(RESEARCH ARTICLE)

UN SDG 3 and Context-specific effects of stakeholder engagement on health care service delivery and policy implementation: A local government health sector case study in Pakistan's Complex Governing Structure

Sulman Naeem *

Researcher, Department of Management, Cardiff Metropolitan University, United Kingdom.

Abstract

In this study effects of context-specific stakeholder involvement in implementing the health care related policies as well as providing health care services in the Gujrat, Pakistan local government's health sector is empirically explored. Semi-structured interviews were used to collect qualitative dataset from government bureaucrats, healthcare providers and civic representatives. The study found enhanced operational efficiency, better health outcomes are outcomes of successful stakeholder engagement achieved through collaborative partnerships and participatory methods. Conversely, these improvements face major complications due to resistance from some stakeholders who are motivated by entrenched malpractices and political agendas. This study highlights importance of inclusive and transparent governance system by classifying strategies for incorporating stakeholder interest/s, concerns into policy-making. Current paper advances study of stakeholder theory by highlighting significance of addressing power dynamics and consequences of stakeholder involvement in health sector.

Keywords: Stakeholders Theory; Stakeholder Engagement; Public Private Partnership; Philanthropy; Pakistan; Gujrat; Health Sector

1. Introduction

The UN's SDG 3 aims to ensure universal, equitable health care by 2030 through accessible infrastructure, stronger health workforces, and financial protection, with a focus on underserved communities and preventive care (UN, 2015). In health sector, engaging stakeholder is vital for allocation of resources policy implementation and advocates for considering stakeholders in decision making, enabling strategic value creation, and long term sustainability (Ahmed et al, 2023; Azam, 2023; Mahajan et al, 2023; Jones-Khosla and Gomes, 2023; Rajablu et al, 2014). In Pakistan's local government, involving stakeholders such as communities, NGOs, local authorities, and civil society is essential for increasing capacity building as well as visibility of healthcare efforts in the local government sector. Involving stakeholders promotes collaboration, accountability, and openness, (Noor et al, 2022).

Additionally, it is necessary to consider stakeholders' ideas and input into account while developing policies as well as implementing initiatives for healthcare sector. This can be achieved by making collaborative arrangements that guarantee the participation of a diverse stakeholders. As according to (Noor et al., 2022) developing and implementation of policies as well as decision-making depend on a comprehensive approach to stakeholder participation in Pakistan's local government health sector.

Stakeholder engagement establishes sustainable healthcare system/s (Mujtaba et al., 2024) as it prioritizes and put needs, rights of everyone's especially vulnerable and disadvantaged group/s. Principal goal of engaged approach should

* Corresponding author: Sulman Naeem

build capacity equip stakeholders with relevant information and capabilities required to engage efficiently in formulating policies, ease the decision making process and monitor impact of healthcare initiatives. Moreover, stakeholder participation can bring enhanced accountability, openness, and address trust deficit between government and its constituents in health care department (Graffigna et al, 2015). Sustainable development goal can be achieved with a must have approach to engage stakeholders to address complex issues faced by government agencies in Pakistan.

No research study has undertaken a full review of stakeholder theory (ST) research in Pakistan, but it's crucial for providing an up-to-date overview and guiding future progress. A systematic review of the entire field is particularly significant and crucial as there is a lack literature on the current topic of stakeholder theory and engagement in the local health sector in Pakistan having adopted definitive approach, as endorsed by (Noor et al., 2022) in her study. Therefore, the current empirical qualitative study fills this gap and offer descriptive understanding of the current stakeholder engagement in local health sector in Pakistan. This research paper aims to fill this gap and offers empirical analysis of stakeholder engagement in the local health sector of Pakistan. Research will explore current practices of stakeholder engagement in local health sector of Pakistan and analyse the challenges and opportunities faced by stakeholders in participating effectively in decision-making processes (Graffigna et al, 2015).

Furthermore, this empirical paper assesses the impact of stakeholder engagement processes, experiences of local government bureaucrats on the development and implementation of health policies at the district government level of Pakistan. To achieve this paper employs qualitative methodologies with a case study approach. The findings of current research paper provide valuable insights for policymakers, government officials, and healthcare practitioners in Pakistan regarding the importance of stakeholder engagement.

2. Literature Review

Stakeholder theory is a concept that assists in management of organisation's operations emphasizing the importance of considering diverse needs and interests of all parties involved in the work of an organisation (Schaltegger et al., 2019). The term 'stakeholder' originated from business management scholarship referred to any group or individual affected or can be affected by the outcome of an organisation (Mahajan et al, 2023; Bahadorestani, Naderpajouh and Sadiq, 2020; PMI, 2017, Hendricks et al, 2018). This definition is described as classical and most cited definition (Scholl, 2001b). However, there has been some criticism from authors like Mitchell et al, (1997), described Freeman's description as one of the broad definitions of stakeholder. Philips in (1997), argued that freeman's (1984), is very broad and definition involves the inclusion of dangerous and risky group e.g. 'terrorists' in the category of stakeholder/s. In response to the criticism freeman (2004), modified his definition stating "those groups who are crucial and have central importance to the survival and the success of organization".

Some narrow viewed meaning of stakeholders for example emphasize on the organisation's economic, social as well as moral survival. Social survival means the organisational capacities in establishing sustaining and supporting moral/ethical relationships with concerned groups. Glicken in (2000), described the term as individual or a group influenced by and have the capability to radically affect negatively or positively. The combination of "affect and is affected" is the common aspect used in stakeholder definitions. Friedman and Miles (2006), stated that the aforementioned statement is essential as it emphasizes on the importance of identifying all of the affected stakeholders involved in a given situation in hand e.g. individuals or groups external to the organisation might believe negatively treated or affected by the resultant process or by a decision/s lead by the organisation.

Roberts and Mahoney in (2004) observed 125 studies that used stakeholder term and established majority of researchers used it without making precise reference to a exact definition or used the term to for different concepts yet, inclusion of stakeholder/s in the processes of decision-making became ever more attractive in diverse professional fields of policy making, regulators, government and non-government organisations (Reed, et al., 2009, De Gooyert et al, 2017).

Nevertheless, scholars of stakeholder theory (Reed et al, 2009; Parmer et al, 2010; De Gooyert et al, 2017; Greenwood et al, 2018; Crane et al, 2018) argues, on one common debate of narrowed definition is still dependent on broad definition; public as taxpayer funds the organisation to get the improved services they require in return; therefore, public becomes the ultimate group of stakeholder at large whose interest and influence should not be neglected. Thus, broad definition of stakeholder theory allow inclusivity of all parties and is unfinished theory.

Therefore, in light of the above the researcher argue that broadness of definition makes theory less practical for public sector organisation's every day management and decision making hence, becoming challenging to identify genuine stakeholders for public sector organisation to focus strategically in country like Pakistan where every situation is vital

and requires identifying specific and relevant stakeholders that are affected or can affect the organisational matter/s in hand. As stakeholders definition suggests it is two way formal or informal relation based approach between an organisation and its service user/s to work collaboratively and achieve common objectives.

2.1. Stakeholder Theory

Since publishing of book on strategic management in (1984) authored by Freeman, numerous researches has been conducted and published validated the acceptance of stakeholder theory as a complete theory. Despite such efforts (Jones and Wicks, 1999) contend that stakeholder theory is still unclear in explaining the nature of relationships between a given organisation, people, and other organisations capable to participate in decision making despite of its thirty years existence on management agenda. As Gomes, (2004; 2006) and Sarturi, et al, (2023) argue that stakeholder theory doesn't describe systematically the complex relationship/s between an organisation and the people from its environment.

Similarly Donaldson and Preston, (1995) raised some concerns on it full acceptance as the theory still need describing stakeholders interaction with institutions, develop framework/s to examine links between management practices of stakeholders and achievements of various objectives driven by performance as well as define how an organisation needs to provide honest support and treat relationship with stakeholders fairly. Gomes, (2006) and Sarturi et al, (2023) argue that stakeholder theory is an unfinished theory and requires explanations on relationships between organisations, people, and community groups in their environment. Pakistan has its own unique culture and complex governance system in public sector organisations in which stakeholder theory has not been comprehensively applied and understood in its own context as it has been largely studied in western countries. Therefore, there is a need of stakeholder theory advancement in Pakistani context.

Work of (Donaldson et al, 1995) on this theory holds significant esteem in literature on management, Donaldson and Preston (1995) advanced the scholarly work on stakeholder theory by presenting justification for its acceptance on the basis of descriptive accuracy, instrumental power, as well as normative validity, whereas; (Friedman et al, 2006) acknowledge descriptive contribution and extended these three theoretical approaches into descriptive (how organisations/businesses operate/s in terms of managing their stakeholders), instrumental aspect refers to (how to achieve objective/s through stakeholder management), and normative (how organisation/s should function in light of moral principle) that each describes perspectives.

