

Effective stakeholder management for medical practitioners

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Abstract

The importance of organizational-stakeholder relationships is highlighted in most organizational studies literature. This article investigates the relationship between medical practices and their stakeholders and has been developed to provide guidance on stakeholder engagement and communication. It is intended to provide a useful reference point for all medical practices concerning stakeholder engagement activities. Direction is provided on how to identify and ultimately engage with stakeholders. It should hopefully further develop the effectiveness of engagement efforts that are undertaken between a medical practice and its stakeholders. The ability of a medical practice to cultivate and sustain strong relationships with its prominent stakeholder groups greatly enhances the likelihood that the relationship will endure. Medical practitioners in South Africa are generally in urgent need of pursuing new ways of delivering quality health care through developing new service models that have been developed with the help of relevant stakeholders. Since stakeholder relationship management is critical for corporate sustainability, medical practice management should seek strategic direction by investigating the relative competitive threat and relative supportive value of each stakeholder and then classify them accordingly.

Key words: Medical practice, stakeholders, ethics, quality health care.

Introduction

Primary care is the initial point of interaction within a health care system and countries with good primary health care systems, such as Singapore and Thailand, are able to provide more cost effective health care. Good health outcomes are achieved through good stakeholder management initiatives. Many countries find it difficult to provide appropriate and affordable care and, therefore, seek ways to deliver the best possible health care. Research clearly shows that good stakeholder management has a great role to play in influencing the quality of health care. One of the pressing challenges facing medical practitioners today is how best

to provide top-notch clinical treatment, while satisfying patient needs in the most cost-effective manner and allied to this they face the problem of how best to manage all their stakeholders. There is no doubt that healthcare entails competing stakeholder interests. Medical practitioners who have studied for many years have very fixed ideas as to how things should work. Medical practices are increasingly required to augment their accountability to diverse sets of internal and external stakeholders. A critical issue for patients in South Africa is their ability to access top quality and affordable healthcare. Thus comprehending the stakeholders' expectations increases the ability of a medical practice to effectively respond

to them. Patients should be able to access world-class medical innovation and the top practitioners. They also need quality facilities and nursing care as well as quality outcomes to services rendered on an ongoing basis. There is also a need to make information available concerning any and all medical procedures that are undertaken.

Medical practices on the whole are desirous of achieving better success in retaining their patients and also in controlling soaring expenses. The primary concerns of patients are access and affordability and stakeholder support is vital if these are to be attained. Stakeholders converging on medical practices include not only those having a stake in its services as an end user patient but also those linked to the practice's value chain along which health care services are developed and organized. There are thus interests embedded in each and every step and process along the value chain, where resources are purchased and allocated. Medical practices thus fit into a 'value shop' where the skills and services that they offer are applied and directed at patients with health problems.

Medical practitioners must be given support by the other stakeholders to provide efficient and effective care to patients at an affordable price. Medical practices are generally all concerned about providing quality health care and superior services. The investment in new facilities and the upgrading of existing facilities in South Africa is a challenge for a wide range of stakeholders and this is at state and private clinic levels. There is a constant desire to improve the practice's capability to provide new services and to successfully introduce new technology and facilities ^[1]. The interest of a medical practice is to provide quality health care and make the profit and generate

sufficient cash flow to continue effectively running the operation. By utilizing stakeholder management strategies, they can more easily achieve their general mission, vision and objective of providing the best possible quality of medical care and services, and meet all ethical and statutory requirements. Clearly, in any of their efforts it is imperative to involve stakeholders and muster their support which will lead to improved quality service provision and great patient satisfaction.

Stakeholders may be defined in a variety of ways and wide range of individuals or organizations can be considered to be stakeholders, both from within and without an organization ^[2]. Each of these stakeholders will act according to their personal interests and utilize their authority to influence the way in which a medical practice may be run so that their desires are met ^[3]. The stakeholder management theory was initially developed by R. E. Freeman in the 1980s in his publication *Strategic Management: A Stakeholder Approach* ^[31]. Medical practitioners undoubtedly require a strong strategic focus in what they do or plan to do and thus need to have good stakeholder management, communication and interpersonal skills, and above all they should have some type of management system in place to ensure that they make profits to enable them to pay for the expenses incurred in the running of their practices. Important in this management system is the need to retain skilled staff since losing personnel can cost money and loss of productivity which may impact adversely on the patient care. Attention must also be paid to medical aid billing coding so as to save time and money. The use of electronic practice management software such as internet based software, desktop software and client server software must be promoted as

