Under the same umbrella
A model for knowledge and practice development
Olsen, Pia Riis; Hølge-Hazelton, Bibi

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Abstract

This article describes the development, organisation and significant elements of an Umbrella Model which has been demonstrated to support knowledge and practice development in a large Danish hospital department. The aim is to inspire, support and guide implementation of the Umbrella Model in other settings.

A shared theme overarching several minor projects is the core of the model and is exemplified in three completed programmes: Young people with cancer, Relatives and the cancer patient’s social network and Future cancer care – short but high quality.

Commitment is achieved through close dialogue, supervision and programmes dealing with local needs and complex problems in clinical practice. The model unites clinical and academic competencies, has produced new knowledge and developed nursing care, and it has raised nurse leaders’ attention to the pivotal role they play in supporting a learning environment.

Keywords

Learning environment, nursing knowledge, programme development, staff development.

UNDER THE SAME UMBRELLA – A MODEL FOR KNOWLEDGE AND PRACTICE DEVELOPMENT
Introduction

The challenge in healthcare for delivering more efficient and effective care for less money and still ensure that patients and their needs are put first \(^{(1; 2)}\) results in a constant search for new developments in clinical practice. This search includes production and use of knowledge and implementation of new ways of working. Healthcare organisations cannot afford to waste time and labour on projects that are not finalised, documented and, if successful and relevant, implemented. Therefore, healthcare organisations like hospitals and clinical departments have to effectively use employees' potential, competencies and skills to collaborate on the development of clinical practice and consolidation of changes. Motivation and active participation are crucial factors in achieving this \(^{(3)}\). This can be accomplished by a bottom-up approach involving practitioners in the identification of problems to be addressed and simultaneously by taking context and facilitation into account as significant factors of successful implementation \(^{(4)}\).

Research based development models in clinical nursing practice that involve entire organizations are sparsely documented in the literature. A search conducted in September 2015 in the databases CINAHL, PubMed, Scopus and Embase using the following
keywords in different combinations: collaboration, collaborative model, action learning, nursing, nursing staff, graduate, academic-practitioner partnership, faculty-nursing relations, staff development, and clinical practice revealed that most studies deal with undergraduate teaching and learning, and curriculum development (for instance 5; 6).

Therefore the aim of this article is to describe the development and details of a practice development model, *The Umbrella Model* that has been demonstrated to work continually for a period of 10 years in a large clinical setting, in order to support and guide implementation of the model in other settings.

The description will comprise:

- The origin of the Umbrella Model, the foundation on action learning principles and the organisation behind the model.
- Programme structure and phases
- Achievements of the programmes based on the model
Formation of The Umbrella Model

The Umbrella Model has been developed and practiced over the last ten years (2005-2015) in a large cancer department at a Danish public university hospital. The department is led by one matron and a chief medical doctor. Ten ward managers lead the staff, wards and clinics. About 650 staff members are employed; 280 are nurses. The department consists of in-patient wards, day-care and out-patient clinics, a large radiotherapy clinic and a palliative team unit. A nursing unit for education, development and research (NEDR) is established and engages seven nurses with academic competencies who have reference to the matron.

The Umbrella Model grew out of processes and experiences developing a practice research programme in the department (2005-2008) dealing with the overarching theme ‘Young people with cancer’ (7). At that time a couple of nurses at the department had obtained academic degrees at master level. It was therefore decided that the programme should include these academic nurses as well as others from the staff. Subsequently, another two programmes using the Umbrella Model have been completed in the department.
Under a shared overarching theme that forms the umbrella, clinical nurses, and if possible multidisciplinary colleagues, with different experiences and competencies, carry out development and practice research projects in the same programme.

