

Partnership synergy among European organisations for smoking prevention

by

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Abstract

Objective: *This paper examines the level of partnership synergy, defined as the extent to which the perspectives, resources and skills of the individuals and organisations that participate in a network contribute to and strengthen its work, of the European Network for Smoking Prevention (ENSP).*

Design: *Eighteen members (30.5%) of the General Assembly of the ENSP completed the Questionnaire for Organisational Partners, which measures partnership synergy and its main determinants: effectiveness of leadership, effectiveness of administration and management, partnership efficiency, adequacy of financial resources, adequacy of non-financial resources, challenges to partner involvement, challenges related to the community, and challenges to governing the partnership. Scores were compared to the results of a previous evaluation of ENSP, and to those of 63 partnerships involved in a study in the USA.*

Results: *No significant differences were found between both assessments of partnership synergy and assessments of its determinants. Compared to the partnerships in the USA, ENSP attained a similar level of*

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partnership synergy and scored similar for most determinants, but scored lower for partnership efficiency.

Conclusions: *The level of partnership synergy of ENSP is comparable to that of health related networks in the USA, but it makes less well use of the partners' in kind resources and time. It was suggested that this should be attributed to the diversity of the organisations involved in the network, and to the leadership style.*

Keywords: *partnership synergy, tobacco control, network*

Introduction

The prevalence of smoking remains a major public health concern in Europe. Since tobacco consumption is strongly related to the occurrence of cancer, cardiovascular and respiratory diseases, the damage to public health it causes is considerable. A recent report by the EU confirmed that smoking continues to be the largest single cause of death and disease in the EU, despite the progress that has been made in tobacco control (1). Statistics from the World Health Organisation indicate that the death rate will continue to rise sharply this century, and that smoking will remain the biggest single form of avoidable death in the European Community (2).

These trends highlight the need for a targeted approach to combat smoking. The generic message that smoking is bad for you remains valid, but must be supplemented by measures to help people quit smoking and to prevent them from starting to smoke. These measures should primarily be directed at groups that are especially vulnerable to smoking, such as young people, women, and socio-economically disadvantaged communities.

Research has shown evidence of the effectiveness of tobacco prevention activities at the individual, group and community levels (3). In practice, however, many of the factors that contribute to smoking are complex and interrelated, and cannot be addressed by persons or organisations working alone. To understand the nature of these factors and develop effective strategies to address them, it is necessary to combine the knowledge, skills and resources of a broad range of people and organisations (4). This is supported by a literature review on the effectiveness of alliances for health promotion, revealing that such alliances are necessary to disseminate and implement effective initiatives, and to make sure that essential resources are not wasted (5).

For tobacco control, these alliances should transcend the national level, since controlling tobacco requires approaches which go beyond national politics. For example, within the European Union, taxation of tobacco products and restriction of tobacco advertisements are not regulated at a national level, but require European-wide policy decisions. Hence, tobacco control has become an international issue, which requires collaboration between countries. In the EU, this need for international collaboration has been the main reason to create the European Network for Smoking Prevention. This international non-profit association groups all major associations working in tobacco control within Europe since 1997. The overall aim of ENSP is to build a strategy for co-ordinated action among organisations that are active in tobacco control in Europe, by sharing information and experience and setting up co-ordinated activities and joint projects. This involves creating greater coherence between smoking prevention activities; promoting comprehensive tobacco control policies at the national and European levels; facilitating the activities of national coalitions and networks in EU Member States; promoting collaboration between members through the sharing of information, experience and activities; ensuring the collection and dissemination of information on tobacco issues between the European Institutions, Member States and network members; establishing links with intergovernmental and international NGOs concerned with smoking prevention; supporting tobacco control in the countries of Central and Eastern Europe; facilitating European anti-smoking networks; and co-ordinating joint projects at the European level.

To achieve these objectives, it is important that the ENSP operates as an effective network of collaborating partners. The effectiveness of such a network is expressed by the concept of “partnership synergy”. Partnership synergy is defined as the extent to which the perspectives, resources and skills of the individuals and organisations that participate in a network contribute to and strengthen the work of the group (6). The synergy that a partnership achieves is reflected in the way partners think about the partnership’s goals, plans and evaluation; the types of actions the partnership carries out; and the relationship the partnership develops with the broader community.

