Stakeholder management in a mission hospital, USA: a theoretical framework case study

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ABSTRACT
In the health care industry today, failed programs cost organizations a loss of revenues on daily basis. Therefore, management strategies in these organizations need a balance (equilibrium) between program implementation control and the relationships that goes along. These relationships exist between the organization and defined individuals or groups who are directly or indirectly part of the organization’s hierarchy. These groups or individuals comprise the so-called stakeholders and they do have a stake in the organization. A major factor for a program success with any organization is the proactive involvement and management of its strategies with its component staff, including the stakeholders (Thomas, Delisle & Jugdev, 2002). The argument is organizations should look at their stakeholders as part of core management objectives for maximum return of investment. Many organizational programs have failed due to lack of direct top management involvement and support (Jiang and Klein, 1999). The importance of this problem therefore, requires that every organization examine its relationships with its stakeholders constantly since its success or failure revolves around these relationships. Findings from this study were of great economic importance. The identification, prioritization, and engagement strategies of evaluation of the key stakeholders in Mission Hospital, USA, was an effective tool that could help any organization to know the individuals or groups with power within their organization and how such powers are used. The second importance was the power of teamwork; how individuals or groups may collaborate for a common good; here both the executive management of Mission Hospital, USA, collaborating with the stakeholder management to affect the objectives and goals of the hospital. Third, it showed improved relationships between two former unaligned managers with informal power structures and possible outcome. The conclusion here was that collaboration, involvement, negotiations with the use of inducements; all play major roles in straightening relationships, be it personal or corporate. A stakeholder management methodology workshops exercises were designed to assist them in this process. The subject sample group was small. The criteria for the small group were to use a phenomenological approach to find out how a few groups or individuals of important status in an organization feel as a sub-set; making it a qualitative descriptive case study.

Introduction
The management of key Stakeholders in any health care organizational settings is important if such an organization desires to achieve its strategic objectives. In general, health care organizations are constantly undergoing fundamental changes. These changes manifest in different aspects. A notable connotation in these categories of changes is that managers of health care organizations must pay attention to the advancing influence and power of rival stakeholders, who directly or indirectly influence the organization. These stakeholders have a share on decisions in the running of the organization and therefore, must be recognized and evaluated for their potential to threaten or support the organization in achieving its larger and long-term objectives.

Who are stakeholders? In general, stakeholders comprise persons and groups who have certain valuable economic interest in an organization and are therefore, influenced by that organization. In a typical health care set up there are the physicians-hospital groups, union employee group, contractors, managed care group, third-party payers, and so on. Key stakeholders in this respect are dependent upon the contribution of such stakeholder to the organization.

Statement of the problem: Every organization’s primary objective, whether profit or non-profit, is to be successful in business point of view. A major factor for the successful implementation and achievement of such objective is proactive involvement and management of its component staff, including stakeholders (Thomas, Delisle & Jugdev, 2002). Lack of such foresight by the executive management becomes a thin line between success and failure.

According to Berman, managing an organization’s stakeholder should be a means to an end for every organization (Berman, 1999). The argument is organizations should look at their stakeholders as part of core management goals for maximum return of investment because they control the resources that can enhance, or hinder the implementation of the organization’s decisions. Many projects have failed due to lack of direct top management involvement and support (Jiang and Klein, 1999). This researcher agrees, noting that this problem is frequent among many organizations. The specific problem this study analyzed was the problems of unaccomplished objectives
and goals when management supports are not collaborated, as it applied to Mission Hospital, USA.

**Importance of the problem:** The primary objective of every organization, whether profit or non-profit, is to be successful. This researcher believed that a major factor for the successful implementation and achievement of such objective is proactive involvement and management of its component staff, including its stakeholders. Thomas (Thomas, Delisle, and Jugdev, 2002) contended that failure could be supporter’s perceptions of expectations not met; that the said perceptions are not actually based on logic, but merely on the quality of the relationship between the management and its stakeholders. However, Sauer insisted, “failure occurs when the level of dissatisfaction with a system is such that there is no longer enough support to sustain it” (Sauer, 1993, p. 56). Both arguments are inconclusive without validity. Validity and reliability are “ideals all researchers strive for” to establish credibility of measurements and findings (Neuman, 2003, p.178).This researcher set to find out those “ideals” validities and why complete involvement of the stakeholders made a big difference in organizational success.

**Purpose of the study:** The purpose of this study was to examine the benefits of stakeholder collaborations at Mission Hospital, USA, in order to improve stakeholder management relationships in terms of factors, such as achieving the overall objectives of the hospital. The study used theory testing to establish and analyze facts, allow prediction, and aim for generalization. The central objective therefore, rested on utilizing baseline data on information about Mission Hospital, USA, and its stakeholders to help readers and other researchers understand the concept unique with Mission Hospital, USA, and put into practice the lesson derived for effective management of influential stakeholders in such a way that straightens the strategic objectives of any organization.

After identifying, prioritizing, and engaging the stakeholders and the executives of Mission Hospital, USA, this investigator proceeded to gather its data through interviews, open-ended discussions, and the utilization of survey questionnaires. In the interview process, this researcher designed sample survey questionnaires for use and then conducted two workshops, two exercises in an open-ended interaction pattern. Notes, recordation, and observations during these periods helped the researcher in the analysis of the relevancy of the study.

**Questions examined in this study:** Thomas et al. believe a major factor for the successful implementation of any project by any organization, is the proactive involvement and management of its stakeholders (Thomas, Delisle & Jugdev, 2002). Others may argue that lack of such foresight by the senior management team of Mission Hospital, USA, or any other organization for that matter, may affect the achievement of its overall objectives.

This researcher put forward pertinent questions, based on research experience, to test and suggest solutions to this problem. The researcher formulated the questionnaires on an open-ended design – enough to obtain the required information from all the managers. The reason for the chosen questions, as opposed to others, was to allow the respondents answer in any manner they wish without any influence or suggestions.

**Main Question:**
1. Based upon the results of this study, what steps might the senior executive management of Mission Hospital, USA, improve relationships with its Stakeholders?

**Component Questions:**
2. Based upon the questionnaire data summarized and analyzed, what steps, and in what order, might be taken to implement the recommendations of the sample surveyed?

**Research Design/Methodology:** Mission Hospital, USA, is a two-hundred and eighty-bed hospital facility, with more than twenty-five hundred employees: about six hundred affiliated physicians, and more than one hundred and sixty volunteers and auxiliary. The hospital has different stakeholder groups, such as physician medical group, union contractors, internal employee group, and so on. Involving all these groups in this study may present a voluminous task that could render the study redundant. Therefore, the subject sample group in this study was small. It comprised only five identified senior executive managers and five identified stakeholder managers; a population of ten managers who play major important roles in decision making of the hospital.

The criteria for this small group were to use a phenomenological approach to find out how a few individuals of important status in an organization feel as a sub-set. This is therefore, a qualitative descriptive case study, using the ten identified managers of Mission Hospital, USA, as a unit of study. To answer the important questions this study faces, the researcher proceeded to design and conduct the study in three phases:

Phase 1 involved an iterative process to refine the methodology. The iterative process involved identifying, prioritizing, and planning/engaging the key stakeholders and senior managers through facilitated exercise workshops with participants – interviews with open-ended questions and observations; a qualitative approach. This investigator also utilized a quantitative approach designed as survey questionnaires. The method of identification of these executives came from examining the Hospitals’ publications; showing the recognition of which stakeholder is important and has an impact on decision-making. This researcher chose the senior hospital executives because they represent the balance of power between the stakeholder managers. The stakeholder managers are important to the hospital in that their demands for inducements may place severe strain on the Hospital, and or switch their contributions to the services of other organizations. These factors affect stakeholders’ potential for threat and cooperation and, therefore, their overall supportiveness to the organization.

Phase 2 involved the data gathering techniques, including interview and survey questionnaires exercise workshops, utilizing open-ended answers, with close observation and recordation. Already stated, the sample group was small, involving only five executive managers of the hospital and five important stakeholder managers with the highest influential powers. The questionnaires for the stakeholder managers were different from that of the hospital executives (See appendix C). The design was important in that it provided the necessary factors for effective stakeholder management, such as identification and prioritizing of key stakeholders for the next phase of the project, and the development of the right engagement and communication strategies to ascertain that the needs and expectations of the identified key stakeholders were incorporated.

Phase 3 was a descriptive case study designed to effect phase two. This researcher utilized the process of planning, implementing, and monitoring – used in incremental process improvement management (Carroll & Swatman, 2000), as the foundation for analyzing this phase.

Identifying the stakeholders, knowing their power and influence, engaging them by building and implementing effective communication, and developing an understanding planning with follow up, coupled with data analysis in phase three, would have answered the questions posed and
accomplished the reason for the study. Note that this investigator went further to confirm the validity of the study through a fact-finding employee interviews. The results were astonishing.

**Delimitations/Limitations:**

**Delimitation:** In both theoretical and practical sense, this case study was designed to show how Mission Hospital, USA, could recognize the importance of its stakeholders and work to manage them effectively, to achieve its overall objectives. In the open discussions and collection of data to analyze this study, this researcher did not seek to determine who among the managers were to blame for lack of program success. This would have looked more like a judgment call, as opposed to obtaining information to make a professional statement.

**Limitations:** The conceptual limitations to this study were such that the tendency of the recommendations may not widely be exposed because of confidentiality issue. In addition, the inability to involve all the different stakeholder groups in this study may also limit a better outcome of the results. This finding is beyond this writer’s scope and control at this time.

**Definition of Terms/Glossary:**

- Accrediting/Licensing Agencies – These are government approved independent agencies that ensure hospital practice meet government regulations and standard, and all professionals that work for the hospital are dully licensed to practice their professions.
- Contributions – resources by the hospital that are needed or desirable by the hospital itself. Examples include skills, labor, and so on.
- External stakeholders – defined here as stakeholders that may pose hostility toward the hospital, such as competitors and third-party payers.
- Gatekeeper – office assistant that schedules and organizes daily activities for the manager/boss.
- Influential Stakeholder Managers (ISM) – Defined in the study as those stakeholder managers who exercise power and influence in the daily execution of programs. Senior Executive Managers must work with them to achieve the overall objectives and goals of the hospital.
- Interface stakeholders – stakeholders between the hospital and its environment, such as the hospital Board of Trustees and the stakeholders.
- Internal Employees (IE) – This is another name for stakeholders; comprising the staff body that runs the hospital administration on daily basis.
- Internal stakeholders – defined in this study as management, professional, and non-professional staff that confirm to the general acceptable norm of the hospital.
- Involvement – to expand on the support that is already in place
- Managed Health Care (MHC) – The professionals in the hospital who manage government approved health care system that influences the utilization and costs of health care services.
- Marginal stakeholders – stakeholders that pose neither threat nor cooperation to the organization. Community volunteer groups fall into this group.
- Mission Hospital, USA – used here to represent a fictitious hospital name where this study was done because of confidentiality issue.
- Mixed-blessing stakeholders - stakeholders constantly bargaining to obtain the best inducements from management – posing a threat or cooperation.

Non-supportive stakeholder – stakeholders that are equivalent to external stakeholders.
- Physician-Hospital Group (PHG) – This investigator used this phrase to represent a joint venture between the hospital and interested members of the medical staff who agree to participate in the daily operation of the hospital activities.
- Provider organization – managed health care plan that contracts with independent providers who provide services for plan members at discounted rates.
- Senior Executive Managers (SEM) – These are hospital top managers identified as a part of the small unit of the study.
- Single Case Study (SCS) – A type of study referred here as a qualitative case that is unique with Mission Hospital, USA. The objective of the study here is to expand and generalize theories rather than enumerate frequencies.
- Stakeholders – In this study, they are defined as those individuals and/or groups who have vital interest in, and are influenced by the daily activities of the hospital. They manifest in different types, such as union employees, physician medical group, employee group, government regulation agencies, supplier contractors, and so on.

Supportive stakeholder – supports the hospital’s actions and programs, thereby posing low threat.
- Survey Questionnaires (SQ) – This is a quantitative design approach formulated to collect data analysis. The study has a combination of quantitative and qualitative design.
- Third-Party Administrators (TPA) – Described in this study as claim processing organizations who handle insurance claims and the reimbursement of managed health care providers.
- Union Contractors (UC) – These local contractors are also known as external stakeholders in this study.

**Literature Review**

**Overview:** The purpose of this chapter was to review previous research on program service success and failures and its relationship to stakeholder management, to show any parallels to this researcher’s distinctions, and to address research question 1: Based upon the results of this study, what steps might the senior executive management of Mission Hospital take to improve relationships with its stakeholders? And to examine the recommendations to address the research question 2: Based upon the questionnaire data summarized and analyzed, what steps, and in what order, might be taken to implement the recommendations of the sample surveyed? Ideas from the literature reviews have been examined to process the thought concepts needed as parallel views, in order to manage the unique relationships identified in this case study.

Today’s stakeholder theorists should be grateful to early thinkers such as Freeman’s previous work: “Strategic Management: A Stakeholder Approach” (1984). Freeman asserted that the word stakeholder was actually first used in a memorandum meeting at Stanford Research Institute (SRI) back in 1963. The organizers of that meeting defined stakeholder as’” those groups without whose support the organization would cease to exist,” (Donaldson and Preston, 1995, p. 65). Prior to the event at Stanford Research Institute Robert E. Woods, who was the Chief Executive Officer of Sears & Roebuck Company, had listed in 1950 four important aspects of business order, naming stakeholder’s management as one (Hummels, 1998, p. 1403). Freeman and these early thinkers enumerated many variables that they considered as factors leading to program completions. Some of these factors or primary stakeholders included customers, management, employees, suppliers, and stockholders. Talking about customers, an Italian study by Scharioth (Scharioth, 2010) affirmed that customer satisfaction
is the ultimate determinant to the performance of the managers. However, whereas Freeman believed that paying adequate attention to stakeholder management was crucial to organizations success or failure, Berman insisted that such theory was yet to be tested and applied into the industry (Berman, 1999). Between Freeman and Berman, which of the two makes more sense? The question is even if the theory is being tested today, has it achieved its objectives? This researcher set out to explore its application in real world. At the same time, Berman has no doubt that Donaldson and Preston presented a better outlook on stakeholder theory analogy. According to Berman, Donaldson’s and Preston’s taxonomy of stakeholder theory, where they distinguished among instrumental, normative, and descriptive theories, has stimulated various writers to open more dialogue concerning stakeholder theory.

In today’s business environment, progressive entrepreneurs have recognized the importance of organized programs as a tool for delivering planned objectives, with the entity’s success based on growth through reduced spending and better service (Meredith and Mantel Jr., 2000). There is instrumental stakeholder theory, which is used to identify the links between realized corporate objectives and stakeholder management. The basic premise of normative theory offers strategies to the organization in regards to moral principles and operational tactics. The theory defines the organizations functions and offer guidelines to management on how to remain relevant in the scheme of things. Therefore, the normative stakeholder theory rests more in defining the ethical and moral guidelines to management on day-to-day running and functions of such organization. Lastly, there is descriptive theory of stakeholder management, which describes the organizational make up and, how it conducts its managerial business. The idea of the theory involves all managers related to the organization, including executive member directors, board of directors, internal and external stakeholder managers, and so on. Based on the objectives of the organization, all these bodies use this theory to protect and advance the overall interest of the organization. This researcher explored the descriptive aspects of this stakeholder management theory in this case study, to show management benefits that have never been revealed before.

