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Identifying, categorizing, and mapping stakeholders and stakeholder relationships in resilience in healthcare

Preliminary findings from a stakeholder analysis

Study context

Open access

Protocol

BMJ Open Resilience in Healthcare (RiH): a longitudinal research programme protocol

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ABSTRACT
Introduction research has highlighted the importance of what can be learned from this research and their special understanding of the system. This paper describes the lack of progress in understanding the complexity of the system across systems shifts, then in Healthcare comprehensive capacity of the system to changes, As such, RiH and illuminate high-quality

Open access

Protocol

BMJ Open Patient and stakeholder involvement in resilient healthcare: an interactive research study protocol

Veslemøy Guise ¹, Karina Aase ¹, Mary Chambers,² Carolyn Canfield,³ Siri Wiig¹

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ABSTRACT

Introduction Resilience in healthcare (RiH) is understood as the capacity of the healthcare system to adapt to challenges and changes at different system levels, to maintain high-quality care. Adaptive capacity is founded in the knowledge, skills and experiences of the people in the system, including patients, family or next of kin, healthcare providers, managers and regulators. In order to learn from and support useful adaptations, research is needed to better understand adaptive capacity and the nature and context of adaptations. This includes research on the actors involved in creating resilient healthcare, and how and in what circumstances different groups of patients and other key healthcare stakeholders enact adaptations that contribute to resilience across all levels of the healthcare system.

Methods and analysis This 5-year study applies an interactive design in a two-phased approach to explore and conceptualise patient and stakeholder involvement in resilient healthcare. Study phase 1 is exploratory and will use such data collection methods as literature review, document analysis, interviews and focus groups.

Strengths and limitations of this study

- This study will contribute to a limited yet growing body of knowledge of patient and stakeholder involvement (PSI) in resilience in healthcare (RiH).
- This study will translate system-wide concepts of resilience into practice by developing and testing a conceptual model for PSI in RiH.
- This study adopts a participatory approach to the development and test of a conceptual model for PSI in RiH, involving stakeholders from a variety of healthcare contexts across all levels of the healthcare system.
- This study features a broad approach to healthcare stakeholders which include patients and family carers, as well as providers, managers and regulators of healthcare services.
- The 5-year project period may restrict opportunities for documenting long-term outcomes of the implementation of the conceptual model for PSI in RiH.



The role of patients and stakeholders in RiH

.... a person or group that can claim ownership, rights or interests in the past, present, and future activities, resources and outputs of an organisation or system, or who are affected by those activities, resources and outputs

(Clarkson, 1995; Bryson, 2009)