The present study aimed to assess the level of partnership synergy in the European Network for Smoking Prevention. It was part of a larger evaluation study assessing the internal strengths and weaknesses of the network, the degree to which it succeeds in addressing its objectives, and the quality of the projects it undertakes. To evaluate the progress of the network, the level of partnership synergy was compared to the results of a similar evaluation performed in 2001.

Method

Instruments

To assess the level of partnership synergy of ENSP, use was made of the Questionnaire for Organisational Partners. This questionnaire was developed by Lasker and coworkers (6) and consists of 7 factor-analytically derived subscales measuring partnership synergy (9 items) as well as its main determinants: effectiveness of leadership (10 items), effectiveness of administration and management (9 items), partnership efficiency (i.e. the partnership's ability to make good use of the partner resources; 3 items), adequacy of non-financial resources (6 items), challenges to partner involvement (3 items), and challenges related to the community (3 items). Various studies have demonstrated the psychometric qualities of the questionnaire, with internal consistencies for the scales ranging between .76 and .97, and test-retest reliabilities between .66 and .90 (7, 8). The questionnaire has been used in several studies, including a previous evaluation of ENSP (9). For the latter, the original version of the questionnaire was applied, but scale scores were computed on the basis of the more recent version developed by Weiss et al. (7). In addition, a 3-item scale was added to measure the adequacy of financial and capital resources. For the present study, another scale was added to measure the internal challenges to governing the partnership. This scale was based on additional factor analysis of the instrument by Weiss et al. (10), and contains 6 items, measuring aspects related to the relationships between partners, obtaining resources, and moving the partnership from planning to action. In addition to these scales, a series of questions were asked to obtain factual information regarding the respondent's relation to the network (e.g. period of involvement, tasks, inputs etc.).

Respondents

All the participants were members of the General Assembly of ENSP. At the time of the study, the General Assembly consisted of 47 representatives from the 25 EU Member States (2 from each country except for three countries that were represented by only 1 person), 7 representatives from 5 specialised networks, and 6 observers. Since one person was both a representative of a Member State and of a specialised network, the sample consisted of 59 persons. Each of these received a copy of the Questionnaire for Organisational Partners by mail and a pre-stamped return envelope. After three reminders, 18 completed questionnaires were returned, yielding a return rate of 30.5% and an effective sample of 18 respondents, representing 14 Member States (one

representative per country), 1 member of a specialised network, and 1 observer. This means that all the member groups and more than half of the Member States were represented in the sample. Information about possible reasons for non-response was obtained indirectly through interviews with the president and the director of operations of the network and through informal contacts with members. The main reasons mentioned for not participating in the study were a lack of time, the fact that they felt overburdened with administrative tasks, and doubts about the impact an evaluation would have on the network functioning.

Results

Validity of the questionnaire

Table 1 lists the internal consistency coefficients for the scales obtained in our sample, as well as for the previous evaluation study of ENSP and the original study of partnership functioning by the Center for the Advancement of Collaborative Strategies in Health (7, 9).

TABLE 1.
Internal consistency of the scales of the Questionnaire for Organisational Partners

Scale	CACSH (N=63) ¹		ENSP (2001) (N=24)		ENSP (2004) (N=18)	
	Number of items	Cronbach's alpha	Number of items	Chronbach's alpha	Number of items	Cronbach's alpha
Partnership synergy	9	.93	9	.88	9	.90
Effectiveness of leadership	10	.97	10	.93	10	.87
Effectiveness of Administration/ Management	10	.94	9	.85	9	.87
Partnership efficiency	3	.76	3	.85	3	.78
Non-financial resources	6	.83	6	.63	6	.77
Partner Involvement Challenges	3	.85	3	.69	3	.38
Community-related Challenges	3	.83	3	.75	3	.09
Financial and Capital Resources	-	-	3	.57	3	.22
Challenges governing the Partnership	-	-	-	-	6	.92

¹ Based on partnership level data

As this table shows, the internal consistencies obtained in both ENSP samples are somewhat lower than in the CACSH study, but still within an acceptable range (.70 or higher), except for three subscales: partner involvement challenges (Cronbach alpha = .38 in 2004), community related challenges (alpha = .09 in 2004) and financial and capital

resources ($\alpha = .57$ in 2001 and $.22$ in 2004). These three subscales were not used for further analysis.

