

The Contribution of Hospital Accreditation Project to Healthcare Governance in Morocco : The Mediating Effect of Public Management through Quality

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Déclaration de divulgation : L'auteur n'a pas connaissance de quelconque financement qui pourrait affecter l'objectivité de cette étude.

Conflit d'intérêts : L'auteur ne signale aucun conflit d'intérêts.

Pour citer cet article : LAASSILI .Z & EJBARI .Z (2023) « The Contribution of Hospital Accreditation Project to Healthcare Governance in Morocco : The Mediating Effect of Public Management through Quality », African Scientific Journal « Volume 03, Numéro 20 » pp: 513 – 540.

Date de soumission : Septembre 2023

Date de publication : Octobre 2023



DOI : 10.5281/zenodo.10048193

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Abstract

The healthcare sector, as a cornerstone of a nation's well-being and socio-economic development, requires strong governance and continuous improvement in the quality of services provided. In Morocco, hospital accreditation represents a major project aimed at achieving excellence in care and efficiency in the management of healthcare facilities. This is part of the Public Quality Management framework, incorporating demanding standards and precise evaluations to raise the standards of public healthcare in line with national and international norms. This study delves deeply into the crucial contribution of hospital accreditation to healthcare sector governance in Morocco, highlighting the mediating role of Public Quality Management. It also analyzes the legal foundations of the Moroccan healthcare system, approaches to hospital accreditation, and aspects of Quality Approach in the Hospital Environment, aiming to enhance the quality of care and improve the performance of healthcare facilities. Finally, it presents a conceptual research model to better understand the impact and potential benefits of the hospital accreditation project in Morocco, with the aim of optimizing the country's healthcare system.

Keywords: Accreditation; Governance; Reform; Public management; Quality approach.

Introduction

Improving the quality of healthcare and strengthening governance within hospital establishments are major concerns in society's relentless quest for quality healthcare services. In Morocco, a developing country at the crossroads of Africa and Europe, this aspiration for excellence in the healthcare sector has become an inescapable priority. In this dynamic of change and adaptation, the hospital accreditation project is emerging as a key catalyst in the transformation of the Moroccan healthcare system. To this end, we focus on the central issue of this study: to what extent does healthcare governance depend on hospital accreditation through Public Quality Management?

The main objective of this article is to thoroughly explore "The Contribution of the Hospital Accreditation Project to Healthcare Governance in Morocco," shedding light on the mediating effect of "Public Management through Quality" in this complex equation. In a context where healthcare quality is fundamental to access to healthcare and transparent, effective governance is crucial in meeting the population's needs, we center our attention on the hospital accreditation project.

We begin with a meticulous literature review, delving into the quality approach as a tool in public management. We then examine how this quality approach has been adapted to public hospital institutions in Morocco, highlighting practical and cultural challenges. In the second part of our study, we delve into the Moroccan context, analyzing the legal and regulatory foundations of the country's healthcare system and the frameworks used in the hospital accreditation system. We delve deep into the multiple facets of the Quality Approach in a Hospital Setting, seeking to understand the multidimensional links toward an integrated approach that values healthcare quality and institutional performance.

Our study's methodological framework is based on a rigorous approach started with a comprehensive literature review to inform our research and formulate solid hypotheses. Our epistemological position is positivist, ensuring a fact-based approach. The mode of reasoning is hypothetico-deductive, reflecting a logical process. Variables have been meticulously selected in line with our conceptual model. Overall, this methodology aims to provide an in-depth and practical understanding of a critical issue in Moroccan healthcare, while addressing gaps in research on healthcare governance.

1. Literature review

1.1. The concept of governance in healthcare

The notion of governance is a fundamental concept in the healthcare field, and has been the subject of much discussion and analysis over the years. As Kooiman (1993) points out, governance can be defined as "the system of rules, norms, structures and processes that guide and regulate decision-making and resource management in a given sector". In the context of health, health governance refers specifically to the way in which health systems are organized, managed and directed.

As observed by Kickbusch (2009), healthcare governance is a multidimensional field that encompasses many essential aspects of healthcare service delivery, strategic planning, regulation, human resources management, financial management, transparency and accountability. It is crucial to ensuring the efficiency, equity and quality of healthcare, and to meeting the needs of the population.

In the literature, many researchers have examined the various models of healthcare governance that exist around the world. As Saltman and Ferroussier-Davis (2000) point out, these models vary according to the specific political, economic and social contexts of each country. They include centralized, decentralized, participatory governance models, and public-private partnerships, among others. Each of these models has its advantages and disadvantages, and their effectiveness often depends on how they are implemented and adapted to local needs.

Moreover, health governance has become increasingly important in the era of globalization, where health issues transcend national borders. As Kickbusch (2002) points out, international cooperation in health matters, the monitoring of global epidemics and the management of limited resources are all areas in which health governance plays a central role.

