Stakeholder Mapping & Engagement

A stakeholder is any individual, group, or organisation that has an interest in, is affected by, or can influence a health project. This may include clinicians, managers, patients, community members, policymakers, or external partners.

What is stakeholder mapping?

Stakeholder mapping identifies and visualises stakeholders to understand their roles, interests, influence, and perspectives. It supports effective engagement and helps anticipate implementation barriers. It may not be practical or necessary to engage with all stakeholder groups at every stage throughout your project, but it is important to know who your project may influence

What are the steps in stakeholder mapping?

1. **Identify potential stakeholders.**

   Use the TRIP Stakeholder Mapping Table (worksheet or interactive form) to list all relevant individuals and groups who may have an interest in your project now or in the future. See Table 1 for suggestions.

2. **Analyse stakeholders.**

   Consider their:

   a. Perspective and objectives, as they relate to the project.
   b. Role and capacity to engage in your project.
   c. Likely level of support for, or opposition to, your project.
   d. Interest in your project and potential motivations.
   e. Level of influence/power, and potential impact on the project.

3. **Prioritise level of engagement.**

   Consider the level of engagement each stakeholder will require. Use Table 2 to consider engagement goals and strategies.

4. **Map engagement.**

   Use the TRIP Stakeholder Matrix (worksheet or interactive form) to categorise stakeholders by influence and interest.

5. **Engage stakeholders.**

   Engage early to build trust and gather insights into context, barriers, and enablers.

   Maintain communication throughout the project.

   See Table 3 for strategies to engage stakeholders and share research knowledge.

6. **Monitor and evaluate.**

   Regularly review stakeholder engagement and adjust strategies as influence and interest change over time.

> Tip!
>
> Revisit your stakeholder map regularly. Influence and interest can shift throughout the project. Changes to your stakeholder map can influence the communication plans you have with your stakeholder groups.

What is a Stakeholder Matrix?

A stakeholder matrix helps identify and prioritise individuals or groups who can influence or be affected by your TRIP project. It supports effective engagement strategies by mapping stakeholders according to their power and interest. This ensures that communication and involvement are tailored to maximise support, reduce resistance, and enhance the success of implementation efforts.

Elements of the stakeholder matrix

Axes

X-axis: Level of impact/interest

This axis reflects how much a stakeholder cares about or is affected by the project's outcomes, e.g. their level of concern, involvement, or benefit from the project.

Y-axis: Level of power/influence

This axis represents a stakeholder's ability to influence the project's success or direction, e.g., through decision-making authority, resources, or leadership.

Quadrants

High Power + Low Interest: Keep Satisfied *These individuals have influence but limited interest. Keep them informed and satisfied to avoid resistance.*	**High Power + High Interest:** Manage Closely *These stakeholders can significantly influence the project and are highly invested. Engage them actively and keep them closely involved in decisions.*
Low Power + Low Interest: Monitor *These individuals have minimal impact or concern. Monitor their engagement with minimal effort unless their status changes.*	**Low Power + High Interest:** Keep Informed *These stakeholders care about the project but do not hold significant authority. Ensure regular communication to maintain their support.*

Table 1. Potential stakeholders.