Donaldson and Preston, (1995); Friedman and miles, (2006); Rose et al, (2018) described distribution of stakeholder theory into three categories and its three different uses i.e. 1) Descriptive theory, 2) Instrumental theory and 3) Normative theory. *A)* Descriptive approach to understand, that theory can be used as a description of an organisation used to describe: the nature/behaviour of organisation, such as how an organisation behaves and how leader/s or manager/s perceives managing, engagement with stakeholders and how board member/s can consider the interest/s of corporate activities. *B)* The instrumental use of theory refers to the connections identification, and lack of connectivity among management of stakeholders and achievement/s of established organisational aims. Moreover, instrumental use of theory is about the management of relationship with stakeholders as organisation's behavior can have negative or positive effects on performance as well as its various stakeholders regarding profitability and growth. *C)* Finally, normative use of theory refers, to understand the functions of an organisation and identify ethical or philosophical rules and procedures for the operational management of an organisation. Rose et al, (2018) asserted and highlighted normative aspect has not been described in detail in the context of public sector whereas; normative use of theory describes how an organisation should treat their various stakeholder groups and identifies person or groups with legitimate interest as stakeholders. Normative aspect becomes even more contested since public sector organisations are not owned by shareholders rather funded by their taxpayer/s. Therefore, it is very important to know and respect diverse interests of different stakeholders and should be regarded as non-contentious stakeholders less likely to cause disruption (Saebo et al, 2011).

This research paper employs a descriptive and instrumental approach to examine the stakeholders in the local government's health sector. It explores their communication, engagement, and relationships with various stakeholders, shaping the overall perception of organizational behaviour and influencing how service providers perceive the services. Thus, will fulfil the knowledge gap in the context of South Asia, specific to Pakistan's public sector context. Following empirical work of (Musonda, et al, 2024; Ramatsoma et al, 2023; Sarturi et al, 2023; Pouloudi et al, 1997; Daake and Anthony, 2000; Nwagbara, 2015; Harrison et al, 2015; Desai, 2018; Shubham et al, 2018) studied the applicability of stakeholder theory on various areas of organisation i.e. organisational decision making (Ahmed et al, 2023; Azam, 2023; Castillo, 2022) and planning processes, institutional CSR processes, performance especially operating in complex environments, corporate governance, community participation and influence with different strategies to develop and

engage with them efficiently (Acquah et al, 2023; Ismail et al, 2023) . Harrison et al, (2015) found stakeholder theory a useful perspective that addresses important issues as it offers interpretation of diversity of concepts, models and phenomenon across diverse disciplines and varying context i.e. economics, finance, philosophy, marketing, law, management and public administration. Aforementioned mentioned scholarly suggestions paves way for this research in hand to study stakeholder theory in public sector context of Pakistan and describe underlying concepts of organisation's collaborative processes of stakeholder engagement with end/service user's known as local stakeholders within its jurisdictions.

2.2. Health Sector Stakeholder's and Engagement

Individuals or groups can affect or are affected by the work and accomplishments of an institute's objectives (Petts et al, 2000; Li et al, 2012a, 2012b; Zhuang et al, 2019). Based on principle characteristics e.g. organisational aim and objectives, and impact by frequent socio - political influence/s distinguishes public sector from private sector as public sector pursue the agenda of non-profit objectives although it is responsible to meet stakeholder/s expectations i.e. improvement in healthcare service delivery, health related education, health related research and development, prevention of control on contagious diseases i.e. Dengue, Covid-19 etc.

The health sector provide services that are critical for the welfare of population and public in return pays/fund the public sector organisation through taxes whereas; private sector adopts profit maximization approach and generally funded by its own resources. (Johnson et al, 2002) emphasize on the organisation's capability to address stakeholder's expectations as these are dependent on organisation to accomplish their personal objectives and on them organisation is also dependant. Engaging with stakeholders, as stated by (Bell, Morse, and Shah, 2012), is viewed favourably as it provides an avenue for expressing diverse opinions and perspectives beyond narrow interests and limited knowledge. Twigg (1999) highlights the potential benefits of stakeholder participation, such as better decision-making, local capacity and knowledge enhancement, consideration of diverse perspectives, and fostering shared long-term cooperative decisions.

Horney et al. (2016) view participation as an opportunity that brings new capacities and knowledge, leading to sustainable and more efficient outcomes. Stakeholders also enhance their understanding of processes of decision-making and how their involvement impact results. It is noted that connection strengthens relationships between stakeholders and decision-makers, fostering confidence, technical skills, cooperation, and critical awareness among participants consequently individuals feel empowered to influence decision. While participation processes may take longer than conventional methods, they have the potential to ensure fairness and propose relevant solutions for conflicting situations.

(Le Feuvre et al., 2016) emphasize participation's vital role in decision-making, advocating for empowerment, impartiality, trust, and learning in stakeholder engagement. Ndlovu and Newman (2022) argued that PPPP can facilitate sustainable practices and strengthens engagement processes and this is essential in health care. Prioritizing meaningful involvement empowers participants, as outlined by (Tippett et al., 2005). Early engagement is crucial throughout the decision-making process, from conceptualization to evaluation, ensuring high-quality and enduring outcomes. (Hermans et al, 2011) advocate for stakeholder participation to enhance monitoring and evaluation. Furthermore, (Zheng et al, 2020) emphasised on the need of collaborative efforts in public-private partnerships, particularly in service delivery for vulnerable populations. Effective engagement can also bolster transparency, accountability, sustainability, and stakeholder positivity (Sulemana, Musah, and Simon, 2018). Effective stakeholder engagement can transform and redefine the public service delivery.

In terms of stakeholder of public sector context there is a universal agreement that government sector is composed of having a various types of stakeholders with potentially diverging and often unclear purposes (Castlenovo, 2013; Maj, 2015; Godenhjelm and Johanson, 2016; Hwabamungu et al, 2018). (Donaldson et al, 1995:67) described managing stakeholders requires key feature, attention to legal interest of all suitable stakeholders in organisational structures, policies and decision making. The scholarly work by (Donaldson et al, 1995; Freeman, 1984; and Mitchell et al, 1997) on this theory provided direction that characteristics of stakeholder theory can enable identification of key stakeholders and establishes relative influence of stakeholders and their objectives. Narbel and Muff (2017) discussed the evolving nature of stakeholder theory, highlighting its limitations and the need for adapting strategies that acknowledge diverse stakeholder needs.

As according to (Van Gestel et al, 2014; Knox, 2015; Cairney, 2015; Reypens et al, 2016; Voorberg et al; 2017; Hambleton; 2019) that major challenge/s public sector management face is dealing with complexity to realise, control, influence and hold accountable. Within the public sector context, stakeholder engagement is a recommended as a tool

for improving service delivery outcomes by balancing different outcomes and perspectives from diverse stakeholders that develop more robust communities (Martin, 2010). Shi and Song (2018) argue that selection of social capital in PPP can significantly affect project out comes and stakeholder satisfaction.

This argument makes a strong case for the researcher to utilize this tool stakeholder theory to examine local government stakeholders and explain under-researched phenomenon in public sector organisation operating in complex multi sector collaborative environment of local government. This study descriptively analyse organisation's engagement processes with local government stakeholder in selected case of Gujrat, Pakistan.

Scholars (Lehtinen et al, 2018; Reypens et al, 2016; Salem et al, 2012;) argue stakeholder's theory assist managers operating in complex setting due to problem solving tools and techniques it possesses. Pakistan's health sector is regarded as key driver of solution for local communities welfare problems as provide health services and bound to perform legitimate public centric duties and it has interests in ensuring effective functioning of their local service delivery with other local department/s e.g. education, health, community development, civil defence, agriculture and roads and transportation for local resident.

Therefore, a better and in-depth understanding of local stakeholders and appropriate navigated engagement with identified stakeholders can empower the local authorities to make better timely decisions to maximise its servicing and perceptual impact on its service users. Therefore, it is imperative for local authorities to timely identify the developing interest/s of stakeholders directly or in partnership in the interests of places and public that prevent any conflicting situations. The following table describes the stakeholders based on analysis of local government's health sector structure in selected case study of Gujrat.

Table 1 Reference: (Author's own work, 2024)

Stakeholder Category	Description
Local Government	Local Governing body responsible for local health policies, funding, and oversight.
Healthcare Providers	Private clinics, hospitals, and other healthcare facilities providing medical services.
Patients & Families	Individuals receiving healthcare services and their family members.
Health Workers	Medical professionals, doctors, nurses, & allied health workers.
Community Organizations	Non-governmental organizations (NGOs), local charities, & volunteer group/s involved in health initiatives.
Community Leaders	Influential local figure/s, including elected official/s and informal community head/s.
Educational Institutions	Schools, colleges, & universities that may participate in health education & training.
Private Sector Stakeholders	Local businesses, industries such as pharmaceutical companies, insurance firms, & private clinics.
Employers	Local businesses that contribute to the health sector through employee health benefits & wellness programs.
Professional Associations	Organizations representing the interests of healthcare professionals, such as medical societies and nursing associations.