New hospital governance emerges in response to two main reasons: the hospital's necessary adaptation to a constantly changing environment, and the correction of the dysfunctions of the professional bureaucracy that was the dominant model (Cremadez, 2003; Dechamp & Romeyer, 2006). This approach is seen as a new mode of pragmatic hospital management, aimed at enabling hospital stakeholders to plan effective change by developing a realistic vision of their future and devising strategies for change. It must be strategic and based on relevant projects, involving all stakeholders in order to sustainably improve hospital activities and services.

In the public hospital context, two types of governance have been identified: external governance, which manages the relationship between the hospital and its supervisory body

through effective contractualization, and internal governance, which focuses on the organization of operations and the sharing of responsibilities between management and all the hospital's operational spheres (Dechamp & Romeyer, 2006). Internal governance aims to control interactions between the strategic top and the operational center, and to manage interactions within the operational center to ensure both perfect cost control and sustainable improvement in the quality of patient care (Dechamp & Romeyer, 2006).

The implementation of this new governance is based on the establishment of a contractualist logic that relies essentially on reciprocal trust between hospital management and its various departments, activity clusters and responsibility centers (Pouvoirville & Tedesco, 2003; Domin, 2006; Dayer, 2015; Vallejo, 2018).

However, despite its advantages, some authors highlight the disorganization and negative effects caused by its operationalization (Dechamp & Romeyer, 2006; Fray, 2009; Dayer, 2015; Domin & al., 2018). They highlight a deterioration in working conditions in hospital establishments (Benallah & Domin, 2017). In addition, new hospital governance favors the establishment of "counter-power" structures by strengthening the power of management, which does not accept effective participation by the medical profession in the management of hospital establishment activities (Domin, 2010).

According to B. Dehbi (2017), this new governance is still marred by grey areas that need to be clarified by urgent interventions through a holistic vision that enables a close link to be established between health issues and all public policies.

Laconically, healthcare governance is a complex and crucial notion that shapes the way healthcare systems operate nationally and internationally. It is the subject of much discussion and research, aimed at improving healthcare delivery, ensuring equitable access to healthcare services and responding to the changing needs of the population.

1.2. The quality approach: a tool for public management

The New Public Management (NPM) is a management model that emerged in the 1980s, aiming to modernize public administration by adopting methods from the private sector. It emphasizes results-oriented management, accountability, transparency, flexibility, and public-private partnerships. Despite its advantages in terms of efficiency and innovation, it has been criticized, particularly for its potentially reductionist economic view of public services. Its implementation requires thoughtful consideration to strike a balance between NPM principles and public service values.

On the other hand, Public Management by Quality is a modern approach aimed at integrating quality management principles into the operations and processes of the public sector. This approach seeks to enhance the efficiency and transparency of public administration, focusing on citizen satisfaction and process optimization. It promotes a culture of continuous improvement by involving staff and measuring performance. This approach is recognized for its benefits in resource allocation, transparency, cost reduction, and service quality improvement. It represents a crucial lever for modernizing and professionalizing public management. (Boyne, 2003).

The quality approach in the public sector is based on principles aimed at optimizing processes, increasing efficiency, and ensuring stakeholder satisfaction (Juran, 1989). It is encouraged by public reforms and socio-economic developments (Bouckaert and Halligan, 2008). Its goal is to establish a culture of continuous improvement and involves the commitment of all stakeholders (Osborne and Gaebler, 1992). It contributes to improving performance and user satisfaction, allocating resources more effectively, and enhancing citizen trust in the administration (Radnor and McGuire, 2004).

One of the most recognized models for implementing the quality approach in the public sector is the EFQM (European Foundation for Quality Management) model (EFQM, 2020). It provides a structured framework to assess and improve the performance of public organizations by integrating criteria such as leadership, strategy, resources, processes, results, and stakeholder satisfaction.

Briefly, these two approaches, although different, aim to improve the management and performance of the public sector. NPM focuses on efficiency and effectiveness, drawing inspiration from the private sector, while Public Management by Quality emphasizes citizen satisfaction and excellence in administration by integrating quality principles. Choosing the right approach depends on the specifics and objectives of each public organization, and finding a balance between these two approaches is crucial to ensure that the common interest remains at the heart of public policies.

1.3. Transpose the quality approach to public hospitals

The transposition of the quality approach in public hospital establishments is a fundamental imperative to ensure effective and safe medical services despite budgetary challenges, limited resources, and a continuously growing demand. In this regard, this crucial objective relies on a well-conceived and structured approach, focused on the continuous improvement of processes, outcomes, and patient experience (Institute of Medicine, 2001).

To implement quality improvement in public hospitals, several essential pillars are necessary. First and foremost, establishing a robust quality management system is crucial, fostering the definition of clear policies and objectives, as well as the mobilization of appropriate resources and expertise. Certification and accreditation then ensure compliance with standards and best practices, thereby ensuring an optimal level of quality of care (Shaw & Groene, 2010).