this will provide doctors and their staff with the time needed to deliver quality service to patients and other stakeholders. Doctors should also where possible get a physician's assistant to help treat patients as this will save time and result in greater profits. It is also critical to bargain with other stakeholders to obtain prices and services at reduced costs for patients. Health information technology is moving rapidly from paper-based to a paperless system. Where these are in place have stakeholders been consulted to test if service has improved? Is there consistency in service? When patients are registered, appointments are scheduled, eligibility for medical insurance cover payments are verified, and patients are where necessary checked-in or during clinical encounters, is this done in a manner which would be considered patient friendly? When checking patients out and billing them or submitting claims is the best being done for them? Is there abuse and fraud? Ultimately it is people that make a project either work or fail. Soft skills such as communication skills are critical if practices are to begin to be successful in providing effective health care services. Managed stakeholder expectation processes must be applied so that stakeholders and their various needs can be managed more effectively. By considering the stakeholders, disagreements can be minimized and stakeholder synergy is possible.

Since the mid-1980s there has been a drive to consider all stakeholders in a medical practice since they impact how the business is run. Doctors cannot neglect what stakeholders seek and as in most businesses, they are increasingly required to listen to them and what they require and would like to see in a medical practice ^[4]. Clearly doctors need to manage the

stakeholders in their practices. It is critical for medical practitioners to develop and manage relationships with all individuals that their work impacts. From a purely practical point of view, stakeholder management assists doctors cope with the many and varied competing demands. Doctors will be empowered to become better acquainted with stakeholders and also more effective in the management of the interactions between themselves and the stakeholders. While there are those who oppose the notion of patient driven solutions as being vital to managing a successful practice due to the patient's technical inability ^[5], there are those who support the idea ^[6]. By managing their stakeholders, doctors will be more able to ensure that their practice requirements are aligned to meet both internal and external stakeholder needs. What doctors do to and for patients, how they do it and what they use to do it, has a huge impact on their patients and may save lives. The utility patients obtain from treatment by a doctor is measured in what Cohen (2008) refers to as QALYs or quality of life years ^[7]. What can doctors do to enable patient-driven innovation? Doctors should relate to all their stakeholders and see each one as unique and highly relevant to the effective operation of a practice. Some stakeholders will undoubtedly be more significant than others but either way they need to carefully manage their existing stakeholders as well as prospective stakeholders in an effective manner. The last few years have witnessed "fundamental, turbulent and even revolutionary changes" ^[8].

Stakeholders and their value

Kolk & Pinkse (2006) upholds the notion that stakeholder management focusses on three fundamental themes ^[9], namely, identifying the nature of the

stakeholders, examining under which circumstances and in which manner they may influence organizational decision-making and operations and lastly, identifying diverse strategies to deal with diverse stakeholders. Bourne & Walker (2005), express the opinion that communication is vital in maintaining relationships with stakeholders. The most important stakeholder in the healthcare system is undoubtedly the patient^[10]. Patients are not simply ill people in need of care but also potential financial assets to a medical practice and they are thus the most important stakeholders. The other pertinent stakeholders could include elements of civil society in the guise of NGOs or community-based organisations, local government business organisations and traditional institution.

A stakeholder's willingness to be supportive can be affected by the business environment in which they are operating and medical practices thus need to continually assess the stakeholders' interests, proficiencies and wants, as stakeholder engagement lean towards issue-specificity. Stakeholders will not always be supportive and their position on a value chain will shift from time-to-time. Burns (2002) maintains that the value chain in the modern healthcare industry includes five major categories of stakeholders which include payers, fiscal intermediaries, providers, purchasers, and producers^[11]. Let us briefly describe each group. The payers will incorporate individuals and businesses and a wide range of governmental bodies. The fiscal intermediaries will usually consist of insurers, medical aid companies, and pharmacy benefit managers. The providers comprise of hospitals and clinics, integrated delivery networks, and medical practices. The purchasers

group includes organizations that amass healthcare products and services for general distribution. Examples of the producers are drug manufacturers and those making devices used in healthcare practices. The sooner a medical practitioner figures out who the stakeholders are the better, since they have a vested interest in witnessing a project working or failing. Whatever project is undertaken should ultimately be aimed at ethically sound and quality driven service provision and achieving improved healthcare outcomes for patients.

