Key steps in stakeholder management for mental healthcare organizations

A case study on the applicability of a stakeholder management process model in the practice of mental healthcare organizations
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Preface

This inquiry is part of the extended master thesis program Organization Studies, from Tilburg University. In September 2011 I attended for this program because it gave me the opportunity to write my thesis in the practical setting of an organization, while on the other hand I got the possibility to gain job experience. This appeared to be the right choice! I got the opportunity to do an internship at GGzE, which gave me all the resources needed to develop myself both professionally and scientifically, and proved to be an interesting organization to graduate.

Over the last one and a half year I passed the courses, started with my internship at GGzE, and started writing my master thesis on stakeholder management in mental healthcare organizations. In the beginning it was a struggle to formulate research questions which were both scientifically and practically relevant. However, this struggle has lead to a thesis which results were largely applicable in the practice of GGzE. For me it was interesting and incredibly instructive to be able to bring the study into practice by participating in the development of the stakeholder policy at GGzE. The process of writing the master thesis has been a positive experience for me. I enjoyed working on this thesis and I am proud to present the final result.

Via this way I would like to thank several people who helped me to realize this thesis. First of all, I would like to thank my colleagues at GGzE who supported me during the writing process, helped me in my professional development, and made the past year to a pleasant time. Thanks go out for Marthe, Tomas, Erik, Joyce Marcel, Corina, Bart, and Tom. In particular, I would like to thank Joyce for her support and feedback. I really appreciated your help as a discussion partner during the process of writing the thesis.

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Having this said, I hope you will enjoy reading my thesis!

Jeroen Rijkers
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Abstract

These days mental healthcare organizations operate in turbulent and unpredictable environments with multiple external stakeholders. To survive in this environment mental healthcare organizations have to manage their stakeholders. Recent years a lot of research has been done on stakeholder management in mental healthcare organizations. Most of this literature discusses the elements of stakeholder management separately, but far less has been done to integrate and implement all knowledge into one conceptual model that can facilitate the actual practice of stakeholder management in organizations. Preble (2005) filled this gap in literature by developing a comprehensive stakeholder management process model which incorporates the main elements of stakeholder management. This study aims to contribute to the application of stakeholder management in mental healthcare organizations. Therefore, a single case study design was chosen to investigate the applicability of the stakeholder management process model (Preble, 2005) in the practice of a large mental healthcare organization in the region of Eindhoven (GGzE). Both quantitative and qualitative research methods were used. First, the stakeholder management process model was adapted to the context of mental healthcare organizations. Next, by using the stakeholder management process model as a guideline, the steps stakeholder identification, determining the nature of stakeholder expectations, determining performance gaps, and determining stakeholder salience were applied at the division adult and geriatric psychiatry at GGzE. Based on the execution of these four steps, the application of the steps in mental healthcare organizations was investigated by executing a process and effect evaluation in which the resources needed to execute a step, the actual process of the steps, and the outcomes of the steps were evaluated. The main results of this study show that the resources needed for the application of the stakeholder management process model in the practice of a mental healthcare organization are limited in practice and therefore the applicability of the model is dependent on the development of internal resources of an organization. Furthermore, the determination of stakeholder incentives and the determination of performance gaps can be combined in one step. The results also show that it is important to be clear on what level the model should be applied, strategic, tactic, operational or on all three levels. Furthermore, the results of the evaluation of the model show that it is essential to be flexible in the application of the model in order to fit the practical context of the organization. Overall, the integrated approach of the stakeholder management process model provides mental healthcare organizations with a funded approach to apply stakeholder management in their organization and to relate to their external environment. To management it is recommended to develop an overarching strategy for stakeholder management which incorporates the main steps of the model.

Key words: mental healthcare, stakeholders, stakeholder management, stakeholder relations.
# Table of contents

1. **Introduction** ................................................................................................................................. 1  
   1.1 Background ...................................................................................................................................... 1  
   1.2 Case description: GGzE and stakeholder management ................................................................. 3  
   1.3 Research goal and research question ............................................................................................. 4  
   1.4 Relevance of the research .............................................................................................................. 6  

2. **Theoretical framework** ..................................................................................................................... 7  
   2.1 Why stakeholder management? ..................................................................................................... 7  
   2.2 Defining the concept stakeholder ................................................................................................... 8  
   2.3 What is stakeholder management? .................................................................................................. 9  
   2.4 The stakeholder management process model applied to mental healthcare organizations ......... 10  
      2.4.1 Step 1: Stakeholder identification ......................................................................................... 11  
      2.4.2 Step 2: Determine the nature of stakeholder expectations .................................................... 11  
      2.4.3 Step 3: Determining performance gaps ................................................................................ 12  
      2.4.4 Step 4: Prioritizing stakeholder demands ............................................................................. 13  
      2.4.5 Step 5 and 6: Organizational responses and stakeholder monitoring ................................... 14  
   2.5 The process and effect evaluation ................................................................................................... 15  

3. **Methodological framework** ............................................................................................................ 18  
   3.1 Research design ........................................................................................................................... 18  
   3.2 Stakeholder analysis ....................................................................................................................... 19  
      3.2.1 Sample strategy for the stakeholder analysis ........................................................................ 19  
      3.2.2 Data collection for the stakeholder analysis ............................................................................ 20  
      3.2.3 Data analysis for the stakeholder analysis ............................................................................ 22  
   3.3 Process and effect evaluation ........................................................................................................ 24  
      3.3.1 Sample strategy for the process and effect evaluation .......................................................... 24  
      3.3.2 Data collection for the process and effect evaluation ........................................................... 24  
      3.3.3 Data analysis for the process and effect evaluation .............................................................. 25  
   3.4 Research quality indicators .......................................................................................................... 26  

4. **Results** ............................................................................................................................................ 27  
   4.1 Stakeholder analysis at the division adult and geriatric psychiatry ............................................. 27  
      4.1.1 Stakeholder identification ..................................................................................................... 27  
      4.1.2 The nature of stakeholder expectations ................................................................................ 29  
      4.1.3 Determining performance gaps between division and stakeholders ..................................... 31  
      4.1.4 Determining stakeholder salience ......................................................................................... 35  
   4.2 Process and effect analysis .......................................................................................................... 37
4.2.1 Evaluation of the resources used to apply the stakeholder management process model...... 37
4.2.2 Evaluation of the process of the stakeholder management process model......................... 38
4.2.3 Evaluation of the outputs of the stakeholder management process model ......................... 40

5. Conclusion .................................................................................................................................... 42
5.1 Main findings concerning the stakeholder analysis .................................................................. 42
5.2 The applicability of the stakeholder management process model for mental healthcare organizations .................................................................................................................................................. 43

6. Discussion ................................................................................................................................... 45
6.1 Discussing the stakeholder analysis .......................................................................................... 45
6.2 Discussing the process and effect evaluation .......................................................................... 49
6.3 Limitations .................................................................................................................................. 49
6.4 Recommendations for future research .................................................................................... 50
6.5 Recommendations for practice ............................................................................................... 51
  6.5.1 Recommendations for step 5 and 6 of the stakeholder management process model ............ 51
  6.5.2 Recommendations for stakeholder management at GGzE .................................................... 52

References ........................................................................................................................................ 54

Appendices ........................................................................................................................................ 58
  Appendix A: Topic list center managers (step 1) ........................................................................... 58
  Appendix B: Results literature study (step 2) .................................................................................. 60
  Appendix C: Questionnaire external stakeholders (step 3) ............................................................. 61
  Appendix D: Questionnaire on stakeholder salience (step 4) ......................................................... 67
  Appendix E: Log ................................................................................................................................. 71
  Appendix F: Topic list process and effect evaluation ...................................................................... 75
  Appendix G: Logic model of the applied stakeholder analysis at GGzE ........................................ 77
  Appendix H: Evaluation plan for the applied stakeholder model .................................................... 78
  Appendix I: Stakeholder evaluation GGzE ...................................................................................... 79
1. Introduction

1.1 Background

These days mental healthcare organizations have to deal with an increasing complexity and several challenges ongoing in the sector (Schäffer et al., 2010). Several challenges mental healthcare organizations have to deal with are the introduction of market mechanisms in the health care sector, the privatization of former sickness funds, and more transparency towards the public and insurances (Schäffer et al., 2010). Other challenges, directly influencing mental healthcare organizations, are the introduction of DBC’s, consolidation, specialization and cooperation in time of competition (Custers et al, 2007). Also the role of the government has changed from directly steering to a role of safeguarding the proper functioning of healthcare markets (Schäffer et al., 2010). Because of the increasing complexity of the environment mental healthcare organizations operate in, mental healthcare organizations have to manage their external environment.

Stakeholder management has been recognized and developed as a useful way for leaders to relate their organizations to their external environment (Olden, 2003). Mitchell et al. (1997) state that healthcare organizations, which want to survive in the turbulent environment, should manage their stakeholders. According to Wolfe & Putler (2002) stakeholder management can help to facilitate the understanding of increasingly unpredictable environments, thereby facilitating to manage within these environments. In the literature several reasons for stakeholder management in healthcare organizations can be found. Healthcare organizations have a common responsibility for public health and to serve the client as best as possible (Page, 2002). To meet this responsibility interorganizational arrangements are considered to be necessary (Page, 2002). Furthermore, organizations cannot exist without the support of their stakeholders (Mitchell, 1997). Organizations need support from their stakeholders because they typically require resources and legitimacy from their stakeholders (Bielefeld, 1992; Gronbjerg, 1991). Stakeholders are not necessarily predictable and controllable, therefore organizations have to monitor and manage their stakeholders (Balser & McClusky, 2005). Examples of key stakeholders in healthcare are funders, referral agencies, government officials, volunteers, and clients. (Balser & McClusky, 2005). Another reason why stakeholder management is important for mental healthcare organizations is because different stakeholders have different or even conflicting interests and impacts on organizations (Wolfe & Puttlér, 2002). A last argument for stakeholder management in healthcare organizations is provided by Dansk & Gamm (2004). Understanding the motivations and relative influence of different stakeholders groups, and employing effective management practices with every stakeholder group is essential for sustainability (Dansky & Gamm, 2004). Mental healthcare organizations are part of a chain of different healthcare organizations which together deliver care to the client. Therefore, mental healthcare organizations have to collaborate with the external stakeholders in order to reach the objectives.
A lot of research has been done on stakeholder management recent years. Most literature on stakeholder management discusses the elements of the stakeholder approach separately (Preble, 2005). For example Mitchell et al. (1997) studied how stakeholders get management attention, and Agle et al. (1999) researched which attributes are associated with stakeholder salience to managers. Furthermore, threats to stakeholder relationships have been studied (Clarkson, 1995), how organizations form coalitions with stakeholders to achieve common objectives (Ogden & Watson, 1999), the impact of stakeholder management on financial performance (Berman et al., 1999), the influence of stakeholder network structural relations and how managers can successfully balance the competing demands of various stakeholder groups (Rowley, 1997). The list of studies which take the stakeholder concept as a central theme is almost endless, but far less has been done to integrate and implement all knowledge into a conceptual model that can facilitate the actual practice of stakeholder management within organizations (Preble, 2005). Preble filled this void by constructing a comprehensive process model of stakeholder management (figure 1). This model can facilitate the task of introducing a stakeholder perspective into an organization in an evidence based way. This model includes the main steps in stakeholder management according to the literature on this subject. These steps are stakeholder identification, determining the nature of stakeholder claims and power implications, determining performance gaps, prioritizing stakeholder demands, developing organizational responses and monitoring and control of stakeholder positions and interests (Preble, 2005). The stakeholder management process model is presented in figure 1.
1.2 Case description: GGzE and stakeholder management

The stakeholder management process model (figure 1) will be used as a guideline to study how to apply stakeholder management in mental healthcare organizations. Therefore, the stakeholder management process model will be applied in Geestelijke Gezondheidszorg Eindhoven (GGzE), a mental healthcare organization in the region of Eindhoven. GGzE operates in a dynamic and complex environment with multiple external stakeholders. The stakeholder management process model also takes into account this complex and dynamic environment of organizations (Preble, 2005). Furthermore, at this moment no consistent approach for stakeholder management exists at GGzE. Because the stakeholder management model aims at actively incorporating the stakeholder management process into an organizations business processes and functions, this model can be of great value for developing and implementing stakeholder management in mental healthcare organizations, such as GGzE.
GGzE has to deal with a diverse group of external stakeholders who have different interests and different impacts on GGzE. The need for stakeholder management at GGzE appears from several sources. The multiyear policy plan 2010-2013 (GGzE, 2011) states that, because of the growing specialization in healthcare it is important for GGzE and its clients to cooperate with external stakeholders. According to the external stakeholder evaluation of GGzE (2010), the main external stakeholders who have interests in GGzE are client organizations, funders, healthcare organizations, non-governmental organizations, research and development organizations, institutions in the field of security, the government and inspection services. This is a diverse group of stakeholders which have different stakes in GGzE. The stakeholder evaluation (GGzE, 2010) could serve as a prelude for stakeholder management in GGzE. Furthermore several orientation interviews with internal managers at GGzE were conducted. From this orientation interviews different arguments for implementing stakeholder management at GGzE were distracted. First, it was mentioned that stakeholders have power and resources on which GGzE is dependent, and these resources and power should, as a consequence, be managed. Secondly, it was stated that consistent stakeholder management would result in more effectiveness and efficiency. The third argument was that stakeholder management could result in a better fit between what the organization does and what the stakeholders expect. This can result in a higher performance of the organization.

These arguments for the need of stakeholder management in the case of GGzE can be linked to the literature on stakeholder management. The first argument is also mentioned by Mitchell et al. (1997). Mitchell et al. (1997) states that a party in a relationship has power to impose its will in a relationship, to the extent it has or can gain access to coercive, utilitarian, or normative means. This means that organizations with power can influence the organization. The second argument can be linked to the study of Balser & McClusky (2005). Organizations that rely on a consistent, thematic approach for managing stakeholder relations are evaluated as more effective than organizations that use a less consistent approach (Balser & McClusky, 2005). The argument of fit between the organization and the stakeholders is confirmed by Preble (2005), Freeman (1984) and Wolfe & Putler (2002). According to Preble (2005), pursuing proactive stakeholder management will help to develop an improved and ongoing fit to an ever changing external operating environment with multiple stakeholders. Stakeholder management involves allocating organizational resources in such a way as to take into account the impact of the organization’s actions on various internal and external groups with the objective of maximizing the organizations ability to realize its intended strategy (Freeman, 1984).

1.3 Research goal and research question
From the multiyear policy plan (GGzE, April 2011), the external stakeholder evaluation (GGzE, 2010), and the orientation interviews with internal managers of GGzE it became clear that the importance of stakeholder management at GGzE is recognized. Literature confirmed these arguments,
the question that now rises is how can stakeholder management be applied at mental healthcare organizations like GGzE?

To research the application of stakeholder management in mental healthcare organizations, the stakeholder management process model of Preble (2005) will be used as a guideline in this study. Most literature only focuses on separate elements of stakeholder management. The model of Preble incorporates the main elements of stakeholder management and therefore is an extension on the existing literature on stakeholder management. The goal of this study is to find out to what extent the stakeholder management process model can be applied in the practice of mental healthcare organisations. The stakeholder management process model by Preble (2005) will be applied in the practice of GGzE. The focus in this study will be on external stakeholder groups of mental healthcare organizations. This choice can be underpinned by Rotarius & Liberman (2000), they state that in healthcare today organizations have to deal with and manage stakeholder bundles or groups rather than simply addressing individual stakeholders. Furthermore, the focus in this study will be on the first four steps in the model, which are research oriented. Step five and six are about the strategic responses organizations should give towards their stakeholders and the monitoring of the stakeholder environment. Therefore, these steps are concerned with the actual implementation of stakeholder management in the organization. Therefore, from a research point of view, only step 1 to 4 will be investigated. For step 5 and 6, respectively organizational responses and stakeholder monitoring, recommendations will be extracted. After the application of step 1 to 4 at GGzE, a process and effect evaluation will be executed to investigate the applicability of the stakeholder management process model for mental healthcare organizations. The process and effect evaluation consists of an evaluation of the resources, activities, and outcomes of the model. This step will give insights in the added value of the model as a whole for executing stakeholder management in mental healthcare organizations.

The following research question will guide this study:

To what extent are the first four steps of the comprehensive stakeholder management process model by Preble (2005) applicable for stakeholder management in the practice of mental healthcare organizations?

To answer this research question the following sub questions, based on the first four steps of the stakeholder model of Preble (2005), have to be answered:

A. Which stakeholder groups, in which the division adult and geriatric psychiatry has interests or who have an interest in the division adult and geriatric psychiatry can be identified?

B. What is the general nature of expectations that stakeholders have on GGzE and what does this mean for the power of these stakeholders?

C. Which performance gaps can be identified between the organizations objectives and the expectations of external stakeholders?
D. Which stakeholder groups should be prioritized for managerial attention?
E. How does the stakeholder management process model work in practice?

1.4 Relevance of the research
For mental healthcare organizations this study is of practical relevance because this study provides a general model for applying stakeholder management in the organization in mental healthcare organizations. The stakeholder management process model of Preble (2005) will be used to facilitate the task of introducing a stakeholder perspective into GGzE and develop an improved fit to the changing external environment mental healthcare organizations are part of. This model will provide managers at GGzE with the guidelines needed for implementing stakeholder management, and will result in a better understanding of the motivations and relative influence of different stakeholder groups GGzE has to deal with. This information can result in effective management practices with every stakeholder group, which is essential for the achievement of the corporate objectives of GGzE.

Scientific relevance of this study lies in the fact the model of Preble (2005), which incorporates the main concepts of stakeholder management, will be applied empirically in the practice of a mental healthcare organization. In the literature much can be found about stakeholder management, but most of the literature discusses the key elements of stakeholder management separately. Because no general model exists yet for applying stakeholder management in mental healthcare organizations, the application of the stakeholder management process model (by Preble, 2005) is very valuable. This study also will give insights in whether or not the whole of the stakeholder management process model is more than the sum of its distinct steps. In other words does the combination of the steps in the model reinforce each other? Furthermore, scientific relevance lies in the fact the added value of the model for stakeholder management in mental healthcare organizations will be investigated by evaluating the model. In this evaluation the resources, process, and outcomes of the stakeholder management process model will be evaluated. This will result in recommendations for alterations in the model in order to make it better applicable for mental healthcare organizations in general.
2. Theoretical framework

In this chapter the usefulness of stakeholder management is clarified (2.1). Furthermore, the key concepts stakeholder (2.2) and stakeholder management (2.3) are explained. Last, every step of the stakeholder management process model by Preble (2005) has been adapted to the practice of GGzE (2.4).

2.1 Why stakeholder management?
Due to conflicting interests of stakeholders in organizations, it is important to manage the relationship with stakeholders. This helps to understand the unpredictable and dynamic environment (Wolfe & Putler, 2002) and enables the organization to understand the claims of the diverse stakeholder groups. The aim of stakeholder management is to “more closely align corporate priorities and actions with stakeholder needs” (Wolfe & Putler, 2002, p.64). This alignment should increase the success of organizational projects (Wolfe & Putler, 2002), because strategic and operational objectives can be directed towards stakeholder perceptions (Fletcher et al., 2003). This helps to maintain organizational legitimacy and accountability.

In the literature different definitions of stakeholder management can be found. According to Moore (1999) the best way to manage stakeholders, is to look at them solely as a way to reach the mission of the organization. Therefore, the ultimate goal of the organization should not be satisfying stakeholders; but use them to reach the mission. Dealing with varying stakeholder claims is one of the biggest challenges healthcare organizations face. “Being fully accountable to all stakeholder groups is almost impossible when the stakeholders have contradictory claims” (Brown, 2007, p.5). According to Frooman (1999), stakeholder management is about managing divergent interests of managers and their stakeholders. Organizations, therefore, must learn what stakeholders want from them and determine whether it is different from what the organization is providing (Frooman, 1999).