Another critical dimension of this approach is proactive risk assessment. This step allows anticipating and managing potential risks to patients, staff, and the hospital organization. The judicious use of quality indicators provides valuable benchmarks for measuring performance and the effectiveness of the implemented processes (Vincent, Burnett, & Carthey, 2013).

Considering patient satisfaction is another essential aspect and a key indicator of the success of this approach. It is necessary to adjust and improve services based on their feedback and expectations (Leatherman & Sutherland, 2008). Concurrently, effectively managing patient complaints is also an important aspect of this approach, facilitating responsiveness and addressing patient concerns (Jha & Pronovost, 2016).

At the core of the quality approach lies proactive risk management. Identifying, assessing, and managing potential risks are integral to this approach. This encompasses preventing medical errors, managing nosocomial infections, drug safety, and adequate preparation and response to emergency situations (Walshe & Shortell, 2004).

The successful transposition of the quality approach in public hospitals relies on several key factors. Firstly, firm and proactive commitment from the leadership is paramount. It must place the quality approach at the heart of the institution's overall strategy, actively promoting and supporting it. Additionally, active and engaged involvement of all staff is another essential pillar, including physicians, nurses, technicians, and managers. Appropriate training, ongoing awareness, and the creation of a safety-focused culture are effective means to achieve this (Shaw & Groene, 2010).

Moreover, regular data collection and meticulous evaluation are crucial elements to measure performance, identify areas for improvement, and track progress. The rigorous application of standards and best practices, both at the national and international levels, is also fundamental (Institute of Medicine, 2001). Lastly, seamless communication and successful sharing of experiences play a vital role in this process of continuous improvement (Jha & Pronovost, 2016).

Ultimately, the successful transposition of the quality approach in public hospital establishments requires a vigorous commitment from leadership, active and engaged

participation of all staff, precise data collection, and regular performance evaluation, rigorous adherence to standards and best practices, as well as dynamic communication and fruitful sharing of experiences (Leatherman & Sutherland, 2008). This collective synergy leads to a notable improvement in the quality of care and enhanced patient safety within these vital healthcare institutions (Walshe & Shortell, 2004).

1.4. The many facets of quality management in hospitals: exploring multidimensional links towards an integrated approach

Previous research has shown that the relationship between the hospital quality approach and various multidimensional mechanisms that are topics of interest in the healthcare field constitutes a focal point for exploring the determinants of healthcare governance and their impacts, with an emphasis on the analysis and collection of contextual data. We distinguish:

- ❖ **Performance:** The hospital quality approach aims to improve clinical outcomes, patient safety, process efficiency, and stakeholder satisfaction. If properly implemented, it can contribute to an overall improvement in healthcare facility performance (González & al., 2015).
- ❖ **Governance:** A solid quality approach requires management commitment and good governance. Committed management and appropriate governance mechanisms can foster a culture of quality, ensure the allocation of necessary resources, and support the implementation of the quality approach (Bovaird & Löffler, 2009).
- ❖ **Modernization:** The quality approach can act as a catalyst for the modernization of hospital practices and processes. By identifying opportunities for improvement and implementing evidence-based interventions, it can contribute to the adoption of new technologies and the digitization of processes, the optimization of workflows, and the introduction of innovative practices, enabling faster data collection and analysis, real-time monitoring, and more informed decision-making (Greenhalgh & al., 2004).
- ❖ **Resilience and business continuity:** The quality approach can also be linked to the preparation and management of emergency or crisis situations, by contributing to the implementation of a business continuity plan. This ensures the resilience of the hospital organization in the face of health responses, and guarantees patient safety and continuity of care in all circumstances, even in the event of major disruptions (Kruk & al., 2010).
- ❖ **Organizational agility:** An effective quality approach requires an organization capable of adapting quickly to change and making continuous improvements. Organizational agility can foster rapid response to identified problems, flexibility in adopting new

practices and the ability to take advantage of opportunities for improvement (Jansen & al., 2006).

- ❖ **Change management:** The quality approach often involves major changes in clinical and administrative practices. Effective change management, including clear communication, adequate training, and resistance management, can facilitate the adoption of new practices and the integration of the quality approach into the organizational culture (Cummings & Worley, 2014).
- ❖ **Project management:** A quality approach can be implemented in specific project management techniques while relying on the logic of the PDCA approach to plan, implement, and evaluate quality improvement initiatives. This ensures a structured and systematic approach to achieving quality objectives (Schwalbe, 2018).
- ❖ **Knowledge management:** Knowledge management is essential to the hospital quality approach. By promoting the collection, dissemination, and use of knowledge and best practices, it can support organizational learning, strengthen evidence-based decision-making, and foster innovation (Vakharia & Neville Kersey, 2023).
- ❖ **Lean healthcare:** Lean healthcare is an approach focused on eliminating waste and optimizing processes to improve the quality and efficiency of care. Integrating lean principles into the quality approach can lead to significant improvements in waiting times, workflow, and patient satisfaction (Toussaint & Berry, 2013).
- ❖ **Sustainable development:** The quality approach can contribute to sustainable development by promoting the efficient use of resources, the reduction of hospital waste, the management of environmental risks, and the implementation of environmentally friendly practices (Martini, 2014).
- ❖ **Attractiveness and competitiveness:** A solid quality approach can improve a healthcare facility's attractiveness and competitiveness by enhancing its reputation, attracting the best healthcare professionals, building patient loyalty, and ensuring high-quality care (Robinson, 2008).
- ❖ **Results-based management:** The quality approach is closely linked to results-based management, as it aims to objectively measure, monitor, and improve performance, using relevant performance indicators to assess and improve clinical and organizational outcomes (Kaplan & Norton, 1992).
- ❖ **Public-private partnerships (PPP):** Public-private partnerships can help strengthen the quality approach by enabling close collaboration between the public and private

