and Zain, 2022). Hoffman et al., (2018) do however challenge the aspect of mutual benefit, believing that lack of commitment and knowledge leakage can impact upon co-opetition. Similar outcomes were also observed in Wener, Dickson, and Hyde's (2015) study, which found that lack of commitment and increased competition and impacted upon knowledge transfer and the development of co-opetition. Indeed, as alluded to in category one, the challenge with commitment did impact upon certain participants ability to support the NWPEG. It is worth noting that this was not due to lack of commitment but lack of capacity in their busy workload.

The tension of juggling between the demands and expectations of the internal and external commitments was a source of frustration for participants; this is also a theme within co-opetition literature (Le Roy and Fernandez, 2015; Tidström, 2019). This was however, generally focussed upon how organisations tussle between cooperation and competition (Bengtsson and Kock, 2000) as opposed to individuals' tensions. It is suggested by Czakon (2019) that adapting your management style can assist in remedying co-opetition tensions, although this could be challenged due to the myriad of activities participants oversaw and the positionality within their organisation. It could also be argued that adopting such a stance as suggested by Czakon (2019) would be difficult within the NWPEG as this was a homogenous informal network of individuals who were striving to support students' journey through developing practice learning strategies and not a group being directed by organisational rules (Jones, Maoret, Massa, and Svejenova, 2012).

Despite the tussles with challenging and negative tension, the sense of pride that emerged from the conversations was illuminating and highlighted the positive impact the work undertaken within the NWPEG has had on participants' perspective of practice learning. Tension within co-opetition can also be viewed through a positive lens as this is seen to support innovation and the creation of new ideas (Tidström, 2014). The tension that arose

during COVID-19 and the development of work within the NWPEG during this time corroborates with this perspective. The construct that the NWPEG has progressed despite challenges was seen to be viewed positively and indeed it could be suggested that these tensions aided the development of resources. The willingness to adapt, respond and collaborate through co-opetition strengthened the relationships across participants within the NWPEG (Crick and Crick, 2020). The sense of adaptation was observed in Hargreaves, Clarke, and Lester's (2022) study; they noted that their team were able to adapt and respond to changes in their working patterns as a result to COVID-19. This study found that utilising Microsoft Teams supported this transition. Microsoft Teams and other web-based platforms were invaluable during the COVID-19 pandemic and are now integral to everyday working patterns to date, yet understanding the impact the virtual world has had upon groups such as the NWPEG and co-opetition is not fully understood.

Participants noted that the switch to the virtual world was an enabler to attend the NWPEG as they were deemed more accessible. Such accessibility was seen to facilitate the responsive nature of work needed during the pandemic, and as presented above, it was felt that this reactionary approach to the NWPEG strengthened the participants relationships (Dulebohn and Hoch, 2017). What was perceived to be missing and lost was the social aspect of groups. Interestingly social attributes of groups are not a strong thread through co-opetition literature, although Czakon and Czernek (2016) highlight that a strong social embeddedness facilitates knowledge sharing and enhances trust. This was however only observed within dyadic relationships and not network co-opetition. Seran, Pellegin-Boucher, and Gurau (2016), did however examine formal and informal co-opetition networks within their case study. The findings of this study illuminated how informal co-opetition facilitated alignment of workstreams, an understanding and appreciation of colleagues' roles and responsibilities, and supported the seeking of support when challenges were encountered. Most of the findings within this related to informal office-based co-opetition and some of the behaviours captured and observed may not be applicable to the virtual world. A reduction in social interaction has been identified to have a detrimental effect upon an individual's well-being (Kniffin et al., 2021). This was further reinforced by Hargreaves, Carter, and Lester (2022) who found that the loss of social interaction weakened the dynamics within the team. They

stressed that information fragmentation when meeting in the virtual space resulted in a loss of detail of the conversations, particularly evident for the more introverted group member. What was apparent within my study were the demands individuals placed upon themselves whilst being in the NWPEG meetings. The constant stress of responding and reacting to requests resulted in the loss of presence within the NWPEG meetings, which in turn impacted upon their ability to contribute in a meaningful manner. Kniffin et al, (2021) recommend that employees need to set work parameters to ensure more balanced workload. Whilst this recommendation is an ideal solution, the findings from this study suggest that this may be more challenging due to their workload commitments. Nevertheless, it was recognised by participants the need to re-establish the social aspects of the NWPEG to support the development of relationships and collaboration essential for co-opetition, and to develop the professional networks required for such a group.

Despite all the tussles and tensions highlighted in the findings and discussed it is evident that the NWPEG was established to be an enabler for change. The findings in this study illustrate that co-opetition does have value in groups such as the NWPEG. The juxtaposition of long-term strategic planning to reactionary responsive nature of change during COVID-19 has not lessened the motivation to strive forward with change. The findings are supported with the literature and highlight how tension between organisational and the NWPEG demands can affect interactions. Co-opetition was seen by participants to reinforce relationships within the NWPEG, and this is reinforced by SET which highlights that relationships develop when there is a mutual interest. It was hoped that as the work within the NWPEG continues to evolve relationships will develop and strengthened.

5.5 Chapter Summary

The aim of this study was to explore how co-opetition is experienced by healthcare academics across three integrated care system geographies within the North-West of England. This thesis has illustrated how co-opetition has supported the evolution of the NWPEG in the development of a shared vision for practice learning. The practice issue associated with healthcare workforce imperatives is an arena which requires fundamental support, and the

work undertaken within the NWPEG attempts to address this through shared strategies and guidance. This in turn, aims to support the student experience.

Co-opetition was viewed through a positive lens, yet the codes and categories highlighted the challenges that practice leads tussle with from their professional context, ownership of practice learning and working within the NWPEG, and the tensions that arise when trying to navigate through and within them. The concept of tension is also evident within the literature and is seen to frequently thwart and impact upon co-opetition. Whilst, this was not apparent within this study, it was evident that individuals' capacity to support the NWPEG endeavours impacted indirectly upon developments. Conversely, the lack of organisational leadership, clear understanding appreciation of the value of adopting the PAD, the impact upon assessor's workload and COVID-19 impinged upon the NWPEGs strategic evolution. Nevertheless, the strength drawn from the support from the NWPEG during COVID-19 pandemic cannot be underestimated and the sense of pride that emerged from the work undertaken.

The literature highlights that a true concept or definition of co-opetition is not yet fully clear due to variances in approach in utilising this concept. Indeed, this study has added to this conundrum and yet also provides new and unique knowledge into how co-opetition has been used within an informal network, to harness strength and knowledge across a large geographical area within the North-West of England. Collaboration within co-opetition was and continues to be the overarching driver for the NWPEG and this offers a distinct and unique difference from the literature, as competition is frequently seen to be an equal driver. A significant finding of this study has highlighted the value of how informal networks are able to influence a wider community of practice through co-opetition.

What this study has not sought to understand is, whether HEIs would choose to adopt co-opetition or whether sub-sections specialities within HEIs would benefit for this approach to collaborative relationships.

The following chapter will reflect upon the outcomes of this thesis and consider how they have been addressed within the findings and co-opetition literature. The chapter will also demonstrate the unique contribution this study has brought to the subject area of co-opetition. The following chapter will also offer methodological reflections, implications for practice and potential future research activities.

6. Conclusion

This chapter will consider how this study has addressed and met the research outcomes and the unique contribution this study to the field of co-opetition. The chapter will also present methodological reflections, implications for practice and for future research.

- To undertake primary research exploring co-opetition and whether this enhances partnership working within the North-West Practice Education Group.
- To gain a thorough understanding into the experiences of healthcare academics working within co-opetition relationships.
- To identify aspects which enhance or inhibit relationships within co-opetition.
- To utilise the findings to inform the wider evidence-based and strengthen the value of co-opetition across different disciplines.

6.1 Contribution

6.1.1 Objective One: To undertake primary research exploring co-opetition and whether this enhances partnership working within the North-West Practice Education Group

The study has demonstrated how co-opetition enhanced relationships of participants who are members of the NPWEG and yet there were also aspects which inhibited relationships. This study offers original insight into co-opetition as the NWPEG was established from a desire to share knowledge for the benefit of student experience within practice learning. The NWPEG was not formed by HE leaders, rather middle level personnel who recognised the value of collectively forming a group to address matters pertinent to practice learning across the geography.

While I cannot purport to suggest that co-opetition can enhance partnership working within, HE in its totality, I strongly believe that this style of relationship can support developments within specific areas within health and social care education. Indeed, there are already groups working within co-opetition within the NW, specific to Allied Health Professionals' (AHPs) reform and simulation. Shared learnings from these groups have not yet been fully explored but anecdotal evidence suggests they are of value.

This study has highlighted that working within co-opetition within HE can:

- Facilitate a greater appreciation of the uniqueness of HE and how we enable, nurture and support learners to develop skills, attributes, and behaviours within their chosen field of practice.
- Facilitate the establishment of both formal and informal networks of expertise, which could support the co-creation of ideas, practices and processes which can support the student experience.
    - Such an example is illustrated within the North-West Nursing Education Group which was initially established to discuss practice learning aspects associated with nursing and to evaluate and review the PAD. This group has evolved, and they are now formally revising the functionality of the PAD, which is hoped will enhance the student experiences.
    - The North-West Simulation Group is a similar informal network of healthcare academics sharing best practice ideas and initiatives to support the student journey and experiences.
    - An illustrative example of this could be how informal specialist interest groups interface into formal strategic groups.
- Support the development of mutual respect, which facilitates a greater appreciation of how systems and processes intertwine across systems and organisations.
    - This is clearly evidenced within the NWPEG, particularly when discussing the PAD.
    - Another example is demonstrated through the NW Allied Health Professional practice learning reform, and how members recognise, appreciate, and understand the complexity of managing respective HEIs requirements for placements across the NW geography.

6.1.2 Objective Two: To Gain a Thorough Insight into the Experiences of Healthcare Academics Working Within Co-Opetition Relationships

Insight into the experiences of healthcare academics working within co-opetition was illuminating and insightful. Participants' experiences aligned to those in the published literature, in that innovation, knowledge sharing was enhanced through co-opetition

(Bouncken et al., 2018; Crick, Crick and Chaudry, 2022). The study findings also affiliated with Sanou, Le Roy, and Gnyawali (2016) study, which emphasised how network co-opetition can enhance performance. The ideal of better together resonated with participants across this study and this concept is the fundamental aspect of co-opetition (Nalebuff and Brandenburger, 2002). This was particularly apparent during the COVID- 19 pandemic.

The unique findings that emerged from this was study was how participants used co-opetition within the NWPEG to influence change at a local HE level. What also resonated through the findings was the strength of the NWPEG and their ability to strive despite the tussles and tensions.

This study demonstrated that:

- Co-opetition can occur outside of the usual co-opetition organisational structures and processes to positively influence and affect change across a large geography.
- A homogenous informal group supports co-opetition through shared learnings and experiences.
- The value and support of network co-opetition outweighs the associated challenges of cross boundary working.
- Co-opetition relationships became stronger when responding to extreme situations.

6.1.2 Objective Three: To Identify Aspects Which Enhance or Inhibit Relationships Within Co-opetition

Co-opetition was seen to enhance relationships within the NWPEG as it became a support network for participants within their individual roles as practice leads. This was heightened during COVID-19 pandemic when the NWPEG responded to and develop strategies to support students entering practice learning. The idea of developing a regional PAD for nursing formalised the NWPEG and enhanced the relationships of participants, this also challenged some due to variances of individual workloads within their respective organisations. The findings did not elicit specific issues relating to what inhibited relationships, rather it was the associated tensions of juggling internal versus external work and the respective challenges of strategic versus operational expectations that impacted upon co-opetition. One area which

was raised which could have impeded co-opetition relationships was centrality and how the pace of change differed organisations across the HEIs.

This study highlights that:

- All HEIs operate within unique and distinct cultures, behaviours, and systems and these can enhance or inhibit participants ability to interact within co-opetition.
- There was a willingness to support the NWPEG, but this was at times challenged due to participants workload.
- Relationships within this study were not inhibited and co-opetition within the NWPEG evolved and developed with participants finding solace and support particularly during challenging times.

6.1.3 Objective four: To utilise the findings to inform the wider evidence-based and strengthen the value of co-opetition across different disciplines.

Dissemination of the study findings is a fundamental aspect of doctoral studies, and I began this during the writing of the thesis. Appendix 6 evidences a poster I presented at the Nursing, Midwifery, Allied Health Professional Research in Cheshire and Merseyside [NRICAM] in March 2023. The conference provided a useful platform for me to discuss the thesis and specifically co-opetition. Interestingly, a colleague and I engaged in a robust discussion surrounding co-opetition and whether this approach to working relationships would be feasible across all healthcare disciplines, specifically medicine. Whether this would be feasible is not known but the question that was left hanging was imagine the opportunities. Reflecting upon the event I realised that the conference was too clinically focussed and as such this study was set-apart from the overarching themes. Nevertheless, the event provided me with a platform to be able to converse with colleagues about my thesis and the findings, which was incredibly helpful and confidence boosting.

The findings of this study can be seen to strengthen the wider co-opetition evidence-based community through:

- Demonstrating how co-opetition within the NWPEG increased collaborative and cooperative relationships through the implementation of the PAD across the NW.
- Demonstrating how co-opetition within the NWPEG was strengthened during the COVID-19 pandemic and how the group switched from long-term strategic planning to a reactionary responsive approach to change.
- Demonstrating that financial gain and profit are not always a driver for co-opetition relationships, rather what the added value of collaboration offers groups.
- Highlighting that an organisation is not always required to be integral to co-opetition, rather it is the homogenous nature of the group which influences the relationship.
- Highlighting that the tussles and tensions of network co-opetition can affect optimisation of a group and specifically when trying to introduce change.

Further dissemination with be through:

- A written report for the NWPEG, the participants and their respective practice learning groups or committees.
- A written report for the regional Council of Deans of Health North-West.
- Submitting the:
    - Literature review publication.
    - Methodology chapter adapted and published.
    - Thesis for publication across different educational platforms such as work-based learning and healthcare.
    - Abstract for presentation at a national and international conference.
    - Presenting at the Council of Deans of Health annual conference.

6.2 Methodological Reflections

Prior to commencement of this study, I pondered and visioned which methodological approach would 'fit' me and how the approach I wanted to use this research. Indeed, I deliberated and wrestled with what I knew, what I wanted to know and how best to approach the study.

