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Perspectives Brief

Engaging stakeholders in healthcare innovation: How hard can it be?

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Introduction

Healthcare service innovations are dependent on a wide range of stakeholders, such as consumers, providers, funders and policy makers, all of whom hold diverse interests. Innovations often fail to attain outcomes or make a meaningful impact due to poor stakeholder engagement. Expertise in engaging stakeholders is often a missing link between success and failure in the healthcare setting (Cowie, Nicoll, Dimova, Campbell & Duncan 2020).

The intent of this perspective brief is to:

- explore the lessons learnt from the implementation of three allied health-led service innovations with diverse stakeholder groups; and

- propose a more deliberate and strategic approach to stakeholder engagement to implement sustainable innovative practice in healthcare using a service logic.

The problem

The Queensland public health service has a long history of funding novel allied health models of care aimed at improving patient access to high-value healthcare and a contemporary workforce (Chang, Gavaghan, O'Leary, McBride & Raymer 2017; Stute, Moretto, Raymer, Banks, Buttrum Sam, Bhagwat & Comans 2017; Trøstrup, Mikkelsen & Juhl 2016). Despite the gains of introducing allied health-led models that demonstrate improved access to care, workforce efficiency, and decreased steps in a patient journey, many are not sustained past the project phase.

Prior to undertaking our research, we asked a group of senior allied health leaders to identify which key stakeholders they would engage with when developing and implementing health service innovations. The overwhelming answer produced an enthusiastic 'busyness' with the allied health leaders listing an array of titles and people with potential influence. However, this was often undertaken without any strategic, or deliberate justification as to why to involve named stakeholders or what contribution they might specifically add to the project.

The selection of key stakeholders was influenced by convenience, previous professional relationships and positional authority more than any roles, resources or influence that would impact on the aims and outcomes of the project.

While allied health professionals have a strong evidence base for clinical practice, they often lack the necessary management skills and experience to develop and implement sustainable services. Often, stakeholder engagement is undertaken in an ad-hoc manner, without a deliberate strategy to identify and engage key stakeholders throughout project planning, risk management, implementation, monitoring and review. As a result, project managers tend to use generic approaches to stakeholder engagement and may not think beyond the

development of a basic communication plan in the early development phase of the project (Kujala, Sachs, Leinonen, Heikkinen & Laude 2022).

Our research team observed and reported on the planning and implementation of three new allied health-led models of care to better understand the experiences, expectations and approaches that allied health professionals bring to the challenge of engaging stakeholders in service innovations and the evidence-base that they draw on in implementing stakeholder engagement. The longitudinal, observational study was undertaken over two years to explore whether an evidence-based approach to stakeholder engagement informed successful execution of innovation in a context where allied health professionals deliver services in dynamic systems. Members of each steering committee and working party were interviewed throughout the project. In addition, capacity building workshops and mentoring to support more purposeful stakeholder engagement using a service-lens approach, were delivered

to the working party members. Data were collected through a series of qualitative interviews, undertaken with steering committee and working party members to better understand their experiences and learnings. Qualitative data analysis was conducted using Nvivo12 based on an inductive coding structure that emerged from the interview transcripts and a comprehensive review of service innovation and stakeholder engagement literature.

The findings informed the development of our Service Logic approach to Stakeholder Engagement. The Service logic provides an evidence-based approach to understanding, influencing, and negotiating with stakeholders to co-create and sustain outcomes that are mutually beneficial. This approach, designed in a health context, analyses how stakeholders, embedded within health service ecosystems, can more effectively co-design value propositions and engage with stakeholders to create mutually beneficial value in the form of high-quality service innovations.

What the case studies told us

We found that outcomes that are based on strategic versus ad-hoc stakeholder engagement strategies are markedly different. In essence, a more effective approach is to select key project stakeholders based on the positions they hold within their formal and informal network and their ability to influence or leverage resources and relationships. We also confirmed that capacity-building with allied health professionals resulted in more deliberate and effective stakeholder engagement.

Lessons from our research told us that:

- The design and complexity of the model of care will inform the type of strategies used to identify and engage stakeholders, co-create value and influence and sustain change management processes. The starting point for an innovation must include mapping the context for change to identify opportunities and mutually beneficial outcomes for all stakeholder groups.

- Clinicians are frequently the change agents for introducing these new models of care. The value proposition for new

models must be co-created with stakeholders, understanding the roles they play, the systems within which they operate and any points of resistance to change. The co-creation of value is a dynamic, ongoing process of communication, negotiation and agreement.

- Stakeholder engagement must be tailored and timely, undertaken over the life of the project.
- Strong leadership is required to identify opportunities and address challenges for

stakeholders, enabling sustained implementation and ongoing improvements.

These findings have provided a better understanding of how allied health professionals prioritise the selection, recruitment and engagement with stakeholders. Examples from the case studies also reveal what leads to sustainable change and how to identify and address problems as they emerge over the life-course of service innovations.

Implications for clinicians and change management project teams

A growing evidence base in service marketing suggests that service performances lead to value co-creation (Vargo & Lusch 2016). We took the opportunity to extend this lens to better understand stakeholder engagement. Service logic enables those implementing change to recognise opportunities to strategically collaborate with stakeholders more effectively. By understanding the dynamics of the healthcare ecosystem to then create a service system for introducing innovation offers an evidence-based alternative to ensuring support and involvement from key stakeholders.

Lessons learnt from our study suggest that clinicians, acting as change agents, need to think and act differently (Battilana 2011; Battilana & Casciaro 2012). To a certain extent, the ad-hoc approach to stakeholder engagement is at odds with the evidence-based approach that health professionals take to the provision of clinical care. While value-based care relies on delivering clinical care

based on the best available evidence, it seems that the process of introducing new models of care and engaging intentionally and deliberately with stakeholders is not undertaken with the same level of rigour.