In this study a combination of the definition of stakeholder management of Frooman (1999) and Moore (1999) is used to define stakeholder management; stakeholder management is about managing divergent interests of managers and their stakeholders (Frooman, 1999) in order to reach the mission of the organization (Moore, 1999).

References to stakeholders and the use of stakeholder analysis as a tool have become increasingly popular in the management and health fields during the last decade (Brugha & Varvasovszky, 2000). Stakeholder management in mental healthcare organizations involves working with many diverse stakeholders from different sectors. Stakeholder management can be a good solution to deal with multiple stakeholders and multi-sectoral challenges healthcare organizations have to deal with, because it gives insights in the stakes of different stakeholders and helps to align stakeholders with the corporate strategy.
For organizations it is valuable when stakeholders understand and appreciate the management philosophy of the organization and its implications (Rouse, 2008). In a complex adaptive system, like the healthcare sector, a lack of understanding and/or appreciation tends to result in “dysfunctional” behaviors by one or more stakeholder groups (Rouse, 2008), in other words behavior that doesn’t fit the interests of the organization. To prevent dysfunctional behavior of stakeholders in complex adaptive systems, stakeholder management can be very useful.

2.2 Defining the concept stakeholder
There is not much disagreement on what kind of entity can be a stakeholder. Persons, groups, neighbourhoods, organizations, institutions, societies, and even the natural environment can be qualified as actual or potential stakeholders (Mitchell et al., 1997). Less clear is the nature of the stake the stakeholder presents to the organization. Several scholars have tried to define the concept stakeholder.

The most common definition of the concept stakeholder is given by Freeman (1984). He stated that a stakeholder in an organization is any group or individual who can affect or is affected by the achievement of the organization’s objectives (Freeman, 1984). According to Mitchell (1997), this is one of the broadest definitions of the concept because it leaves the notion of stake and the field of possible stakeholders open to include anyone. A more narrow definition is given by Clarkson (1995). Clarkson (1995) views stakeholders as “persons or groups that have, or claim, ownership rights, or interests in a cooperation and its activities, past, present or future. Such claimed rights or interests are the result of transactions with, or actions taken by the corporation, and may be legal or moral, individual or collective”. According to Clarkson (1995) stakeholders can be categorised as primary stakeholders and secondary stakeholders. Primary stakeholders are essential to the survival and wellbeing of the organization Primary stakeholders are for example shareholders, employees, customers and those with regulatory authority or other forms of power on the organization. Secondary stakeholders are stakeholders with whom the organization interacts, but who are not essential for the survival of the organization. According to Blair & Fottler (1990) stakeholders can also be categorized according to their organizational location. Stakeholders can be classified in internal stakeholders who operate within the bounds of the organization, interface stakeholders who interact with the external environment and external stakeholders. External stakeholders are usually other organizations who contribute to, compete with, or have a special interest in the functioning of one’s organization (Blair & Fottler, 1990).

This study focuses on external stakeholder groups who have different interests in the organization. Therefore, in this study a more specific definition of the concept stakeholder is more applicable. Because mental healthcare organizations today have to deal with and manage stakeholder bundles or groups rather than simply addressing individual stakeholders (Rotarius & Liberman, 2000),
this study focuses on stakeholder groups instead of individual stakeholders. Therefore, the definition of Blair & Fottler (1990) has to be adapted towards the context of stakeholder groups.

A stakeholder group exists of multiple stakeholders, the term stakeholder assumes that all members represent one particular interest and share priorities (Wolfe & Putler, 2002). In practice, this does not mean that all stakeholders in the stakeholder group have the same interests. Stakeholders represented in one group, might have different interests, but self-interest provides a natural reason to assume that the stakeholders share a homogenous opinion with regard to the organization at stake (Wolfe & Putler, 2002). So, in order to be defined as a stakeholder group, the primary interest of the group into the organization needs to be the same.

This study will focus on stakeholder groups who contribute to, compete with, or have a special interest in the functioning of the organization. Furthermore, these stakeholder groups exist of multiple stakeholders with homogeneous primary interests with regard to the organization at stake.

2.3 What is stakeholder management?

Stakeholder management has been recognized and developed as a useful way for leaders to relate their organizations to their external environment (Olden, 2003). According to Wolfe & Putler (2002) the purpose of stakeholder management is to facilitate our understanding of increasingly unpredictable environments, thereby facilitating to manage within these environments. Given the turbulence healthcare organizations are currently facing and the nature of the external environment, there is a need for conceptual schemata of stakeholder management (Freeman in Wolfe & Putler, 2002).

Several methods of stakeholder management can be found in the literature. According to Donaldson & Preston (1995) and Donaldson & Dunfee (1999) different approaches towards stakeholder management can be adopted. The orientation of Donaldson & Preston (1995) elaborates on the instrumental approach towards stakeholder management, which is concerned with the achievement of traditional corporate objectives. According to Donaldson & Dunfee (1999), stakeholder management is concerned with doing the right thing for stakeholders. Additionally the method of Freeman (1984) indicates that stakeholder management by an organization consists of three capabilities; analysing who are the organizations stakeholders and what are their perceived stakes, establishing organizational policies, procedures and processes that enable the organization to take into consideration its stakeholders and their interests, and third implementing transactions and bargains with stakeholders so that the organization achieves its mission. According to Mitchell (1997) key issues in stakeholder management are „stakeholder identification” and „stakeholder salience”. Stakeholder salience is the degree to which managers give priority to stakeholder expectations (Mitchell et al., 1997).

The above methods are based on various key steps of the stakeholder management literature. According to Preble (2005), most literature on stakeholder management separately discusses many of the elements of the stakeholder approach and surprisingly little effort has been made to construct a
stakeholder management process model that can facilitate the actual practice of stakeholder management within organizations. Dansky & Gamm (2004) confirm this view by stating that current management literature recognizes the importance of stakeholders, but lacking in the literature is a conceptual model that can be used to identify all relevant stakeholders and the issues that are critical to manage these stakeholders.

The choice for the stakeholder management process model (Preble, 2005) in this study is based on the fact that the model captures the most important parts of stakeholder management mentioned in literature. Stakeholder identification, step 1 in the model of Preble (2005), has been formulated as an important part of stakeholder management by several authors (Carroll, 1996; Clarkson, 1995; Donaldson & Preston, 1995; Freeman, 1984, Mitchell et al., 1997). According to Mitchell et al. (1997), managers should pay attention to certain kinds of stakeholders to achieve certain ends. Also understanding the underlying nature of stakeholder expectations (step 2) is an important part of stakeholder management (Dansky & Gamm, 2004). These authors address concerns of stakeholder groups according to four domains of accountability. Another key part in stakeholder management literature is that organizations must learn what stakeholders want from them and determine whether it is different from what the organization is providing (Frooman, 1999). This can also be found in step 3 in the stakeholder management model of Preble (2005), which is the determination of performance gaps. According to Jain & Kedia (2011), the continual existence of an expectation gap between the stakeholder’s desired and perceived firm performance, and the ability of this expectation gap to influence firm performance, determines a performance gap. A fourth important step in stakeholder management is determining stakeholder salience, in other words which stakeholders should get managerial attention (Mitchell et al., 1997)? This step is also represented in step 4 of the stakeholder management process model of Preble (2005). After applying these four steps, organizations need to develop responses for the different stakeholders, which is step 5 in the model of Preble (2005). In this step, based on the different stakeholder groups identified and prioritised, appropriate communication strategies can be developed. Step 6, monitoring and control of stakeholder positions and expectations as an aspect of stakeholder management, is also getting more attention in the literature on stakeholder management. Continuous monitoring of stakeholder expectations protects the organization of pursuing stakeholder strategies that are no longer relevant (Preble, 2005).

Because these key articles and key concepts on stakeholder management are all captured in the stakeholder management process model of Preble (2005), this model is perceived as a useful and appropriate way to implement stakeholder management and therefore serves as a basis in this study. In the following paragraph this model will be further explained and applied to the practice of GGzE.

2.4 The stakeholder management process model applied to mental healthcare organizations

Preble (2005) stated that little effort has been done to implement all knowledge into a process model that can facilitate the actual practice of stakeholder management within organizations. Preble (2005)
filled this void by constructing a comprehensive process model of stakeholder management, which provides a practical approach for organizations to manage their stakeholder relations (figure 1, p. 8). To apply this model in the practice of mental healthcare organizations, it has to be adapted to the context of mental healthcare organizations. Therefore, based on theory, every step has been adapted to the practice of mental healthcare organizations. This chapter will underpin the choices made for every step by explaining how the model of Preble (2005) can be applied in the practice of mental healthcare organization like GGzE.

2.4.1 Step 1: Stakeholder identification
According to Blair & Fottler (1990) stakeholders can be categorized according to their organizational location. Stakeholders can be classified in internal stakeholders, interface stakeholders and external stakeholders. Internal stakeholders operate within the bounds of the organization. Interface stakeholders interact with the external environment. External stakeholders are usually other organizations who contribute to, compete with, or have a special interest in the functioning of an organization (Blair & Fottler, 1990). In this study this typology of stakeholders will be used to determine what the external stakeholder groups of GGzE are.

The goal of this step is to identify all stakeholders in which mental healthcare organization have interests, as well as those who have an interest in the mental healthcare organization itself, and could therefore influence the organization directly or through interactions with other stakeholders (Preble, 2005). According to Walker & Bourne (2008), visualization tools for stakeholder management can be of great value for presenting the identified stakeholders. Therefore, once the stakeholder identification process is completed a stakeholder map can be constructed to visualize which stakeholders groups are relevant for the organization and what relations exist between stakeholder groups.

This method is applicable in GGzE because the method already has been used by Blair & Fottler (1990) for healthcare organizations. Furthermore this method has the option to make a division between internal and external stakeholders. The focus in this study will be on external stakeholders of the division adult and geriatric psychiatry at GGzE.

2.4.2 Step 2: Determine the nature of stakeholder expectations
According to Preble (2005), once stakeholders have been identified, it is useful to make an initial assessment of the general nature of stakeholder expectations that stakeholders have on the organization. This makes clear what type of power a stakeholder possesses and what kind of response would be appropriate for the organization to consider relative to each stakeholder (Preble, 2005). The nature of stakeholder expectations on the organization can range from equity to influencer, with stakeholder groups in the middle of this continuum having an economic or market stake in the firm (Dill in Preble, 2005).
The operationalisation of the nature of stakeholder claims by Preble (2005) in equity, influencing and economic stakeholders does not fit stakeholder management in mental healthcare organizations, because mental healthcare organizations and in general their stakeholders do not aim to make profit, but instead have a public interest. According to Blair & Fottler (1990) stakeholders of healthcare organizations can be categorized as either supportive, non-supportive, mixed blessing, or marginal (Blair & Fottler, 1990). Mixed blessing stakeholders are simultaneously supportive and non-supportive, while marginal stakeholders are neither supportive nor non-supportive (Blair & Fottler, 1990). However, as stated before, mental healthcare organizations today have to deal with stakeholder groups instead of addressing individual stakeholders (Rotarius & Liberman, 2000). While individual stakeholders can be classified in supportive, non-supportive, mixed blessing, and marginal (Blair & Fottler, 1990), another classification scheme is necessary to describe the dynamics of stakeholder groups (Rotarius & Liberman, 2000). According to Rotarius & Liberman (2000) stakeholder groups slide along a continuum between accommodating and antagonistic. When the majority of individual stakeholders in a stakeholder group are interested in seeing the organization achieve the majority of its goals, the stakeholder group is called accommodating. Antagonistic stakeholder groups contain individual stakeholders mostly interested in achieving most of their own goals (Rotarius & Liberman, 2000).

However the latter division in stakeholder groups is still broad. Therefore, a more specific method to assess the general nature of stakeholder expectations is needed in the context of this study. The stakeholder accountability framework of Dansky & Gamm (2004) helps to understand the incentives of stakeholder groups in mental healthcare organizations and addresses concerns of stakeholder groups according to four domains of accountability: political, commercial, community and clinical. The political domain addresses control and legitimacy issues and stakeholders are those organizations that mandate policies, regulate, or set standards in mental healthcare (Dansky & Gamm, 2004). Commercial accountability focuses on the development of value-creating enterprise and guides financial transactions (Dansky & Gamm, 2004). Clinical accountability is concerned with the efficacy and effectiveness of the service as perceived by the patients and healthcare providers (Dansky & Gamm, 2004). Community accountability considers the contribution of the health system to improvement of the overall health and well being of the community (Dansky & Gamm, 2004). The method of Dansky & Gamm (2004) will be used in this study because this method is consistent with the context mental healthcare organizations operate in. Furthermore, the method of Dansky & Gamm focuses on stakeholder groups and makes a division between internal and external stakeholders, which fits this study because the focus is on external stakeholders.

2.4.3 Step 3: Determining performance gaps
Step three involves defining stakeholder expectations on various issues and comparing them to organizations behaviour to see if performance gaps exist (Preble, 2005). According to Frooman (1999)
stakeholder management is about managing divergent interests of managers and their stakeholders. Organizations, therefore, must learn what stakeholders want from them and determine whether it is different from what the organization is providing (Frooman, 1999). Moore in Atkinson et al. (1997) stated that the modern organization is a complex web of contracts, both explicit and implicit, that specifies relationships between the organization and its stakeholders. The contracts specify or imply both what the organization expects from each stakeholder group to help achieve its primary objectives and what each stakeholder expects from the organization in return for its cooperation (Atkinson et al., 1997).

Mental healthcare organizations’ primary mission is to serve people with psychiatric disorders as best as possible (GGzE, 2011). In order to reach this primary objective mental health care organizations have to cooperate with their stakeholders groups. Therefore, mental healthcare organizations have to specify what each stakeholder group should contribute to the organization to help it achieve its primary objectives and what each stakeholder group expects to receive in return. If what the organization expects from each stakeholder group doesn’t fit the primary objectives of the organization or if what the stakeholder group expects from the organization doesn’t fit the objectives of the organization, a performance gap between stakeholder and organization exists (Atkinson et al., 1997). Once these gaps are identified, strategies can be developed to reduce these gaps and therefore become more efficient in reaching organizational goals and minimize the potential conflict that could result in disruptive and costly stakeholder actions against the organization (Preble, 2005).

2.4.4 Step 4: Prioritizing stakeholder demands

Because mental healthcare organizations often do not have the resources to deal with all stakeholder expectations simultaneously, stakeholder groups have to be prioritized (Preble, 2005). According to Mitchell et al. (1997), stakeholders can be classified based on power to influence, legitimacy of each stakeholder relationship with the organization, and urgency of the stakeholder’s claim on the organization. The results of this classification determine stakeholder salience, or in other words, the degree to which managers should give priority to competing stakeholder claims. The determination of organization stakeholder salience can assist managers in establishing priorities for inter organizational relationships during strategic planning and day-to-day decision making (Page, 2000). Based on the attributes power, legitimacy, and urgency, different stakeholder types can be identified; three possessing only one attribute, three possessing two attributes and one possessing all three attributes (Mitchell et al., 1997). The more attributes a stakeholder has, the greater its salience will be (Mitchell et al., 1997 and figure 2).

The low salience classes, areas 1, 2 and 3 (figure 2), only posses one attribute. They are called latent stakeholders and include dormant, discretionary, and demanding stakeholders (figure 3). Expectant stakeholders are those possessing two attributes and include dominant, dependent and dangerous stakeholders (areas 4, 5, and 6 in figure 2). Definitive stakeholders are those possessing all
three attributes and they are called definitive stakeholders (area 7 in figure 2). Entities possessing none of the attributes are non-stakeholders or potential stakeholders (Mitchell et al., 1997).

**Figure 2: Stakeholder typology (Mitchell et al., 1997)**

<table>
<thead>
<tr>
<th>Stakeholder Class</th>
<th>Stakeholder Salience</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latent</td>
<td>Dormant</td>
<td>Power</td>
</tr>
<tr>
<td></td>
<td>Discretionary</td>
<td>Legitimacy</td>
</tr>
<tr>
<td></td>
<td>Demanding</td>
<td>Urgency</td>
</tr>
<tr>
<td>Expectant</td>
<td>Dominant</td>
<td>Power &amp; Legitimacy</td>
</tr>
<tr>
<td></td>
<td>Dependent</td>
<td>Legitimacy &amp; Urgency</td>
</tr>
<tr>
<td></td>
<td>Dangerous</td>
<td>Power &amp; Urgency</td>
</tr>
<tr>
<td>Definitive</td>
<td>Definitive</td>
<td>Power, Legitimacy &amp; Urgency</td>
</tr>
</tbody>
</table>

**Figure 3: Stakeholder classes and salience (Mitchell et al., 1997)**

### 2.4.5 Step 5 and 6: Organizational responses and stakeholder monitoring

Step 5 and 6 of the stakeholder management process model by Preble (2005) will not be investigated in this study because these steps focus more on the “management side” of the model. However, in this section a short outline of both steps will be given, because recommendations on step 5 and 6 will be
given later on. These recommendations will give further input for implementing stakeholder management at GGzE.

After identifying stakeholder groups, their underlying incentives, and prioritization of stakeholders, the next step is to develop policies, strategies or organizational responses to deal with those priorities (Preble, 2005). Setting performance goals and targets with respect to the concerns and expectations of key stakeholders is emerging as an important means of managing organization-stakeholder relations (Preble, 2005). For every identified stakeholder group, based on the prioritization, a communication strategy can be developed.

The final step in the stakeholder management process model of Preble (2005) consists of monitoring stakeholder positions on different issues (Preble, 2005). Continuous monitoring of stakeholder expectations protects the organization of pursuing stakeholder strategies that are no longer relevant (Preble, 2005). Utilizing the feedback obtained in this step, the stakeholder management process recycles back to step 1 for periodic examination and continuous improvement purposes (Preble, 2005). With the organization restarting the process at step 1, the detailed explanation of the six key steps necessary to implement stakeholder management in an organization is complete (Preble, 2005).

2.5 The process and effect evaluation

To investigate the functioning of the model of stakeholder management for mental healthcare organisations, a process and effect analysis can be executed. According to Bliss & Emshoff (2002), a process evaluation uses empirical data to assess the delivery of a program. In this research the applicability of the stakeholder management process model for mental healthcare organizations is researched. A process evaluation verifies what the program is and whether it is being implemented as designed (Bliss & Emshoff, 2002). In contrast, outcome evaluation assesses the effects of a program (Bliss & Emshoff, 2002) and therefore can give insights in the effects of the application of the model.

When conducting a process evaluation the following three subjects have to be kept in mind: what is the program intended to be, what is delivered in reality, where are the gaps between program design and delivery (Bliss & Emshoff, 2002). According to Theodoulou and Kofinis (2004) a process evaluation can be used to identify if there are any problems, develop solutions to the problems, and improve program performance by recommending how solutions should be implemented and evaluated once carried out. The process evaluation can aid in understanding the relationship between specific program elements and program outcomes (Saunders et al., 2005). According to Swanborn (1999) process evaluation is a way of qualitative research in which the researcher uses several sources to evaluate a process. The process evaluation can result in a clear picture of what went well and what went wrong and also helps to make clear why certain activities fall short of expectations (RIVM, 2011).
According to Glasgow & Linnan (2008) researchers or practitioners who design a study or program, are likely to use theory as a guideline. The logic model method provides a practical guideline for evaluation. Logic models can be used to depict how intervention activities or “inputs” are expected to produce desired outcomes by means of changes in intermediate factors that are often theoretically linked (Glasgow & Linnan, 2008). The logic model is an evaluation tool that facilitates effective program planning, implementing and evaluation (W.K. Kellogg Foundation, 2004). Basically, a logic model (figure 4) is a systematic and visual way to present and share the understanding of the relationship among the resources used to operate a program, the activities planned, and the changes the results aimed to achieve (W.K. Kellogg Foundation, 2004). A logic model displays the key events (inputs, activities, outputs, outcomes, and impact) that can be monitored and the assumed causal linkages that can be tested in evaluation of the program (W.K. Kellogg Foundation, 2004).