Partnership synergy

The mean scores on the partnership synergy scales for ENSP in 2001 and 2004 are given in Table 2. To evaluate the network's progress in operating as an effective network of partners, a comparison was made between both measurements, using two-tailed t-tests for significance testing.

TABLE 2.
Scores on the Questionnaire for Organisational Partners for ENSP in 2001 and 2004

Scale	ENSP 2001 (N=24)		ENSP 2004 (N=18)		<i>t</i>	<i>p</i>
	Mean	SD	Mean	SD		
Partnership Synergy	3.13	0.51	3.14	0.60	0.05	0.96
Effectiveness of Leadership	3.49	0.87	3.51	0.72	0.07	0.94
Effectiveness of Administration and Management	3.31	0.82	3.58	0.86	1.01	0.32
Adequacy of Resources (non-financial resources)	2.32	0.37	2.29	0.58	-0.17	0.87
Partnership Efficiency	2.98	0.61	3.00	0.51	0.11	0.91
Financial and Capital Resources	1.86	0.38	-	-	-	-
Challenges governing the Partnership	-	-	1.67	0.64	-	-

As these data indicate, both evaluations produced very similar scores, and no significant differences were found for any of the subscales. For the effectiveness of administration and management, however, the score in 2004 was somewhat, albeit not significantly, higher than in 2001. Given that the small sample size reduces the chance of observing significance, this finding suggests that the respondents in 2004 thought slightly more favourable about the effectiveness of the network administration and management.

To enable the interpretation of the level of the scores, the scores of the 2004 evaluation were also compared to the findings from the CACSH study of partnership functioning (7). The results of this analysis are presented in Table 3.

TABLE 3.
Scores on the Questionnaire for Organisational Partners of ENSP (2004)
and the CACSH Study

Scale	CACSH (N=63) ¹		ENSP 2004 (N=18)		<i>t</i>	<i>p</i>
	Mean	SD	Mean	SD		
Partnership Synergy	3.24	0.24	3.14	0.60	-1.07	0.29
Effectiveness of Leadership	3.68	0.39	3.51	0.72	-1.31	0.19
Effectiveness of Administration and Management	3.55	0.38	3.58	0.86	0.21	0.83
Adequacy of Resources (non-financial resources)	2.31	0.15	2.29	0.58	-0.19	0.85
Partnership Efficiency	3.19	0.20	3.00	0.51	-2.37	0.02
Challenges governing the Partnership	-	-	1.67	0.64	-	-

¹ Based on the partnership level data

This comparison indicates that the capacity of ENSP as a network of partners working collaboratively is generally comparable to that of the 63 networks involved in the CACSH study. The only dimension for which a significantly lower score ($p = .02$) is attained is that of partnership efficiency, implying that ENSP, compared to other partnerships, makes less well use of the partners' in kind resources and time. The scores for effectiveness of leadership and partnership synergy are also a bit lower, but the differences are not significant. Inspection of the item scores for these scales indicate that these relatively lower scores are due to particular aspects of leadership (notably the ability to motivate, to enhance respect and openness among the partners, and to resolve conflicts), and to the diversity of the partnership, which reduces its ability to implement plans.

Discussion

By bringing people with different perspectives together, partnerships have the potential to identify new and better ways of thinking about health issues. However, the success of such collaborations depends on several factors, including the level of trust and respect among partners, the extent to which differences of opinion lead to strained relationships between partners, and the variation in partners' power to influence partnership activities. Addressing these factors is a prerequisite for successful collaborative partnerships (4, 5). Working collaboratively requires

a process which makes good use of the partners' complementary perspectives, resources and skills, and which enables the group as a whole to develop new and better ways of thinking about problems and to carry out comprehensive actions.

To understand and improve this process, the concept of partnership synergy provides a useful conceptual framework. Partnership synergy, or the extent to which the perspectives, resources and skills of the individuals and organisations that participate in a network contribute to and strengthen the work of the group, involves a variety of components, including the effectiveness of leadership and of administration and management, the ability and efficiency to make use of the partners' in-kind resources, and the adequacy of financial and non-financial resources. Challenges to partnership synergy include problems with the recruitment, retention and motivation of partners, as well as challenges related to the community, such as a lack of incentives to motivate people and organisations to participate, a history of mistrust among partners, or the resistance by key people and organisations to the goals of the partnership. Since the success of a partnership depends on the capacity to address each of these determinants, knowing the strengths and weaknesses of a network is important to manage a network and to enhance its capacity to reach its goals.