However, it is pertinent that one understands the connection between organizational theories paradigms and stakeholder management theory. Typical of the organizational theory paradigms is the social man paradigm in which individuals are encouraged by what they see as social needs and their urge to utilize their work environment as an advantage to build relationships with others (Cluds, 1999). Many of the early organizational theory thinkers supported this social man paradigm, in that they contended that the utilization of skills plus strong human relationships leads to growth and personal life achievement. Many may argue well on this sentiment; however, it is noteworthy that today’s society and environment are of complex nature, especially with the applications of such machineries as networks dynamic, complex matrix, and sophisticated technology. Networks dynamic is here to say. Jansson (Jansson, 2009) focusing on emerging markets of Asia and Eastern Europe, integrated what he labeled “Institutional Network Approach (INA)”; a comparative holistic perspective of international business strategy, as viewed from shareholder and stakeholder management. Therefore, this researcher and many executive managers, including other societal individuals have similar view of these concepts, albeit from different perspectives today. This researcher believes that stakeholder managers play integral parts of an organization’s environment to foster success or failure. Moreover, according to Takagi, the overall successful management of such environments with its elements is because of the said organization confirming to rules and regulations of the established environment (Takagi, 1999).

Donaldson and Preston insisted that their three theoretical stakeholder views are interrelated. Whereas the descriptive theory represents the overall outlook of what an observer sees on the organization, it is supported by the values of the instrumental and normative variables, with the later being the central core (Donaldson and Preston 1995). In addition, recognizing and applying the moral obligations of these theories becomes a pre-cursor to success of the stakeholder manager. Whereas this researcher may have question mark to this assessment, Aragandona insisted that many theorists are in support of this view, including Goodpaster’s normative justification observed from the theory of the common good (Aragandona 1998). Yet, Goodpaster justified stakeholder theory as part of an organization’s strategic blueprint. He proceeded to explain three levels of stakeholder theory: (1) The strategic level, where he insisted on taking into account the non-owner stakeholder’s interests as a means of achieving the company’s economic goals but without any moral content. (2) The multiple-trustee approach attributes a fiduciary responsibility to the company’s managers towards all of the stakeholders alike, whether they are owners or non owners. (3) The “new synthesis” which separates between fiduciary responsibilities towards owners and non fiduciary responsibilities towards identified stakeholders.

Aragandona believes the concept of the common good goes beyond the nose of an organization, insisting that a common good base on an organization way of doing things should be inclusive of all the surrounding elements. It is no doubt, then, that stakeholder components in a typical hospital set up include third-party vendors, interest groups, community outreach groups, suppliers, medical staff, local unions, patients groups, competitors, and all other individuals or groups that have any direct or indirect interests on the hospital. The good advice here is to consider and review the relationships between the organization’s internal and external stakeholders to identify the common good of the environment (Aragandona 1998).

This researcher is of the opinion that approaching an organization’s stakeholder theory from the perspective of common good theory is in agreement with Donaldson’s assessment that all stakeholders have intrinsic importance to managers, with Goodpaster’s “new synthesis” of fiduciary and non-fiduciary stakeholder responsibilities of managers. In addition, agreeing to this assessment indicated that the theory of the common good offers a sufficient solid basis for the theory of stakeholders. The means for determining, in each specific case, the rights, and duties of the participants in accordance with the common good of the organization in a particular society it has with its stakeholders, are important to that society as a whole.

A good management thinker, Mintzberg, in explaining the management of any hospital set up as a professional organization, attested that the organization is “distinguished by the fact that the determination of the basic mission, the specific services to be offered, and to whom, in good part is left to the judgment of professionals as individuals” (Mintzberg, 1989, p.184.). In the same vein, Mintzberg believes other thinkers of management practice view professional organizations as a middle management venture, concluding that groups and individuals with divergent ideas make divergent decisions, though with same objectives (Mintzberg, 1989, p. 186). This
researcher is in agreement with arguments by these thinkers that
the implications of management practice of a typical
organization by different minds make conscious sense.
Managers of corporations make their decisions by acting on
their implementation knowledge, and by applying what they
have learned through experience. It is, therefore not surprising to
see the implementation of the organizational theory paradigms
in different managerial outlooks, yet yielding almost the same
industrial benefits per the organizational objectives.

Different writers have continuously sought to explain
alternative reasons for organization’s ways of doing business
other than using the typical stakeholder theory and management
methods. According to Eden, our knowledge of awareness
processes direct between our different reasons for actions. Eden
attested that “since the facts alone do not determine our
perceptions, the cognitive problem is to find out what else
influences their shape” (Eden and Spender, 1998, p. 47).
Management thinkers looking forward to finding out how
corporations function in terms of choices, act succinctly in that
fashion in order to present precise pictures of awareness of
their knowledge. The goal here is to discover the “conceptually
related representations of objects, situations, events and of
sequences of events and actions explaining managerial action”

Posner believes that the theoretical background of cognitive
knowledge in organizational theory falls back to Kenneth Craik.
In his book, “The Nature of Explanation” (Craik, 1943), Posner
argued that individuals interpret what they see on the outside
into inner self models and reasons and, in turn, manipulate such
models by imbedding their thinking. He concluded that many
cognitive thinkers of the time adopted the concept that an
individual mind is a symbolic system (Posner, 1989). Posner and
Spender went further to define and categorize cognitive science
in various theories. There is experimental psychology theory for
information concerning speed and limitations of simple sensory,
perception, motor, and memory processes. There is
neurophysiology that stimulates knowledge of the biological
frameworks that supported reasoning. In developing the
Malaysian excellence model in integrating resource-based view
and stakeholder theory, Idris (Idris, 2003) emphasized this
conceptual framework approach. Moreover, there is
psychometric sensory theory that defines cognitive science as
the study of intelligence and intelligent variables, with reference
to intelligent behavior. Lastly, Gestalt psychology hypothesis
resulted in information concerning complex reasoning. This last
shift came about with the so-called information analysis of the
50s and 60s, which perceived the art of thinking as a symbol-
manipulating process and utilized computer simulation as a
regarded this period as the period of rapid development of
theories of utility maximization. He also regarded these theories
of rationality from logic, economics, and statistics as forming a
crucial part of the normative theory of intelligence via cognitive
science. The good question by this researcher is does cognitive
management essential in today’s management set up.

Further review into cognitive management showed that
Kitchin and Freundschuh also identified different approaches to
decision-making as normative, prescriptive, and descriptive
theories (Kitchin and Freundschuh, 2000). Using normative
theory one makes optimal decisions. The objective of
prescriptive theories resides with advising decision makers
concerning how to make optimal decision in a limited cognitive
environment. At the same scope with limited capacity to adapt,
descriptive theories focus on decision making as an adaptive
system. Adaptation is realized through approximation because
of this limited capacity. According to Kitchin, Garling and
Colledge present a distinction between structural and process
models of decision-making. There are structural models, which
focus primarily on how observed choices are related to the
attributes of the different alternatives, characteristics, and other
situational factors. On the other hand, process models thrive to
present the different cognitive processes surrounding the
accepted choice. In its original form, Downs and Stea presented
cognitive mapping as a concern on how people think about
space and, how those thoughts are utilized to reflect human
spatial behavior (Downs and Stea, 1973). They presented
cognitive mapping as seeking to explain how an individual
researcher comes to understand spatial relations acquired
through experience and secondary medium such as maps.
Cognitive was used in three different angles. First as a
description of study that try to discover how individuals learn,
remember, and analyze spatial information about the
environment. Second, it has been used as a descriptive
mechanism for the process of analyzing spatial relations. Third,
it has been used as a descriptive name for a way to
understanding cognition at large, comprising the construction of
“maps” of cognitive processes. The implication here is that the
cognitive map resembles geometric principles with repeated
experience. It stands to show then, that in some cases the term
cognitive map has been utilized as a descriptive term for a
conceptual drawing of an individual’s cognitive processes, the
approach this researcher tended to explore.

**Historical background of stakeholder success/failure:** Any
strategic management program, including those in the health
service industry, requires planning, management, and control to
achieve the desired objectives and goals. In today’s business
environment, managers view the paradigm of programs
strategically as a tool to fulfilling an organization’s stated focal
points. A management failure adversely affects the organization
in that many of its strategic objectives will not be fulfilled as
planned. Individuals and groups (stakeholders) who rely on this
organization for reward will also be affected. Let us look at a
model of project success that stems from different reasons of
project failure. In the Massachusetts, USA, 1994 CHAOS
Reports (Standish Group, 1994; Standish Group, 2004), it
attested that about 30% of all the Information Technology
related projects were aborted before it became reality. In other
words, they failed, with only 16% of these projects achieving
completion on timely fashion and on budget, but with the
average expensive overrun in the 180% of the original presented
estimation. According to Vandersluis (Vandersluis, 1997), in
that original report the executives who were responsible for this
Information Technology projects viewed the successful rates of
these projects as being only 13%. However, by 2003 as the
CHAOS project was continually monitored, there was
improvement in project train. Thirty-four percent of all projects
were viewed as being successful, with correspondent project
failures in decline to 15%. The average cost overrun was
reduced to 43% of the original estimation, with 52% of the
original variables included in the result (Standish Group, 2003).
According to Hancock (Hancock, 1999), the CHAOS research
study showed that with planned objective, involvement of the
executive management, stakeholder management support,
coupled with the able leadership of the management team, were
the reasons for the increased chance of success of the project to
65%.

Prior to the successful tracking of the CHAOS study, Sauer
(Sauer, 1993) had defined project service success using three
dependent variables, in which he branded the Triangle of dependence: the way “an information system is fashioned through its project organization’s activities; the project organization requires support; and supporters need a payback from the system” (Sauer, 1993, p. 55). In this branded representation, the coalitions of a stated information system comprise of individuals who design; develop the operations, as well as individuals expecting that the result would fulfill their intended needs and interests. In these relationships, supporters would have to provide the expected resources, materials, funding, and even precise decisions and social information. Here, the objective is to ascertain that the project organization can complete its assigned work of delivering the expected result on schedule and within the stated budget. “Failure occurs when the level of dissatisfaction with a system is such that there is no longer enough support to sustain it” (Sauer, 1993, p. 56).

The criterion presented by the triangle of dependence shows human side of project completion and its success determinants. It shows project failure or success is directly related to the placement of importance by the individual stakeholder and the ability and willingness of such individual to work for or against the project. One makes sense, therefore, that the failure of a project could come from the supporters’ perceptions of expectations not realized, or promises not fulfilled by management, or the notion that the support (talents, experience, resources, etc.) could be channeled to some other ventures. These perceptions are not necessarily the norm, but more often due to the poor relationships and communications of executive managers and stakeholder managers.

Project management success or failure has also been the subject of many other studies, such as the one commissioned by The Project Management Institute (PMI), Pennsylvania, USA, to review management practice across the industries (Thomas, Delisle, and Judgev, 2001). In that study, questionnaires were sent to thousands of professional individuals for candid evaluations of their thoughts. The report showed that project failure, a dominated factor, was accorded to different reasons, such as lack of delivery on time or within budget, not fulfilling the expectations of the stakeholders, and lack of communications between the executive managers, the project team leaders, and the stakeholder managers (Thomas, Delisle, and Judgev, 2002). Other researchers came to the same conclusions pertaining project failures, such as:

- Using “bleeding edge” technology on a high profile project (Glass, 1998)
- Serious lack of executive managers involvement and support (Jiang and Klein, 1999)
- Executive managers viewed as having failed by stakeholder managers (Lemon, et al., 2002).

On better note and based on further reviews by this investigator, project success can be attributed to many factors, such as:

- Communications among the components; the executive managers, the project team, and the stakeholder managers
- Accommodating and implementations of all expectations of the project stakeholder managers and others
- Following with all laid down strategies in the accomplishments of the said project
- Recognizing and allowing division of labor concerning the project to all component individuals
- The utilization of all assigned tools, methods, and processes of all component parts

- Allowing all talents and specialization of individual components to prevail
- Collaborations and managing any risks by all involved participants

Components of program success, as mentioned in the previous section, can be grouped into three interrelated ways: delivery of program outcome, shared management risk involved in the program outcome, and shared management relationships. Table 2.0 depicts the arrangements of these components. Executors of the program will present the finished product (in this case, service) by making sure that the program strategy meets or even exceed expectation for its expected benefits. They will also make sure they have managed adequately, the program’s budget, schedule, and all qualities required of the completion, making sure the provision of accurate, timely, and detailed reporting as part of communication to program managers, is adequately followed. Therefore, defining, delivering, and measuring the value of the project to the organization is an important components of the project task. In addition, all managers involved in the program must share and manage risk that may pose a threat to the completion of the project. The third component of the process involves managing relationships with all stakeholders of the program. These include the management team, the executive managers, and the stakeholder managers. All these characters must possess the necessary skills, knowledge, and experience to manage the program strategy a success. These components of program strategy success were synthesized from the literature in order to address the unique benefits of managing organization stakeholders to achieve the overall objectives and goals of an organization, such as Mission Hospital, USA.

Table 2.0 Components of project success:

<table>
<thead>
<tr>
<th>Delivery of Project Value</th>
<th>Shared Management Risk</th>
<th>Shared Management Relationships</th>
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<tbody>
<tr>
<td>Utilization of all tools, processes, and application of defined methodologies</td>
<td>Identification and adequate management of all risk involved in the project executions</td>
<td>Sharing and managing all expectations of stakeholder managers</td>
</tr>
<tr>
<td>Allowing talents and assigned tasks to work to produce results</td>
<td>Sharing of strategies and specialities of managers</td>
<td>Freedom of all assigned talents to produce expected outcome</td>
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<tr>
<td>Application of skills and talents of Project Team and Stakeholder Managers</td>
<td>Application of skills and talents of Project Team and Stakeholder Managers</td>
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For a successful planned program strategy, it is essential that the program managers understand the importance of the roles of stakeholders, especially the sensitivity and expectations of their involvement of program implementation. Therefore, this investigator deemed components of program strategy success as important, especially when the delivery of value by the ways of managing schedule of work, budget, and so on, are part of what the organization intended to realize as benefits of the program. Relationships of the component managers and sharing of risk to arrive at the finished product (services) are all great assets to program completion. The following figure (2.1) shows the components of program success.

Project Success = Executive Management + Project Team + Stakeholder Managers ↔ Delivery of Project Value + Shared Management Risk + Shared Management Relationships
Figure 2.1 Components of project success

This literature review section addressed the research main question: “What steps might the senior management of Mission Hospital take to improve relationships with its stakeholders?” This researcher showed that every organization, including those in the health sectors, must develop strong managerial relationships with its stakeholders on long-term survival in order to achieve the highly needed success of objectives by such organization (Post, Preston, and Sachs, 2002). These important relationships must be cordial, interactive and accommodate the perceptions and expectations of the stakeholders in the organization (Salvage, 2002). Identifying and working with these stakeholders is important and is being emphasized in this case study process. In a study conducted by Richard Thompson (Thompson, 2009) of Maharishi University, India, he identified stakeholder perspectives on cross-cultural issue, and contended that contact and mutual confidence between stakeholders, stakeholder managers, and organizational management, such as Mission Hospital, USA, is essential to the survival of such organization. Figure 2.2 provides a typical key stakeholders set up in a small town hospital, such as Mission Hospital, USA. These stakeholders and others must bond and form a networking chain with the hospital management in order to meet the objectives and goals of the hospital organization, and to serve the community they represent at large. The Lomberdy study further emphasized the usefulness of improvement to health care delivery (Berta, et al., 2013).

![Figure 2.2 Typical key stakeholder models in a small hospital, such as Mission Hospital, USA.](image)

In addition to the identification of key stakeholders, their power and influence within the scope of the environment must be recognized, as their impacts on projects are crucial. The identification and classification processes form part of the project planning strategy, and comprises the listing of individuals and groups who the project team must view as having potential impact on its success. This recognition will help the project team to strategize wisely to formulate and implement to maximize the use of the stakeholder’s positive influence and, in turn, minimize any negative influence that the stakeholders may pose.