Table (1) highlight the diverse range of stakeholders involved in the health sector at the local district level, each critical in ensuring well-being and health services for local residents. Scholars suggested to categorize stakeholder typology based on power, legitimacy, and urgency related to organization (Mitchell et al, 1997; Noor, et al., 2022). They identified four main stakeholder groups: primary stakeholders, having high power, legitimacy, and urgency; secondary stakeholders, who have high legitimacy and urgency.

2.3. (Market) & (Non Market) Stakeholders of health sector

The group of stakeholders in an organisation's commercial setting are identified as market stakeholders as these engages in economic transaction/s with the organisation in order to provide goods and commodities and other services to the society (Lawrence, 2010). The below table 2 shows the primary stakeholders of local health department of Gujrat.

Table 2 Reference: (Authors own work, (2024)

Stakeholder Group	Examples and Roles
Local Government Officials and Agencies	Elected Representatives: Mayors, city council members Health Departments: Public health officials; Planning and Zoning Authorities: Urban planners
Healthcare Providers	Hospitals and Clinics: Public and private institutions; Healthcare Professionals: Doctors, nurses, pharmacists; Community Health Centers: Essential services providers
Community Organizations and Non-Profits	Advocacy Groups: Public health and patient rights advocacy; Non-Governmental Organizations (NGOs): Health services and education
Educational Institutions	Schools and Universities: Health education and training; Public Health Programs: University-led health initiatives
Business and Industry	Local Businesses: Employers invested in community health; Pharmaceutical and Medical Device Companies: Providers of health products and services
Residents and Patients	Community Members: Users of healthcare services; Patient Advocacy Groups: Representatives of patient interests
Insurance Providers	Local Health Insurance Companies: Providers of health insurance plans
Media and Public Information Outlets	Local News Outlets: Newspapers, radio, TV stations; Social Media Influencers: Advocates on social media platforms
State and Federal Government Agencies	State Health Departments: Guidance and funding providers;
Law Enforcement and Emergency Services	Police and Fire Departments: Collaborators in emergencies; Emergency Medical Services (EMS): Urgent medical care providers

This above table 2 categorizes the primary stakeholders and provides examples and roles for each group, illustrating their involvement and influence in the local health sector.

2.4. Secondary: Non-market stakeholders

refer to individuals as well as groups who are impacted by and therefore, can affect key strategic priorities and goals however, such group or individual/s do not necessarily participate directly in monetary transactions with the organisation (Lawrence, 2010). These are known as secondary stakeholders typically involve communities, multiple levels of state and nongovernmental organisations, press outlets, special interest groups, and the public at large.

Table 3 Reference: (Authors own work, 2024)

Stakeholder Group	Examples and Roles
Educational Institutions (Non-health related)	Schools and Colleges: Influence public health through education and community engagement programs Vocational Training Centres: Provide health-related training courses
Faith-based Organizations	Religious Institutions: Community support and health outreach programs Faith-based Charities: Offer health services and support
Community Groups and Civil Society Organizations	Neighbourhood Associations: Advocate for community health needs Youth and Women's Groups: Address health education and services
Media and Communication Channels	Local Newspapers, Radio, and TV Stations: Spread information and raise health awareness Online Media and Bloggers: Influence public perceptions of health issues
Local Businesses and Employers	Employers and Business Owners: Invest in employee health and wellness programs Chambers of Commerce: Advocate for health-related business policies
Utility and Service Providers	Water and Sanitation Services: Ensure clean water and sanitation Electricity and Gas Providers: Meet energy needs of health facilities and the public
Transport and Infrastructure Agencies	Public Transportation Authorities: Provide access to healthcare facilities Urban Planning Departments: Design health-supportive communities
Environmental Organizations	Local Environmental Groups: Work on pollution control and sustainability Conservation Societies: Advocate for environmental health initiatives
Technology and Data Companies	IT Firms and Data Analysts: Support health information systems and telehealth Start-up's and Innovators: Develop new health technologies
Financial Institutions and Donors	Banks and Credit Unions: Offer financing for healthcare projects Philanthropic Foundations: Provide grants and funding for health initiatives
Legal and Regulatory Bodies	Local Courts and Legal Services: Enforce health regulations Regulatory Agencies: Oversee compliance with health laws and standards

This table categorizes the secondary stakeholders and provides examples and roles for each group, illustrating their indirect but significant impact on the local health sector.

2.5. Stakeholder identification and prioritization

Is a crucial step in stakeholder engagement (Luca et al., 2022) stakeholder engagement can be illustrated that it is a process through which government sector engage with identified stakeholders in order to achieve set targets and its objective/s related a particular activity and in case of LG's Health sector it can be improvement of service delivery. To initiate the process of engagement the main step is to identify who and what comprises a stakeholder (Freeman, 1984, Goodpaster, 1991) moreover, analyze stakeholders on three principles i.e. based on Governance, value , and dynamism (Lehtinen et al, 2020). It aids in understanding the different interests, concerns, and needs of stakeholders and allows for targeted and effective engagement strategies.

Various factors contribute to successful stakeholder engagement in the local government's health sector in Pakistan. These factors include effective communication channels, collaborative decision-making processes, mutual trust and respect, transparency and accountability, and regular feedback mechanisms. Stakeholder degree of influence in project interest is crucial in identification and prioritization process for ensuring effective stakeholder participation in Pakistan's local government's health sector (Oguz, A., 2022). Moreover, Noor et al. (2022) states that stakeholder participation in Pakistan's local government health sector should represent people's different perspectives and their needs.

Furthermore, it is central to understand power dynamics among participating stakeholders and recognise interdependencies as well as linkages among them. This knowledge can support process of policy making for stakeholders by attending their issues and concerns, as well as foster collaboration in Pakistan's health sector. (Luca, D, F. et al., 2022).

Mitchell et al. (1997), recognized legitimacy as well as power the central part of attributes in all-inclusive stakeholder identification model, and it is based on narrow as well as broad types of stakeholder definitions. As per Mitchell et al. (1997) a group in a relationship possessing power to a certain extent may prove to be 'coercive (threatening), utilitarian or normative' thus can enforce its will on the relationship.

Mitchell et al. (1997) followed (Suchman's, 1995) legitimacy description, which presents a generalized opinion that activities of an individual are appropriate within socially constructed setting or system of customs, values, and beliefs. Suchman (1995) described urgency as, (1) time sensitivity an extent to which administration either postpone or take care in dealing with claim or a relationship can be intolerable to the stakeholders, and other is criticality; it is claims value or affiliation of the stakeholder.

On the basis of these two characteristics, described 'urgency' as the level of extent to which stakeholder seek urgent attention (Mitchell et al, 1997). An individual or a group possessing one of the three identified attribute/s (power, legitimacy or urgency) is called latent stakeholder. Author further stated that group/s or an individual having two identified attributes are "expectant stakeholder". These are dominant, dependent and risky stakeholders.

An individual or group with two stakeholder attributes can be active or passive. As indicated by Mitchell et al. (1997) level of interaction among management or administration and the participation of these expectant stakeholders is likely to be very high. Moreover, seventh classified stakeholders of this typology is known as "definitive stakeholder", and in this category individual or groups of stakeholders are powerful, legitimate as well as have urgent claims for example, community of shareholder and stockholders is an example of stakeholders.