It is imperative to ask who the stakeholders are and what is it that they require? Who needs to be considered in discussions about a project for example? Who should be invited to attend? Will it be the leaders, team members, organizations, individuals or other groups? Doctors should be considering each individual patient, or at least specific groups of patients who may for example have a common medical condition, those belonging to a common medical aid, those who have no medical cover or even those residing in the same area. One should consider involving administrators, medical aid companies, governmental agencies, hospital directors, medical school staff and students, resident doctors, nurses, trade unions, pharmacists and other health care practitioners who may have relevance to what is proposed. Each of these stakeholders may have an important viewpoint that should be considered.

Medical practitioners are generally cognizant of the demands of the different stakeholders, but many have not yet developed apposite strategies for successfully managing them and what they want from a practice. There is generally a lack of customer focus

amongst many doctors. Additionally there is currently no effective paperless system within the hospital facilities this includes both state and private in South Africa, with the possible exception of Albert Luthuli Hospital in Kwazulu Natal province, but even then this is not fully effective. Currently the best quality of clinical practice in terms of skill, latest technology, service quality of care is to be found in the private sector. On the downside, the high costs are not affordable to the vast majority of patients. The State has also unfortunately experienced a mass exodus of skill to the private sector as well as abroad and generally provides a poor service with long waiting lists, a shortage of medication and in some cases unhygienic conditions.

It is sadly also an indictment on medical practitioners, that hospital executives have assumed a greater competitor focus than customer focus when it comes to patient. Smith, Andrews, and Slevin (1992) in support of this attitude state that “. . . the movement toward being customer-oriented often requires a number of significant changes in the way managers view the market place”^[12]. Be that as it may, patients must not be compromised.

Why the stakeholders are essential

By utilizing stakeholder management tactics, a medical practitioner can more easily integrate a variety of managerial concerns including *inter-alia* organizational management, strategic management, marketing management and human resource management. This allows for proactively engaging with stakeholders on potential conflict areas. Many concerns relating to relationships in the workplace and beyond, effective communications, strategic leadership, assurances of support, considering

stakeholder interests and motivations are addressed before they become problematic. This results in greater levels of cooperation between the medical practice and the stakeholders. As in any business venture, there are many tricky issues that need to be addressed between the medical practice and the stakeholders^[32].

Doctors in particular are obliged to act in an emotionally mature manner and react to the growing number of dynamic and significant stakeholder groups. In their dealings with stakeholders they should strive to develop quality relationships in which expectations are managed in which there is clear and unambiguous business communication. When it comes to developing new projects, it is critical that they obtain the buy-in of all stakeholders and make optimum use of the resources they already have available^[33]. Each stakeholder has often unique expectations, and for doctors to be viewed as acceptable partners they may need to set themselves objectives to address the specific trepidations of each stakeholder which may of course, often overlap^[13]. Kolk & Pinkse (2006) argue that stakeholders may co-operate and encourage each other so as to modify behaviour in an organisation^[9]. Consequently medical practitioners should get them all ‘on board’ before such an eventuality.

How do we identify the stakeholders?

The most significant reason for identifying and understanding stakeholders is that it allows a medical practitioner to recruit them as part of a team which has the welfare of patients at heart. It is clear from current literature that the stakeholders need to be actively involved in a practice and these are generally individuals or organizations

which are involved in the practice of a doctor in some way or another. Stakeholders were purposively selected through the identification of individuals and organisations which had organisational or professional contact

Blair and Fottler identified stakeholders for numerous types of health care establishments, and classified them into one of four distinct groupings namely, supportive, mixed-blessing, non-supportive, and marginal ^[14]. Based on this categorization, they suggested a generic process for managing the stakeholders which may be investigated in their publication entitled *Challenges in Health Care Management: Strategic Perspective for Managing Key Stakeholders*. In terms of their reasoning, the supportive stakeholders would be encouraged and there would be more collaboration with mixed-blessing stakeholders. Non-supportive stakeholders would be marginalized, and marginal stakeholders carefully observed. Their proposed explicit approaches for managing each strategy are well worth reading.