Stakeholder analysis



IDENTIFY IMPORTANT
STAKEHOLDERS AND
HOW THEY ACT



UNDERSTAND
BEHAVIOURS,
INTENTIONS,
INTERRELATIONS,
AGENDAS & INTERESTS



UNDERSTAND
ORGANISATIONAL
CONTEXT



DEVELOP STRATEGIES
FOR ENGAGING AND
MANAGING
STAKEHOLDERS

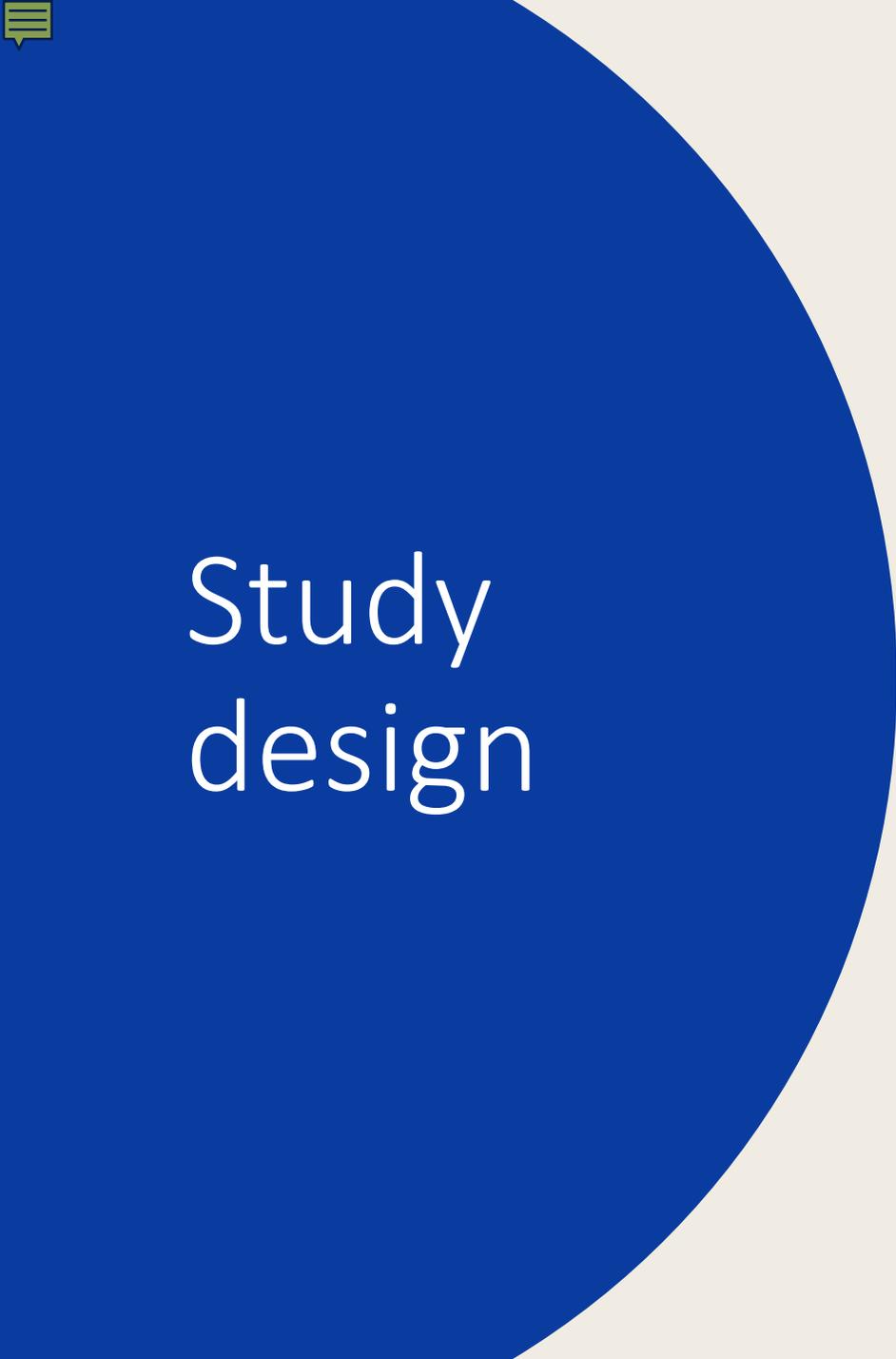


Study aims

- To undertake a stakeholder analysis in a selected sample of empirical healthcare studies to *identify and categorize* stakeholders that are key to facilitating resilience in healthcare
 - To *investigate and map stakeholder relationships* of relevance to the enactment of system resilience
- 



Methods and preliminary findings



Study design

1) Define the phenomenon of interest and identify boundaries of analysis

2) Apply stakeholder analysis methods

- 2a) identify stakeholders
- 2b) categorize & differentiate stakeholders
- 2c) investigate stakeholder relationships