Reflecting upon the methodological positioning I firmly believe that CGT was the most appropriate methodology for this study. The interpretivist nature of CGT has allowed me to explore a subject area in which I am inextricably associated with and one which I have detailed insights and experiences. The interpretivist nature of CGT also aligned to my ontological and epistemological positioning of observing the world through multiple realities, seeking to acquire knowledge through individuals' experiences (Patton, 2015; Moon and Blackman, 2017). Associating my experiences within the NWPEG propelled the me to understand perceptions of members of this group and the value this group offered them, specifically through the lens of co-opetition. I also wanted to develop a greater understanding of the challenges when working within co-opetition and utilising CGT facilitated these learnings. One key attribute associated with CGT was the positionality of the researcher and how they are intrinsic to the research process, this for me was important. As an active member of the NWPEG I could not position myself outside of the research process, rather I needed to be intrinsic to the research process and understand the dynamic relationship participants had within the NWPEG (Charmaz, 2014). Whilst being situated within CGT I was cognisant of my positionality to ensure my preconceptions did not dominate the conversations (Charmaz, 2017). I was mindful of any preconceptions I may have about the NWPEG and conscious that these did not influence or affect data collection and analysis. Reflexivity through note taking and journal writing during the research process, supported me in understanding myself both within the research and as a group participant (Charmaz, 2014).

The iterative approach and constant comparison of CGT allowed me to appraise my positionality within the data and reflect upon whether conversations were led rather than facilitated. The constant comparison also facilitated the emergence of categories that threaded across the data set during analysis, which were enlightening as the findings offered detailed insights into participants experiences of co-opetition.

In summary CGT has supported me in analysing the value of co-opetition across a network of healthcare professionals passionate about practice learning within the NWPEG. It has enabled me to appreciate the value and challenges of co-opetition and how participants work within these to affect change.

6.3 Recommendations for Practice

The findings of this study have offered detailed insights into how co-opetition can support network groups such as the NWPEG working across multiple organisations. The study findings offer recommendations for practice and how these subtle changes could enhance co-opetition. The recommendations for practice also offer potential suggestions for future research relating to co-opetition.

This study highlighted both the value and challenges of network co-opetition across a large geographical area and multiple organisations. The role of practice lead has numerous iterations and titles, and it was evident from the participants that all participants had difference roles and responsibilities. The variances affected some participants' ability to support the NWPEG endeavours, and whilst this was acknowledged across the participants, it was how the external facing work was viewed internally that lacked insight. The tensions regarding internal versus external and strategic versus operational relationships needs a greater understanding and appreciation, specifically for network co-opetition and the NWPEG to thrive and develop. Failure to appreciate and recognise individuals' organisational responsibilities within the NWPEG may result in increased tension and potential withdrawal of commitment to work streams. Whilst I am not suggesting that this will occur, there may be subtle shifts in behaviours or an increased reticence to support future NWPEG endeavours. Equally, employers and organisations may need to consider how the NWPEG members' workloads and responsibilities could be adjusted to the support these regional developments. Conversely, HEIs and respective organisational leads need to develop greater understanding surrounding co-opetition and the value this style of collaborative workings offer. Again, I am not purporting to suggest that HEIs and respective organisational leads are not aware of the value of collaborative relationships, but how this is situated within co-opetition and how this could be formalised from a strategic perspective would be a recommendation for future practice.

Presence and engagement within the NWPEG during the virtual meetings were areas which impacted upon participants, and it was acknowledged that educational developments and relationships may be enhanced with the move back to face-to-face. It was believed that combining both virtual and face-to-face meetings may assist in reestablishment of the social support and networking within the NWPEG that has been lost within the virtual world. It was also felt that face-to-face meetings may facilitate support for members who were reticent in supporting work due to their lack of confidence and possible lack of awareness of the workload commitments required for such developments. The ramifications of this recommendation did however raise concerns, particularly due to the current cost-of-living crisis and the associated travel time and time away from work. Nevertheless, it was proposed that this change would be addressed and considered.

A final recommendation for practice is celebrating success. It was evident during the conversations that there was a tendency to focus on challenges and negative aspects of co-opetition within the NWPEG. Yet when all participants reflected upon the work to date, it was clear that there has been both development of work and much collaboration and this was not celebrated. It was therefore proposed that an annual meeting to celebrate successes could be a vehicle to share best practice and learnings with respective HEIs and organisational leads.

The recommendations for practice have been directly associated with the NWPEG and how such groups continue to function and manage through co-opetition. Table 10 outlines the recommendation for practice action plan with proposed authors and recommended timelines. It would also be remiss not to examine the limitations of this study and how these could align to recommendations for future research.

Recommendation	Actions	Intended Outcome
Celebrating success of the NWPEG	Plan and develop an annual event to reflect upon, review and celebrate work undertaken within the NWPEG. To raise this an action for the 2023-2024 academic cycle. To invite key personnel from within HEIs, provider organisations and NHSE.	This annual event with highlight the value of the NWPEG and contextualise how informal network co-opetition can enhance and strengthen cross boundary working.
Combining face to face and virtual meetings within the annual cycle.	To reintroduce face to face meetings and combine with virtual meetings. Advanced planning to ensure the NWPEG members can plan associated travel time.	Face to face meetings were seen to support the informal aspect of the NWPEG. Reintroducing these meetings can facilitate closer working, completing task and finish groups in a timelier manner and encourage those less confident to participate. It is proposed that this approach is introduced within the 2023-2024 academic cycle.
Raising the profile and potential associated the NWPEG workload to respective employers.	The NWPEG members to discuss and contextualise the value of the group, work undertaken and associate workload with their respective line-managers/employers.	It is hoped that if permissible the NWPEG members workload could be amended to reflect and support outputs from the group. This needs to be discussed during participants annual personal development review within their organisation.

Table 10 – Recommendations for practice action.

6.3.1 Limitations

The thesis has offered a unique and comprehensive insight into how the NWPEG navigates through co-opetition. However, it should be acknowledged that this study does have some limitations. This study did not seek to prescribe strategies for change regarding the functionality of the NWPEG, rather I sought to understand how co-opetition was understood and evolved within the NWEPG and as such the focus was narrow.

The study only recruited healthcare academics leading on practice learning activities and not the larger membership group of the NWPEG and as such, the findings may only be representative to the participants. Nevertheless, the findings have offered a detailed insight into the mechanisms of how a multi-professional group functions within co-opetition across a large geographical region. The study was undertaken during COVID-19 and post pandemic, and it could be questioned whether this thwarted and diminished the findings or strengthened the value of co-opetition due to the work undertaken and support across participants.

Despite the possible limitations of the study, it fulfils the criteria for CGT studies (Charmaz, 2014) in that it demonstrates:

- Credibility through providing a comprehensive insight into how co-opetition evolved within the NWPEG.
- Originality through gaining and awareness of the complexities of how participants navigate through their roles and within the NWPEG.
- Resonance through analysing the categories and contextualising these to broader evidence base of co-opetition.
- Usefulness by offering new and unique insights into the value and challenges of co-opetition relationships within a large group.

As this study was a doctoral study there are ultimately limitations. However, it does offer suggestions and recommendations for future research.

6.3.2 Recommendations for Future Research

This study strengthens the evidence base of co-opetition and there are aspects of which could benefit from further examination, particularly pertaining to cross boundary relationships across HEIs. This study only explored working group level network co-opetition, yet there is a gap regarding the impact of multi-level network co-opetition within HEIs. Exploring this area in greater detail, may offer insight into existing relationships, in particular how organisational cultures and behaviours affect, influence and impact upon co-opetition.

While there is a dearth of evidence aligned to the financial benefits of co-opetition, there are however limited studies focussing specifically on the collaborative value of this type of relationship. The non-profit co-opetition research does offer insights into how HEIs could support one another in the enhancement of value creation. This could be specific to equivalent practice education groups across England. Caution however should be noted to how interactional and competitive behaviours across HEIs may impact upon co-opetition relationships. Nevertheless, inter-organisational co-opetition within HEIs could be a recommendation for future research and how departments collaborate to share their learning and experiences to enhance the student experience.

A final thought for future research would be consideration of undertaking a longitudinal study exploring how groups or organisations develop and evolve within co-opetition.

Recommendation One:

To conduct further research into how organisational cultures and behaviours within HEIs affect, influence and impact upon co-opetition. Aligning this piece to work to organisational literature such as SET would strengthen the body of evidence of co-opetition within HEIs.

Recommendation Two:

To explore whether muti-level network co-opetition exists within and across HEIs to extrapolate the mechanisms, functionality, and value of such a group. Again, this would strengthen the evidence base of co-opetition within HEIs.

Recommendation Three:

Further research could be undertaken to explore and understand equivalent practice learning groups within England to elicit their experiences of working within co-opetition. For example, exploration of what groups exist Nationally, the development of a survey to participants and extract their thoughts and perceptions.

Recommendation Four:

Undertaking a longitudinal study of NWEPG and broadening the recruitment to all members, this would explore how co-opetition develops within the group and could analyse how participants collaborate within cross-boundary working.

6.4 Conclusion and Distinctiveness

This chapter has provided a critical review and impact of the study. This study offers a unique and distinct perspective of co-opetition as it has explored how such a mechanism has drawn together people who have a shared vision for a subject of healthcare education, which they are knowledgeable and passionate about. THE NWPEG does not seek financial gain and as such the findings provide a new perspective and evidence base surrounding the value and strength of co-opetition. Exploring the value of co-opetition within healthcare education has not been undertaken previously and this study brings new and unique insights into the benefits of such relationships.

I have provided a reflection upon how the study has met the research objectives. Justification for the choice of methodology and recommendations for future practice have been presented as well as limitations of this study. Finally, recommendations for future research are offered and consideration of potential areas for exploration. This study provides the foundation for future research surrounding co-opetition within the HE sector as it is evident that this style of relationships does enhance and strengthen collaborative relationships. The final chapter will offer reflections and personal insights into undertaking this study.

7. Reflections and Personal Insights

As previously alluded to in the summary of my doctoral journey (p. 7) I outlined my voyage to date when commencing the thesis. As I am nearly at the end of my doctoral journey it would be careless of me not to look back and learn from this journey. Expanding upon this within this chapter will I offer reflections, reflexive and personal insights into my experiences of undertaking and writing the thesis using Driscoll's (2006) reflective framework.

What?

My doctoral journey has not followed a traditional route; indeed, I am not entirely clear what traditional means for me. One of the key drivers for undertaking this thesis was learning from my experiences and to develop knowledge (Kolb, 1984). Experiential learning is described by Kolb (2015, p. 49) as learning process where "knowledge is created through the transformation of experience". Such an approach to learning is an intrinsic attribute to me as I learn from doing (Munge, Thomas, and Heck, 2018) through my work-based experiences and practices (Seaman, Brown, and Quay, 2017). Such a perspective is reinforced by Jordan, Gagnon, Anderson, and Pilcher (2018) who assert that students within experiential learning must be knowledgeably engaged with the subject being explored. Furthermore, experiential learning should be situated within a specific situation, with key personnel (Harper, 2018).

I have worked in HE for over 25 years of which 13 have been at senior Faculty/School level, and for past eight years overseen practice learning within two HEIs. Practice learning is an area of HE which can be frequently often overlooked and/or hidden. I do not think this is intentional avoidance for programme provision or academic staff, rather the curriculum structures of a programme make it difficult to fit. It could also be suggested that the HE organisations do not fully understand or appreciate the complexities of clinical aspects of health and social care programmes. Leading health and social care practice learning within HEIs is both complicated and complex as health and social care programmes are intertwined within organisational nuances, cultures, and behaviours as well as regulations and governance procedures. Coupled with this are the associated NHS plans and DHSC reports and connected with workforce demands (NHS England, 2023). Understanding how these affiliates between the directives of our organisation and external drivers can prove stressful.

The desire to understand more about how professional groups function initially piqued my interest in undertaking this study. Specifically, how a large group functioned where members worked in different organisations across a large geography and who were potential competitors. The rationale for wanting to explore this subject area was through my professional lens and I wanted to gain a more detailed insight in the NWPEG and how we as practice leads operate. I also knew that I needed to explore a subject matter, which was of interest otherwise, my motivation and enthusiasm would have waned during the writing of this thesis.

Nevertheless, I entered doctoral studies with trepidation and excitement. I was concerned about the juggling that is needed as a mature student and that I am a novice researcher but excited about researching and exploring an area of practice and a subject which I am passionate about. I also wondered whether I was able to undertake such a feat.

To take translate these learning and observations into knowledge I needed to craft a proposal, which was both suitable and appropriate for doctoral studies.

So what?

The construct of the thesis initially started to be formulated while undertaking the research proposal and it was during this time that conversations with fellow students assisted me in understanding the broader context of doctoral studies and the subject chosen for exploration. The proposal was reviewed and refined at commencement of the thesis. I was fascinated by the concept of co-opetition, specifically how organisations work together despite being in competition for their individual benefit. The evidence base of co-opetition was based firmly in industries seeking profit, although latterly there has been an emergence within non-profit organisations. Whilst there is evidence associated with network co-opetition, to my knowledge there presently is no published evidence which focusses solely on informal groups, and this was what I wanted to explore. I was excited and at the prospect of undertaking the study as this was a new adventure.

Gaining ethical approval was the first hurdle to encounter, which thankfully was approved with the acknowledgement there was value in exploring this area of study.

Collecting data was rewarding and insightful as participants gave their personal insights so freely. I was aware of my position within the research process and conscious that I needed to be mindful of any preconceptions I brought to this study. This perspective was pertinent when using CGT, as positionality and reflexivity are key elements for this research approach (Charmaz, 2016). Insider research is seen to be advantageous as it allows the researcher the opportunity to glean greater insight into an already familiar group and culture (Kirsetter, 2012). Holmes (2020) does however suggest that insider research could, result in the researcher being too sympathetic with participants, or not questioning or probing specific views. Interestingly my experiences as practice lead highlighted within the findings chapter were akin to those who participated, which corroborates with that of an insider researcher (Kirstetter, 2012). Savin-Baden and Major (2013) do however suggest that the reflexive researcher must acknowledge their position; acknowledge how they could influence the research process; how and where they are situated with participants and how their insights to the subject could influence data collection. They also emphasise that irrespective of being reflexive there will always be elements of subjectivity, particularly for the novice researcher (ibid). I was conscious of my position throughout data collection and interestingly have continued to observe a similar perspective when attending current the NWPEG meetings. Note-taking and journaling supported me in understanding myself and where I was situated within the research process.

Data collection was insightful, illuminating and revealing. Participants were candid and honest about their experiences and there were symbiotic threads across the conversations. I developed a sense of pride during the data collection phase as I became more aware of the strength of the NWPEG and determination of the participants to drive change. This was particularly apparent during COVID-19 pandemic. The collective support during this time was profound and still present to date. What has changed is the speed to respond to developments, now they are more considered rather than immediate.

The coding conundrum and constant comparison during data analysis that is associated with CGT was time consuming yet incredibly rewarding when codes started to align, and categories emerge. I chose not to utilise software, rather adopted the traditional approach of manual analysis through re-listening and re-reading transcripts, colour coding and highlighting threads across the data set. The sense of accomplishment that occurs during this stage was satisfying, particularly as the findings aligned with aspects of co-opetition.

