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COURSE BROCHURE

Power and Influence for Healthcare Managers Training Course

23 – 27 November 2026
Casablanca

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Registered in the United Kingdom and Saudi Arabia

Power and Influence for Healthcare Managers Training Course

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Power and Influence for Healthcare Managers is a 1-week training course for ward, department and clinical service leads who must move change without direct authority, and each participant builds a stakeholder influence plan. Tight staffing and multidisciplinary decision-making mean service improvements now succeed or stall on winning clinical and administrative support. Jupiter Prime Training offers this power and influence for healthcare managers course.

Why Power and Influence for Healthcare Managers Matters Now

Healthcare managers sit between three groups with different sources of authority: senior clinicians whose professional judgement carries weight, executives and finance partners who control budgets and beds, and frontline nurses and allied professionals whose goodwill keeps a pathway running. Workforce shortages and pressure on waiting times sharpen every disagreement between them. A manager who reads these dynamics can redesign a discharge process, introduce a new clinic or shift rosters with consent rather than resistance. The course rests on stakeholder power-interest mapping, principled negotiation and ethical persuasion grounded in patient benefit.

Who Gains Most from Power and Influence for Healthcare Managers

- Ward managers who need medical support for patient flow changes
- Clinical service leads who negotiate resources with executives and finance partners
- Diagnostics, pharmacy and therapy heads who depend on other services
- Quality and patient safety leads who need clinicians to adopt new protocols
- Primary and community care managers who coordinate with hospital teams across organisational boundaries

A hospital directorate that sends a nurse manager, a clinical lead and an operations manager together leaves with a shared reading of its own influence landscape.

Power and Influence for Healthcare Managers Capabilities

Participants learn where authority sits in a clinical organisation and how to use it for patients.

- Assess formal, expert, relational and information-based sources of power in a clinical setting — whom to approach first
- Build a stakeholder map — the engagement sequence for a service change
- Design a persuasive case — the executive or committee decision
- Apply coalition building with clinical champions and informal leaders — the adoption of a new pathway on the ward
- Weigh ethical boundaries of influence — the integrity of the manager's position
- Communicate under resistance — the agreement of sceptical senior clinicians

Key Power and Influence for Healthcare Managers Terms

- Expert Power — authority that comes from clinical knowledge or specialist skill.
- Positional Power — authority granted by a formal role, such as control of budgets or beds.
- Stakeholder Map — a chart that places each group by its influence over a change and its interest in the outcome.
- Clinical Champion — a respected practitioner who visibly supports a change.
- Coalition — a group of allies across professions who agree to back a proposal together.
- Ethical Influence — persuasion that is transparent, respects professional autonomy and keeps patient benefit at its centre.

Power and Influence for Healthcare Managers Day by Day

Day 1: How Power Works in Healthcare Organisations

- Sources of Power Audit for Clinical and Managerial Roles — Locating Real Authority
- Professional Hierarchies Across Medicine and Nursing — Anticipating Friction Points
- Committee and Governance Structures in Hospitals — Choosing the Right Decision Forum
- Informal Networks and Opinion Leaders on Wards — Finding Hidden Influence
- Personal Influence Self-Assessment — Recognising Default Styles Under Pressure

Day 2: Mapping Clinical and Administrative Stakeholders

- Power-Interest Grid for a Service Change — Prioritising Engagement Effort
- Stakeholder Concerns Matrix by Profession — Tailoring Messages to Each Group
- Patient and Family Voice in Service Redesign — Strengthening the Legitimacy of Change
- Cross-Boundary Mapping With Primary and Community Care — Aligning Partners Outside the Hospital
- Resistance Diagnosis Through Ward Interviews — Separating Fear From Valid Objection

Day 3: Persuasion and the Clinical Case

- Evidence Packs Combining Outcomes, Safety and Cost — Persuading Executives and Finance Partners
- Framing Proposals Around Patient Benefit — Winning Clinician Attention
- Storytelling With Patient Journeys — Making Pathway Problems Visible
- Principled Negotiation on Beds, Staff and Budgets — Reaching Workable Agreements
- Objection Handling With Senior Clinicians — Turning Scepticism Into Conditions for Support

Day 4: Coalitions, Champions and Ethics

- Clinical Champion Selection and Briefing — Spreading Adoption Among Peers
- Coalition Building Across Professions — Securing Joint Sponsorship for Change
- Upward Influence With Directors and Boards — Gaining Executive Backing
- Ethical Boundaries and Conflicts of Interest — Protecting Trust and Professional Autonomy
- Conflict De-escalation Between Departments — Preserving Working Relationships

Day 5: Practising the Stakeholder Influence Plan

- Choosing a Live Service Improvement Case — Defining the Change to Influence
- Applying the Power-Interest Grid to the Case — Sequencing Engagement
- Rehearsing the Persuasive Case With Peer Feedback — Strengthening Arguments and Evidence
- Coalition and Champion Plan for the Case — Assigning Allies and Roles
- Stakeholder Influence Plan Presentation — Committing to Actions and Review Points

Applying Power and Influence for Healthcare Managers After the Course

- Run a power-interest mapping session for one pending service change and agree who engages each group.
- Recruit two clinical champions for a protocol or pathway change.

Power and Influence for Healthcare Managers Questions FAQ

What is power and influence for healthcare managers and why does it matter now?

Power and influence for healthcare managers is the skill of winning support for change from clinicians, executives and staff you do not directly control. It matters now because workforce pressure and patient demand make every service change contested.

Which roles gain most from power and influence for healthcare managers training?

Middle managers and clinical leads gain most. Ward managers, service leads and quality leads who must change practice across professions use its methods straight away.

How does power and influence for healthcare managers differ from a general influencing skills course?

It differs by working inside clinical hierarchies, hospital committees and patient pathways. A general influencing course covers corporate settings instead.

What do you bring back from power and influence for healthcare managers training?

You bring back an influence plan for a real service change in your organisation. It sets out a stakeholder map, a persuasive case and a coalition of champions.

Power and Influence for Healthcare Managers: The Way Forward

The stakeholder influence plan first informs who to approach, and in what order, for the participant's chosen service change. Managers share it with their clinical leads and directorate team so that engagement is coordinated. After its first use, revisit the stakeholder map, since positions shift once a change begins on the ward.