Project management mirror views the working units of the program managers and the project stakeholders, and among the component individuals that make up the stakeholders themselves (Frooman, 1999). The concept of the mirror views enable each individual to look at his/her assigned contribution to the project and make sure they deliver on timely basis. In addition, such individual will also tend to form a link of checks and balances among the component assignments of their partners to make sure each complies with the formula of execution of the project. Hence, everyone represents the mirror image of themselves, as well as, the mirror of their partners in delivery of value of the project. Therefore, program management is an inclusive process, even to the final consumers. In a study conducted in rural Tanzania, Africa, about forest management, Woodcock (Woodcock, 2002) disclosed that even the community must play a major role in the management of natural resources along with a high respect to the individual stakeholder’s rights, responsibility, and relationship to the forest. In further agreement to this assessment, a separate study by Riley (Riley, 2002) conducted in India, reflecting on environmental and resource management efforts, insisted that stakeholder partnerships and collaboration between organization managers should not be exclusive to corporations alone. Riley emphasized the importance of government agencies working in collaboration with Non-Governmental Organizations (NGO) in achieving community development objectives. Hopkins (Hopkins, 2006) writing from Europe and a noted Corporate Social Responsibility (CSR) practitioner, challenged country members and international agencies that make up United Nations to utilize the ethics of CSR to engage governments of developing countries, business and NGOs, for more effective and dynamic way of community development to eradicate poverty. He insisted, “Corporations should abandon Philanthropy and concentrate on CSR,” (Hopkins, 2006, p. 113). This investigator view his rational as being the same with engaging all stakeholders of the developing countries; government, corporations, communities, in economic production of goods and services, as opposed to often publicized international “handouts” common with rich nations.

Closely related to the mirror view perception is the acquisition of power by the individual, which can be a constraint or an enabler, in that power is often a political process, with relationships revolving around its use (Stacey, 2001). Whoever possesses power has the ability to exercise such and demand that certain actions be taken with a result. The influence exercised in power can be fruitful, depending on its usage. The exercise of power as an authority has been defined in different ways, depending on the situation. Power can be used as a formal authority, as an authority to influence to allocate, in coercive fashion, and as a task-enabler in projects. However, according to Buchholtz (Carroll and Buchholts, 2008) writing from Georgia, USA, “Pluralis refers to a diffusion of power among society’s many groups and organizations; A pluralistic society is one in which there is wide decentralization and diversity of power concentration” (Buchholtz, 2008, p. 8). This investigator agrees that the last definition incorporates the current trend in managing project management, including managing tools and human resources assigned to such project. However, the power of the project manager is temporary in nature since each undertaken project is also temporary; each project and its assigned strategy have a set life span. Therefore, in many assigned projects, the position of the project crews are on “borrowed time,” only until the completion of the said project. In a particular assigned project, the powers of the management crew are almost equal to the stakeholders in that balanced and shared responsibilities prescribe who is in charge of what. In most cases, influence becomes the subject of use when managers require things to be done (Gadekan, 2002). Individuals with political skills win people. Therefore, it makes sense to expect a project manager to have skills to win people to deliver the required service (Peled, 2000). This is because the required resources such as human, material, financial, and others, have to be arranged and monitored constantly.
It makes sense to argue that for the project manager to win projects successfully, he must negotiate alliance with the parties involved, get into local politics to know the players, gain adequate information through interactions with the players, and communicate with the players. The last point, communication, is extremely important for the project manager since communication is a simple way of exchanging and sharing information and upholding his influence on the project for success. Communication as an important element in this aspect will be discussed more shortly.

Every organization with success concepts must design its ethical and trust values. While ethics defines the moral code on how individuals interact with one another within the organization, trust is the courage those individuals have knowing that everyone does abide to the moral code. Each organization must define the right ways and the wrong ways it conducts its business; generally referred to as normative set of ethical and value guidelines. These guidelines are crucial to resolving conflicts between individuals, between organization and its staff, and between the executive management and stakeholders (Carroll and Buchholtz, 2000). According to French and Granrose, values as part of the guidelines are essential in every business environment (French and Granrose, 1995). French and Granrose defined environmental values as norms, laws, and ethics. Norm is simply the expected normal ways that individuals conduct themselves in a group set up. It is often related to the group’s traditional and cultural ways of doing things, and in which violators are prosecuted. Laws, on the other hands, are norms designed to be enforced for the betterment of the environment or society, with punishable tendencies to any offender.

Individuals, groups, and organizations must have trust in whatever project they have at hand. It is a key element in both personal relationship and organizational environment. In organizational set up, trust enables cordial behavior that will in turn eliminate conflicts, reduce risk, and increase and harmonizes team and management relationships. Therefore, it is no doubt that the parties enshrined with the delivery of project expected result build projects on trust (Hartmann, 2002). The project manager must maintain an atmosphere of trust among all parties, especially with the stakeholders involved. Though trust takes time to develop, nevertheless building and maintaining trusting relationships is crucial for managing project risk; reduce frictions, and producing results.

The project manager and the rest of the parties must address risk, both expected and defined and unexpected and undefined, to ensure good team relationships and project result. DeMarco and Lister defined risk as an undesirable event, but with an opportunity as a positive tool for outcome of such event (DeMarco and Lister, 2003). Business adventure is all about taking risks with an outlook of gain or loss, with risk management reducing potential risks while increasing potential gains (PMI, 2004). The amount of risks in a selected project depends on its original set up. Poor communications, poor management approach, poor stakeholder support, poor integration, and others can spell doom for any project. It is crucial that such risks potentials be mapped out for all parties involved to see. Mathematical calculations of risks have been developed in theories of risk management. Nevertheless, individual interpretations of such calculations defer and can be applied or interpreted differently. The project manager must play a big role in this aspect to maintain control of the set rules, adhering to human nature and the way each sees things, the original importance of the project, desirability of purpose, and satisfaction of the customer; risk tolerance neutralizer.

Risk tolerance is measured as the amount of satisfaction that all the team members involved in the project get as an outcome of his action. According to Schwalbe, risk tolerance may be grouped into three different angles: the organization, the project manager, and the stakeholder. Whereas the organization’s risk tolerance is financial, the project manager’s risk tolerance is affected by the organization’s norms and security. The stakeholder’s risk tolerance revolves around the project objectives and results. As indicated before, communication is important in managing risk, especially when the risk manifests and becomes an issue in the quest of completing the project. Let us examine communication and its impact of the project.

Communication is a simple process of exchanging information utilizing a common approach, such as language, symbols, signs, or behaviors (PMI, 2004). The project manager uses communication to extend the needs and expectations of the project to all parties involved, especially among the stakeholders. Successful implementation of communication by the project manager is not only a crucial approach, but also a great approach to engaging with the stakeholders. Communication involves sharing ideas and interpreting such ideas to meaningful uses so that others would understand. The project manager or any leader for that matter must communicate effectively in explaining the message in such a way that each receiver of the message would understand and abide to such message (Hersey, 2001). Therefore, communication is crucial for soliciting the commitment of the stakeholders necessary for project success. Many avenues of communications by the project manager is available for use, such as formal and informal discussions, project plans and report sharing, project meetings, group presentations of progress, and so on. Communication interactions would expose an avenue of early warnings of unacceptable behaviors that is beyond the norm and values of the project set rules. The project manager as the leader of the pact must be able to foresee any danger signals and take proactive role in dousing such danger before any damage is done to the success of the project.

Chapter Summary: The literature review addressed previous research on program implementation success and failure, with or without the involvement of stakeholders, addressing the first research theme: the steps that a project manager or senior executive management might take to improve relationships with its stakeholders for organization’s success. The review took a critical look of many definitions of stakeholder theories of yesterday and today for program management and its relationships with stakeholders. This researcher went further to examine organizational theory paradigms, explaining its benefits, and its consciousness in application through decision-making and cognitive mapping.

In addition, this researcher took a critical look at the historical background of stakeholder success and failure. How does a management service program become a success or failure, especially as applied to health organizations, such as Mission Hospital, USA? What are the success program components, and how do executive managers and stakeholders share these components? The roles of the executive managers were critically evaluated in this review. As the hospital mirror, the managers must be leaders who play many roles for the success of the hospital programs. They must continuously play the politics of the day, be able to influence the subordinates, interact with the stakeholders, and implement trust and the ethical components of the organization for program success.
When it comes to risk, the managers must be able to foresee the danger and communicate with stakeholders and others in order to nip such impending danger in the bud, to avoid any deviation that may derail program outcome.

Still on the literature review there is no clear cut as to the success or failure of a particular program. However, this researcher made a consented effort to describe and identify some of the causes of program failures, grouped into delivery of program value, shared management risk, and shared management relationships. Typical main causes of program failure found on the literature review with key stakeholders was the withdrawal of support for the program, and the idea that the program failed to produce the expected outcomes. A dissertation of stakeholder theory showed that the success of a project is synonymous with the relationship of the stakeholders. The powers of the stakeholders cannot be ignored as they have the capacity to make the organization become success or failure. How does one identify these stakeholders? The literature review addressed this question, including asserting the approaches that the hospital management must utilize to stay connected to these important stakeholder elements. What makes the hospital management relevant in the success of programs were also addressed, such as being a go-between in the overall process of delivering a successful program completion.

However, nowhere in the literature review that showed the practical field application of any of these stakeholder management theories. The closest was the CHAOS study, but recall the registered success was tracked for many years – approximately, a nine-year tracking period. In today’s age of complex and fast moving technology, who wants to experiment a concept for this long? This researcher’s methods differ from any of these theoretical descriptions. It utilized practical applications and representations of real participants – managers and employees of Mission Hospital, USA. The researcher utilized real life processes of identifying and accessing the managers, collaborating and involving them to work together to formulate joint strategies, and challenging them to implement such joint strategies to satisfy the research questions of this study. The process here is a successful actualization that would have achieved the objectives and goals of Mission Hospital, USA; a direct implementation strategy unique and, perhaps never observed in the industry.

**Methodology of Procedures**: The methodological process in this study is derived from what the hospital could benefit by involving powerful stakeholders and their potential contributions to the success of hospital objectives. This methodology also has benefits to the workshops exercises of top management participants as each discussed openly what they perceived program managers in that it provides a simple time-efficient capsule for the identification of key stakeholders, which is a useful tool for the program planning processes. In addition, the program managers may utilize the methodology as a support for decision making as to which stakeholders to focus most in the course of program executions. Managing cordial program implementation relationships perceptions and understanding the exceptions of key stakeholders would help program chances of success.

**Overview of the literature study**: According to Saunders, Lewis and Thornhill (Saunders, Lewis and Thornhill, 2003), a researcher’s conceptions of what should be real and consequent preferences for its analysis ought to be grounded socially and philosophically. These conceptions and whatever reality it may procure can be explored through research and assumptions. There is Ontology, the theory of being, which is in line with the assumptions of social enquiry approach, and there is Epistemology, a theory of knowing, which is the way knowledge can be acquired in the space of reality and assumptions. Along this line come methodology; a way the knowledge is acquired, how the prevailing theories are originated and verified, and the correlations between theoretical perspectives and research problems. For the researcher to succeed, the methodological framework here will be the structure of the research process for such success.

According to Klein and Myers (Klein and Myers, 1999), the commonest research paradigms are positivism, interpretism, and critical theory, while Saunders et al. insisted that a paradigms or philosophical posture defines reality that is in conjunction with a defined group of individuals, such as psychologists, and which shows assumptions about the nature of this reality. In this regard, a research paradigm defines methods of knowledge. That is, how researchers conduct their research, trying to show or achieve something. Neuman (Neuman, 2003) insisted that each paradigm is a social reality seen through observation and measurement. The paradigms, as seen within ontological and epistemological frameworks, help researchers position their designs for success.

**Research Method**: An important aspect of conducting empirical research in an organization such as Mission Hospital, USA, is, understanding the players and obtaining pertinent records to back the study. How one goes about verifying the records is interesting. There is the organization’s publications in which one may examine to determine which players are more important than others on decision making. There are also public sources about the same organization and its relationships with both the internal and external managers. Lastly, there is the avenue of obtaining same organization’s information through direct involvement, such as interviews, and survey questionnaires. In a research set up, the last avenue is normally the best approach – an approach that affords the investigator access to all the important players and adequate documentation of records for professional analysis; the approach that this investigator settled for.

Stakeholders are generally grouped into three categories, namely:
- **Internal Stakeholders**
- **Interface Stakeholders**
- **External Stakeholders**

Who are organization’s internal stakeholders? They fall into management, professional, and non-professional staff that conform to the general acceptable norm of the organization. The hospital organization tries to manage these internal stakeholders by providing them with some kinds of inducements for their continued cooperation. However, the internal stakeholders are the ones that would determine if such inducements are sufficient to remain loyal or switch their royalty for the competition. In everyday politics, each tries to outmaneuver the other in terms of exchange of inducements, especially during condition of scarce resources. There are constant restructuring, persuasions, bargaining for better package, and the like between them.

In interface stakeholders, organization’s services are performed by those staff that is on the interface between the organization and its environment. The medical staff, the hospital Board of Trustees, the stockholders, and others fall into this category. Just like in the case of internal stakeholders, the hospital organization must offer them good inducements to win their loyalty, though such inducements are not structured arbitrarily in the systems of things.
Lastly, the hospital organization has the external stakeholders to deal with. Some of these external stakeholders include government agencies, professional associations, suppliers, labor unions, third-party payers, and so on. Whereas the internal and the interface stakeholders may work with the hospital management comfortably, the external stakeholders may present hostility. This is because some of them may want to compete directly with the hospital in the affairs of things. The bottom line, however, is that both need each other to stay afloat the water. Therefore, there is interdependency in terms of the business relationships that exit between the two bodies.

From the categorization, stakeholders are also classified into four types, namely:

- **Mixed-Blessing Stakeholder**
- **Marginal Stakeholder**
- **Supportive Stakeholder**
- **Non-supportive Stakeholder**

The following figure 3.0 depicts the set up:

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Type 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed-Blessing Stakeholder</td>
<td>Supportive Stakeholder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type 3</th>
<th>Type 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-supportive Stakeholder</td>
<td>Marginal Stakeholder</td>
</tr>
</tbody>
</table>

The mixed-blessing type of stakeholder plays give-and-take in this situation - between threat and cooperation with the managers. For example, the physician staff can either work with the hospital with efficient control of patients admissions, provision of quality care, provision of utilization services, or pose a threaten attitude to its survival.

Supportive stakeholder is the ideal that supports the organization’s actions and programs. Such a stakeholder could be rated low in terms of threat to the organization and high in terms of cooperation. The Board of Trustees wants the hospital to succeed, to uphold the community politically.

Non-supportive stakeholder, on the other hand, possesses the highest of non-cooperating stakeholder. Competing hospitals, employee unions, the Federal Government agencies, employee coalitions, and others fall into this type.

Lastly, marginal stakeholder, as the name implies, possesses neither high threat nor cooperation to the organization. This is because they are generally not relevant when it comes to most pertinent issues. Professional associations and community volunteer groups fall into this type of stakeholder.