Thesis writing is a lonely journey and something I did not truly appreciate until I was fully immersed. Cantor (2020) describes this as "the loneliness of the long-distance (PhD) researcher" (p. 56). This is something I can attest to as undertaking this study from a both personal and professional perspective have been profound. The swinging pendulum of work versus study was enormous. Working full-time and studying part-time was a challenging juggle, with hours snatched here and there to try and write some words. The obligatory weekly study day was frequently overtaken with work responsibilities and queries, and at times were not present at all due to work commitments; this was very apparent in 2020 and 2021. The decision to move HEI into a new role in autumn 2021 was not taken lightly as I was aware of the potential impact this may have had upon my doctoral studies. Despite the anxiety, this did not impact upon my studying; the time allocated to this area of practice was strengthened as my line manager had a vested interest in supporting me to complete my studies. Being afforded a three-month sabbatical enabled me to separate from work and focus solely on writing the thesis, which has been invaluable.

The juggling was exacerbated during COVID-19 with the subsequent changes relating to working patterns and virtual data collection coupled with parenting responsibilities and family issues. Although this did not impact upon did my overall progression, trying to achieve all elements of me was akin at times to playing whack a mole while on a unicycle. Stress and anxiety during COVID-19 has been noted by Sverdlik, Hall, and Vallerand (2022) and Phyalto, Tikkanen, and Anttila (2023) to adversely impact upon students' ability to progress, whilst this was not representative across the gender groups it was noted to be greater in females. Strategies such as listening to podcasts, exercise and watching television were seen within this study to assist in reducing stress (ibid) and these became aspects of my routine and continue to this day.

The worm of worry was constant during this journey; was I good enough, was I able to complete the thesis, how can I juggle everything without dropping a plate? I am not entirely sure where these feelings of doubt have arisen from; apparently, these feelings are usual for doctoral students and yet under researched (Schmidt and Hansson, 2018). What was highlighted however, is that doctoral students who undertake a pragmatic study are more able to complete the intellectual tasks associated with this level of study (ibid). I am not inferring I undertook a pragmatic study or adopted this approach throughout my doctoral journey, but I did try to maintain a pragmatic stance while undertaking the thesis. One key area which noted to be of value was the role of a mentor and how they can support the student in managing their work-life balance (Haider and Dasti, 2022). Although, I have not had a formal mentor I have had excellent supervision, coaching, and writing workshops, peer support, family, and friends' support. This formal and informal network has offered a cloak of support, which has been invaluable throughout undertaking this thesis.

Now What?

Reflecting upon my learning and experiences of this journey and consideration of what I may have done differently, the answer is 'I am not entirely sure'. I have learned that resilience, adaptability, and persistence are key skills and attributes of a doctoral student. Conversely, I have learned that doubt, fear, and anxiety are equally strong emotions which lurk in your mind and come alive when you least expect or want. Although these feelings and emotions are not unique, they are integral to experiential learning (Issak, Devine, Gervich and Gottschall, 2018). Experiential learning does not follow a structured ordered route and as such achieving the desired outcomes can proved challenging (Issak et al., 2018). Whilst this aspect could in part be reflective of my journey, the participants were supportive and eager to support me in achieving the doctoral journey as they wanted to learn and understand from the findings. What was not always apparent was a support network, and if I were to repeat this journey again, I would establish a stronger support network sooner as this came late to me in thesis writing. I joined a co-work group, which was facilitated by a doctoral coach and these meetings and writing workshops were invaluable. Such facilitation is noted by Issak et al., (2018) to be as aspect of experiential learning, through the framing of alternative solutions and ideas. This approach also supported in to critically reflect upon my work with peers,

allowing for consideration and contextualisation of alternatives perspectives (Hou and Pereira, 2017).

Reflecting upon this journey would I suggest and advise anyone to change role and employer midway through thesis writing - probably not. The move did, however, offer me new insights and learnings into myself both personally and professionally through the acquisition of more knowledge and confidence. I do not think anyone can prepare you for doctoral studies as each experience is unique but what I have learned is that I enjoy learning and yet know, that this is my final formal qualification.

My final reflection would be to push the doubt away and believe in your ability to succeed.

7.5 Chapter Summary

This chapter has offered insight into why I embarked upon this journey and my personal insight whilst undertaking the thesis. The journey has been difficult, hard and a challenge, but I have learned so much from the participants who contributed to this thesis, and I am grateful for their candour. Co-opetition can bring a richness to cross boundary working relationships and I sincerely hope that these continue and develop while I am in this role.
My personal and professional learnings have been immeasurable, and I am incredibly proud at what I have achieved.

8. Thesis Conclusion and Final Thoughts

This thesis has offered insights and experiences of how healthcare academics have developed a shared vision for health care practice learning within the NWPEG. Working within co-opetition offers broad and reaching opportunities for health and social care academics to develop shared practices and learnings.

As I close this thesis, I reflect upon the journey which has been rewarding and enriching. I know that submission of this thesis is only one element of the doctoral journey and am aware that there are other attributes to achieve the title of Doctor. The learnings I have had have been profound and I will endeavour to continue these learnings as I move forward within my career.

References

Adamn, T. E., Jones, S. H, and Ellis, C. (2014). *Autoethnography (Understanding Qualitative Research)*. Oxford, United Kingdom: Oxford University Press.

Adler, R.H. (2022). Trustworthiness in Qualitative Research. *Journal of Human Lactation*. 38(4), 598-602.

Aiken, L. H., Sloane, D.M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., Diomidous, M., Kinnunen, J., Kozka, M., Lesaffre, E., McHugh, M.D., Moreeno-Casbas, M.T., Rafferty, A-M., Schwendinmann, E., Scoot, A., Tishelman, C., van Achterberg, T., and Sermeus. (2014) Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet.* 383(9931), 1824–1830

Aldiabat, K.M., and Le Navenec, C.L. (2018). Data Saturation: The Mysterious Step in Grounded Theory Methodology. *The Qualitative Report*. 23(1), 245-261.

Ali, K., Barhom, N., and Duggal, MS. (2023). Online assessment platforms: What is on offer? *European Journal of Dental Education*. 27, 320-324.

American Psychological Association. (2020). *Publication Manual of the American Psychological Association* (7th ed.). https://doi.org/10.1037/0000165-000

Antwi, S.K., and Hamza, K. (2015) Qualitative and Quantitative Research Paradigms in Business Research: A Philosophical Reflection. *European Journal of Business and Management.* 7, 217-225.

Atkins, L., and Wallace, S. (2012). *Qualitative research in education*. London, United Kingdom: Sage Publications Ltd.

Atkinson, M., Brodie, A., Kafcaloudes, P., McCarthy, S., Monson, EA., Sefa-Nyarko, C., Omond, S., O'Toole, M., Pavich, N., See, J., Ty, A.A., and Yu, Wet. (2021). Illuminating the liminality of the doctoral journey: Precarity, agency and COVID-19. Higher Education Research and Development. *Higher Education Research and Development*. 41(6), 1790-1804.

Attenborough, J., Abbott, S., Brook, J., and Knight, R-A. (2019). Everywhere and nowhere: Work-based learning in healthcare education. *Nurse Education in Practice*. 36, 132-138.

Aubry, L.M., Laverty, T.M., and Zhao, M. (2021). Impacts of COVID-19 on ecology and evolutionary biology faculty in the United States. *Ecological Applications*. 31(2), e00265.

Beals, F, Kidman, J., and Funaki. (2019). Insider and Outsider Research: Negotiating Self at the Edge of the Emic/Etic Divide. Qualitative Inquiry. 26(6), 593-601.

Beech J, Bottery S, Charlesworth A, Evans H, Gershlick B, Hemmings N, Imison C, Kahtan P, McKenna H, Murray R and Palmer B. (2019) *Closing the gap: Key areas for action on the health and care workforce.* Research report, Nuffield Trust, The Health Foundation and The King's Fund.

Bell, E., Bryman, A., and Harley, B. (2019). *Business Research Methods*. 5th Edition. Oxford, United Kingdom: University Press.

Bengtsson, M., and Kock, S. (2000). "Coopetition" in Business Networks – to Cooperate and Compete Simultaneously. *Industrial Marketing Management.* 29(5), 411 - 426.

Bengtsson, M., and Johansson, M. (2012). Managing coopetition to create opportunities for small firms. *International Small Business Journal: Researching Entrepreneurship*. 32(4), 401-427

Bengtsson. M., and Raza-Ullah, T. (2016). A systematic review of research on coopetition: Toward a multilevel understanding. *Industrial Marketing Management,* 57, 23 – 39.

Billett, S. (2015). Learning through health care work: premises, contributions, and practices. *Medical Education*. 50, 124-131

Birks, M., and Mills, J. (2015). *Grounded theory: A practical guide* (2nd ed.). Los Angeles, CA: Sage Publications.

Borneo, A., Dalrymple, A., Hadden, C., Johnson, A., Kiely, S., Knape, J., Oakley, P., Oorthuysen-Dunne, J., and Turnbull, L. (2020). *Building a better future for nursing RCN members have their say*. Royal College of Nursing. London.

Bouncken, R.B., Gast, J., Kraus, S., and Bogers, M. (2015). Coopetition: a systematic review, synthesis, and future research direction. *Review of Managerial Science*. 9(3), 577-601.

Bouncken, R., Clauβ, T., and Friedrich, V. (2016). Product innovation through coopetition in alliances: singular or plural governance, *Industrial Marketing Management.* 53, 77-90

Bouncken, R.B., Fredrich, V., Ritala, P., and Kraus, S. (2018). Coopetition in new product development alliances: Advantages and tensions for incremental and radical innovation, *British Journal of Management*. 29(3), 391–410.

Bozeman, B., and Taggart, G. (2018). Markets, clans, and arbitrage: A participant-observation study of "coopetition" among baseball ticket scalpers. *Sociological Inquiry.* 88(3), 535–558.

Brandenburger, A., and Nalebuff, B. (2021). The Rules of Co-opetition. *Harvard Business Review*. https://hbr.org/2021/01/the-rules-of-co-opetition

Braun, V., and Clarke, V. (2006). Using thematic analysis on psychology. *Qualitative Research in Psychology*. 3, 77 – 101.

Briggs, A. (1972). *Report of the Committee on Nursing*. Cmnd, HMSO, London, United Kingdom.

Brown, P. (2013). Loneliness at the bench. *Science and Society*. 14(5), 405 – 409.

Bryant, A. and Charmaz, C. (2007). Grounded Theory in Historical Perspective: An Epistemological Account. In Bryant, A., and Charmaz, C. (Eds.), *The SAGE Handbook of Grounded Theory*. (pp 31-57). London, United Kingdom: Sage publications.

Buchan, J., and Edwards, J. (2000). Nursing numbers in Britain: the argument for workforce planning. *British Medical Journal*. 320(7241), 1067 – 1070.

Buchanan, D.A., and Bryman, A. (2007). Contextualizing Methods Choice in Organizational Research. *Organizational Research Methods*, 10(3), 483 – 501.

Buchan, J., Gershlick, B., Charlesworth, A., and Seccombe, I. (2019). *A critical moment: NHS staffing trends, retention, and attrition*. The Health Foundation. https://www.health.org.uk/publications/reports/a-critical-moment

Buchan, J., Ball, J., Shembavnekar, N., and Charlesworth, A. (2020*). Building the NHS nursing workforce in England*. The Heath Foundation. https://doi.org/10.37829/HF-2020-RC14

Bulk, L.Y, and Collins, B. (2023). Blurry Lines: Reflections on "Insider" Research. *Qualitative Inquiry*. 0(0), 1-9. https://doi.org/10.1177/10778004231188048

Camerlink, I., Nielsen, B.L., Windschnurer, I., and Vigors, B. (2021). Impacts of the COVID-19 pandemic on animal behaviour and welfare researchers, *Applied Animal Behaviour Science*. 236(2021), 105255.

Campbell, J.C., and Buntin, S. (1991). Voices and Paradigms: Perspectives on Critical Feminist Theory in Nursing. *Advances in Nursing Science*. 13, 1 – 15.

Cantor, G. (2020). The loneliness of the long-distance (PhD) researcher. *Psychodynamic Practic*e. 26(1), 56-67

Charles, A. (2022). Integrated care systems explained. Making sense of systems, places, and neighbourhoods. Insights and analysis, The King's Fund. https://www.kingsfund.org.uk/insight-and-analysis/long-reads/integrated-care-systems-explained?gad_source=1&gclid=EAIaIQobChMIk7jA2fz4hAMVwSmtBh0sEQ_XEAAYASAAEgJ8JfD_BwE#what-are-integrated-care-systems?

Charleton, T.R., Gnyawali, D.R., and Galavan, R.J. (2019). In Fernandez, A.S., Chaibmbaretto, P., Le Roy, F., and Czakon, W. Eds. *The Routledge Companion to Co-opetition Strategies*. pp 47-57. London, United Kingdom: Routledge Companions

Charmaz, K. (2006). *Constructing grounded theory: a practical guide through qualitative analysis*. London, United Kingdom: Sage Publications Ltd.

Charmaz, K. (2014). *Constructing Grounded Theory*. London, Uniter Kingdom: Sage Publications Ltd.

Charmaz, K. (2016). *The power of stories, the potential for theorizing for social justice studies*. In Denzin, N., Giardina, M. (Eds), Qualitative inquiry through a critical lens. Pp 41-56. New York: Routledge.

Charmaz, K. (2017). The power of constructivist grounded theory for critical inquiry. *Qualitative Inquiry*. 23, 34 – 45.

Charmaz, K., and Henwood, K. (2017). *Grounded Theory Methods for Qualitative Psychology*. In: The SAGE Handbook of Qualitative Research in Psychology. SAGE Publications Ltd, https://doi.org/10.4135/9781526405555

Charmaz, K., and Thornberg, R. (2021). The pursuit of quality in grounded theory. *Qualitative Research in Psychology*. 18(3), 305-327.

Chavez, C. (2008). Conceptualizing from the Inside: Advantages, Complications, and Demands on Insider Positionality. *The Qualitative Report*. 13(3), 474-494.

Cheek, J. (2000). *Postmodern and Post structural Approaches to Nursing Research*. Thousand Oaks, CA: Sage Publications Ltd.

Chen, X.-P., Xie, X. and Shang, S. (2011), Cooperative and competitive orientation among Chinese people: scale development and validation. *Management and Organization Review*. 7(2), 353-379.

Chiambaretto, P., and Dumez, H. (2016). Toward a typology of co-opetition: a multilevel approach, *International Studies of Management and Organization*. 46(3), 110-129

Choi, S.B., Jung, K.B., and Kang S.W. (2022). What hinders team innovation performance? Three-way interaction of destructive leadership, intra-team conflict and organizational diversity. *Frontiers in Psychology*. 29(13), 1-18.

