

# Stakeholder Perceptions in Healthcare Delivery Projects: Clinicians and Senior Hospital Management

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## Abstract

**Research Question/Issue:** Addressing the call of past research, this study examines the differences in perceptions of project success criteria held by clinicians and senior hospital management within healthcare service delivery.

**Methodology:** A survey with 25 five-point Likert scale questions was used to measure stakeholder opinions of project success criteria relating to project efficiency, organizational benefits, project impact, future potential, and stakeholder satisfaction. The study's target population included over 290,000 clinicians and 36,000 senior hospital managers employed in public hospitals in the United States. The survey was distributed through Qualtrics online research panels. Of the 130 responses received, 76 surveys were used to test five hypotheses.

**Research Findings/Insights:** Results reveal significant differences in the criteria that each group considers important for measuring and assessing project success. The study lists 12 project success criteria (eight items for project efficiency and four for project impact) for which the perceptions of clinicians and senior hospital management differ.

**Theoretical/Academic Implications:** Before this study, no previous research has explored the contrasting perspectives of different internal stakeholder groups regarding project success criteria within a healthcare setting. This study bridges that gap.

**Practitioner/Policy Implications:** The study is important because it adds to the existing knowledge regarding project management by contributing to a greater understanding of the different perceptions of project success criteria from the perspective of multiple stakeholder groups in healthcare management.

**Keywords:** Project Success, Clinical Management, Hospital Governance, Success Criteria, Project Management

## 1. Introduction

By 2028, healthcare spending in the U.S. will reach nearly one-fifth of the nation's gross domestic product (GDP), accounting for 6.2 trillion U.S. dollars. The World Bank contends that project-based activities represent 24% of healthcare expenditure, which implies that healthcare projects will constitute 1.5 trillion U.S. dollars. Project management is an activity of considerable economic importance. Healthcare professionals participate in numerous projects that include implementing clinical information systems, introducing new medical equipment, and developing innovative solutions in telemedicine [1]. By their very nature, these types of projects are complex [2]. One of the most significant challenges faced by those trying to manage and control projects is defining and realizing project success.

Various scholars indicated the lack of research on project success and specifically concerning perceptions of success held by

different project stakeholders [3-7]. Healthcare projects typically require diverse stakeholders due to the cross-functional nature of the service across the patient care continuum [8]. Stakeholders are the only project participants who can deem a project successful [9]. A lack of awareness and conflicting perceptions of project success criteria among various stakeholder groups has led to project failures [10, 11]. However, prior researchers did not explore differences in perceptions of stakeholder groups' project success criteria in healthcare settings [12].

A review of the healthcare literature revealed few studies considered applying project management concepts within healthcare delivery organizations [12]. The lack of conclusive research examining differences in stakeholders' perceptions of project success criteria within healthcare delivery projects provided a compelling justification for this study [13]. A shared stakeholder view of criteria that lead to project success may

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improve the project sponsors and executive management's decision-making capabilities. The study quantitatively examined the differences in perceptions of project success criteria held by stakeholder groups (clinicians and senior hospital management) in healthcare delivery projects in the United States by considering the following research question:

What, if any, significant differences are there in project stakeholder perceptions within the public healthcare delivery sector regarding project success as it relates to:

- a. Project efficiency?
- b. Organizational benefits?
- c. Project impact?
- d. Future potential?
- e. Stakeholder satisfaction?

## 2. Methodology

### 2.1. Research Design

A quantitative, non-experimental, comparative, cross-sectional design with an online survey was used in the study to assess for differences in perceptions of project success criteria. Quantitative methods are appropriate for analyzing statistical associations between numerically measurable variables. A correlational design was selected over an experimental design because the research did not involve random assignment of participants into control and treatment groups [14]. A survey research approach was selected over an ex-post facto approach due to the application of survey instruments to measure variables of interest. Online surveys are frequently utilized in social and psychological fields because they are more reliable than paper-based survey tools [15].

A research instrument developed by Khan et al. was used in this study. The same research instrument was validated by Joslin and Müller [4, 16, 17]. The instrument considers various project success criteria proposed in the existing literature as essential to project success within the context of the healthcare delivery sector.