sectors. This can encourage the exchange of best practices, the sharing of resources, and the implementation of innovative solutions (Hodge & Greve, 2007).

- ❖ **Innovation:** An innovation-oriented quality approach encourages the exploration of new approaches, technologies, and methods to improve patient care and safety, by supporting research and development, and fostering a culture of continuous improvement (Damanpour, 2010).

2. Adoption of the hospital accreditation project: a pillar in the overhaul of the Moroccan healthcare system

2.1. Legal and regulatory foundations of the Moroccan healthcare system

Morocco's healthcare system is based on a set of legal and regulatory foundations designed to organize, regulate and promote healthcare in the country. The main components of this system are as follows:

- ❖ **Moroccan Constitution:** The Moroccan Constitution recognizes the right to health protection as a fundamental right. It guarantees access to healthcare and calls for the establishment of a national health policy.
- ❖ **Framework Law on the Health System:** Framework Law No. 131-13 is the reference text governing the Moroccan healthcare system. It sets out the general principles, objectives, and strategic directions of the healthcare system. It aims to ensure equal access to healthcare, quality of healthcare services, and solidarity among various actors in the system.
- ❖ **Framework Law 06-22:** The draft framework law No. 06-22 concerning the national healthcare system, recently adopted in the Council of Ministers, aims to reform the sector in a multidimensional approach. Articulated around four pillars: good governance, enhancement of human resources, upgrading of healthcare provision, and digitalization, this text outlines an overall plan for a thorough reform, notably to successfully implement the broadening of social protection.
- ❖ **Ministry of Health:** The Ministry of Health is the governmental body responsible for formulating and implementing health policy in Morocco. It develops the necessary legislative and regulatory texts for the regulation of the healthcare system and oversees and controls healthcare facilities and professionals.
- ❖ **Regulation of Healthcare Facilities:** Several regulatory texts govern the organization and functioning of healthcare facilities in Morocco. They establish accreditation criteria,

quality and equipment standards, as well as the conditions for healthcare professionals to practice in these facilities.

- ❖ **Mandatory Health Insurance (AMO):** AMO was established in 2005 under Law No. 65-00. It aims to provide basic medical coverage to all employees and retirees in the public and private sectors, as well as their dependents. AMO is managed by the National Social Security Fund (CNSS) for the private sector and the National Fund for Social Welfare Organizations (CNOPS) for the public sector.
- ❖ **National Health Insurance Agency (ANAM):** ANAM is the public entity responsible for managing AMO. It regulates healthcare services, negotiates fees with healthcare providers, and monitors healthcare expenses.
- ❖ **Medicines and Medical Devices:** The marketing, distribution, and use of medicines and medical devices are regulated by specific texts. The National Agency for the Safety of Health Products (ANSS) is responsible for evaluating, authorizing, and monitoring these products in Morocco.
- ❖ **Pharmaceutical Regulation:** The pharmaceutical sector in Morocco is regulated by specific laws and regulations. The National Agency for Drug Safety and Health Products (ANSM) supervises the regulation, approval, importation, distribution, and pharmacovigilance of drugs in Morocco.
- ❖ **Regulation of Healthcare Professions:** Healthcare professions, such as doctors, nurses, pharmacists, are regulated by specific laws and decrees. These texts establish the conditions for entering the profession, ethical rules, and practice modalities.
- ❖ **Specific regulations:** Other regulatory and legislative texts govern different aspects of the health system in Morocco, such as public health, occupational medicine, medical training, medical ethics and so on.

It should be noted that this list is not exhaustive, and that other texts and regulatory bodies may also contribute to the regulation and operation of the health system in Morocco.