![Logic Model Diagram]

*Figure 4: The logic model*

The logic model (figure 5) is divided in five components. These components show the connection between what are the planned activities and the intended results. In the following subparagraphs the components are explained based on the descriptions in the logic model development guide (W.K. Kellogg Foundation, 2004).

Planned work describes what resources are probably needed to implement the program and what activities are intended to execute. The component resources include the human, financial, organizational, and community resources a program has available to direct toward doing the work. Activities are what the program does with the resources. Activities are the processes, tools, events, technology, and actions that are an intentional part of the program implementation.

Intended results include all of the program’s desired results (outputs, outcomes, and impact). Outputs are the direct products of program activities and may include types, levels and targets of services to be delivered by the program. Outcomes are the specific changes in program participants’ behavior, knowledge, skills, status and level of functioning. And impact is the fundamental intended or unintended change occurring in organizations.

By using the components defined in the logic model (figure 4) a framework for evaluation can be developed (W.K. Kellogg Foundation, 2004). There are two types of evaluation questions – formative evaluation questions which help to improve a program, or process, and summative
evaluation questions which help to prove whether or not the program worked the way it was planned, or in other words were the intended effects reached (W.K. Kellogg Foundation, 2004). Applied at the logic model, formative evaluation considers the components resources, activities, and outputs of the logic model and summative evaluation considers the outcomes of the activities executed. Evaluation results may contribute to the development of new knowledge that creates new theory, refines existing theory, or contributes to the evidence base for intervention effectiveness (Glasgow & Linnan, 2008).
3. Methodological framework

This chapter discusses the different aspects of the methodological framework. This chapter starts with a description of the research design (3.1). Since this study consists of a stakeholder analysis and a process and effect evaluation of the applied stakeholder analysis, the sample strategy, data collection and data analysis are described for both research parts. At last, the research quality indicators are presented.

3.1 Research design

In this study the stakeholder management process model by Preble (2005) was applied in a single case, which is GGzE. The single case study design is a research strategy that tries to understand complex dynamics within a single setting (Yin, 1989; Eisenhardt, 1989). This design was chosen because this design is ideal for the dynamic and complex environment mental healthcare organizations operate in. Furthermore, case studies are, especially, appropriate when „how” or „why” questions are asked about events over which the researcher has little or no control (Yin, 1994), such as „how did this stakeholder affect you?” and „why was that stakeholder so important?” (Parent & Deephouse, 2007). The goal of the case study executed within GGzE is to gain insights in the application of the stakeholder management process model in mental healthcare organizations.

In order to investigate the applicability of the stakeholder management process model for mental healthcare organizations, the design of this single case study consists of two research parts; a stakeholder analysis at the division adult and geriatric psychiatry and a process and effect evaluation of this analysis. In the stakeholder analysis step 1 to 4 of the stakeholder management process model by Preble (2005) were applied at GGzE. Step 1 to 4 of the stakeholder analysis focuses on conducting stakeholder management in mental healthcare organizations, while step 5 and 6 are concerned with the actual implementation of stakeholder management in the organization. Therefore, from a research point of view, in the stakeholder analysis only step 1 to 4 were investigated. For step 5 and 6, respectively organizational responses and stakeholder monitoring, are better applicable from a management perspective. Therefore, recommendations were extracted for the application of step 5 and 6 in mental healthcare organizations.

To research whether the model really works in practice and is applicable for mental healthcare organizations, more research was needed. The stakeholder analysis is descriptive and only gives information about the specific context in which the four steps were executed. Therefore, in this study a process and effect evaluation was executed to check whether or not the model worked in practice. This means besides applying the first four steps of the comprehensive stakeholder management process model of Preble (2005) at GGzE, also the functioning of the model for mental healthcare organizations was investigated by conducting a process and effect evaluation. As a basis for the evaluation of the applied stakeholder management process model, the logic model method (W.K. Kellogg Foundation,
2004) described in the theoretical framework, was used. By using the components defined in the logic model a framework for evaluation was developed (W.K. Kellogg Foundation, 2004). The process and effect evaluation focused on three components developed in the logic model. These were, resources needed for applying the stakeholder management process model, the steps conducted during the stakeholder analysis, and the outcomes of the application of this model.

This research was conducted at the division adult and geriatric psychiatry (division 2) at GGzE. This research area has been chosen because of the simple reason that the direction at GGzE would like to do the research here. In this research conclusions are drawn for GGzE and its stakeholder relations. This means GGzE is the unit of analysis. Because the focus in this study is not on individual stakeholders but on external stakeholder groups of mental healthcare organizations the unit of observation is external stakeholder groups.

3.2 Stakeholder analysis

3.2.1 Sample strategy for the stakeholder analysis

The sample strategy that was to perform step 1 of the stakeholder management process model (Preble, 2005) was purposive sampling. Purposive sampling provides the opportunity to strategically interview managers (Bryman, 2008) who are relevant for the classification in stakeholder groups.

The execution of step 2 of the stakeholder management process model was based on a literature study. Search terms were “stakeholder accountability” and “stakeholder incentives”. To determine what is the underlying nature of expectations of stakeholders in the mental healthcare sector, relevant literature (appendix B) has been selected based on the following criteria of Webster & Watson (2002): First, articles were selected which contribute to the subject. In other words articles which elaborate on the underlying nature of stakeholder expectations. Webster & Watson (2002) recommend to start searching in the most important search engines. Therefore, as a primary source, ABI/Inform was used. Second, the references of the literature in step 1 were used to search for further relevant articles. Third, by using the reference function of Web of Science, based on the articles found in step 1 and 2, it was checked whether relevant articles could be found.

For the investigation of step 3 of the stakeholder management process model the stakeholders (N = 40), who were invited for a previously organized stakeholders conference at GGzE (June, 2011), were asked to fill out a questionnaire. Only these stakeholders were approached because of the other stakeholders of the organization no contact information was available. Furthermore, the center managers who were interviewed for the stakeholder identification (step 1), also were asked to elaborate on the performance gaps they perceived between stakeholders and division 2.

Step 4 was investigated by purposive sampling. The division managers of adult and geriatric psychiatry (n=2), centre managers (n=6), and the assistant centre managers (N=20) were asked to fill in a questionnaire on stakeholder salience. Because different layers of management in the organization
are involved, this should give a good representation of stakeholder salience of every stakeholder group.

3.2.2 Data collection for the stakeholder analysis

This study consists of both quantitative methods as well of qualitative methods. For the first four steps of the stakeholder management process model by Preble (2005), specific research questions were formulated. For every research question the most appropriate method of data collection was determined. Data on every step of the stakeholder analysis was gathered by using the methods described in the next paragraphs.

For the first step in the stakeholder analysis both archival and interview data were used. The stakeholder evaluation (GGzE, 2010) already resulted in a list of stakeholder relations of GGzE (appendix I). To identify the specific stakeholders of division 2 this list was used as a guideline during the interviews with centre management. To guide the semi-structured interviews a topic list was developed (appendix A) Centre managers were invited for the interviews by e-mail. To make sure all stakeholder and stakeholder groups were identified the centre managers had the opportunity to make additions to the existing list. According to Freeman (1984) interviewees role and position in the organizational structure affects their stakeholder identification and top managers typically provide the largest amount of stakeholders. Therefore, to get an overall picture of the stakeholders of the division adult and geriatric psychiatry and to stay focused on the most important stakeholders, semi-structured interviews were held with the center managers of the six centre at the division adult and geriatric psychiatry. The centres of which managers were interviewed were geriatric psychiatry, psychotic disorders, autism adults, supported living, the medical centre and Promenzo. All centres researched, except the medical centre, have dual management. In case of the centre geriatric psychiatry, psychotic disorders, and supported living both the clinical centre manager and the ambulant centre manager were interviewed. For the centre autism adults only the centre manager was interviewed, for the medical centre both the centre manager and the assistant centre manager were interviewed. Finally, for centre Promenzo both the centre manager and the program manager were interviewed. A topic list has been used as a guideline during the interviews to make sure all necessary data was collected to answer the research question. For reasons of efficiency during the interviews also topics were treated which were useful for subsequent steps in the stakeholder analysis, but which had nothing to do with stakeholder identification. Namely, the interviews give insights in the identification of the perceived stakeholder groups and stakeholders of every centre, which is relevant for the execution of step 1. In addition, the interviews give insights into the perceived performance gaps by managers between the centre and the stakeholders and how they deal with these gaps, which is relevant for step 3, and furthermore the prioritization of the distinct stakeholder groups, which is relevant for step 4, was discussed.

Based on a literature review (appendix B) the underlying nature of expectations of the diverse set of stakeholder groups has been identified. The stakeholder accountability framework for healthcare
organizations of Dansky & Gamm (2004) was used to address concerns of stakeholders from the perspective of four domains of accountability: political, commercial, community and clinical. Based on the literature the main characteristics of every stakeholder group were identified and these were linked to the four types of underlying interests of stakeholders.

Performance gaps were measured both at organizational level and at stakeholder level. At the organizational level, which was the division adult and geriatric psychiatry at GGzE, several center managers were interviewed about the performance gaps they perceive. To determine the performance gaps perceived by the stakeholders of the division adult and elderly psychiatry a questionnaire (appendix C) was sent to the external stakeholders. Because no validated questionnaire could be found, a questionnaire was developed based (appendix C), as far as possible, on the operationalisation of performance gaps by other researchers (Frooman, 1999; Preble, 2005). Because the relative newness of the concept and lack of empirical data on performance gaps it was difficult to come up with a solid definition of performance gaps. Therefore, the questionnaire and the several items in the questionnaire were not fully theoretical supported. To deal with this inconsistency the questionnaire was examined critically with a researcher and a member of the board of directors at GGzE. Based on this examination several changes in the questionnaire were made, next the questionnaire was evaluated again with a researcher. Then the questionnaire was sent to the stakeholders.

In the fourth step of this study quantitative data about the prioritization of stakeholder groups was collected by conducting a questionnaire among managers of several hierarchical layers at GGzE (appendix D). The questionnaire is an adapted version of the validated questionnaire of Bravo (2004) on stakeholder salience of stakeholders of high school athletic departments. This questionnaire on stakeholder salience has been contextualised to the practice of mental healthcare organizations. First the questionnaire was translated into Dutch. Then the identified stakeholder groups of step 1 were used as answer options in the questionnaire. A last change in the questionnaire was the adaption of the items for the context of GGzE. For example “organization” in the questions was changed in GGzE. The questionnaires give insights in the stakeholder salience by measuring the presence of power, legitimacy and urgency (Mitchell et. al., 1997). Power was measured by two subscales which were utilitarian power (5 items) and normative power (4 items). Legitimacy was measured by a 5-item subscale while urgency was measured by a 4-item subscale. The response format was a 7-point scale ranging from 1 (completely disagree) to 7 (completely agree). The respondents were requested to indicate the extent to which each of the statements would be true in the case of each of the selected stakeholder groups. Based on the contact information of the stakeholder invited at the stakeholder’s conference, the questionnaires were sent to the stakeholders. Two weeks after sending the questionnaire to the respondents a reminder was sent in order to increase the response rate. This method of data collection has been chosen for two reasons. First, because otherwise it would be difficult to reach a large sample of stakeholders, at a relatively inexpensive cost, and in a short period.
of time. Second, this method provides respondents the opportunity to express their perceptions of GGzE, while at the same time keeping their anonymity and confidentiality.

3.2.3 Data analysis for the stakeholder analysis

In the first part of this research data was analysed on step 1 to 4 of the stakeholder management process model by Preble (2005). As described in paragraph 3.2.2 for every step of the stakeholder analysis a different method of data collection was chosen. Therefore, also every step needs a specific technique for analysis.

The semi-structured interviews with the center managers were recorded and transcribed to enable a systematic analysis (Boeije, 2006). To structure the data and give insights in the data a systematic analysis was performed (Boeije, 2006). First, open coding was used to break down the data into fragments relevant for the research. This step was based on the theoretical framework. Next, axial coding was used to link quotations to codes. The quotations were judged on their relevance for the codes formulated during open coding. Last, selective coding was used to link the most relevant quotations to the core codes. This analysis was executed for all six centers of division 2.

First the analysis method for the stakeholder identification (step 1) will be described. All transcripts of the interviews with center managers were processed. The identified stakeholders for every center of division 2 (n = 6) were transformed to the stakeholder groups, by bundling the identified stakeholders for every center in the stakeholder groups determined during the stakeholder evaluation (GGzE, 2010). The stakeholder groups determined in this evaluation were checked by the center managers. Also, based on the data collected in the interviews among center management, additional stakeholders and stakeholder groups were submitted in to the stakeholder groups determined during the evaluation (2010). The data on stakeholder groups was compared for the different centers in order to identify similarities and distinctions between identified stakeholders groups between every center.

For the second step of the stakeholder management process model a literature analysis was executed on the underlying expectations of stakeholder groups (appendix B). Several articles on the incentives of stakeholders were compared in order to come to the most suitable categorization for the mental healthcare sector. The choice for a certain categorization of the underlying incentives of stakeholders was based on the criteria; “stakeholders” had to be the main topic in the article, relation with the (mental) healthcare sector, and incentives had to cover all stakeholder groups of mental healthcare organizations. Next, the determined incentives had to be linked the identified stakeholder groups. However, no literature was available on the characteristics of every stakeholder group and the corresponding underlying expectation. Therefore, the underlying expectations of stakeholder groups, determined in the literature study, were linked to the identified stakeholder groups based on common sense. To check the applicability of the determined underlying stakeholder expectations for the mental
healthcare sector, the new categorization was discussed with a member of the managing board of division 2 and a member of the staff at GGzE.

In the third step of the stakeholder analysis performance gaps between stakeholders and centers were determined. During the interviews with the center managers several performance gaps were mentioned and discussed. To check the existence of these performance gaps perceived by the external stakeholders a questionnaire was spread among the stakeholders. In order to complete a good analysis, first the raw data of this questionnaire was checked for missing values. If stakeholders filled in the questionnaire incomplete, then their data was removed from the data set. Then, the scores of the stakeholders on the indicators of performance gaps were analysed. Stakeholder could score on a scale from 1 to 5 on the indicators familiarity with the mission, familiarity with the vision, and perceived fit of the expectations of the stakeholder with the mission and vision. Based on this analysis results for stakeholder groups were extracted by calculating the mean of the stakeholder’s response of the stakeholders in a certain stakeholder group. This analysis resulted in insights in the perception by external stakeholder groups of performance gaps in general. To deepen these results also the open questions were analysed. The answers on these questions were described for every stakeholder group. Finally the perceived performance gaps determined during the interviews with center management were compared with the results of the questionnaire filled in by the external stakeholders in order to check whether the stakeholders and organization had to same perceptions of performance gaps.

In the fourth step of this study stakeholder salience of the stakeholder groups was determined by a questionnaire which measures stakeholder salience perceived by managers of division 2. To determine the salience of a stakeholder group, power, legitimacy, and urgency of the groups was measured. First, the reliability and validity of the variables was tested. The specific items which measured utilitarian power, normative power, legitimacy, and urgency were combined into scales. These scales were tested on their reliability by means of the cronbach’s alpha. The four scales were tested for every specific stakeholder group in order to get insights in the reliability of the measurement of salience per stakeholder group. Second, the scores of a stakeholder group on these variables were determined by the following scales:

1 to 3, 5 = no score on the variable
3.5 to 4.5 = neutral
4.5 to 7 = score on the variable

The model of Mitchell et al. (1997) is theory based and to make it applicable for practice there has to be a clear distinction between a score on a variable and no score on a variable. Therefore, in the analysis of the collected data on stakeholder salience the neutral scores are considered as no score on the variable. Furthermore, it should be noted that power in the model of Mitchell et al. (1997) is measured by utilitarian and normative power. During the analysis the assumption was made that there has to be a score on both variables in order to score on power. This choice is also a result of the practical application of the theoretical model of Mitchell et al. (1997).
3.3 Process and effect evaluation

The process and effect evaluation was based on the logic model method (W.K. Kellogg Foundation, 2004). This paragraph describes the sample strategy, data collection, and data analysis needed for the evaluation, which is based on the evaluation plan (appendix H). This evaluation plan served as a guideline for the executed process and effect evaluation of the applied stakeholder management process model.

3.3.1 Sample strategy for the process and effect evaluation

For a good evaluation of the applicability of the stakeholder management process model it was important to interview respondents who had an overview of the process and effects of the specific steps and the stakeholder management model in general. Therefore, the managing board of the division adult and geriatric psychiatry was interviewed and the secretary of the board of directors was interviewed. These respondents are able to be critical on the process of the different steps and reflect on the effects of the applied steps. Furthermore, the board of directors was interviewed because they are able to reflect on the whole approach of stakeholder management and the effects for the mental healthcare sector.

3.3.2 Data collection for the process and effect evaluation

In this research a process and effect evaluation was used to check whether the applied method for stakeholder management is applicable for mental healthcare organizations and to determine where changes in the method should be made. The evaluation was developed based on the logic model method (W.K. Kellogg Foundation, 2004). Because the main issue in this research is to investigate whether or not the stakeholder management process model is applicable in the practice of mental healthcare organizations, data for the evaluation was collected by on the components resources, activities and outcomes. The resources are the inputs needed to execute the activities in the stakeholder management process model. These activities result in certain outputs. In the logic model of stakeholder management at GGzE (appendix G) the main components have been operationalised. Based on this model, data was collected for the evaluation of the resources, activities, and outcomes of the stakeholder management process model.

The next step, according to the logic model method, was to address the key audiences to give focus to the evaluation. The managing board and the board of the directors are the practitioners who bring stakeholder management into practice and monitor the process and effects. Therefore, the managing board of division adult and geriatric psychiatry and the Board of directors of GGzE were selected as key audiences in the evaluation plan.

To answer the formulated questions several collection methods were used. The first source was the theory-based description of the planned resources, activities, and outcomes regarding the stakeholder management process model. Also, a qualitative review with the managing board and board
of directors was executed about the process and effects of the stakeholder management process model in the practice of mental healthcare organizations. A topic list was developed to guide the semi-structured interviews with the managing board and board of directors (appendix F). Last, a log of the actual activities during the application of the stakeholder management process model was kept up. As mentioned before to execute a good process evaluation it is important to start during the implementation phase of the process (RIVM, 2011). Therefore, from the start of the research a log (appendix E) was kept up. The log facilitated the evaluation of every step because it gave insights in the process of executing every step and the progress of activities conducted for implementing the steps (RIVM, 2011). The log consists of the first four steps of the stakeholder management process model, goals of the step, main activities for applying the step, success factors, and failure factors. The log was used to closely monitor the application of every step and as a guide for the semi-structured interviews conducted among the employees. Goal of these semi-structured interviews was to determine how the execution of every step expired and therefore success and failure factors of every step were discussed during the interviews.

3.3.3 Data analysis for the process and effect evaluation
The second part of the research consisted of a process and effect evaluation of the application of the stakeholder management process model. The logic model method (W.K. Kellogg Foundation, 2004) has been chosen to perform this evaluation. To come up with a relatively simple model to evaluate, a logic model was developed for the stakeholder management process applied at GGzE. This model is based on the following assumptions:

- Certain resources are needed to operate the stakeholder management process model for the division adult and geriatric psychiatry of GGzE.
- If you have access to these resources, then you can use them to operate the planned steps of the stakeholder management process model at the division adult and geriatric psychiatry GGzE.
- If the distinct steps of the stakeholder management process model are accomplished, then the aim is to deliver the outputs which were intended.
- If the stakeholder management process model is applied for the division adult and geriatric psychiatry GGzE to the extent intended, then the participants will benefit in specific ways.
- If these benefits to participants are achieved, then certain changes in organizations, communities, or systems might occur under specified conditions.

The developed logic model of the stakeholder management process model and the derived evaluation plan (appendix H) served as a basis for the evaluation of the resources, activities, and outcomes of the model. The logic model of the stakeholder analysis gave the opportunity to analyse the stakeholder
analysis on different levels. The main question during the evaluation was to investigate the practical applicability of the stakeholder management process model.