Melnyk et al. contended that certain sampling strategies influence participants' expected response rate [18]. Therefore, using a stratified random sample, a cross-sectional questionnaire was used to collect quantitative data for generalizable results. The following inclusion criteria were used: Participants were required to work in a public hospital as a physician, surgeon, registered nurse, or a member of the management team and to manage, sponsor, contribute to managing, or participate in a project meeting for a project lasting six months or more.

### 2.2. Collection of Data

Survey responses measured project success on a project the respondents participated in within the last 12 months. To minimize the impact of common method variance (bias), participant anonymity was confirmed in introductory guidelines, the order of questions was randomized, and Harman's single factor test (which determines whether the majority of the

variance is explained by a single factor) was performed to measure different constructs [19].

Section one of the survey presented 13 background questions. Two background questions (Question 1: employed within a public hospital and Question 2: respondents' designated roles within the hospital) acted as screening criteria. Section one directly addressed independent variables. All participants were requested to provide the following information in Section 1:

- Designated role/position within the organization.
- Size of the hospital (number of beds).
- Number of years of experience in current role and in project management.
- Type of project they were referencing to evaluate the project success criteria.
- If they ever participated in project management training or earned any project management accreditations.
- Designated role/position within the project they are referencing with their response.
- Percentage of their time dedicated to project work.
- Total duration of the project they referenced.

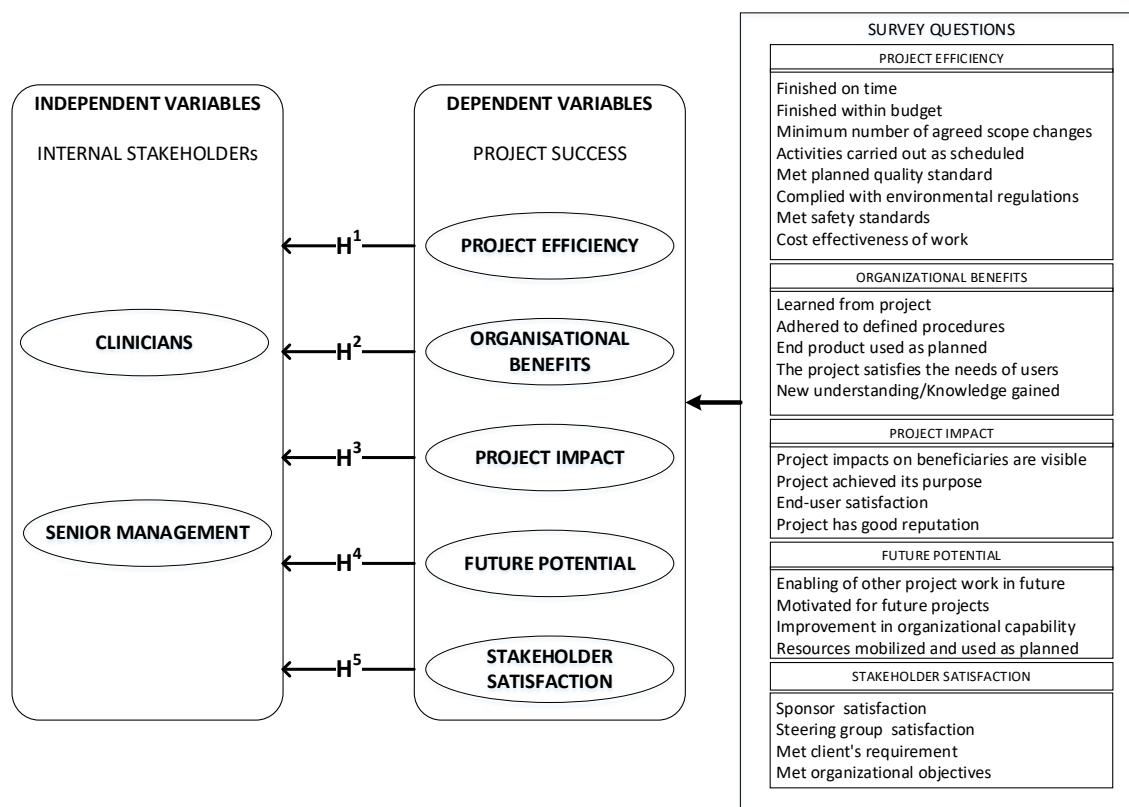
Section two recorded respondents' responses to dependent variables of project efficiency, organizational benefits, project impact, future potential, and stakeholder satisfaction. Section two of the survey presented project success criteria in a randomized order. Respondents were asked to rate those criteria using a 5-point Likert scale: important, slightly important, moderately important, highly important, or extremely important.