The varied interests of the stakeholders can to a certain extent positively or negatively impact a practice as they play a role in influencing what is done and how it is done in a practice. They may thus be those individuals or organizations which influence a wide range of issues such as quality patient care, practice or clinic governance and financial management ^[14]. If doctors are desirous of enhancing service delivery processes, they will of necessity be required to actively engage their stakeholders. This could, *inter-alia*, include their patients, peers, clinicians, administrative staff, pharmaceutical company representatives, medical record personnel, medical secretaries, CEOs of clinics, financial directors, the

community, governmental agencies, regulators, the media, and other user groups such as shareholders in the case of a clinic. Whoever they may be, it is vital to consider the key stakeholders.

Doctors need to carefully research who their stakeholders actually are and should ideally sit with some of their peers and brainstorm a list of actual and potential stakeholders that need to be considered. It is also useful to obtain the names of potential stakeholders from members of a specific population or those residing in a specific a location. Whichever stakeholders are identified, each may have useful suggestions on what is proposed or on who could be useful to engage with.

Analyzing of the stakeholders

A practice may have very many stakeholders and each one has a different impact on the practice. This is why it is imperative to spend time identifying which information is important for each stakeholder to be aware of. What is the stakeholders' level of involvement and what is their interest in the practice? ^[34] What is it that drives them? What do they expect from the practice? Do they have a financial stake in what is done? How does the doctor communicate with them? How authoritative are they and is their impact likely to be significant or marginal? What is their likely reaction going to be to whatever a doctor is planning to do in a practice? What do they expect a doctor to inform them about? How are they likely to react to something that the doctor is planning to do or to some project they may have in mind? What will the doctor do to convince them to accept what is planned? It is advisable, in some instances, to consider stakeholders opinions and views on certain issues before embarking on

them. Stakeholders need to be identified in terms of their relationship to the project in question and then analyzed. There are essentially primary and secondary stakeholders. The primary stakeholders according to Clement (2005) are all those whose continuing participation is critical to the survival of a medical practice, and who possess the power to impact immediately on it ^[15]. Essentially then they are those individuals or groups of people that will probably be directly impacted upon by what is proposed or planned. They generally possess some type of formal, official, or contractual relationships ^[16] which empowers them to impact on the medical practice-stakeholder relationship directly by involving customers, employees and even investors ^[17]. Their involvement in a practice means that their participation is critical ^[18]. The secondary stakeholders are those people who may be indirectly affected, in either a positive or negative fashion, by the efforts or actions that are proposed or planned ^[3] and are usually less directly involved but who remain influential, including inter-alia, interest groups and civil society ^[15]. These stakeholders can influence and be influenced but are not necessarily directly involved with the medical practice and are dispensable ^[17]. The key stakeholders are those who may belong to either the primary or secondary grouping and who could have an either positive or negative effect on an effort or proposed action, and who are thus important to the medical practitioner/s in a planned effort ^[19]. Generally speaking, the key stakeholders will include governmental and parastatal bodies since they are the ones likely to formulate, pass, and implement the laws and regulations that are likely to impact on planned project. Clearly then the legislators have a huge role to play as do mayors and councilors. Very often, the media has a

role to play as does the business community and potential funders and of course the community on the whole may also possibly be a key stakeholder. The suppliers are very powerful stakeholders since they supply critical material resources that are required for the provision of quality health care services. These include inter-alia medical equipment manufacturers, pharmaceutical companies, personal protective clothing equipment manufacturers and IT specialist companies. The activities and decisions of these suppliers play a great role in the success of a medical practice and they are thus vital stakeholders to engage with on a regular basis. The suppliers also have huge social responsibility in that they serve the public at large by providing what should be high quality medical products and promote a wide range of health care services.

A stakeholder analysis is a methodology that can be used to identify both the internal and external stakeholders. It allows doctors to understand and act on their concerns and objectives, glean their potential influence, and consider ways in which they should be dealt with. Dealing with the stakeholders relationships is an important strategy in reaching a successful project result. The analysis that must be made is important in defining the purpose of a project, its objectives and criteria for success - overall as well as in respect of the key stakeholders. The analysis which is made is part and parcel of the basis for organizing the project. It promotes the creation of contract strategies and allows for the development of strategies for issues beyond the scope of any contractual requirements. It also supports the development of communication plans with each of the internal and external stakeholders.

