The Ann Noble Research Award 2023 Submission

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Dissertation Title: An investigation into inequities internal stakeholders face throughout a healthcare construction project.

Academic Rationale

Healthcare developments tend to be incredibly complex, long and expensive projects with many stakeholders from different fields of expertise inputting into the work. Traditionally, internal governance structures are commissioned for healthcare providers developing projects to ensure effective and accountable decision making throughout the lifespan of a project – a project may have numerous tiers of internal governance including User Groups, Project Boards and Programme Boards along with several other workstreams enabling the project to move forward. Internally these separate groups all have different stakeholders, each with different influence and power. Externally to these governance structures, a large amount of healthcare staff are ultimately impacted by the decisions made within these projects.

Project management processes lead project teams towards well researched and practiced methods of running projects, with the aim of delivering the project within budget, within programme and ensuring the brief is delivered. One element of project management is stakeholder engagement and management. A stakeholder for real estate developments can be defined as anybody or any group that could affect or be affected by the success or failure of a project is a stakeholder. A select few stakeholders are invited to 'sit at the table' when considering project development, often these stakeholders are senior members of their respected fields – leading consultants, heads of nursing / matrons, leaders of departments – many of whom may not be involved in the day-to-day running of complex departments. This may lead to the needs of staff working in the spaces daily not being considered. Derogations and changes to spaces are often required meaning potential compromises to ensure the space is functional or physically fits, difficult conversations are often had internally to decide how best to proceed, whether spaces are reduced or dropped altogether – this decision may fall to members on a programme board that aren't necessarily aligned between themselves, let alone aligned with the staff that their decision impacts.

Theories around primary and secondary stakeholder theory, stakeholder management processes and power interest matrix all aid project teams to pinpoint and closely manage stakeholders to ensure project success. This potentially leads to biased focus on appeasing stakeholders with the power, potentially leading to views and opinions of internal stakeholders with less power being ignored. Alternative forms of engagement like the Ladder of Participation have been researched and implemented in other fields, opportunities to expand use of alternative theories may benefit the built environment development process.

This dissertation will investigate whether the methods of internal stakeholder engagement for healthcare construction projects delivers equitable, functional spaces for internal staff. It will explore whether there is an opportunity to improve internal stakeholder engagement to add value to the healthcare built environment. Finally, the research will examine the power and influence dynamic distributed between stakeholders to discuss if there is an inequity amongst stakeholders and users.

Research Questions

1. Do healthcare development and redevelopment projects allow for optimum internal stakeholder engagement or is there a level of inequity between stakeholders?
2. Are internal stakeholders with the power to influence development of spaces aligned to stakeholders that will work with the outcome of their decisions?
3. Are there opportunities to introduce other internal stakeholder engagement tools or theory into redevelopment projects to improve equity?

Methodology

The methodology of this work will include evaluation research, literature reviews and documentary analysis. The data collected for this work will consist of primary and secondary qualitive data. Collection of this data will include literature reviews, study of existing governance structures / minutes of board meetings, questionnaires, and interviews with staff experienced in hospital development in the following fields:

- Project / Redevelopment Directors
- Project team members
- Clinical, medical and ancillary staff.

Funding Expenditure

If successful, the award will be put towards academic books for research along with covering costs for any travel and accommodation to document any examples of healthcare facilities in the hope Architects for Health can partner me with a practitioner with connections across the UK – I am a London based Healthcare Planner with exposure to acute hospital developments with little exposure and few contacts outside of London hospitals, hopefully expanding my dissertation from a regional to a national level in the hope of achieving a more holistic capture of healthcare projects across the UK. Additionally, if the dissertation receives positive reception an element of the award would go towards attending and hopefully presenting at a number of conferences related to the healthcare built environment.