Having given you insights of stakeholder set up in a typical hospital, this proceeding chapter explains and justifies the research design used in addressing the research questions posed in chapter 1 of this study. The primary method of process is by combination of qualitative and quantitative approaches - utilizing data collection methods of survey questionnaires, interview, observation, recordation, informal and formal meetings – through exercises from scheduled workshops, and analysis of results. The reason for the combo is to achieve triangulation to confirm the information in the study for convergent validity. Details approaches will be discussed and selected from:

- the purpose of the research – a descriptive case study steps that examined the management strategy at Mission Hospital, USA, in order to improve stakeholder management relationships
- methods of recording and analysis – the techniques of “when,” how,” and “why” questions (Yin, 1994), supported by open-ended interviews, observation/recordation, and questionnaires (see appendix C)

- data collection strategies – a combination of quantitative and qualitative approaches

After conducting a literature review on success and failure of stakeholder management and project success, the researcher moved forward by conducting the study in three phases: Phase 1 proceeded to an iterative process of identifying, prioritizing, and engaging the key stakeholders and senior managers through facilitated workshops. This is a core ingredients or factors for effective stakeholder management. Phase 2 involved the data gathering techniques; including interview process, questionnaires, open-ended answers, and observation and recordation of notes. After the preliminary assembly of the data collection package, Phase 3, a descriptive case study designed to effect phase two, utilized the process of planning, implementing, and monitoring as the foundation for analyzing. A critical design outlook is illustrated in Table 3.0

**Table 3.0 The research design outlook**

<table>
<thead>
<tr>
<th>From Literature Review</th>
<th>Iteration</th>
<th>Data gathering techniques; interview process, questionnaires, observation and recordation; to address research questions management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of existing stakeholder management theory and practice. Stakeholder management relationship and project success and failure</td>
<td>Process of identifying, prioritizing, and engagement; factors for effective stakeholder (see appendix B)</td>
<td>Descriptive method to effect phase two; utilization of planning, implementing, and monitoring – as foundation for study analysis</td>
</tr>
</tbody>
</table>

**Table 3.1: Stakeholder identification**

<table>
<thead>
<tr>
<th>Key stakeholder</th>
<th>Sources of power/influence</th>
<th>Benefits to Mission Hospital, USA</th>
</tr>
</thead>
</table>

* Source: Mission Hospital, USA - Hospital Publications

**Phase 1: Identification of Stakeholders:** The process of identification of key stakeholders in this study was by:

- assessing individuals or groups with a stake in the hospital
- assessing their power and influence in the hospital
- assessing their sources of powers in the hospital
Individuals, groups, or organizations that have a stake in the welfare of the hospital were determined to be key components for success or failure. In addition, the levels of power by those identified were also evaluated. Lastly, how those identified derived their powers were also evaluated, and strategies put in a tool format. The following illustrations show the above in a question format:

1. Does the stakeholder possess a stake in the hospital?
2. Does the stakeholder possess power/influence in the hospital?
3. What are the sources of the stakeholder’s power?

*This is further illustrated in the following 3.1 table:

**Stakeholder Prioritization:** The prioritization methodology of the stakeholders comes from power approval of programs, program commitment, and cooperation to execute projects. The ease of the identified stakeholder power to approve projects originating from the hospital management is crucial. This is because a stakeholder manager may use their power or influence to promote projects or derail them. The stakeholder’s capability to commit to projects by the management is also important to the hospital. The levels of support by the stakeholder were designed and presented by the researcher during the workshops.

**Stakeholder engagement:** The next level of workshops dealt with engaging the stakeholders in the affairs of the hospital. Such engagement called for communications and collaborations at all levels of management. The communication strategy must be part of project schedule and so must be included in all memorandums. This strategy must also include the, who, what, when, and how affairs pertaining to the hospital and are disseminated to all key managers.

**Population used in the study:** The total population in this study includes ten top managers of the hospital, representing both the hospital management and the stakeholder management. These manager selections share or represent the major key influential persons in terms of implementing and reaching the objectives and goals of the hospital, concerning projects and other ancillaries.

**Pilot studies used:** The “Pilot” phase of this study took place in a Maryland, USA community hospital from November 2009 to July 2010. It was conducted with the participations of the identified managers, with permission and cooperation by their assistants or gatekeepers. At the time of the pilot study, the researcher, working as a Cardiovascular Specialist under his employer - a major pharmaceutical manufacturing company, had business but cordial relationships with many of the subjects. Nevertheless, each business was conducted in a formal but on strict confidential agreement (See consent forms). Therefore, Mission Hospital, USA, as used here, is a fictitious hospital.

The planning and implementation consisted of formal introductions with a follow-up intent to discuss, through the arrangements of the gatekeepers. The gatekeepers were instrumental in identification of the stakeholders and their prioritization, followed by engagement schedules and communication planning. The introduction plan is depicted and found as the “consent form” in the appendix (See appendix A).

With the meetings and discussions with the participants in exercise workshops, data collection was completed through documentation. The gatekeepers briefed the managers prior to each arrival and schedule of the researcher about the contents and expected benefits of the workshops for the organization and the researcher.

The initial set up identified the possibilities of few workshops as time permitted. Each workshop period was no longer than 60 minutes. However, there were time elapse periods with the participants as cancellations occurred. At the end, many quality hours were recorded for quality purposes in the study.

During the exercise of observation and recordation, few adjustments were made in regards to methodology, such as the researcher realizing that the designed questionnaires needed to be separated between the senior managers and the stakeholder managers. Thus, the questionnaires presented to the senior executive managers of the hospital were different from the ones presented to the stakeholder managers (See appendix C).

At the conclusions of each exercise, the gatekeepers were presented with evaluations worksheet for the managers on the contents and methodology, with ratings from “optimism” to “discouragement,” and request for suggestions for improvements. The result of the “pilot” study phase was positive.

The overall ratings were positive; the question whether there was a need for the managers to “collaborate” for the betterment of the hospital received high responses from the managers – “strongly agree,” as the Cramer’s V interpretations showed. The overall performance and outcome of the pilot study was satisfactory and the result expected.

**Phase 2:**

**Instrumentation:** The researcher was the “lone” instrument of tool in the study for data collection, utilizing guiding questionnaires approaches with the subjects. Interviews, observation, recordation of notes, open-ended survey questionnaires, and open-ended answers were used.

**Interview process:** The hospital gatekeepers provided the gateway to the interview with the managers through scheduling. The researcher then invited the identified respondents to complete the following open-ended questionnaires over the phone. The introduction included the following:

- The reason why the participator was targeted
- The nature of the survey and its goal
- The benefits for participation, such as voicing opinions and contributing to research
- The benefits to the hospital and the researcher
- The confidentiality of the response

**Questionnaire design:** Upon scheduling of the workshops by the gatekeepers, the researcher proceeded to face-to-face discussions with the participants.

**Executive Manager Questionnaires:** open-ended discussions.

- Is engagement with your hospital’s stakeholders important?
- What engagement strategies would you recommend?
- Would such engagement strategies support your hospital’s objectives and goals?
- What are your actions for implementation of these strategies?
- Are resources for implementation of these strategies available?

**Stakeholder Manager Questionnaires:** open-ended discussions.

- Should hospital management improve strategic relationships with you?
- Would you support such collaboration?
- Why are such collaborative relationship improvements important to you and your department?
- Do you have own recommendations?
Selection of subjects: Mission Hospital, USA is a two-hundred and eighty-bed hospital facility, with more than one twenty-five hundred employees: about six hundred affiliated physicians, and more than one hundred and sixty volunteer and auxiliary.* Typically, the hospital has many different stakeholder groups, such as physician-hospital group, internal employee group, union contractors, and so on. Involving all these groups in this study would have presented a voluminous task that could have rendered the study redundant. Therefore, the subject sample selection was small. It comprised only five identified senior executive managers and five identified stakeholder managers; a population of ten managers who play major important roles in decision making of the hospital. The criteria for this small group were to use a phenomenological approach to find out how a few individuals of important status in an organization feel as a subset.

Independent and dependent variables: In this study the senior executive manager’s roles and boundaries were defined and permanent. As the independent variables, they play major roles in seeking alignment with the stakeholder managers for the achievements of the hospital’s objectives and goals. They hold the key to power as permanent body of the hospital, calling the shots, as they deem necessary. They may decide to work with the stakeholder managers for overall success or failure. On the other hands, the stakeholder managers as the dependent variables also have major roles to play in the affairs of the hospital. This is simply because their lack of cooperation could pose a major threat to the progress of the hospital’s activities. Both variables must compliment each order for the benefit of the organization in general.

Data collection and recording techniques: The data collection process with the subjects in this study were field notes from the publications. These sources accorded the researcher the subject’s gatekeepers, and public information found on local subject’s own words, personal documents obtained through the triangulation method yielded set of synergistic data that provided better basis for generalizations in the interpretation of the data. The design included a set of diagnostic questions provided to help the managers, work through the implementation of the generic strategy. Completing the questionnaires enabled the managers navigate from the generic strategy. The designed questionnaires are represented in the following format:

### Table 3.2 Planning sheet improvement

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Executive Manager Responsible</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Staff</td>
<td>CEO, COO, medical staff director</td>
<td>1. Initiate time management 2. Initiate communication 3. Update information</td>
</tr>
<tr>
<td>2. Board of Trustees</td>
<td>CEO, COO, Associate Administrator</td>
<td>1. Update on hospital success objectives 2. Update community support effort</td>
</tr>
<tr>
<td>3. Third-party Payers</td>
<td>VP finance, VP marketing, Reimbursement manager</td>
<td>1. Initiate communication 2. Initiate time management 3. Solicit support</td>
</tr>
<tr>
<td>4. Hospital Managers</td>
<td>COO, associate administrator, assistant administrator</td>
<td>1. Initiate communication 2. Seek information coordination 3. Seek desired support</td>
</tr>
<tr>
<td>5. Federal Government</td>
<td>Diversification of issue handlers</td>
<td>1. Initiate communication 2. Respond to issues 3. Provide and share information</td>
</tr>
</tbody>
</table>

1. Since the needs for collaboration with stakeholder managers have been established, are you now ready for the implementation process?
2. When do you plan to implement the actions you already have?
3. Are the identified resources for the implementations ready for use?
4. Would increase in inducements be part of your collaborative, involvement, and negotiation strategies with the stakeholder managers?
5. Do you have contingency plans on standby as alternatives?

Monitoring of the methods: Executive managers should also monitor their marginal stakeholders in order that they become supportive on issues important to the hospital in strategy implementation. This could be accomplished by the executive Workshop methodology applications managers through offering of appropriate inducements in exchange for desired contributions and cooperation from the stakeholders.

The workshop methodology applications were conducted over two workshops exercises with participants, and gatekeepers standing by as observers and helpers. The workshop’s exercise preceded the phase one of the methodology. Workshop 1 and its pertinent exercise were designed with “meet and greet,” and “familiarize” over lunch. Further, to establish and accord participants with “comfort zone,” the first ten minutes were general discussions moments. Sample questionnaires were then distributed and each participant requested and encouraged to discuss candidly on those questionnaires. Now, recall the questionnaires for the executive managers were different from the questionnaires of the stakeholder managers, but the general answers given by each manager provided a harmonious atmosphere of a team determined to make a difference in management. At the end of the exercise, the researcher thanked the participants and their gatekeepers and proceeded to contextualize on the findings.
The second scheduled workshop and exercise was targeted only with the five executive managers, with their gatekeepers standing by again as observers and helpers. The exercise atmosphere was cordial with open-ended interactions, and the managers charged with brainstorming discussions from the implementation methods questionnaires sheet and the planning improvement sheet. The exercise look during the workshops is depicted in the table below:

<table>
<thead>
<tr>
<th>Workshops &amp; Exercises</th>
<th>Target Managers</th>
<th>Actions/Discussions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop 1 Exercise 1</td>
<td>1. 5 executive managers 2. 5 stakeholder managers</td>
<td>1. meet and greet 2. general discussions 3. candid interactions and answers to target questionnaires</td>
</tr>
<tr>
<td>Workshop 2 Exercise 2</td>
<td>1. 5 executive managers</td>
<td>1. general discussions 2. candid interactions and answers to specific questionnaires</td>
</tr>
</tbody>
</table>

Workshop exercise outcome: The overall outcome of the two workshops and exercises were encouraging. The original research question: Based upon the results of this study, what steps might the senior executive management of Mission Hospital, USA, take to improve relationships with its Stakeholders?, was fully addressed by the participating senior managers. The teamwork emphasized by the managers were also encouraging, and to the benefit of the hospital. The participants rated the exercise as very “optimistic” for management success (Table 4.1).

Researcher evaluation: The workshops exercises with the managers justified the “pilot” study and confirmed the importance of the research. The results were expected.

Extended methodology process: Hospital employee fact-finding interviews: In an effort to further, confirm the validity of this case study, this investigator proceeded on a fact-finding interview mission to tap the minds of both management and employees of the hospital, concerning their general views on work environment. Four employees were identified through direct contacts, including a hospital manager. While two employees preferred to remain anonymous, two were indifferent. The face-to-face interviews were discrete and informative as an added knowledge to the hospital, the health care industry, and to any organization in general. Summary results and transcripts of these interviews are reflected on the findings section of this study.

Analytical framework: The research started with an intention to enhance insights on how individuals reason on specific issues that matters in a given organizational concept. The assumed position presents the importance when stakeholder interests congregate to a positive reaction for outcome on issues that matters to such an organization. The exposure of empirical details obtained from the interviews and recordation calls for analysis decomposition approach. This is in order to present the descriptive stakeholder report of process and actions. The data breakdown of the interactions with the participants warrants a differentiated but mutual analytical framework. According to Malterud (Malterud, 2001), employing qualitative methods of different connotations is the same thing as being naturalistic or interpretative inquiries. The inquiries need a collection of strategies to make it a systematic method of organizing and interpreting the said data - the bane of the analytical framework.

A participant’s feedback is analyzed relative to the hospital’s structural guidelines in terms of decision-making. Through the analysis of the entire participant’s shared experience as the hospital managers, the merits of their decision-making process manifest. Interactions among stakeholders and the hospital management have a full gear of how the agenda of the hospital is played out. Each interaction with stakeholders groups bring out the interests of such group with the hospital. Second, the participant’s statement obtained at the interview exercise is also analyzed to show the participant’s cognitive character. As previously noted in this study, stakeholder group’s cognitive traits have ways of presenting an insight into the rationale associated with decision-making issues. The facts presented here may offer logical reasons and evidence of decision-making outcomes. The interpretative reasoning here is to look at stakeholder group influence expressed through the hospital’s organizational pattern of decision-making.

Each of the documents data obtained with each associated participant validates the issue at hand. This researcher agrees with Malterud (Malterud, 2002) affirmations that, in qualitative data validation there is a subscription to methodological inference in which a document’s “internal validity” is interchangeable with its contextual “credibility.” A researcher has to be attentive to contextual data in that it is based on the presumption that such insights tend to shape the analyst’s interpretative perspective.

The analysis addressed the main research question of the study: Based upon the results of this study, what steps might the senior executive management of Mission Hospital, USA, take to improve relationships with its Stakeholders?, and the subsequence component question and objectives. Improvement is defined as to advance to better state or quality; make better. That is, to increase the productivity or value of a project or mission. In this study, it is synonymous with the exhibitions of courage and the spirit of teamwork for effective management of relationships between the Stakeholder managers and the Senior Executive managers of Mission Hospital, USA.

Evaluation of data: Table 4.0 (tables 4 a, b, c) justified the “Pilot” study by this investigator and set the stage for the complete analysis of the case. These pre-qualification questionnaires prior to the workshops schedules are self-explanatory (pre-qualification general questionnaires – 1). The target audiences in this evaluation were the hospital executive managers, as well as, the identified stakeholder managers. Both set of managers were ready for what was to come. In the general pre-qualification questionnaires, the managers had action plans to cooperate to make a difference in promoting strategies that will make Mission Hospital, USA, successful. The results of the rating commitment by both managers confirm this. One can attests that the general answers to questions A, B, C, D, and E by both managers were fair (table 4c). The results even looked more promising when the executive managers agreed to involve the stakeholders more in the affairs of the hospital. The score here registered “three,” the highest of the score result notation for collaboration by hospital management (table 4a). The claim by both different responders to the fact that they plan to make a difference showed that each was ready for collaboration, involvements, and negotiation, including with the stakeholders who were regarded as being positioned to pose a threat to the survival of the hospital.

Statistical analysis of survey responses: Descriptive statistics are used to determine if there are any distinct relationships based upon observation of independent and dependent variables (See table 4 below).

Two conditions serve as a foregone alternatives concerning statistical significance and strength of agreement between the independent and dependent variables. When the probability is
less than .5, the null hypothesis of zero association (independence) is not accepted. Next, when the \( \chi^2 \) square factor is greater than the \( \chi^2 \) square value at the noted significance level, the null hypothesis of zero association is not accepted (Watkins, Scheaffer, and Cobb, 2004).

The Cramer’s V serves as a yardstick to measuring the strength of association between the independent and dependent variables (Gavellett and Wall, 2008). Galaty (2008) contended that a Cramer’s V that is less than 0.10 would form a weak relationship between the variables, whereas a Cramer’s V of 0.30 or larger shows a strong relationship. However, a Cramer’s V of 0.19 is still acceptable.