### 2.3. Ethical Considerations

Compliance with governing principles ensures ethical practice that safeguard participants' rights and this study did not commence until the Capella University IRB granted approval (2018-85). In accordance with the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978), the informed consent form, informed participants about survey procedures and any possibility of risk or harm. Participants responded to the request voluntarily to avoid any coercion. The research involved no incentives for participation in this study. All participation was voluntary, and participants reserved the right to end the survey at any time. If a participant did not complete the survey, no record was saved, and all information entered became irretrievable. The anonymity and privacy of participants in this research was respected with an explicit pledge of confidentiality given and honored.

### 2.4. Data Analysis

For statistical analysis, the independent variable was groups of clinicians and senior hospital management. Dependent variables corresponded to the five criteria of project success: project efficiency, organizational benefits, project impact, future potential, and stakeholder satisfaction (Figure 1). These five project success criteria are believed to increase the rate of project success.



**Figure 1:** Graphic Representation of Study Hypothesis and Survey Questions

Online survey data were extracted from Qualtrics and entered into IBM SPSS version 27.0 for Windows. Data were screened for accuracy, completion, and outlying responses. Before analysis, assumptions of normality and homogeneity of variance were tested through the Kolmogorov-Smirnov tests and the Shapiro-Wilk Test. Le Boedec contended that the Shapiro-Wilk test was more sensitive and best for performing normality tests [20]. The Shapiro-Wilk test confirmed project efficiency, future potential, and stakeholder satisfaction were normally distributed, and the right statistical tool was an independent sample t-test. The Shapiro-Wilk also confirmed organizational benefits and project impact violated the assumption of normal distribution as data significantly deviated from a normal distribution (Sig. < 0.05). A non-parametric statistical test, Mann-Whitney U, was used to test these constructs, as data did not meet the assumptions of conducting parametric tests.

If research is beneficial and operational, it should avoid misleading those using findings. To demonstrate and communicate the rigor of the research process and the credibility of research findings, the validity and reliability of the research instrument are fundamental cornerstones of the scientific approach [21]. Validity is defined as the extent to which the research instrument measures what it is intended to measure accurately (reduction of bias) and precisely (representative of the population) [22, 23]. The consistency of results across items is often calculated using a statistical procedure such as Cronbach's alpha coefficient [24]. A Cronbach alpha score of 0.70 or greater is considered an acceptable reliability score [25]. The principal component analysis determined that the five-factor solution explained 60.94% of the variance. Reliability was established, with all constructs achieving Cronbach alpha values higher than 0.70.

### 3. Results

The goal was to collect approximately 128 usable responses based on a G\*Power (3.1.9.2) analysis. This sample was considered adequate for representing the broad population of clinicians and senior hospital management within public healthcare delivery in the United States. A total of 130 valid surveys were completed (n = 64 Clinicians, n = 66 Senior Hospital Management). Participants qualified to complete the survey if they were employed as a physician, surgeon, registered nurse, or a member of the management team in a public hospital with experience managing, sponsoring, contributing to managing, or participating in a project meeting for the duration of a project lasting at least six months.

#### 3.1. Respondent Demographics

Most responses came from participants working in hospitals with 100-499 beds. The sample included 53 participants with more than eight years of experience working on projects, with only three participants having no previous experience working on a project. 13 participants had a project management professional certification. Only two respondents indicated they spent more than 50% of their time on project initiatives; most participants averaged between 10% and 50% of their time on projects. Over 80% of projects averaged duration of fewer than 12 months. Hospital information systems, process and quality improvement, patient electronic health records systems, and human resource development accounted for some projects that took longer than 24 months.

