



# The Importance of Identifying and Understanding Stakeholders When Adopting a Compassionate Community Approach

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## Introduction

Palliative Care Matters (PCM) is a pan-Canadian collaboration to improve access to quality palliative care services for all Canadians. A review of stakeholders will help implementation of the 2018 Framework on Palliative Care in Canada. A detailed analysis of organizational characteristics will help develop engagement strategies.

## Methods

We adapted stakeholder analysis methodology as outlined by Kammie Schmeer 2000. We first identified and prioritized organizations and individuals having played a significant role in advocating palliative care policy at a national level. Next, we employed key informant interviews and online survey to understand how the 2018 Framework on Palliative Care in Canada informs their work.

## Results

Over 800 individual organizations contributed to 115 national reports (41 policy, 11 legislative, 63 judicial) and discussions regarding national palliative care policy, which peaked in 2016 over the last two decades (Figure 1). Stakeholder organizations contributing to national palliative care policy conversations throughout this period were classified into 6 types and appear broadly representative of society (Table 1). Factor and cluster analysis differentiated 4 relatively discrete groupings (Figure 2), demonstrating that organizations vary greatly in their stated interests, resources and willingness to lead initiatives.

Figure 1. Systematic Review of Reports Influencing Palliative Policy in Canada

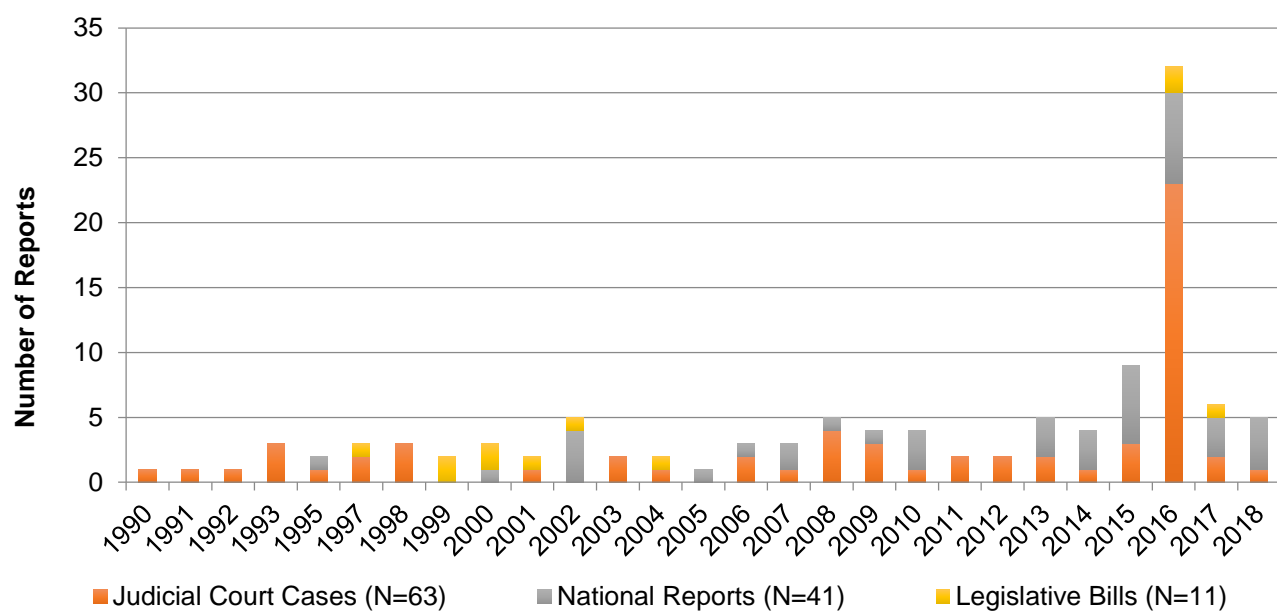


Table 1. Classification of Organizations\*

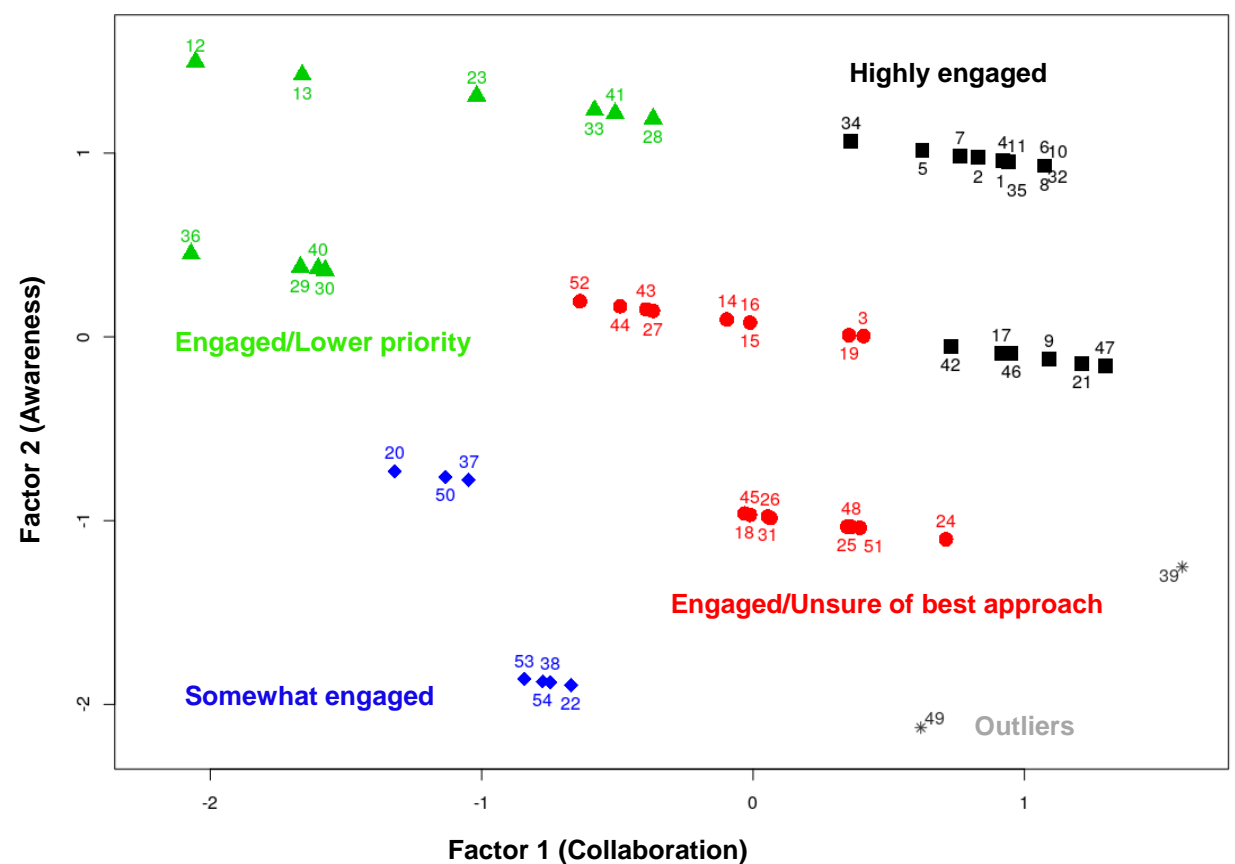
Policy Makers and Governments (n=86)	Civil Society (n=329)	Healthcare Providers (n=212)
1. Federal government	1. First nation	1. Regional health authorities (including cancer control)
2. Federal agencies	2. Business	2. Hospitals (including integrated services)
3. Provincial government	3. Caregivers & Volunteers	3. Hospices
4. Provincial agencies	4. Disability	4. Long-term care
	5. Disease specific	5. Community care
	6. Funders	6. Home care
	7. Francophone	7. Palliative programs
	8. Faith based organizations	
	9. Gender	
	10. Justices	
	11. Human rights	
	12. Health Promotion	
	13. Palliative care	
	14. Seniors	
	15. Suicide prevention	
	16. Miscellaneous	
Healthcare Professionals (n=86)	Private Business (n=31)	Non-University Research (n=60)
1. National	1. Private business	1. Think tank
2. Provincial	2. Consultants	2. Polling firms
3. Miscellaneous		3. Projects

\*Adapted from Schiller et al. BMC Public Health. 2013 Dec;13(1):428.