**Table 4 (a)** Executive Manager’s response to pre-qualification questions:

<table>
<thead>
<tr>
<th>General Pre-qualification Questions</th>
<th>By Collaboration</th>
<th>Probably</th>
<th>Some actions</th>
<th>Not applicable</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Is engagement with your stakeholders important?</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>B. What engagement strategies would you recommend?</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>C. Would such engagement strategies support your hospital?</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>D. What are your actions for strategy implementations?</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>E. Are resources for implementation available?</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>25</td>
</tr>
</tbody>
</table>

Chi-square = 25.9  df= 12  p= 0.0109  Cramer’s V= 0.5882

Interpretation of Cramer’s V:
1. Since this crosstab involves a nominal variable and an ordinal variable, the appropriate measure of association is Cramer’s V. The Cramer’s V value is 58. This relationship is strong.
2. There has confirmed that both the Executive Managers and the Stakeholder Managers of Mission Hospital, USA, are more likely to agree on collaboration with the Executive Managers of the hospital for the overall benefits of the hospital and the community that it serves.

**Table 4 (b)** Stakeholder Manager’s Responses to Pre-qualification questions:

<table>
<thead>
<tr>
<th>Stakeholder Manager’s pre-qualification questions</th>
<th>By Collaboration</th>
<th>Probably</th>
<th>Some actions</th>
<th>Not Applicable</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Should hospital management improve strategy relationships with you?</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>B. Would you support such collaborative move?</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>C. Why are such collaborative improvements important?</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>D. Do you have your own recommendations?</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>E. Are such recommendations beneficial to the hospital?</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>25</td>
</tr>
</tbody>
</table>

Chi-Squared=21.14  df=12  p=0.0484  Cramer’s V=0.5309

Interpretation of Cramer’s V:
1. Since this crosstab involves a nominal variable and an ordinal variable, the appropriate measure of association is Cramer’s V. The Cramer’s V value is 53. This relationship is also strong.
2. This investigator has confirmed that the Stakeholder Managers of Mission Hospital, USA, are more likely to agree on collaboration with the Executive Managers of the hospital for the overall benefits of the hospital and the community that it serves.
3. Table 4 (c) Pre-qualifying questions and all levels of manager commitments:

<table>
<thead>
<tr>
<th>Levels of commitments by Managers … Commitment Questionnaires</th>
<th>Level 1</th>
<th>L. 2</th>
<th>L. 3</th>
<th>L. 4</th>
<th>L. 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Do you support collaboration with other managers to achieve hospital’s objectives and goals?</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>B. Why are such collaborations important to you and your department?</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>C. Do you have recommendations of your own?</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>D. Do you have the resources to implement your recommendations?</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>E. Would your suggested recommendations benefit the health care industry in general?</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>11</td>
<td>9</td>
<td>6</td>
<td>3</td>
<td>50</td>
</tr>
</tbody>
</table>

Chi-Square=2.61  df=16  p=0.0267  Cramer’s V=0.3782

Interpretation of Cramer’s V:
1. Since this crosstab involves a nominal variable and an ordinal variable, the appropriate measure of association is Cramer’s V. The Cramer’s V value is 37. This is strong.
2. This has confirmed that both the Executive Managers and the Stakeholder Managers of Mission Hospital, USA, are more likely to agree to collaborate on strategies to achieve the objectives and goals of the hospital.

Table 4.0 (a-c): Matrix Showing Executive and Stakeholder Management Questionnaires Responses Prior To Workshops

Specific to target questionnaires towards the stakeholder managers (pre-qualification questionnaires -2), the answers were rather encouraging. The ratings showed all maximum positive scores across the board. From showing cooperative attitudes towards working with the executive managers to improve business relationships and, to having standby strategic solutions, the stakeholder’s managers were on the right tracks. It is noteworthy that many of these identified stakeholder managers belong to the mixed-blessing stock, and therefore presented little or no resentments towards working with the executive managers for the overall successful implementations of the hospital’s strategic objectives and goals.

Specific to the executive managers (pre-qualification questionnaires -3), the result was not disappointing too. The reactions from the executive managers from the “pilot” study up to the workshops exercises showed a management eager for change and growth. No doubt, maximum cooperation was accorded to this investigator by the gatekeepers. Note that these managers were highly experienced in the industry and well vested in the echelon of building reputable organizations. When asked if he believed there could be some benefits by
engagement with the hospital’s stakeholders, one of the managers replied succinctly thus:

“In line with our new strategic human resources management approach, I believe our objectives and goals cannot be successfully implemented if we fail to involve our internal stakeholders in our plan process.”

The agreements of these managers reflect on the overall ratings of three or more, with five being the maximum score on the scale. They pledged willingness to cooperate with the stakeholders top and middle management through flexibility approach, and open dialogue for objectivity, with understanding that they view their stakeholders as integral to the successful implementation of their business strategy. One of the managers put it concisely:

“In order to show a commitment attitude to the community we serve, we must look within to straighten our team effort.”

**Analysis of interview participants:** Many professionals who have deliberated about organizational power issues have insisted that researchers be aware of the concern with joining an organization and remaining in that organization, devoured of everyday play of politics. Typically, participants must be lobbied through inducements to contribute to the organization, as opposed to some other ways. What are inducements? One may want to know. Inducements are actually economic resources, whether tangible or intangible, that the organization has that are desirable or needed by the participants. Inducements do not only come in form of wages and benefits, they also manifest in non-economic faces, such as power and status. There are also contributions, which play its own part in this process. Contributions are also resources by the organization that are desirable or needed by the organization itself. Skills, labor, managerial expertise, and others comprise contributions. In this analysis, both inducements and contributions play their valuable parts well.

Second, the beauty and power of participants and participation is a reflection of the organization’s desire for their contributions and the availability of alternates to that organization, such as Mission Hospital, USA. A successful contribution through inducements and lobbying of the participants argue well with attaining equilibrium in that organization. The executive or hospital managers and the stakeholder managers in this study reflect the equilibrium in play. The executive managers and stakeholders managers (the participants) responded very positively when the question of whether each party was interested in exercise interactions. Both agreed the exercise was proper and deemed informative and “strongly agree,” with an overall class ratings of “agree.” Many managers on both sides of the ales were “optimistic,” as opposed to couple of “pessimistic,” as the Cramer’s V interpretations show. Table 4.1 (A, B, C, D), below show very strong and acceptable relationships among the five hospital managers and the five stakeholder managers concerning their attitudes toward agreement and collaborations.

**A. Executive Manager’s attitudes toward workshops:**

**Ratings:**

<table>
<thead>
<tr>
<th>Response level</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimistic</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Pessimistic</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Encouraging</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Discouraging</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>5</td>
<td>3</td>
<td>20</td>
</tr>
</tbody>
</table>

Chi-Square=20.4  df=6  p=0.0023  Cramer’s V=0.7141

**Cramer’s V Interpretation:**

Since this crosstab involves a nominal variable and an ordinal variable, the appropriate measure of association is Cramer’s V. The Cramer’s V value is 71. This relationship is strong. This confirmed that the five Executive Manager’s attitudes toward conducting the workshops were strong.

**Stakeholder Manager’s Attitudes toward Workshops:**

**Ratings:**

<table>
<thead>
<tr>
<th>Response Level</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>somewhat agree</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>20</td>
</tr>
</tbody>
</table>

Chi-Square=13.71  df=6  p=0.033  Cramer’s V=0.5854

**Cramer’s Interpretation:**

The Cramer’s V value is 58; establishing a strong relationships among the five stakeholder’s managers attitudes toward workshops.

**B. Executive Manager’s Attitude toward Collaboration with Stakeholder Managers:**

**Ratings:**

<table>
<thead>
<tr>
<th>Response level</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>somewhat agree</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>4</td>
<td>4</td>
<td>20</td>
</tr>
</tbody>
</table>

Chi-Square=14.53  df=6  p=0.0242  Cramer’s V=0.6027

**Cramer’s Interpretation:**

The Cramer’s V value is 60; establishing strong relationships with the five Executive Manager’s attitudes toward collaborating with the Stakeholder managers.

**D. Stakeholder Manager’s Attitudes toward Collaboration with Executive Managers:**

**Ratings:**

<table>
<thead>
<tr>
<th>Response level</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>somewhat agree</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>4</td>
<td>4</td>
<td>20</td>
</tr>
</tbody>
</table>

Chi-Square=12.67  df=6  p=0.0486  Cramer’s V=0.5628

**Cramer’s Interpretation:**

The Cramer’s V value is 56; establishing strong attitudes by the five stakeholder managers toward collaboration with the Executive Managers.

**Table 4.1 A-D: A Priori Evaluation Worksheet of Participants**

Specific on the priori evaluation tables above are the questions directed to the hospital managers concerning their attitudes toward the workshops and collaborations. Their responses are reflected on these tables, with the investigator’s analytical evaluations using Cramer’s V interpretations. The optimism to collaborate to make a difference cannot be overlooked as the Cramer’s V results showed “strongly agree” as collaborative relationship agreements by the managers. These agreements were expected as the recordings showed during the observation exercises.

Lastly, similar questions were also addressed to the stakeholder managers concerning working “collaboratively” with the executive or hospital managers on the priori table evaluation. Again, the overall agreements among these managers were well observed and recorded. The Cramer’s V interpretation also confirmed the suspect. The attitudes and collaboration ideas by all managers also confirmed the suspect.
The bottom line was joint strategic issues that borders on the welfare of the hospital in general. The overall results should well be emulated by any organization that wants to succeed. **Stakeholder manager analytical level:** In the methodology review of phase 1 (see 3.2.1.1), this researcher briefly mentioned the criteria for identifying a stakeholder in a typical hospital, such as Mission Hospital, USA. This important process needs analytical assessment. The assessment came from the hospital’s publication, public sources, and from information data of the manager participants during the workshops. The stakeholder groups in Mission Hospital, USA are classified into internal, interface, and external. The internal stakeholders include those individuals who operate almost in the general accepted bounds of the hospital. Those that fell into internal stakeholders category includes physician managers or medical director, non-management employees - such as support personnel, and non-clinical managers - such as clinical unit managers. The interface stakeholders are the individuals who function both internal and external to the hospital. In other word, these individuals fall between the internal and the external stakeholders. Examples of interface stakeholders, as identified with Mission Hospital, USA, include the hospital Board of Trustees, the non-management medical staff – such as partners in joint venture with the hospital, and the stockholders. The external stakeholders of the hospital include those individuals or groups who may be neutral in the events of things, remain non-supportive, or may become hostile in their operation. This group or individuals fall into three different categories with the hospital, namely: some offer inputs, some compete, while others have special interest on how the hospital functions. The relationships between the hospital and the stakeholders providing inputs call for mutual dependency. They both compliment each order in that each cannot work effectively without the other. The external stakeholders who may prefer to compete seek to attract the hospital’s dependents, such as competing for patients and/or skilled personnel. There is no cooperation between these stakeholders and the hospital management. The special interest stakeholders include those that are concerned with those aspects of the hospital’s operations that, in turn, affect the stakeholder’s interests, such as government regulatory agencies. Examples of external stakeholders include hospital suppliers, government regulatory and licensing agencies, professional associations, third-party payers, private accreditation associations, and so on.

Why do the stakeholders matter to the hospital? The reasons are obvious in that they can support or threaten the hospital’s strategies for success. Their contributions can easily switch to another hospital, their contributions are needed to implement the hospital’s competitive strategies, their demands for inducements place severe strain on the hospital, and their attempts to demand more inducements may threaten hospital operations. Table 3.1 illustrates the sources of power and values, and the pertinent functions of the selected stakeholders in this study with Mission Hospital, USA. This investigator utilized questions in table 4.2 as helpful guide to qualifying the stakeholders in the study. The sources for the questions formulations came from: (1) the hospital’s publications, (2) what was written in public sources about the hospital, and (3) what this investigator ascertained from the hospital’s perspective on stakeholders through interviews of the managers (participants). For instance, if the stakeholder is evaluated to have a stake in the hospital, then such stakeholder-required attention of study to ascertain whether the stakeholder possess a friendly atmosphere to the hospital, or a threat. Next, the stakeholder’s power and influence in the hospital is evaluated. The daily functions and levels of responsibilities of the stakeholder determine the levels of the power and influence. Finally, if the stakeholder controls financial resources, is in charge of patient’s inflow to the hospital, and so on, then that stakeholder desired attention of study.

**Table 4.2: Investigator’s guiding questions for Stakeholder Identification**

<table>
<thead>
<tr>
<th>Guiding Questions in Determining Stakeholder Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the stakeholder possess a stake in the hospital?</td>
</tr>
<tr>
<td>2. Does the stakeholder possess power/influence in the hospital?</td>
</tr>
<tr>
<td>3. What are the sources of the stakeholder powers?</td>
</tr>
</tbody>
</table>

Based on this analysis, the following analytical guidelines were noted:

- Hospitals and other health care organizations must identify their important stakeholders and ascertain whether such stakeholder possess a threat or friendly atmosphere to the organization
- The identified stakeholders should be integrated in the process of formulating and implementation of the organization’s strategy, with good inducements and other incentives
- Decision-making within the organization must include the stakeholder’s acceptance and support
- Adequate attention must be paid to the stakeholders, such as constant interactions and communications, especially the top and middle stakeholder management
- The organization must realize that the successful implementation of its strategies depends, in a large extent, the cooperation of the stakeholders - both internal, interface, and external.

**Executive Manager analytical level:** The executive management appeared to have the right idea of the understanding of the importance to manage their stakeholders more efficiently and within the constraints of the policies of their hospital - adopting what they had learned from the workshops exercise. Each manager demonstrated this importance to the benefit of the hospital. Note that these executive managers were highly experienced in the echelons of management and understood the daily politics of appeasements that goes along. The overall ideas of these managers were analyzed and depicted on table 4.3 below, showing their improvement strategies with their stakeholders.

**Strategy 1: collaborative-planning analysis:** In strategy 1 analysis, the mix-blessing stakeholder may be managed through planned collaboration process with stakeholders. Recall this stakeholder level is the highest dimension that is of potential threat and potential cooperation to the hospital. If the executive management reaches out to these stakeholders to maximize their potential for cooperation, then it makes sense that their potential to pose a threat to the hospital would have been minimized. In other words, these stakeholders would find it hard to relegate to threats or opposition to the management. For instance, Mission Hospital, USA might form a joint venture with a body of its own diagnostic or surgery center. Both the executive management and the hospital versus the stakeholders benefit in this process. While the hospital contributes its name and capital resources, the physicians body presumably would direct their patient’s base to the hospital to increase inpatients services and care. Looking at another example, the non-management medical staff may decide to pose a threat to management due to grievances or lack of support. Engaging them in a collaborative
planning effort may go a long way to ease the tensions among these groups.

Effective and efficient collaboration planning with those stakeholders in the mixed-blessing category may determine the log-term cordial relationships with the hospital. Ignoring these stakeholders may pose a potential threat to the hospital achieving its objectives and goals.

**Collaborative-implementation analysis:** Second, collaborating supportive stakeholders of the hospital in more pertinent issues may lead to maximizing their cooperation potentials. Many organizations have tended to ignore these stakeholders for simple reason that they naturally pose a low threat level against management. However, note that there is a difference between collaboration and involvement. Involvement actually expands on the support that is already in place. The emphasis here is enhancing support of a body with a low threat level to the hospital. Collaboration, on the other hand, involves a scratch-my-back-and-I-scratch-yours process. That is, between the stakeholders and the hospital management. The hospital management may end up giving up something to accommodate the demands of the stakeholders in question and in turn lower or abandon any impending threats that they might have. The collaborative implementation strategy starts with management defining the organization’s philosophy goals and problems from stakeholder’s perspectives.

