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The practice of strategic engagement for social impact

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Abstract

Purpose – Stakeholders play a key role in enabling social impact. However, traditional approaches to stakeholder engagement are often transactional and fail to incorporate the relational, influencing practices required to co-create system-wide change. To date, there is limited research exploring how a strategic engagement approach, which positions stakeholders as active participants in dynamic systems, can co-create value through collaboration, reciprocity and shared accountability. This study aims to address this gap by exploring how strategic engagement can be applied in a primary healthcare context to achieve sustainable social impact.

Design/methodology/approach – A case study was undertaken to examine how practitioners can be more effective when engaging with stakeholders to create social impact. Qualitative data were drawn from workshop reflections and individual interviews with healthcare leaders and project managers who participated in capacity-building training on strategic engagement.

Findings – Healthcare leaders and program managers require accessible and pragmatic strategies to create social impact in dynamic service systems. Following training, participants felt better equipped to understand the service delivery context as a complex system; identify and influence stakeholders based on influence, authority and lived experience; co-create mutually beneficial and equitable outcomes; sustain stakeholder relationships and trust; and monitor and evaluate the impact of stakeholder engagement to support learning and adaptation.

Originality/value – This study introduces "strategic engagement" as an evidence-based framework to engage stakeholders that deliver significant social impacts, in the healthcare sector and beyond. The framework was developed to enable practitioners to apply theoretical insights from a service logic to effectively identify and navigate stakeholders embedded in service systems. In addition, we offer a practical toolkit to encourage professionals to move beyond transactional engagement plans towards creating more relational, dynamic and system-orientated approaches with their stakeholders.

Keywords Social impact, Stakeholder engagement, Primary healthcare, Strategic engagement

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Introduction

Funding bodies require evidence that stakeholder engagement demonstrates that the investment generates meaningful social impact. The Australian Government defines stakeholder engagement as a process of involving those who have an interest in or who may be impacted by, a program or policy (Australian Public Service Commission, 2024). In the healthcare sector, stakeholder engagement is critical for essential organisational activities, including strategic planning, resource allocation and service innovation, shaping how programs are designed, implemented and ultimately experienced by people and communities (Cowie *et al.*, 2020; Kujala *et al.*, 2022). Without securing stakeholder engagement, service delivery can be inconsistent with regard to the interests, opinions and needs of these groups, or result in uncertainty, resistance or even opposition that derails well-intentioned change (Kujala *et al.*, 2022). System-wide impacts only occur when organisations have the motivation, skills and capabilities to create opportunities for communities (Stephan *et al.*, 2016).

Traditional approaches to stakeholder engagement focus on transactional processes between an individual organisation and its publics. Professionals are often advised to identify stakeholder groups, set goals, target communications and monitor outcomes (Australian Public Service Commission, 2024). Informed by stakeholder management, these approaches focus on coordination, compliance and transactional interactions (Kujala *et al.*, 2022). While traditional approaches can help to maintain existing relationships, they are often insufficient in complex and dynamic systems, where positive social change depends not only on service quality but also on leaders' ability to navigate interdependencies, align competing interests and build cross-system relationships. Calls for research to explore more contemporary, evidence-based, relational approaches to engagement (Kujala *et al.*, 2022) that can make sustainable social impacts (Stephan *et al.*, 2016) are addressed in our work.

Engaging with stakeholders can be difficult, particularly in complex systems where change requires collaboration and agreement across settings and sectors (Kujala *et al.*, 2022; Rawhouser *et al.*, 2019; Stephan *et al.*, 2016). Stephan and colleagues (2016) suggest that system-based approaches to stakeholder engagement hold promise; however, their work provides little practical advice for project managers to implement this approach. We take this as an opportunity to explore how a strategic engagement approach, which positions stakeholders as active participants in co-creating value through meaningful collaboration, reciprocity, accountability and shared ownership, can be operationalised to amplify social impact.

We address the call to adopt more relational approaches to stakeholder engagement that are required in complex service systems. Rather than operationalising stakeholder engagement as a process outcome, we argue it is more effective to think of stakeholder engagement as a communication competence that system actors learn and apply to problems and opportunities (Aakhus and Bzdak, 2015). In effect, healthcare professionals and program managers can act as "change agents" that offer opportunities to link organisational outcomes to mutually beneficial interests with a variety of stakeholders (Battilana and Casciaro, 2012), thereby attaining more meaningful and sustainable social impacts.