3) Recommend future activities and stakeholder engagement



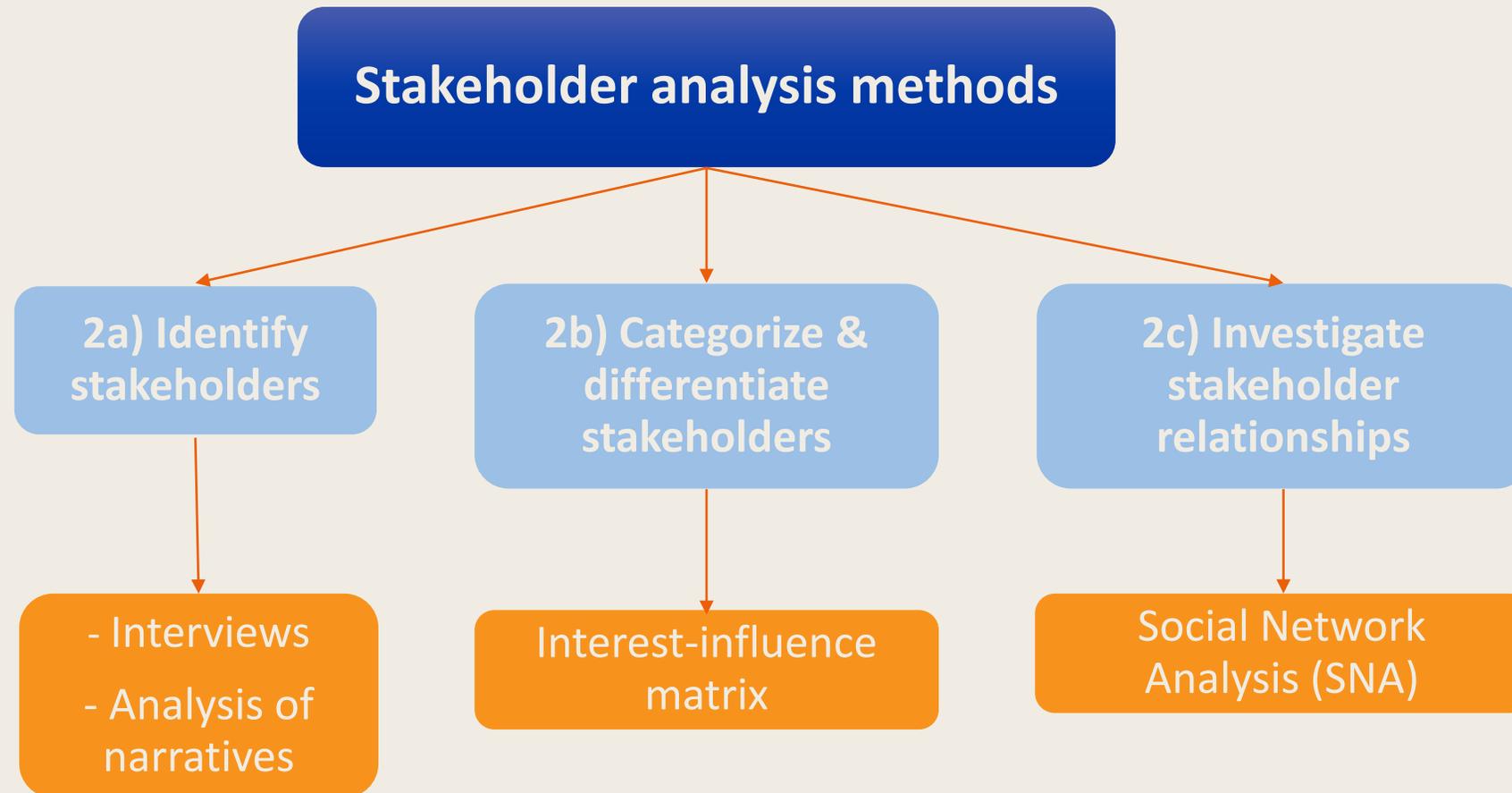
1) Define resilience; identify analytical boundaries

- “... the capacity to adapt to challenges and changes at different system levels, to maintain high quality care”

(Wiig et al., 2020)

- adaptive capacity
 - performance adjustments, workarounds, trade-offs, sense-making, improvisation, etc.
 - performance variability
- 