As per this typology, entities, individuals or groups who do not possess or have none of the attribute e.g. power, legitimacy or urgency are not viewed as stakeholders. A key aspect of identification framework introduced by Mitchell et al (1997) is that attributes keeps on changing and none of the attribute/s is fixed or time constrained. As stakeholder's claim might be genuine and legitimate at one time however, not on another occasion. Furthermore, a stakeholder might be in a power and at authoritative position at one time, however, not at another time. According to model's it is illustrated that that a person or a group who has one (or two) attribute/s and their concerning issues are low (or moderate) might rise up to moderate level (or high) by achieving missing characteristic.
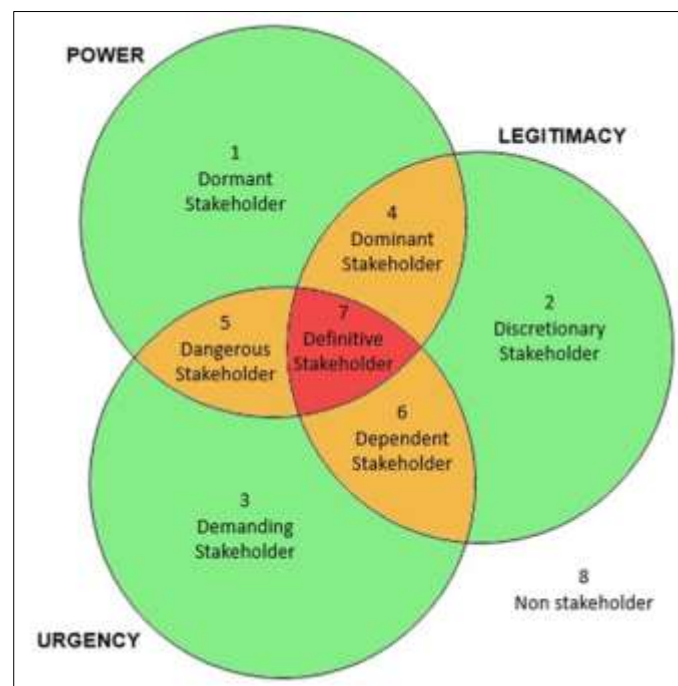

Figure 1 Mitchell et al, (1997)

As (Bryson, 2004) reviewed analysis techniques and stated that no specific stakeholder identification and analysis technique fits all in conflict affected environment where stakeholders are only seen through the individual treatment lens of legitimacy, power, and urgency as this excludes interests of marginalized/disadvantaged group of sub

community/s and makes power of each attribute of stakeholders more powerful creating and expands the rift/s of division among the other societal groups and sub groups of stakeholders in one society.

Therefore, it is empirically driven that governmental service delivery and development institutes intervention should serve the purpose of definitive stakeholders than a single actors possessing one or two legitimate attributes.

The stakeholders can be characteristically described and grouped to assess their interest/s and influence on the system in accordance to the environment (Altonen and Kujala, 2016) after they identified. Lastly, it is also imperative to investigate the relationship/s and connections that among the chosen stakeholders in the context of a particular system (Reed et al, 2008). This study views definitive stakeholders as diverse residents/public of an area as a community as a primary stakeholder within LGAs jurisdiction under the current environmental circumstances of Pakistan who possesses all three attributes such as, 44 legitimacy, power, and urgency.

Furthermore, according to (Mitchell et al, 1997) stakeholders with all of the three attributes are perceived to have the highest claim over an organisation and managers should give immediate priority to these stakeholders. It is also suggested by (Mitchell et al, 1997: p879) that "these three variables can and will change". It is understood that community is made up of diverse sub-communities and individuals with different interests as stakeholders and can cause complexity in relationship between an organisation and related communities which are affecting each other.

This current research attempts to assess the level and importance of community in local health authorities' affairs and analyse how the local authorities in Gujrat, Pakistan, navigate its operations to meet up with challenges and manage its relationships according to the rising and changing needs of local communities.

3. Research Methodology

Study on stakeholder identification & engagement in local health sector of Gujrat, Pakistan has been absent. Based on exploratory approach and nature research questions qualitative methodology deemed suitable for investigation into how various governmental individuals and groups perceive identification, prioritization and processes of engagement with stakeholders particularly focusing managerial aspect of the service delivery of local health sector in Pakistan (Creswell, 2014; Eisenhardt, 2021).

This research study uses single case study design (Yin, 2003) because this study approach can answer how and why types of questions about a phenomenon under investigation (Yin, 2003), the case study viewed as preferred method due to interpretive methodology as it helps in discovering a theory that can illuminate the core phenomena within this research to get in-depth details about the processes of engagement in health sector of urban setting of Gujrat city.

Therefore, this qualitative study helps as operational guide to identify answer to the research questions and fill this gap associated with stakeholder engagement in the health sector of Pakistan's city of Gujrat.

3.1. Data Collection

A purposive sampling technique was employed by the researcher and 10 participants selected on the basis of their role and service experiences. Participants were interviewed in their settings with the aim of obtaining in depth qualitative findings. These participants are pivotal at the district's administrative level, such as 2 legislators, 1 deputy commissioner, 1 assistant commissioner and 1 EDO, 1 DD, 1MS, 1DDHO, 1 MS RHC, 1 MO, 2 representatives from private sector establishments. The sample size was determined by both data saturation and practical constraints. Data saturation was reached when no new insights/themes emerged from the interviews ensuring that the information collected was comprehensive. Participants were chosen due to their direct influence on policy and administration making their perspectives uniquely valuable to the study's objectives. Contact with the participants was established via email and telephone, and all relevant individuals agreed to contribute. Interview timings were arranged to accommodate the members' schedules. Given their high ranking roles and logistical challenges of arranging interviews, the sample size was appropriate based on accessibility and availability of participants.

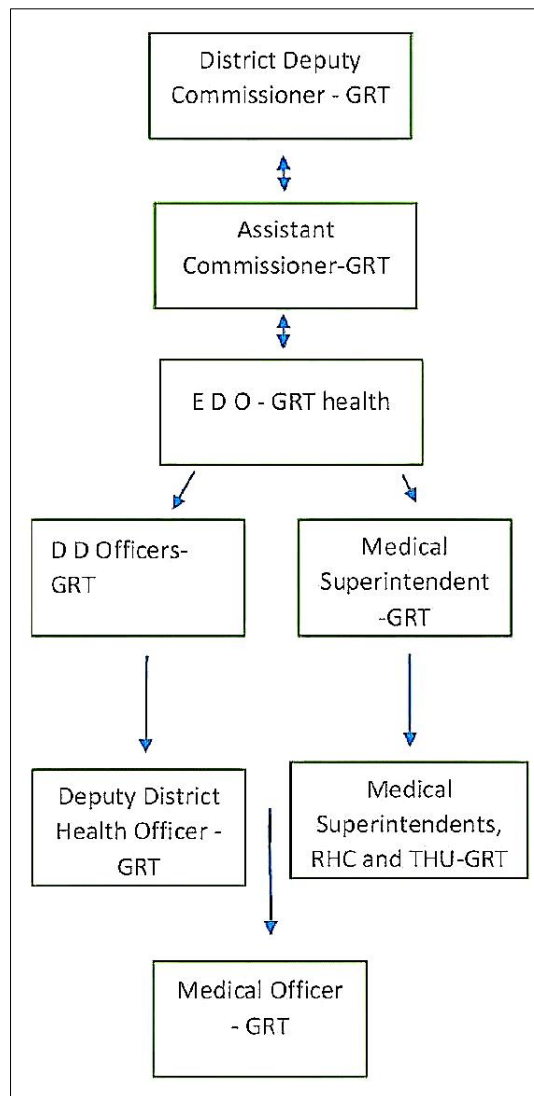Hierarchy of district Gujrat health department.

Figure 2 Government of Punjab, 2022

3.2. Semi Structure Interviews

All interviews carried out by the author of this paper (Sulman Naeem). Informed consent was secured prior to initiating the interview (Albusaidi, 2008). The qualitative approach allowed the researcher to understand the individuals within their environment. The interviews were conducted naturally by presenting the interview questions conversationally.

A semi-structured interview questionnaire was crafted using stakeholder theory as a guiding framework, aimed at delving into the stakeholder engagement processes within the health sector. This adaptable interview guide encompassed various facets, including participants' comprehension and awareness of stakeholders, their viewpoints on engagement, and their perspectives on the challenges in policy implementation. Interviews were conducted in Urdu and subsequently interpreted into English. On average, each interview lasted between 50 minutes to 1 hour. With the participants' permission, the interviews were audio recorded and later transcribed verbatim. The transcripts were then provided to the participants for validation, ensuring accuracy and confirming their perspectives were accurately represented.

3.3. Thematic Analysis

The analysis utilized thematic analytical approach outlined by Braun and Clarke (2022), researcher analysed manually due to time constraints and resources, precluding the use of analytical software. The respondent's identities have been coded and made anonymous. Each interview was coded according to within-case themes derived from significant segments of the transcript. These themes were organized according to objectives of this study. A cross-case analysis was performed by the researcher, involving comparison, collation, and contrast of transcripts from 10 participants. The

methodology adhered to the (Yin, 2003) typology of case study research guidelines. Ethics approval was approved by the research degree committee of ethics at Cardiff Metropolitan University, United Kingdom.

4. Results

This section provides answer/s to the purposes of current study by understanding perceptions of top and middle management of local government organisation's health department of Gujrat, Pakistan. Each individual provided comprehensive information to justify this research.

The data collected in this objective is in light of literature;

- Stakeholder theory,
- Identification and prioritization that occurs during 3) engagement processes.

Table 4 Table of Themes

Key Themes	Subthemes
Participants concept of stakeholders	Health sector stakeholder, Public private organisations.
Stakeholder identification, prioritization and Engagement in capacity building processes for HD	Public Private Partnership Programme, Local Philanthropist, NGO's and INGO's.
Challenges	Political and Non-political Interferences Lack of resources

The above table presented findings of data collected empirically from participants, and this includes the conceptualisation of stakeholders, engagement processes and challenges encountered by the local health department of city district government of Gujrat.