Any innovation that transfers clinical tasks or authority from existing stakeholders may be perceived as a divergence from the status quo. Healthcare professionals operate within a hierarchical structure with formal lines of authority and accountability (Greenhalgh, Robert, Macfarlane, Bate & Kyriakidou 2004). In many cases, introducing innovative models of care involves changes to existing and new resources and practices that require restructuring of workforce, funding, coordination, advocacy and a sensitivity to rules and norms.

Historically, medical officers have been key decision makers in clinical domains, and information is centralised to enable them to have high levels of authority and influence over patient-related decisions. These

stratifications are invariably organised by credentials and socialised professional expectations. Practices and norms are shaped, constrained and facilitated through scopes of practice and spheres of influence. Taking a broader systems approach to the change process highlights the importance of interprofessional interactions between a set of actors, that includes allied health, medical and nursing professionals, in a dynamic context. Unless stakeholders can be persuaded to adopt new practices that break from institutional norms, new initiatives are unlikely to be successful.

Engaging with these diverse stakeholders and creating a sense of mutuality in value creation requires understanding how each of these parties can or will collaborate to design meaningful outcomes. Any changes to policies, processes, practices, resources or funding required for planning and implementing a service innovation, such as introducing a new model of care, can be problematic when these stakeholders have competing priorities, or when the service improvements are inconsistent with their interests, opinions, and needs (Osborne, Radnor & Nasi 2013; Osborne, Radnor & Strokosch 2016). Service innovations depend upon engaging with stakeholders, however, we found that this can present challenges to both the entities funding and those implementing the change.

Based on what we have learnt from the case studies, we contend that there needs to be a significant shift in how those implementing change view their approach to stakeholder engagement, reflecting on the service ecosystem and a value proposition that will

appeal and meet the needs of key stakeholders. A service lens perspective enables researchers to investigate the reasons why actors are members of systems, how they participate to co-create service for service exchange, and how their resource integrating processes are facilitated or constrained by the institutional arrangements that provide the context for value co-creation (Ng, Maglio, Sphorer & Wakershaw 2019).

In planning and implementing service innovation, healthcare managers and change agents need to pose the following questions: Which stakeholders are critical participants in the project and what role will they play in the innovation's success? What needs or pains will the innovation solve for them? What strategy of negotiation can be deployed to influence stakeholders to create mutually beneficial outcomes? and How can their support and participation be sustained?

Findings from our research study have informed a framework consisting of six steps for stakeholder engagement that include (Table 1):

1. Understanding the context
2. Identifying the right stakeholders to engage
3. Inviting stakeholders to participate
4. Influencing and negotiating mutually beneficial outcomes
5. Sustaining stakeholder support and participation
6. Monitoring and evaluating stakeholder engagement

Engaging stakeholders in healthcare innovation

Table 1: Framework for stakeholder engagement

	Steps for stakeholder engagement	Description
1	Understanding the context	• Planning and implementing service innovation requires an understanding of what impact the change will have on stakeholders, resources, practices and existing rules and norms. • Understanding the impact of the intended changes is important, i.e. does the change represent minor change to current practice and resources or will it have a significant impact?
2	Identifying the right stakeholders to engage	• Stakeholders operate in networks – the key to identifying and engaging the right stakeholders is understanding who needs to be involved – and if they are in another network enlisting the support of people to be a bridge between the networks. • Identifying which stakeholders in different networks will be influential in the adoption of the proposed changes and enlist their support.
3	Inviting stakeholders to participate	• Inviting stakeholders to be part of the service innovation involves defining what each stakeholder values and offering a compelling value proposition to shape the role they will play, the resources they can bring to the project, and how this will be mutually beneficial. • For example: it is difficult to create a value proposition with each stakeholder unless you know their values and priorities, including competing priorities, to then be able to convince the stakeholder to participate.
4	Influencing and negotiating mutually beneficial outcomes	• Successfully engaging stakeholders requires being attuned to their perspective, goals and priorities and communicating using messages that will influence, overcome resistance, align mindsets and gain support. • There are acknowledged proven key strategies to influence and negotiate with stakeholders that can be utilised.
5	Sustaining stakeholder support and participation	• Having the building blocks to sustain innovation includes developing strategies to clarify roles and purpose, targeting significant stakeholders and proactively managing typical scenarios that present challenges. • Even projects that start well often falter at the midway point as stakeholders lose interest and become distracted. The key is to pay attention.

6	Monitoring and evaluating stakeholder engagement	A stakeholder engagement plan is critical to ensure the following key principles are implemented, managed and that evaluation is undertaken: • Get the right stakeholders on board based on their position and influence in different networks. • Gain stakeholder involvement by making their involvement visible. • Maintain stakeholder interest by recognising and rewarding their involvement. • Manage stakeholder expectations by reinforcing what success looks like and the current project status. • Build trust by being accessible, transparent, and realistic about progress, barriers and changes needed.

Conclusion

Given the urgency within the healthcare system to test and implement new ways of delivering care, lessons from this study suggest that far greater attention needs to be given to how stakeholder engagement is undertaken as a key component of any change process.

We argue that clinicians and managers, as agents of change, need a prerequisite set of skills and support from experienced health leaders to enable them to engage stakeholders effectively and strategically as a key component of introducing change into the health system.

These are not necessarily skills that a clinician will already have but need to be developed as part of delivering innovative practice.

Further, we suggest that a service-lens approach to stakeholder engagement provides a practical framework that can reveal strategies to leverage resources that create solutions and value creation effectively. This then informs a deliberate and effective way for project managers to influence stakeholders, secure their engagement and improve the chances of a successful and sustainable outcome.

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