Learning in action

The Umbrella Model uses action learning principles (8). Action learning and practice research aim at producing useful knowledge for and with practice in order to establish sustainable changes (9) and address potential learning transfer barriers (10). Learning takes place in cycles, and involves concrete experience, reflective observation, abstract conceptualization and active experimentation (11). It is an essential developmental process that encourages creative and innovative thinking. Although the concept is defined in different ways Revans' description of action learning as a reflection-in-action approach that is embedded in a group setting, working on a real-life problem and resulting in exploration of alternative ways of practice, captures its essence well (8). Likewise Zyber-Skerritt (12) has identified general features in action learning as:

- learning from concrete experiences
- critical reflection on the experience through group discussion
• trial and error, discovery, and learning from and with each other

As suggested by Zyber-Skerritt we have distinguished between action learning *projects* and action learning *programmes*. A programme consists of several projects and it is facilitated by one or more experienced mentors or advisors. The objectives of an action learning programme are described as: “team and vision building, networking, clarity of project focus, definition of the problem and each action step, commitment to personal and group reflection and learning, input into each other’s projects and an appropriate evaluation of both the learning process and the outcomes” (12, p.119).

In the programmes we have completed, we supplemented the issue of appropriate evaluation of the outcome, with the publication of a book¹ that includes chapters written by all group members.

*Organisation*

The organisation of the Umbrella Model (Figure 1) consists of one or two “umbrella holders”/project facilitators who are supported by a steering committee that surveys the

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¹ The books are published by the department. Limited numbers printed, but PDFs are available online in Danish on http://www.xxxxxx
programme and supports needed actions in order to reach the goals and learning objectives. Three groups relate to the steering committee; a group of active staff members working with self-decided single projects under the overarching theme; a group of supervisors and a group of ward managers in charge of the nurses involved.

(Please insert Figure 1 about here)

Programme structure

The programme is divided into four phases: 1) Pre-programme, 2) Preparation, 3) Project implementation and 4) Completion. Phases 2-4 each last about one year (Figure 2).

The single projects take place in each ward/unit in parallel with clinical work. Therefore, it is important to assure time for each phase in order not to force the process and create stress. However, by committing oneself to be part of the programme and conduct a project the staff must be willing to invest some spare time.

(Please insert Figure 2 about here)

Figure 2. The dynamic structure of the Umbrella Model showing phases and processes of the programmes inspired by an action learning approach.
Agreement of a programme with an overarching theme (Pre-programme). Initially, ward managers discuss with the nurses what they currently find most important and relevant to explore, qualify and develop in practice. Ideas, topics and themes are also discussed in the steering group and in a forum of all nursing leaders, educators and clinical nurse specialists, and finally consensus determines which overarching programme theme is chosen as the overall ‘umbrella’ headline. As an example the three programmes completed since 2005 in our department had these overarching themes: ‘Young people with cancer’, ‘Relatives and the cancer patient’s social network’ and ‘Future cancer care – short but high quality’. These projects were supervised in close dialogue with academic colleagues.

The umbrella holders (Pre-programme). The programme is facilitated by one, or maybe two, umbrella holders/programme facilitators. The facilitator is a nurses with academic competencies preferably at doctoral level, who is responsible for organising the programme, including, informing, teaching and supervising, arranging all-day meetings twice every semester, participating in meetings with the steering committee and editing the book published about the completed programme and single projects.
The first programme was facilitated by an associate professor (second author). The second programme had an overlapping phase of one year with two facilitators (both authors). This in order to secure a smooth transition of roles during the time where the second author completed her Ph.D. The second author now shares the role as umbrella holder/programme facilitator with a nursing colleague with a master degree.

*The programme participants (Pre-programme).* Each ward/unit decides their specific topic that fits into the overarching theme and is relevant for their local context, their practice or group of patients. One, two or a group of clinical nurses/staff sign up and become responsible for carrying out the project in their ward/unit. The staff engaged, usually has no further formal education since graduation.

Formal research studies such as Ph.D.- or post.doc.-studies can be part of and gain from participation in the programme. This was, for instance, the case for the current umbrella holder (first author) who conducted her Ph.D. under the first theme/umbrella.