For the three focus area specific questions were analysed. For the “resources” the analysis focused on whether enough resources were available at every centre and at organizational level. At the “activities” level the analysis focused on the applicability of the steps of the stakeholder management model in practice. At the focus area “outcomes”, the analysis focused on the intended effects and the actual effects of the distinct steps and the stakeholder management process model in general.

3.4 Research quality indicators
According to Yin (2003), there are three elements that determine the quality of a case study: construct validity, external validity, and reliability. In this chapter these quality indicators will be applied to this study.

To increase construct validity different methods for measuring empirical data were used in this study. For example the classification in stakeholder groups determined during the stakeholder evaluation (GGzE, 2010) was checked by interviewing several managers at GGzE and ask them whether this classification was correct. Furthermore, during these interviews managers are asked to elaborate on how different concepts should be defined. Also the questionnaires and topic list used for data collection were checked by experts in the field of mental healthcare organizations.

External validity of this study is limited, because the implementation of stakeholder management is only applied in a single case and therefore the results are not representative for the entire sector of mental healthcare organizations. However, this study provides a model that can facilitate the implementation of stakeholder management, which also is applicable in other mental healthcare organizations, if adapted to the context of this organization.

Reliability of this study is strengthened by describing every step in the research clearly, in order to make replication possible. During the interviews it was important respondents would not give socially desirable answers. Therefore, at the beginning of the interviews it was made clear that interviews are anonymous. Furthermore, in both the questionnaires as well in the interviews no suggestive questions were asked. To ensure the reliability of the scales used to measure stakeholder salience a reliability analysis was executed.
4. Results

In this chapter the results of the data collection are described. In the first section (4.1) the results of the stakeholder analysis, based on the stakeholder management process model by Preble (2005), are presented. In the second section (4.2) the results of the process and effect evaluation on the stakeholder analysis are described. For the stakeholder analysis, first, the identified stakeholder groups are presented. Then, based on the identified stakeholder groups, the underlying expectations of these stakeholder groups are presented. Third, the performance gaps between the identified stakeholder groups and the centers are described. And fourth, the identified stakeholder groups are prioritized by measuring stakeholder salience. The results of step 1 are described in a table at the end of the paragraph (4.1.1). This table is expanded based on the results of the following steps and is presented every time at the end of the paragraph (4.1.2, 4.1.3, and 4.1.4). In the second section the results of the process and effects evaluation, based on the logic model method, of the stakeholder management process model are presented.

4.1 Stakeholder analysis at the division adult and geriatric psychiatry

This paragraph describes the results derived from the first four steps of the stakeholder management process model by Preble (2005) executed at division adult and geriatric psychiatry of GGzE. Every step in the stakeholder analysis is an extension of the previous step. This is visualized by presenting the main results of every step in a table.

4.1.1 Stakeholder identification

In the interviews with the centre managers of division adult and geriatric psychiatry the stakeholder groups mentioned in the general stakeholder evaluation of GGzE (appendix I) were confirmed by all centre managers. Besides the stakeholder groups already mentioned in this stakeholder evaluation (GGzE, 2010), the following stakeholder groups were identified in the interviews: suppliers, chain partners, and media. During the interviews it was mentioned that the media can be viewed as a separate stakeholder because it serves as a medium to inform the general public. Furthermore, the media has a big influence on the public perception of mental healthcare organizations. Suppliers also were submitted to the set of stakeholder groups of the division. Suppliers provide mental healthcare organizations with the resources needed to provide mental healthcare. Suppliers are an important stakeholder because they can have significant commercial interests in mental healthcare organizations. One of the centre managers mentioned that medicine suppliers actively lobby in order to sell their medicines, and therefore are a separate stakeholder group with different interests. Last, the stakeholder group „chain partners” has been submitted to the stakeholder groups mentioned during the stakeholder evaluation of GGzE. This stakeholder group has a direct interest in the operations of mental healthcare organizations because organizations in a chain are interdependent. For example, one of the managers
mentioned that his centre is dependent on the supply of clients from the primary healthcare. Then, at the „backdoor”, the centre needs to be able to station clients in follow-up treatments outside GGzE. The identified stakeholder groups for the division adult and geriatric psychiatry are visualized in table 1.

<table>
<thead>
<tr>
<th>Stakeholder group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client organizations</td>
</tr>
<tr>
<td>Funders</td>
</tr>
<tr>
<td>Healthcare organizations</td>
</tr>
<tr>
<td>Non-governmental organizations</td>
</tr>
<tr>
<td>Institutions in the area of research and development</td>
</tr>
<tr>
<td>Institutions in the area of security</td>
</tr>
<tr>
<td>Government and inspection services</td>
</tr>
<tr>
<td>Chain partners</td>
</tr>
<tr>
<td>Suppliers</td>
</tr>
<tr>
<td>Media</td>
</tr>
</tbody>
</table>

Table 1: Identified stakeholder groups at division adult and geriatric psychiatry.

Every stakeholder group consists of several stakeholders. In order to get more insight in the formation of the stakeholder groups, the centre managers were asked which stakeholder relations they had for every stakeholder group. The stakeholder identification at the division adult and geriatric psychiatry resulted in 125 stakeholders. 50 stakeholders out of these 125 stakeholders were mentioned by more than one manager. In the next paragraphs the most important stakeholders for every stakeholder group are described.

For the stakeholder group **client organizations** 12 stakeholders are identified. For this stakeholder group most stakeholders identified are associations for patients and the elderly. Remarkable is that managers at the center supported living and the medical centre only mentioned one stakeholder in this stakeholder group. Not the external client organization, but instead the internal client organization at GGzE, was viewed as the main stakeholder in this stakeholder group.

In the stakeholder group **funders** all centre managers identified health insurance companies as an important stakeholder. Furthermore, the municipality of Eindhoven, the province of North Brabant, the ministry of public health, and the subsidy provider were mentioned several times. In total 20 stakeholders were identified in the stakeholder group funders.

During the stakeholder identification it became clear that the centre managers of division adult and geriatric psychiatry identified most stakeholders in the stakeholder group **healthcare organizations**. In this stakeholder group 63 stakeholders were identified. In particular other GGZ institutions were identified as a stakeholder by the centre managers. Other stakeholders in this stakeholder group that were mentioned several times were several regional healthcare organizations, youth care organizations, organizations in the field of addiction services, organizations operating in
the primary healthcare, hospitals, organizations operating in the field of the mentally and physically disabled healthcare, organizations for nursing and care, and home care services.

24 stakeholders were identified in the stakeholder group **non-governmental organizations**. Several housing associations were mentioned by the center managers. For the center autism adults no stakeholders were identified for this stakeholder group. Also for this stakeholder group the interviewed managers identified organizations that focus on the homeless, institutions for work and daytime activity, institutions for social work, and several chain partners.

The stakeholder group **institutions in the area of research and development** consists of 18 stakeholder identified. For this stakeholder group the center managers identified several academies and universities. Furthermore, several partnerships with organizations in the region were mentioned. Also several research institutions were mentioned. At last, some networks in which GGzE is participating for knowledge sharing were mentioned.

For the stakeholder group **institutions in the area of security** only the police Brabant Zuidoost and the fire department were identified as stakeholders. The centre managers of adult autism, supported living, the medical center, and Promenzo identified no stakeholders for this stakeholder group.

At last, for the stakeholder group, **government and inspection**, 4 stakeholders were identified. For this stakeholder group municipalities were mentioned most by center managers. The centers adult autism and Promenzo identified no stakeholders for this stakeholder group.

**4.1.2 The nature of stakeholder expectations**

A literature analysis was conducted to determine what can be the nature of stakeholder claims (appendix B). Based on this literature analysis the stakeholder accountability framework (Dansky & Gamm, 2004) has been chosen to determine the nature of stakeholder expectations. Instead of focusing on individual stakeholders, this model focuses on stakeholder groups in the healthcare sector. Furthermore, the four domains of accountability give a rather complete view of the underlying incentives of stakeholder groups. The accountability domains are congruent with the practice of mental healthcare organizations. Based on the above arguments the article of Dansky & Gamm (2004) seems to be the most relevant to determine the underlying nature of stakeholder expectations.

The stakeholder accountability framework of Dansky & Gamm (2004) helps to understand the incentives of stakeholder groups in mental healthcare organizations and addresses concerns of stakeholder groups according to four domains of accountability: political, commercial, community and clinical. The political domain addresses control and legitimacy issues and stakeholders are those organizations that mandate policies, regulate, or set standards in mental healthcare (Dansky & Gamm, 2004). Commercial accountability focuses on the development of value-creating enterprise and guides financial transactions (Dansky & Gamm, 2004). Clinical accountability is concerned with the efficacy and effectiveness of the service as perceived by the patients and healthcare providers (Dansky &
Community accountability considers the contribution of the health system to improvement of the overall health and well being of the community (Dansky & Gamm, 2004). The method of Dansky & Gamm (2004) will be used in this study because it fits the focus of this study. Just like the accountability framework of Dansky & Gamm (2004), this study focuses on stakeholder groups in mental healthcare organizations. Furthermore, the model makes a division between internal and external stakeholders, which fits this study because the focus is on external stakeholders.

Based on the model of Dansky & Gamm (2004), the assumptions presented in table 2, have been made about the stakeholder groups and the nature of their expectations. Client organizations’ primary interest is to help the client as good as possible and make sure healthcare is of the highest quality. Therefore, the nature of the expectations of client organisations is clinical accountability. Funder’s main interest is to make sure the budgets serve the correct people and strategically purchase care, in other words political accountability. Because funders also guide the transactions needed to provide mental healthcare, they also have a commercial accountability. Healthcare organizations’ primary interest is to give clients with mental disorders the best care possible. Therefore, the primary interest of the stakeholder group healthcare organizations is clinical accountability. Non-governmental organizations support healthcare organizations and are part of the chain healthcare organizations operate in. Their main incentive is clinical accountability. Institutions in the area of research and development focus on the development of new knowledge in the healthcare sector. Often they try to improve the quality of mental healthcare. The nature of their expectations, therefore, is to contribute to the healthcare sector. In other words community accountability. Institutions in the area of security serve the community by minimizing the risks in the mental healthcare sector for both client and the community. The nature of their expectation is community accountability. The stakeholder group government and inspection services main incentive is to ensure the quality of mental healthcare and they have a responsibility for mental healthcare of people in society. Furthermore, the government and inspection mandate policies and set rules for the mental healthcare sector. The government and inspection services both have political and community accountability. Chain partners are part of the chain of organizations that provides mental healthcare to clients. They have a clinical accountability because their main incentive is to provide the best mental healthcare. Suppliers have less affection with the quality of the mental healthcare provided. Their primary focus is to make a profit. Therefore, the nature of expectations of suppliers is commercial accountability. The media influences the general public about the mental healthcare sector and put political pressure on mental healthcare organizations. Therefore, the media has a political accountability.
### Table 2: Nature of expectations of identified stakeholder groups

<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Nature of expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client organizations</td>
<td>Clinical accountability</td>
</tr>
<tr>
<td>Funders</td>
<td>Political accountability, commercial accountability</td>
</tr>
<tr>
<td>Healthcare organizations</td>
<td>Clinical accountability</td>
</tr>
<tr>
<td>Non-governmental organizations</td>
<td>Clinical accountability</td>
</tr>
<tr>
<td>Institutions in the area of research and development</td>
<td>Community accountability</td>
</tr>
<tr>
<td>Institutions in the area of security</td>
<td>Community accountability</td>
</tr>
<tr>
<td>Government and inspection services</td>
<td>Political accountability, community accountability</td>
</tr>
<tr>
<td>Chain partners</td>
<td>Clinical accountability</td>
</tr>
<tr>
<td>Suppliers</td>
<td>Commercial accountability</td>
</tr>
<tr>
<td>Media</td>
<td>Political accountability</td>
</tr>
</tbody>
</table>

#### 4.1.3 Determining performance gaps between division and stakeholders

After identifying the stakeholder groups and determining the nature of the expectations of the stakeholder groups, performance gaps were identified. Performance gaps were measured both at the centers of the division adult and geriatric psychiatry, in other words at the organizational level, and for the external stakeholder groups of this division, in other words at the stakeholder level. The results on performance gaps on organizational level show several examples of gaps of stakeholder of different stakeholder groups. The measurement of performance gaps on stakeholder level only resulted in performance gaps for the stakeholder groups healthcare organizations, non-governmental organizations, and organizations in the area of research and development, due to a lack of contact information. The results on both levels will be presented in the next paragraphs.

#### Perceived performance gaps: Organizational level

In this paragraph the objectives and associated values of GGzE are compared with the perception of managers on the expectations of stakeholders (table 3). If what the organization expects from each stakeholder group doesn’t fit the primary objectives of the organization or if what the stakeholder group expects from the organization doesn’t fit the objectives of the organization, a performance gap between stakeholder and organization exists (Atkinson et al., 1997).

The main objectives and underlying values of GGzE are represented in the following statement of GGzE (GGzE, 2011): “GGzE wants to deliver the best care to people with specific psychiatric problems. Therefore, GGzE cooperates with the client and its relatives in order to determine which form of care fits the needs of the client best. Starting point is the functioning and participating of the client in the society. Furthermore, GGzE invests especially in a health-giving and
hospitable care environment, because it is believed this is beneficial for the recovery of the client. Because of the growing specialization in the healthcare sector, a good collaboration with chain partners is of great importance for both GGzE and its clients” (GGzE, 2011). The qualitative results of the interviews with the center managers of division 2 show several performance gaps. Table 3 shows the comparison of the objectives of GGzE, based on the above statement, with the perceived gaps of stakeholders by center management. The column “performance gaps identified” describes the performance gaps perceived by stakeholder or organization and the objective of GGzE related to this gap.

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Performance gap identified</th>
</tr>
</thead>
</table>
| Partner organization for nursing and care         | - focus of the stakeholder is on quality of life of the clients, the delivery of care has lower priority  
- does not fit the objective of GGzE to deliver the best care possible for clients. GGzE expects intensive supervision and high quality care  |
| General practitioners (GP)                        | - GP’s indicate to perceive relatively long lines between them and GGzE  
- government cuts on social psychiatric nurses at the medical practices resulted in more bureaucracy in the relation between the GP’s and GGzE. However, GP’s are perceived as very important for GGzE because they bridge the gap between primary and secondary care.  |
| Municipality                                      | - center managers perceive the municipality to focus on the participation of clients in the community  
- GGzE focuses on individual clients and the specific care they need  |
| Assessor                                         | - assessor determines the amount of care needed, which results in the financing of this care  
- sometimes this indication is not congruent with actual resources needed to deliver care at GGzE  |
| Medicine suppliers                                | - aim of suppliers is to sell medicines and earn money  
- GGzE objective is to get high quality medicines and therefore uses the pharmacist as a buffer between these interests  |
| UWV                                              | - UWV sometimes indicates that a client is ready for work  
- from the perspective of GGzE clients sometimes need prudence with returning to work, goal is the recovery of the client  |
| Housing associations                              | - housing associations focus on the interests of the neighbourhood  
- GGzE focuses on the client when clients are relocated  |

Table 3: Performance gaps perceived on organizational level

**Perceived performance gaps: Stakeholder level**

Several indicators of performance gaps perceived by stakeholders have been measured by a quantitative analysis among the stakeholder groups healthcare organizations, non-governmental organizations, and institutions in the field of research and development. The quantitative results are presented in table 4. The N in the table indicates the number of stakeholders in a certain stakeholder group that responded on the questionnaire. From the table it can be noticed that most stakeholder groups are familiar with the mission and vision of GGzE. From the table it can be noticed that non-governmental organizations perceive a slightly higher familiarity with the mission and vision of GGzE than healthcare organizations and institutions in the field of research and development do. Furthermore, stakeholder healthcare organizations score GGzE as a collaboration partner with a 7,
while non-governmental perceive GGzE as a collaboration partner with a 7.5. For institutions in the field of research and development no results could be extracted on this subject because of missing values. As mentioned before because of the small data set it is rather impossible to compare the results the different stakeholder groups. The main value of this step lies in the application of the method for measuring performance gaps.

<table>
<thead>
<tr>
<th>Stakeholder group (N)</th>
<th>Nature of expectations</th>
<th>Performance gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Familiarity of the stakeholder with the mission of GGzE (scale 1 to 5)</td>
<td>Familiarity of the stakeholder with the vision of GGzE (scale 1 to 5)</td>
</tr>
<tr>
<td>Healthcare organizations (N* = 10)</td>
<td>Clinical accountability</td>
<td>3.8</td>
</tr>
<tr>
<td>Non-governmental organizations (N = 4)</td>
<td>Clinical accountability</td>
<td>4.25</td>
</tr>
<tr>
<td>Institutions in the field of research and development (N = 2)</td>
<td>Community accountability</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Table 4: Performance gaps perceived on stakeholder level (* number of respondents in a stakeholder group)

To concretize the numbers in table 4 also open questions were asked in the questionnaire. On the question what do you as a stakeholder expect from GGzE in the area of healthcare, almost all stakeholders expect collaboration and alignment with GGzE. The stakeholder group healthcare organizations especially expect „chain care“. The stakeholder group institutions in the area of research and development, expects to work together in the area of schooling needs and work together on employment issues and provide customized education. Furthermore, the housing associations expect from GGzE to use their expertise for the appropriate client groups and align with other institutions if they need this expertise, furthermore rapid and adequate response in problem situations is an important issue.

On the question “What do you expect form GGzE in general?”, the following expectations were mentioned by the stakeholder groups. The stakeholder group healthcare organizations expects despite of the limited financial resources not only formal collaboration, but also informal collaboration beyond regular care. For example on quality of care, portfolio management, and innovation and research. Furthermore, healthcare organizations expect a active focus on collaboration as a chain partner, but also to collaborate with GGzE on cross sectoral challenges. Also it was mentioned that GGzE should be available as a network partner and should take position in public discussion when specific expertise is needed in the region. The housing associations expect transparency and the willingness to place the specific case of the client in the social context. Also, GGzE should, besides
the component healthcare, be open to the component housing. Also, active contribution to liveable communities and neighbourhoods is an expectation of GGzE. At last, organizations in the stakeholder group institutions in the area of research and development expect GGzE to be a partner thinking along.

On the question what stakeholder expectations do not fit with the mission and vision of GGzE several issues were mentioned by organizations in the stakeholder group healthcare organizations. For example collaboration in the area of client care is good, but collaboration in other areas is perceived as minimal. Also it was mentioned that the intentions of GGzE are good, but the practice, partly due to the recalcitrant organizational structures at GGzE, sometimes gives different results. Also it was mentioned there often is a lack of contact persons with a clear mandate for the several chain partners. According to organizations categorised in the stakeholder group non-governmental organizations, collaboration and the willingness to look beyond the direct responsibility varies and strongly depends on the fit between employee and stakeholder. Also, GGzE should be more open to creating support in neighbourhoods were clients are placed. Furthermore, it was noticed that GGzE has to think along at government level to get more things done with less resources in the area of quality of life and the prevention of problems in the neighbourhoods.

Perceived performance gaps: Organizational level versus stakeholder level

The results on performance gaps on the stakeholder level only show results for the stakeholder groups healthcare organizations, non-governmental organizations, and institutions in field of research and development and for these stakeholder groups only a small number of stakeholders filled in the questionnaire (table 4). Therefore, it is difficult to come up with hard results on performance gaps and to compare the perceptions on performance gaps on organizational level with the perceptions on stakeholder level. Despite of this small data set and relatively soft results on performance gaps, some pragmatic remarks on the data will be made.

When the results on the perceived performance gaps by the organizations are compared with the perceived performance gaps of the stakeholders several things can be noticed. It turns out that performance gaps are often the result of differences in the nature of expectations. For example the municipality has a community accountability because it aims to let clients participate as much as possible in the community and reduce the social welfare. This does not fit to the clinical accountability of GGzE, which wants to provide the best care possible to clients with mental disorders. Both at the organizational level and on the stakeholder level these differences in the nature of expectations are perceived as a cause for the performance gaps.