#### 3.2. Hypothesis Tests

To test proposed hypotheses, tests for group differences were performed. The assumption of normality is necessary for

statistical significance testing using an independent-samples t-test [26]. To test for normality of distribution, Kolmogorov-Smirnov Test and the Shapiro-Wilk Test were calculated. Note the survey items are identified in subsequent tables and by abbreviations, prefixed with P.E. for project efficiency, O.B. for organizational benefits, P.I. for project impact, F.P. for future potential, and S.S. for stakeholder satisfaction.

Table 1 presents results from the Kolmogorov-Smirnov Test and the Shapiro-Wilk Test. It can be seen both tests indicated assumption of normality of distribution was violated in the case

of variables O.B. and P.I., considering results were statistically significant (Sig. < 0.05) and data significantly deviated from a normal distribution (Aldrich & Cunningham, 2015). Instead of independent t-tests, only for those two cases, Mann Whitney U test was used to test differences between the two groups. Even though a Mann-Whitney U test compares the median scores of two samples, it is the non-parametric equivalent of the independent samples t-test that compares the mean scores of two samples [26]. Similarly, the Mann-Whitney U-test evaluates if two unrelated, independent groups on dependent variables are significantly different [26].

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
PE.AV	.101	76	.051	.971	76	.074
OB.AV	.176	76	.000	.955	76	.009
PI.AV	.115	76	.014	.961	76	.019
FP.AV	.097	76	.073	.972	76	.092
SS.AV	.104	76	.040	.968	76	.051

a. Lilliefors Significance Correction

**Table 1: Results of Tests of Normality**

Results indicated significant differences between clinicians' and senior hospital managements' perceptions within the public healthcare delivery sector regarding project success related to project efficiency. There were no statistically significant differences between clinicians' and senior hospital management's perceptions regarding project success related to future potential, organizational benefits, or stakeholder satisfaction.

Perceptions about *project efficiency* in the group of clinicians ( $\bar{x} = 3.85, s = .61$ ) were lower than perceptions about *project*

*efficiency* in the group of senior management ( $\bar{x} = 4.19, s = .56$ ). An independent samples *t-test* (Table 2) revealed this difference in perceptions was significant,  $t(74) = -2.355, p < .05$ . It was concluded *HAI* was supported because *there were significant differences in project stakeholder (clinicians and senior management) perceptions within the public healthcare delivery sector regarding project success as it related to project efficiency*. Sufficient evidence was found to reject the null hypothesis.

		Levene's Test for Equality of Variances	t-test for Equality of Means							
			F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference
										Lower
PE.AV	Equal variances assumed	.076	.783	-2.355	74	.021	-.34206	.14522	-.63142	-.05270
	Equal variances not assumed			-2.410	50.736	.020	-.34206	.14194	-.62706	-.05706
FP.AV	Equal variances assumed	.001	.972	-.317	74	.752	-.04706	.14856	-.34306	.24894
	Equal variances not assumed			-.323	50.185	.748	-.04706	.14580	-.33989	.24577
SS.AV	Equal variances assumed	.585	.447	-1.163	74	.248	-.18706	.16082	-.50750	.13338
	Equal variances not assumed			-1.195	51.339	.237	-.18706	.15649	-.50117	.12705

**Table 2: Results of Independent Sample Test**

Perceptions about the *future potential* in the group of clinicians ( $\bar{x} = 3.85, s = .62$ ) were lower than perceptions about the *future potential* in the group of senior management ( $\bar{x} = 3.9, s = .58$ ). An independent samples *t-test* (Table 2) shows this difference in perceptions was not significant,  $t(74) = -.317, p > .05$ . It was concluded *H04* was supported because *there were no significant differences in project stakeholder (clinicians and senior management) perceptions within the public healthcare delivery sector regarding project success as it relates to future potential*. Sufficient evidence has not been found to reject the null hypothesis.

Perceptions about *stakeholder satisfaction* in the group of clinicians ( $\bar{x} = 3.85, s = .67$ ) were lower than perceptions about *stakeholder satisfaction* in the group of senior management ( $\bar{x} = 4.04, s = .62$ ). An independent samples *t-test* (Table 2) shows

this difference in perceptions was not significant,  $t(74) = -1.163, p > .05$ . It was concluded *H05* was supported because *there were no significant differences in project stakeholder (clinicians and senior management) perceptions within the public healthcare delivery sector regarding project success as it related to stakeholder satisfaction*. Sufficient evidence has not been found to reject the null hypothesis.