*Initiating and planning of each single project (Preparation - first year).* The programme participants first shortly describe their ideas and get the acceptance and back-up from their ward managers. This description serves as a premature protocol. As with all other nursing
projects in the department, the protocols need to be accepted in the department’s NEDR-unit of academic nurses. From this unit one or two nurses are assigned to supervise each project; from writing the final protocol to completing the project including documenting the results/learning outcomes in a book chapter.

For examples of project topics from the three umbrella programmes see Table 1.

(Please insert Table 1 about here)

*Collective reflections, inspiration and sharing experiences (Preparation – first year).* In parallel with working on their protocols and projects the nurses participate in two all-day meetings in each semester, where they meet with each other, their ward managers and supervisors. The meetings are facilitated by the umbrella holder(s). In accordance with action learning principles (8; 12), these meetings aim to support inspiration and networking between the participants, to share reflections and learn to give and receive constructive input, feedback and support. The meetings are the cornerstones in the development process and of progressing programme spirit. They create the experience of working on a collective programme, as it is here potential, ideas, and barriers are shared and reflected across the department and in dialogue with the leaders.
Ward manager and supervisor participation in these meetings is important. It shows their commitment to the programme and their support. This attention stimulates the nurses’ motivation to carry out the projects. One ward manager expressed it like this:

_I experienced that we leaders profited from our participation [in the all-day meetings] because the education was very relevant and because it made us stay in touch with the development in all parts of the department when we exchanged knowledge and experiences with the projects. The programme became our project. The strong support from the leaders influenced the participating staff and made it easier for them to conduct the projects_ (13 p. 147 (authors’ translation)).

Likewise, everybody attending the meetings achieves a better understanding of their nursing colleagues’ attitudes and practices in the department as such, and they gather inspiration and learn from hearing about all the projects, the discussions and from the sharing of experiences. Two nurses (A and B) independently expressed:

_I have learned a lot and have gained from participating in the planned meetings where we had excellent opportunities to get response and constructive input from the other participants in the programme_ (Nurse A) (13 p. 218 (authors’ translation)).
It has been inspiring to be on the side of the other participants’ projects . . . [and] it has given us who have participated a better understanding of the work conditions and what is going on in the other units (Nurse B) (13 p. 218 (authors’ translation)).

As part of the meetings, a lecture is given by the umbrella holder or an invited lecturer on topics related to the overall theme, performance of projects, knowledge utilisation, or implementation processes.

Supervision (Preparation – first year). To support the writing of protocols, the nurses follow the same guideline. The supervisors actively engage in the projects by supervising the writing of protocols and the final reports in order to develop the nurses’ competencies in (for example) literature searching and clarifying purpose and aims in the projects. They also ensure that both research and experiential evidence are included, structure the background in each of the protocols, and make certain that plans are realistic. When the protocols are completed and final drafts approved, implementation of the projects can start.
Realising the single projects (Project implementation - second year). During this phase, the nurses realise their projects. Depending on possibilities in the specific wards and the appointments with the ward managers, the nurses get on average one day off duty per month to work with their projects and they continue to meet with all active members in the programme twice every semester.

From the second phase of project preparation and through the third phase of project implementation it is crucial that the nurses make an effort to keep their colleagues informed and engage them in reflecting on the learning and knowledge gained through the projects. This can create the best possible foundation for change and the implementation of new approaches, interventions and actions in clinical practice.

Finalising and writing up the single projects (Completion - third year). The implementation of the projects continues into the fourth phase, and during this year the programme is finalised.

Each project is evaluated in relation to its purpose and aims. Often the nurses write up a report or an article which is presented and discussed with their colleagues. During this discussion, it is collectively decided how to use the results of the project and if certain aspects or practises should be implemented to clinical practice.
All participants write up their projects as articles or book chapters for publication of a book about the completed programme. Some have succeeded in writing professional or research papers for national and international journals. The books have shown to be cornerstones in the development of the programmes, for as burdensome it may seem to write articles and chapters, and sometimes about projects that have failed, the satisfaction and pride that is expressed by all programme members the day they hold the book in their hands, speaks its own language.