Furthermore, it is noteworthy that general practitioners (GP’s) perceive bureaucracy in the relation with GGzE. The qualitative results of the interviews with center management show that GP’s are very important for GGzE because they bridge the primary care with the secondary care in which GGzE operates. Also it was mentioned that without GP’s the notification of clients falters, which has consequences for both the public safety and the continuity of GGzE. When these results are compared
with the quantitative results, gathered among the external stakeholders, it is noticeable that healthcare organizations especially want to focus on „chain care”, collaboration and alignment with GGzE. Furthermore, stakeholders in the stakeholder group healthcare organizations mention that the intentions for collaboration of GGzE are good, but in practice the results are less good due to the recalcitrant organizational structures at GGzE.

4.1.4 Determining stakeholder salience
After identifying the stakeholder groups (step 1), determining the nature of their expectations (step 2), and determining performance gaps (step 3), the next step is to determine which stakeholders should get managerial attention, in other words which stakeholders have the highest stakeholder salience (step 4). As introduced earlier, Stakeholder salience is determined by power, legitimacy, and urgency. In this paragraph the results on stakeholder salience for the different stakeholder groups are presented.

Sample characteristics
In total 14 of the 28 managers, who were asked to fill in the questionnaire, actually completed the questionnaire. In other words the response rate on the questionnaire on stakeholder salience is 50%. The 14 respondents consist of one managing board member, all six center managers, and seven assistant center managers of the division adult and geriatric psychiatry.

Reliability analysis
Before the data on utilitarian power, normative power, legitimacy, and urgency could be analyzed, first the scales used to measure these variables had to be checked for reliability. Therefore, a reliability analysis was conducted. To check whether or not the items measured a variable well, the criteria of Van Assen (2010) were used. The scales measuring utilitarian power, normative power, legitimacy and urgency measured the four variables well because the “corrected item total correlation” exceeds 0.3 and all “cronbachs alpha if item deleted” were higher then 0.6.

Some exceptions on the reliability of the scales were found. The scale that measured legitimacy for the stakeholder group healthcare organizations was highly unreliable with a cronbachs alpha of 0.065. This low score was caused by the low convergence with the scale of the item “GGzE is verantwoordelijk voor het welzijn van deze stakeholder groep” and, therefore, this item was deleted.

Furthermore, non-governmental organizations scored 0.345 on the scale measuring normative power, which resulted in an unreliable scale. This low score was caused by the item “affilatie met deze stakeholder groep vergroot het prestige van GGzE”. Also, this item was deleted which resulted in a cronbach’s alpha for this scale above 0.6 and therefore reliability was restored.
Salience of the determined stakeholder groups

In table 5 the scores for every stakeholder group on the variables utilitarian power, normative power, legitimacy, and urgency are presented. From the table it can be noticed that client organizations and institutions in the area of research and development are perceived as dependent stakeholders. Funders, healthcare organizations, non-governmental organizations, the government, and inspection services are perceived as definitive stakeholders. Last, institutions in the area of research and development are perceived as demanding stakeholders.

<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Nature of expectations</th>
<th>Attribute</th>
<th>Mean score attribute</th>
<th>Possession of attributes</th>
<th>Stakeholder salience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client organizations</td>
<td>Clinical accountability</td>
<td>Utilitarian power</td>
<td>4.1</td>
<td>No power, legitimacy, urgency</td>
<td>Dependent stakeholder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Normative power</td>
<td>6.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Legitimacy</td>
<td>5.89</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urgency</td>
<td>5.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funders</td>
<td>Political accountability, commercial accountability</td>
<td>Utilitarian power</td>
<td>6.57</td>
<td>Power, legitimacy, urgency</td>
<td>Definitive stakeholder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Normative power</td>
<td>5.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Legitimacy</td>
<td>5.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urgency</td>
<td>6.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare organizations</td>
<td>Clinical accountability</td>
<td>Utilitarian power</td>
<td>4.77</td>
<td>Power, legitimacy, urgency</td>
<td>Definitive stakeholder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Normative power</td>
<td>5.63</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Legitimacy</td>
<td>4.97</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urgency</td>
<td>5.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-governmental organizations</td>
<td>Clinical accountability</td>
<td>Utilitarian power</td>
<td>4.64</td>
<td>Power, legitimacy, urgency</td>
<td>Definitive stakeholder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Normative power</td>
<td>5.84</td>
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<td></td>
<td></td>
<td>Legitimacy</td>
<td>5.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urgency</td>
<td>5.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutions in the area of research and development</td>
<td>Community accountability</td>
<td>Utilitarian power</td>
<td>3.93</td>
<td>No power, no legitimacy, urgency</td>
<td>Demanding stakeholder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Normative power</td>
<td>5.67</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Legitimacy</td>
<td>3.71</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urgency</td>
<td>5.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutions in the area of security</td>
<td>Community accountability</td>
<td>Utilitarian power</td>
<td>4.04</td>
<td>No power, legitimacy, urgency</td>
<td>Dependent stakeholder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Normative power</td>
<td>5.14</td>
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<td></td>
<td>Legitimacy</td>
<td>4.83</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urgency</td>
<td>5.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>Political accountability, community accountability</td>
<td>Utilitarian power</td>
<td>5.4</td>
<td>Power, legitimacy, urgency</td>
<td>Definitive stakeholder</td>
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<td></td>
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<td>Normative power</td>
<td>5.18</td>
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<td>Legitimacy</td>
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<td>Urgency</td>
<td>5.79</td>
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<tr>
<td>Inspection services</td>
<td>Political accountability,</td>
<td>Utilitarian power</td>
<td>4.3</td>
<td>Power, legitimacy,</td>
<td>Definitive stakeholder</td>
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4.2 Process and effect analysis

Based on the logic model (appendix G) an evaluation plan was developed. The evaluation plan (appendix H) was used as a guideline for evaluation. The focus in this evaluation plan lies on the resources needed for applying the stakeholder management process model (4.2.1), the actual application of the steps stakeholder management process model (4.2.2), the outcomes of the application of the stakeholder management process model (4.2.3). These distinct focus areas of the application of the stakeholder management process model will be evaluated in the following paragraphs.

4.2.1 Evaluation of the resources used to apply the stakeholder management process model

The central question in this paragraph is: “How do the actual resources acquired compare against the anticipated resources needed to apply the stakeholder management process model?” The resources needed for the several steps executed in the stakeholder management process model will be evaluated to answer this question by using a log of the actual activities executed.

To execute the first step in the stakeholder management process model, the stakeholder identification, it was planned to interview all center managers of the division adult and geriatric psychiatry about their stakeholder relations. It was anticipated to gather data about stakeholder groups. However, during the interviews, stakeholders for every center were identified and therefore the identified stakeholders had to be transformed to the stakeholder groups. A last important remark about the resources needed for stakeholder identification is that in practice it was difficult to ensure all stakeholder groups were identified. In this research only the inputs of the center management were used to identify stakeholder groups. Probably, an identification of stakeholders groups from the viewpoint of the stakeholders could have resulted in a more accurate identification.

For the second step of the stakeholder management process model, determining the nature of stakeholder expectations, it was planned to use literature as the main source for determining the incentives of stakeholders. In the literature appropriate articles were available to operationalise this step.

For the third step, determining performance gaps, it was anticipated that a validated questionnaire could be used to execute this step. However, when preparing this step it turned out no validated questionnaires on performance gaps were available. Therefore, a new questionnaire had to be developed. Point of discussion during the development was the scientific versus practical relevance of the questionnaire. An other important issue for determining performance gaps was that contact

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<th>community accountability</th>
<th>Normative power</th>
<th>5.59</th>
<th>Legitimacy</th>
<th>5.37</th>
<th>Urgency</th>
<th>6.09</th>
</tr>
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</table>

Table 5: Stakeholder groups and stakeholder salience
information of the stakeholders is fragmented over the organization and it is almost impossible to get up to date contact information of all stakeholders. Because this lack of information, it was not possible to send the questionnaires to all identified stakeholders.

For executing the fourth step in the stakeholder management process model, the main resource was a questionnaire on stakeholder salience. A validated questionnaire on stakeholder salience was used to perform this step. This questionnaire was adapted to fit to the goal and context of this research.

4.2.2 Evaluation of the process of the stakeholder management process model

In this paragraph the results on the evaluation of the process of the applied stakeholder management process model are presented by answering the question: “How does the practical application of the stakeholder management process model compare against what was proposed in the stakeholder management process model?” This question has been answered by making use of a theoretical description of the activities (chapter 2), a log of actual activities (appendix E) and qualitative review with the managing board and board of directors.

For the stakeholder identification (step 1) an important remark by both the managing board and board of directors was that only stakeholder relations were identified on the tactical level, and therefore no conclusions could be drawn on the strategic level. The board of directors indicated: “for every level in the organization, in other words, strategic, tactical, and operational, you need to have clear who your stakeholders are. Then you have to determine who communicates with the stakeholders on the different levels and specify what you want to communicate with the stakeholders.” The model is not clear on what organizational level the model should be applied. A member of the managing board noticed the following about this subject: “the stakeholder relations you can arrange on strategic level, should be arranged on strategic level. Stakeholders who only have relations on tactical level, should be arranged on tactical level.” Another member of the managing board extended this viewpoint by indicating: “The overview a center manager has of its stakeholders is different from the overview of the stakeholders of GGzE. Center managers often think in terms of how can I manage my own center, while they don’t look at what this means for the organization. Therefore, it would be useful to give high priority to stakeholder management at strategic level. In this way, from the organization viewpoint, you can speak with one voice to your stakeholders and focus on reaching the objectives of the organization.” Therefore, according to the managing board, the stakeholder management model should focus on the organizational level in order to reach organizational objectives and to have a uniform identity towards the external stakeholders. Furthermore the board of directors indicated: “The method of stakeholder identification is theoretically well funded, but does not completely fit the practical application of stakeholder management in an organization. As an organization we do not have the time and resources to interview all center managers. In practice, a two hour workshop with the managing board and the board of directors should be sufficient to determine the stakeholders on the strategic level.” Therefore, an important remark on the model is to keep in mind the transferability
of the scientific steps in the model to the practice of organizations. This means that, to apply the model in mental healthcare organizations, the model has to be adapted to the context it is applied in. Furthermore, it was mentioned it is important to keep focused during the identification of stakeholders. A member of the managing board indicated: "The risk of using a general list of the stakeholder relations for the identification of stakeholders is that you lose focus in your identification. Although, I think you succeeded in identifying the main stakeholder groups, this is important to keep in mind".

For the determination of the nature of expectations of stakeholder groups the determined underlying expectations from the literature study were linked to the identified stakeholder groups. An important remark from the log is that the incentives determined in the literature are not linked to the stakeholder groups in a scientific way. The stakeholder management process model gives no clear indication about how to execute this step in practice, and this makes it difficult to operationalize this step.

The stakeholder management process model notices that performance gaps give insights in the precise expectations of stakeholders and to what extent the goals and needs of the stakeholders are being met by the organization. Because of the lack of contact information of stakeholders only information about performance gaps for the stakeholder groups „healthcare organizations”, „non-governmental organizations”, and „institutions in the area of research and development” were gathered. A member of the managing board stated: “measuring performance gaps is of great importance. The several stakeholder groups of GGzE have distinct images, whether true or false. Important is to know how the outside world perceives GGzE.” The board of directors also wants to know how the stakeholders perceive GGzE, but also mentions to keep in mind the practical applicability of the model. The board of directors indicates: “It is the question whether the separate measurement of performance gaps is essential for the stakeholder management process model. Theoretically this step probably is well funded, but in practice this step could be combined with step 2. When it is known who the stakeholders are and what the incentives of the stakeholders are, enough information is present to conduct further steps. Therefore, these steps can be combined. This statement indicates that the stakeholder management process model is theoretically well funded, but to make it applicable in the practice some further alterations will be needed.

Which stakeholder groups should get priority was measured by means of stakeholder salience. The questionnaire on stakeholder salience gave a clear view on the stakeholder groups and the prioritization of these groups. Point of discussion again is that the prioritization is based only on the perceptions of center management. A member of the managing board indicates: “It is of great importance to know who are the most important stakeholders and which stakeholders are significant for the organization. If gaps with important stakeholders are perceived these stakeholders will, temporally, need more attention.” In this citation the practical usefulness of determining salience of the stakeholder groups is presented. The board of directors states: “If your most important intention is to connect the expectations of the stakeholders with the objectives of the organization, then the
prioritization of the demands of stakeholder is a very important aspect”. Important again is the balance between the practical usefulness and the scientific relevance of the stakeholder management process model. A member of the managing board also mentioned the pragmatic applicability of the model: “It is very important to keep in mind the pragmatic applicability of the model. The resources of this organization are limited and therefore, for example, we need to be realistic in the amount of hours our board of directors spends on the stakeholder relations. This citation shows that the applicability of the model also is dependent on the internal resources of an organization.

4.2.3 Evaluation of the outputs of the stakeholder management process model
In this paragraph the effects of the stakeholder management process model will be evaluated by answering the question: “How does the quality and quantity of the outcomes of the stakeholder management process model compare against the expected outcomes of the stakeholder management process model?”

The stakeholder identification (step 1) resulted in the identification of several stakeholder groups. All stakeholder groups determined during the stakeholder evaluation were confirmed by center management. Additionally, the stakeholder groups „chain partners”, „suppliers”, and „media” were identified. According to a member of the managing board: “The stakeholder group chain partners could also be allocated in the stakeholder group healthcare organizations. Most healthcare organizations GGzE has relations with are part of the chain GGzE is operating in.” Another issue in the stakeholder identification is that stakeholder groups were only identified on the level of GGzE. No stakeholders were asked in which stakeholder group they would classify themselves or how they perceive GGzE as a stakeholder. One of the members of the managing board states: “It would have been better when the stakeholder identification also was measured from the viewpoint of the stakeholder themselves.”

Concerning step 2, determining the nature of expectations of stakeholder groups, several issues were mentioned by the managing board about the outcomes of this step. The division in political, commercial, clinical, and community accountability was viewed as a improvement to the classification used in the general stakeholder management process model by both the managing board and the board of directors. According to the board of directors and the managing board the use of “clinical” in the context of mental healthcare organizations can be confusing because “clinical” also has a meaning in the context of clinical and ambulant care. A member of the managing board stated: “Clinical accountability is of course a bit confusing, because clinical makes you think of the clinical setting clients are in. Our main interest does not focus on this clinical setting. I recommend looking for another word for this type of accountability, healthcare focused accountability for example.” Furthermore one member of the managing board indicated; “Commercial accountability should be replaced by financial accountability. Our goal is to serve the client as best as possible and we do not aim to make a profit. Commercial accountability does not fit this perspective because we have a social
interest. Financial accountability is a more appropriate term.” Furthermore, this step did not result in a scientifically underpinned classification of the stakeholder groups and the nature of their expectations. The classification of stakeholder groups and the nature of their expectations are therefore open for discussion. For example the stakeholder groups client organizations, healthcare organizations, and non-governmental organizations were linked in this study to clinical accountability. A member of the managing board stated: “In my opinion the stakeholder group funders or health insurances should be linked to clinical accountability. Health insurances have an enormous interest in the quality of the healthcare delivered by mental healthcare organizations.” This example shows that stakeholder groups, based on different argumentations, can have different incentives in GGzE.

Performance gaps were measured both at the level of GGzE and at the level of the stakeholder groups. However, because of the lack of contact information only the performance gaps of a small amount of stakeholders were identified. Therefore, it was not possible to compare the outcomes on performance gaps of the stakeholders with the outcomes on performance gaps of the center managers.

The measurement of stakeholder salience resulted in a prioritization of the stakeholder groups. A member of the managing board indicated: “It is important to know which stakeholder groups should be prioritized. The classification of stakeholder groups in nine classes is a bit much. I want to know which stakeholder groups are important and which stakeholder groups are not important.” After applying the stakeholder groups in the practice of GGzE it turned out that only three types of stakeholder salience were applied; demanding, dependent, and definitive stakeholders. Furthermore stakeholder salience was not measured for the stakeholder groups suppliers, chain partners, and media, because these groups were not clear at the moment of the measurement of stakeholder salience.

A member of the managing board stated about the applied stakeholder management model: “The translation of the model towards the context of mental healthcare organizations and the flexible execution of the model is essential for applying the stakeholder management process model in practice. Mental healthcare organizations operate in a completely different world then for example business organizations do.” An important remark is therefore that the model has to be contextualised to the environment an organization is operating in, before the actual application of the model. Also a member of the managing board stated: “the steps in the stakeholder management process model are complementary.” Based on the stakeholder identification the incentives of stakeholder groups were determined. The determination of the incentives of stakeholder groups resulted in a further explanation of the expectations of the stakeholder groups and the fit of these expectations with the objectives of the organizations. At last, based on the information gathered in the first three steps, the stakeholder groups were prioritized for management attention.
5. Conclusion

The goal of this study was to find out to what extent the stakeholder management process model can be applied in the practice of mental healthcare organisations. Based on this research goal the following research question was formulated:

*To what extent are the first four steps of the comprehensive stakeholder management process model by Preble (2005) applicable for stakeholder management in the practice of mental healthcare organizations?*

To answer this research question the findings of the application of the stakeholder management process model are described by concluding the results of the stakeholder analysis (paragraph 5.1). Next, conclusions are drawn about the application of the stakeholder management process model in a mental healthcare organization by presenting the findings of the process and effect evaluation of the stakeholder analysis (paragraph 5.2).

5.1 Main findings concerning the stakeholder analysis

The findings from the first step in the stakeholder management process model, the stakeholder identification, suggest that the following stakeholder groups can be identified for GGzE; client organizations, funders, healthcare organizations, non-governmental organizations, institutions in the area of research and development, institutions in the area of security, government and inspection services, chain partners, suppliers, and media or general public.

Subsequently, the nature of the expectations of the identified stakeholder groups was determined. Client organizations, healthcare organizations, non-governmental organizations, and chain partners are assumed to have a clinical accountability. The stakeholder groups funders, government and inspection services, and media are classified as having a political accountability. Institutions in the area of research and development, institutions in the area of security, government and inspections services are assumed to have a community accountability. At last, the stakeholder groups funders and suppliers are identified as having a commercial accountability.

After identifying the stakeholder groups and determining the nature of the expectations of the stakeholder groups, performance gaps were identified. In addition, the results show that from the viewpoint of the stakeholder groups performance gaps are found for healthcare organizations, non-governmental organizations, and institutions in the area of research and development. The results on performance gaps as perceived by managers showed performance gaps with several stakeholder groups: healthcare organizations, non-governmental organizations, suppliers, and the government.

Based on the nature of the expectations of the identified stakeholder groups and the performance gaps of these groups with GGzE, the next step is to determine which stakeholders should
get managerial attention (step 4). The findings on this step show that institutions in the area of research and development are classified as demanding stakeholders. These institutions are unable or unwilling to acquire either the power or the legitimacy necessary to move their claim into a more salient status and therefore claims of this stakeholder group in general do not require managerial attention. The stakeholder groups client organizations and institutions in the field of security depend on others for the power necessary to carry out their will and therefore are classified as dependent stakeholders. Stakeholders in this stakeholder group have a more active stance and therefore organizations should have higher responsiveness to the stakeholder’s interests in this category. At last, the results show that the stakeholder groups funders, healthcare organizations, non-governmental organizations, the government, and inspection services are classified as definitive stakeholders. These stakeholder groups have power and legitimacy and their claims are also urgent. Therefore, managers have to attend and give priority to the stakeholder claims of these stakeholder groups.

5.2 The applicability of the stakeholder management process model for mental healthcare organizations

To get insights in the practical application of the stakeholder management process model in mental healthcare organizations, the application of the stakeholder management process model has been evaluated by conducting a process and effect evaluation.