To conduct a Mann-Whitney *U* analysis, one grouping variable and two dependent variables (Organizational Benefits and Project Impact) were used. There were two groups: clinicians and senior hospital management. Results are presented in Table 3. To correctly interpret the results of the Mann-Whitney *U* test, one more analysis was conducted [26]. Results of the median calculation are presented in Table 4.

	OB.AV	PI.AV
Mann-Whitney <i>U</i>	570.500	439.500
Wilcoxon <i>W</i>	895.500	1765.500
<i>Z</i>	-.747	-2.208
Asymp. Sig. (2-tailed)	.455	.027

**Table 3: Results of Mann-Whitney U test**

Q3.1		OB.AV	PI.AV
Clinician	<i>N</i>	51	51
	Median	4.0000	4.0000
Senior Management	<i>N</i>	25	25
	Median	4.0000	4.2500

**Table 4: Results of Median Calculation**

A Mann-Whitney *U* test occurred to determine if there were differences in perceptions within the public healthcare delivery sector regarding project success related to *organizational benefits* between clinicians and senior management. Mann -Whitney *U* test indicated there was no statistically significant difference ( $U = 570.500, z = -.747, p = .455$ ) between clinician ( $Mdn = 4.00$ ) and senior hospital management ( $Mdn = 4.00$ ). It was concluded that *H02* was supported because *there were no significant differences in project stakeholder (clinicians and senior management) perceptions within the public healthcare delivery sector regarding project success related to organizational benefits*. Sufficient evidence has not been found to reject the null hypothesis.

A Mann-Whitney *U* test occurred to determine if there were differences in perceptions within the public healthcare delivery sector regarding project success related to *project impact* between clinicians and senior management. The Mann-Whitney *U* test indicated there was no statistically significant difference ( $U = 439.500, z = -2.208, p = 0.027$ ) between clinician ( $Mdn = 4.00$ ) and senior hospital management ( $Mdn = 4.25$ ). It was concluded that *HA3* was supported because *there were significant differences in project stakeholder (clinicians and senior management) perceptions within the public healthcare delivery sector regarding project success related to project impact*.

Sufficient evidence was found to reject the null hypothesis.

#### 4. Discussion

Five research questions were quantitatively examined to assess if discrete stakeholder groups involved in healthcare projects assess project success differently. Research question one focused on significant differences between the two groups' perceptions of project success as it related to project efficiency. The project efficiency construct included eight factors:

- finished on time,
- finished within budget,
- minimum number of agreed scope changes,
- carried out activities as scheduled,
- met planned quality standards,
- complied with environmental regulations,
- met safety standards, and
- conducted work in a cost-effective way.

Data confirmed significant differences in stakeholder perceptions. Analogous to Andersen and Alias et al., this finding demonstrated that discrete stakeholder groups do not perceive success criteria similarly [27, 28]. Additionally, results suggested that senior hospital management perceive project efficiency as more important to project success than clinicians. Clinicians are likely more concerned with the final deliverable than with time, cost,

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and scope constraints. In this study, clinicians typically took on the role of a team member rather than the person responsible for controlling and monitoring the project's time, cost, and scope, the project manager.

Research question two focused on significant differences between the two groups' perceptions of project success as it related to organizational benefits. The organizational benefits construct included five factors:

- learned from the project,
- adhered to defined procedures,
- used end product as planned,
- satisfied the needs of users, and
- gained new knowledge.

Data revealed no significant differences in stakeholder perceptions.

In healthcare environments, this construct of organizational benefits is appealing as the project deliverables must meet an acceptable standard, and the knowledge gained by personnel working on the project must be meaningful. This finding supported the contention of Drouin et al. that the knowledge and insights of multiple stakeholders are necessary to assess whether a project's objectives were achieved [29]. Furthermore, van Offenbeek and Vos revealed knowledge acquisition increased the likelihood of project success, lending credibility to this finding [30].