There is undoubtedly a wide range of stakeholders for hospitals and clinics. Fottler et al, (1989) in a study conducted using hospital managers, identified five including patients, medical employees, hospital management, professional staff and finally the boards of trustees^[8]. Patients tend to be very concerned about clinical quality as are doctors, but they are additionally anxious about service quality provision and relatively cheap costs. Medical employees such as doctors and nurses appear to be mainly concerned about advanced clinical quality including ability to obtain the latest technology and innovative practices in the facilities in which they operate since these will enhance healthcare quality and thus impact positively on the care they offer patients. Hospital and clinic management are primarily concerned with improving the bottom-line and limiting costs. Some are concerned more about leadership in their place of employ.

Professional staff which includes *inter-alia*, employees such as physiotherapists, audiologists, occupational therapists, radiologists, laboratory staff, radiographers, etc. are also worried about quality health care provision and the availability or lack thereof of adequate facilities and service. The boards of trustees, which formally control medical facilities, are usually primarily concerned about maximizing profits and sustainability in using resources. Each of these stakeholders has varying influence, diverse expectations and interests and each of them may either positively support a project or be at odds with it. It is the doctors' task to control stakeholder relationships. They should go out of their way to put together partnerships that promote the success of whatever project is planned. Once it is apparent that stakeholders are not

interested in what is happening or proposed, usually due to perceived competing priorities for example, it may be necessary to further communicate with them to try to obtain their buy-in or modify the plan of what is intended in a proposed project so that it meets with stakeholder approval. Clearly, one will not be able to please all the stakeholders all the time. Where there are stakeholders with low synergy and restrained antagonism these are generally the opponents of a project; those with high synergy and who are mildly antagonistic are usually supporters and worth pursuing more. Alexander and Amburgey (1987) have shown that hospital executives usually effectively focus their attention on managing the diverse demands and concerns of stakeholders, however with the possible exclusion of customers^[20]. The bottom line is that stakeholders must be kept informed, monitored, managed and kept satisfied.

In South Africa there a number of challenges facing the public health system that better stakeholder management could help address. According to the Ministry of Health, the healthcare system is failing to provide quality care for most citizens and that as a consequence a National Health Insurance (NHI) system should be created to rectify the situation^[35].

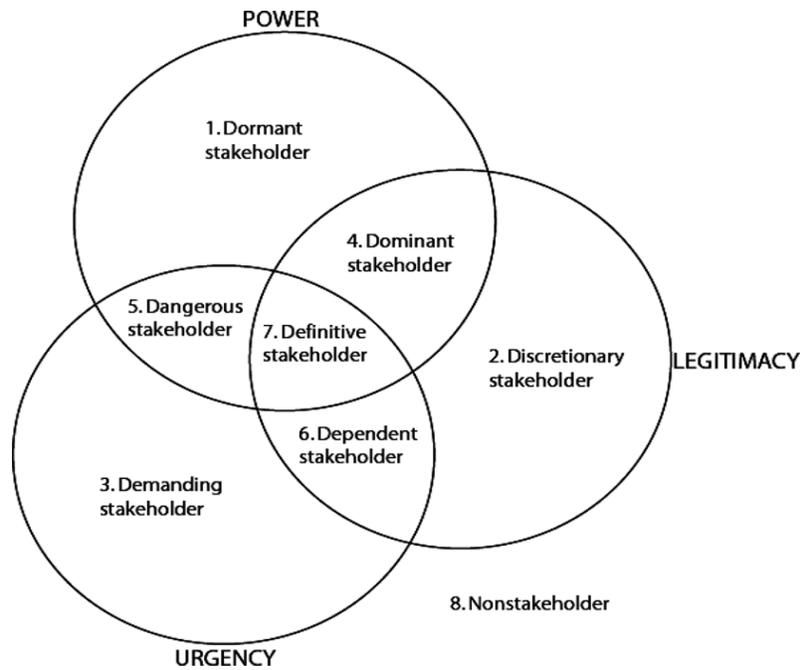
Since 1984, the quality of the health system has been relatively poor and this is despite the development of what are considered to be good policies and vast amounts of budget when taken as a proportion of the GDP. There has been a wide range of system failures across programmes such as, for example, HIV/AIDS, tuberculosis and child health. The health system is fractured and there is pervasive chaos in which clinical processes are increasingly marginalised

and poor authority and accountability exist. Consequently, many health practitioners are not servicing stakeholders as they should be. It is thus critical to embark on effective stakeholder management initiatives.