The findings of the evaluation show that resources needed for the application of the stakeholder management process model are limited in the practice of a mental healthcare organization, and therefore the applicability of the model is dependent on the internal resources of an organization. Furthermore, the findings indicate that because of the turbulent environment mental healthcare organizations operate in, the stakeholder management process model needs to be quickly applicable. Therefore, the practical applicability of the model can be enlarged by applying not all steps in the model separately. Because of some overlap between the determination of the nature of stakeholder expectations and the measurement of performance gaps, these steps can be combined. Furthermore, from the evaluation it turned out that the model is not clear on what organizational level the model should be applied. Therefore, before applying the model it needs to be clear on what organizational level the model will be applied: strategic, tactic, operational or on all three levels. Also, the results of the evaluation of the model show that it is essential to be flexible in the application of the model in order to fit the practical context of the organization. Mental healthcare organizations have a completely different focus than, for instance, business organizations do, and therefore the model has to be adapted to every specific context it is applied in.

Furthermore, the results of the application of the stakeholder management process model in the practice of division adult and geriatric psychiatry at GGzE show that the separate steps in the model are complementary and in this way reinforce each other. Overall the integrated approach of the stakeholder management process model provides mental healthcare organizations with a funded
approach to apply stakeholder management in their organization and to relate to their external environment, but in the practical application of the model in mental healthcare organizations some alterations are needed.
6. Discussion

In this final chapter the discussion is described. Both the results of the stakeholder analysis (6.1) and the process and effect evaluation (6.2) are discussed and interpreted in the light of the theoretical framework. Next, the limitations of this study are discussed (6.3). Last, the recommendations for future research (6.4) and for practice (6.5) are presented.

6.1 Discussing the stakeholder analysis

This study started with the notion that most literature on stakeholder management discusses the elements of stakeholder management separately, but less research has been done on the integration and implementation of all knowledge into a conceptual model that can facilitate the actual practice of stakeholder management within organizations (Preble, 2005). Preble filled this gap in the literature by constructing a comprehensive process model of stakeholder management, which incorporates the main steps of stakeholder management. This theoretical model has never been applied in the practice of mental healthcare organizations. Therefore, this study tried to contribute to filling this gap in literature by applying the first four steps of the stakeholder management process model in the practice of mental healthcare organizations and subsequently evaluate the applicability of the model for this sector.

Based on the above, an important consideration of this study is to discuss what the added value is of applying the integrated stakeholder management process model, instead of using the separate steps of stakeholder management described in literature. In theory “the whole of the model is greater than the sum of its parts”. By explaining the linkages between the steps of the model in more detail, the added value of combining the steps in practice can be explained.

This study started with the identification of stakeholder groups (step 1). This stakeholder identification is linked to the next step in the stakeholder management process model in which the incentives of the stakeholder groups were determined (step 2): The results on step 2 show that these two steps reinforce each other: based on the stakeholder identification it was possible to determine the specific incentives for every stakeholder group, instead of individual stakeholders. Dansky & Gamm (2004) confirm these findings by indicating that it is essential to understand the motivations of different stakeholder groups in order to employ effective management practices for each stakeholder group. If these steps would have been executed separately only the stakeholder groups would have been identified and no information would have been available about the incentives of these stakeholder groups. The combination of these two steps results in more insights in the motivation of a stakeholder group. For example, if an organization has to deal with the stakeholder group client organizations, it is valuable to have information on the primary interest of this stakeholder group, which is clinical accountability. This gives more insights in the motivation of client organizations and therefore a more adequate response towards this stakeholder group is possible. The next step, determining performance gaps (step 3), builds on the two previous steps. This step provides
complementary insights, because by means of the determination of performance gaps, the identified stakeholder groups and their incentives can be linked to the objectives and performance of the organization. For instance, it was found that the government has a political accountability and therefore has expectation in the area of policies and regulations in the mental healthcare sector, but GGzE’s main objective is to deliver the best mental healthcare. This gap shows the main discrepancy between the objectives of the organization related to the expectations of the government, and therefore can give insights in how to minimize this gap. Next, based on the information gathered in the first three steps of the stakeholder management process model, the stakeholder groups have been prioritized (step 4). Organizations often do not have sufficient resources to respond to all performance gaps (Preble, 2005). The determination of stakeholder salience addresses this issue because it prioritizes where efforts should be focused. For example, gaps with health insurance companies need immediate action from the organization, because mental healthcare organizations are dependent on the funding of this group and therefore this group is strategically of great importance.

For the identification of stakeholder groups the assumption was made that a group of stakeholders can be defined as a stakeholder group only if the primary interest of the stakeholder group is the same. In practice this does not mean all stakeholders in a stakeholder group have the same interests. The question is what implications this practical finding has for the conclusions of this research. Wolfe & Puttler (2002) stated that stakeholders represented in one group, might have different interests, but self-interest provides a natural reason to assume that the stakeholders share a homogenous opinion with regard to the organization at stake. For this research this means that individual stakeholders within the identified stakeholder groups can have expectations which are not consistent with the primary interest of the stakeholder group. For mental healthcare organizations, which apply the stakeholder management process model, this means that they have to keep in mind that individual stakeholders might need a different approach than stakeholder groups do.

From the application of the stakeholder management process model at GGzE some remarkable results were extracted for the determination of salience of stakeholder groups. The results on this step showed that the identified stakeholder groups were classified in the categories dependent, demanding, and definitive. However, the typology on stakeholder salience of Mitchell et al. (1997) consists of five additional categories, being non-stakeholder, discretionary, dormant, dangerous, and dominant. Given the environment GGzE operates in, also other stakeholder types were expected. For example, discretionary stakeholders, who possess the attribute of legitimacy, were not perceived by management. Discretionary stakeholder groups, like schools or associations, are interesting for the corporate social responsibility of an organization and therefore were expected to be identified by managers. This can be explained by the absence of power and urgent claims of this stakeholder group, and therefore there is absolutely no pressure on managers to engage in an active relationship with such a stakeholder, but managers can choose to do so (Mitchell et al., 1997). Furthermore, according to Parent & Deeplhouse (2007) the role and hierarchical level of managers has a direct influence on the prioritization of
stakeholder groups. All respondents who were involved in the measurement of stakeholder salience had a management role. Because all respondents roughly had the same role, the respondents tend to be similar in their perceptions of stakeholder salience.

Besides these remarks on the types of salience identified, the results on stakeholder salience can be discussed in more detail by linking it to the results of step 1, 2, 3. For example, the results show that both client organisations and healthcare organizations have a clinical accountability, however the results on stakeholder salience show that these groups were perceived by management as having different types of salience. The type of salience of client organizations was perceived as a dependent stakeholder, while healthcare organizations were perceived as definitive stakeholders. This means that stakeholders, who have the same primary expectations, can be prioritised differently by management. This can be explained by the fact that some stakeholder groups posses more power, legitimacy, or urgency to influence the organization with their expectations. For example, client organizations have less power than healthcare organizations do, and therefore are less capable of influencing the organization on behalf of their expectations. It is therefore important to include the combination of the four steps in the stakeholder analysis.

Furthermore the results on stakeholder salience can be linked to the theory of Mitchell et al. (1997) on stakeholder salience. This should give more insights what the salience of the stakeholder groups really means for mental healthcare organizations like GGzE. According to the typology of Mitchell et al. (1997) stakeholders that posses only one of the three attributes are called latent stakeholders. Based on the questionnaire on stakeholder salience (appendix D) the stakeholder group “institutions in the area of research and development is viewed as a latent stakeholder and is further classified as a demanding stakeholder because the only attribute institutions in the area of research and development possess is urgency (table 5). Demanding stakeholders are unable or unwilling to acquire either the power or the legitimacy necessary to move their claim into a more salient status (Mitchell et al., 1997). Urgency is insufficient to project a stakeholder’s claim beyond latency and therefore the claims of institutions in the field of research and development in general only pass management attention (Mitchell et al.).

Client organizations and institutions in the field of security are classified by management to have no power, but they have urgent, legitimate claims (table 5). Because these stakeholder groups possess two attributes, according to the typology of Mitchell et al. (1997), they are called expectant stakeholders. Stakeholders with a low salience, like institutions in the field of research and development, are anticipated to have a latent relationship with managers, while two-attribute moderate salience stakeholders, like client organizations and institutions in the field of security, are seen as expecting something. The combination of two attributes leads to a more active stance of the stakeholder and therefore organizations should have higher responsiveness to the stakeholder’s interests in this category (Mitchell et al., 1997). These stakeholder groups are, based on the results, classified as dependent stakeholders (table 5). Client organizations and institutions in the field of
security depend on others for the power necessary to carry out their will. Security is an important issue in mental healthcare organizations and claims of this stakeholder group have a high legitimacy and urgency (table 5), but on the other hand these organizations do not have the power to impose their ideas to the center management.

The stakeholder groups funders, healthcare organizations, non-governmental organizations, the government, and inspection services are classified as definitive stakeholders. These stakeholder groups have power and legitimacy and also their claims are urgent. Therefore, managers have to attend and give priority to the stakeholder claims of these stakeholders (Mitchell et al., 1997). When managers do not sufficiently or appropriately respond to definitive stakeholder claims, this can have great consequences for the organization. Furthermore, healthcare organizations and non-governmental organizations are often part of the chain in which the centers at division adult and geriatric psychiatry are operating. For example, geriatric practitioners have to be able to refer clients to the GGzE without having to wait. Also GGzE needs its partners in the chain to let clients participate in society. For example clients need housing and therefore the relation with housing associations is essential. Furthermore, the government was determined as having a high salience (table 5). This stakeholder group has the power to set new policies and regulations. In order to stay legitimate mental healthcare organizations have to follow these regulations closely. Last, claims from inspection services need to be followed up because inspection services monitor mental healthcare organizations and have the power and legitimacy to influence these organizations.

Besides the discussion on the separate steps in the model, the model as a whole can be put into perspective. This study focused on the first four steps of the stakeholder management process model applied in the practice of GGzE. The use of a stakeholder analysis applied as an initial step for stakeholder management is confirmed by Olden (2003). Olden stated that the first step of stakeholder management is to identify stakeholders and their expectations, and determine which stakeholders should be prioritized. However, after the initial stakeholder analysis, organizations must implement the policies procedures, and processes that will enable the organization to relate with the external environment. Furthermore, organizations need to start business with its stakeholders in ways that help to achieve the objectives of the organization (Olden, 2003). These steps are not incorporated in this study, but they are essential for the complete application of stakeholder management in mental healthcare organizations. In this study the first steps of the stakeholder management process model have been applied at GGzE and the actual implementation of the model is not included. However, recommendations are given for step 5 and 6 in the model. Based on the results of the stakeholder analysis and the recommendations of step 5 and 6 a start with the implementation of stakeholder management at GGzE was made by means of the development of a stakeholder policy.
6.2 Discussing the process and effect evaluation

During the process and effect evaluation it was mentioned that the applied stakeholder analysis is rather extensive and rigid, and therefore some alterations in the model were needed. The qualitative results of the evaluation show that step 2 and 3 could be combined into one step in order to increase the practical applicability of the model. However, when this adaption is compared with the stakeholder management process model by Preble (2005), some disadvantages of this combination of steps can be noticed. Namely, in step 2 only the primary incentives of the stakeholder groups are identified. Step 3 in the model complements this step by comparing the incentives of the stakeholder group with the objectives and performance of the organization. If these steps are combined the risk exists that the distinct goals of these steps are mixed up and the validity of the results becomes lower. However, from the perspective of the practical applicability of the model, it is understandable to combine the separate steps in practice.

Furthermore, during the evaluation it was mentioned that speed is considered as an important feature for applying stakeholder management in an organization. Because of the turbulent environment mental healthcare organizations operate, these organizations need to be able to respond rapidly to stakeholder claims. The model of Preble (2005) indeed is rigid and not quickly applicable. For example, for the identification of stakeholder management extensive interviews were held with all center managers, but in the practical reality this is almost impossible. Because of this reality mental healthcare organizations operate in, every step should be adapted to the possibilities organizations have. For example, the identification of stakeholders also could be done by arranging a workshop with the managers of the different levels in the organization. This sort of solutions give the opportunity to execute the steps on a sufficient and achievable level, and therefore make it possible to apply the stakeholder management process model in practice.

6.3 Limitations

This study used an exploratory design to get insights in the application of the stakeholder management process model in the practice of mental healthcare organizations. Despite the good results, some limitations can be found in the execution of the model in the practice of GGzE.

The execution of the step 3 (determining performance gaps) was especially difficult to apply in the practice of GGzE. The stakeholder groups and the included stakeholders were clearly defined, but GGzE lacks the contact information of these stakeholders. Therefore, it was impossible to reach all stakeholders of the distinct stakeholder groups needed for the determination of performance gaps. To deal with this issue it was decided that only the stakeholders who were invited at the stakeholder conference (GGzE, 2011), would be included in this step. This resulted in a response of three stakeholder groups: healthcare organizations, non-governmental organizations, and organizations in the field or research and development. Furthermore, some difficulties appeared during the operationalisation of performance gaps. Little literature was found on the concept performance gaps.
and the literature found provided no clear funding of the concept. Therefore, it was difficult to define performance gaps for the context of mental healthcare organizations. Furthermore, the questionnaire on performance gaps was influenced by the practical interests of the organization and this decreased the scientific foundation of the questionnaire. Despite the limitations in the execution of this step, the study gives insight in the method of measuring performance gaps in the practice of mental healthcare organizations.

Furthermore, during the application of the stakeholder management process model most data were gathered at the organizational level. Only during the determination of performance gaps, data were gathered at the level of stakeholders. This has implications for the research because it is impossible to guarantee that stakeholders, who were only identified by managers from the organization, perceive themselves as a stakeholder in a certain stakeholder group. Therefore, organizational responses towards a stakeholder group can be misinterpreted by some stakeholders in this stakeholder group, because they do not feel part of the stakeholder group. If all steps of the analysis would have been conducted on both the level of the organization and the stakeholder, more accurate organizational responses towards the stakeholder groups would have been developed. However, because of time constraints and a lack of contact information of the stakeholders, this was not feasible in this study.

6.4 Recommendations for future research

Although, some limitations were found, this study has made substantial steps towards the understanding and application of stakeholder management in mental healthcare organizations. However, there is much research to be done to develop and test theory related to stakeholder management in mental healthcare organizations. Because the importance of stakeholder management for mental healthcare organizations is growing, more knowledge the integrative stakeholder management process model is needed.

Therefore, the next step towards an applicable and well funded stakeholder management process model is to apply the model in other mental healthcare organizations as well. This will give further input for the revision and adaption of the stakeholder management process model applied in mental healthcare organizations. And is the next step towards an integrated method for applying stakeholder management in mental healthcare organizations.

Furthermore, it is recommended to evaluate the effectiveness of stakeholder management based on the model of Preble (2005). This can be done by evaluating whether better relations are perceived by both the stakeholders and the organization. Also the performance of organizations, which apply the stakeholder management process model, can be measured. For example, do organizations which apply this method of stakeholder management reach their organizational objectives more efficient? Another possibility for investigating the effectiveness of the model is to measure whether
the clients notice an improved cooperation. Important is that these evaluations only can be done after stakeholder management is fully implemented.

6.5 Recommendations for practice

6.5.1 Recommendations for step 5 and 6 of the stakeholder management process model

In this study step 1 to 4 of the stakeholder management process model by Preble (2005) were included. However, according to the model, the next steps are to develop strategic responses towards the identified stakeholder groups (step 5) and monitor the position and expectations of the stakeholders (step 6). Therefore, recommendations will be given for the execution of these steps.

Based on the gaps between the objectives of the organization and the expectations of the stakeholder groups, and the prioritization of these stakeholder groups the next step is to develop organizational responses that help to minimize those gaps and attend to those priorities. Therefore, it is important to determine the goal of communication with every stakeholder group. Ruler (1999) developed a model for communication (figure 5). This model also can be applied for the communication with stakeholder groups. For example, definitive stakeholder groups, who’s claims have power, legitimacy, and urgency, have high priority and influence on the organization and therefore these stakeholders have to be influenced and furthermore information should be sent and received from this group. The goal of communication with definitive stakeholder groups, therefore, should be to engage in open dialogue with and build relationships to promote understanding and seek new ways of conducting business to greater mutual advantage. Informal open communication with key stakeholders on issues where potential conflicts or gaps are perceived, can help each party to more clearly define its position and motivation, leading to better collaboration (Preble, 2005).

<table>
<thead>
<tr>
<th>Goal of communication is:</th>
<th>Reveal information</th>
<th>Influence the stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send only</td>
<td>Informing</td>
<td>Persuading</td>
</tr>
<tr>
<td>Send and receive</td>
<td>Dialogue</td>
<td>Bonding</td>
</tr>
</tbody>
</table>

Figure 5: Communication framework (Ruler, 1999)

Furthermore, based on the underlying expectations of every stakeholder group, the main content of communication can be determined. Based on the accountability framework of Dansky & Gamm (2004), a division can be made. Communication with organizations with a clinical accountability should mainly focus on healthcare related issues. Communication with organizations with a political...
accountability should mainly focus on policy and regulations. If the goal is to communicate with organizations with a community accountability, the main focus should be on society interests. For stakeholder groups with a commercial accountability the main focus of communication should be on financial issues. For example, the main content of communication for the stakeholder group “healthcare organizations”, which have a clinical accountability, should mainly focus on healthcare related issues.

Furthermore, because stakeholder positions on issues tend to change over time, continuous monitoring of stakeholder expectations is recommended (step 6). Otherwise, it is possible that a stakeholder strategy is pursued which is no longer relevant.

6.5.2 Recommendations for stakeholder management at GGzE

For stakeholder management at GGzE it is essential to consider the primary objective of GGzE, to deliver the best care to people with specific psychiatric problems, as the starting point of stakeholder management. GGzE is a service provider in the purest sense and therefore the mission of the organization continually needs to be the reference point for the communication towards the stakeholders.

Because of the complex structure of GGzE it is important to define the level on which stakeholder management should be applied. GGzE is part of a chain of organizations involved in the delivery of mental healthcare to clients in the region. Therefore, GGzE depends on its stakeholders in reaching its objectives. Because it is important to speak with one voice to these stakeholders, it is recommended to develop an overarching strategy for stakeholder management at GGzE. This means that communication with stakeholders who are important for the objectives of the organization in general, should be arranged on strategic level. The stakeholder relations that only are applicable for a certain center at GGzE should be arranged on tactic level. And the individual relations with stakeholders should be arranged on operational level.

Furthermore, from the quantitative analysis among the stakeholders it turned out that stakeholders often don’t know with whom they should communicate at GGzE. Therefore, it would be valuable to assign for every stakeholder group an employee who is responsible for the communication with this stakeholder group and is contact person of the specific group. Furthermore, it is recommended to develop for every stakeholder group specific communication strategies. These strategies will help to guide communication with the distinct stakeholder groups in practice.

Another point that was noticed during the execution of this study was that at GGzE a lack of contact information of stakeholders exists and furthermore it is not clear which employees have relations with what stakeholders. This makes it difficult to have an unambiguous and clear message to the stakeholders, which opposes the effective reach of organizational objectives. Therefore, it is recommended to implement a relation management system at GGzE. Such a system links the stakeholders to persons in the organization and furthermore all activities and interactions involving a
stakeholder can be logged and eventually attached to a certain project or issue. The application of a relation management system can help to manage the several stakeholder relations and reach the organizational objectives by anticipating optimally to the stakeholder environment. Good relation management means speaking in a homogeneous way to the stakeholders and inform and use the stakeholders for the topics which are important for the organization.

Last, it is recommended to execute a stakeholder analysis of the stakeholder environment every 4 years, for example sequential with the distribution of the multi-year policy plan among the stakeholders. This method gives the possibility to stay aware of the stakeholder positions, and expectations. Besides this analysis it is recommended to regularly monitor the expectations and positions of stakeholders. Besides the informal communication with key stakeholders, this can be done by organizing stakeholder conferences and by executing social audits among the stakeholders.
References


Multiyear policy plan GGzE 2010-2013 (May, 2011).


Appendices

Appendix A: Topic list center managers (step 1)

Introductie

Doel van dit interview is bepalen wie de stakeholders zijn van het centrum X. Daarnaast bepalen wat GGzE nodig heeft van deze stakeholders en andersom of er op dit moment performance gaps zijn tussen stakeholders en centrum.