Research question three focused on significant differences between the two groups' perceptions of project success as it related to project impact. The project impact construct included four factors:

- project's impacts on beneficiaries are visible,
- project achieves its purpose,
- end-users are satisfied, and
- project has a good reputation.

Data revealed significant differences in stakeholder perceptions. Davis came to a similar conclusion and suggested each stakeholder prioritizes project success criteria differently [9]. Additionally, results showed senior hospital management perceived project impact as more important than clinicians. This construct corresponded to the effectiveness of the project, with a particular emphasis on the patient in a healthcare context. Patients are beneficiaries of project outcomes, such as reduced waiting times, less invasive procedures, or prompt scheduling of outpatient appointments. Project impact typically relates to long-term measures of success that critically evaluate whether the purpose of a project was achieved and strengthens the organization's reputation. Equally, the study of Pohjola et al. affirmed collaboration, a shared vision for achieving project objectives, and project success are significantly related [12].

Research question four focused on significant differences between the two groups' perceptions of project success as it related to future potential. The future potential construct included four factors:

- enabling other projects in the future,
- motivating future projects,

- improving organizational capability, and
- mobilizing and using resources as planned.

Data did not reveal significant differences in stakeholder perceptions regarding this future potential. However, clinicians perceived future impact as more critical than senior hospital management. Clinicians preferred to contribute to project work and build new competencies that maximized the impact of their hospital. Project work offers clinicians opportunities to temporarily step away from their daily responsibilities and participate in activities likely to benefit patients, the hospital, and their colleagues. Sa Couto found organizational capability and stringent controls helped to reduce costs and enhance the quality of project deliverables, providing the impetus for elaborate and innovative clinical solutions [31].

Research question five focused on significant differences between the two groups' perceptions of project success as it related to stakeholder satisfaction. The stakeholder satisfaction construct included four factors:

- satisfied sponsors,
- satisfied steering group,
- met client's requirements, and
- met organizational objectives.

Data showed no significant differences in stakeholder perceptions concerning stakeholder satisfaction.

Findings of research question five were critical because project failure often results from not meeting stakeholders' expectations and because perceptions of individual stakeholders are often treated in isolation from each other [9, 32, 33]. For a sector that is a relative newcomer to the discipline of project management, it is evident healthcare professionals have embraced a shared vision of project success.

The significance of this research study became apparent in light of the disconnect between the growing use of project management and persistently high rates of project failure [34, 35]. The lack of awareness and conflicting perceptions of project success criteria among various stakeholder groups regularly leads to project failures [10, 11]. This study gathered input regarding which criteria of project success clinicians and senior hospital managers consider essential. The results of this study were significant because a resolution of conflicting interpretations will reduce the occurrence of project failure [9].

Results from the study will help project managers to understand which project success criteria contribute to project success from the perspective of stakeholder involvement. As a result, project managers can more effectively guide their projects to successful completion. Recognizing project success criteria of different stakeholders will ensure future healthcare projects achieve a higher success rate [12].

Project stakeholders must have a shared vision of what project success entails; otherwise, the decision-making capabilities of project sponsors and executive management are impaired [9]. The study addressed the research purpose. The findings will contribute to a greater understanding of different perceptions of

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project success criteria from perspectives of multiple stakeholder groups within healthcare settings. Identifying common project success constructs between disparate stakeholder groups (and constructs for which opinions diverge) facilitates closer communication between various stakeholders and the project team. Moreover, to correct limitations of some existing research, the results of this study included viewpoints of multiple project roles besides that of a project manager.

This study addressed organizational leaders' management dilemma regarding the lack of understanding, awareness, and appreciation of differences in perceptions of project success criteria held by stakeholder groups in healthcare delivery projects [12]. The knowledge and insight gained from this study resolved many conflicting interpretations and could reduce the occurrence of project failure [9]. Recognizing and assessing where differences of opinion exist within common project stakeholder groups should encourage inquiry, resolving differences, and beneficial outcomes for all involved. Research outcomes may help healthcare professionals discern how various internal stakeholders interpret project success criteria, which could result in improved project success rates.

Poor project performance in any sector can have significant financial consequences, but poor execution and inadequate communication between project stakeholders could have more severe implications in the healthcare sector. By isolating stakeholders and identifying corresponding perceptions of project success criteria, the project manager or sponsor has the opportunity to influence successful project completion.