In this paper, we adopt service logic as our theoretical lens. Cocreating value with stakeholders and managing shared resources are central to service logic and service marketing (Russell-Bennett *et al.*, 2023). Service(-dominant) logic is a well-established theoretical lens that has been advanced over the past 20 years with applications in marketing, manufacturing and service contexts (Wilden *et al.*, 2017). The service logic views service systems as configurations of actors connected through shared institutional arrangements and

ongoing processes of resource integration and service exchange (Lusch and Vargo, 2014). Institutional arrangements are the enduring social structures, such as rules, norms and beliefs, that govern how interactions within service systems occur (Koskela-Huotari *et al.*, 2020). Value creation in service systems is accomplished through individuals integrating resources (i.e. resources, skills, knowledge and experience) to realise benefit for critical stakeholders (Lusch and Vargo, 2009). This is a departure from the traditional notion that value is something that is provided to others, towards a system-based definition of value as the mutually beneficial outcomes that arise from interactions between entities (McColl-Kennedy and Cheung, 2018). Drawing on evidence from systems thinking, we argue that a service system is comprised of many interdependent networks that overlap and intersect through the purposeful practices and actions of the actors. Therefore, crafting enticing value propositions that acknowledge the contextual and nuanced conceptualisations of value by all parties underpins effective collaborations. Engaging stakeholders and creating a sense of mutuality in value creation processes requires understanding how each party can or will collaborate to design meaningful and impactful outcomes in service systems.

Health professionals and project managers rarely undertake any formal training in stakeholder engagement (Carter *et al.*, 2025; Finch *et al.*, 2024). Our observations in practice highlight some of the shared frustrations experienced by health professionals undertaking stakeholder engagement within complex and changing health care systems. Common problems arise when professionals engage with stakeholders without a clear plan or specific purpose. Practitioners frequently treat stakeholder engagement as a static process that is only undertaken in the early development phase of a project (Kujala *et al.*, 2022) and uncritically rely on basic tools or templates, such as a basic communication plan or project outline. This then leads to difficulties recruiting stakeholders with influence and stakeholders failing to understand their role and/or contribution as the project develops (Finch *et al.*, 2024).

The aim of this case study is to explore how training professionals to apply a strategic engagement approach affects their capacity to identify effective strategies to create meaningful social impacts. Our research asks: *What barriers do health professionals encounter when undertaking stakeholder engagement (RQ1)*; and *How can strategic engagement enhance the effectiveness of health professionals to address these barriers and generate sustainable social impact within primary health care settings? (RQ2)*.

This research addresses calls to bridge the gap between systems-thinking and stakeholder engagement theory and practice (Foote *et al.*, 2023; Russell-Bennett and Reid, 2026). We present a novel framework for strategic engagement, along with supporting tools and a checklist, providing a clear and accessible way for practitioners to undertake meaningful strategic engagement and amplify social impact. The framework emphasises moving beyond transactional approaches towards more relational, system-based approaches and encourages practitioners to consider stakeholder roles, resources, influence and interdependencies more explicitly. This is particularly valuable in healthcare contexts, where stakeholder engagement is challenging and, to date, underdeveloped.

Method

Context

Australian primary healthcare organisations, including primary health networks (PHNs), play a critical role in addressing health inequities and generating positive social impact (Booth *et al.*, 2016; Galea and Kruk, 2019; Windle *et al.*, 2023). PHNs assess the health care needs of their community and commission health services to meet those needs, minimising gaps or duplication. They support health services to connect with each other to improve people's care and strengthen the primary health care system. PHNs are funded by the

Commonwealth of Australia to coordinate effective programs and initiatives in primary care between general practitioners, allied health professionals, community care providers and Aboriginal and Torres Strait Islander health services (Department of Health, Disability and Ageing, 2025b). However, the capacity of these organisations to realise this impact is often constrained by short-term funding cycles and performance frameworks that prioritise program-level outputs and clinical outcomes over the cross-sector collaboration required to drive system-level change (Windle *et al.*, 2023; Stephan *et al.*, 2016).

Purpose

The purpose of this qualitative case study is to understand how project managers and practitioners working in PHNs currently undertake stakeholder engagement in practice and to describe the outcomes of capacity-building training in the use of a strategic engagement approach to address identified barriers. The term capacity-building is commonly used by health practitioners and managers and is described by the World Health Organisation (WHO) as the process of developing and strengthening the skills, abilities and resources at individual, organisational and community and/or system levels (Smith *et al.*, 2006; Bergeron *et al.*, 2017).