As a suggestion by this researcher, hospital management of Mission Hospital, USA, can operationalize the collaboration implementation process by utilizing participative management techniques, delegating power to clinical managers, or engaging in other strategies to enhance the decision-making participation of these stakeholders. For instance, the executive managers might invite clinical managers to participate in the analysis and planning and eliminations of redundant programs. Chances are the clinical managers may be compelled to commit to achieving such an organizational objective, as opposed to not being involved in its establishment. Another category of stakeholders who belong to this class is non-managerial professional and support employees. These stakeholders do not constitute a large threat to the hospital, nevertheless any perception of poor working conditions, and human resources shortages can present their supportive services problematic under certain circumstances. In these days of information technology awareness, many establishments, with inclusions of health care industries, are explicitly involving their supportive employee and volunteer stakeholders by training them to manage mixed-blessing stakeholders such as patient’s families, and physicians.

**Collaborative-monitoring analysis:** Next, monitoring and evaluating on-going strategies and modifying them when necessary with the stakeholders is essential, especially stakeholders who pose high threat but whose potential for cooperation is rated as low must be managed with a defensive monitoring strategy process. Federal government regulation and licensing agencies fall into this category. A defensive approach in this aspect is to prevent these stakeholders from imposing excessive expenses or cost on the organization. However, in the defensive build up, the hospital or the organization must not attempt to isolate or eliminate some reasonable dependence on these stakeholders. For instance, Mission Hospital, USA, isolating the Federal government may be counterproductive in that Mission Hospital may end up losing older patients, such as Medicare patients, with such isolation. Moreover, the federal government has its rights to checkmate Mission Hospital, USA, in many other areas of services, such as licensing, professionals meeting continua educational credit hours, and so on. There are no short cuts to this by the hospital.

**Table 4.3: Matrix Showing planning, implementing, and monitoring improvement by Executive Management.**

<table>
<thead>
<tr>
<th>Planning</th>
<th>Collaborate (strategy 1)</th>
<th>Involve (strategy 2)</th>
<th>Negotiate (Strategy 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initiate collaborative process with stakeholders</td>
<td>Formulate hospital business strategy with stakeholders</td>
<td>Use negotiation to connect stakeholder with management strategy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify and establish required business strategy</td>
<td>Assess stakeholder cooperation or threat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Select and match the best needs for the required business strategy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implement</th>
<th>Define and implement philosophy</th>
<th>Define and implement goals</th>
<th>Determine stakeholder values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Define problems from stakeholder perspectives</td>
<td>Determine stakeholder expectations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Propose and implement joint ventures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitor</th>
<th>Evaluate on-going strategies modify if necessary</th>
<th>Monitor stakeholder values monitor expectations</th>
<th>Monitor ever-changing stakeholder negotiation context monitor overall performance modify process when necessary</th>
</tr>
</thead>
</table>

Internally, collaborative monitoring as defensive strategies can still be proactive in the sense of the word. For instance, there can be a great physician turnover in the hospital’s ambulatory clinics. A note in such turnover may be hard in keeping funded patients. But a defined policy in place for contacting present patients, updating them concerning changes, and invoking continuity of care when their primary care physician leaves the network, can enhance the patient’s loyalty to the clinic team - helping them to retain these patients. Since these patients may become non-compliance by not attending to scheduled visits, this proactive strategy anticipates that decrease in cooperation and keep it from happening through communication to maintain their satisfaction and support. The hospital can also use this strategy to either drive out the competition or reduce their validity. The hospital may drive out competition be securing a monopoly over a certain market segment through its contract with the PPO contracting. They may also reduce the competition by establishing new surgical centers or enhancing existing ones. Non-supportive stakeholders such as the media may not be controlled but can be defended against through careful monitoring of hospital information, providing good external relations, and training clinical managers and other executives on how to handle the media.
Strategy 2: Involvement-implementing analysis: Having identified and collaborated with the stakeholders for cooperation, the hospital management must now work with the stakeholders to plan and involve agreed strategies. This involvement strategy means clarifying roles of stakeholders and recognizing their inputs for management supportiveness. This can be accomplished in many ways, namely: through adequate and efficient diagnoses of the different stakeholders organizations with its system, by developing and specifying objectives and guidelines to follow, by collaborating and designing estimation of costs and employee time requirements. The management can also offer support and from union and management prior to program start or implementation. For programs that have been slow to action, management can offer support by involving stakeholders in the adjustments and expansion of such slow projects. There could also be established modulated expectations for success through stakeholder collaborations.

Involvement-implmenting analysis: Involvement implementation process should start with determining stakeholder values and expectations. This process would straighten links between quality control implementations and management. Involvement implementation should include the following:

- encourage voluntary participation of issues by both parties
- instigate meetings of the mind where managers are constantly interacting to brainstorm strategies for improvement
- encouraging flexibility where middle managers, such as quality control managers use their expertise in solving on the job complications
- management must emphasize team effort as opposed to individual or departmental effort
- management must also emphasize building the hospital to the respect of the community, as opposed to individuals building their job experience.

Involvement-monitoring analysis: The third involvement process stage by the executive management towards non-supportive stakeholders, as already stated, includes monitoring as a defensive and proactive approach. This can be done by the management identifying, formulating, and selecting and matching the best needs for the required business strategy with the stakeholders. This calls for awareness and predictive to the wrong moves of these stakeholders. Such awareness would offer management the know-withal of handling every situation.

Strategy 3: negotiating-planning/implementing/monitoring analysis: Negotiating strategies would start with connecting stakeholders with management strategies, and assessing stakeholder cooperation or threats. Next, the selected outcome-focused negotiated strategy would then be implemented. The implementation strategies need monitoring by the hospital management. Without proper monitoring, all negotiated strategies with the stakeholders, whether cooperating or non-cooperating, can be fruitless. Such monitoring may include monitoring the overall performance, modifying such performance when necessary, and through constant interactions and communications. Communications in form of regular phone calls, regular scheduled meeting for updates, and other strategies to engage the key stakeholders are of great importance to the hospital. By doing this, the strategic outlines guide the manager’s actions and help to interpret what is going on for the negotiation to put in place for a relationship outcomes. Each successful collaboration, involvement, and implementation of negotiated strategies would trigger the next.

Summary of results: The locus point of this study by the investigator was to show that the economic benefit of strategic stakeholder management is its capability to organize and manage the intricate relationships that exist in arrangement with the strategies of any organization, in order that the maximum benefits and minimum threats from these relationships be realized. When communications/interactions via collaborations, involvements, and negotiations strategy implementations are maximized with more inducements, the top and middle management, classified as stakeholder managers, has no reason to threaten or derail the objectives and goals of the organization. The senior managers were willing and had the courage to understand the need to cooperate, manage their stakeholders more effectively, and conform to the policies and objectives of the hospital. Each manager demonstrated that for the hospital to achieve its overall objectives and goals teamwork stirred from interactions and communications were crucial, every day “politics” notwithstanding. Prior to the exercise, few of the senior managers admitted that they managed different stakeholders in different styles based on the present politics of the situation.

The stakeholder managers were generally supportive of the exercise. The suggestions to involve them in most relevant issues of the hospital to maximize their cooperative potential were well taken. In the interim, the observation and the recordation of the exercise showed that there was a little comprehension of conflict between the two opposing managers before (pilot study) the workshops exercise. Such role of ambiguity among hospital executives, power of influence, interpersonal relationships, and so on, were expected. However, among the stakeholder managers who influenced the senior managers, and requested for cooperation, was the Chairman, board of Trustees. He was worried that lack of cooperation among the managers affected mostly middle managers who have traditionally been ignored in the arena of equitable management. He insisted that: “A good explanation to this is because the hospital has always paid too much attention to the top management to manage hospital strategic objectives; all to the detriment and neglect of other middle to lower managers.”

The strategic stakeholder and hospital management exercises approach in this study has important managerial implications for the health care industry and their managers. It clearly suggests that every organization needs to assess and develop strategies to manage their important stakeholder’s relationships. Inside the strategy, there should be an examination in terms of the general reaction of key stakeholder acceptance. The executive managers of Mission Hospital, USA, must make this move of acceptance. This investigator believes the management of Mission Hospital, USA, made this move in the study.

Collaboration implementation implications: Hospital management and stakeholders have a need to emphasize collaboration relationships by identifying strategies, day-to-day link to management activities, and manage from the stakeholder’s perspective. In Mission Hospital, USA, the physician stakeholders were identified as a powerful entity in management. They admit patients, control the patient care services, have control of hospital resources, and provide the daily patient services. The physicians strive to maximize the care they provide to their patients. The detail view therefore is that both the physicians in this respect and the hospital management are interdependent on each order.

A good question is why the physicians should collaborate with the hospital management. The answers are not far fetched. The advancement of today’s technology cannot be ignored. There is increasingly complex and expensive machinery and
equipment for diagnoses and treatment. There is also competition among the physicians themselves. This increase and other pertinent factors have resulted to significant expansion of salaried and other contractual agreements with these stakeholders and the hospital management. Medical staff administrative positions have been formalized, and physicians in these positions influence behavior when they are salaried. All these new developments can be seen across the nation, and indeed around the world, with their expansion affected by hospital size, ownership, location, and control. Generally, these new developments have weakened the potential power of physicians in relation to hospital management and the board of trustees.

Collaborative strategies include:

1. Physician bonding strategy includes clarifying the belief on what is expected of the physician. That is, does the hospital view the physicians as competitors; as customers whose needs must be met; or as partners who share the equity, liability, risks, and profits?

2. Whether the physician bonding strategies require a low level of commitment on the part of both the hospital and the physician. For instance, the development and implementation of a physician-marketing plan is a major but low-risk bonding strategy. Such a plan must relate to and reinforce the strategic plan of the hospital.

3. Sometimes, the low-commitment hospital bonding idea may require a greater commitment on the part of the physicians. What happens in this scenario is that the physician-limited partners typically purchase a stake of less than 50 percent in the facility, prompting the hospital management to retain the majority interest.

4. There could also be high-commitment hospital strategies that are commissaries with high commitment on the side of the physicians. This entails the hospital getting directly involved in assisting the physicians in their various private practices. This begins with setting up the practice for new physicians. The hospital may come to assist in few ways, including helping finding offices, hire, and train office personnel, and selecting office information systems. The second phase will be to assist proven, loyal physicians in increasing their existing practices. In this management regards, physicians receive help from the hospital in assessing internal problems, generating marketing plans for their practices, setting up satellite office, and adding medical residents to existing practices. The third phase is preretirement planning whereby the hospital assesses both the individual needs of retiring physicians and the future needs of their practices. This particular phase may involve financial planning for physicians as well as financial assessment of their practices (Falarigna, 2013).

5. High-mutual-commitment tactics bonding require a commitment with both the hospital and the selected physician stakeholders. For instance, physician involvement in strategy and policy-making is an ongoing procedure today in health care practice. This involvement can be accomplished by employing physicians in administrative positions, increasing physician’s involvement in hospital governance, increasing physician in involvement in strategic planning, placing physicians on boards of particular projects, establishing a physician advisory council, and offering medical staff development opportunities that reinforce the strategic plan of the hospital.

In summary, collaboration between hospitals and physicians has become important for the survival of each in today’s competitive ever-changing environment. Each depends on the other. The bonding tactics expressed in this section is designed to implement a generic collaborative stakeholder strategy need to be evaluated based on their potential for real financial and collaborative success. Health care executives trying to bond with a particular group of physicians also need to view these proposals from the physician’s perspective. It requires gaining an understanding of the physician’s needs, their key stakeholders, and the pressure these stakeholders exert on the physicians.

Involvement implementation implications: Competitive strategies at business-unit level of the hospital cannot be successfully implemented if they are not reinforced by involving internal stakeholders. Advantages of involvement include higher quality services, less absenteeism and turnover, and better decision-making and problem solving. Involvement tactics with the upper management stakeholders include the board of trustees. Recall the board recruits, approves, evaluates, rewards, and terminates individuals with their powers. Achieving involvement remains a challenge facing top management in health care organizations.

In middle management level involvement tactics, it is traditionally believed that middle management has suffered from benign neglect vis-à-vis attention accorded to top management. Middle management in this respect includes department heads, clinical managers, unit supervisors, charge nurses, and others. Productive strategies for these individuals are often not implemented well. Again, the suspect here is because the hospital always gives too much attention on enhancing the abilities of top management to manage strategic change. Moreover, many hospitals today operate under the traditional control system that emphasizes order, control, and efficiency. The naïve view is that the more efficient middle manager ought to solve any problems that come up and should be the primary person responsible for how the department is functioning. A good way to pursue job involvement is the involvement of department heads and other middle managers in working with a team of interacting professionals to redesign and restructure supervisory and non-supervisory jobs in other that authority and responsibility of supervisors are consistent. Middle management needs to redefine its roles, and at the same time, top-level management must redefine their roles vis-à-vis middle managers. It is statistically proven that information and decision-making do not simply flow from the top to the bottom most of the time. There is emphasis to the point that individual initiative should continually upgrade the overall management environment. With established ongoing improvement criteria, it is the job of the middle managers to enhance quality by constantly redefining the patient care strategy in order to eliminate variations.

Involvement tactics through professional employees includes redesigning of the nursing role, training, through employee attitude surveys, and development. Many hospitals view these bonding approaches with professionals more closely to the hospital and managing other stakeholders such as physicians and patients. There is the tactic of non-professional employee involvement strategy, which has proven to be successful but with some failures too. Training, development, and high involvement would be appropriate strategies for non-professional employees also. The high involvement strategy has proven to be successful also.

In summary, successful management of key external and interface stakeholders and even other internal stakeholders depends on how the hospital involve their own internal stakeholders in the process. Involvement tactics include role clarification, training and development, high-involvement...
approaches, job involvement, recruitment and retention approaches, suggestive involvement, and guest-relations incentives. The idea of involving internal stakeholders starts with formulation of the hospital’s business strategy. The identification of the key internal stakeholders and the necessary behaviors for successful implementation are noted. The next agenda will be to select the involvement tactics and programs for these key stakeholders, including the determination of their values, expectations, and organizational experience. Feedbacks are required for implementation and monitoring. The process of involving internal stakeholders in managing other stakeholders should benefit both the hospital and its internal stakeholders. The motivation, commitment, productivity, and retention of employees should be more, manifesting in improved patient satisfaction, relations with other stakeholders, and overall hospital performance.

Negotiation implementation implications: The negotiation implementation strategy has already been visited in the analysis of the case study. Successful selection of outcome-focused negotiation implementation strategy with the stakeholder management should provide and enhance the hospital with competitive advantage. Summary of strategic implementation includes, general and complete information of the stakeholder, increasing the stakeholder’s potential for cooperation with hospital management, and decreasing the stakeholder’s potential for threat to the hospital. Others are, having proposed actions for implementation with the stakeholder, knowing the pertinent issues in the proposal implementation, differentiating which stakeholders are more important than the others are, and then assigning managerial responsibilities.

Monitoring Implications: The monitoring strategy is the same expressed in the early part of the analysis phase. Monitoring helps manage those marginal stakeholders whose potential for both threat and cooperation is low. It also helps upgrade the established strategy already in place by the management. Management must monitor and constantly evaluate on-going strategies, the ever-changing stakeholder negotiating context, stakeholder values and expectations, the overall performance, and modify established processes when necessary.

Extended study design approach and analysis

Hospital employee interviews:

Fact-Finding Employee Interviews, Mission Hospital, USA:

Dear reader:

Re: Interview findings and summaries of management and persons of interests of Mission Hospital, USA.

In order to enhance further, the economic importance and benefits of this case study, this investigator proceeded on a fact-finding mission into the facility of the hospital to confirm the validity of the study by examining and reflecting on the minds of the employees and management. This is in addition to the complete “pilot” study findings. This investigator is, therefore pleased to confirm the interview of the following individuals of Mission Hospital, USA.