By the end of the third year, a nursing symposium takes place in the department. Here the completion of the programme is celebrated, the published book is presented and the nurses orally present their individual projects. A press release about the main programme and the book is sent to the media. As a consequence, all hospital staff are informed, as is the public through the Internet and the Intranet of the hospital, newspapers and local radio programmes.

**Achievements**
After the completion of three programmes following the Umbrella Model the achievements can be divided into four main areas, a) Single projects, b) Publications, c) Synergy and implementation, and d) Development of competencies.

*Single projects*

In the first programme *Young people with cancer*, eight projects, involving 11 nurses and other health care professionals had protocols accepted. Seven projects were completed. One project was not completed due to lack of resources in the unit.

In the second programme *Relatives and the cancer patient’s social network*, eight projects, involving 15 nurses had protocols accepted. Seven of the projects were completed. In addition to the programme, a course for nurses becoming Family-Relatives-Ambassadors was established and a paragraph for the patients’ relatives was put on the department's web page. One project was not completed because it turned out not to fit the patients’ spouses’ needs.

In the third programme *Future cancer care – short by high quality*, eight projects involving 20 nurses had protocols accepted. They were all completed.
Publications

The three programmes based on the Umbrella Model have led to publication of professional articles as well as research articles in international journals (14; 15; 16; 17; 18), three books (7; 13; 19) and one Ph.D. dissertation (20). The majority of professional articles published in national journals were written by nurses who had never published before. The projects, programmes and the Umbrella Model have been presented a number of times at local symposia, and at national and international meetings.

Synergy and implementation

The feedback from the programme participants, nurses, managers and supervisors indicates, that the all-day meetings, sharing ideas, networking and reflecting on possibilities and barriers were a cornerstone in developing a shared programme identity.

This is in accordance with Revans’ description of action learning as a reflection-in-action approach, embedded in group settings characterized by a safe environment (8).
The projects raised attention to several new perspectives and produced reflections and discussions among the staff. In that respect, the reflections worked as ‘eye openers’.

*We [social worker and psychologist] represent two different professional approaches. These are to some extent in agreement but are significantly different in aim, methods and theoretical assumptions. Our cooperation has therefore caused interesting and fruitful discussions* (13 p. 219 (authors’ translation)).

However, the programmes have also developed knowledge that has been used to influence policy making within department and on a national level in e.g. The Danish Health Authorities Recommendations on how to involve relatives of seriously ill people (21). Some projects supported new practices to be worth implementing in some units and others inspired nurses to carry out new projects.

*Development of competencies*

The design of the umbrella programmes made it possible for staff at many levels to gain new competencies. Nurses who had never participated in structured projects before learned to write a project proposal, search literature and work in depth with a clinical problem. They conducted interviews, made participant observations, wrote professional articles and
presented their projects orally and on posters. They learned to take responsibility for a project in their own clinic and to engage their colleagues in focusing on the issues involved. They also became more aware of their department as an organisation and the importance of their contributions for the further development of high-quality care. Encouraged by the success with their projects and the new skills learned some nurses were motivated to start education on a postgraduate level.

*From a leader's perspective it is wonderful to see engaged staff and how competencies develop among the project active members, but it is, in particular, positive to see how the quality of care raises when the professional development happens to all staff members* (Ward manager – 13, p. 148 (authors’ translation))

In addition nurses with academic backgrounds were further trained as supervisors, umbrella holders and researchers, and nurse leaders gained more insight into the complex dynamics of large projects.

The projects have raised nurse leaders’ attention to the pivotal role they play in building a learning environment that supports project engagement and a constant focus of the staff on the topic chosen. It has also resulted in a common experience of the need for sharing across the wards and units in the department.
The umbrella holders for their part have through this model found a way to support interaction and knowledge exchange between academia and clinical practice. They have supplied their academic competencies with skills to lead professional development in large groups, to keep up the spirit and motivation of the involved staff and skills to edit books for publication.