## Acknowledgements

We are grateful to the Palliative Care Matters Steering Committee, Working Group, organizations and individuals who helped design, participate in, analyze surveys and develop recommendations. This study received ethics approval from University of Alberta Research Ethics Office (Pro00090814) and funding was graciously provided by the Covenant Health Sisters' Legacy Fund.

Figure 2. Clustering of Membership



## Discussion

Recognition regarding the importance of 2018 Framework relative to other policy tools varies greatly, which may serve as a barrier to enable collaborative efforts for its implementation. Although organizations genuinely support the Framework, they are less confident in their ability to strongly influence the implementation of the Framework. Inherent difference in governance models and funding arrangements, a lack of resources, skepticism and divergent priorities constitute barriers to collaborate. Coordination is warranted to address these barriers and enable national collaboration.

## Recommendations

Five recommendations can be derived from this analysis:

- 1) Develop optimized engagement strategies for the 4 'clusters' of organizations to address barriers;
- 2) Provide a platform/mechanism for stakeholders to work together to develop a consensus-based action plan. This can be virtual or take the shape of a face-to-face meeting;
- 3) Provide funding and support centralized coordination through mechanisms such as a Secretariat or National Office;
- 4) Work with provinces to communicate, advocate and coordinate a common action plan;
- 5) Establish national accountability plan through development and implementation of performance measures to help Canadians understand the progress of national palliative care policy.

## Learnings

- Collaboration is complex, takes time and resources.
- Stakeholders state willingness to work together but cite lack of resources and accountability as a barrier; where accountability refers to the ability to make individual resources available for collective action.
- Opportunities (e.g. judicial and legislative) to promote access to high quality care require palliative care stakeholders to coordinate their responses and act quickly.
- Development of individual action plans and the ability to act collectively is hampered when there is a lack of communication and coordination of individual action plans.

## Conclusion

Data from the present investigation will help stakeholders develop engagement strategies which facilitate everyone working together at a national level.

## For further information

Reference: K. Schmeer, "Stakeholder Analysis Guidelines," 2000.

A full copy of this report can be obtained from palliativecarematters.ca

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