Employees interviewed:

1. Nurse Practitioner - A non-physician professional staff of Mission Hospital, USA. Nurse Practitioners possess critical skills that afford them control support services to the hospital. Categorized as internal stakeholders, Nurse Practitioners perform similar services alongside the physicians on daily basis, including writing prescriptions medications to patients. In other words, they have direct impacts with patient perceptions on daily basis, even in the absence of physicians. Their daily duties equally present them as valuable stakeholders to the hospital in terms of providing clinical quality services as independent professionals in the course of their duties.

When this investigator inquired to know the participants’ objectives and concerns, she indicated personal benefits, such as equitable incentives from management. She also indicated patients and service satisfactions as priorities and growth in her professional skill. When asked what the hospital management could do to improve on her objectives and concerns to help hospital management meet its objectives and goals, the Nurse Practitioner suggested that there should be more room to affiliate with physicians to improve patient access and quality, navigate administrative problems, and enhance overall service. In addition, she suggested that management should do more to negotiate and improve on incentives. However, she was optimistic that adequate collaborative and involvement strategies of professional staff in the event of things would greatly place the hospital to compete in today’s ever changing market and technology.

2. COO – Associate Administrator, Staff Management – The staff manager is a hospital manager with the responsibility of managing the Staff department; a key stakeholder with the hospital.

This investigator started by asking the manager to share some of the hospital’s objectives and concerns as they strive to make a difference in the community they serve. Typically, he contended that just as any organization, the hospital considered quality of care as a top priority in the discharge of health services duties to the community. However, he agreed with this investigator that such quality care realization would only be possible with the cooperation of everyone involved in the service process. Everyone in this context includes hospital management and their component departments, stakeholder management and their component departments, middle management, and down to the final employees. He asserted that since this division of labor makes the daily service process to the patients successful, it might also be used in the overall management process to successful implementation of the hospital’s objectives and goals.

Competition was the next concern that the manager indicated; competition with other health care provider facilities in town and external stakeholders. Recall this investigator indicated earlier that many of these external stakeholders might pose the greatest threats to the survival of an organizational set up such as hospital management service.

Finally, this investigator requested from the manager to share certain management strategies in place to arrest any or all the concerns that the hospital management share, especially with the quality care concern which is likened directly with stakeholder management, and the competition saga with external stakeholders. The manager stated pertinent strategies, such as organizational commitments through bonding, involvement in policy-making, negotiating demands, and requests with fair inducements strategies, and seeking equitable concession strategies. When asked what strategy the hospital utilized to measure the successful implementation of these strategies, the manager mentioned the process of constant monitoring strategy with modification potentials when necessary.

3. Employee support personnel under Medical Director’s office – The employee, Ms. Jones, was identified by this investigator as a non-professional staff that works directly in a stakeholder department. Ms. Jones is a typical employee one sees in every organizational set up. Ms. Jones’ objectives and concerns included job security and lack of management care. She admitted vulnerability in the work place due to lack of skills,
which exposes her to easy replacement by management at will and with any provocation. She insisted management does not really care about their low-level employees.

When asked by this investigator what she might suggest as improvement strategies by management, she suggested that management put in place training and development strategies to help them “grow alongside other skilled professionals,” such that would also qualify them for incentives. She lamented to the fact that management are not sensitive enough to realize that even the least in the pyramid also has needs to meet. When asked which branch of the hospital management does she think should be engaged in this strategy, she indicated the Human Resources Management. She suggested that the process could easily be achieved by passing out suggestion boxes to the employees with simple requests that opinions by contributors remained anonymous.

4. Hospital Supplier/Vendor – Mr. Michael Johnson has been a food vendor with the hospital for many years. With ten staff at his disposal, Mr. Johnson is considered an external stakeholder to the hospital. However, unlike other hostile external stakeholders that might pose a threat to the hospital, his business with the hospital is a normal economic business of demand and supply satisfaction. The hospital places its demands of goods, and he supplies to the customer’s satisfaction and walks away with monetary compensation benefits.

When this investigator requested to know his objectives and concerns in his service to the hospital, he mentioned quality service to the client and payment of rendered service when due, with rate of inflation in mind. He indicated providing the hospital with quality service as his top priority in order to stay ahead of the game. He emphasized that client satisfaction with his goods would help keep his business alive. On payment when due, he admitted that management sometimes neglect to realize that increases in prices of goods are as a results of the present market trend that he does not control. He wanted hospital management to be more sensitive to this trend.

**Summary interview findings:**

Notice that the theme of these interviews revolved around knowing the participant’s objectives and concerns as applied to helping the hospital meet its overall objectives and goals. Each of these candidates candidly shared their views on what hospital management should strive to achieve to be successful. Note that the successful implementation of these views require, to a larger extent, the direct involvement of the Human Resources Department, especially training and development, and inducements negotiations. The VP for Human Resources management must have the technical-know-how to implement strategies to involve stakeholder management, since such involvements would ultimately increase the strategic objectives and goals of the hospital.

Without question, this Nurse Practitioner was in the right course. Indirectly, she was echoing collaboration, involvement, and negotiation with management as implementation strategies for the overall benefits of the hospital. Through collaboration, the hospital management and its stakeholder managers in this instance, can strategize to improve patient access and quality. There are many reasons for this collaboration, such as both management adjusting to rapid changes in medical technology, and better relationship in bargaining. Solving administrative problems include involvement of all and sundry. It means initiating joint ventures between the stakeholder management and the hospital management and following through on such ventures. As a negotiating strategy, the personal benefits the Nurse Practitioner mentioned about include inducements by management. In today’s fast-paced technological environment, any organization with better inducements for its staff has a future in the comity of the industry. Inducements should be seen as a reward of a job well done, and not as bribery to retention. Adequate inducements to retain valuable employees should be a means to an end for any industry; it is a good tactic by management to retain employees that would help the organization achieves its objectives and goals.

The Chief Operating Officer (COO), staff hospital manager also contributed quality strategies on quality care improvements and competition. Through collaboration, he mentioned physician-bonding tactic, in which the hospital management could initiate commitment programs, such as equity, subsidies, and financial incentives. He indicated it made sense for the hospital to engage in involvement strategies such as joint policy-making with stakeholders, and establishing physician liaison representation. Involvement also means negotiation. He therefore, agreed negotiation should be an on-going implementation strategy with stakeholder management based on the following premise:

- To constantly seek mutually beneficial outcomes
- To consider demands and requests
- To seek to respond with moderate and fair offers
- To constantly seek equitable exchange of concessions

The hospital manager agreed that the yardstick to measuring the implementation of these strategies includes adequate monitoring. Such monitoring strategy must be wrapped around hospital time and availability of resources. The monitoring would also be constantly modified to match the objectives and goals of the hospital.

The findings with the employee (Ms. Jones) and the vendor (Mr. Johnson) are rather interesting. Both individuals are identified here as internal stakeholder and external stakeholders. Mr. Johnson’s objectives and concerns are simple; place your demands of goods, receive such goods and pay up. This vendor does not possess a risk or threats to the hospital management as typically seen with many external stakeholders. He simple wants to “keep the ball rolling” and in turn, receive his monetary compensation per contractual agreement with the hospital.

The demands of Ms. Jones are typical with unskilled workers. They lack the capacity for collaboration and negotiation with management because of their lack of expertise. However, they demand to be involved in the management process. They feel such involvement would address their vulnerabilities and in turn, expose them to be recognized for compensatory incentives. Such involvements include on the job training arrangements.

These findings by this investigator has further justified how the importance of negotiating relationships with stakeholders can help any organization, such as Mission Hospital, USA, achieve their long-term objectives and goals.

**Enclosures:**

1. Transcription 1- Nurse-Practitioner – see appendix section
2. Transcription 2 - Chief Operating Officer, Staff management – see appendix section
3. Transcription 3 - Ms. Jones – see appendix section
4. Transcription 4- Mr. Michael Johnson – see appendix section

**Summary:** One of the themes of this study by this investigator started by insisting that every organization’s primary objective was success. In the case of Mission Hospital, USA, such successful implementations of its programs objectives must include proactive involvement and management of its components staff, including its top and middle stakeholder management. The ability to manage these stakeholders should
To this investigator the importance of the problem cannot be over emphasized. Every organization, including Mission Hospital, USA, must examine its relationships with its stakeholder management constantly because its success or failure revolves around these relationships. Though there are cultural differences that exist between the ways the organization’s top management conducts its business and its stakeholders, nevertheless, how both parties strive to compromise to resolve those differences spell well with success or failure. Therefore, knowing those factors either preventing program failure or achieving success is important to both the hospital’s management and the stakeholder management that are part of its establishment. Having mentioned the consequences of ignoring the stakeholder management, what, in contrast, are some of the specific implications of the strategic stakeholder management approaches? The importance of the problem, therefore, was to identify and rectify those factors for program success in Mission Hospital, USA. The purpose of the study, then, was to examine and encourage collaboration and involvement management in Mission Hospital, USA, in order to improve stakeholder management relationships. The ideas this researcher has were to identify the stakeholders in this hospital. This was done by assessing their core values and powers, theorized on the assumptions about these stakeholders through differences by assumptions by different managers, assessed why some of the stakeholders have attention from the hospital management than others, segmented these stakeholders into more specific components, and then diagnosed them in terms of potential for threat or success.

The main research question was addressed in Chapter 1 to complete a “pilot” study. The first question was designed as open-ended interactions to get the hospital executive management to “open up.” Based upon the results of this study, what steps might the senior executive management of Mission Hospital, USA, take to improve relationships with its stakeholders? Information from the hospital’s publications concerning the stakeholder management led this researcher to address the second and component research question to the participants who were urged to address each of the issues in open-ended fashions. Tabulations of the results showed the importance of both managers working together for the common good of the hospital’s objectives and goals. The positive results of the workshops exercises were justified when the main question and the component questions in the study were addressed.

The subject sample group in the study was small. It comprised only five identified senior executive managers and five identified stakeholder managers; a population of ten managers who play major important roles in decision-making of the hospital. The processes of identifying these managers, the successful execution of the workshops exercises, and the agreement for implementation of the joint strategies of both managers, form the methodology of the case. However, there were delimitations and limitations to the study. The workshops exercise were not designed as a blame game criteria whereby an accusing finger was pointed toward one or two managers of both sides. The workshops exercises were designed simply to obtain information to make a professional statement. The limitation of this study is from the facts that information pertaining to this study was confidential, and therefore, would not be exposed to wide audience. Second, the inability to involve more of the stakeholders and other hospital managers may have limited the outcomes of the study.

At the end of the study the researcher noted that in dealing with its stakeholder management, Mission Hospital, USA executive management were in effect giving more or less inducements in many different ways to harness the necessary cooperation from its stakeholder management. In return, the stakeholder management also was using less pressure to obtain the required inducements from the hospital for their contributions. This give-and-take procedure has to be in place in order for both parties to achieve equilibrium. It will make sense if, at a minimum, these inducements balance the cooperation or contributions of the stakeholder management.

To add to this though, is the fact that the hospital’s power is a reflection of the dependence of the stakeholder on the hospital. This dependency should be viewed as a function of the need of the stakeholder management for the inducements the hospital has to offer as well as its availability and the costs expended into it of suitable alternatives. For instance, the power of a hospital vis-à-vis the physicians on its medical personnel is a function of the physician’s dependence on the hospital for good inducements in terms of inputs to their practices, the interaction process, and the output.

Conclusions: In the health care industry today, failed programs cost organizations, such as Mission Hospital, USA, millions of dollars in revenue every day (Standish Group, 1994). This learns to support the perception that project or program management is well positioned to deliver the expected results. Therefore, in today’s management affairs there should be a balance (equilibrium) between project/program control and the relationships attached with it. This research focused on these two relationships.

- The main research question was addressed in Chapter 1 to complete a “pilot” study. The first question was designed as open-ended interactions to get the hospital executive management to “open up.” Based upon the results of this study, what steps might the senior executive management of Mission Hospital, USA, take to improve relationships with its stakeholders? Information from the hospital’s publications concerning the stakeholder management led this researcher to address the second and component research question to the
executive managers: Base upon the questionnaires data summarized and analyzed, what steps, and in what order, might be taken to implement the recommendations of the sample surveyed? This second question was addressed in the methodology of categorizing stakeholders in Mission Hospital, USA, to originate and task the managers on the appropriate and strategic stakeholder management, which led to the formulation of collaboration, involvement, negotiation, and monitor (Cleland 1999, PMI, 2004). Then the examination of stakeholder theory in the literature review led this researcher to conclude that the support of key stakeholders in Mission Hospital, USA, was ingredients to program success (Froeman, 1999; Pinto, 2000), but this researcher would not claim perfection in that order. This is because this researcher believes the classification of key stakeholders must take place at each phase of any program, with the interactions/communications strategies in place for the needs and expectations of the stakeholders. Research question number 1 from Chapter 1 showed that the more the executive managers of Mission Hospital, USA, engaged with the stakeholder managers, the more capable and enthusiastic they became and willing to engage into the right collaboration, involvement, and negotiation processes with the stakeholders.

The guiding steps that led to the conclusion are the following:

- Reviewing of literature in the critical assessment of the state and knowledge of the study in chapter 2
- Identification of the key stakeholders management in Mission Hospital, USA
- The designing and investigation and gathering and analysis of information obtained
- Discussion of information obtained in a way that was consistent with the public information on the hospital, and completion of “pilot” study
- Critical analysis of the findings relative to what others have found previously in chapter 2
- Finally, the implementation of the joint strategies by both managers to effect results.

What differentiates a successful organization versus a less successful one is the extent to which the said organization is able to focus on its manager’s attention to details, in regards to efficient management on daily basis. This researcher suggested that the managers do the following:

- Pay attention to their key stakeholders always for successful implementation of joint strategies for the benefit of the hospital (organization).
- Design a well refined agenda to managing its stakeholders
- Constantly collaborate, involve, implement, and monitor joint strategies, especially those inducements/contributions by the stakeholders that make economic sense to the hospital
- Constantly adjust these inducements/contributions strategies in a fairly fashion to argument equilibrium of things
- Constantly monitor the relationships with the stakeholders in being proactive to discover potential threats from these stakeholders
- Increase the daily interactions/communications with the stakeholders using such avenues such as, phone interactions, meetings, and so on.

By using the “pilot” study to successfully conduct exercise workshops with the hospital managers, this study has helped the industry to understand and put into perspective those skills appropriate for effective management of key stakeholders in a way that straightens the strategic objectives and goals of the industry. By stressing the importance of managing stakeholders within any organization, this study has also contributed to the professionalization of health care management.

The study targets health care professionals who are on the front lines, trying very hard to run health care organizations with both individuals and groups who want to either lean helping hands, or simply want their ways in the affairs of things. Such hostile individuals or groups have only one thing in their minds - their ways or no ways. This investigator believes that stakeholder management is a daily and on-going process in every organization. It is a process where you try to figure out which stakeholders are more important than the other. By so doing, organization management would know that the right stakeholder contributions are in line with the objectives and goals strategies of the organization. The study was intuitively compelling and buttressed by the positions of the participants. It should be of great importance to stakeholder management.

Recommendations: The implications of notice in this case study on stakeholder management in Mission Hospital, USA, was beneficial with the combination of qualitative and quantitative design. The findings affirmed the rationale. However, certain unresolved issues still remains, the resolution of which should challenge practicing health care managers better to manage their stakeholders to reach the objectives and goals of their organization.

Directions For Future Research: Based on the confirmation of the “Pilot study” of this case as to the benefits of engagement of stakeholder managers by Mission Hospital, USA, managers, this investigator is optimistic that future hypothesis could be developed and tested through field research to broaden the many important aspects of stakeholder management. Organized in-depth workshops and seminars may also be developed with health care executives for a more detail outcomes. Such study should be without any restrictions, as was witnessed in this case study. The benefits of unrestricted results cannot be overemphasized.