The capacity-building training was designed to strengthen participants' knowledge, skills and capabilities to engage stakeholders more strategically, with the aim of improving the effectiveness, efficiency and sustainability of program delivery (Brown and Macintyre, 2001). It included practical and relevant examples of how the service delivery context could be mapped as a service system. The training then demonstrated how to apply the theoretical lens of the service logic. The workshop series included 18 hours of training (delivered over three workshops), provided face-to-face and remotely, to ensure all participants were able to complete the full program of training. The training for one organisation was delivered from February to May 2025, while the training for the other organisation was delivered from June to August 2025. Each workshop was participatory, based on promoting active participation, encouraging a diversity of opinions and ideas, facilitating knowledge sharing, promoting social learning, building trust and improving overall participant understanding of the subject matter (Huntington *et al.*, 2002).

Research design

The research used a single case study design. Case study research enables an in-depth examination of an issue, event or phenomenon in a real-life setting, with attention to the interplay between contextual aspects, relationships and processes (Eisenhardt, 1989; Fàbregues and Fetters, 2019). The case investigated is defined as the capacity-building training program provided to two PHNs on the implementation of our strategic engagement approach. The design enabled the researchers to better understand how participants applied and adopted the strategic engagement approach within their programs and wider organisations.

Sample

A total of 46 leaders and staff working on a range of population health programs and initiatives from two PHNs participated in the training. Participants were responsible for the delivery of a range of primary healthcare programs aligned to the needs of their communities, in line with priority areas as set by the Australian Government, including mental health, Aboriginal and Torres Strait Islander health, population health, health workforce planning, digital health, aged care and alcohol and other drugs (Department of Health, Disability and Ageing, 2025a). All participants were responsible for delivering

programs that required direct stakeholder engagement with a variety of key partnerships relevant to the workforce and program aims. The array of stakeholders included local health services, aged care facilities, community health agencies, peak bodies, education providers and accrediting agencies.

Data collection and analysis

Participants undertook activities during the workshops to reflect on their efforts in stakeholder engagement. We drew data from a variety of formats, including workshop materials, feedback forms, observations, interviews and follow-up conversations. At the commencement of each workshop, we asked each participant to list up to three key takeaways from the previous workshop as well as structured evaluation forms following each workshop. Several participants also provided reflections via workshop feedback as well as a short individual interview with a member of the research team, completed two to four months after the capacity-building workshops. The semi-structured interviews (McCracken, 1988) were informed by interpretivist qualitative research methods (Mason, 2017). An interview protocol was developed to understand how the training was being used in practice. Each interviewee was asked the same questions and could decline to answer any or all questions. Interviewees were asked to reflect on their satisfaction of the capacity-building training series and discuss how teams were using the knowledge and skills imparted.

Our research is based on the founding principles of social constructivist theory (Berger and Luckmann, 1966) and recognises that individuals actively construct knowledge and meaning through social interaction, language and cultural context. It emphasises that both learning and identity are shaped relationally, emerging through engagement with others. Our capacity-building training was based on instructional demonstrations, group discussions, role-modelling, homework activities and personal reflections. The participants shared their knowledge, insights and experiences in a group learning context so their learnings could be constructed, validated and consolidated or expanded. As researchers situated within the learning environment, we drew on this theory as a useful guide to understand, frame and report the findings from our work.

An interpretative phenomenological approach was adopted to explore and describe participants' "lived experiences" documented in the qualitative data. This enabled their perspectives and insights to be expressed in their own words (Alase, 2017). The research team collected, analysed and interpreted the data with an inductive, theory-building perspective, seeking to identify patterns, similarities and differences through the triangulation of survey and interview data. The authors undertook manual thematic analysis to interpret shared barriers and participant insights. Some of the final themes emerged inductively, while others were thematically coded deductively from the body of theoretical knowledge in service logic and stakeholder engagement.

Ethical standards

Ethical standards of collecting, analysing and reporting the data in this case study aligns with accepted social and professional ethics and standard industry practices. The research did not contain any activities or questions which would be a risk or burden to participants. All participant data provided in this paper is deidentified.

Our efforts to increase the accuracy, transparency and credibility of our qualitative research were both deliberate and consistent (Goulding, 2005). In particular, we:

- framed the research design and analysis according to previously published evidence and guidelines;

- leveraged the research team's collective expertise for all facets of the research, including data collection, analysis and reporting, in an effort to limit biased interpretations; and
- assigned codes or themes in a transparent process, involving all team members.

Findings

RQ1. What barriers do health professionals encounter when undertaking stakeholder engagement within complex healthcare systems?

