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# Perception of the Notion of Hospital Performance: A Survey of Hospital Division Heads

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**Abstract :- The aim of this article is to present the results of a survey of hospital department heads at CHU HII Fès on their conception of performance. To this end, we use a questionnaire based on a theoretical model of performance developed by Sicotte et al. (1998), itself based on Parsons' theory of social action (1951, 1977).**

**We show that the concept of performance is apprehended in different ways by these players, and that these conceptions may be far removed from the definitions proposed in the literature.**

***Keywords:-*** *Hospital Performance; Stakeholder Perception; CHU HII; Hospital Performance Measurement.*

## I. INTRODUCTION

Over the past twenty years, the organization and operation of public administration have undergone profound changes. These changes have occurred in different ways in different countries. But the common threads are sufficiently important for analysts to address them through the notion of New Public Management. [1]

The NPM consists of a set of principles borrowed from the conceptual framework of private-sector management, emphasizing cost control, financial transparency, decentralized management, and accountability to customers for service quality through the introduction of performance indicators.

In order to apply these precepts within the Moroccan public health sector, and more specifically the university hospital centers. A reform has been introduced mainly to improve their management with the aim of achieving better performance. The hospital project was one of the main tools recommended as part of this reform. [2]

Initiated by the CHU de RABAT in 1996, the PEH became an institutionalized tool in 2007. To this end, Decree No. 2-06-656 of April 03, 2007 on the organization of hospital establishments stipulated that "each hospital center must prepare a document called the PEH, which defines the establishment's general objectives for a given period, in the fields of medicine, nursing care, training, management and the information system".

This is why the management of the HASSAN II Fès University Hospital Center sees the development of its first Human Resources Plan (2015-2019) as an essential lever and an essential participative initiative to enable the transition to hospital performance.[3]

In practice, however, we find that performance is a catchword, a vague, multi-dimensional concept which ultimately only takes on meaning in the context in which it is used. This lack of a shared vision of the notion of performance among different researchers is explicitly highlighted by the work of Marion et AL(2102), who distinguish three definitions of performance:

The result of an action (Bouquin, 2004), the success of the action (Bourgignon, 1995), or the means of obtaining the result (Baird, 1986).[4]

Every company or organization therefore needs to clarify the nature of the performance it is pursuing. For management is impossible without first discerning and prioritizing the areas of performance sought.[5]

With these observations in mind, the aim of this article is to present the results of a survey carried out among heads of hospital departments at CHU HII Fès on their conception of performance. To this end, we use a questionnaire based on a theoretical model of performance developed by Sicotte et al. (1998), itself based on Parsons' theory of social action (1951, 1977).

[1] Améziane Ferguene. "*New Public Management and the reform of the public hospital in France with the HPST law. L'administration publique en Algérie : entre les impératifs de la modernisation et les défis de l'évaluation : regards croisés sur les bonnes pratiques internationale "s*, April 2014, Constantine Algeria.

[2] Bop Martial Coly. "*Les facteurs d'adhésion du personnel au PEH : Cas du PEH de l'hôpital de Beni Mellal. Dissertation: Management des services de santé", INAS-Rabat*. 2010 p: 13.

[3] AIT TALEB khalid. "*Projet d'établissement hospitalier*" CHU H II FES, 2015-2019, P1.

[4] Melchior Saldo. *"Performance: a fundamental dimension for evaluating companies and organizations "s*; 2013.

[5] Françoise GIRAUD et al, "*Contrôle de gestion et pilotage de la* performance", 3rd edition, Edition Gualino, 2008. P 21.

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In order to answer the research question, we will first present the main definitions of hospital performance and its dimensions (1), then we will review the importance of the role of department head physicians (2), in a third point we will explain the tool chosen for our study and finally we will present our results in an attempt to answer our research question (4).