4.1. Conceptualisation of Stakeholders - top management

In this study, participants exhibited varying degrees of comprehension regarding the concept of stakeholders. The majority (6 out of 10) described and showcased their understanding of their department's stakeholders. They emphasized engagement with varying entities from local level to federal level of the country. They highlighted on the need as well as the importance of engagement with local government's stakeholders who typically. Apart from government entities individuals hinted towards the importance of citizens as well as local politicians.

"Federal, provincial, all local government departments, my staff, local citizens, local business community, education sector, the police department are our stakeholders" (DC)

"All the government departments and ministries, parliamentarians, local citizens are our stakeholders." (AC)

"All the local government departments are important and our stakeholders" (ACR)

"Citizens and all the district departments are the stakeholders". (AD)

"Local administrative departments, public and private health sectors, my district team" (CEO)

However, one participant gave detailed description of stakeholders to whom the participant view them as instrumental in making local health departments service delivery more efficient as it depicted in the response below.

"The local administration and provincial health department of are one of the key stakeholders along with district's basic health units, rural health councils, civil hospitals, maternity hospitals, and district head quarter hospital local health workers, private hospitals and general practices and clinics in our district are the crucial stakeholders. At the district level, the local public is our major stakeholders, but local politicians and health ministry is also part of our stakeholders, would like to work for the up gradation of local public health sector that delivers exceptional services to its service users". (DEO)

4.2. Stakeholder identification, prioritization and engagement in Capacity Building processes

The following section aims to describe organisation's context-specific strategic engagement approach that foster genuine collaboration and participation involving potential partners impacted by or contributing to one common goal of capacity-building initiatives and resources to achieve long term development at district level in Gujrat.

"Stakeholders are those who share the same interest or have common interest of development. Such as; business communities, local investors, International and national and local NGO's, philanthropists. In the health sector our organisational partners and local people once again provided all the necessary support. We have constructed extension of hospital in the DHQ, extending the current capacity of 100 to 150 beds. A local philanthropist family bears all the cost of the hospital providing free medication to the patients. Our partner organisation NGO's and philanthropists are participating in many different government projects and the local business community also have a vital role Public private partnership projects". (DC)

4.2.1. AC

"Our stakeholders are our sources of innovation and solutions to the problems, regular meeting and visiting local community stakeholder talking with them socially on religious and non-religious events, educational and sporting events give us the understanding you know and media too print and electronic media gives us ideas and direction so we try to make suitable arrangement/s".

"Arranging and attending public and private seminars, organizing public awareness seminars and meetings, advertising in the local electronic and print media" (ACR).

4.2.2. AD

"Public walks and Seminars help us to attract influential locals sharing common goal of welfare"

4.2.3. CEO

"Involvement of the local communities is very crucial in order to achieve the vision as success is not possible without the help, support and participation of the local residents, with the help of our people numbers of projects has been completed".

4.2.4. CEO further explained

"We are focusing on the provision of latest technology in the medical field, also my department aim is to keep on working with our stakeholders, local philanthropists, PPPP with private hospitals, and with local businesses making sure public hospital do cater the needs of local people and give affordable health service and free medical service and free food to less privileged people, local philanthropist is providing free food service to the patients and their families, with the help of local people and limited government resources we are trying our very best to ensure effectiveness in the public service. I don't claim that we can compete with private sector hospitals but certainly, raise the standard of local public hospitals DHQ's and the THQ's. Our DC himself also takes very keen interest in the advancement and development of health service, we are working on it and good news is hopefully very soon, we will have our own cancer hospital in the district with the financial help of the local people and International NGO, land acquisition and other project support work is in final stages".

4.2.5. DH(E)O

"We have excellent and trustworthy close working relationship with the local business community. We have regular meetings with the community and time to time the local community is also invited to participate in the district meetings headed by the district officers we have a proper plan for it, and based on cooperation we work together to achieve development goals".

4.2.6. In further explanation

"Professional Doctors at the district level who are closely working with the local people, professionals, local businessmen, local institutes, and local businesses such as, shops, restaurants, small business owners etc. We are campaigning and creating awareness about dengue, corona and discussing preventive steps to control the spread of the disease. Community cooperation is key to achieve our goals successfully, every day we have over 1000 patients in DHQ with different types of diseases DHQ is doing more than its capacity and disease burden is increasing day by day. Currently, we are in a process of consulting with our partner organisations about fighting against a tropical disease

called dengue rapidly spreading, we have launched a media campaign on electronic and print media, doing road shows to create awareness among the local people, business community, mechanical workshops, tyres shops and working with team in municipality to control the spreading of the disease, we are using all the available resources and channels to effectively control the spreading of the disease". "I am proud to tell you, "Our work is also shared by our stakeholders, And the example of this relationship is the completion of Trauma Centre in the district, and there are few other projects we are working with our local community, and district government we have recently completed a project of A Modern Trauma Centre in the DHQ-hospital costing 10 crore rupees".

The participant officers described to have a very close working interaction and positive relationship with stakeholders who shares the same interests and has the sector/niche representation as local health department, participant further explained the initiative attempts to organize stakeholders of same interest/s in district and are engaged based on their scrutiny to work in collaboration to enhance the quality of life of the local stakeholders. The scrutinizing/monitoring of stakeholders indicates the exploration and collection of the data/information of a certain aims and objectives to form common relationship. This initiative of DC of seems as a commitment to mobilize the local stakeholders in Gujrat and galvanize the resourceful stakeholders to work for the benefit of the common citizens.

Moreover, in view of the participant officers in Gujrat Health Department adopted cooperative working relationships with the business community which is based on trust. The development of a management plan for the district health department's stakeholders gives the impression that the department is aware of the significance of stakeholder's engagement at operational level is imperative for the successful delivery of service in order to have a field knowledge and identify potential stakeholder i.e. Philanthropists, as local philanthropic community playing an central role in the operational enhancement of health department in Gujrat.

Furthermore, government stakeholders are working in consultation with the relevant stakeholder group (Doctors) of the district that enables the health department to create awareness in the district.

This is enabling the district administration to develop transparent relationships with local public as well as shows the public level of trust on the government sector. Furthermore, the respondent in the local health department preferred Involving stakeholder as philanthropists enabling the community to come forward and be instrumental in transforming process of their local hospitals, which has effectively resulted in the advancement in the capacity of the existing hospital of the district. Participant officers, DC, AC, ACR, AD, CEO and DEO refers to the result-oriented consultative dialogue with the community stakeholders.

The respondents encouraged by the district leader to have a continuous interaction with the community stakeholders that helps the field officer to understand the external environment and devise appropriate plan of action by obtain information and relevant field data through direct consultative dialogues and meetings.

Furthermore, respondent DEO explains different types stakeholders the department is responsible to channelize the service delivery i.e. local private hospitals and general practices, along with describes the importance of community. In participants statement controlling of tropical disease was made controllable with the inclusion, collaboration, and consultation with local businesses, educational institutes were used to create awareness amongst members of the community and the general public at large. Moreover, stakeholder's participation in consultation and partnering with the local NGO's and welfare 178 organisations shows the flow of two-way information in the form of expertise, knowledge, and resources sharing with the local department and this has resulted in improved service delivery at the core level of district's health department in Gujrat. The sharing of civic resources at district level enhanced delivery of operations of the local health department.

4.3. Challenges in sustainable capacity building efforts:

In this section key challenges are discussed that hampers and create barriers preventing meaningful participatory engagement particularly when dealing with complex political or bureaucratic systems that resists to change in Gujrat district.

"It is an unsolved dilemma that political and non-political community stakeholder's greed for power to have authoritative control over government affairs must be limited and restricted. But in our country no one has looked into this loophole, this is how institutions are politicized by the seasonal birds elected and posted for few years but lie down political eggs in the government institutional system and with the passage of time society suffers with chronic structural disorder in governance". DC

"failures are only caused when personal interests are served than public interests making government service delivery even more difficult for government and out of reach of local people and as a result citizen's interest in government have been put aside, I am speaking my heart out; politicians come into government to make money and then use their full power, public energy and resources against opposition, will organize rallies, protests, instigate anger in the public, abuse each other and then fighting will start". AC

"We try to ensure that their issues and grievances are resolved in accordance to the legal procedures and try to satisfy the needs of our community stakeholders as Citizens are politically dissatisfied due to corruption and will only come to you when they have found themselves in a troublesome situation, facilitate representatives from all walks of life, politicians, media, judiciary, business, public, education, health and local administration and police are present to assist public". ACR

"Politicians and elected representatives use their power to do everything". AD

"Powerful are also local politicians and parliamentarians and ministers and exercise their power and use it to the fullest. My department faced serious life-threatening attacks and resistance from people involved". CEO-H

We are facing numerous different challenges, and if I start mentioning all one by one we may run out of time. From fighting against illiteracy to fighting against poverty, corruption, and danger of terrorist's attacks on schools and political pressure these are all related to us". DEO

According to the participant officers there is an existence of violent and non-violent groups of stakeholders in different shapes and forms with their diverse demands in order take control in their hands. The participant officer hints out the political and non-political influence in the working of government/decisions and exploitation of public resources by the hands of stakeholders possessing power or in possession of power or influence of some-kind affecting public service delivery and the continued involvement of political elite/pressure groups to influence or serve their interests despite of not in the power.