At the beginning of the first workshop, participants were asked to reflect on prior experiences of stakeholder engagement. Their accounts reflected a range of different challenges, including treating different stakeholders as a homogonous group without consideration of their different goals, incentives or definitions of value; grouping a range of diverse stakeholders with little appreciation of their formal authority, informal influence or knowledge derived from their lived experience; stakeholder fatigue; structural constraints; and a general lack of influence to attain sustainable social impact (Table 1).

Diversity of interest

Early in the training, participants spoke about stakeholders as groups they were attempting to engage using very generic classifications without consideration of their goals, incentives, definitions of value and lived experience. For example, participants described their stakeholders as "the entire health service", "all schools in the area", "hospitals", "some consumers", "general practices" and "general practitioners". Approaches to engage with critical and influential stakeholders were often left to chance and stakeholders were treated as a homogonous group, without consideration of their goals, aspirations or particular definitions of value. This broadbrush approach reflected a lack of strategic thinking regarding their stakeholder engagement and potentially limited meaningful and ongoing participation from key stakeholders.

Lack of influence

Common stakeholder recruitment strategies reported by the participants included making lists of key titles or job positions from organisational charts. Prior to the training, participants had not considered how specific stakeholders might be recruited or that effective stakeholders are those that can mobilise their own networks. Following the training, one participant said:

> Learning about the different roles people play makes engagement more strategic and efficient. [My learning is] don't be one dimensional by just building a list of stakeholders (Program manager, Workshop 1).

By the end of the workshops, views and approaches to engaging stakeholders had shifted with more consideration given to the ongoing identification of stakeholders with specific roles and resources such as authority, influence and knowledge derived from lived experience. One participant shared:

> I will now consider stakeholder engagement as a dynamic process throughout the whole project, rather than building a list of names in the project planning phase (Program manager, Workshop 2).

Ad-hoc approaches

Our participants also reported that their previous approaches to stakeholder engagement primarily focused on promoting expressions of interest and general consultations.

Table 1. Barriers to stakeholder engagement

Barriers	Explanation
Diversity of interest	Stakeholders operate with distinct institutional logics, bringing different goals, incentives and definitions of value to engagement processes. Treating different stakeholders as a homogonous group may obscure these differences and challenge the conditions required to co-create value Understanding the service delivery context as a complex system, including who is in it, what drives it and where priorities conflict, is a pre-condition for mapping stakeholder diversity and enabling meaningful and ongoing participation
Lack of influence	Traditional stakeholder identification methods tend to prioritise roles and titles over those who shape behaviour, mobilise networks and affect change Strategic engagement requires identifying stakeholders based on their influence, authority and/or lived experience
Ad-hoc approach	Traditional stakeholder engagement often defaults to opportunistic or relationship-dependent selection of stakeholders, reproducing existing networks rather than building meaningful connections. This approach may fail to secure the diversity and breadth of stakeholders needed to address persistent challenges within complex systems A strategic engagement approach requires stakeholder identification to be treated as a dynamic, iterative process across the project lifecycle
Stakeholder fatigue	Project managers may repeatedly recruit stakeholders across multiple initiatives, resulting in stakeholder fatigue, which may reduce the quality and continuity of participation Stakeholders who feel that their influence is limited are unlikely to remain engaged and committed
Inflexible, rigid process outcomes	Structural constraints, such as short-term funding cycles, mandatory reporting requirements and compliance processes, can limit practitioners' capacity to respond to emerging conditions and shifting stakeholder priorities. When adherence with process outcomes overshadows social impact objectives, stakeholders may become disengaged A strategic engagement approach requires structural conditions that enable iteration, recalibration and shared decision-making
Outdated but highly used tools/templates	Legacy checklists and static templates persist because they're familiar, even when they mask risk, equity gaps and adoption barriers. These forms are designed to document consultation activities rather than to support meaningful participation. They can obscure equity gaps, power imbalances and the relational dynamics that determine engagement quality

Participants commonly relied on established relationships, described as "going back to the usual suspects". Often this resulted in a narrow selection of stakeholders that did not reflect the diversity of local communities or the breadth of stakeholder expertise required to address complex challenges. One participant commented:

> I used to think about stakeholder engagement as a list and I need to put that thinking away. Stakeholder engagement is a core component and needs to be interrogated. Too often we engage with the familiar and not those most needed. We often pick the "low hanging fruit (Program manager, Workshop 3).