2) Data collection and analysis methods





2a) Identification of stakeholders

Study sample: 19 empirical healthcare studies

- 11 finalized projects (2013-2020)
- 8 ongoing projects (2016 →)
- Norwegian healthcare system

Data collection and material

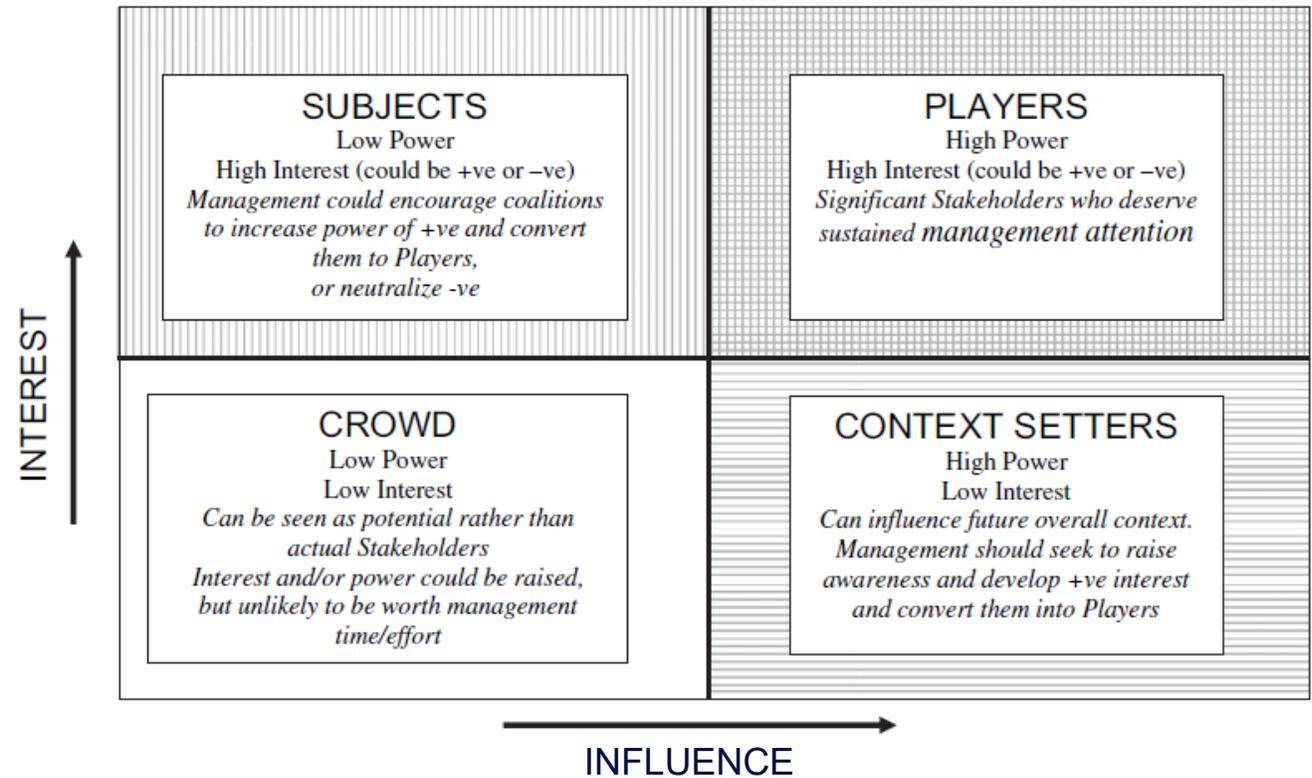
- Document analysis – 14 narratives based on peer reviewed publications
- Interviews with 16 healthcare researchers
- 3 narrative only, 5 interview only, 11 both



