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Partial failure of a project and lessons learned: experiences from one case of project collaboration between the Medical University and the University of Applied Science

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Abstract

Success in executing a project can be mostly divided into project success and project management success (Cooke-Davies 2002; Howsawi et al. 2014). This paper focuses on project success. Howsawi et al. (2014) speak of four levels contributing to project success, 1) context, 2) business, 3) product/deliverable and 4) project process. These levels can be retraced in a project conducted in cooperation between the Medical University of Innsbruck and the University of Applied Sciences Tyrol. The project focused on the management, perception and implementation of the topics sexuality and violence in midwifery practice.

Cooperation between the Medical University of Innsbruck and the University of Applied Sciences Tyrol was experienced as effective and efficient with regard to team spirit, clear working packages, respectful conduct within the team, trust and corporate performance. Interprofessional cooperation is a given in the medical setting and tasks within the project were allocated according to professional orientation. The collaborators from the Medical University were in charge of designing the scientific part. Since the University of Applied Sciences educates and trains midwives, they took charge of recruiting and providing information to midwives and midwives-in-training as well as training participating midwives.

Projects dealing with sensitive topics such as sexuality and violence have to be prepared with special care. Such projects not only involve obstacles (Minsky-Kelly et al. 2005) and prejudices regarding these topics due to long-standing taboos and entrenched discomfort on the topics,, but also a hesitation towards support of projects of this kind. It is hence essential to allocate adequate resources and time and effort from the get-go in speaking with everyone involved before proceeding with the project. Each project partner should focus on the particular group within their reach for the purpose of raising awareness and strengthening support for the overall project.

Keywords:

Project success, interprofessional cooperation, midwives

1. Background

Success in project execution can be divided mostly into project success and project management success (Cooke-Davies 2002; Howsawi et al. 2014). This paper will focus on project success. Howsawi et al. (2014) speak of four levels contributing to project success, 1. context, 2. business, 3. product/deliverable and 4. project process. These levels can be retraced in a project conducted in cooperation between the Medical University of Innsbruck and the University of Applied Sciences Tyrol. The project focused on the management, perception and implementation of the topics sexuality and violence in midwifery practice. In this context, sexuality refers to sexual activity, sexually transmitted diseases, sexual problems and satisfaction with one's sexual life. Violence refers to interpersonal violence, i.e. violence not only committed by family members, but violence also committed by strangers, neighbours, friends etc. (further details on typologies of violence can also be found here: WHO 2015) In this sense, questions on sexuality and violence were incorporated into midwives' history taking, followed by a short survey of midwives' and patients' perception on these issues. Additionally, interviews and focus-groups with midwives and midwives-in-training were conducted to assess their attitudes on these issues.

This paper will illustrate and discuss the four levels contributing to project success.

1.1. Context level

A recommendation to include sexuality and violence in medical history taking has been made in several studies (O'Doherty et al. 2014) and is also reflected in guidelines (NICE 2014), although these guidelines do not include routinely asking patients about violence (WHO 2013). This situation underlines the necessity to provide training and tools for preparing professionals for this task. Yet talking about sexuality and violence remains a taboo. The extent or impact of this taboo might vary from country to country and depends on how appropriate it is seen to discuss private matters such as potential intimate partner violence, in partnership and marriage, with outsiders (e.g. physicians) (FRA 2014). This project focused on midwives' experiences with disclosure of a history of (interpersonal or intimate partner) violence by their patients. This includes midwives' willingness to ask about a history of violence when talking with patients. The project therefore included patients getting questioned about sexuality and violence. A tool was designed specifically for the purpose of this study, interviews and focus-groups with midwives and midwives-in-training to collect data on awareness, management and perception of these issues in midwifery. A previous project in a women's outpatient clinic was successfully conducted and this project with midwives was designed similarly.

1.2. Business level

To ensure that inclusion of the topics of sexuality and violence are not restricted to the project phase, tools containing questions on sexuality and violence should be easily applicable and training for midwives should be effective and efficient. Other studies on the training of medical and health care

students have emphasized the importance of providing training on (intimate partner) violence to facilitate the inclusion of this topic in medical history taking (Haist et al. 2003; Edwardsen et al. 2006). The project was therefore designed to test the effectiveness of the procedure of including these topics in everyday practice. A short survey with questions on sexuality and violence was designed for the purpose of the study. This questionnaire was intended as a mnemonic for the inclusion of these topics. Similar studies on including questions on or screening for violence in healthcare settings focus on intimate partner violence. The intention of this project was to assess various forms of interpersonal violence, i.e. violent experiences by strangers or acquaintances, recent or in the past (also childhood). Time and resource issues were taken into account, as these factors are sparse in health care settings (Chiocchio et al. 2015).