Stakeholder fatigue

Participants described "stakeholder fatigue" that arose when the same stakeholders were selected for several initiatives or for lengthy multi-year projects. They also spoke of their

frustrations when stakeholders failed to maintain interest in projects or when higher-order organisational priorities diverted interest. Participants commented that this was difficult to rectify, especially in a fee-for-service context such as primary healthcare. The risk for primary healthcare organisations is that a lack of meaningful and sustained stakeholder engagement may lead to organisational or individual reputational damage and, thereby a reluctance to engage with the service or workforce in the future. One participant said: "We're often tasked with collecting feedback [from our stakeholders] but we don't really have as much focus on sustaining stakeholder support and participation" (Healthcare leader, Interview).

Structural constraints

Constraints arising from structural barriers such as inflexible procedures or policies were cited as a hard barrier to effective and sustained engagement. Examples included "having little control" or "no flexibility" due to funding cycles and reporting requirements. Some participants had lost sight of the social impact of the work they were undertaking as they were doing what one participant described as the "busy work of just getting things done" (Program manager, Workshop 1). The training was an opportunity to reframe and reflect on day-to-day operational and project work so they could begin to see how the impact of their work could influence system-level outcomes. Participants spoke of adopting a "bird's eye view", looking for "the bigger picture" and "connecting the dots". One participant said that understanding the context and social impact goals of a project or work plan was the opportunity to "Step back and take a broader view of what you're trying to achieve. There is value in pausing to get it right and more strategic from the get-go" (Healthcare leader, Workshop 2).

The capacity-building training provided the motivation for health professionals and project managers to be more strategic in their approach to engaging with and influencing stakeholders. A workshop participant commented: "It's not just thinking about who to target, it's more about knowing how and why they will be influential to our programmes" (Program manager, workshop 2). Following the training, participants were clearer on understanding the dynamic nature of strategic engagement required to make a positive social impact. A participant commented: "We need to know more about the specific stakeholders before we can offer them value" (Healthcare leader, workshop 1):

RQ2. How can strategic engagement enhance the effectiveness of health professionals to address these barriers and generate sustainable social impact within primary health care settings?

To support practitioners to engage more strategically with their stakeholders, we developed a Framework for Strategic Engagement for Social Impact (the Framework) comprising six interrelated components. The components function as a part of a dynamic system, rather than a linear sequence, enabling practitioners to adapt their approach as contexts, stakeholders and priorities change. The findings below are structured around these components, demonstrating how participants interpreted and enacted each element in practice. The Framework is shown in Figure 1.

Understand the service delivery context as a complex system

This foundational stage involves applying systems thinking to understand the context and intended social impact of primary care programs. The first workshop introduced a service-lens approach, equipping participants with the knowledge and skills to better understand how systems form and function and to identify stakeholders operating at different levels of the system (Finch *et al.*, 2024).

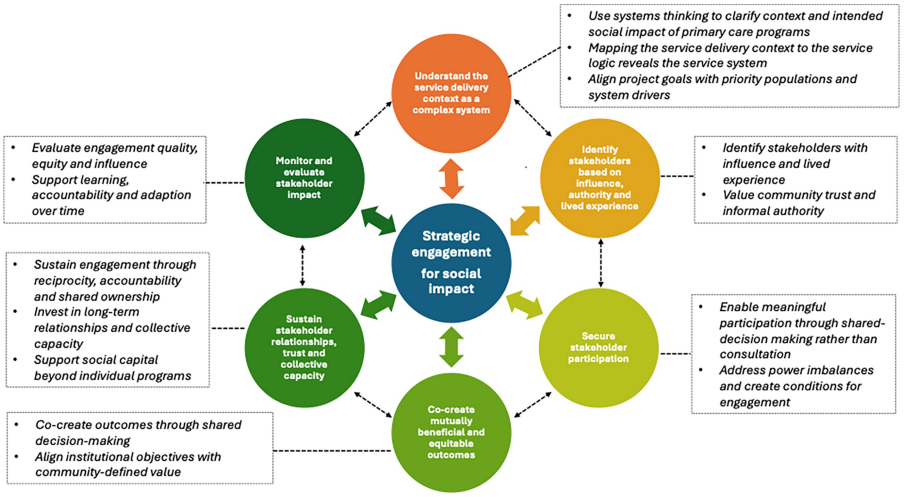

Figure 1. Framework for strategic engagement for social impact

Through structured activities, participants developed an understanding of how stakeholders operate at different levels of the system. This included:

- The micro level, which typically includes clinicians or project managers delivering primary care programs or services who have shared norms and expectations;
- The meso level, typically health leaders or managers who have authority to make rules, shape norms and support change management strategies and strategic directions; and
- The macro level with practice owners or health care executives who set the vision, mission and organisational objectives.