2.2. The various approaches and standards of the hospital accreditation system

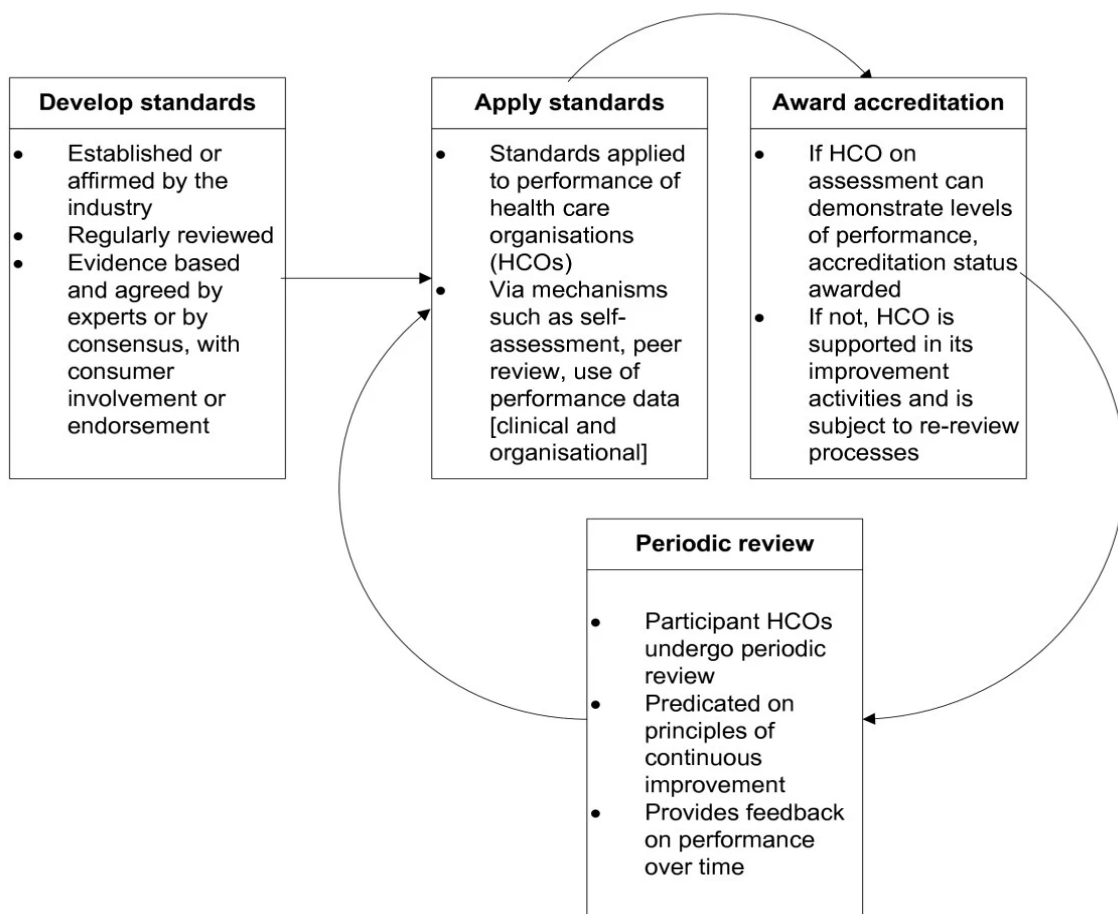
Accreditation is a process whereby an external authority evaluates and certifies the competence, credibility and conformity of an organization or institution against specific standards. Unlike certification, accreditation generally evaluates the organization as a whole, rather than specific products. It confirms the organization's ability to deliver high-quality, credible services or results.

At its core, accreditation is a system of organizational improvement centered on an accrediting body that assesses performance against predefined standards, usually using a variety of mechanisms (Braithwaite & al., 2011). Globally, accreditation aims to improve organizations by developing new standards through research and expert advice. Performance criteria and indicators are established and then applied to organizational processes (Braithwaite & al., 2011).

According to Nicklin's (2015) literature review, accreditation of healthcare institutions is an internationally recognized evaluation process aimed at assessing and improving the quality, effectiveness and efficiency of healthcare institutions. It is based on the premise that adherence to evidence-based standards will deliver better quality healthcare services in a safer environment. It is also a means of publicly recognizing that the healthcare organization meets national quality standards (Yan, Yu H., and Chih M. Kung. 2015).

Braithwaite & al (2011) present a generic accreditation model that illustrates the accreditation process in a general way. This includes the setting of standards by the accrediting body and the implementation of cyclical or periodic assessments of organizational and clinical practices.

Figure N°1: Generic accreditation model from Braithwaite & al, 2011



Source: Braithwaite & al.: Strengthening organizational performance through accreditation research-a framework for twelve interrelated studies: the ACCREDIT project study protocol

The hospital accreditation process begins with initial preparation by the hospital, which appoints a quality management team to oversee the process. Next, the facility selects a recognized accreditation body and conducts a thorough self-assessment of its operations and processes. Based on the results, an action plan is drawn up to remedy identified shortcomings and make improvements. The hospital implements these changes, gathering documented evidence to demonstrate compliance with accreditation standards. An inspection visit is carried out by experts from the accreditation body, who assess the hospital's compliance. Following this assessment, the organization issues a report, in which case corrective action may be required. Once non-conformities have been corrected, the hospital can obtain accreditation attesting to the quality of the care provided. Maintaining accreditation requires that the facility continue to meet the standards set to retain this status, and undergo periodic assessments to encourage continuous improvement in hospital practices. The ultimate goal is to guarantee safe, effective, quality care for patients.