1.3. Product/deliverable level

Results from the project included adaptation of the tool containing questions on sexuality and violence to improve its applicability. Additionally, information gained from the projects, such as. interviews, focus-groups, should be integrated into presentations for midwife training, in order to raise awareness and stimulate publication for international exchange on this topic. The preliminary analysis of data from interviews and focus-groups pointed towards the necessity to hone in on knowledge and more strongly on practicing skills in training sessions, to connect training and awareness raising, via, for example, presentations amongst midwives and for the greater public, and, finally, to enhance feelings of self-confidence when dealing with patients who have experienced violence.

1.4. Project process level

Recruitment of midwives, midwives-in-training and patients were central issues throughout the project. The project had a time frame of two years, which allowed sufficient time to collect data. No external funding source was sought for the project, as, costs associated with such items as printing of materials, and the availability of other resources such as personnel resources, were all covered by project collaborators. Cooperation between the Medical University and the University of Applied Sciences was experienced as effective and efficient with regard to team spirit, clear working packages, respectful conduct within the team, trust and corporate performance. Interprofessional cooperation is necessity in the medical setting and tasks within the project were allocated according to professional orientation. The collaborators from the Medical University were in charge of designing the scientific part. The University of Applied Sciences educates and trains midwives and was thus in charge of recruiting and providing information to midwives and midwives-in-training as well as training participating midwives.

Challenges encountered during project execution, which ultimately led to partial failure and dismissal of parts of the project lied in three key areas: in the presentation of the project to the Ethics Committee, in the procurement of its approval, and in the recruitment of patients to participate in the project.

When seeking approval from the Ethics Committee, an overall (organisational) hesitation to ask pregnant women about sexuality and violence became evident. However, Ethics Committee approval was ultimately given. Problems in recruiting patients involved the hesitation on the part of other staff members who were not involved in the project. Anecdotally, it was stated that other staff considered most patients to not be “suitable” for the project and, thus, it was strongly recommended that these patients not be approached and asked to participate. Consequently, it became clear that the number of patients who could be recruited would be too small for statistical analysis. It was thus decided that the project's focus should be shifted slightly and more attention was given to gathering data from midwives and midwives-in-training. The project's focus was adjusted accordingly and aimed at individual interviews and focus-group discussions with midwives and midwives-in-training, respectively.

2. Lessons learned

On the project process level, the project has failed in part. However, this failure resulted in several “lessons learned” for future projects. These lessons learned are interwoven and can be summarised as follows:

1. *Take your time when preparing a project and focus on organisational support, especially when dealing with sensitive project issues*

   Allocate time not only for planning and conceptualising the project, but also for talking to others, even if they are not directly or only marginally affected by the project. Talk to other staff working in the same clinic where the project will be executed, namely about conducting the project, recruiting patients or collecting data. This can be seen as organisational support (D'Avolio 2011), which also holds true when implementing questions about sexuality and violence on a routine basis. Projects on sensitive issues have to be supported by all staff in an organisation.
2. *Involve further key persons in conceptualising projects to increase organisational support*

   Include staff in the conceptualisation of project, even if they are only marginally involved in the project. This aspect is also valid for organisational support.
3. *Raise awareness through experiential learning by conducting low-level experimental projects that involve persons marginally affected by the intended project.*

   Conduct a smaller lead-up project so that persons also marginally affected by the project stand to gain something advantageous from the project. This approach might appear costly in terms of resources and time. Nevertheless, approaching sensitive topics such as sexuality and violence can only be successful when awareness-raising and advantages and benefits to staff are presented, and when the effectiveness has already been tried and tested via experiential learning (Kolb et al. 2001).

Projects dealing with sensitive topics such as sexuality and violence have to be prepared with special care. Such projects not only involve obstacles (Minsky-Kelly et al. 2005) and prejudices regarding

these topics due to long-standing taboos and entrenched discomfort on the topics, but also a hesitation towards support of projects of this kind. It is hence essential to allocate adequate resources and time and effort in speaking with everyone involved before commencing the project. Each project partner (i.e. Medical University, University of Applied Sciences) should focus on the respective group within their reach in order to raise awareness and strengthen support for the overall project. It is necessary to distinguish between giving information and involving others in project planning. Although information about the project was given to other staff, this does not amount to involving other staff, as may well have been necessary in this case.

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