Voordat we naar de stakeholderslijst kijken wil ik graag van u horen wat volgens u de belangrijkste stakehoudergroepen zijn waarmee het centrum contacten heeft en wat volgens u de belangrijkste stakeholders in deze groepen zijn.

A. Stakeholder identificatie

1. In 2010 is naar aanleiding van de stakeholdersevaluatie een voorlopige lijst met stakeholders GGzE opgesteld. Zou u op basis van deze lijst (stakeholder evaluatie, 2010) aan kunnen geven met welke stakeholders u contacten heeft?

   - heeft u nog aanvullingen op de lijst zowel wat betreft stakeholders als stakehoudergroepen

2. Hoe verkrijgt het centrum X op dit moment informatie vanuit deze verschillende stakeholder/stakehoudergroepen. Waar gebruikt u bijvoorbeeld vragenlijsten, interviews met belangrijke informanten, formele klacht procedures, focus groups, adviescommissies, publieke bijeenkomsten, en informele afspraken.

   - Hoe verloopt de communicatie met de stakeholders, wat verschaft centrum aan info. en wat verschaft stakeholder aan info.?
   - Hoe vaak is er contact

B. Performance gaps

Een performance gap wil zeggen verwachtingen en belangen van een stakeholder of stakeholder groep niet aansluiten bij de doelen van het centrum of andersom.

Volgens het jaardocument 2010 heeft het centrum X de volgende missie, visie en doelstelling: .....

3. Dragen de huidige relaties met stakeholders bij aan het behalen van deze doelstellingen van het centrum?

   - In hoeverre bent u bekend met de verwachtingen en belangen van de stakeholder groepen van het centrum?
- In hoeverre hebben stakeholder groepen een beeld van de doelstellingen en verwachtingen van het centrum?
- Kunt u een aantal stakeholders noemen die bijdragen aan het behalen van de doelstellingen van het centrum?
- Kunt u een aantal stakeholders noemen die een negatieve invloed hebben op het behalen van de doelstellingen? Waarom hebben zij een negatieve invloed?
- Heeft u het gevoel dat u kunt voldoen aan de verwachtingen en belangen van de stakeholders?
- In hoeverre voldoen stakeholders aan de gestelde verwachtingen die nodig zijn voor het behalen van de doelstellingen van het centrum?

4. Kun je voorbeelden noemen van hoe de cliënten voordeel kunnen hebben van de relaties van het centrum met stakeholders?
- Hoe dragen de relaties bij aan betere zorg/meer tevredenheid bij de cliënt?
Appendix B: Results literature study (step 2)

<table>
<thead>
<tr>
<th>Title</th>
<th>Author, year of publication</th>
<th>Main concepts in the article</th>
<th>Underlying incentives of stakeholder groups found in literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toward a comprehensive model of stakeholder management.</td>
<td>Preble, J.F. (2005)</td>
<td>Stakeholder, stakeholder management (process)</td>
<td>General nature of stakeholder claims on the firm can range from an equity stake, to that of an influencer and in the middle economic/market stakes.</td>
</tr>
<tr>
<td>Stakeholder Expectations in Practice-Based Medicine.</td>
<td>Mills et al. (2003)</td>
<td>Accountability relationships, stakeholder conflicts, stakeholder expectations, values</td>
<td>Each of the stakeholders of an organization has expectations of the relationship, and each has evaluative criteria on which to judge whether their expectations have been met. Evaluative criteria of stakeholders are; professional competence, legal and ethical conduct, adequacy of access, financial performance, public health promotion, and community benefit</td>
</tr>
<tr>
<td>Accountability framework for managing stakeholders of health programs.</td>
<td>Dansky &amp; Gamm (2004)</td>
<td>Stakeholder groups, health services, accountability</td>
<td>Stakeholders can have concerns based on four domains of accountability; political domain, commercial accountability, clinical accountability, and community accountability.</td>
</tr>
<tr>
<td>Challenges in Health Care Management: Strategic Perspectives from Managing Key Stakeholders.</td>
<td>Blair &amp; Fottler (1990)</td>
<td>Stakeholders, Stakeholder management</td>
<td>Stakeholders of healthcare organizations can be categorized as either supportive, non-supportive, mixed blessing, or marginal</td>
</tr>
<tr>
<td>Stakeholder management in a hyperturbulent health care environment.</td>
<td>Rotarius &amp; Liberman (2000)</td>
<td>Stakeholders, stakeholder management</td>
<td>Stakeholder groups slide along a continuum between accommodating and antagonistic. When the majority of individual stakeholders in a stakeholder group is interested in seeing the organization achieve the majority of its goals, the stakeholder group is called accommodating. Antagonistic stakeholder groups contain individual stakeholders mostly interested in achieving their own goals</td>
</tr>
</tbody>
</table>
Appendix C: Questionnaire external stakeholders (step 3)

Geachte heer, mevrouw,

Bij deze wil ik u graag uitnodigen voor deelname aan een vragenlijst ten aanzien van stakeholder management bij GGzE. Stakeholder management heeft als doel om de fit tussen de verwachtingen van de stakeholders enerzijds en de doelstellingen van de organisatie anderzijds te vergroten. Een eerste stap hierin is gezet tijdens de stakeholdersbijeenkomst GGzE van 16 juni jl. waarvoor u ook uitgenodigd was.

Deze vragenlijst is bedoeld om de onderlinge relaties tussen de verschillende stakeholders van GGzE in kaart te brengen (het stakeholder netwerk) en om een algemeen inzicht te krijgen in de verwachtingen van de stakeholders. Het invullen van de vragenlijst duurt ongeveer 15 minuten.

De aanbevelingen die volgen uit dit onderzoek vormen de input voor de verdere implementatie van stakeholder management binnen GGzE. Het wordt daarom zeer gewaardeerd als u deze vragenlijst in zou willen vullen!

De vragenlijst is opgesteld in het kader van een onderzoek aan de Universiteit van Tilburg, in opdracht van de Raad van Bestuur van GGzE. De gegevens uit dit onderzoek zullen enkel worden gebruikt voor dit onderzoek.

Ik wil u vragen om de ingevulde vragenlijst uiterlijk dinsdag 11 oktober te retourneren i.v.m. de planning van dit onderzoek. Mocht u na het invullen van de vragenlijst nog vragen of opmerkingen hebben, dan kunt u terecht bij ondergetekende via jpa.rijkers@ggze.nl.

U kunt de vragenlijst openen via de volgende link:

www.thesistools.com/stakeholdersvragenlijst.

Ik hoop op uw medewerking!

Met vriendelijke groet,

Jeroen Rijkers
A. Stakeholdersrelaties

1. Voor welke organisatie bent u werkzaam?

2. In welk van de onderstaande stakeholdergroepen zou u uw organisatie plaatsen? Graag aankruisen wat van toepassing is, meerdere antwoorden zijn mogelijk.

- Cliëntenorganisaties
- Financiers
- Zorginstellingen
- Maatschappelijke organisaties
- Instellingen op het gebied van onderzoek en ontwikkeling
- Instellingen op het gebied van veiligheid
- Overheid en inspecties
- Anders, namelijk…

In dit onderzoek wordt het concept stakeholder als volgt gedefinieerd:

Een stakeholder kan het behalen van de doelen van een organisatie beïnvloeden en/of wordt beïnvloed door het behalen van de doelen van een organisatie (Freeman, 1983).

In vraag 3 t/m 7 wordt bevraagd of u de organisaties die vallen onder de stakeholdersgroepen; cliëntenorganisaties, zorginstellingen, maatschappelijke organisaties, instellingen op het gebied van onderzoek en ontwikkeling en overige organisaties, kenmerkt als stakeholder van de organisatie waarvoor u werkt. Daarnaast wordt de frequentie van contact met de organisaties die u als stakeholder kenmerkt bevraagd.

Zou u voor iedere organisatie aan willen geven of u deze organisatie als stakeholder kenmerkt en zo ja, wat de frequentie van contact is. Voor de frequentie van contact met de stakeholder kunt u kiezen uit de volgende antwoorden; minder dan 3 keer per jaar contact, 3 tot 6 keer per jaar contact, meer dan 6 keer per jaar contact. Als u een organisatie niet als stakeholder kenmerkt hoeft u voor deze organisatie dus niets aan te kruisen.

3. Welke organisaties in de onderstaande lijst zijn stakeholders van de organisatie waarvoor u werkzaam bent en hoe vaak heeft u contact met deze organisaties?

<table>
<thead>
<tr>
<th>Organisatie (per stakeholder groep)</th>
<th>Frequentie van contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dit is een stakeholder van de organisatie waarvoor ik werk</td>
<td>&lt; 3 x per jaar contact</td>
</tr>
</tbody>
</table>

<p>| Cliëntenorganisaties: | Labyrint |</p>
<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ypsilon</td>
<td></td>
</tr>
<tr>
<td>St. zelfhulpnetwerk Eindhoven/kempenland</td>
<td></td>
</tr>
<tr>
<td><strong>Zorginstellingen:</strong></td>
<td></td>
</tr>
<tr>
<td>Novadic-Kentron</td>
<td></td>
</tr>
<tr>
<td>De ondernemende huisarts</td>
<td></td>
</tr>
<tr>
<td>SGE</td>
<td></td>
</tr>
<tr>
<td>Catharina ziekenhuis</td>
<td></td>
</tr>
<tr>
<td>Maxima medisch centrum Veldhoven</td>
<td></td>
</tr>
<tr>
<td>St. Anna zorggroep</td>
<td></td>
</tr>
<tr>
<td>Amaranant</td>
<td></td>
</tr>
<tr>
<td>Kempenhaeghe epilepsiecentrum</td>
<td></td>
</tr>
<tr>
<td>Koraal groep</td>
<td></td>
</tr>
<tr>
<td>Libra zorggroep, loc. Blixembosch</td>
<td></td>
</tr>
<tr>
<td>Stichting ORO</td>
<td></td>
</tr>
<tr>
<td>Viataal</td>
<td></td>
</tr>
<tr>
<td>Regionale stichting zorgcentra de Kempen</td>
<td></td>
</tr>
<tr>
<td>Savant thuiszorg</td>
<td></td>
</tr>
<tr>
<td>Stichting St. Annaklooster</td>
<td></td>
</tr>
<tr>
<td>Vitalis WoonZorg groep</td>
<td></td>
</tr>
<tr>
<td>Diagnostiek voor U</td>
<td></td>
</tr>
<tr>
<td>Zuidzorg</td>
<td></td>
</tr>
<tr>
<td>Stichting Fast</td>
<td></td>
</tr>
<tr>
<td>Ananz Geldrop (onderdeel st. Anna zorggroep)</td>
<td></td>
</tr>
<tr>
<td>De Zorgboog Bakel</td>
<td></td>
</tr>
<tr>
<td>Stichting Valkenhof</td>
<td></td>
</tr>
<tr>
<td>SRE</td>
<td></td>
</tr>
<tr>
<td>SVVE de Archipel</td>
<td></td>
</tr>
<tr>
<td>PoZob</td>
<td></td>
</tr>
<tr>
<td>Lunetzorg</td>
<td></td>
</tr>
<tr>
<td>GGzE</td>
<td></td>
</tr>
<tr>
<td><strong>Maatschappelijke organisaties:</strong></td>
<td></td>
</tr>
<tr>
<td>Domein</td>
<td></td>
</tr>
<tr>
<td>Trudo</td>
<td></td>
</tr>
<tr>
<td>Woonbedrijf</td>
<td></td>
</tr>
<tr>
<td>Woningbelang Valkenswaard</td>
<td></td>
</tr>
<tr>
<td>Wooninc.</td>
<td></td>
</tr>
<tr>
<td>Leger des Heils</td>
<td></td>
</tr>
</tbody>
</table>
B. Stakeholder en GGzE

Dit laatste deel van de vragenlijst gaat over het beeld dat u heeft van GGzE, de verwachtingen die u heeft van GGzE en de mogelijkheden voor samenwerking van uw organisatie met GGzE.

4. Algemene beeld GGzE

De volgende vragen hebben betrekking op het algemene beeld dat u als stakeholder van GGzE heeft. Voor de beantwoording van deze vragen worden hieronder de missie en visie weergegeven.

De missie van GGzE is de beste zorg bieden aan mensen met bijzondere psychiatrische problemen.

Die visie van GGzE is om samen met de cliënt en naastbetrokkenen te bepalen welke behandeling het beste aansluit op de behoefté van de cliënt. Het zo goed mogelijk functioneren en deelnemen aan de maatschappij is daarbij het uitgangspunt. GGzE investeert in het bijzonder in een gezondmakende en gastvrije behandelomgeving, omdat zij van mening is dat dit het herstel ten goede komt. Als gevolg van de toenemende specialisatie in de zorg is voor GGzE en haar cliënten een goede samenwerking met ketenpartners van groot belang.

A. Kunt u op een schaal van 1 tot 5 weergeven of u bekend bent met de missie van GGzE?
1. niet bekend .................. 5. volledig bekend
B. Kunt u op een schaal van 1 tot 5 weergeven of u bekend bent met de visie van GGzE?
1. niet bekend……………… 5. volledig bekend
C. Kunt u op een schaal van 1 tot 5 aangeven in hoeverre de missie en visie van GGzE aansluiten bij uw verwachtingen van GGzE?

D. Welk cijfer zou u geven als u het imago van GGzE moest beoordelen? (op een schaal van 1 tot 10).

E. Welk cijfer zou u GGzE als samenwerkingspartner op het gebied van patiëntenzorg geven? (op een schaal van 1 tot 10)

5. Uw verwachtingen van de activiteiten van GGzE

De volgende vragen hebben betrekking op de verwachtingen die u heeft van de activiteiten van GGzE.

A. Welke verwachtingen heeft u van GGzE op het gebied van patiëntenzorg?

B. Welke verwachtingen heeft u in het algemeen van GGzE?

C. In hoeverre is er tot dusver aan uw verwachtingen voldaan?

D. Waar sluiten de verwachtingen van uw organisatie niet aan bij de missie en visie van GGzE?

6. Mogelijkheden in de samenwerking

De volgende vragen hebben betrekking op de mogelijkheden voor verdere samenwerking met GGzE.

A. Wilt u als stakeholder meer betrokken worden bij de activiteiten van GGzE?
B. Zo ja, welke mogelijkheden in de samenwerking met GGzE zijn er volgens u om te komen tot een nog betere zorg voor de cliënt?

Bedankt voor het invullen van de vragenlijst.
Appendix D: Questionnaire on stakeholder salience (step 4)

Beste deelnemer,

Ik wil je bij dezen vragen onderstaande vragenlijst met betrekking tot stakeholder management in GGzE in te vullen. De vragenlijst heeft betrekking op de stakeholder salience van de externe stakeholder groepen gerelateerd aan GGzE. Stakeholder salience is de mate waarin managers prioriteit geven aan de verschillende verwachtingen van belanghebbenden. Het invullen van de vragenlijst neemt ongeveer 10 minuten in beslag. Uw deelname aan dit onderzoek is anoniem.

GGzE interacteert (direct of indirect) met verschillende groepen die belang hebben in het opereren van GGzE. Deze groepen, stakeholders genoemd, zijn onder te verdelen in; cliëntenorganisaties, financiers, zorginstellingen, maatschappelijke organisaties, instellingen op het gebied van onderzoek en ontwikkeling, instellingen op het gebied van veiligheid en de overheid en inspectiediensten. Vanzelfsprekend, verschillen deze groepen op verschillende gebieden. Het doel van deze vragenlijst is om aan de hand van uw percepties te beoordelen hoe stakeholder groepen verschillen op diverse kenmerken.

Wilt u alstublieft aangeven in hoeverre de volgende stellingen waar zijn voor iedere stakeholder groep. U kunt daarvoor in ieder vakje aangeven, op een schaal van 1 (helemaal niet) tot 7 (in grote mate), in hoeverre de stakeholder groep bij de stelling past.

Alvast bedankt voor uw medewerking!

Met vriendelijke groet,

Jeroen Rijkers

Start vragenlijst

1. Deze stakeholder groep kan een financiële impact hebben op GGzE

   [ ] Cliëntenorganisaties  [ ] Financiers  [ ] Zorginstellingen  [ ] Maatschappelijke organisaties
   [ ] Onderzoek en ontwikkeling  [ ] Instellingen op het gebied van veiligheid  [ ] Overheid  [ ] Inspectiediensten

2. GGzE heeft een gunstige invloed op deze stakeholder groep

   [ ] Cliëntenorganisaties  [ ] Financiers  [ ] Zorginstellingen  [ ] Maatschappelijke organisaties
   [ ] Onderzoek en ontwikkeling  [ ] Instellingen op het gebied van veiligheid  [ ] Overheid  [ ] Inspectiediensten
3. Aanzoeken van deze stakeholder groep vereisen gewoonlijk onmiddellijke aandacht

4. Deze stakeholder groep heeft wettelijke eisen op GGzE

5. De financiële steun van deze stakeholdergroep is belangrijk voor GGzE

6. Affiliatie met deze stakeholder groep vergroot het prestige van GGzE

7. De vragen van deze stakeholder groep sluiten gewoonlijk aan bij de hoofdzaak van onze werkzaamheden.

8. GGzE is financieel afhankelijk van deze stakeholder groep

9. Deze stakeholder groep heeft rechten binnen GGzE
10. De behoeften van deze stakeholder groep zetten gewoonlijk druk op GGzE

11. Deze stakeholder groep heeft de budgettaire middelen die GGzE nodig heeft

12. GGzE beroept zich op the middelen die door deze stakeholder groep verschaft worden

13. De samenleving verwacht dat GGzE voldoet aan de behoeften van deze stakeholder groep.

14. Deze stakeholder groep heeft een positieve reputatie in de maatschappij

15. GGzE is verantwoordelijk voor het welzijn van deze stakeholder groep
16. Associatie met deze stakeholder groep verhoogd de status van GGzE

17. Meestal zijn de verzoeken van deze stakeholder groep dringend

18. Relaties met deze stakeholder groep vergroten het imago van GGzE

Dit is het einde van de vragenlijst. Bedankt voor het invullen!
## Appendix E: Log