The hospital accreditation system is based on a number of international standards and organizations that set standards and criteria for assessing and accrediting the quality of healthcare services provided by healthcare facilities. Here are some of the main international standards and organizations in the field of hospital accreditation:

- ❖ **World Health Organization (WHO):** WHO provides international guidelines and standards for the accreditation of healthcare facilities, with a focus on quality of care and patient safety.
- ❖ **International Organization for Standardization (ISO):** ISO is an independent international organization that sets standards in various fields, including healthcare. The ISO 9001 standard is used to establish a quality culture in healthcare establishments, while the ISO 15189 accreditation standard is used to set up a quality management system in medical laboratories. The ISO 45001 standard enables organizations to set up an occupational health and safety management system. Recently, ISO 7101 version 2023 was issued, which is the first international consensus standard for healthcare quality management. It prescribes requirements for a systematic approach to sustainable, high quality health systems.
- ❖ **Haute Autorité de Santé (HAS):** The HAS is a French agency that assesses the quality and safety of healthcare in France. It grants certifications and accreditations to French healthcare establishments.

- ❖ **Accreditation Canada International (ACI):** ACI is a Canadian organization offering accreditation and certification programs to healthcare facilities worldwide. It uses standards and criteria based on Canadian best practices.
- ❖ **Joint Commission International (JCI):** JCI is a division of The Joint Commission, a U.S.-based organization. JCI establishes internationally recognized accreditation standards and criteria for healthcare facilities worldwide.
- ❖ **Australian Council on Healthcare Standards (ACHS):** ACHS is an Australian organization that develops standards and accreditation criteria for healthcare facilities in Australia.

It should be noted that each country may have its own specific organizations and standards for hospital accreditation. The bodies mentioned above are examples of internationally recognized organizations in the field of hospital accreditation. These international bodies and standards play an essential role in improving the quality of healthcare worldwide, by defining standards, criteria and assessment processes for the accreditation of hospitals and healthcare facilities.

2.3. Obstacles to achieving hospital accreditation and a successful quality approach

The attainment of hospital accreditation and the success of quality initiatives in a hospital setting are hindered by various obstacles. Among the key identified obstacles are a lack of leadership involvement, which can result in a lack of priority and support (Berwick, 2002). Furthermore, an inadequate organizational culture that does not sufficiently prioritize the quality of care and patient safety can impede progress in these areas (Scott & Mannion, 2003). Resistance to change from the staff is also a major obstacle, as quality processes and accreditation requirements sometimes necessitate significant changes in established practices (Ford and al., 2002). Additionally, low staff engagement at all levels of the organization can result in resistance to adopting recommended quality practices.

A lack of time is another significant challenge, as healthcare professionals are often overwhelmed with work, making it difficult for them to participate in training activities and quality initiatives. Moreover, a shortage of financial, material, and human resources can limit healthcare institutions' ability to implement quality programs (Jha and al., 2016).

The complex procedures of the documentation system and the intricate requirements associated with hospital accreditation can also pose significant challenges, as they require considerable time and effort (Dixon-Woods and al., 2013; Greenfield and al., 2008). Additionally, ineffective communication among different stakeholders can hinder the success of quality initiatives (Gilmartin & al., 2012).

To overcome these obstacles, several recommendations are put forward. It is suggested to regularly educate and train hospital staff on the importance of quality care and patient safety. Hospital leaders should play an active role by providing clear and visible support, allocating necessary resources, and encouraging the involvement of all organization members (Weiner, B. J., & al., 2006).

Involving staff at all levels is crucial, with regular meetings to discuss quality initiatives and gather ideas (Harrison & al., 2008). It is also recommended to promote an organizational culture that values the quality of care and patient safety (Hickey & Brosnan, 2012). Effective and clear communication is essential, with well-established communication channels (Kaplan & Norton, 2006).

Ensuring adequate allocation of financial, human, and technological resources is necessary to implement accreditation recommendations and quality initiatives (Brinkerhoff & Morgan, 2010). Simplifying processes and requirements related to quality initiatives as much as possible can help facilitate their implementation (Hinchcliff, R., & al, 2016).

Regular monitoring and evaluation are also important to measure the effectiveness of quality initiatives (Mitchell & al., 2018). Finally, sharing best practices with other hospital institutions can help gain innovative ideas to enhance the quality of care (McLaughlin & Kaluzny, 2006). By adopting these recommendations and implementing these solutions, healthcare institutions can overcome obstacles, improve the quality of care, and ensure patient safety and satisfaction within a continuous long-term commitment process.

3. Variable selection and conceptual research model

3.1 Research hypotheses

H1: Hospital accreditation would help strengthen healthcare governance through public Quality Management.