**Discussion**

After years of conducting separate developmental projects in the wards where only a few were known or shared with colleagues outside these wards, the Umbrella Model has for ten years managed to focus the efforts and resources spent in the department. Several factors may have contributed to this success. Some of the benefits and challenges are outlined in this discussion.

(Please insert Table 2 about here)

The agreement of programmes with overarching themes encompassing the entire department has created a shared direction and the experience of moving together. The simultaneous bottom-up approach in the single projects has founded ownership and all the
reflection and learning processes have been essential. Owing to this, knowledge has spread in the organisation and founded the basis for development and planned change. These elements are similar to the shared vision and team learning in organisational learning (22; 23).

The all–day meetings have a central role and reflect collaborative action learning programmes (12). When staff share their experiences during the meetings, processes, and lessons learnt with each other, their leaders and supervisors, they build a network, common consciousness and knowledge. Further, these dialogues have the potential to elevate participants' understanding to a higher level of abstraction and thereby exceed the concrete situations (24). In this way, reflection is created "in action" collectively (8) and simultaneously forms a base for change and development in the organisation.

As recommended by Rycroft-Malone (4), the Umbrella Model aims at taking the simultaneous relationship between evidence, context, and facilitation of implementation processes into account. However, it must be recognised that though results of action learning have potentially greater possibility to be implemented in practice, the model does not guarantee that this will happen. There is a need for leaders on all levels of the organisation to consciously and continuously adhere to implementation plans and to try to
secure the context and facilitation necessary - also after the completion of the three-year programmes.

In concordance with action learning, it is crucial that the overarching programme theme refers to clinically relevant challenges experienced by the leaders and participating nurses in their day-to-day practice. Likewise that the programme has momentum meaning that the participants experience the movement of the project in both speed and direction (25). Three years is a long time to keep up the engagement and many changes can happen that influence completion of single projects. The timeline of an umbrella programme must be based on local possibilities and staff competencies; however it is important that processes are not forced or are incompatible with the clinic. The management of the programme is the responsibility of the umbrella holders with back-up from the steering committee. They need to be capable of sustaining the aims, maintaining meaningfulness and keeping the programme on the track.

Action learning approaches have been described to generate learning skills which make individuals capable of handling complex situations in the future and, consequently, support individual and organizational learning (26; 27). By bringing novice and experienced practitioners, clinical experts, leaders, and researchers together, the Umbrella Model seems to have supported progress for individual as well as collective learning.
However, when staff did not have either postgraduate educational training or had demonstrated interest and skills in working systematically with practice development, the process was considerably more difficult.

**Conclusion**

A shared theme that overarches several minor projects in the organisation is the core of the Umbrella Model. Research and developmental projects are often separated in clinical practice and placed on different levels in the evidence hierarchy (26). The Umbrella Model aims at bridging this separation by bringing both kinds of projects together. After the first programme was completed, the model has demonstrated to be sustainable through the following two programmes in the same department. The dynamic nature of the model allows it to continually develop and adjust in accordance with feedback from participants and the steering committee. In all programmes lasting three years approximately 46 staff members – mainly nurses - from eight in-patient and out-patient units have accomplished eight to ten large and small single projects as part of the Umbrella Model.
Thus the projects under the Umbrella Model have produced new knowledge, learning strategies and processes and by doing so developed nursing care in close collaboration with local needs, and in partnership between clinical nurses, nursing leaders and academic nurses. Project participants have been included in all phases of the process – from identifying relevant questions, planning the projects, collecting and analysing data, informing and sometimes transforming the findings into new methods in practice. The Umbrella Model has not been used as part of a formal educational programme, however, its potential to informally train the staff in systematic work, has indeed contributed to the participants’ competencies.

The programmes have had a clear organisation and the fact that multiple minor projects were performed under the same overarching theme strengthened the learning process and the feeling of moving forward collectively and in the same direction.

The aim of this article was to support and guide the implementation of the Umbrella Model in other organisations by introducing details of its fundaments and phases. Though the Umbrella Model has shown to structure development projects and processes in a large organisation it can be further cultivated and shaped to fit other settings.

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