Patients, Carers & Community Representatives *People with lived experience and their advocates* • Patients (current, former, prospective; inpatient, outpatient, ED) • Families, carers, and guardians • Priority populations (e.g. Aboriginal and Torres Strait Islander peoples, CALD communities, people with disability, older adults, children) • Consumer advisory groups and lived-experience representatives • Community leaders and elders • Advocacy and consumer peak bodies • Patient experience and engagement committees	**Hospital / Health Service Clinical Staff** *Those delivering direct care* • Medical staff (consultants, registrars, junior doctors, VMOs) • Nursing and midwifery workforce (RNs, ENs, NPs, NUMs) • Allied health professionals and assistants • Aboriginal health workforce and liaison roles • Clinical educators and trainers • Clinical directors and heads of department • Multidisciplinary team committees
Non-Clinical Hospital / Health Service Staff *Essential enablers of implementation* • Executive leadership and board members • Operations and patient flow teams • Administrative and clerical staff • Digital health, IT, and informatics teams • Data, analytics, and reporting units • Finance, procurement, and HR • Communications and engagement teams	**Governance, Quality & Risk** *Oversight, compliance, and safety* • Clinical governance committees • Quality and safety units • Risk, legal, and compliance teams • Ethics committees and research governance offices • Privacy and data governance officers • Accreditation and standards teams • Infection control and medication safety committees
Community-Based Clinicians & Services *Critical for continuity of care* • General practitioners and primary care teams • Primary Health Networks and community health centres • Aboriginal Community Controlled Health Organisations (ACCHOs) • Community nursing and allied health services • Mental health, drug and alcohol services • Aged care and disability service providers • Social care and housing support services	**External Organisations & Partners** *Influencers beyond the health service* • Federal, state, and local health departments • Local health districts / networks • Professional colleges and peak bodies • Universities and research institutes • Non-government and not-for-profit organisations • Commercial partners (pharma, MedTech, digital health) • Evaluation, consulting, and advisory groups
Education, Training & Workforce Development *Sustainability and scale-up* • Universities, TAFEs, and training providers • Clinical educators and simulation centres • Student placement coordinators • Workforce planners and development units • Professional development and CPD providers • Registration and credentialing bodies • Workforce regulators	**Funding, Commissioning & Oversight Bodies** *Those who enable or constrain implementation* • Government funders and commissioners • Grant and research funding bodies • Public and private health insurers • Performance and accountability agencies • Auditors and regulators • Value-based care or reform programs
Media, Public & Advocacy Influencers *Shaping perception and uptake* • Health journalists and media outlets • Public health organisations • Advocacy and campaign groups • Social media and digital health influencers • Community awareness initiatives	**Special Project-Specific Stakeholders** *Often overlooked but high impact* • Champions / opinion leaders • Early adopters • Sceptics / resistors • Project sponsors / Steering committee • Implementation facilitators • Evaluation teams • Data custodians • Legal advisors • Industrial relations / unions

Table 2. Engagement goals and strategies.

	Less engagement ◄——► More engagement				
Purpose:	**To inform**	**To Consult**	**To Involve**	**To Collaborate**	**To Co-Design**
Goal:	Provide clear, timely information to stakeholders understand what's happening	Seek input and perspectives, and obtain feedback before making decisions	Engage throughout the process to ensure their views shape outcomes	Partner closely in decision-making	Empower to make decisions through equal partnership
Examples of Engagement	Newsletters Emails Infographics Information sessions Social media Seminars	Forums Surveys Focus groups Written feedback on draft plans	Working groups Workshops to identify priorities Test prototypes	Joint governance structures Co-develop project plans/resource Steering groups	Delegated decisions Co-design workshops Develop and pilot co-branded resources

Modified from www.iap2.org/resource/resmgr/foundations_course/IAP2_P2_Spectrum_FINAL.pdf

Table 3. Activities used to link research to action.

PUSH EFFORTS Efforts by researchers to disseminate research evidence to knowledge users	**PULL EFFORTS** Efforts by knowledge users to access and use research evidence	**EXCHANGE EFFORTS** Efforts focused on building and maintaining relationships between researchers and knowledge users
• Journal articles • Overviews • Evidence summaries • Guidelines • Policy briefs • Conferences • Webinars • Press releases • Social Media • Websites • Toolkits • Academic detailing	• Knowledge brokers • Program champions • Opinion leaders • Training • Capacity building • Audit/Feedback • Electronic reminders • IT Decision support • Task substitution • Financial incentives	• Steering committees • Advisory groups • Priority-setting exercises • Facilitated meetings • Communities of Practice • Networks/Partnerships • Community-based participatory research

From Grimshaw, J.M., Eccles, M.P., Lavis, J.N., Hill, S.J., & Squires, J.E. (2012). Knowledge translation of research findings. *Implementation Science, 7*(1).

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