Furthermore, officer describes disengagement of political set up with the public results into anger as their requirements and needs are not fulfilled as promised by the elected elite. It is evident from the interview that stakeholder engagement has challenging claims on health department of the district. Political intervention in the work of the government, as the political elite uses their influence and power over the hiring system of local government. They inject/install their associates or like-minded in the systems to serve their vested interests as indicated by the officer. However, a political intervention is recognized problem across the department as they are forced by the elite to recruit political associates in the district department. And this shows the influence exerted by the political community in the district.

The participant indicated local politicians are powerful and party in rule appear to concentrate on meeting their personal priorities, the lack of political will to take part in community meetings and adopting a different approach seems to hinder the growth and development of local organisations. The political elite takes care of their goals and themselves than the general public as depicted in the response of the officer. They want to get benefits for themselves plus keep status quo maintained. Lack of seriousness in their behaviour reflects their agenda that they have vested interest in getting publicity, protocols as well as want to have special treatment due to the powerful influence they possess in the district.

5. Discussion

This empirical study makes a significant empirical contribution to stakeholder theory. This qualitative study carried out with the aim of exploring stakeholder theory in the context of Pakistan's local health sector and understand perspectives on stakeholder identification and engagement processes in service delivery of health care in Gujrat, Pakistan. Study examined dynamic interactions between local government health sectors and diverse stakeholders in Gujrat, Pakistan.

The descriptive and instrumental approach (Donaldson and Preston, (1995); Friedman and miles, (2006); Rose et al, (2018) in this paper enabled researcher to utilise stakeholder theory as a frame work for identification and engagement with stakeholders and provided insights of behavioural perspective of government department operating in complex environment which previous studies conducted in Pakistan did not take into consideration and have only compared the performance of government led health facilities (Tanzil, et al, 2014; Malik et al, 2017; Riaz et al, 2015). This research also highlights current challenges within the policy context for implementing PPPP in Pakistan's healthcare sector (Zaidi, 2011; Zaidi, 2012). However, there exists a scarcity of research regarding perspectives of stakeholders on the factors serving as challenges in health sector service delivery in Gujrat.

Stakeholders are critical across all aspects of decision making process (Ahmed et al, 2023; Azam, 2023) and strategies (Ismail et al, 2023) in the local health sector depend on the involvement of local stakeholders, including voluntary and non-voluntary participation from organizations like I/NGOs, PPPPs, and engagement with local philanthropists. This involvement positively impacts development activities and local service delivery in Gujrat district, the diverse representation of stakeholders and their engagements in the development opportunities in health sector signifies cordial relationship in several aspects of engagement processes with diverse groups.

Moreover, this study also found that health sector engagement/s i.e. Direct engaged meetings are critical in the phase of identifying resource based organisation (Mahajan, 2023) in achieving health sector's targets and objectives as reported by participants of health sector. In their view communal engagement approach is viewed as an instrumental tool to develop and re-develop local contextual strategies (Acquah et al, 2023; Ismael et al, 2023), however, it is also evident there isn't any comprehensive and formalized model/mechanism for health department to follow for scrutinizing and identification of location based stakeholders. However, on the other hand, it is also seen that relationships with politicians are noticed to be hostile in their local context.

The Findings from this research highlight that most participants had a good understanding about the concept of stakeholders and practices about engagement with stakeholders. And engages/involve stakeholders to prevent either political impositions or in event of any bad-governance in the service delivery of the department. And this is in contrast to WHO, (2001) guiding process/es as improvement in the quality of services is the one of the guiding principles in stakeholder engagement, in participants' views engaging with stakeholder is a process that is an outcome of poor service delivery by the health department. However, researchers have also found that general understanding of the concept is good amongst government and nongovernment sector health workers (Anyaehie, 2014) and require knowledge building on the processes of stakeholder engagement that is transparent.

Our research indicated that encountering conflict from politicians/elected officials and public sector leaders is a significant obstacle to enhancing the health sector. Participants explicitly stated that influential local figures oppose or are not supportive of such collaborations, often withholding funds due to their involvement in misconducts. This includes receiving unnecessary political favours for job postings and widespread absenteeism in the workplace. Previous research has featured the problem of poor management and incompetence in public hospitals in Pakistan (Collins, 2000; Kumar, 2013). Respondents in this study observed corruption as a major hindrance in the better functioning of district government as abuse of power or position in the public sector by local politicians are reported in the form of usurpation of public funds by the district health authorities,

To address the corruption hindering the effective functioning of district governments, particularly within the health sector, it is essential to introduce stringent transparency measures and independent auditing authorities to monitor the allocation and use of public funds. Implementing digital tracking systems could further enhance accountability by allowing real-time monitoring of expenditures. Additionally, fostering collaboration between government bodies, civil society organizations, and community-led monitoring initiatives would empower citizens to participate in oversight, ensuring public resources are used efficiently and reach the intended beneficiaries.

Moreover, according to the participants stakeholder cooperation in existing philanthropic/PPPP framework is an important factor in facilitating improvement in existing services. Previous research (Tanzil, et al, 2014; Malik et al, 2017) indicated that PPPP framework have improved BHUs management and this is better than government-run BHUs. Tanzil et al, (2014) compared two BHU's operations in Sindh province of south Pakistan, one managed by the PPPP and the other was operated by the government. Their findings stated that BHU's managed by PPPP was better than the government operated in terms of medicine availability, provision of medical equipment, latest technology, infrastructures as well as availability of staff.

Limitations

Study embraced qualitative approach and has a small sample size containing senior administrators. Furthermore, findings from this research are limited to stakeholders engaged in PPPP/philanthropic activities in Gujrat district in Punjab, province of Pakistan. Moreover, this research mainly focused on the application of stakeholder theory and provide Pakistan's perspectives relating which highly neglected as most of the research is west oriented, thus is limited to the context of Pakistan.

5.1. Future research

Following this research, some of the future research advices are suggested:

- Comparative Studies: Examine differences in LG health governance across Punjab or other provinces of Pakistan.
- Policy Impact Analysis: Study the effects of policy changes and reforms on local health governance.
- Capacity Building: investigate training requirements capacity-building initiatives for local government health officials in other LG's of Punjab or other provinces of Pakistan.
- These directions aim to enhance the understanding and effectiveness of local health governance

6. Conclusion

This review concludes that stakeholder engagement becomes a crucial factor in shaping healthcare service delivery and policy implementation within the complex nature of local governance in Pakistan. It aims at developing a classification table for stakeholders and its analysis for influence on health outcomes, which brings forth the role of context-specific strategies in order to achieve the goals put forth by UN SDG 3, particularly in terms of equity in health care access. The findings from this study provide valuable lessons that could be drawn upon to improve local health governance and, as such, would play an instrumental role in fostering more inclusive and effective health policies. This research, in the end, provides recommendations with actionable imperatives which can benefit society in improving population health and inform future governance reforms.

Compliance with ethical standards

Disclosure of conflict of interest

There are No conflict of interest related to this study.

References

[1] Aaltonen, K. and Kujala, J. (2016) "Towards an improved understanding of project stakeholder landscapes," International Journal of Project Management, 34(8), pp. 1537 1552. doi: 10.1016/j.ijproman.2016.08.009.

[2] Anyaehie, U.S.B., Nwakoby, B.A.N., Chikwendu, C., Dim, C.C., Uguru, N. and Oluka, C.P.I., 2014. Constraints, challenges and prospects of public-private partnership in health-care delivery in a developing economy. *Annals of medical and health sciences research*, *4*(1), pp.61-66.

[3] Acquah, I.S.K., Baah, C., Agyabeng-Mensah, Y. and Afum, E., (2023). Green procurement and green innovation for green organizational legitimacy and access to green finance: The mediating role of total quality management. Global Business and Organizational Excellence, 42(3), pp.24-41.

[4] Azam, M.S., (2023). How can we build human resources (HR) that deliver value? A systematic literature review of traditional and transformational HR roles. Global business and organizational excellence, 42(4), pp.81-92.

[5] Bell, S., Morse, S. and Shah, R.A. (2012) "Understanding stakeholder participation in research as part of sustainable development," Journal of Environmental Management, 101, pp. 13–22. doi: 10.1016/j.jenvman.2012.02.004.