## II. HOSPITAL PERFORMANCE: DEFINITIONS AND DIMENSIONS

The notion of performance is associated with any system or activity, and is a concept at the heart of all companies and organizations. In French-language dictionaries, performance is defined as an official statement recording a result achieved at a given point in time, always with reference to a context, an objective and an expected outcome, whatever the field. In practice, we find that performance is an all-purpose word, a vague, multi-dimensional concept which ultimately only takes on meaning in the context in which it is used. In the hospital context, we speak of hospital performance.

### *A. Defining Hospital Performance*

Hospital performance, like the notion of performance, is a difficult concept to define. This difficulty stems from the very nature of hospital service provision, as Pouvourville G. describes it as a "service provision, dependent on the work of the care producers themselves and the contribution of patients"[6] . As a result, a variety of definitions are proposed, reflecting the difficulty of defining the concept of hospital performance.

To this end, we propose a number of definitions:

- Performance must be considered from a global perspective. It simultaneously covers socio-economic effectiveness, efficiency and service quality.
- There is a close relationship between quality and the organization of facilities: optimizing organization leads to cost reductions. Economic efficiency and medical and health efficiency are thus complementary.

Hospital performance can be measured on several levels:

At the level of a healthcare facility, which must meet part of the healthcare needs of the area it serves;

At the level of a health region, as defined in the SROS, or of a region: this is the level at which we aim to offer a complete range of care.

At national level: defining health policy and allocating means and resources.

In short, hospital performance and efficiency require optimization of quality, costs and organization.

### *B. Dimensions of Hospital Performance*

In addition to the difficulties we've identified, hospital performance can also be considered from a number of different angles. For example, the authors distinguish three essential dimensions of hospital performance that condition the hospital's performance and justify its activity[7] :

- The vertical dimension: this refers to the ability of care facilities to fit in with the orientations of the healthcare system and converge towards the overall objectives of society.
- The lateral dimension: this refers to the hospital's ability to respond to the needs of the patients it serves, as well as to the expectations of employees, system financiers and citizens in general;
- The horizontal dimension: this refers to the hospital's ability to combine its activities with those of other entities in the healthcare system, to ensure the quality of care in all its dimensions: technical, medical, care, organizational, social and psychological.

Another classification emphasizes the cohabitation of three interdependent visions of hospital performance[8] :

- An external vision: based on public health indicators and relying on synthetic and statistical health indicators, with the dangers that their misinterpretation can entail;
- A medical vision measures the effectiveness of results in relation to medical referents and aims to minimize clinical risk;
- An administrative vision in which the objective is the efficiency of all hospital activities.

Hospital performance can also be seen as managerial performance, centered on the human factor and its added value, and ensuring that a balanced dynamic is maintained between the following four aspects:

Organizational goals, adaptation of resources to the environment, production including quality management of associated services and maintenance of values.

## III. THE PUBLIC HOSPITAL, A PROFESSIONAL ORGANIZATION

The hospital is the professional organization par excellence. It brings together several professional groups (doctors, nurses, managers, administrative staff, etc.) whose autonomy of execution and design is considered the cornerstone of their operation[9] . Glouberman and

[6]Pouvourville G. "*Some theoretical and practical aspects of hospital performance measurement*". Revue transdisciplinaire en santé. 1998. P99.

[7] Champagne F. *"la performance hospitalière dans une perspective organisationnelle: concepts, préférences et enjeux*". Proceedings of the Sympousium, Service public fédéral santé publique, Brussels. 2006. p27.

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Mintzberg[10] define public hospitals as highly fragmented and composite worlds. In this respect, they identified the existence of four concomitant worlds within the hospital: the world of treatment (cure) provided by doctors, the world of care provided by nurses, the world of management and, finally, the world of the board of directors. These four spheres, known as "*specialized curtains*" and "*department walls*" (Glouberman and Mintzberg, 2001), correspond to four different sets of activities, organizational modes and mentalities[11] .