This multi-level perspective enables participants to identify challenges and opportunities of engaging stakeholders at different levels, dependent on their position, role and influence (Fares, 2024). A participant commented:

> I enjoyed the detailed content and appreciated the layers of the micro, meso, macro. This opens up opportunities to 'bridge' and get referrals to other stakeholders. It is crucial to see that what matters to different stakeholders is diverse (Project manager, Workshop 1).

This component of the Framework also prompted participants to reconsider how social impact goals are defined and aligned within the broader health system context. Rather than treating program objectives as being internally or organisationally determined, participants realised that they instead need to align with system-level drivers and the goals of priority populations. This required taking a broader perspective to understand how local interventions connect to wider system-level outcomes.

Identify stakeholders based on influence, authority and lived experience

The second component of the framework extends traditional approaches to stakeholder identification by shifting the focus from formal titles or positions and organisational

hierarchies to the relational and networked roles that enable stakeholders to shape system dynamics and influence outcomes.

Rather than being passive targets, participants identified the importance of selecting and recruiting stakeholders based on their ability to leverage connections that unlock or mobilise resources, influence decision-making and connect to other key actors embedded within networks. A participant shared:

> We need to be active and intentional about our stakeholders […] we have to ask: Are they the right people to have in the room? What is it we want from our stakeholders and what do they want from us? How do we best recruit the highly influential stakeholders in our region? (Healthcare leader, Interview).

The workshop participants were given a practical task to map stakeholders based on their network ties and affiliations, including their roles within influential committees or who act as representatives with external entities such as professional associations, peak bodies or universities. In completing this task, participants demonstrated a good understanding of the importance of recruiting stakeholders that had resources such as high technical skills, informal influence with their setting, access to equipment and the formal authority to make decisions. Additionally, participants were encouraged to consider the diversity of stakeholder roles beyond formal authority, including individuals in lived experience and those who hold trust and informal influence within communities. This reflects an expanded understanding of value co-creation, where legitimacy and local knowledge are recognised as critical resources for achieving social impact. Taking a more deliberate view of the stakeholders to engage in a service system context was a key takeaway from this module of the training.

Secure stakeholder participation

This training component involves creating the conditions for meaningful engagement through the development of tailored value propositions. The second workshop emphasised the importance of understanding what stakeholders value and how this influences their willingness to participate. Participants were introduced to value propositions and encouraged to consider how they could align their engagement offers with the individual motivations, interests and constraints experienced by their stakeholders. Participants explored how value is best communicated for key stakeholders through economic, financial, functional or social terms. A participant reflected:

> We need to align our stakeholder engagement with what our stakeholders need [and value]. We need to develop a strong and proud narrative of what the program and organisation does (Program manager, Workshop 2).

Another participant said: "I need to take my time at the start [of a project] to think through the offer and be much more strategic" (Programme Manager, Workshop 2).

Crafting enticing value propositions though service encounters with stakeholders was extensively discussed in the workshops. The participants acknowledged the importance of addressing structural and relational barriers to stakeholder participation, including time and funding constraints, competing priorities and power imbalances. One participant highlighted how common it was to overlook what stakeholders actually wanted or valued from the exchange:

> Asking the why and being attuned to what the opportunity is for the stakeholders, means taking the time to really think through what they value so we are more prepared to overcome any resistance or challenges (Program Leader, Workshop 2).

The discussions reflected a shift towards creating conditions where stakeholders feel welcome, able and motivated to contribute.

Co-create mutually beneficial and equitable outcomes

The fourth component of the Framework focuses on how value is collaboratively generated through shared decision-making. Prior to the workshops, participants noted that stakeholders had limited opportunity to contribute to program decisions or outcomes. The workshops addressed this limitation by encouraging participants to reflect on how they could co-create value with their stakeholders through communication and collaboration, recognising that different stakeholders will have different priorities, knowledge, capabilities and expectations.

A key insight was the importance of understanding and aligning stakeholder value with the goals and intentions of the program. During the workshops we asked the participants to consider how value is contextual. A useful example is that of a crafted tool. Value may be derived from the craftsmanship for the toolmaker, but it may be in using the tool from the users' perspective. Discussions around this aspect of the program highlighted that stakeholders could be active participants in the co-creation of value, but that value is a nuanced and contextualised phenomenon. Crafting value propositions is the process of negotiating how to create mutually beneficial outcomes so that both parties derive their own value from the interaction. Participants described how developing and refining value propositions enabled them to better engage with their stakeholders: One participant said:

> A big insight was understanding that different stakeholders value different things. True engagement goes beyond just getting people to participate, it means deeply understanding what motivates each group and tailoring our approach accordingly (Healthcare leader, Interview).