Chun Tie, Y., Birks, M., and Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *SAGE Open Medicine*. 7, 1-8. https://doi:10.1177/2050312118822927

Clark, A.E. (2005). *Situational analysis: Grounded theory after the postmodern turn*. Thousand Oaks, CA: Sage Publications Ltd.

Coyne, I.T. (2008). Sampling in qualitative research. Purposeful and theoretical sampling. merging or clear boundaries? *Journal of Advanced Nursing*. 26(3), 623 – 630.

Corbin, J. M., and Strauss, A. (1990). *Basics of qualitative research: Grounded Theory procedures and techniques.* London, United Kingdom: Sage Publications Ltd.

Corlett, S., and Mavin, S. (2018). *Reflexivity and Researcher Positionality*. In: Cassell, C., Cunliffe, A., and Grandy, G. ed. (2018) The Sage Handbook of Qualitative Business and Management Research Methods. pp 377 – 389. London, United Kingdom:Sage Publications.

Council of Deans of Health. (2023). *Briefing: UCAS deadline applicant statistics for Jun 2023*. Council of Deans of Health. London, United Kingdom. https://mcusercontent.com/24d3136eb8e7c580fa6c74216/files/50e03d84-9dd7-01ff-7132-14c77848ddee/110723_June_2023_deadline.pdf

Creswell, J., and Miller, D. (2000). Determining validity in qualitative inquiry. *Theory into Practice*. 39(3), 124–130

Crick, J. M., and Crick, D. (2020). Co-opetition and COVID-19: Collaborative business-to-business marketing strategies in a pandemic crisis. *Industrial Marketing Management.* 88(July), 206–213.

Crick, J.M., Crick, D., and Chaudhry, S. (2022). The dark-side of co-opetition: it's not what you say, but the way you do it. *Journal of Strategic Marketing*. 30(1), 22-44.

Crick, J.M., Crick, D., and Chaudry, S. (2023). Stating alive: Co-opetition and competitor behaviours from a re-to post COVID-19 pandemic era. *Industrial Marketing Management*. 113, 58-73.

Critical Appraisal Skills Programme (2018). *CASP Qualitative Studies Checklist*. Available at: https://casp-uk.net/images/checklist/documents/CASP-Qualitative-Studies-Checklist/CASP-Qualitative-Checklist-2018_fillable_form.pdf:

Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. London, United Kingdom: Sage Publications Limited.

Cui, R., Ding, H., and Zhu, F. (2021). Gender inequality in research productivity during the COVID-19 pandemic. *Manufacturing and Service Operations Management*. 24(2), 707–726.

Czakon, W., Mucha-Kus, K., and Rogalski, M. (2014). Coopetition Research Landscape – A Systematic Literature Review, *Journal of Economics and Management*. 17, 122-150.

Czakon, W., and Rogalski, M. (2014). Coopetition typology revisited – a behavioural approach. *International Journal of Business Environment*. 6(1), 28-46.

Czakon, W., and Czernek, K (2016). Trust-building in tourist coopetition: The case of a Polish region. *Tourism Management*. 52, 380-394.

Czakon, W. (2019). Network coopetition. In Fernandez, AS., Chaibmbaretto, P., Le Roy, F., and Czakon, W. Eds. *The Routledge Companion to Co-opetition Strategies*. (pp 23 – 32). London, United Kingdom: Routledge Companions.

Czakon, W., and Czernek-Marszalek, K. (2019). Trust in tourism dyadic and network coopetition. In Fernandez, SA., Chaimbaretto, P., Le Roy, F., and Czakon, W. (2019). *The Routledge Companion to Co-opetition Strategies* (pp. 83-92). London, United Kingdom: Routledge.

Dahl, J., Kock, S., and Lundgren-Henriksson, E-L (2016) Conceptualizing Coopetition Strategy as Practice: A Multilevel Interpretative Framework. *International Studies of Management and Organization*. 46(2-3), 94-109.

Day, S. (2012). A Reflective Lens: Exploring Dilemmas of Qualitative Methodology Through the Concept of Reflexivity. *Qualitative Sociology Review*. 8(1), 60 – 85.

Data Protection Act. (2018). *Data Protection Act 2018*. GOV.UK. (accessed 30.12.2022). https://www.gov.uk/data-protection

Department of Health. (1999). *Making a Difference: Strengthening the Nursing and Midwifery Contribution to Health and Health Care.* The Stationary Office, London, United Kingdom. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/272238/6737.pdf

Department of Health. (2002). *Agenda for Change: A Modernised NHS Pay System*. Department of Health, London, United Kingdom.

Department of Health. (2006). *Our health, our care, our say: a new direction for community services*. Department of Health, London.

Department of Health and Social Care. (2022). *50,000 Programme: delivery update. A Policy Paper*. Department of Health and Social Care. GOV. UK https://www.gov.uk/government/publications/50000-nurses-programme-delivery-update/50000-nurses-programme-delivery-update

Diener, E., and Crandall, R. (1978). *Ethics in social and behavioural research.* Chicago, United States of America: Chicago Press

Dorn, S., Schweiger, B., and Albers, S. (2016). Levels, Phases and Themes of Coopetition: A Systematic Literature Review and Research Agenda. *European Management Journal*. 34(5), 484 – 500.

Driscoll, J. (2006). *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*. 2nd Edition. Kent, United Kingdom: Bailliere Tindal Elsevier.

Duchscher, J.E.B., and Morgan, D., (2004). Grounded theory: reflections on the emergence vs. forcing debate. *Methodological Issues in Nursing Research*. 48(6), 605-612.

Dulebohn, J.H., and Hoch, J.E. (2017). Virtual teams in organizations. *Human Resource Management Review*. 27, 569-574.

Dunne, C. (2011). The place of the literature in grounded theory research. *International Journal of Social Research Methodology*. 14(2); 111-124.

Edwards, R., and Holland, J. (2013). *What is qualitative interviewing*? London, United Kingdom: Bloomsbury Academic.

El-Masri, M.M. (2017). Probability Sampling. *Canadian Nurse*, 113(2), 26.

Estrada, I., Faems, D., and Faria, P de. (2016). Coopetition and product innovation performance: The role of internal knowledge sharing mechanisms and formal knowledge protection mechanisms, *Industrial Marketing Management*. 53, 56-65.

Fernandez, C. (2012). Guest editorial, themed section. *The Grounded Theory Review*. 11(1), 7-28.

Fleming, J. (2018). Recognizing and resolving the challenges of being and insider researcher in work-integrated learning. *International Journal of Work-Integrated Learning, Special Issue*. 19(3), 311-320.

Foley, G., Timonen, V., Conlon, C., and O' Dare, C.E., (2021). Interviewing as a Vehicle for Theoretical Sampling in Grounded Theory, *International Journal of Qualitative Methods*. 20, 1-10.

Fonti, F., Maoret, M., and Whitbred, R. (2017). Free riding in multi-party alliances: the role of perceived alliance effectiveness and peers' collaboration in a research continuum. *Strategic Management Journal*. 38, 363-383.

Ford, M. (2021, February 18th). Nursing courses see 32% rise in applications during Covid-19. *Nursing Times*. https://www.nursingtimes.net/news/education/nursing-courses-see-32-rise-in-applications-during-covid-19-18-02-2021/ (accessed 28.12.2022)

Ford, M. (2022a). 'Historic moment' as NHS nurses set to go on strike. *Nursing Times*. 118(12), 6.

Ford, M. (2022b, August 18th). Students accepted onto UK nursing courses down 7%, *Nursing Times*. https://www.nursingtimes.net/news/education/students-accepted-onto-uk-nursing-courses-down-7-18-08-2022/

Fretwell, J.E. (1982). *Ward Teaching and Learning*. Royal College of Nursing, London, United Kingdom.

Fretwell, J.E. (1985). *Freedom to change: the creation of a ward learning environment*. Royal College of Nursing, London, United Kingdom.

Gaber, J. (2016). Seeing the community's perspective through multiple emic and etic vistas. *Health Promotion International*. 32, 1025-1033.

Gardner, A. (2012). Discovering Constructivist Grounded Theory's fit and relevance to researching contemporary mental health nursing practice. *The Australian journal of advanced nursing: a quarterly publication of the Royal Australian Nursing Federation*. 30(2), 66-74.

Gardner, A., McCutcheon, H., and Fedoruk, M. (2010). Superficial supervision: Are we placing clinicians and clients at risk? *Contemporary nurse: a journal for the Australian nursing profession*. 34 (2), 258 - 266

Garrow, A., Roberts, D., Kenny, A., Leigh, J., Borwell, J., Knight, K.H., Whaley, V., Monks, R., and Wright, K.M. (2022). How many practice hours are required to become a registered nurse? *British Journal of Nursing*. 31(17), 908-909.

Gast, J., Filser, M., Gundolf, K., and Kraus, S. (2015). Co-opetition research: towards a better understanding of past trends and future directions. *International Journal of Entrepreneurship and Small Business*. 24(4), 492 – 591.

Geraudel, M., and Salvetat, D. (2014). What are the antecedents of co-opetition? An explanation in terms of centrality and personality traits, *European Business Review*. 26(1), 23-42.

Gernsheimer, O., Kanbach, D.K., and Gast, J. (2021). Co-opetition research – a systematic literature review on recent accomplishments and trajectories, *Industrial Marketing Management*. 96(2), 113-134.

Glaser, B.G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA: Sociology Press.

Glaser, B.G. (1998). *Doing Grounded Theory: Issues and Discussions*. Mill Valley, CA: Sociology Press.

Glaser, B.G., and Strauss, A.L. (1965). *Awareness of dying: By Barney G. Glaser and Anselm L. Strauss*. Chicago, USA: Aldine.

Glaser, B.G. and Strauss, A.L. (1967). *The Discovery of Grounded Theory. Strategies for Qualitative Research*. Chicago, USA: Aldine.

Glaser, B.G., Strauss, A.L., and Strutzel, E. (1968). The Discovery of Grounded Theory; Strategies for Qualitative Research, *Nursing Research.* 17(4), 364.

Glaser, B.G., and Strauss, A.L. (1971). *Status Passage*. New York, USA: Routledge.

Glaser, B.G. (2012). Constructivist Grounded Theory? *The Grounded Theory Review*. 11(1), 28-38.

Glasper, A. (2016). Will the end of bursaries lower student nurse applications to UK universities? *British Journal of Nursing*. 25(10); 566 – 567.

Gotsopoulos, A. (2019). Co-opetition and group dynamics. In Fernandez, AS., Chaimbaretto, P., Le Roy, F., and Czakon, W (Eds). (pp. 235-244) *The Routledge Companion to Coopetition Strategies*. London. United Kingdom: Routledge.

Gnyawali, D.R., He, J. and Madhavan, R. (2006), Impact of coopetition on firm competitive behaviour: an empirical examination. *Journal of Management.* 32, 507-530.

Gnyawali, DR., and Park, B.J.R. (2009). Co-opetition and technological innovation in small and medium enterprises: A multilevel conceptual model. *Journal of Small Business Managemen*t. 47(3), 308 – 330.

Gnyawali, D.R., Madhavan, R., He, J., and Bengtsson, M. (2016). The competition-cooperation paradox in inter-firm relationships: A conceptual framework. *Industrial Marketing Management.* 53, 7 – 18

Gnyawali, D.R., and Charleton, T.R. (2018). Nuances in the Interplay of Competition and Cooperation: Toward a Theory of Coopetition, *Journal of Management.* 44(7), 2511 – 2534.

Gray, D.E. (2017). *Doing Research in the Real World*. 4th Edition. London, United Kingdom: Sage Publishing Ltd.

Green, J., and Thorogood, N. (2009). *Qualitative methods for health research*. London, United Kingdom: Sage Publishing Ltd.

Greenbaum, H. (2021, October 18). The "outdated sources" myth. The "outdated sources" myth (apa.org)

Greven, A., Fischer-Kreer., Muller, J., and Brettel, M. (2022). Inter-firm co-opetition: The role of a firm's long-term orientation, *Industrial Marketing Management*. 106, 47-57.

Groenewald, T. (2004). A Phenomenological Research Design Illustrated. *International Journal of Qualitative Methods*. 3(1), 42-55.

Haider, Z., and Dasti, R. (2022). Mentoring, research self-efficacy, work-life balance, and psychological well-being of doctoral program students. *International Journal of Mentoring and Coaching in Education*. 11(2), 170-182.

Hargreaves, C., Clarke A.P., and Lester, KR. (2022). Microsoft Teams and team performance in the COVID-19 pandemic within an NHS Trust Community Service in North-West England. *Team Performance Management: An International Journal*, 28(1/2), 79-94. https://doi.org/10.1108/TPM-11-2021-0082

Harper, N. J. (2018). Locating self in place during a study abroad experience: Emerging adults, global awareness, and the Andes. *Journal of Experiential Education*. Advance online publication. https://doi: 10.1177/1053825918761995

Hart, C. (2018). *Doing a Literature Search: A Comprehensive Guide for the Social Sciences*. 2nd Edition. London, United Kingdom; Sage Publications Ltd.

Health and Care Professions Council. (2018). *Standards of education and training*. London. https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/set/

Health Education England (2012). *Raising the Bar: Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants*. https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf

Henwood, K., and N. Pidgeon. (2003). Grounded theory in psychological research. In Camic, P.M., Rhodes, J.E., and Yardley, L (Eds), *Qualitative research in psychology: Expanding perspectives in methodology and design.* (pp. 131–5). Washington, USA: American Psychological Association.

Hoffman. W., Lavie, D., Reuer, J.J., and Shipilov, A. (2018). The interplay of competition and interplay. *Strategic Management Journal.* 39(12), 3033-3052

Holloway, I., and Galvin, K. (2017). *Qualitative Research in Nursing and Healthcare*. Fourth Edition. Chichester, United Kingdom: Wiley-Blackwell.

Holmes, J., and Maguire, D. (2022*). Is the NHS on track to recruit 50,000 more nurses? Hitting the target but missing the point…*The Kings Fund. London. https://www.kingsfund.org.uk/blog/2022/04/nhs-recruit-50000-more-nurses

Holmes, J. (2022). *The NHS nursing workforce – have the floodgates opened?* The Kings Fund. London. https://www.kingsfund.org.uk/blog/2022/10/nhs-nursing-workforce

Hou, S. I., and Pereira, V. (2017). Measuring infusion of service-learning on student program development and implementation competencies. *Journal of Experiential Education. 40*(2), 170-186. doi: 10.1177/1053825917699518

House of Commons Public Accounts Committee (PAC) (2020). *NHS nursing workforce. Eighteenth Report of Session 2019–21. https://committees.parliament.uk/publications/2675/documents/26512/default/*

HM Treasury. (2013). *Spending Round*. HM Treasury. London. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/209036/spending-round-2013-complete.pdf

Hull, S. (2013). *Doing Grounded Theory – Notes for the aspiring qualitative analyst*. Technical Report. 1 – 30. ResearchGate.