*A. The dual role of Teaching Physicians*

Medical professors are strong players in university hospital centers, and it would be unthinkable to conceive of and decide on reform while ignoring their importance[12] . This strength is derived jointly from their expertise and their political power. The latter are generally organized into unions and a medical advisory committee, and have a large number (six members) of seats on the board of directors.

Physician-teachers play a dual role, originally that of physician and manager. Burellier and Valette[13] describe a process of "*enlisting doctors in managerial activities*", through which doctors take on new missions with managerial implications. Drawing on the work of Nicholson (1984), they demonstrate that these two roles, although at first sight contradictory and irreconcilable, manage to coexist. It is entirely possible for these two roles to coexist, without either of them taking precedence over the other. They have a set of skills and qualities that enable them to lay the foundations for the hospital's managerial transition[14] . They have the requisite medical skills, while being aware of the management requirements imposed by cost constraints[15] . The credibility of physician-managers derives from the professional expertise they possess and the links they have forged with the organization. In this respect, they enjoy a dual legitimacy, a professional legitimacy and a legitimacy inherent in the administrative world[16] . Thanks to this dual legitimacy, the medical manager becomes the interface between the medical and administrative worlds[17] .

[10] Glouberman S and Mintzberg H. (2001), "Managing the care of health and the cure of disease", Health Care Management Review, Vol. 26, N°1, Winter 2001, p. 70-84.

[11] Bourret C. (2007), "Partager l'information pour dépasser les frontières institutionnelles et professionnelles ou le défi des réseaux de santé dans le système de santé français", 35 th Annual Conference Information Sharing in a Fragmented Word. Crossing Boundaries, ACSI (Association Canadienne des Sciences de l'Information), Mc Gill University, Montreal, May 10-12, 2007.