Issue implications: Just as with any organization, whether profit or non-profit, the most important issues that managers of organization face are always changing. Concerning the health care industry, issues that may be relevant to the managers may depend, on a large scale, the present environment or situation the organization finds itself. Typical pertinent issues could be cost containment or threat of un-cooperative stakeholders. There are also issues of patient’s management, in terms of service and clinical quality. A hospital management issue versus stakeholder management could be about external stakeholders (competitors) in regards to new services, price policy, and again, service quality. There may be an issue of hospital management between the two managers in terms of financial rewards (incentives), management style, and policy strategies. Such issues could be dealt with in order of priority and as they manifest.

Each issue is treated separately by each management in a collaborative process. For instance, there is divergent difference between issues of stakeholder diagnosis and issue of access to health care. A Medical Director (stakeholder) may deem it necessary to increase the efficacy of the ambulatory department by updating its equipment to modern day technology. By involvement, such adventure could easily be accomplished by the director if he or she initially collaborated and involved the hospital management and the ambulatory manager in the process. Such negotiation strategy may have solved a problem that might have been construed by others as abuse of power by the Medical Director.
Concern implications: Pertinent concerns that relate the hospital are equally separated and assigned priority status by both the hospital management and the stakeholder managers – such as within the stakeholder levels and the hospital management versus external stakeholders.

In general, the successful implementations of planned strategies to meet the objectives and goals of the organization are of great concern and always priority number one. The organization needs competent managerial expertise to achieve these arms; they need the cooperation of all and sundry, especially the cooperation of the middle to upper stakeholder management. Each joint venture helps to reduce threats, especially from external stakeholders. The tools available to management, such as collaboration, involvement, and negotiation have already been emphasized in the study.

However, concerns within the hospital’s internal stakeholders are of paramount importance to the survival of the hospital. For instance, the Medical Director, a major internal stakeholder manager, is a physician executive that is employed by the hospital, and that directly reports to the hospital’s CEO most of the time. The Medical Director is, therefore the middle person between the hospital management and the stakeholder management. He or she will be concerned with the ongoing operations of the hospital while the Chief Operating Officer (COO – another internal stakeholder manager) will be concerned with the efficacy of the Medical Director concerning other medical staff contributions in making the day-to-day operations work. In like manner, the director of Medical Records will be concerned with accuracy and timeliness of medical documentation, while the director of Quality Assurance review will be concerned with quality of medical care delivery by the professional body of the hospital.

Suggestions to researchers: Based on the experience and result outcome by this investigator, the following are suggestions to future researchers on organization management versus their stakeholder’s success:

- New hypothesis could be drawn and tested through additional field research and on a broader spectrum
- The new field study should expand on both the independent and dependent variables of participants
- Researchers should choose a target audience or organization without restrictions. The results will benefit the organization, the industry in general, and the global village of business; drawing from published sources
- Executive managers of organizations should be reminded that the major portions of their success depends on the collaboration, involvement, and negotiations with their stakeholders
- Managers of organizations should be less political but economic. Strategic program for implementation should be inclusive; accommodating the sensibility of middle, as well as upper management of stakeholders, in the affairs of governing process of such organization
- Organizational management should be reminded to continually strike to reward contributing stakeholders with enough inducements, to retain their loyalty. Failure to do this will be detrimental to the survival of the organization as these stakeholders may decide to take their services to the competitors.
- Researchers should remind managers that equilibrium management must be utilized by management in short, as well as on long-term process. Decision-making and implementation should be based on the general interest of the organization for maximum benefits. Differences in management styles should not be looked at as imposition or exercise of power by stakeholder management, but as contribution of opinions. There should be compromises and tradeoffs in the affairs of things.

Lastly, a typical health care set up, or any modern organization, is like a global business, with diversity of individuals, ranging from professionals, the community, the management, and the final consumers of the good and services in production. A management without due consideration of all the parties may spell doom to such an organization.

Training Program suggestions for Mission Hospital, USA, management team: While the suggestions to the researchers above are useful to every manager, the following are training points that this investigator feel the management of Mission Hospital, USA, should use:

- A good involvement of the Human Resources management of Mission Hospital, USA, in terms of recruitment and training of new staff concerning teamwork, role clarification, and a reminder of the general objectives and goals of the hospital is essential.
- A good implementation strategy involves the human resources management team, especially if the focus or concern is with competitive strategy. Here, the human resources management may institute a training course in patients’ relations if they want to differentiate its hospital from the competition, through provision of quality service to the patients.
- By involvement, the human resource management may also initiate a training program to address many challenges facing the hospital management and stakeholder management. Such challenges may include strategies to remind managers about teamwork strategies; from doctors and nurses to third-party supplies, challenges of motivation to common vision of the hospital, and challenges about making the right decisions and responsibilities by management.
- Managers should be trained to be supportive and complimentary. The supportiveness by management should be extended to other stakeholders, including union of suppliers. Management should design programs to involve these stakeholders on matters that relate the hospital versus the goods and services they produce to uphold the economic activities and the revolving wheels of the hospital.
- Mission Hospital, USA management should also design an evaluation techniques that has measurable objectives; that can be used as a longitudinal design for data keeping, and information for constant reviews for cost-benefit data use
- Managers should be trained in methods of facilitation and problem-solving techniques. They should understand that management dialogue and meetings where managers express their opinions and grievances are not complaint sessions, rather an involvement exercise with an exposure of any issues that might pose a threat to derail the objectives and goals of the hospital.
- The executive management and the stakeholder managers must accord each order complimentary positions on day-to-day basis. Hospital management ought to focus their attention on the key stakeholders whose duties involve implementation of the hospital’s business strategies. A help to the implementation should include a constant upgrade of the inducement packages for these stakeholders.

Lastly, Mission Hospital, USA management must also monitor the progress of the inducement of the stakeholders, its relationships, and other strategic outcomes so that future threats are nipped-in-the-bud on timely fashion. In return, the stakeholder management of Mission Hospital, USA must reciprocate and uphold all agreed strategies, including the ethical side of doing business for overall successful outcomes.
References


Appendix

A. CONSENT FORM:

The investigator,----, requested the Executive Managers of Mission Hospital, USA, through the Director of Public Relations, to take part in a case study research study of stakeholder management in their hospital. The purpose of the study is to examine the benefits of working with the hospital’s stakeholders in Mission Hospital, USA. Questionnaires and interactive interviews have been arranged in two workshops and two exercises with the managers identified.

No risks or discomforts are anticipated. The researcher hopes that the managers of Mission Hospital, USA, will enjoy interacting with the investigator and may benefit from doing so by learning more about teamwork effort. Participation is voluntary and Mission Hospital, USA has the rights to withdraw consent and discontinue participation in the study at any time without prejudice. Information from the study will be confidential and the participants will not be personally identified in any publication that may contain in the results of the study.

The investigator will be available to answer any questions the participants may have concerning the study, the procedures, and any risks or benefits that may arise from participating in the study.

Mission Hospital, USA agrees to participate in the study described above and has been given a copy of this form.

Signed: __________________ Date: ___________________
(Director of Public Relations, MH)

Signed: __________________ Date: ___________________
(Investigator)

Witness: __________________ Date: __________

The investigator has fully explained to the Director of Public Relations of Mission Hospital, USA, the nature and purpose of the above-described study and the risks involved in its participation. The investigator has answered and will answer all questions put forth by participants. The investigator will inform participants of any changes in the procedures or risks and benefits if any should occur during or after the course of the study.

(Investigator’s signature)

I, the Director of Public Relations with Mission Hospital, USA, have been informed satisfactorily of the above-described procedures with its possible risks and benefits. I authorize for the hospital’s participation in the study, provided all confidencials are kept. I have been informed that the investigator will be available to answer any questions I may have. I understand that Mission Hospital, USA is free to withdraw this consent and discontinue participation in this project at any time. I have been offered a copy of this form.

(Investigator’s signature)

B. Identified Senior Managers of Mission Hospital, USA for exercise workshops:

1. CEO, Medical Staff Director
2. CEO, Board of Trustees
3. VP, Marketing
4. VP, Government regulations/Reimbursement
5. Vice President, Finance

Identified Stakeholder Managers of Mission Hospital, USA for exercise workshops:

1. Director, Medical Staff
2. Chairman, Board of Trustees
3. Director, Marketing
4. Director, Government Regulations/Reimbursements
5. Director, Finance

Sample survey questionnaires:

1. Pre-Qualifying Questionnaires and levels of commitments by all managers:
   - Do you support collaboration with other managers to achieve your hospital’s objectives and goals?
   - Why are such collaborations important to you and your department?
   - Do you have recommendations of your own?
   - Do you have the resources to implement your recommendations?
   - Would your suggested recommendations benefit the health care industry in general?

2. Executive Manager’s Pre-Qualifying Questionnaires:
   - Is engagement with your hospital’s stakeholders important?
   - What engagement strategies would you recommend?
   - What are your actions for implementation of these strategies?
   - Are resources for implementation of these strategies available?

3. Stakeholder Manager’s Pre-Qualifying Questionnaires:
   - Should hospital management improve strategic relationships with you?
   - Would you support such collaborative move?
   - Why are such collaborative improvements important to you and your department?
   - Do you have own recommendations?
   - Are such recommendations beneficial to the objectives and goals of Mission Hospital, USA?

Interview transcriptions:

1. Transcriptions #1
   Mission Hospital, USA
   Volunteer Interview
   Transcription # 1 - Nurse Practitioner
   [investigator]: Hello Ms. … [blank in …]. How are you again?
   [Ms. … [blank in …]]: Hello, and nice to see you.
   [investigator]: Well, as you are aware recordation of any conversation requires appropriate notification and permission from the second party in the State of Maryland. Therefore, I am formally letting you know for the record. Second, as you requested your full name remains anonymous in the course of this interview.
   [Ms. … [blank in …]]: Thank you and I do appreciate your cooperation and understanding.
   [investigator]: Without much ado, what are your job specifications with the hospital?
   [Ms. … [blank in …]]: Basically, I perform similar functions the physicians do on daily basis. That includes seeing and evaluating patient’s health conditions. I am also licensed to prescribe medications directly to the […audible] patients [?] independently.
   [investigator]: Great! What are your long-term objectives, and do you have any concerns you need to share with me as a professional employee of the hospital?
   [Ms. … [blank in …]]: Do you mean long-term objectives in my profession, or with regard to working here?
   [investigator]: Well, with specific to this hospital. Then, it could be both, depending on your preference.
   [Ms. … [blank in …]]: I plan to stay put, everything remaining equal. Personal benefit package always comes first. Of course, providing quality patient care access and service satisfactions are top priorities too. They complete my professionalism identification process.

   [investigator]: Any suggestions to management in terms of improvement implementation of your suggestions?
   [Ms. … [blank in …]]: Plenty. Right on top of my head is long-term job retention negotiation with management. Management should also institute more training and development programs for the ever-changing medical technologies, such as new machinery and equipment. There should be increased and regular evaluation of benefit packages, and service role clarifications among middle managers.
   Concisely, I will like a situation whereby hospital management institute direct joint … [ventures?] with both top and middle management. It could be involvement in decision-making, or simply inclusiveness in the management process.
   Anywhere, I strongly feel the future is promising.
   [investigator]: Thanks for your time Ms. … [blank in …]]. I really appreciate your valuable input.
   [Ms. … [blank in …]]: My pleasure.

2. TRANSCRIPTION # 2
   Mission Hospital, USA
   Volunteer Interview
   Transcription # 2 - Chief Operating Officer, Staff Manager
   [investigator]: Hello Dr. … [blank in …]. Pleasure to meet you!
   [Dr. … [blank in …]]: Quiet few. There is organizational commitment program involvement with both our top and middle management - <eh… > bonding initiative. We have direct programs for direct involvement process of decision-making, physician liaison representation, and fair negotiating instruments. The list goes on.
   [investigator]: How do you address some of these concerns?
   [Dr. … [blank in …]]: Simple. Our monitoring implementation strategy is always in place. The strategy analysis helps us to know when to modify changes and when necessary.
   [investigator]: What are your objectives?
   [Dr. … [blank in …]]: Work with the best staff that would help us implements strategies to meet our long-term goals of the hospital.
   [investigator]: Thank you very much Dr. … [blank in …]. I really appreciate your taking time out to talk with me. Thank you again.

3. TRANSCRIPTION # 3
   Mission Hospital, USA
   Volunteer Interview
   Transcription #3 - Ms. Jones (Employee support personnel)
[Investigator]: Hi, Ms. Jones. Remember I am using the contents of this brief interview for an important project. As you indicated before I turned the recording tape on, I am only going to address you here as Ms. Jones. What do you do here in the hospital Ms. Jones?

[Ms. Jones]: I answer the telephone, do follow up on patient’s daily schedules, complete and update referral sheet, and perform other duties as assigned.

[Investigator]: Ms. Jones, what do you like and dislike about your job?

[Ms. Jones]: Well, I wish the managers here cared a little more. It does not really matter anywhere. They can just show you the door when they want to.

[Investigator]: Why do you say so?

[Ms. Jones]: That is true. They say we do not have skills; that we are not like the doctors, the nurses, and the pharmacists. Therefore, we have no job security here.

[Investigator]: Well Ms. Jones if your manager were to come to you and request that you suggest few things that would make you happy as an employee here, what would you say?

[Ms. Jones]: I have so much to say, but it would not be in front of the manager, or writing my name in any piece of paper. If they want to be fair, I suggest they provide suggestion boxes where one can say things without being monitored.

[Investigator]: That is interesting Ms. Jones. What else would you suggest?

[Ms. Jones]: They need to provide us some kind of training that would help us qualify for some bonus. Waiting for some individual from Human Resources Management coming to ask you some questions with little bit raise at the end of the day, is not encouraging. We also have needs and families to take care of, our lack of skills apart.

[Investigator]: Any more suggestions Ms. Jones?

[Ms. Jones]: Huh… not that I can think of right now. I guess my concerns are simple.

[Investigator]: Thank you Ms. Jones for your cooperation and time.

[Ms. Jones]: Thank you too and enjoy the rest of your day.

4. TANSRIPTION # 4

Mission Hospital, USA

Interview Volunteer

Transcription # 4 – Mr. Michael Johnson

[Investigator]: Hello again Mr. Johnson. You know we are under recording and you indicated it does not really matter if I use your real name. Right, Mr. Johnson?

[Mr. Johnson]: Right. I do not really care, especially since you indicated the interview report would be used to help your project. I look at it as a civil responsibility on my side right now [laughter].

[Investigator]: Thanks a lot Mr. Johnson. I really appreciate your kindest gesture. You indicated you have been a vendor with the hospital for many years. Do you see yourself as supportive of the hospital’s objectives and goals, especially since you are classified as external stakeholder?

[Mr. Johnson]: I understand your question but a little confused about who external stake… [?]. Could you explain more on that?

[Investigator]: Certainly Mr. Johnson. An external stakeholder is simply another name for individuals or groups in your category who perform certain services as part of the hospital’s functions. You supply the hospital services as an outsider, and not as an employee. Therefore, you are an external stakeholder.

[Mr. Johnson]: Interesting! Well, I think I see myself as being supportive to the hospital since I provide them with the foods their patients need on daily basis.

[Investigator]: How do you benefit from this service, and do you have any concerns?

[Mr. Johnson]: In many ways. While I provide the hospital with our services, my staff and I are richly employed through our efforts. I have about ten employees on my payroll.

[Investigator]: Great! In your opinion, are there few things you feel the hospital management should do to enhance or make your service and your staff a little bit easier?

[Mr. Johnson]: Naturally! There are infrequent conflicts concerning price. Sometimes they fell to realize the constant changes or fluctuations on the market. As a business person my bottom line is profit. In order to keep providing them with quality service, they need to work with me on this price thing and make payment when due.

[Investigator]: Any other suggestions for the management Mr. Johnson?

[Mr. Johnson]: Not really. I must say that I am enjoying my many years as a vendor with the hospital. I only hope for the best for all of us.

[Investigator]: Thank you very much for your time Mr. Johnson.

[Mr. Johnson]: Thank you too.