Additionally, participants recognised that value co-creation requires addressing issues of equity and power in stakeholder relationships. There was an awareness that stakeholders do not always enter engagement processes equally and that there are differences in authority, resources and position that can shape the voices that are heard and the interests that are prioritised:

> Understanding and developing value propositions was so valuable for myself and my team. It helps us to think about what our stakeholders value and how we best communicate the benefits of our programme (Healthcare leader, Interview).

As a result, participants acknowledged the importance of creating conditions that support and enable meaningful participation from stakeholders with lived experience and community legitimacy as well as those with formal authority.

Sustaining stakeholder relationships, trust and collective capacity

The fifth component focuses on sustaining stakeholder relationships and trust as a mechanism for building social capacity and enabling system-level impact. Prior to the workshops, participants noted that engagement often declined after the initial consultation phase as a result of competing priorities, resource constraints and the episodic nature of project work. Participants were encouraged to shift their perspectives towards a more relational model of engagement, where trust, legitimacy and reciprocity are central to ongoing engagement.

Co-creation is not a uniform or linear process but one that varies depending on stakeholder relationships and their position within the system. A healthcare leader shared:

> Our environment is a dynamic system, and I now have a useful criterion to navigate within it more effectively. I will be looking at my own networks, using this approach to navigate change and make better connections (Healthcare leader, Interview).

Participants also recognised that stakeholders are more likely to remain engaged when they experience shared ownership and see their contributions reflected in project outcomes. This highlights the importance of ongoing communication, negotiation and responsiveness in maintaining meaningful relationships.

Monitor and evaluate stakeholder impact

The sixth component shifts evaluation from a retrospective activity to a continuous and adaptive process that assesses not only the outputs of engagement but also the quality, equity, influence and impact of stakeholder relationships. Prior to the workshops, participants noted that they typically reflected on stakeholder engagement at the end of a project but did not consider how engagement contributed to outcomes or impacts.

The workshops emphasised the importance of embedding monitoring and evaluation of stakeholder engagement throughout the project lifecycle. A participant shared:

> We need to get better at measuring the outcomes and impact of our engagement approaches. Setting this up at the beginning, monitoring throughout and at points of change and as part of the final evaluation (Healthcare leader, Interview).

This reflects an awareness that evaluation must extend beyond activity-based metrics and instead capture relational outcomes such as alignment, trust and influence as well as their contribution to broader social impacts.

Participants identified that monitoring and evaluation are mechanisms for continuous learning, reflection and adaptation. By monitoring the stakeholder relationships, program managers are better positioned to respond to changing contexts, stakeholder needs and emerging opportunities. This aligns with the dynamic nature of the Framework, reinforcing the need to integrate evaluation within ongoing cycles of engagement and co-creation.

Discussion

Contributions to theory

This case study demonstrates that strategic engagement is a foundational condition for achieving and sustaining social impact (Vanclay, 2002; Rawhouser *et al.*, 2019). In line with recent evidence on how to increase the social impact of business research, this case study included many of the recommended "building blocks" (Zhu and Dolnicar, 2025). The research has a sound theoretical underpinning and was conducted with industry partners by a multidisciplinary team of researchers.

Our work contributes to existing literature that calls for the explication of stakeholder engagement in service systems (Hollebeek *et al.*, 2022). Unlike traditional models of stakeholder engagement, which often assume that organisations exist in stable contexts (Mahajan *et al.*, 2023), we use the term "strategic engagement" to recognise that systems are fluid and dynamic, shaped by priority populations, shifting networks, evolving institutional logics and changing social contexts (Khalil and Lakhani, 2022; Kujala *et al.*, 2022). Project managers therefore require an approach that is strategic, flexible and collaborative. Strategic engagement provides this orientation: it reframes engagement from a series of transactions into an ongoing process of meaningful engagement, co-creation and shared decision-making, where value is generated through purposeful collaboration, reciprocity, accountability, shared ownership and continuous alignment with system-wide change (Lusch and Vargo, 2014; Vargo and Lusch, 2008; Finch *et al.*, 2024).

Implications for practice

To support practitioners and academics translating the principles into practice, we provide two strategic engagement resources in the web appendices. Supplementary material Appendix A

contrasts *traditional stakeholder engagement* with *strategic engagement for social impact*, highlighting the shift from transactional interactions to systems-based collaboration. Supplementary material Appendix B introduces a *Strategic Engagement for Social Impact Checklist*, a practical tool that may be used by healthcare professionals and managers to guide reflection, identify gaps and evaluate progress.