<table>
<thead>
<tr>
<th>Step</th>
<th>Goal</th>
<th>Main activities + date</th>
<th>Success factors</th>
<th>Failure factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stakeholder identification</td>
<td>Identify relevant external stakeholder groups of Adult and elderly psychiatry and determine performance gaps of these stakeholders with center, and determine what is currently done on stakeholder management</td>
<td>Planning interviews with center manager of all six centers of adult and elderly psychiatry (29-07)</td>
<td>Interviews with all six center managers were planned</td>
<td>Difficulties to make appointments with center managers because of vacation period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prepare topic list based on articles (01-08)</td>
<td>The main outline of the topic list is ready</td>
<td>Few articles present a semi-structured interview outline for identifying stakeholders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interview with center manager Autism Wil Smits (15-08)</td>
<td>- stakeholders identified - performance gaps clear - recommendation to contact the program manager</td>
<td>- no contact information of stakeholders - stakeholders were only identified from the managers point of view</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interview with center managers psychotic disorders Peter Damen &amp; Wil Smits (17-08)</td>
<td>- clear explanation of the multiple stakeholder relations of the center - clear which stakeholders are most important for the center - performance gaps between center and stakeholders are clear</td>
<td>- no contact information of the stakeholders</td>
</tr>
<tr>
<td>Interview with center manager</td>
<td>- stakeholders of the medical center are clear</td>
<td>- medical center is divided in a medical care part and a mental care part, only information about the medical part has been gathered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>medical center Marecille van Herpen (24-08)</td>
<td>- assistant-manager also participated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- performance gaps were identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview with center managers supported living Eric van Daele en Ad van Asseldonk (25-08)</td>
<td>- before the interview the managers asked the location coordinators to identify their stakeholders this result in a comprehensive list of the stakeholders of the center</td>
<td>none</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- stakeholders were identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- performacen gaps clear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- method of stakeholder management clear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview with center managers elderly psychiatry André Fransen en Rob Lammers (25-08)</td>
<td>- stakeholders identified</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- performance gaps clear</td>
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<tr>
<td></td>
<td>- method of dealing with stakeholders is clear</td>
<td></td>
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<tr>
<td>Interview with center manager Promenzo Tom Niesten (01-09)</td>
<td>- follow-up appointment planned with Josje Taabe</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>- not all stakeholders were clear</td>
<td></td>
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<tr>
<td></td>
<td>- performance gaps not identified</td>
<td></td>
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<tr>
<td></td>
<td>- insufficient insights in stakeholder relations because the more internal focus of Tom</td>
<td></td>
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</tr>
<tr>
<td>Step</td>
<td>Activity</td>
<td>Details</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
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<td>-------</td>
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</tr>
<tr>
<td>2. Determining underlying nature stakeholder expectations</td>
<td>Determine the nature of stakeholder expectations</td>
<td>Literature study</td>
<td>To fit the healthcare sector the variables equity, economic and influencer were transformed to the variables political expectations, financial expectations, clinical expectations, and community expectations. Are all underlying expectations identified? The incentives determined in the literature are not linked to the stakeholder groups in a validated way.</td>
<td></td>
</tr>
<tr>
<td>3. Determining performance gaps</td>
<td>Determine the performance gaps perceived by the stakeholders</td>
<td>A questionnaire was sent to the stakeholders who were invited at the stakeholder day.</td>
<td>- performance gaps were partly identified - network data gathered on part of the data - difficulties in finding a validated questionnaire - not all stakeholders identified in the first step did receive a questionnaire, only the stakeholders invited at the stakeholder day were requested to fill in the questionnaire. - No contact information of all stakeholders - not all</td>
<td></td>
</tr>
</tbody>
</table>
stakeholders responded, difficulties to come up with a complete stakeholder network.
- Response was relatively low

| 4. Determining stakeholder salience | Prioritize stakeholder expectations | A questionnaire was sent to the center managers, assistant-center managers and directors of the division adult-geriatric psychiatry | - validated questionnaire found
- all center managers filled in the questionnaire
- relatively high response rate | - the questionnaire had to be adapted to context of healthcare organizations, lower validity.
- some struggles with the board of directors about scientific vs. strategic importance of the questionnaire
- several adaption circles were needed before the questionnaire met both conditions |
Appendix F: Topic list process and effect evaluation

1. Waarom zou GGzE actief met stakeholder management bezig moeten zijn volgens u?

In dit afstudeeronderzoek wordt een eerste aanzet gedaan voor verder stakeholder management. Er is een stakeholder analyse uitgevoerd binnen divisie 2 waarin de volgende stappen toegepast zijn;

1. Stakeholder identificatie
2. Bepalen onderliggende aard van belangen van stakeholders
3. Bepalen performance gaps en stakeholder network
4. Bepalen stakeholder salience
(5. Strategic response)
(6. Monitoren stakeholder verwachtingen en bijstellen beleid)

2. Sluit deze aanpak aan bij uw beeld van stakeholder management?
   - Wat ontbreekt? Teveel/te weinig

Graag zou ik met u het proces en effecten m.b.t. de uitvoering van deze stappen evalueren.

2. In de eerste stap was het doel om de stakeholders van divisie 2 te identificeren, hiervoor zijn de volgende punten bevraagd bij het centrummanagement van divisie 2:
   - identificatie stakeholders a.h.v. stakeholder evaluatie 2010.
   - performance gaps tussen stakeholder en centrum zijn bepaald.
   - bevraagd hoe externe stakeholders op dit moment gemanaged worden.

A. Is het doel zo voldoende behaalt?
B. Draagt dit aan bij stakeholder management binnen GGzE?
C. Wat vindt u van deze aanpak? Wat gaat goed? Wat kan beter?

3. In de tweede stap was het doel om de onderliggende aard van belangen van stakeholders te bepalen d.m.v. een literatuurstudie.
   - politiek belangen: control en legitimacy. Stakeholders in deze categorie zijn toonaangevend voor de vorming van beleid en reguleren en stellen de normen binnen mental healthcare. (financiers, zorginstellingen, overheid)
   - commerciële belangen: richten zich op waarde creërende activiteiten en begeleiden financiële transacties (financiers)
   - klinische belangen: doeltreffendheid en effectiviteit van de zorg die ervaren wordt door de cliënt en zorgverlener is belangrijk (cliëntenorganisaties, zorginstellingen, maatschappelijke organisaties)
   - gemeenschaps belangen: belang is een dat het zorgsysteem een bijdrage levert aan de algemene gezondheid en welzijn van de gemeenschap (instellingen op het gebied van O&O, overheid)

A. Is het doel zo voldoende behaalt?
B. Draagt dit bij voor stakeholder management binnen GGzE?
C. Wat vindt u van deze aanpak? Wat gaat goed? Wat kan beter?
4. In de derde stap is een vragenlijst verspreid onder een groep externe stakeholders. Doel was om de volgende punten te meten:
- stakeholder netwerk: waar bevind GGzE zich t.o.v. andere stakeholders, welke relaties zijn er tussen stakeholders.
- wat zijn de performance gaps bezien vanuit de stakeholder?

A. Is het doel zo voldoende behaald?
B. Draagt dit bij voor stakeholder management binnen GGzE?
C. Wat vindt u van deze aanpak? Wat gaat goed? Wat kan beter?

5. In de vierde stap is een vragenlijst verspreid onder centrummanagement, deze vragenlijst had het volgende doel;
- stakeholder salience meten onder stakeholder groepen van GGzE. Welke stakeholders krijgen prioriteit?

A. Is het doel zo voldoende behaald?
B. Draagt dit bij voor stakeholder management binnen GGzE?
C. Wat vindt u van deze aanpak? Wat gaat goed? Wat kan beter?

6. Slotvraag: Heeft deze aanpak het potentieel om te voldoen aan het oorspronkelijke doel van stakeholder management?
Appendix G: Logic model of the applied stakeholder analysis at GGzE

1. Resources
   - Interview centre managers
   - Literature review
   - Center managers (interviews) and external stakeholders (questionnaire)
   - Assistant centre managers, centre managers and head of division (questionnaire)

2. Activities
   - Stakeholder identification
   - Determining nature of stakeholder expectations
   - Determining performance gaps
   - Determining stakeholder salience
   - Develop strategic responses for stakeholder groups
   - Monitor stakeholder positions and expectations

3. Outputs
   - Overview of the stakeholder groups of division
   - Insights in the incentives of the distinct stakeholder groups
   - Performance gaps between centers and stakeholders are determined
   - Stakeholder groups identified that should be prioritized for organizational responses

Short- and long-term outcomes

- Better fit between the objectives of the organizations and the expectations of the stakeholders
- Better able to address the stakeholder demands
- More efficient communication with different stakeholders
- Better fit between the objectives of the organizations and the expectations of the stakeholders
- Improved management of stakeholders and their expectations which results in a more effective and better reach of organizational objectives

Planned work

Intended results
### Appendix H: Evaluation plan for the applied stakeholder model

<table>
<thead>
<tr>
<th>Evaluation focus area</th>
<th>Audience</th>
<th>Questions</th>
<th>Indicators</th>
<th>Method of evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Managing board of division adult and geriatric psychiatry</td>
<td>Do the resources used to give input for the step in the stakeholder management process model provide enough input?</td>
<td>Log of actual activities executed</td>
<td>Compare the actual resources acquired against anticipated resources needed to apply the stakeholder management process model</td>
</tr>
<tr>
<td>Resources</td>
<td>Board of directors GGzE</td>
<td>Has the organization the resources needed to apply this method of stakeholder management?</td>
<td>Log of actual activities executed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Managing board of division adult and geriatric psychiatry</td>
<td>How well went the process of every step?</td>
<td>Theoretical description of activities, log of actual activities and qualitative review with the managing board</td>
<td>Compare the application of the stakeholder management process model against what was proposed in the stakeholder management process model</td>
</tr>
<tr>
<td>Activities</td>
<td>Board of directors GGzE</td>
<td>Are all steps useful for stakeholder management?</td>
<td>Descriptions of planned activities, log of actual activities and qualitative review with the board of directors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Managing board of division adult and geriatric psychiatry</td>
<td>Is every step applicable in the practice of mental healthcare organizations? Have the theoretical expected outcomes of every step been reached?</td>
<td>Log of actual activities executed Qualitative review with the board of directors</td>
<td>Compare the quality and quantity of the actual delivery against expected outputs of the stakeholder management process model</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Board of directors GGzE</td>
<td>Is the stakeholder management process model applicable for mental healthcare organizations? Fits the stakeholder management process model to the objectives of mental healthcare organizations?</td>
<td>Log of actual activities executed Qualitative review with the board of directors</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix I: Stakeholder evaluation GGzE

### Cliëntenorganisaties

<table>
<thead>
<tr>
<th>Regionale cliënten- en patiëntenorganisaties</th>
<th>Stichting Platform Gehandicaptenbeleid Eindhoven</th>
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<tbody>
<tr>
<td></td>
<td>Stichting Zorgbelang Brabant</td>
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<table>
<thead>
<tr>
<th>Patiënten- en ouderverenigingen</th>
<th>Alzheimer Zuidoost Brabant</th>
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<tbody>
<tr>
<td></td>
<td>Labyrint – In perspectief Eindhoven e.o.</td>
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<tr>
<td></td>
<td>LOC zeggenschap in de zorg</td>
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<td></td>
<td>Nederlandse Vereniging voor Autisme</td>
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<tr>
<td></td>
<td>Overleg van Ouderenorganisaties (OVO), Eindhoven</td>
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<tr>
<td></td>
<td>Regionale Federatie van Ouderverenigingen</td>
</tr>
<tr>
<td></td>
<td>Stichting Zelfhulp Netwerk Zuidoost Brabant</td>
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<td></td>
<td>Ypsilon, afdeling Eindhoven en de Kempen</td>
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</tbody>
</table>

### Financiers

<table>
<thead>
<tr>
<th>Zorgverzekeraars, waaronder</th>
<th>CZ zorgverzekeraars</th>
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<tbody>
<tr>
<td></td>
<td>UVIT (Univé-VGZ-IZA-Trias)</td>
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<table>
<thead>
<tr>
<th>Zorgkantoor</th>
<th>Zorgkantoor Zuidoost Brabant</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Gemeenten</th>
<th>Aalst-Waalre, Bergeijk, Best, Bladel, Cranendonck Eersel, Eindhoven, Heeze-Leende, Geldrop-Mierlo, Oirschot, Reusel-De Mierden, Veldhoven, Valkenswaard</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Ministeries</th>
<th>Economische zaken</th>
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<tbody>
<tr>
<td></td>
<td>Veiligheid en justitie</td>
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<td></td>
<td>Volksgezondheid, Welzijn en Sport</td>
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<thead>
<tr>
<th>Diversen</th>
<th>Provinciale Raad voor de Volksgezondheid in Noord-Brabant</th>
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<tbody>
<tr>
<td></td>
<td>Provincie Noord-Brabant</td>
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<tr>
<td></td>
<td>Wetenschappelijk Onderzoek- en Documentatie Centrum</td>
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<tr>
<td></td>
<td>(Ministerie van Veiligheid en Justitie)</td>
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<td></td>
<td>ZON-MW</td>
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</tbody>
</table>
## Zorginstellingen

### andere GGZ-instellingen
- Altrecht, Utrecht
- Arkin, Amsterdam
- De Bascule, Amsterdam
- Emergis, Centrum voor geestelijke gezondheidszorg in Zeeland, Goes
- GGZ Breburg, Tilburg
- GGZ Drenthe, Assen
- GGZ Friesland, Leeuwarden
- GGZ inGeest, Amsterdam
- GGZ Kinderen en Jeugd Rivierduinen, Leiden
- GGZ Nederland, Amersfoort
- GGZ Noord-Holland-Noord, Alkmaar
- GGZ Oost Brabant, Rosmalen
- GGZ Westelijk Noord-Brabant, Halsteren
- Mensana, RIBW Noord- en Midden Limburg, Venlo
- Mondriaan voor geestelijke gezondheid, Heerlen
- Nederlands Psychoanalytisch Instituut, Amsterdam
- Lentis, Groningen
- Orbis GGZ, Sittard
- Reinier van Arkel groep, Den Bosch
- Parnassia Bavo Groep, Schiedam
- Pro Persona, Nijmegen
- Psychotherapeutisch centrum De Viersprong, Halsteren
- Regionaal Centrum geestelijke gezondheidszorg, Weert
- Regionaal Orgaan Eerstelijns Psychologen (ROEP) Zuidoost Brabant
- Reakt Groep, dagbesteding en rehabilitatie, Den Haag e.o.
- Riagg Zuid, Roermond
- Riagg Maastricht
- RIBW Gooi- en Vechtstreek
- Symfora Groep, Amersfoort
- Vincent van Gogh voor geestelijke gezondheidszorg, Venray
- Virenze

### forensische en penitentiaire instellingen
- Forensisch Psychiatrisch Centrum de Kijvelanden, Rhoon
- Forensisch Psychiatrisch Centrum de Rooyse Wissel, Venray/Maastricht
- Justitiële jeugdinrichting Den Hey-Acker, Breda
- Palier, forensische en intensieve zorg, Den Haag
- Penitiaire inrichtingen, Vught
- Van der Hoeven Stichting, Utrecht
| jeugdzorg | • Bijzonder Jeugdwerk Brabant, Deurne  
• Bureau Jeugdzorg Gelderland, Arnhem  
• Bureau Jeugdzorg Overijssel, Zwolle  
• Bureau Jeugdzorg Limburg, Roermond  
• Bureau Jeugdzorg Noord-Brabant, Eindhoven  
• Bureau Jeugdzorg Zuid-Holland, Den Haag  
• De Combinatie Jeugdzorg, Eindhoven  
• MOgroep commissie Jeugdzorg, Utrecht  
• Stichting Tender Jeugdzorg, Breda |
| verslavingszorg | • Novadic-Kentron, Vught  
• Tactus verslavingszorg, Deventer |
| eerstelijns zorgverleners | • De Ondernemende Huisarts (DOH)  
• Diagnostiek voor U, Eindhoven  
• Fast, regionale ondersteuningsorganisatie voor de eerste lijn in Zuidoost-Brabant, Noord-Limburg en Nijmegen e.o.  
• Huisartsen Eindhoven en omgeving  
• Praktijkondersteuning Zuidoost Brabant (PoZoB)  
• Stichting Gezondheidscentra Eindhoven (SGE) |
| ziekenhuizen | • Academisch Ziekenhuis Maastricht  
• Catharina-ziekenhuis, Eindhoven  
• Máxima Medisch Centrum, Veldhoven  
• St. Anna Zorggroep, Geldrop |
| verstandelijke en lichamelijke gehandicaptenzorg | • Amarant, Tilburg  
• Dichterbij, Stroomgebied van de Maas  
• Epilepsiecentrum Kempenhaeghe, Heeze  
• Koraalgroep, Sittard  
• Libra Zorggroep, Eindhoven  
• Lunet zorg, Eindhoven  
• ORO, Helmond  
• Samenwerkende Woon- en Zorgvoorzieningen (SWZ) regio Zuidoost- en Noordoost-Brabant  
• Stichting ORO, Helmond  
• Trajectum Hoeve Boschoord, Zwolle  
• Viataal, Sint Michielsgestel  
• Zonnehuizen, Eindhoven en omgeving |
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<th>Maatschappelijke en overige organisaties</th>
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| verpleging en verzorging               | • Ananz, Geldrop  
• De Zorgboog, Bakel  
• Hospice De Regenboog, Eindhoven  
• Land van Horne, Weert  
• Regionale Stichting Zorgcentra De Kempen, Bladel  
• Savant Zorg, Helmond  
• Sint Annaklooster, Eindhoven  
• Sint Joris Zorg, Oirschot  
• SVVE De Archipel, Eindhoven  
• Valkenhof, Valkenswaard  
• Vitalis WoonZorg Groep, Eindhoven |
| thuiszorg                              | • Meldpunt vrijwillige thuiszorg, Eindhoven  
• Zorgmed, Eindhoven  
• Zuidzorg, Eindhoven |
| Maatschappelijke en overige organisaties |  |
| woningcorporaties                      | • Domein, Eindhoven  
• Trudo, Eindhoven  
• Woningbelang, Valkenswaard  
• Woningstichting Aert Swaens, Veldhoven  
• Woningstichting De Zaligheden, Eersel  
• Woonbedrijf, Eindhoven  
• Wooninc., Eindhoven |
| maatschappelijke opvang                | • Leger des Heils, Eindhoven  
• NEOS, Eindhoven |
| welzijn/maatschappelijk werk           | • DommelRegio, Zuidoost Brabant  
• Gecoördineerd Ouderenwerk De Kempen (GOW)  
• Loket W, Eindhoven  
• Lumens groep, Eindhoven  
• MEE Zuidoost Brabant, Waalre |
| instellingen voor interculturalisatie en emancipatie | • Mikado, Rotterdam |
| Instellingen voor werk en dagactiviteiten | • Atlant Groep, Helmond  
• Carte Blanche, Eindhoven  
• Ergon, uitvoeringsorganisatie van de Wet Sociale Werkvoorziening en Re-integratie in de regio Eindhoven  
• WSD-groep, Boxtel |
| reclassering                           | • Reclassering Nederland |
### Overig
- Brabants Ondersteuningsinstituut Zorg (BOZ), Tilburg
- Centrum Indicatiestelling Zorg, Tilburg
- FIOM district Zuid
- GGD Brabant Zuidoost, Helmond
- Instituut voor Gebruikersparticipatie en Beleid, Amsterdam
- Samenwerkingsverband Regio Eindhoven (SRE)
- Steunpunt Mantelzorg Verlicht, Eindhoven
- Stichting Opmaat, Eindhoven
- Stichting Slachtofferhulp Nederland, regio Zuidoost Brabant
- Stichting Stedencontact Eindhoven Bialystok, Eindhoven

### Instellingen op gebied van O&O

#### universiteiten en hogescholen
- Fontys Hogescholen
- HBOV opleidingen van Rotterdam, Utrecht en Arnhem
- TU/e
- Universiteit Maastricht
- Universiteit van Tilburg

#### voortgezet middelbaar en speciaal onderwijs
- Regionaal Opleidingen Centrum Eindhoven
- Regionaal Samenwerkingsverband Voortgezet Onderwijs (RSV-VO)
- Saltho Onderwijs (onderdeel van de Koraal groep)

#### expertisecentra
- Calibris, kenniscentrum voor leren in de praktijk in Zorg, Welzijn en Sport, Bunnik
- Expertisecentrum voor Onderwijs en Epilepsie De Berkenschutse, Heeze
- Landelijk kenniscentrum Licht Verstandelijk Gehandicapten (LVG), Utrecht
- LCVT landelijk centrum voor vroegkinderlijke Chronische Traumatisering, Amsterdam
- Nederlands Kenniscentrum Ouderenzorg, Zeist
- Planetree Nederland
- Platform Multifunctionele Centra (MFC), Utrecht
- Trimbosinstituut, Utrecht

#### diversen
- Brainport Eindhoven
- Infoland (initiatiefnemer van Leerstation Zorg)
- Philips BV. Eindhoven
- Transvorm voor werken in zorg en welzijn, Tilburg

### Instellingen op gebied van veiligheid

#### politie
- Politie Brabant Zuid Oost

#### justitie
- Openbaar Ministerie Arrondissement „S- Hertogenbosch
- Raad voor de Kinderbescherming
<table>
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<th>Overheid en inspecties</th>
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| ministeries           | - Economische zaken, Landbouw en Innovatie  
- Veiligheid en Justitie  
- Ministerie van VWS |
| provincie             | - Provincie Noord Brabant |
- Intergemeentelijke Sociale Dienst (ISD) De Kempen, Bladel |
| inspecties            | - Arbeidsinspectie  
- Inspectie voor de Gezondheidszorg |