Findings: Stakeholder identification and categorisation

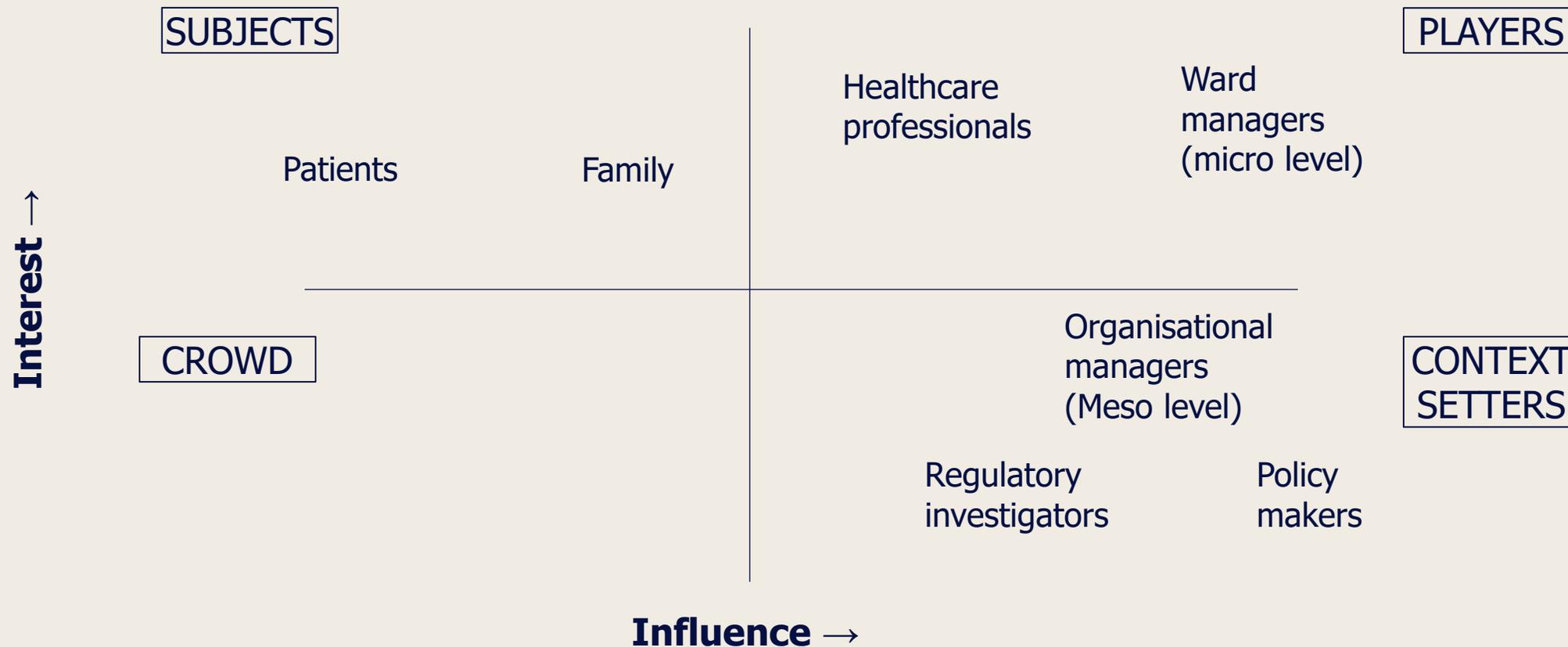
- Healthcare professionals (16 studies)
 - Managers (micro and meso level) (7 studies)
 - Patients (6 studies)
 - Family carers (5 studies)
 - Regulatory investigators (4 studies)
 - Policy makers / Governmental bodies (2 studies)
- 

2b) Differentiation and categorisation of stakeholders



(Ackermann & Eden, 2011)

Findings: Stakeholder interest-influence grid





2c) Investigation of stakeholder relationships

Social Network Analysis (SNA)

- (i) describe set of actors and network members
- (ii) characterize and map actor relationships
- (iii) analyze contextual structures

(Blanchet & James, 2012)





Next steps

- Finalize analysis, including analysis of stakeholder relationships using SNA
 - Recommend future activities and stakeholder engagement relevant to the next phase of the RiH project
- 



Questions,
comments?

