

Conduct a stakeholder analysis when designing an educational intervention

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Background

Setting out to design an educational intervention can be an exciting but complex task, the success of which depends on whether, from the outset, you considered all those who may have a vested interest in its creation. Without considering who your stakeholders are, there is a potential for conflicts and delays in the development, implementation, and sustainability of your educational intervention. This requires increased collaborations between educational institutions with patients and the public, and investments of effort into consultation with all potential stakeholders (Cullen 2022). Stakeholder analysis offers a systematic framework to help identify, prioritize, analyse, and work with stakeholders to the benefit of everyone involved. This 'How To...' will help you understand the definition of a stakeholder, as well as when and how to conduct a stakeholder analysis when creating an educational intervention.

Stakeholder theory

Stakeholder theory, also called Stockholder theory, originated from the field of strategic management (Freeman, 1984, cited in Bourne 2015). Accordingly, an educational intervention should be holistic and involve the shared values of all stakeholders. Within medical education, this approach has been particularly influential in the field of curriculum creation and development, assessment strategies and course construction (Dennis 2014). A stakeholder analysis should form the initial stage and should inform every stage of development, including design and evaluation. This is because it will help you frame the intervention and ensure that it is based on the needs of all key stakeholders.

What is a stakeholder?

A stakeholder in the context of medical education is anyone with a vested interest or stake in the decision-making and activities of designing an educational intervention. This may be an individual, groups of people, or a business or organisation (NHS England 2022). Conducting a stakeholder analysis enables you to tailor your intervention to meet their interests as best as possible. Some examples of differing interests in medical education include quality assurance, patient safety, qualification, certification, reputation, spending of public money, research and development, and public trust. Some examples of potential stakeholders in medical education are presented in Figure 1 below.

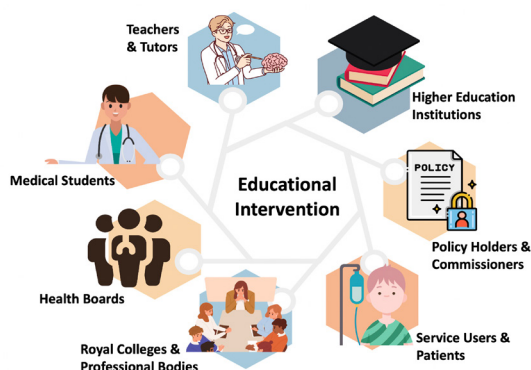


Figure 1: Examples of stakeholders in medical education

How to conduct a stakeholder analysis?

There are many possible ways of conducting a stakeholder analysis and choosing which one to use depends on many factors. Here we will focus on a specific and straightforward method suitable for busy clinicians and educationalists. Using an example of an intervention that was created for a multidisciplinary trauma course for doctors, nurses and allied health care professionals working in a trauma team, we will demonstrate how a four steps model was used.

1. Identification of stakeholders

Start by listing all people, groups or organisations who have an interest in the proposed educational intervention. Grouping stakeholders using the 9 Cs ensures all relevant stakeholders are included (NHS England 2022). It is important to state that because stakeholder theory comes from the world of management theory, stakeholder groups will not always be easy to categorise in the context of medical education. We provided examples in italics below pertinent to the trauma course development.

- **Commissioners:** those who control the money within the NHS and Universities - *healthcare commissioners*.
- **Customers:** those who use the service - *the students (nurses, doctors, paramedics etc)*
- **Collaborators:** those who offer support in developing and delivering the project - *people creating models and materials for the course*.
- **Contributors:** those directly involved in creating the project content - *the teachers*.
- **Channels:** those who disseminate information about the educational intervention - *educational leads working within trauma units*
- **Commentators:** those whose opinions of the organisation are heard by customers and others. For example, *a medical journalist or those who have attended the trauma course and write an article discussing the effectiveness of the course. This can impact the course's reputation, resulting in either potentially attracting more participants or deterring potential participants from attending the course*.
- **Consumers:** those who are served by our customers - *patients and families*.

- **Champions:** those who believe in and will actively promote the project – those who have participated and maintain good practice from the trauma course
- **Competitors:** those who deliver a similar project – a similar trauma course at a different organisation.

2. Prioritise your stakeholders

Once you have identified your stakeholders, you then need to analyse the power and influence of each and the extent to which they are likely to be affected by the intervention (See Table 1).

- **Power/influence** refers to the stakeholders' ability to change the final product. Those with high power can stop or start the project and as a result their opinion needs the most respect.
- **Impact/interest** is the effect that the educational intervention could have on the stakeholder. These are often the stakeholders who benefit most from the educational intervention.

High power	Satisfy Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly	Manage Key stakeholders who should be fully engaged through communication and consultation
Low power	Monitor This group may be ignored if time and resources are stretched	Inform Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work
	Low impact (stake holding)	High impact (stake holding)

Table 1: Mendelow's Matrix for stakeholder analysis (NHS England 2022)

3. Understand your key stakeholders

To effectively communicate and engage key stakeholders in the development of the educational intervention, it is crucial to understand their perspectives. This initial step help establish meaningful relationships with them. This can be done by asking questions such as:

- **What are their primary motivations?** As can be seen in Figure 2, in our own example, the healthcare commissioners had high impact but low interest, so were mostly concerned with the cost of the project but were not expected to be actively engaged in course creation.
- **What specific information or emotional investment do they have in the outcome of your work?** As demonstrated in Figure 2, healthcare professionals had low impact but high interest, and so did not have

significant power over the course development, however, they were highly invested in course content and attainment.

- **What is their existing opinion on the matter?** It is important to survey stakeholders to ensure their interests are realistic and aligned.

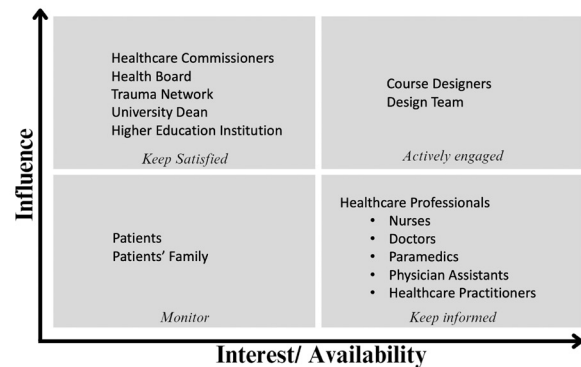


Figure 2: Mendelow's Matrix for creation of a trauma course

4. Building trust and working with your stakeholders

- Understanding stakeholders' goals and expectations toward your work enables you to form and build trusting relationships and share values with your stakeholder group to work more effectively.
- Analysis without subsequent action is not helpful. Using the results of the stakeholder analysis, you should devise the composition of the project board and develop a comprehensive communications plan to ensure effective information distribution and stakeholder involvement. This should be tested and improved through continuous refinement.
- Occasionally stakeholders will move in position which could affect their power and impact on the project. For example, a complaint results in increased power for a stakeholder group who previously had lower interest either due to a change in resources or a significant event.

Conclusion

Stakeholder analysis is a practical tool used widely in medical education and the health industry. It enables health professionals and medical educators to look at various aspects of designing any course or intervention. It helps to analyse and visualise different stakeholders and their interest in one chart, which is easy to understand and work through. Used effectively, it can provide a strong basis for development of a business case and to understand the unique selling points (USP) of your educational intervention. It looks at the impact on educators, learners, commissioners, patients, and organisations. Despite its advantages, stakeholder analysis has some limitations, for example, patients rarely get a chance to take part and often get ignored. Therefore, more formal involvement of patients is an important consideration in creating an educational intervention.

References and further reading

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