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## IV. THE HOSPITAL ORGANIZATIONAL PERFORMANCE ASSESSMENT MODEL

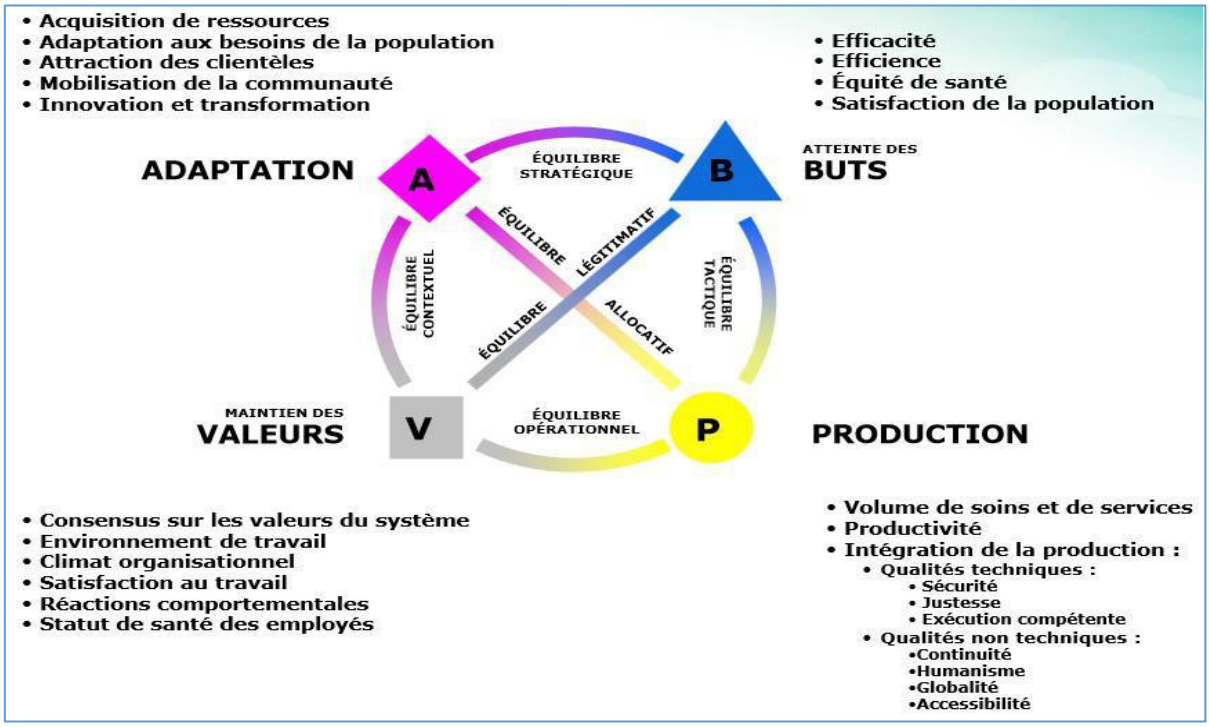


Fig. 1 : The Hospital Organizational Performance Assessment Model

Derived from Parsons' (1977) theory of social action, the Sicotte et al. (1998) model favors a vision of complementary approaches and the search for a negotiated balance between the different dimensions of performance. It proposes a system for assessing four functions of a healthcare facility, and a balance between these four functions: achieving goals, interacting with the environment, integrating internal processes, and maintaining values and standards to sustain the other three functions. The assessment and management of performance is therefore based both on the evaluation of how these four functions operate, and on the analysis of the dynamics of the tension between the four poles that describe how an organization functions.

This figure18 is a schematic presentation of the model's conceptual framework, made up of the four essential functions, represented by four different geometric figures, and the six exchange links between the functions: alignments.

### *A. The Four Essential Functions :*

- **Goal attainment**: this function relates to the organization's ability to achieve its fundamental goals. For a public health organization, this means improving the health status of individuals and the population (a dimension of effectiveness) within a framework of economy of means (efficiency) to satisfy different groups of stakeholders with regard to the results obtained (satisfaction of the various interest groups).
- **Adaptation**: in the short term, the healthcare facility must secure the resources needed to maintain and develop its activities. In the long term, the healthcare organization must develop its ability to transform itself in order to adapt to technological, population, political and social changes. This is what drives healthcare establishments to innovate and transform themselves.
- **Production**: here we're talking about the organization's core business. And it is at this level that every healthcare organization seeks to measure performance, using a panoply of indicators that generally express "an abundance of activity", such as: number of hospitalizations, TOM, DMS ....
- **Maintaining values and organizational climate**: the performance of any organization is strongly linked to the values shared or not by the different groups of players working in the organization. Maintaining fundamental values is an important dimension of any organization's functioning (consensus around fundamental values and organizational climate). This is the function that produces meaning and cohesion within the organization. This function produces and reproduces the value system in which the other three functions operate.

### *B. The Six Alignment Functions :*

The interest of this model lies in the fact that it emphasizes the interactions and reciprocal links that must exist between the four essential functions to maintain a high-performance system. This is how six alignments can be distinguished, which make it possible to manage this equilibrium. But they remain fundamentally dynamic, as

[18]Guisset Ann-Lise, Sicotte Claude, Leclercq Pol, D'Hoore William. *"Defining hospital performance: a survey of various strategic actors within hospitals*". Sciences sociales et santé. Volume 20, n°2, 2002. pp. 65-104;

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they are constantly being renegotiated by the various players in the organization.

- *Strategic Alignment: Adaptation-Achievement Of Goals.*

This dimension of performance involves, on the one hand, assessing the compatibility of the implementation of means in relation to organizational goals; and on the other hand, this dimension of performance evaluates the relevance of goals given the environment and the search for greater organizational adaptation.

- *Allocative Alignment: Adaptation- Production.*

On the one hand, this dimension of performance reflects the appropriateness of resource allocation among production processes, and on the other, this dimension of performance assesses how adaptation mechanisms remain compatible with production imperatives and results.