H2: Stakeholder Engagement would have a moderating effect on the successful implementation of the quality approach and the achievement of hospital accreditation.

H3: Organizational culture would have a moderating effect on the achievement of quality management and healthcare governance objectives.

H4: The legal and political context of healthcare would have a moderating effect on the hospital accreditation project and healthcare governance.

These hypotheses define the assumed relationships between the key variables in our study and will serve as the basis for our research. They will guide data collection and analysis in order to test their validity and better understand the relationships between the concepts studied.

3.2 Operationalization of variables

The 4 tables below present the study variables and the items used to operationalize them.

Table 1: Main items of the variable to be explained (DV)

Variable to be explained	Items
Healthcare governance	Health policies and strategies
	Healthcare systems and organization
	Health care financing
	Accountability and reporting
	Optimal resource allocation
	Enlargement of the Board of Directors
	Upgrading the healthcare offer
	Civic participation and commitment
	Access and equity in health
	Health care quality
	Health human resources
	Information and communication technologies in healthcare
	Upgrading the healthcare offer
	Public health and prevention
	International collaboration and cooperation
Respect for the environment	

Source: Compiled by the authors

Health governance is a complex component that encompasses various aspects of management, organization, regulation, and decision-making related to health at the level of a country, region, or specific healthcare system. This multifaceted variable is studied through several key elements/items addressed in the scientific literature.

- ❖ The analysis of **health policies and strategies** is fundamental to understanding the organization of a healthcare system, including aspects of financing, healthcare delivery, disease prevention, and health promotion. Evaluating their effectiveness is essential to measure their real impact (Saltman, R. B., & al., 2002).
- ❖ **Healthcare systems and their organization** are examined under different models and structures, including publicly funded, privately funded, or mixed systems. Healthcare

system reforms aim to improve efficiency, accessibility, and quality of care by reorganizing services, incentives, and governance mechanisms (Kutzin, J., & al., 2017).

- ❖ **Health financing** is a crucial area of study, including the analysis of funding sources (public, private, insurance, taxes, etc.) and their influence on access and quality of care. Financing mechanisms are examined in terms of incentives for access to healthcare (World Bank, 2017).
- ❖ **Accountability and transparency** are important mechanisms to ensure transparent, effective, and responsible management of the healthcare system, fostering public trust and the achievement of health goals (Lewis, M., 2006).
- ❖ **Optimal allocation of resources** aims to ensure that the limited resources of the healthcare system are used efficiently and equitably to maximize health benefits. This involves a rigorous analysis of costs, benefits, and health priorities (Murray, C. J. L., & Evans, D. B., 2003).
- ❖ **Expanding the board of directors** in the healthcare domain aims to include a diverse range of actors and stakeholders for more inclusive, transparent, and responsible decision-making (Mitchell, S. M., & al., 2011).
- ❖ **Citizen participation and engagement** are essential for democratic health governance. They influence transparency, accountability, and the adoption of appropriate health policies (Arnstein, S. R., 1969).
- ❖ **Access and equity to healthcare** is a crucial dimension of health governance. Socioeconomic and geographical disparities influencing access are studied, along with ways to reduce them (Braveman, P., & Gruskin, S., 2003).
- ❖ **The evaluation of healthcare quality** aims to ensure that services are safe, effective, and patient-centered. Quality standards, indicators, and quality assurance mechanisms are analyzed (Institute of Medicine, 2001).
- ❖ **Human resources in healthcare** are examined in terms of availability, distribution, training, retention, and motivation of healthcare personnel (Dieleman, M., & al., 2016).
- ❖ The impact of **information and communication technologies** on healthcare delivery is evaluated, focusing on efficiency, accessibility, quality, and data security (Greenhalgh, T., & al., 2018).
- ❖ **Upgrading healthcare delivery involves** improving healthcare infrastructure, acquiring modern medical technologies, training staff, and implementing evidence-based protocols (Ghebreyesus, T. A., 2018).

- ❖ **Public health and disease prevention** are studied through public health policies and programs (Brownson, R. C., & al., 2009).
- ❖ **International collaboration is crucial** to address global health challenges, notably through partnerships and multilateral agreements (Frenk, J., & al., 2010).
- ❖ **Respect for the environment in the healthcare** domain aims to minimize the negative impact of health-related activities on the environment, integrating sustainable practices (Prüss-Üstün, A., & al., 2016).