Immonen, K., Oikarainen, A., Tomietto, M., Kääriäinen, M., Tuomikoski, A.M., Kaučič, B.M., File,B., R.M., Flores Vizcaya-Moreno, M., Perez-Cañaveras, R.M., De Raeve, P., and Mikkonen, K. (2019). Assessment of nursing students' competence in clinical practice: A systematic review of reviews. *International Journal of Nursing Studies*. 100, 1-13.

Isaak, J., Devine, M., Gervich, C., and Gottschall, R. (2018). Are we experienced? Reflections on the SUNY experiential learning mandate. *Journal of Experiential Education. 41 (1)*, 23- 38. doi: 10.1177/1053825917740377

Jacobs, R., and Bengtsson, M. (2014). Internal Co-opetition as a Driver for Organizational Learning: An empirical explorative study on internal co-opetition and tensions in a high-tech firm. Master's thesis. Umeå University, Sweden.

Jones, C., Maoret, M., Massa, F.G., and Svejenova, S. (2012). Rebels with a cause: formation, consternation, and expansion of the de novo category "modern architecture". *Organization Science*. 23(6), 1523-1545.

Jordan, K. A., Gagnon, R. J., Anderson, D. M., and Pilcher, J. J. (2018). Enhancing the college student experience: Outcomes of a leisure education program. *Journal of Experiential Education.* 41(1), 90-106. doi: 10.1177/1053825917751508

Kakar, Z.U.H., Rasheed, R., Rashid, A., Akhter, S. (2023). Criteria for Assessing and Ensuring the Trustworthiness in Qualitative Research. *International Journal of Business Reflections*. 4(2), 150-173.

Kappel, S., Schmitt, O., Finnegan, E., and Fureix, C. (2021). Learning from lockdown – assessing the positive and negative experiences, and coping strategies of researchers during the COVID-19 pandemic. *Applied Animal Behaviour Science.* 236, 105269.

Kelly, J., and Watson, R. (2015). An integrative review of the literature on the teaching of the history of nursing in pre-registration adult nursing education in the UK. *Nurse Education Today.* 35(2), 360-365.

Kenny M., and Fourie R. (2015). Contrasting classic, Straussian, and constructivist grounded theory: Methodological and philosophical conflicts. *The Qualitative Report.* 20(8), 1270–128

Khanna, T., Gulati, R., and Nohria, N. (1998). The dynamics of learning alliances: Recent accomplishments and future challenges. *Journal of Management.* 19(3), 193 – 210.

Kings Fund (2000). The King's Fund History of Nursing. https://my.visme.co/view/q6jz4wre-the-king-s-fund-nursing-exhibition-2020

Kirstetter, K. (2012). Insider, Outsider or Somewhere in between: The Impact of Researchers' Identities on the Community based Research Process. *Journal of Rural Social Sciences*. 27(2), 99-117.

Kniffin, K.M., Narayanan, J., Anseel, F., Antonakis, J., Ashford, S.P., Bakker, A.B., Bamberger, V, P., Bapuji, H., Bhave, D.P., Choi, V.K., Creary, S.J., Demerouti, E., Flynn, F.J., Gelfand, M.J., Greer, L. L., Johns, G., Kesebir, S., Klein, P.G., Lee, S.Y., Ozcelik, H., Petriglieri, J.L., Rothbard, N.P., Rudolph, C.W., Shaw, J.D., Sirola, N., Wanberg, C.R., Whillans, A., Wilmot, M.P. and Bugt, M. (2021). COVID-19 and the workplace: implications, issues, and insights for future research and action. *American Psychologist.* 76(1), 63-77.

Koch, T., and Harrington, A. (1998). Reconceptualising rigour: The case for reflexivity. *Journal of Advanced Nursing*. 28, 882–890.

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development.* Englewood Cliffs, NJ: Prentice-Hall.

Kolb, D A. (2015) *Experiential Learning: Experience as the source of Learning and Development*. 2nd edition. New Jersey, USA: Pearson

Landkammer, F., and Sassenburg, K. (2016). Competing while cooperating with the Same others: The consequences of conflicting demands in co-operation. *Journal of Experimental Psychology.* 145(12), 1670-1686.

Lascaux, A., (2020). Coopetition and trusts: What we know, where to go next. *Industrial Marketing Management.* 84, 2-18

Lau, K Y., Chan, S K., Cheah, L L., Jabbar, A B A., Lim, S H. (2024). Experiences of preceptorship in Singapore: A qualitative exploratory study of preceptors' experience in precepting nursing students during pre-registration of clinical placement in an acute hospital. *Nurse Education in Practice.* 75, 103875.

Le Roy, F., and Fernandez, A. (2015). Managing coopetitive tensions at the working-group level: The rise of the coopetitive project team. *British Journal of Management.* 26(4), 671–688

Le Roy, F., and Czakon, W. (2016). Managing Coopetition: The missing link between strategy and performance. *Industrial Marketing Management.* 53, 3-6.

Le Var, R.M.H. (1997a). Project 2000: a new preparation for practice – has policy been realized? Part 1. *Nurse Education Today.* 17(3), 171-177.

Le Var, R.M.H. (1997b). Project 2000: a new preparation for practice – has policy been Realized? Part 2. *Nurse Education Today.* 17(4), 263 – 273.

Liao, L. M., Sun, X. Y., Yu, H., and Li, J. W. (2016). The association of nurse educational preparation and patient outcomes: Systematic review and meta-analysis. *Nurse education today. 42*, 9–16.

Lincoln, Y. S., and Guba, E. G. (1985). *Naturalistic inquiry*. London, United Kingdom: SAGE.

Lorgnier, N., and Su, C.J. (2014). Considering co-opetition strategies in sports tourism networks: a look at the non-profit nautical sports clubs on the northern coast of France. *European Sport Management Quarterly.* 14(1), 87-109.

Lou, X., Slotegraaf, R.J., and Pan, X. (2006). Cross-functional "coopetition": The simultaneous role of coopetition and competition within firms, *Journal of marketing.* 70(4), 67-80.

McCann, T., and Polacsek, M. (2018). Understanding, choosing, and applying grounded theory: part 1. *Nurse Researcher.* 26(3), 43 – 49.

McCrae, N., and Purssell, E. (2016). Is it theoretical? A review of sampling in grounded theory studies in nursing journals. *Journal of Advanced Nursing.* 72 (10), 2284-2293.

McEvily, B., and Tortoriello, M. (2011). Measuring trust in organisational research. *Journal of Trust Research.* 1(1), 23- 63.

McGee, P. (2015). S.U.M.O. (Shut Up, Move On). *The Straight-Talking Guide to Succeeding in Life*. 3rd Edition. North Mankato, USA: Capstone.

Mies, M. (1993). *Towards a Methodology for Feminist Research* in Hammersley, M. (ed), Social Research: Philosophy, Politics and Practice. P: 68. London, United Kingdom: Sage Publishing

Migration Advisory Committee (2020). Review of the Shortage Occupation List: 2020 https://assets.publishing.service.gov.uk/media/5f8d49748fa8f56ad551249a/SOL_2020_Report_Final.pdf

Mitchell, G. (2022, March). England's CNO says 50,00 more NHS nurses 'no longer enough'. *Nursing Times*. https://www.nursingtimes.net/news/workforce/englands-cno-says-50000-more-nhs-nurses-no-longer-enough-22-03-2022/

Mohd Noor, N.A., Perumal, S. and Goaill, M.M. (2015). The impact of relational marketing bonds on retailers' economic and social satisfaction. *Journal of Relationship Marketing.* 14(2), 124-151.

Moon, K., and Blackman, D. (2017). *A guide to ontology, epistemology, and philosophical perspective for interdisciplinary researchers. Integration and Implementation Insights: A community blog and repository of resources for improving research impact on complex real-world problems*. https://i2insights.org/2017/05/02/philosophy-for-interdisciplinarity/

Moralejo, D., Ogunremi, T., and Dunn, K. (2017). Critical Appraisal Toolkit (CAT) for assessing multiple types of evidence. *Canada Communicable Disease Report.* 43(9), 176 – 181.

Morin, KH. (2000). Nursing education after COVID-19: Same or different. *Journal of Clinical Nursing.* 29(17-18), 3117-3119.

Mostowlansky,T., and Rota, A. (2020). *Emic and etic*. In Stein, F., Lazar, M., Candea, H., Diemberger, H., Robbins, J., Sanchez, A., and Stasch, R. (Eds). The Cambridge Encyclopaedia of Anthropology.

Munge, B., Thomas, G., and Heck, D. (2018). Outdoor fieldwork in higher education: Learning from multidisciplinary experience. *Journal of Experiential Education. 41 (1)*, 39-53. doi: 10.1177/1053825917742165

Munn, F. (2021, March 24th). Is nursing a calling or a career choice. Editorial. *Nursing Standard*. https://rcni.com/nursing-standard/opinion/editorial/nursing-a-calling-or-a-career-choice-172956

Nalebuff, B.J., and Brandenburger, A.M. (1996) *Coopetiton*. London, United Kingdom: Harper Collins Business.

Nalebuff, B.J., and Brandenburger, A.M. (2002) *Coopetition*. London, United Kingdom: Profile Books.

National Audit Office. (2020). *The NHS nursing workforce*. Department of Health and Social Care. London. https://www.nao.org.uk/wp-content/uploads/2020/03/The-NHS-nursing-workforce.pdf

Nguyen, N.P., Ngo, L.V., Bucic, T., and Phong, N.D. (2018). Cross-functional knowledge sharing, coordination, and firm performance: The role of cross-functional competition. *Industrial Marketing Management.* 71, 123-134.

NHS Digital. (2022). *NHS Workforce Statistics – September*. NHS Digital. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/august-2022

NHS England. (2019). *The NHS Long Term Plan*. NHS, London. https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

NHS England. (2020). *We are the NHS: People Plan 2020/21 – action for us all*. NHS, London. https://www.england.nhs.uk/ournhspeople/

NHS Pay Review Body. (2020). *NHS Pay Review Body Thirty-Third Report 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/902466/CCS0320353028-001_NHSPRB_Book_WEB_ACCESSIBLE__4_.pdf*

NHS England (2023). *NHS Long Term Workforce Plan*. https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/

Norton, L. (2008). *Assessing student learning* in: Marshall, Fry, H., and Ketteridge, S., (Eds). A Handbook for Teaching and Learning in Higher Education: Enhancing Academic Practice. Third Edition. pp. 132-146. London, United Kingdom: Routledge.

Nuffield Trust. (2022). *Facts and figures on the nursing workforce*. Nuffield Trust. https://www.nuffieldtrust.org.uk/files/2022-12/facts-and-figures-on-nursing-workforce-nuffield-trust.pdf

Nurses Bill. (1943). *Nurses: A Bill to provide for the enrolment of assistant nurses for the sick, to restrict the use of the name or title of nurse, to regulate agencies for the supply of nurses for the sick and to amend the Nurses Registration Act, 1919*. House of Commons Parliamentary Papers Online. U.K. Parliamentary Papers.

Nursing, Midwifery and Health Visitors Act. (1979). https://www.legislation.gov.uk/ukpga/1979/36/contents

Nursing, Midwifery and Health Visitors Act. (1992). https://www.legislation.gov.uk/ukpga/1992/16/enacted

Nursing, Midwifery and Health Visitors Act. (1997). https://www.legislation.gov.uk/ukpga/1997/24/pdfs/ukpga_19970024_en.pdf

Nursing and Midwifery Council. (2018a). *Standard for pre-registration nursing programmes*. NMC. London. https://www.nmc.org.uk/globalassets/sitedocuments/standards/2023-pre-reg-standards/pre2023-standards/pre-2023_nmc_standards_for_pre_registration_nursing_programmes.pdf

Nursing and Midwifery Council. (2018b). *Standard for student supervision and assessment*. NMC. London. https://www.nmc.org.uk/globalassets/sitedocuments/standards/2023-pre-reg-standards/pre2023-standards/pre-2023_nmc_standards_for_student_supervision_and_assessment.pdf

Nursing and Midwifery Council. (2018c). *The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates*. NMC. London. *https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-old-code-2015.pdf*

Nursing and Midwifery Council. (2018d). *Standards of proficiency for registered nurses*. NMC. London. https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-of-proficiency-for-nurses.pdf

Nursing and Midwifery Council. (2018e). *Standards framework for nursing and midwifery education*. NMC. London. https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/

Nursing and Midwifery Council. (2018f). *Standards relating to return to practice*. NMC. London. https://www.nmc.org.uk/standards-for-education-and-training/standards-relating-to-return-to-practice/standards-for-return-to-practice-programmes/

Nursing and Midwifery Council. (2020). *The NMC register England: 1st April 2020 – 31st March 2021*. NMC. London. https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/annual-2021/0005c-nmc-england-register-2021-web.pdf

Nursing and Midwifery Council. (2022a). *Leavers' survey 2022: Why do people leave the NMC register*? NMC. London. https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/march-2022/leavers-survey-2022.pdf

Nursing and Midwifery Council. (2022b). *The NMC register England mid-year update. 1 April – 30 September 2022*. NMC. London. https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/sep-2022/0082a-mid-year-data-report-uk-web.pdf

Nursing and Midwifery Council. (2023). *Standard for pre-registration nursing programmes*. NMC. London https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-for-pre-registration-nursing-programmes.pdf

O'Connor, M.K., Netting, F.E., and Thomas, M.L. (2008). Grounded theory. Managing the challenge for those facing institutional review board oversight. *Qualitative Inquiry.* 14(1), 28-45.

O'Connor, A., Carpenter, B., and Coughlan, B. (2018). An exploration of key issues in the debate between Classic and Constructivist Grounded Theory. *Grounded Theory Review: An International Journal.* 17(1), 90 – 103.

Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou,R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., McGuiness, L. A., Stewart, L. A., Thomas, J., Tricco, A. C., Wlech, V. A., Whiting, P., and Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *British Medical Journal.* 372(160). https://doi:10.1136/bmj.n71

Palmer, B., and Rolewicz, L. (2022). *The long goodbye? Exploring rates of staff leaving the NHS and social care*. Nuffield Trust Explainer.

Patton, M.Q. (2015). *Qualitative research and evaluation methods*. (4th Edition). Thousand Oaks, CA: Sage Publishing Ltd.

Peng, T.-JA., and Bourne, M. (2009). The coexistence of competition and cooperation between networks: Implications from two Taiwanese healthcare networks. *British Journal of Management*. *20*(3), 377–400.

Polacsek, M., Boardman, G., and McCann, T., (2018) Understanding, choosing and applying grounded theory: part 2. *Nurse Researcher*. doi: 10.7748/nr.2018.e1593

Pyhalto, K., Tikkanen, L., and Anttila, H. (2023). The influences of the COVID-19 pandemic on PhD candidates' study progress and study wellbeing. *Higher Education Research and Development*. 42(2), 413-426.