The present study investigated the level of partnership synergy in a network of European organisations that are active in the field of tobacco control. This network, the European Network for Smoking Prevention, was established in 1997 to build a strategy for co-ordinated action among these organisations. Using the Questionnaire for Organisational Partners, an assessment was made of the level of partnership synergy of ENSP, as well as of the main determinants of this synergy. The results indicate that in terms of its capacity to function as a network of partners working towards a collective goal, ENSP is comparable to health related organisational networks in the USA. This also applies to most determinants of partnership synergy, except for partnership efficiency. Compared to the partnerships in the USA, ENSP appears to make less well use of the partners' in kind resources and time. This concurs with the fact that a lack of time and being overburdened by administrative tasks were mentioned as the main reasons why many members of the network did not respond to the questionnaire. Judging by the analysis of the responses at item level, this could be attributed to the diversity of the organisations involved in this network, and by the leadership style. For the future development of ENSP, more attention could be given to enhancing the efficient use of the in kind resources by improving the

ways of recruiting partners, and by an effective leadership, which has the ability to appreciate different perspectives, to value different kinds of knowledge and contributions, to bridge cultural and organisational differences, to motivate partners by providing orientation and mentoring for new participants, to enhance mutual respect and openness, and to resolve conflicts. To help participants appreciate and benefit from the network, the management needs to create functional connections which not only link the various group processes to each other, but also connect them to the larger community.

Furthermore, the comparison between the questionnaire scores of 2001 and 2004 indicate that no significant progress has been made towards more partnership synergy, although the effectiveness of the network administration and management is considered somewhat more favourably at the last assessment. Given the fact that the network is run by a small staff with a small budget, this means there is a trend towards more recognition and appreciation of the management's efforts and inventiveness to run the network in a way that makes good use of the available resources. This trend can be reinforced by formalizing internal procedures and establishing a sound organisational structure, so that the partnership and its contribution to the broader community can be sustained beyond the tenure of any particular leader or staff person. For the further evolution of the network, it is also important to secure the financial and non-financial resource base. Financial and in-kind resources are the basic building blocks of synergy, and information forms the basis for joint problem solving, as are connections to other people, organisations and groups. Thus, partners may not only bring their perspectives to the partnership, but also financial and in-kind resources that support partnership activities.

While the above conclusions shed light on the characteristics of the network of organisations for tobacco control in Europe, identifying their strengths and weaknesses in terms of partnership synergy and pointing out the possibilities for improvement, one should be aware of the methodological limitations of this study.

Firstly, the use of self-report questionnaires among people involved in the network as a method to collect data means that the information is inevitably subjective. In this regard, some caution must be observed in the interpretation of the findings. For example, the lower level of partnership synergy in ENSP compared to the organisations in the USA does not necessarily reflect a true difference, but may be due to different perceptions and expectations. On the other hand, the fact that the

input from the partners is the driving force in networks like ENSP makes that it is important to acknowledge their perceptions, and regard them as valid information in their own right.

Secondly, the number of participants in this study is small, and although the composition of the sample suggests that it largely reflects the variety of members and of EU Member States involved in the network, due to the relatively low response rate there is no certainty about the representativeness of the sample surveyed. On the other hand, there are no reasons to assume that the nonrespondents would have replied differently to the survey questions, as the main reasons for not responding were practical considerations, such as a lack of time and being burdened with administrative tasks. While for some members the reason for not participating in the study was their doubt about the impact of the evaluation results, possibly spurred by the fact that no significant progress had been made towards more partnership synergy since the previous evaluation of 2001, this consideration reflects a negative perception of the role of evaluation, rather than of the network itself. So there is little reason to assume that the present sample would have been either positively or negatively biased in its assessment of the partnership synergy of ENSP. Finally, the present results only have reference to one particular network. While this network groups all major organisations in the field of tobacco control in Europe, there is a large number of similar networks operating in the public health sector in the EU. Given the growing importance of these networks in both the shaping and implementation of the public health policy in Europe, it would be well worth investigating the partnership synergy in this broader range of public health networks.

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