Strategic engagement as relational and dynamic. Leaders must learn to view relationships as living systems: who connects to whom, what influence flows across these connections and how trust, reciprocity, accountability, legitimacy and shared ownership are built over time (Kujala *et al.*, 2022). This relational perspective shifts the focus from managing lists of stakeholders to cultivating strategic networks that amplify impact. It also compels healthcare leaders to move beyond convenience partnerships to engage stakeholders who may hold influence and lived experience, community trust and informal authority that can shape programme outcomes (Finch *et al.*, 2024).

Mapping the service delivery context using service logic. Strategic engagement requires applying the service logic as a theoretical lens to map the service delivery context. Taking this approach reveals the macro, meso and micro levels of systems that exist within the service delivery context. Mapping across these levels clarifies the context, exposes inequities and highlights leverage points where engagement can have the greatest social impact. Mapping is not a static exercise but must be revisited regularly as systems evolve, priorities change and relationships adapt (Windle *et al.*, 2023; Khalil and Lakhani, 2022). In this way, the map becomes a living document that aligns project objectives and goals with priority populations and the broader system and policy level changes that shape outcomes and impact.

Value and co-creation. Collaboration is most effective when stakeholders perceive their priorities embedded in shared value propositions. Practitioners must ask not only what outcomes they seek, but also what forms of value stakeholders are willing to invest in. Instead of persuading others to adopt pre-determined objectives, strategic engagement fosters shared decision-making and the co-creation of value in ways that align diverse motivations and generate outcomes unattainable by any single actor (Lusch and Vargo, 2014; Vargo and Lusch, 2008).

Practice and culture. Durable and authentic engagement (Booth *et al.*, 2016) requires a sensitivity to the cultural and institutional dynamics of a context. While practice reflects what organisations do in their daily operations, culture reflects the deeper institutional logics, norms and rules that guide behaviour. Programme leaders who overlook context, inherent inequities and cultural factors risk engaging stakeholders only at a surface level, securing participation without addressing the forces that sustain or inhibit collaboration.

Iterative, adaptive and measurable. Strategic engagement is iterative, adaptive and measurable. It requires cycles of engagement, reflection and innovation with stakeholders. By assessing relational outcomes (reciprocity, trust, legitimacy) alongside substantive outcomes (system change, improved access, affordability and equity of primary health care), organisations can demonstrate progress and strengthen accountability (Seddik *et al.*, 2025; Parkinson and Naidu, 2024; Rawhouser *et al.*, 2019).

Limitations and future research

Limitations

The case study has several limitations which must be considered. Firstly, this single case study is based on a series of capacity-building workshops delivered to two PHNs. Additionally, the workshops were held with participants at different stages of project implementation. Some participants had completed their projects and so applied the strategic engagement resources and

tools retrospectively. This reflects the cyclical nature of program implementation, with participants noting the benefits of using the strategic engagement approach from the commencement of project planning, as well as the importance of evaluating the impacts of stakeholder engagement. These findings should be interpreted with caution and may not be applicable to other organisations or to settings outside of healthcare.

Future research

Several directions for future research emerge from this study. Firstly, longitudinal research is needed to examine how different forms of stakeholder engagement evolve over time across diverse organisational, sectorial and contextual settings and to identify which approaches generate sustained implementation outcomes and demonstrated social impact. This work would enable a more nuanced understanding of the dynamics of stakeholder engagement and its role in driving strategic and system-level change. Additionally, there is a need for more rigorous evaluation of the implementation and effectiveness of the framework, supporting tools and capacity-building training. Future research should assess how these approaches influence decision-making, stakeholder approaches and value co-creation in practice.

There is also a clear need to develop and validate metrics that are capable of measuring strategic engagement based on alignment, influence and social impact. Finally, comparative research across organisations, sectors and policy environments would provide valuable insights into how contextual factors shape the effectiveness of strategic engagement in generating sustainable social impact.

Conclusions

Operationalising how stakeholder engagement is a relational exercise in leveraging social influence will enable professionals to amplify the social impact of primary care programs. This paper introduces an evidence-based framework for strategic engagement that provides accessible strategies for academics and practitioners working in fields that demand significant social impact. Together with the resources for practice, our intention is to equip practitioners with actionable methods to embed strategic engagement into everyday practice, strengthen cross-sector collaboration and deliver measurable, sustainable social impact.

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Supplementary material

The Supplementary material for this article can be found online.

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