[6] Braun, V., Clarke, V. and Hayfield, N., 2022. 'A starting point for your journey, not a map': Nikki Hayfield in conversation with Virginia Braun and Victoria Clarke about thematic analysis. *Qualitative research in psychology*, *19*(2), pp.424-445.

[7] Bryson, J.M. (2004) "What to Do When Stakeholders Matter," Public Management Review, 6(1), pp. 21–53. doi: 10.1080/14719030410001675722

[8] Buse, K. and Waxman, A., 2001. Public-private health partnerships: a strategy for WHO. *Bulletin of the World Health Organization*, *79*(8), pp.748-754.

[9] Cairney, P. (2014) "Debate: What is complex government and what can we do about it?," Public Money & Management, 35(1), pp. 3–6. doi: 10.1080/09540962.2015.986858.

[10] Castillo, M., (2022). Managing corporate social responsibility through social learning. Global Business and Organizational Excellence, 42(1), pp.10-21.

[11] Castelnovo, W. (2013) A stakeholder based approach to Public Value The public value of personal data View project one-stop s View project.

[12] Collins, C.D., Omar, M. and Hurst, K., 2000. Staff transfer and management in the government health sector in Balochistan, Pakistan: problems and context. *Public Administration and Development: The International Journal of Management Research and Practice*, *20*(3), pp.207-220.

[13] Communications, I. (2011) Stakeholder Engagement: A Good Practice Handbook for Companies Doing Business in Emerging Markets. Available at: https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/publications/publications_handbook_stakeholderengagement__wci__1319577185063.

[14] Creswell, J. W. (2014). Research design: Qualitative, quantitative, and mixed methods approaches. Sage publications

[15] Crane, A., Matten, D. and Spence, L.J., 2019. *Corporate social responsibility: Readings and cases in a global context*. 3rd ed. London: Routledge

[16] Daake, D. and Anthony, W. P. (2000), Understanding stakeholder power and Management Review, 25,3,94-107 influence gaps in a health care organisation: An empirical study. Health Care Management Review, 25,3,94-107

[17] Desai, V.M. (2018) "Collaborative Stakeholder Engagement: An Integration between Theories of Organisational Legitimacy and Learning," Academy of Management Journal, 61(1), pp. 220–244. doi: 10.5465/amj.2016.0315.

[18] Donaldson, T. and Preston, L.E., (1995). The Stakeholder Theory of the Corporation: Concepts, Evidence, and Implications. Academy of Management Review, 20(1), pp.65-91.

[19] Eisenhardt, K.M. (2021) 'What is the Eisenhardt Method, really?,' *Strategic Organization*, 19(1), pp. 147–160. https://doi.org/10.1177/1476127020982866

[20] Emanuel Ramatsoma , P. and Mazhazha-Nyandoro, Z. . (2023) "STAKEHOLDERS PERCEPTIONS ON FACTORS INFLUENCING CORPORATE GOVERNANCE IN A SOUTH AFRICAN LOCAL GOVERNMENT MUNICIPALITY ", *The journal of contemporary issues in business and government*, 29(4), pp. 364–390.

[21] Friedman, A.L. and Miles, S., (2006). Stakeholders: Theory and Practice. New York: Oxford University Press.

[22] Gomes, R.C. (2004) "Who are the relevant stakeholders to the local government context? Empirical evidences on environmental influences in the decision-making process of English Local Authorities," BAR - Brazilian Administration Review, 1(1), pp. 34–52. doi: 10.1590/s1807-76922004000100004.

[23] Gomes, R.C. (2006) "Stakeholder management in the local government decision-making area: evidences from a triangulation study with the English local government," Revista de Administração Contemporânea, 10(spe), pp. 65552006000500005.

[24] Government of Punjab. (2022). *Punjab Local Government Act 2022*. Lahore: Punjab Law Department.

[25] Graffigna, G. and Barello, S. (2015) "Innovating Healthcare in the Era of Patient Engagement: Challenges, Opportunities & New Trends," ,p. 1-12. Available at: https://doi.org/10.1515/9783110452440-002.

[26] Greenwood, M. and Freeman, R.E., 2018. *Deepening ethical analysis in stakeholder research: An ethical call to action. Journal of Business Ethics*, 147(1), pp.1-13.

[27] Greici Sarturi, Barakat, S.R. and Ricardo Correa Gomes (2023). Stakeholder theory in the public sector domain: A bibliometric analysis and future research agenda.

[28] Hambleton, R. (2019) "The New Civic Leadership: Place and the co-creation of public innovation," Public Money & Management, 39(4), pp. 271–279. doi: 10.1080/09540962.2019.1592908

[29] Harrison, J., Freeman, R.E. and Cavalcanti Sá de Abreu, M. (2015) "Stakeholder Theory As an Ethical Approach to Effective Management: applying the theory to multiple contexts," Review of 10.7819/rbgn.v17i55.2647.

[30] Hermans, F.L.P., Haarmann, W.M.F. and Dagevos, J.F.L.M.M. (2011) "Evaluation of stakeholder participation in monitoring regional sustainable development," Regional Environmental Change, 11(4), pp. 805–815. doi: 10.1007/s10113-011-0216-y.

[31] Horney, J. et al. (2016) "Capacity for Stakeholder Participation in Recovery Planning," Planning Practice & Research, 31(1), 10.1080/02697459.2015.1104220

[32] Hwabamungu, B., Brown, I. and Williams, Q. (2018) "Stakeholder influence in public sector information systems strategy implementation-The case of public hospitals in South Africa A R T I C L E I N F O," International Journal of Medical Informatics, 1(109). doi: 10.1016/j.ijmedinf.2017.11.002.

[33] Ibrahim, Y., Ahmed, M.M. and Nayel, M.T., (2024). The impact of corporate social responsibility practices on employees' engagement: The mediating role of organizational identification. *Global Business and Organizational Excellence*, *43*(2), pp.43-60.

[34] IFC, (2011) Stakeholder Engagement: A Good Practice Handbook for Companies Doing Business in Emerging Markets. Available at: https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/publications/publications_handbook_stakeholderengagement__wci__1319577185063.

[35] Ismail, S.S.M. and Hilal, O.A., (2023). Behaving green. Who takes the lead? The role of responsible leadership, psychological ownership, and green moral identity in motivating employees green behaviors. Global Business and Organizational Excellence, 42(4), pp.11-29.

[36] Johnson, G. and Scholes, K. (2002), Exploring Corporate Strategy, Harlow, England: Pearson Education

[37] Jones, T. M., & Wicks, A. C. (1999). Convergent stakeholder theory. Academy of Management Review, 24(2), 206-221.

[38] Knox, C. (2014) "Sharing power and fragmenting public services: complex government in Northern Ireland," Public Money & Management, 35(1), pp. 23–30. doi: 10.1080/09540962.2015.986861

[39] Kumar, R., Ahmed, J., Shaikh, B.T., Hafeez, R. and Hafeez, A., 2013. Job satisfaction among public health professionals working in public sector: a cross sectional study from Pakistan. *Human resources for health*, *11*, pp.1-5.

[40] Lawrence, A.T. (2010) "Managing Disputes with Nonmarket Stakeholders: Wage a Fight, Withdraw, Wait, or Work it Out?," California Management Review, 53(1), pp. 90–113. doi: 10.1525/cmr.2010.53.1.90

[41] Le Feuvre, M. et al. (2016) "Understanding stakeholder interactions in urban partnerships," Cities, 52, pp. 55–65. doi: 10.1016/j.cities.2015.10.017

[42] Lehtinen, J. and Aaltonen, K. (2020) "Organizing external stakeholder engagement in inter organisational projects: Opening the black box," International Journal of Project Management, 38(2), pp. 85–98. doi: 10.1016/j.ijproman.2019.12.001

[43] Lehtinen, J., Aaltonen, K. and Rajala, R. (2018) "Stakeholder management in complex product systems: Practices and rationales for engagement and disengagement," Industrial Marketing Management, 79. doi: 10.1016/j.indmarman.2018.08.011.

[44] Li, T.H.Y., Ng, S.T. and Skitmore, M. (2012) "Conflict or consensus: An investigation of stakeholder concerns during the participation process of major infrastructure and construction projects in Hong Kong," Habitat International, 36(2), pp. 333–342. doi: 10.1016/j.habitatint.2011.10.012.

[45] Li, T.H.Y., Thomas Ng, S. and Skitmore, M. (2012) "Public participation in infrastructure and construction projects in China: From an EIA-based to a whole-cycle process," Habitat International, 36(1), pp. 47–56. doi: 10.1016/j.habitatint.2011.05.006.

[46] Luca, D, F. et al. (2022) "Can social media improve stakeholder engagement and communication of Sustainable Development Goals? A cross-country analysis," Elsevier BV, 177,p. 121525-121525. Available at: https://doi.org/10.1016/j.techfore.2022.121525.