#### **4.1. Contribution to Business Problem**

One reason for project failure is poor stakeholder management [36]. Good stakeholder management implies stakeholder consultation and, in the case of project management, delineating perceptions of project success [37]. The findings of this study offered insights gleaned from two different groups of stakeholders within the U.S. healthcare sector who rated the importance of various proven project success criteria.

A lack of engagement with project stakeholders often results in project failure, especially in the healthcare sector [38-40]. Results of this study confirmed that in two of the five constructs (project efficiency and project impact), clinicians and senior hospital management considered essential to assess project success were not aligned. Critically, both groups expressed a difference of opinion regarding what is often deemed critical for project success in most studies, the triple constraints [27]. If members of an internal stakeholder group assigned to a project differ regarding delivering a project on time, within budget, and scope, the business problem identified at the outset of this study will become ever more evident and troublesome.

One of the most significant challenges project managers face in managing and controlling projects is knowing whether they are on course to succeed. Numerous models for monitoring project performance exist, but such models do not adequately measure perceptions held by various project stakeholders. A chart of accounts (such as a Gantt and milestone chart) can provide an overview of costs, future projections, timelines, and

deliverables. However, if project stakeholders are not consulted on what they view as success, the project is likely to falter. Not all project stakeholders are satisfied with or concerned about project deliverables. Still, if their perceptions of project success criteria are not understood, there can be no alignment with project objectives. Such a lack of an integrated approach offers no guarantees a project will succeed [38]. McKenna and Baume also contended stakeholders have an important voice [41]. However, Andersen and Alias argued that no standard project success criteria apply to all projects. As a result, stakeholder perceptions will vary [27, 28].

Melton suggested projects occur to deliver benefits that provide a solution to an operational need or that achieve a strategic organizational objective [42]. Results of successful projects are improved product quality, reduced service cost, development of innovative products, increased productivity, safety, or capital saving [43]. Davis suggested knowing which project success criteria project stakeholders favor is necessary [9]. The findings of this study revealed stakeholders did not significantly differ regarding project success criteria relating to organizational benefits, future potential, and stakeholder satisfaction.

#### **5. Conclusions**

The economic importance of project management is vital. Scholars and project practitioners subscribed to the idea that improving project success rates is a priority for everyone involved in project management. Altering methodologies, providing training, and applying stringent governance and oversight mechanisms appear to have little effect. With such interventions, projects fail, are delivered late, exceed budgets, or prove unsuitable for their intended use [44, 45].

No project managers or sponsors want their projects to fail. Despite technological improvements and adopting lean and agile approaches to project management, projects continue to fail at an alarming rate. One area that received limited academic exposure is project stakeholders' perceptions of what constitutes project success. Despite that lack of focus, a project is comprised of multiple stakeholders with varying degrees of interest. The focus of previous research was on individuals such as the project manager, on management systems such as project methodologies, or on governance mechanisms to assess their relationship with project success [4, 17, 46, 47].

A gap in the project management literature remains, though, and various project stakeholders' perceptions of project success criteria after project completion are incomplete [48]. Davis also recognized project success criteria varied between project stakeholders and proposed further research to reconcile this dilemma [3].

The focus of this study was on project delivery in the public healthcare sector in the United States. The survey instrument, adopted from Khan et al., investigated differences in perceptions of project success criteria of two major stakeholder groups – clinicians and senior hospital managers [16].

Results confirmed clinicians and senior hospital management differed in two of the five categories relating to project success

criteria: project efficiency and impact. Such disparity, especially in time, budget, and scope, will inevitably impact project performance. All stakeholders should have a common set of priorities or the path to success will be fraught with conjecture and risks. Identifying which project success criteria stakeholders' rate is essential is beneficial for project managers and anyone involved in a project and in potential project outcomes.

The evaluation of project success based on perceptions of multiple stakeholders on different projects and across other organizations was imprecise. Results from this study did not reflect implicitly or explicitly any thoughts and views of all healthcare workers. Still, they are helpful as a framework to guide better project management decision-making and stakeholder inclusiveness [49, 50].

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