Qureshi, HA., and Unlü, Z. (2020). Beyond the Paradigm Conflicts: A Four-Step Coding Instrument for Grounded Theory. *International Journal of Qualitative Methods*. 19.

Rahi, Samar. (2017). Research Designs and Methods: A Systematic Review of Research Paradigms, Sampling Issues, and Instruments Development. *International Journal of Economic and Management Science*s. 6(2).

Raza-Ullah, T., Bengtsson, M., and Kock, S. (2014). The coopetition paradox and tension in co-opetition at multiple levels. *Industrial Marketing Management.* 43(2), 57-66.

Raza-Ullah, T., and Kostis, A. (2020). Do trust and distrust in coopetition matter to performance? *European Management Journal.* 38, 367-376.

Rehman, A.A., and Alharthi, K. (2016). An Introduction to Research Paradigms. *International Journal of Educational Investigations.* 3(8), 51 -59.

Ritala, P., and Hurmerlinna-Laukkanen. (2009). What's in it for me? Creating and appropriating value in innovation-related coopetition. *Technovation.* 29(12), 819-828.

Ritala, P. (2012). Coopetition Strategy – When is it Successful? Empirical Evidence on Innovation and Market Performance. *British Journal of Management.* 23(3), 307 -324.

Rodriguez-Perez, M., Mena-Navarro., Dominguez-Pichardo, A., and Teresa-Morales. (2022). Current Social Perception of and Value Attached to Nursing Professionals' Competences: An Integrative Review, *Environmental Research and Public Health*. 19(3), 1817.

Rolewicz, L., Palmer. B., and Lobont, C. (2022). The NHS workforce in numbers: Facts on staffing and staff shortages in England. Nuffield Trust. https://www.nuffieldtrust.org.uk/public/resource/the-nhs-workforce-in-numbers

Royal College of Nursing (2012). 'This is nursing'. Available at: www.youtube.com/watch?v=URlKV0ewrhMandlist=TLf3Mg0riLzDA

Royal College of Nursing. (2020a*). Speaking Up: How UK nursing staff expect to valued*. Royal College of Nursing. London.

Royal College of Nursing. (2020b). *Beyond the Bursary: Workforce Supply*. Royal College of Nursing. London

Royal College of Nursing. (2022). *UK Staffing for Safe and Effective Care: State of the nation's nursing labour market*: *RCN biannual report February 2020*. Royal College of Nursing. London. https://www.rcn.org.uk/Professional-Development/publications/staffing-for-safe-effective-care-labour-nursing-market-2022-uk-pub-010-108

Rubin, H.J., and Rubin, I.S. (2011). *Qualitative Interviewing: The Art of Hearing Data*. 3rd Edition. Sage. London.

Saks, M., and Allsop, J. (2019). *Researching Health: Qualitative, Quantitative and Mixed Methods*. London, United Kingdom: Sage Publishing Ltd.

Salah. A.A., Aljerjawy. M., and Salama. A. (2018) The gap between theory and practice in nursing education: The role of clinical setting. *JOJ Nursing and Health Care.* 7(2), 658-663.

Sanou, F. H., Le Roy, F., and Gnyawali, D. R. (2016). How does centrality in co-opetition networks matter? An empirical investigation in the mobile telephone industry. *British Journal of Management. 27*(1), 143–160.

Savin-Baden, M., and Major,CH. (2013). *Qualitative Research: The Essential Guide to Theory and Practice*. London, United Kingdom: Routledge.

Schmidt, M., and Hansson, E., (2018). Doctoral students' well-being: a literature review. *International Journal of Qualitative Studies on Health and Well-Being.* 13(1) 1508171.

Seaman, J., Brown, M., and Quay, J. (2017). The evolution of experiential learning theory: Tracing lines of research in the JEE. *Journal of Experiential Education. 40*(4), NP1-NP21. doi: 10.1177/1053825916689268

Seran, T., Pellegrin-Boucher, E., and Gurau, C. (2016). The management of coopetitive tension within a multi-unit organizations. *Industrial Marketing Management.* 53, 31-41.

Sermeus, W., Aiken, L.H., Van den Heede, K., Rafferty, A.M., Griffiths, P., Moreno-Casbas M.T., Busse, R., Lindqvist, R., Scott, A. M., Bruyneel, L., Brzostek, T., Kinnunen, J., Schibert, M., Schoonhoven. L., and Zikos, D. (2011). Nurse forecasting in Europe. (RN4 CAST): rationale, design, and methodology. *BMC Nursing.* 10(6), 2 – 9.

Sharif, K., Farooqi, N., Kassm, N., and Zain, M. (2022). Analyzing informal value transfer networks through the lens of social exchanges. *Society and Business Review.* 17(3), 394-420.

Shembavnekar. N., Buchan. J., Bazeer. N., Kelly. E., Beech. J., Charlesworth. A., McConkey. R., and Fisher, F. (2022). *REAL Centre Projections: NHS workforce projections 2022*. The Health Foundation. London. http://doi.org/10.37829/HF-2022-RC01

Shen, H., Gao, Y., and Zhang, C. (2019). Managing conflict and trust as coopetition within alliance partnership in an emerging economy. *South African Journal of Business Management.* 50(1), 2078-5585

Social Work England. (2021). *Education and training standards*. Sheffield. https://www.socialworkengland.org.uk/standards/education-and-training-standards/

Stadtler, L. (2018). Tightrope walking: Navigating competition in multi-company cross-sector social partnerships. *Journal of Business Ethics. 148*(2), 329–345.

Sverdlik, A., Hall, NC., and Vallerand, RJ. (2002). Doctoral students and COVID-19: exploring challenges, academic progress, and well-being. *Educational Psychology*. https://doi.org/10.1080/01443410.2022.2091749

Tidström, A. (2014). Managing tension in coopetition. *Industrial Marketing Management.* 43(2), 261-271.

Tidström, A., Ritala, P, and Lainema, K. (2018). Interactional and procedural practices in managing coopetitive tensions. Journal of Business and Industrial Marketing. 33(7), 945-957.

Tidström, A. (2019). Cooeptitive tensions. In. Fernandez, AS., Chaimbaretto, P., Le Roy, F., and Czakon, W. (Eds). *The Routledge Companion of Coopetition Strategies*. (pp 149 – 157). London, United Kingdom: Routledge Companies

The Browne Report. (2010). *Securing a Sustainable Future for Higher Education: An Independent Review of Higher Education Funding and Student Finance*. Department for Business, Innovation and Skills. GOV.UK. https://www.gov.uk/government/publications/the-browne-report-higher-education-funding-and-student-finance

The Salmon Report on Nursing. (1966*). Salmon Committee on Senior Nursing Structure Administrative functions and Training for these Posts*. Department of Health and Social Security.

Thurtle, V., and Horsfall, J. (2016). The lecturer-practitioner role in the public health nursing team. *Journal of Health Visiting.* 4(1), 6.

Tie, Y.C., Birks, M., and Francis, K. (2019). Grounded Theory research: A design framework for novice researchers. *SAGE open medicine.* 7, 1 – 8.

Timonen, V., Foley, G., and Conlon, C. (2018). Challenges when using Grounded Theory: A pragmatic introduction to doing GT research. *International Journal of Qualitative Methods.* 17, 1-10.

Toy-Cronin, B. (2018). Ethical issues in insider-outsider research. In Iphofen, R and Tolich, M (Eds.), The SAGE handbook of qualitative research ethics (pp. 455–468). SAGE. https://doi. org/doi:10.4135/9781526435446.

Tsai, W. (2002). Social structure of "coopetition" within a multiunit organization: Coordination, competition, and intraorganizational knowledge sharing. *Organization Science.* 13(2), 179 - 190.

University of Chester. (2019). *Data Protection Policy*. University of Chester. https://www.chester.ac.uk/about/legal/privacy/data-protection-policy/

United Kingdom Central Council for Nursing, Midwifery and Health Visiting. (1986). *Project 2000: A New Preparation for Practice*. UKCC, London.

Universities UK. (2015*). Student Funding Panel: An analysis of the design, impact and options for reform of the student fees and loans system in England*. Universities UK

Virtanen H., and Kock, S. (2022). Striking the right balance in tension management. The case of co-opetition in small-and medium-sized firms. *Journal of Business and Industrial Marketing.* 37(13), 33-47.

Warren, S. (2022). *The health and care workforce: planning for a sustainable future*. The Kings Fund. London. https://www.kingsfund.org.uk/publications/health-and-care-workforce

Webb, C. (1992). The use of the first person in academic writing: objectivity, language and gatekeeping. *Journal of Advanced Nursing*, 17(6), 747 -752.

Wemmer, F., Emrich, E., and Koenigstorfer, J. (2016). The impact of cooepetition based open innovation on performance in non-profit sports clubs. Sport Management Quarterly. 16(3), 341-363.

Werner, K., Dickson, G., and Hyde, K. F. (2015). Coopetition and knowledge transfer dynamics: New Zealand's regional tourism organizations and the 2011 Rugby World Cup. *Event Management.* 19(3), 365–380.

West, M., Bailey, S., and Williams, E. (2020*). The courage of compassion: Supporting nurses and midwives to deliver high-quality care*. The Kings Fund. London. https://www.kingsfund.org.uk/publications/courage-compassion-supporting-nurses-midwives

Whaley, V., Hay, J., and Knight, K. (2023). Preparing nurse educators for NMC standards for student supervision and assessment: the impact 4 years on. *British Journal of Nursing*, 32(3), 130-134.

Woods, M., Paulus, T., Atkins, D. P., and Macklin, R. (2016). Advancing Qualitative Research Using Qualitative Data Analysis Software (QDAS)? Reviewing Potential Versus Practice in Published Studies using ATLAS.ti and NVivo, 1994–2013. *Social Science Computer Review.* 34 (5), 597–617.

Woods, M., Macklin, R., and Lewis, G. (2015). Researcher reflexivity: exploring the impacts of CAQDAS use. International Journal of Social Research Methodology. 19(4), 385 – 403.

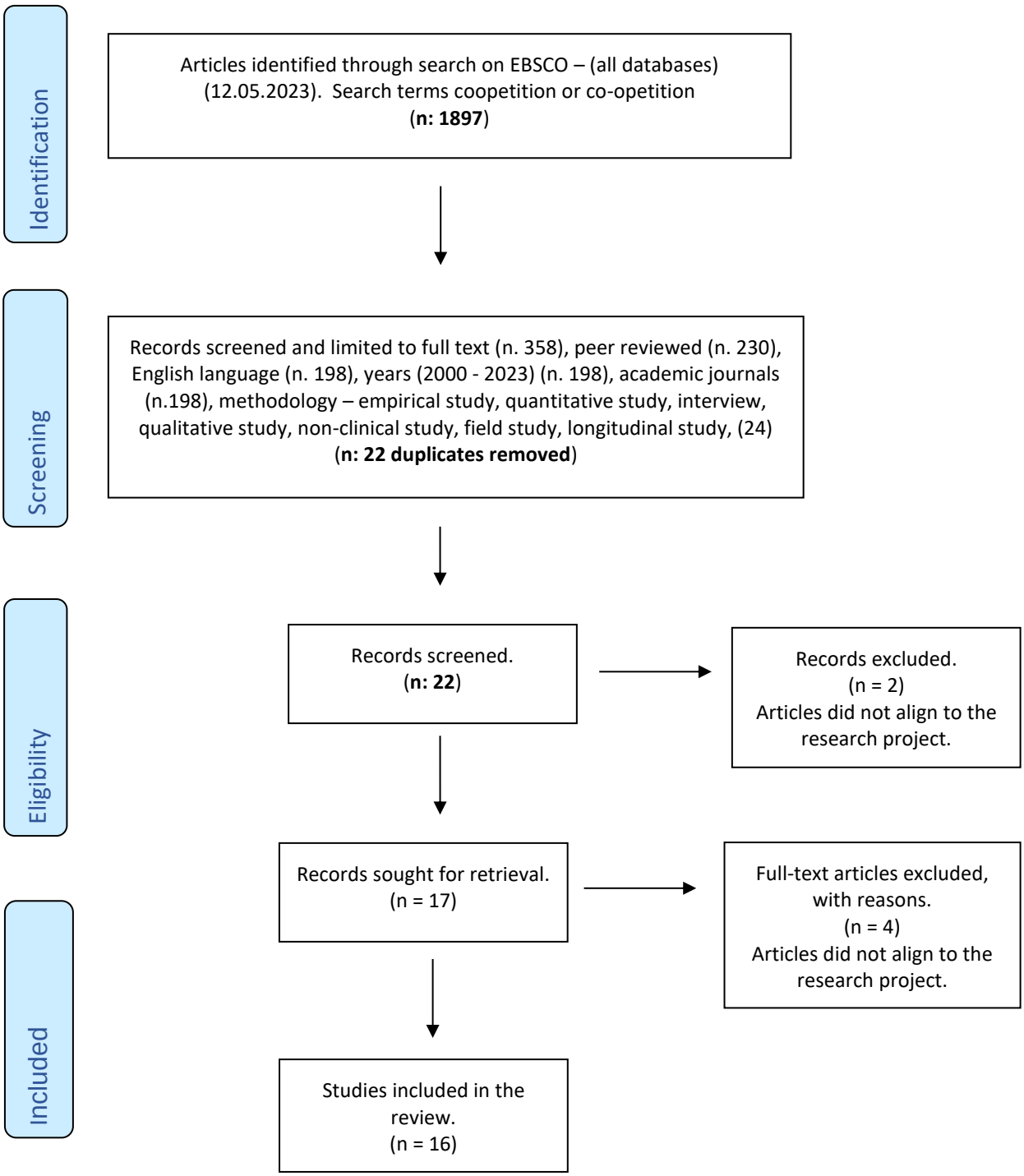
Winnington, N.S., Cunningham, R.M., Katz, R.H., Lidstrom, M.E., Moler, K.A., Wirtz, D., and Zuber, MT. (2020). Moving academic research forward during COVID-19. Policy Forum. *Science.* 368 (6496), 1190-1194.

Yin, R.K. (2018). *Case Study Research and Applications – Design and Methods*. London, United Kingdom: SAGE Publications Ltd.