The Power/Legitimacy and Urgency Model of stakeholder management:

Mitchell, Agle and Wood (1997) demonstrate stakeholders' behaviour and define three important characteristics in typologies namely, power – to influence the organisation, legitimacy – of the relationship and actions with an organization in terms of desirability, suitability or relevance, urgency – of the requirements that are established for an organisation^[21].

Figure 1: Stakeholder typology. Source - Mitchell RK, Agle BR & Wood DJ (1997). Toward a theory of stakeholder identification and salience: Defining the principle of who and what really counts. Academy of Management Review 1997; 22(4):853-886



When a stakeholder is placed in areas 1, 2 or 3 they are termed Latent Stakeholders. They possess only one of the three characteristics. Stakeholders in areas 4, 5 or 6 are termed Expectant Stakeholders and have two of the three of the characteristics listed. These stakeholders are usually employers and investors in the business. The stakeholders that have all three characteristics in 7 are termed Definitive Stakeholders and always take top priority. Stakeholders could be analyzed

according to a stakeholder map which places them in one of four distinct categories. They could, firstly, be high powered interested individuals or groups who are people that should be fully engaged with and who should be satisfied as far as possible with what is happening in a practice. In a second category would be those who are high powered but less interested and with whom enough work must be undertaken to keep them satisfied so that they do not lose interest in a practice. In the third

category we encounter those of low power but who have interest. They must be informed since they may have a useful contribution or idea which may be able to assist with how a practice is run. Lastly, would be those of low power and less interest. These stakeholders should be monitored but not excessively bombarded with communication ^[22]. The task of stakeholder analysis is not easy and doctors generally feel increased pressure and are relative less successful when it comes to meeting the often varied and seemingly unrealistic demands of their stakeholders ^[23].

Managing and satisfying their expectations

It is undoubtedly vital to manage expectations and minimize surprises for the stakeholders of a hospital/clinic/practice. As such communication planning is essential if a project is to be effectively carried out. In this regard every single key role players must be communicated with regularly and in an efficient and effective fashion. This will also to an extent serve as an “early-warning system” to potential pitfalls ^[24]. Where there is ineffective communication with stakeholders the path to problems is widened ^[25]. There should thus be regular meetings in which the various roles and responsibilities of stakeholders are defined. It is also at such meetings where possible risks are discussed, and latitude is given to effect changes that are considered important. In this way potential and real obstacles may be circumvented and shareholder attitudes scrutinized. Medical practitioners should ask themselves a number of important questions when it comes to their current stakeholders, for example what could they have done to better identify who their stakeholders are? Did their strategy to involve different individuals and

groups work? Did they offer stakeholders any support relating to what was expected of them and did this prove effective at all-if not what could be done to improve this situation? Where identified stakeholders useful and did their inputs prove to be effective? If stakeholders are to be made into partners promoting the sustainability of a medical practice, they will need to see that the medical practice has a compelling business model that offers genuine and enduring benefits. The medical practice should be seen to be operating within legal and ethical boundaries and be managing its reputation while clearly respecting the views and inputs of its stakeholders.

While stakeholder groups may be perceived to be unique and yet interconnected when it comes to gauging their impact, their tangible interaction with medical practitioners may result in performance objectives which correspond with the expectations of other groups of stakeholders ^[26]. This why Counte (1995) advocates that each and every performance objective that is agreed is designed to satisfy the concerns of a wide range of stakeholders, in this way ideal stakeholders are nurtured. If stakeholders are to be involved in the participatory process, they must be a part of each segment of the work, so that they can ultimately contribute and take ownership ^[27].