[47] Maj, J. (2015) "Diversity management's stakeholders and stakeholders management," International Management Conference. BUCHAREST, ROMANIA: Management and Innovation For Competitive Advantage. Available at: https://www.researchgate.net/publication/282848702_Diversity_management

[48] Malik, M.A., Van de Poel, E. and Van Doorslaer, E., 2017. Did contracting effect the use of primary health care units in Pakistan?. *Health policy and planning*, *32*(7), pp.1032-1041.

[49] Mahajan, R., Lim, W.M., Sareen, M., Kumar, S. and Panwar, R., 2023. Stakeholder theory. Journal of Business Research, 166, p.114104. https://doi.org/10.1016/j.jbusres.2023.114104

[50] Mujtaba, G. et al. (2024) "A holistic approach to embracing the United Nation's Sustainable Development Goal (SDG-6) towards water security in Pakistan," Elsevier BV, 57,p. 104691-104691. Available at: https://doi.org/10.1016/j.jwpe.2023.104691.

[51]   Musonda, I. *et al.* (2024) 'Understanding clients' role in community stakeholder participation and influence on infrastructure sustainability—a stakeholder theory lens', *International Journal of Construction Management*, pp. 1–9. doi: 10.1080/15623599.2024.2331862.

[52]   Munir, R. et al. (2015) Stakeholder Management – Ensuring Social License to Operate for Oil & Gas Industry. Available at: https://doi.org/10.2118/181127-ms.

[53]   Noor, R. et al. (2022) "A methodological framework for modeling sustainability visions: A case study of groundwater management in Faizpur distributary, Pakistan," Elsevier BV, 271,p. 107822-107822. Available at: https://doi.org/10.1016/j.agwat.2022.107822.

[54]   Narbel, F. and Muff, K. (2017) Should the Evolution of Stakeholder Theory Be Discontinued Given Its Limitations?. Theoretical Economics Letters, 7, 1357-1381. doi: 10.4236/tel.2017.75092.

[55]   Nwagbara, U. (2015) "From Frustration-Aggression to Peace: Advancing Stakeholder Engagement Through Communicative Action in Post-Conflict Niger Delta, Nigeria," Corporate Social Responsibility in Sub-Saharan Africa, pp. 241–258. doi: 10.1007/978-3-319-26668-8_11.

[56]   Ndlovu, V. and Newman, P. (2022) A Public-Private Partnership Procurement Approach to Sustainable Transport—Zimbabwe Case. Journal of Transportation Technologies, 12, 600-618. doi: 10.4236/jtts.2022.124035.

[57]   Parmar, B.L., Freeman, R.E., Harrison, J.S., Wicks, A.C., Purnell, L. and De Colle, S., 2010. *Stakeholder theory: The state of the art*. *Academy of Management Annals*, 4(1), pp.403-445.

[58]   Petts, J. and Leach, B. (2000), Evaluating methods for public participation: literature review, R&D Technical Report E135, Bristol

[59]   Pouloudi, A. and Whitley, E.A. (1997) "Stakeholder identification in inter-organisational systems: gaining insights for drug use management systems," European Journal of Information Systems, 6(1), pp. 1–14. doi: 10.1057/palgrave.ejis.3000252.

[60]   Rajablu, M., Marthandan, G. and Yusoff, W, F, W. (2014) "Managing for Stakeholders: The Role of Stakeholder-Based Management in Project Success," Canadian Center of Science and Education, 11(3). Available at: https://doi.org/10.5539/ass.v11n3p111.

[61]   Reed, M.S. (2008) "Stakeholder participation for environmental management: A literature review," Biological Conservation, 10.1016/j.biocon.2008.07.014.

[62]   Reypens, C., Lievens, A. and Blazevic, V. (2016) "Leveraging value in multi-stakeholder innovation networks: A process framework for value co-creation and capture," Industrial Marketing Management, 56, pp. 40–50. doi: 10.1016/j.indmarman.2016.03.005.

[63]   Riaz, A., Zaidi, S. and Khowaja, A.R., 2015. Perceived barriers to utilizing maternal and neonatal health services in contracted-out versus government-managed health facilities in the rural districts of Pakistan. *International journal of health policy and management*, *4*(5), p.279.

[64]   Saebo, O., Flak, L.S. and Sein, M.K. (2011). Understanding the dynamics in e-Participation initiatives: Looking through the genre and stakeholder lenses. Government Information Quarterly, 28(3), pp.416–425.

[65]   Salem, M.A., Hasnan, N. and Osman, N.H. (2012) "Stakeholders' Analysis: A Proposed Model for Libyan Chemical and Petrochemical Industries," International Journal of Scientific and Research Publications, 2(11), pp. 2–4

[66]   Saud, M. et al. (2020) Provision of Health in Rural Areas of Pakistan through Community Health Centers. Available at: https://doi.org/10.2991/aer.k.201124.067.

[67]   Schaltegger, S., Hörisch, J. and Freeman, R.E., 2019. Business cases for sustainability: A stakeholder theory perspective. *Organization & Environment*, 32(3), pp.191-212. https://doi.org/10.1177/1086026617722882

[68]   Shubham, Charan, P. and Murty, L.S. (2018) "Secondary stakeholder pressures and organisational adoption of sustainable operations practices: The mediating role of primary stakeholders," Business Strategy and the Environment, 27(7), pp. 910–923. doi: 10.1002/bse.2041.

[69]   Suchman, M. (1995), Managing legitimacy: strategic and institutional approaches, Academy of Management Review, 20,3,571-610

[70]   Shi, Y. and Song, P. (2018) Research on Social Capital Selection of Public-Private-Partnership Project. Open Access Library Journal, 5, 1-11. doi: 10.4236/oalib.1104652.

[71]   Sulemana, M., Musah, A.B. and Simon, K.K. (2018) "An assessment of stakeholder participation in monitoring and evaluation of district assembly projects and programmes in the Savelugu-Nanton Municipality Assembly, Ghana," Ghana Journal of Development Studies, 15(1), p. 173. doi: 10.4314/gjds.v15i1.9.

[72]   Tanzil, S., Zahidie, A., Ahsan, A., Kazi, A. and Shaikh, B.T., 2014. A case study of outsourced primary healthcare services in Sindh, Pakistan: is this a real reform?. *BMC health services research*, *14*, pp.1-7

[73]   Tippett, J., Searle, B., Pahl-Wostl, C. and Rees, Y. (2005) Social learning in public participation in river basin management – early findings from HarmoniCOP European case studies, Environmental science and Policy, 8, 287-299 European case studies, Environmental Science & Policy, 8, pp. 287-299.Tullberg, J. (2013). 'Stakeholder theory: Some revisionist suggestions', The Journal of Socio-Economics, 42: 127-135

[74]   Twigg, J., 1999, The Age of Accountability: Community Involvement in Disaster Reduction. Paper presented at the Sixth Annual Conference of The International Emergency Management Society (TIEMS '99), on the theme of "Contingencies, Emergency, Crisis and Disaster Management: Defining the Agenda for the Third Millennium", Delft, The Netherlands, 8-11 June 1999.

[75]   United Nations. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development.*

[76]   Van Gestel, K. et al. (2014) "Public–private partnerships in Flemish schools: a complex governance structure in a complex context," Public Money & Management, 34(5), pp. 363 370. doi: 10.1080/09540962.2014.945808.

[77]   Voorberg, W. et al. (2017) "Does co-creation impact public service delivery? The importance of state and governance traditions," Public Money & Management, 37(5), pp. 365–372. doi: 10.1080/09540962.2017.1328798.

[78]   Yin, R.K., 2009. Case study research: Design and methods (Vol. 5). Sage

[79]   Zaidi, S., Mayhew, S.H. and Palmer, N., 2011. Bureaucrats as purchasers of health services: limitations of the public sector for contracting. *Public administration and development*, *31*(3), pp.135-148.

[80]   Zaidi, S., Mayhew, S.H., Cleland, J. and Green, A.T., 2012. Context matters in NGO–government contracting for health service delivery: a case study from Pakistan. *Health policy and planning*, *27*(7), pp.570-581.

[81]   Zaidi, S., Riaz, A., Rabbani, F., Azam, S.I., Imran, S.N., Pradhan, N.A. and Khan, G.N., 2015. Can contracted out health facilities improve access, equity, and quality of maternal and newborn health services? Evidence from Pakistan. *Health research policy and systems*, *13*, pp.47-56.

[82]   Zhuang, T. et al. (2019) "The role of stakeholders and their participation network in decision-making of urban renewal in China: The case of Chongqing," Cities, 92, pp. 47–58. doi: 10.1016/j.cities.2019.03.014

[83]   Zheng, X. , Lu, K. , Yan, B. and Li, M. (2020) Current Situation of Public Private Partnership Development for the Elderly in China. Open Journal of Social Sciences, 8, 165-179. doi: 10.4236/jss.2020.83015