- *Tactical Alignment: Goal Attainment-Production*

On the one hand, this dimension of performance tells us about the ability of the control mechanisms derived from the choice of organizational goals to govern the production system; on the other, this dimension of performance evaluates how production imperatives and results modify the choice of organizational goals. This is how goal relevance is assessed.

- *Operational Alignment: Value Maintenance - Production.*

This dimension of performance lies, on the one hand, in the ability of value-generation mechanisms and organizational climate to positively or negatively mobilize the production system. We can thus speak of the mobilizing effect of professional values in the production of care and services. On the other hand, this dimension of performance assesses the impact of production imperatives and results on organizational climate and values.

- *Legitimative Alignment: Maintaining Values - Achieving Goals*

This dimension of performance lies in the ability of the mechanisms that generate values and organizational climate to contribute to the achievement of organizational goals, and on the other hand it assesses how the choice and pursuit of organizational goals modify values and organizational climate.

- *Contextual Alignment: Maintain Values - Adapt.*

This dimension of performance lies, on the one hand, in the ability of the mechanisms for generating values and organizational climate to positively mobilize the adaptation system. On the other hand, this performance dimension assesses how the imperatives and results of adaptation modify values and organizational climate.

After this brief description, we feel it's essential to return to a number of distinctive aspects of Sicotte's model, mainly due to its complexity, since the model enables us to integrate the various ways of conceiving performance by the different existing models. At the same time, it adopts a complementary vision of these different models, going beyond a simple juxtaposition. Sicotte's model makes it possible to conceive of a healthcare facility as a complex organization from a number of different angles, none of which is superior to the other, but all of which are necessary for an overall vision of the organization. The relevance of the model is therefore mainly justified by its ability to bring together various perspectives of organizational analysis, and therefore several concepts or dimensions of performance. This approach enables us to grasp performance in all its complexity, and to broaden the concept so as to retain the broadest possible vision. Based on Sicotte's model, and adapting Guisset's questionnaire, we developed a questionnaire designed to identify strategic players' perceptions of hospital performance. The results of this survey will be detailed in the empirical part of our work.

## V. PRESENTATION AND DISCUSSION OF RESULTS

The aim of our analysis of the quantitative data from our interviewees' responses is to help the researcher identify the perceptions of hospital organizational performance among hospital and medical-technical department heads. On the other hand, to classify the items according to the order of importance as expressed by our respondents.

Our main study target is the chief professors of hospital services at the CHU-Fès specialty hospital.

The Hospital of Specialties is one of the five hospitals making up the HASSAN II University Hospital Center in Fez. The Hospital of Specialties is made up of 30 departments, which can be divided into: medicine, surgery and medico-technical services.

### A. *Key Figures:*

- More than 70,800 consultations were carried out in the emergency department of the Specialty Hospital, which represents almost two-thirds of the consultations carried out in the 04 emergency departments of CHU HII Fès.
- The Specialty Hospital has 421 hospital beds (excluding emergency and intensive care beds).
- Of a total of 24,210 scheduled surgical procedures performed, the two operating theatres at the Hospital for Specialties carried out 7,792, or 32%.
- Specialty hospitals are the biggest consumers of pharmaceutical resources, exceeding MDH 170,000,000.
- The Hospital of Specialties generated an estimated MAD 3,479,344.97 in revenues.

The questionnaire used is a modified version, adapted to the context of the Hassan II Fès University Hospital, of the questionnaire drawn up by Guisset and Al19 . This is the result of an exploratory study on the conception of performance by strategic decision-makers in Franco-Belgian hospitals. It is based on the Pearson model. The authors surveyed performance indicators in the literature on health

[19]Guisset Ann-Lise, Sicotte Claude, Leclercq Pol, D'Hoore William. "*Defining hospital performance: a survey of various strategic actors within hospitals*". Sciences sociales et santé. Volume 20, n°2, 2002. pp. 65-104;

service management and organization. They also organized focus groups with hospital managers and asked them to generate performance indicators.