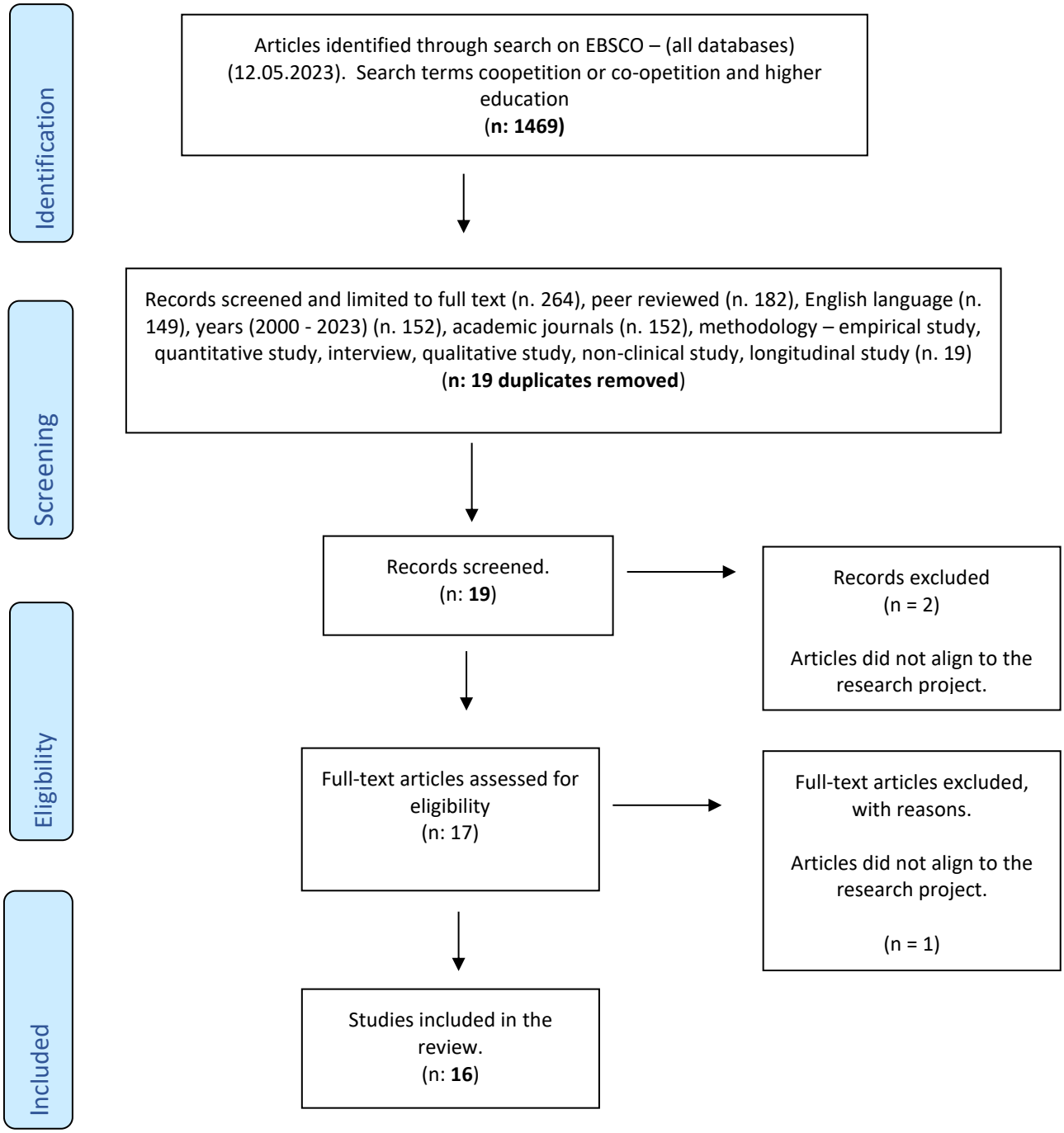
Appendices

Appendix 1. PRISMA Search Strategy

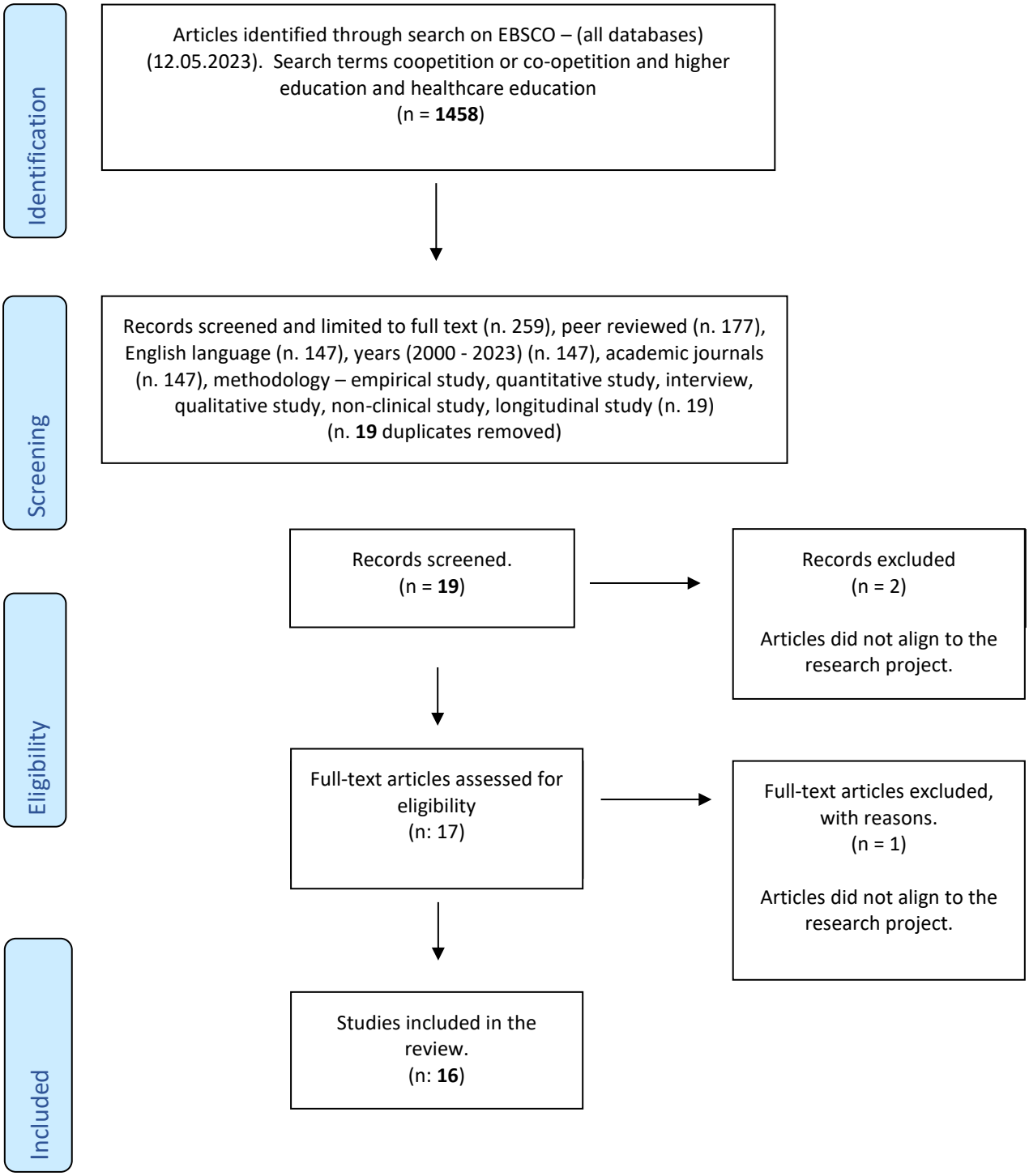
Search 1 - 03.05.2023



Search 2 - 05.05.2023



Search 3 - 15.05.2023



Appendix 2. Participant Information Document

Co-opetition and Higher Education – A grounded theory study into the evolution of a shared vision for practice learning in pre-registration nurse education.

You are being invited to take part in a doctoral study. Before you decide, it is important for you to understand why the research is being undertaken and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of the study?

This doctoral study aims to explore healthcare academics' experience of co-opetition, particularly in the evolution of a shared vision for practice learning within pre-registration nurse education. A further aim is to gain insight into aspects which may influence or inhibit relationships within co-opetition.

A written report will be produced at the end of the project. The findings from the doctoral study will be used to inform how co-opetition can be used more widely in Higher Education research.

A ground theory methodology will be utilised with semi-structured interviews and focus groups being the chosen methods for data collection.

Why have I been chosen?

You have been chosen because you have been instrumental in establishing and supporting the evolution of North-West Practice Education Group (THE NWPEG) and their underlying principles.

Do I have to take part?

No, you do not have to participate. If you decide to participate, you will be given this information document to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?

If you decide to take part, you will be given this information document to keep and asked to sign the consent form. You will then be contacted by the researcher (student) and invited to attend a meeting where the aims and objectives of the project will be discussed.

An interview or attendance to a focus group will be scheduled. The interview/focus group is expected to last approximately 60-90 minutes and will be audio taped.

What are the possible disadvantages and risks of taking part?

There are no disadvantages or risks foreseen in taking part in the study.

What are the possible benefits of taking part?

Taking part in this research will allow you to share your experiences of working within the context of co-opetition in Higher Education. It is expected that you may derive some benefits from the opportunity to reflect upon your experiences.

What if something goes wrong?

If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during this study, please contact:

Professor Kurt Allman
Dean
Faculty of Business and Management, University of Chester
01244 512031 k.allman@chester.ac.uk

If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence (but not otherwise), then you may have grounds for legal action, but you may have to pay for this.

Will my taking part in the study be kept confidential?

Yes. All information which is collected about you during the research will be kept strictly confidential so that only the researcher carrying out the research will have access to such information.

Participants should note that data collected from this project may be retained and published in an anonymised form. By agreeing to participate in this project, you are consenting to the retention and publication of data.

What will happen to the results of the research study?

It is anticipated that the results of the study will be disseminated via conferences and academic publications.

Who is organising and funding the research?

The research forms the thesis of the researchers Doctorate in Business Administration and has not received any funding.

Who may I contact for further information?

If you would like more information about the research before you decide whether or not you would be willing to take part, please contact:

Louise Shorney. L.shorney@liverpool.ac.uk

Negligent Harm Statement

'The University does not accept liability for harm which does not result from its negligence. In the event that something does go wrong, and a participant is harmed during the research and the harm sustained is due to the negligent acts of those undertaking the research, then the participant may have grounds to bring legal action. Anyone bringing such legal action may incur legal costs.

Appendix 3. Participant Informed Consent Form

Title of Project:

Co-opetition and Higher Education – A grounded theory study into the evolution of a shared vision for practice learning in pre-registration nurse education.

Name of Researcher: Louise Shorney

		Please initial box
1.	I confirm that I have read and understood the participant information sheet, dated ……., for the above study and have had the opportunity to ask questions.	☐
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my care or legal rights being affected.	☐
3.	I agree to take part in the above study.	☐

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent (if different from researcher)	Date	Signature
_____	_____	_____
Researcher	Date	Signature

<u>Negligent Harm Statement</u>

'The University does not accept liability for harm which does not result from its negligence. In the event that something does go wrong, and a participant is harmed during the research and the harm sustained is due to the negligent acts of those undertaking the research, then the participant may have grounds to bring legal action. Anyone bringing such legal action may incur legal costs.

Appendix 4. Interview Guide

Introduction and confirm consent.

1. Tell me about your role in Higher Education?

2. Can you explain what oversight you have in relation to the management/coordination of practice learning in pre-registration nursing?

3. Can you tell me about your experiences of working with other HEIs in THE NWPEG?

Prompts:

- What have been the benefits/value?
- Who/what been the enablers?
- Have you had any challenges/conflicts?

4. How does the work undertaken within THE NWPEG influence your institutions decision making in relation to practice learning in nurse education?

Prompts:

- Was your HEI responsive to the national PAD?
- Did you experience any challenges regarding the implementation of the national PAD? Any successes?

5. Can you explain your students' responses and experiences with the PAD?

Appendix 5. Focus Group – example of coding and categories

Final Focus Group	Code	Category
Shorney, Louise (LS) Right. So, thank you ever so much for taking time out of your busy schedules to have another conversation with me. So, we all know each other, but for the purpose of the recording kind of just get you to introduce yourself and just say your names cause so when we're transcribe our can I'll I know who you all are. So, I'm Louise. LS: Ali - Ali – I'm Ali LS: Ruth Ruth – I'm Ruth LS: Sue Sue – I'm Sue LS: Liz Liz – I'm Liz LS: Bob Bob – I'm Bob LS: So, we had a couple of apologies today. Bev from Bolton was unable to attend, and Meg from Chester is also unfortunately unable to attend. LS: As you are aware, I have been collecting some data from my thesis and it's been interesting. I was reading of haven't analysed it yet properly in the proper format, but I started to listen to the transcripts again and listen and read the transcripts again. And I just felt there was elements before I called this meeting that I wanted to kind of close the loop because it's a bit like action research what I'm doing, although I'm not doing action research, I think it it this will close the loop of some of the questions that have been left hanging. But also I think so much has changed since I've collected the data, so starting my data collection last May and I finished it in July. And and it's funny when you go, you think that was July and we're now in March, how much has changed in that seven months, 6-7 months? And it's particularly around not necessarily part of its COVID. But part of what NWPEG is doing has how much has changed since then, so I just want to perhaps revisit some of the questions. And because we've got the three systems together just to have a bit more of a conversation around some of the. Of how we work together as the three systems because we do, but also perhaps some of the challenges of how we work together as the three systems. And then I want to ask about the future. And then we can put the. Then we can put the seat back on. So, I know all of where all of your roles are within higher education and that's been really illuminating as well because. Universities have huge provision, and some have quite different provision and I do think that hasn't affected and an impact on our roles and responsibilities completely. And I think it's. When we've had those conversations, it's made me go. ******, that's massive. You		

know, if you look at, I'm looking at you, Debs. You've got huge provision at MU and Sue, do you Mandy at UCLAN? Whereas you we have a a broad provision, but it's not large at Liverpool whereas Edge, Hill and LJMU it's massive, but it's not as complicated, I think as edge as MU and UCLAN just because of the different disciplines and the different requirements. So that's been really helpful to look at. Who does what across each area and how we all interface. So I'm going to go back to my second question, which is around you telling me about your experiences of working with other HEI. In the NW PEG about what are the benefits? What are the? What are the enablers? What are the challenges? So I'm just gonna throw that back out to you again. Sue For me, the benefits are. I think our roles were quite isolating that were the only one of us within our institutions. So rather than our peer support being in being internally, are peer support is very much externally across the region and it gives us the opportunity to send check things and and to get that support when we're supposed to be the adult E adult about certain decisions and we can confer with other people who are. Being the adult heist on these matters. Yeah. Ruth Yeah, I'd, I'd agree with that Ruth. *I think particularly it came into its own, you know, around COVID and the risk assessment and the fact that we were doing the same as a NW region, it kind of gave us some real validity when we were challenged within our well, certainly within my organization*, you know our processes which challenged and students were unhappy because of various things and you know to have the to know that you're doing the same thing as every other uni and the NW region. *And it was a real*. Was really helpful because it was a time of such stress and you know it, you know, being the adultiest, adult and the organization is hard at the best of times. But when you're in the middle of a National Health crisis, it it was super hard. Sue Yeah. Ruth . I think the things that are more challenging is when we're not all in the same place. And so we're just working at different speeds and we're working it with different focus and you're sometimes drawn into things that are a priority in somebody's organization, not necessarily yours. Ruth And there's different structures within the three ICS is clearly, you know. That was supposed in Cheshire and Merseyside. Look at Manchester and think, my God, you know you've got a really different set up to us. And. And. Sue Yeah.	Practice lead **Role isolation** Positive support (decision making) Collaboration/ Covid Autonomy decision making/shared processes Stress Systems differences Systems differences	Category 1 Category 3 Category 3 Category 3 Category 1 Category 3 Category 1 &3 Category 2 Category 3

