# Commentary

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# Writing a project proposal: addendum to development of diabetes register series

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# **INTRODUCTION**

The summary of the series on development of diabetes register in low-mid income country indicated that there is capacity for diabetes services in every hospital, but quality of service needs to improve at all tiers of the healthcare system. The "need to develop proposal for healthcare service improvement" was highlighted. However, teaching experience using the teaching-nexus concept has shown that Public Health practitioners are engaged in work-related business vis-à-vis project proposals quite frequently. Also, SMART acronym is easily recited. Yet, asking a healthcare professional such as public health practitioners (PHP) for a written proposal often appear to be a daunting request.<sup>1,2</sup> Further, students often overlook importance of some stakeholders when planning their project. Therefore, the purpose of the addendum to the series is to provide a brief exposition on project proposal (Figure 1), with regards to public health service using the context of the diabetes register agenda as example (Table 1).

It is probably pertinent to note that 'vision and mission' statements are core separate components of a proposal. Yet, the two statements may be erroneously mixed up in the SMART acronym to be the same and implying 'specificity', which is wrong. The error then feed forwards to difficulty in delineating achievability from reality. Hopefully, the graphical description in figure one provides explanation to help with this confusion.

Vision is basically a dream - into the future. Thus, while SMART components of a project proposal is about the mission vis-à-vis objectives that are measureable with key performance indices (KPIs), the vision is a cluster of imaginations or sentiments that are critiqued when the objectives are being scrutinized whether it is real. To be optimistic, it is necessary to see the vision as a component of strength, weaknesses, opportunities and threats (SWOT) analysis. This includes all the sentiments that may drive the proposition. It is during the SWOT analysis that sentiments are reviewed; hence the reality check is a step further than identifying methods of generating KPIs.



#### Figure 1: Reality checks and SWOT analysis in project proposal. \*See graphic on stakeholders' relative significance.

#### Table 1: Summary outline of research proposal for public health professionals.

Section	Detail (advice)
Abstract	SMART analysis in ≤250 words
Main body	Literature review in brief - what is known & unknown
	Vision statement (the problem)
	Mission statement (specific aims &
	objectives)
	The operational plan (measurability,
	achievability & timeline)
	Justification//outcome//significance
Conclusion	SWOT analysis
References	Accuracy & completeness of references

## **CASE POINT**

In the healthcare sector, a classical example is perhaps the desire to take the tertiary health facility in our series (i.e. Eku Baptist Government Hospital (EBGH)) back e.g. 25years into the days I worked there as a laboratory scientist. Every patient's triage records were complete and laboratory registers include patients' locations. Medical record files were doubled up by default with laboratory registers, which is different from duplicate electronic health records that is associated with missing results.<sup>3</sup> However, the recommendation from the development of diabetes register series is to develop proposal to improve quality of service, especially patients' data collection and documentation. For the purpose of this expository commentary, the question for a PHP can be 'what is the vision and mission?' Is it to:

- Take over ownership/management of the hospital,
- Improve available healthcare services,
- Initiate non-available healthcare services,
- Have diabetes register,
- Be able to trace and track every patient,
- All of the above.

## DISCUSSION

Whichever of the options chosen to be the vision and/or mission, a general advice of the proposal outline is presented (Table 1). A superficial look at the tabulated outline could lead to missing the place of identifiable KPI that constitute a focal point in operational plan - i.e. where measurability relates to the mission as opposed to vision. Also, stakeholders appear subsumed, while the vision to be scrutinized during SWOT analysis of reality check is salient. Further, appropriate valuation of the different stakeholders is very important (Figure 2), but the provision seems not indicated on the outline. For instance, there are occasions that a beneficiary is a benefactor.

One example from the case point is where 'developments of diabetes register and diabetes self-management peersupport network' constitute the mission. The management and patients are the main beneficiaries, but they are also benefactors. It may take only an act of unconscious bias or unintentional error of misunderstanding to make a disparaging comment that transforms altruistic intent into tokenism.<sup>6</sup>

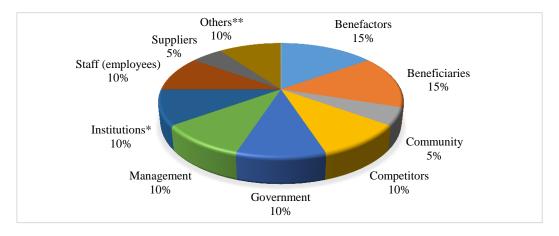
- If the management does not grant permission for the exercise, the objective cannot be realistically achieved. Yet, the same management has the credit later down the track for delivering good service. This was an experience in January 2018 when all entreaties to submit application for local ethical approval at a particular hospital was denied. By the work started in another hospital, invitation for us to come run our program came voluntarily albeit too late.
- The patients are the final beneficiaries being served, but they would have to volunteer to participate for the developmental objective to be achieved (Table 2). Suffice to note that this is the reason participants in clinical research are provided with incentives.

#### Table 2: Comments on stakeholders.

Stakeholders	Comment
Benefactors	Beneficiaries <sup>†</sup> , financial donors, journalist/media <sup>‡</sup> , etc
Beneficiaries	Clients attitude - sceptical/trust and altruistic/tokenistic beliefs
Community	Politicians at all levels – sentiments with the triple bottom line <sup>4,5</sup>
Competitors	Imagine undeclared conflicts of interests by staff*
Government	Always a stakeholder by virtues of state governance
Management	The crux of the matter! How realistic?
Institutions*	Regulatory bodies – including concern for the triple bottom line
Staff (employees)	Employees' altruistic behaviour – healthcare KPI
Suppliers	Salient influencers of the triple bottom line
Others**	Missions, etc

<sup>†</sup>Consent to participate by the patients; <sup>‡</sup>what they tell the other stakeholders to make up their perceptions; <sup>\*</sup>doctors, nurses & pharmacists who are into undeclared private practice. <sup>\*\*</sup>NGOs come & go while sustainability plans based philanthropists' donations are unrealistic because most children of the philanthropists always have different visions and unequivocal behavioural change wheel.

Table 2 provides a few more clues to consider about stakeholders. Institutions often get overlooked at the initial proposal phase, until barriers such as informal approvals from different authorities within the community or system comes to the fore. Figure 2 illustrates presumable relative significance of stakeholders to consider. As a further suggestion, figure 3 provides some guidelines that could be edited for use in preparing a project proposal applicable in public health practice (Figure 3).





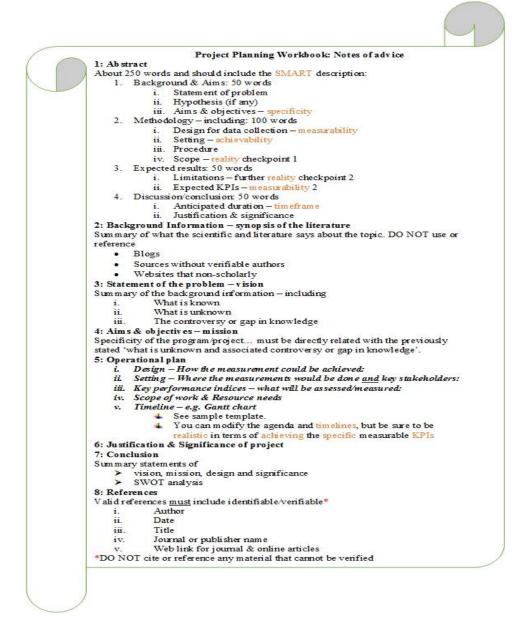


Figure 3: Further guidelines on writing a project proposal.

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