The closed questionnaire facilitates the processing of information and makes it possible to reach a large number of people, thus testing the number and variety of perceptions of performance according to the group to which they belong, while at the same time attempting to estimate their importance. Our adapted questionnaire is made up of fifty items intended to reflect our respondents' perception of the concept of hospital performance. Respondents were asked to rank the degree of importance of each item according to their personal opinion.

*B. Adaptation Dimension :*

In defining a high-performance hospital, the professors and heads of the departments surveyed place great importance on innovation and learning. They believe that a high-performance hospital should reward learning and innovation, and demonstrate an interest in research and the production of new technologies. The recruitment of qualified staff is also one of the criteria of a high-performance hospital for our respondents. Added to this list is a hospital's ability to provide services not available elsewhere.

Items less cited by our respondents :

- Consulting the local population is not a performance criterion for the majority of department heads.
- Adapt its activities in response to the needs of the population.

*C. Dimension Objective Attainment*

This dimension is defined according to three subgroups**:** Patient satisfaction, Effectiveness and Efficiency. The items most present in our respondents' answers are :

- A high-performance hospital is one that consistently produces the best possible health outcomes,
- A high-performance hospital is characterized by the low number of complaints received from patients about the results of care,
- Our respondents' hospital performance is characterized by a low rate of unplanned readmissions.

Items such as :

- Systematically produce the best healthcare results while controlling costs;
- Reduce costs by improving the adequacy of care;
- Allocate budgets between services on the basis of their relative cost-effectiveness.

Of interest to a minority of our respondents (no more than 5), all these items are linked to the efficiency sub-group.

*D. Productivity Dimension*

This dimension is defined according to four sub-groups**:** Productivity, Activity volume, Quality, Production coordination

The items most frequently cited by our respondents are**:**

- Hospital performance can be characterized by good coordination with other healthcare providers;
- Good coordination between care units is one of the hallmarks of hospital performance.
- The high level of coordination among professionals is of particular interest when it comes to defining hospital performance.
- The ongoing quest for improved quality of care;
- Hospital performance depends on reducing waiting times for scheduled surgery;
- A high-performance hospital is one that allocates more resources to services with a growing number of patients;
- Increasing the range of services offered is key to hospital performance.

At the bottom of our respondents' list are the following items:

- A high-performance hospital is one that manages to cut costs while maintaining its range of services;
- A high-performing hospital is one with a high number of emergency admissions.

➢ *Maintaining Values and Organizational Climate*

This dimension is defined according to two sub-groups: organizational values and organizational climate. Our respondents were interested in all the items proposed to define a high-performance hospital. By way of example, we cite the following items:

- An efficient hospital is one that consults its staff;
- A high-performance hospital is one whose organizational objectives have been integrated by everyone;
- An efficient hospital provides formal channels for conflict resolution;
- Our respondents consider a hospital to be efficient if its members are aware of the importance of their work.

An analysis of these results shows that the chief professors of hospital services have a vision of performance focused on innovation and learning, quality and the maintenance of organizational values and climate. The efficiency component, on the other hand, does not enjoy the same degree of interest among our respondents.

This is an emblematic situation for executives who are supposed to provide both "cure" and "management" in hospital organizations.

## VI. CONCLUSION

The results of this study call on the management of CHU H II to take into consideration the performance perceptions of the professors in charge of hospital services. Given the important role played by these actors in the management of the various care units (hospital production unit), it is important to make them aware of the importance of the efficiency component in the definition of performance.

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In conclusion, this article represents a first attempt to study the perception of performance, particularly among doctors/professors in charge of hospital departments, and although our conclusions are based on the description of a single hospital establishment, it is the largest of the five hospitals that make up the CHU of Fez. Further analyses and investigations are needed to complement this work, focusing on the various players both inside and outside the hospital.

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