Ruth Yes, so things don't fit the same. We're just means we can't. We don't all fit the same way and I think that's what I find the biggest challenge really is to make things fit in a way that suits our individual organizations as well as the bigger region cause. Doesn't always quite match up. Ali I think I would agree with you that, Ruth, I think when it works, it works really, really well. Ruth Yeah. Ali And when it doesn't work, it's because we're either butting heads because of system pressures and it's. I wanna say butting heads. I don't mean that in a negative way. It's just, you know, we are basically trying to defend our own organization and our own organizational principles in the context of decision making. That doesn't always then fit with the kind of bigger picture in the agenda that everybody else has got. And that can be really challenging. So whilst she's talked about having that peer support, sometimes it can feel more isolated when everybody else wants to do something. *And I'll give you the example of the COVID risk assessment because all I want to do is to be able to say, yeah, that's fine*. Let's get rid of it and it feels like we're the ones that are holding that decision making back because of our internal processes, which is a real challenge for me. So sometimes. Being really transparent and aware of what's going on across the whole system actually does make you more frustrated. Bob Yeah. Liz Yeah. Sue *Because you can't land it* Bob I think. Yeah. Ali As you can't land it internally all, like Ruth says, sometimes you feel like you're behind the curve or that you've almost got this enormous piece of work that needs to be done to get you to that place that you need to be in. So sometimes it adds additional pressure as well, I would say, but that's only a very small part of me that feels like that. Nine times out of 10, it feels really, really supportive and really positive and a real forum for us to move things forward. It's a collective and that collaboration and communication, I think without NW PEG would be really challenging. Bob	Systems differences **Challenges** Positive support Systems differences **Negative** Role Isolation *Collaboration/ Covid* Autonomy/ Decision making Transparency *Leadership* Frustration (internal) Stress positive support Systems/ Behaviours/	Category 2 Category 3 Category 3 Category 3 Category 1 Category 3 Category 3 Category 1 Category 2 Category 2 Category 3 Category 3 Category 3

. We all agree to it and actually then it's enabled them to review some of the policies and processes that have been stagnating in the organization for so many years.	Relationships	Category 3
.		
Sue		Category 3
Bob		Category 3
	Autonomy/decision making ability	
Sue Currency doesn't it to debate with, really, and particularly when we've got the big challenges where we need .		Category 3
Bob Yeah. Yeah, yeah.		
Sue		Category 3
Bob Yeah.		
Ruth Is this?		
Sue Yeah.		
Liz So so it it's a bit like, yeah, it's a bit like kind of, you know, flagging your patient was sick with a new score, isn't it? There might be a student there, but my new score sevens, you got. Just think about it. So sort of listened to me. I think for me that.		
Sue That's a really good analogy.		
Liz I've because I've been looking at news literally the looking at new scoring. 2 minutes ago. I think for me it was about being fair and safe and I would argue that placements were the biggest. *Had the one of the biggest impacts in COVID very, very quickly. Students were pulled, moved, then, then flung back out and actually we had still very little to go by, you know, you know,*	*Collaboration/ Covid*	Category 3
		Category 3
	Positive support	Category 3
Not just all on me, but the whole student body and our little part of the world felt		Category 3

I felt safe and felt like we we were doing the safe, the fair and the right thing in this one. Bob Yeah. Liz *Unchartered territory that was.* Sue Think that safety translates to other areas as well, doesn't it? Like the inclusivity, work that we're doing at the minute we've been able to really draw on really specific strengths and knowledge from people in lots of different areas with a lot of different specialisms. That's enabled us to look at cost is actually quite a big legal risk here. This is what all the legislation is saying. This is where we're up to the I don't think any of us could do on our own. Bob No. Yeah. Sue It's very much gives us that basis of looking at, OK, actually this is legal responsibility stuff. This is not just somebody setting a room making it up on a post, it note really. Yeah. Bob Yeah, I was gonna kind of on the back of that, we'd all be sectioned within a couple of months I think yeah, but. Ali I'm on the verge. Sue To be fair, I've bought my bed, Bob. Ali To be honest. Bob But I think some of that, even if it just relates to some of that conversation or well, Cheshire amazing already had it or GM doing this actually that's really good for us to do as well. . Ali I think it's . Everybody's Diaries are the same. We're meeting after meeting after meeting, after meeting the actions get done at the end of the day or the	*Collaboration/ Covid* Positive support Governance Governance NWPEG purpose NWPEG purpose Practice Lead	Category 3 Category 3 Category 3 Category 3 Category 3 Category 3 Category 1

beginning of the next day because there's no time in between. And if you're lucky, you might get 5 minutes to grab a butty. So, you know, trying to drive things and to move projects forward and to get and to implement changes really difficult when you're work in isolation. And and I just see the people that we around this table and the wider people who aren't here today as being that extra kind of resource of team to enable us to do that work. And yes, OK, we've all got different priorities. You know, so what's an important priority to one might not be the same to all of us because we're all at different places in our institutions. But we all understand it and	Change agents Strategic vs. operational	Category 3 Category 1 Category 1
LS. That's good. And it's it's interesting that you say that because I think. I think what's highlighted is the work that that you've done, Sue, you've led on around the inclusivity because I know last week our Cheshire and Merseyside, we were talking about that and and there is some work that's happened within Cheshire, Merseyside, but it's how we now link to the to the NW work because it's because of that work that's been done and it's how we're, you know we we need, I need to look at it from a school perspective. But how we look at it across the system perspective. And have a one standard approach across the NW would be just amazing. Because then it reduces duplication. It reduces confusion. The students then understand what they're getting and when they are getting it and sort of the perhaps the providers and the recesses and there and it just makes sense. Sue	NWPEG purpose	Category 3
. The challenges of navigating so many different providers in a region so many different directions. From there we've got the ICB and HEE. We've got all the different consortium structures, all of those different things. To be fair, Mary works on Ward five. Really doesn't need to know all of that. She needs to know how to support the learner in front of her. And that's where her energies go. And the more we can maintain that focus, the better experience we're gonna have to learners at the other end, aren't we? LS Yeah. Yeah. So what do you think some of the challenges are and we were talked about systems. Around our own ternal pressure.	Systems differences	Category 1 Category 3
Ali I think I think that is the biggest challenge. The difference in the in structures within systems. And.	Systems differences	Category 1
Liz I'm I'm roles, roles, responsibilities. What I can do in my little pocket is completely different to what Bob can do. What Ruth can do, what everybody else can do, and it's what can be what I could action might not be as quick as somebody else. It's, it's it. Just it. It's strange that there's not sort of. A standard roll descriptor if you know if you're going to. If you're going to do this for placements, this is what you're responsible for. The here's your role. Here's your role. You know your	Roles and responsibilities Systems differences	Category 1

roles and responsibilities, and and that's it. And it just differs so much from where you sit in strategic level where you sit in, you know it's, you know, in the establishment is so different. And yeah. Sorry to interrupt, Ali Sue And I think in reality, our challenge can be that even within our organizations that can be recognised by some parties and not by others. So I think there's that. The structural challenges can be internal. Across the board, or internal in different sections of where you you roll feeds into and and that can be quite isolating, can't it? So sometimes NW PEG can make you feel. More isolated, even though it is supportive because it may be shines light on what you don't have as much as what you do. Ruth Yeah. And and I also, I sometimes feel, although less so more recently that I think the practice side of the nursing degree. It's it's very often the poor relation If you think about the structure that surrounds a program with cohort leaders with module leaders, you know everything's got a person responsible and yet practice leads have the whole thing and it's huge. And I think I can't remember. Now when I picked this role, I've been doing it for 4-5 years and I I still cannot wrap my arms around the breadth of this role. And. Sue Oh, no, there's no there's no point in even trying sometimes, Ruth. Ruth Yeah. Yeah, so. Ali Well, and you just get to the point where you think you can and then they give you more to do so. Liz But. Ruth Yeah. So I I think in you know in in a way you're you're almost set up not to be able to grasp you know to mean it's because we don't have the module leader of the cohort leader the year leader. You know whatever the structure doesn't exist in placements even though it's 50% of the degree and it isn't the same in all professions. Umm, but my my focus is predominantly nursing. And so yeah, when it's just reference to the kind of the internal thing I suppose really the teams that manage practice don't have the same support structure around them as the teams that manage program. Ali And I think. Ruth The academic. Yeah. Yeah. Yes. Yeah. Yeah. Yeah.	Strategic vs. operational Lack of insight Organisational positioning Practice lead / role isolation Organisational positioning Ownership of practice learning Frustration Frustration Frustration Ownership of practice learning Expectations	Category 1 Category 1 Category 1 Category 1 Category 2 Category 2 Category 2 Category 2 Category 2

Sue I think that would team as well is an expectation, isn't it? Because some of us have teams, some us have no teams. Some of us have a virtual team. Some of us have had them and then they've gone, you know, we know they continual restructure in nature of universities means that even when we've got them, we can't rely on them being there in five years time. Ali And that. Bob Yeah. I think one of the the challenges from my perspective and I probably this is more just an EHU, a little bit more of an edge hill thing is that because we kind of sit in a field that boards the three ICB and the different structures we have sometimes difficulties with practice partners going. But we do this because it's the GM process and then actually we're trying to do what we've always done and trying to align to that, but then it doesn't, we can't implement one process or procedure because it aligns to that practice partners who. Predominantly sitting GM, when our others sit in Cheshire Mersey, so we find our geographical location quite difficult to manage at some stage. Yeah, GM. Sue Agreed. We're in the same way going into three systems. I think most are, aren't they? But yeah. Bob Yeah. Sue Couldn't agree with you more, Bob. LS It's been interesting. So, the weekend I thought I need to do. Do some little pictures, so I did my little NW PEG timeline of when it started to where we are now and that was really helpful. And then I got a little map of the North-West and did the little bubbles of where this university sat. And then I've done another little drawing where you've got your three bubbles, which you ICS footprint. And then we need to put arrows around them about an arrows in and like do a messy arrow picture to say where all the interdependencies are because as whilst we are three distinct systems were not, are very blurry. Sue Particularly not when you move into allied health. LS I know. And then we've got. Is it Huddersfield? Sue Yep.	Expectations Organisational positioning. Ownership of practice learning Systems/ Behaviours/ Relationships Cross boundary working Cross boundary working Cross boundary working Multiple professions	Category 1 Category 2 Category 1 Category 1 Category 1 Category 2

LS So Yorkshire was coming on board and then if you look at Chester, they've got Shropshire Wrekin and Telford. So it's all. Sue Is anybody else getting a Dad's Army kind of map in the headers? Louise's explaining that that's all I had in my head. Liz The. Good. The. Sue Yes. Uh, yeah. And all those conversations. Ali **I I think what I would say though, and I it's easy for us to focus on some of the negative, isn't it? It's easy for us to say what we don't do well. But actually when you then talk to colleagues who work in other systems around the country, which I've been doing a lot of recently because I've been for some reason flagged up as some kind of InPlace guru. So people just contact me relentlessly and say could you could you, would you mind and 'cause I'm too soft to say no, I end up talking to people** in East Anglia. Bob Yeah. Ali About the rollout of InPlace and all the challenges and Sue **We should be proud of that. No, we haven't.** Ali Has nearly been facilitated, where are we as a system and actually what we've probably not done is celebrated some of those successes as much as we should have done, *particularly coming through COVID and surviving COVID, you know, just having space to kind of. Reflect back and go look at what we managed to do*. And and then shouting about it. Because we don't.	**Pride** **Pride** Celebration *Collaboration/covid*	Category 3 Category 3 Category 3

Appendix 6 Poster Presentation

UNIVERSITY OF LIVERPOOL

Does coopetition amongst healthcare academics enhance collaborative relationships and experiences across 10 Universities from an academic practice-based perspective?

Louise Shorney. l.shorney@liverpool.ac.uk

Background

Practice learning is an integral component in health and social care programmes. Within nursing this accounts for 2300 hours (50%) of the programme (NMC 2018). Practice learning is complex due to the professional, statutory and regulatory bodies (PSRB) standards as well as the University's assessment requirements (NMC 2018). Thoughts and concepts of this research emerged from my experiences of working across organisations both within Higher Education and the Healthcare sector. Collaboration and cooperation are essential when working cross-boundary and this is seen to facilitate shared vision and purposes (Gnyawli and Park 2009). Nalebuff and Brandenburger (1996) describe this as 'coopetition'. This study explored how coopetition is experienced by healthcare academics working as practice learning leads across 10 Universities, who were members of the North West Practice Education group (NWPEG).

Methodology

An interpretivist approach utilising constructivist grounded theory (Charmaz 2014) was the chosen method. Data was gathered via in-depth, semi-structured interviews and focus groups from academic personnel employed and/or working as practice learning leads within Higher Education and were existing or previous members of the North West Practice Education group (NWPEG). Data was analysed, coded and categorised.

Findings

The findings highlighted that coopetition enhanced collaborative experiences across members of the NWPEG. The categories presented below, outlined some of the experiences of participants and how they either positively influenced or challenged their roles both within and across organisations.

Limitations

The study was undertaken in a specific geographical location and as such some of the categories may not be transferrable to other locations within the United Kingdom. The participants were all in specific roles relating to practice learning and as such may be unique to this group of academics. The study was also undertaken during the Covid-19 pandemic and some of the findings will not be transferrable to future studies.

Conclusion

The study demonstrated that coopetition within and across HEI's strengthened the relationships of academic personnel who led on practice learning. The nuanced differences across differences across 3 ICS and HEI's challenged and impacted upon some of the evolution of coopetition relationships.

References

- Charmaz, K. (2014). *Constructing Grounded Theory*. Sage Publications
- Gnyawali, DR., and Park, BJR. (2009). Co-opetition and technological innovation in small and medium enterprises: A multilevel conceptual model. *Journal of Small Business Management*. 47(**3**): 308 – 330.
- Nalebuff, BJ, and Brandenburger, AM. (1996). *Co-opetition*. London. Profile Books.
- Nursing and Midwifery Council. (2018b). *Standard for student supervision and assessment*. NMC. London

Appendix 7 Conference Certificate

Certificate of Attendance

NRICAM RESEARCH SHOWCASE

30th March 2023

Organized by NRICAM – NMAHP Research In Cheshire And Merseyside