Bunn, Savage & Holloway (2002) propose six strategies to adopt when dealing with stakeholders ^[28]. These include leading, collaborating, involving, defending, educating and monitoring. This approach could be useful in some situations. Lim, Ahn & Lee (2005), propose an approach which includes being reactive, defensive, accommodating and especially proactive

[29]. The latter is the current trend in dealing with stakeholders.

Conclusion

Managing stakeholders involves the careful management and the achievement of the objectives of a medical practice through various salient individuals or organizations. Proactive involvement of stakeholders leads to more inclusiveness and accountability. It is difficult to manage the expectations of stakeholders since they do not all have the same objectives or interests in a medical practice. Medical practitioners should thus seek an integrated solutions approach through which they will be able to carefully identify, analyze and effectively manage the various types of stakeholders, namely, primary, secondary or key stakeholders. The success of a medical practice is affected by how the key players and other stakeholders are dealt with and especially with how communication is handled as by effectively communicating, confusion is eliminated and transparency prevails. A medical practice can achieve a competitive advantage through efficiently managing its stakeholders. This results in improved relationships and enhanced engagement through effective communications and mutual understanding. Essentially, stakeholder management provides for the alignment of values and incentives and where the roles and responsibilities of each stakeholder are carefully delineated and appropriate policies implemented in what each is expected to do, there is scope for success.

Thus, by identifying and involving relevant stakeholders, a medical practitioner can ensure the success of a project. For the stakeholders to be effectively used, it is first necessary to

identify them and understand what their interest would be in a project. Involvement with stakeholders has to be long term effort so as to attain the maximum usefulness and desired levels of support and participation. Stakeholder management will basically assist medical practitioners to better manage the interface between competing the very many and varied and often conflicting demands of stakeholders. There is a need that doctors make greater efforts to serve the needs of patients and not purely in the provision of medical care but also to a large extent in the spiritual, psychological and financial realms. By identifying their stakeholders and employing carefully considered stakeholder management strategies, doctors will find that their chances for greater strategic accomplishment have increase tenfold. In any case, such an approach allows for a highly analytical and more carefully considered social focus when it comes to serving patients in particular.

In the world in which we live there is an increasing shift of focus as health care seems to be moving from being a social good to being an economic good" [30]. This needs to be addressed as a matter of urgency. Consequently medical practitioners both those that are within the state health care system and those in private practice should develop strategies that will enable them to deal more efficiently with the highly disorderly state of the medical industry and will allow them to suitably respond to the plethora of demands of their stakeholders. Once the stakeholders are contented that they are getting what they require, and once they can see real value in the results of dealing with doctors, they will have a more positive experience in what should be mutually beneficial interactions and the relationship between them and the

doctors can grow further. This should however never be at the expense of the patients, whose interests and needs should be served first and foremost.

Obtaining the buy in of as many stakeholders as possible offers many advantages. It is often necessary to analyze the stakeholders as one goes due to a shortage of time to do otherwise. In such cases one should rely on what they have heard as well as 'gut feel'. It is always useful to include a variety of perspectives from all of the sectors and the crucial elements comprising the community that may be affected by what is planned in a project. The buy-in and support of all stakeholders is essential as they are made a fundamental part of the development, planning, implementation, and evaluation of a project. Only in this way can any concerns can be expressed and resolved before they become tripping points. Even if some issues cannot be resolved, they will be easier to cope with. By at least trying to bridging any social capital, there is an increase in the credibility of what is planned. This also allows a practice/hospital/clinic to be viewed as being considerate, fair, ethical, and transparent. It also makes future projects easier to accept and ultimately leads to the growth of a practice or other and allows for greater acceptance for example when seeking to introduce new services and/or facilities.

Success in retaining patients and quality healthcare provision should be the number one consideration of any practice. Even when seeking to develop a greater market focus, a strong customer focus should be maintained^[12] and stakeholders should be considered. By seeking to understand and engage with stakeholders this will be very fruitful, but only once they feel a sense

of ownership and responsibility in what they do for the practice and have a long-term commitment to whatever project or plan is envisaged. By engaging key stakeholders, a medical practice is on the road to success. Involving stakeholders during the planning and designing stages of a project for example, can lead to timely support, successful designing of what is proposed, and the creation of needed long-term support. In many medical practices, the involvement of and support stakeholders' long-term support has led to assistance with practice development and ultimately promotes sustainability.

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