Table 2: Main items of the explanatory variable (IV)

Explanatory variable	Items
Hospital accreditation	Improving the quality of care
	Promoting a culture of patient safety
	Efficient resource management
	Transparency and public trust
	Image and reputation

Source: Compiled by the authors

Healthcare governance can be influenced by several explanatory variables linked to the overhaul of the Moroccan healthcare system, among which we have chosen an independent variable "hospital accreditation", which constitutes a basic pillar in the new framework law 06-22. Here are some of the main items in this explanatory variable:

- ❖ **Improvement of Healthcare Quality:** Hospital accreditation aims to establish rigorous standards and processes to ensure quality healthcare for patients. This includes standardized treatment protocols, regular compliance checks with quality standards, and continuous training programs for medical staff. Improving healthcare quality contributes to better patient care and clinical outcomes (Ministry of Health of Morocco, 2018).
- ❖ **Patient Safety:** Hospital accreditation systems focus on patient safety by identifying and minimizing risks associated with healthcare. This can include implementing safety protocols, managing medical errors, monitoring nosocomial infections, and promoting a culture of safety within the healthcare facility. Enhanced patient safety leads to a reduction in adverse events and complications, thereby improving patient outcomes and confidence (World Health Organization, 2017).
- ❖ **Effective Resource Management:** Hospital accreditation systems promote efficient use of resources, including equipment, supplies, and personnel. This may involve

implementing inventory management procedures, optimizing staff schedules, and reducing waste and unnecessary costs. Effective resource management optimizes hospital operations and better meets patient needs (Mousannif, H., Elkettani, C., & Harti, I., 2016).

- ❖ **Transparency and Public Trust:** Hospital accreditation encourages transparency and accountability in healthcare delivery. This can involve collecting and publishing performance data, participating in external audits, maintaining open communication with patients and families, and holding medical staff accountable for achieving quality and safety objectives. Greater transparency and accountability enhance public trust in the healthcare system (McDermott, K. W., Stocks, G., & Freeman, T., 2017).
- ❖ **Brand Image and Attractiveness of Healthcare Facilities:** Hospital accreditation can serve as a hallmark of quality and safety for patients and stakeholders, enhancing the reputation and brand image of a healthcare facility. Quality management systems and hospital accreditation often align with international standards, promoting global harmonization and recognition (Siddiqi, S. & Al. 2016).

Table 3: Main items of the mediator variable

Mediator variable	Items
Public Quality Management	Customer focus
	Management leadership and commitment
	Employee involvement
	Harmonization of practices and processes
	Stakeholder relations management
	Risk and incident management
	Encouraging continuous improvement

Source: Compiled by the authors

To list the items in the mediating variable "Public Quality Management", we drew on the seven fundamental principles of Quality Management according to ISO 9001 v 2015, which provide a solid framework for establishing and maintaining an effective quality management system, with a focus on customer satisfaction, continuous improvement and a process-based approach.

- ❖ **Customer orientation:** The organization must understand and satisfy the needs of its customers, seeking to exceed their expectations. In the healthcare sector, patients are the customers, and healthcare facilities must strive to provide patient-centered care.

- ❖ **Management leadership:** Hospital leaders must establish a clear vision for the delivery of high-quality care and patient safety, and create an environment that encourages employee contribution. They must set an example by implementing policies and practices that focus on quality and safety.
- ❖ **Staff involvement:** Involving staff at all levels encourages their commitment and expertise, which is essential for improving the quality and efficiency of processes. Healthcare professionals play a crucial role in delivering quality care, and their commitment and involvement are essential to ensuring positive outcomes for patients.
- ❖ **Harmonization of Practices and Processes:** Quality management systems offer standards and guidelines that promote the harmonization of practices across healthcare facilities. This can facilitate information exchange, collaboration, and benchmarking between hospitals. Harmonizing practices helps reduce variations in the quality of care, encourages the adoption of best practices, and enhances the overall effectiveness and efficiency of the healthcare system.
- ❖ **Stakeholder relationship management:** Healthcare facilities are surrounded by stakeholders such as suppliers, patients, families and so on. Involving them, responding to their needs and expectations, and maintaining transparent communication are crucial to ensuring coordinated, high-quality care.
- ❖ **Risk and incident management:** Identifying, assessing and managing healthcare risks to minimize errors and improve patient safety.
- ❖ **Encouraging continuous improvement:** Quality management systems promote a culture of continuous improvement within hospitals. They encourage facilities to regularly monitor their performance, identify areas of weakness, and implement action plans for ongoing enhancement.

Table N°4: Main items of the moderating variables (MoV)

Moderating variables	Items
1. Stakeholder Engagement	Administrative leadership
	Employee membership
	Patient involvement
	Stakeholder collaboration and support
2. Organizational culture	Organizational maturity level
	Flexibility and adaptability to change
	Identification of areas for improvement
	Interdisciplinary collaboration
3. Legal context and health policy	Sector reforms and strategies
	Regulatory watch and compliance
	Application and alignment with international standards
	Simplifying procedures and harmonizing practices

Source: Compiled by the authors

Moderator variable 01 « Stakeholder Engagement »:

Stakeholder commitment acts as a crucial moderating variable in the interaction between quality management and achieving hospital accreditation. Firstly, strong administrative leadership (1) is essential to promote this commitment, by showing the way and defining quality priorities. Secondly, motivated and committed staff (2) reinforce the implementation of the quality standards required for accreditation. Similarly, involving patients (3) in quality processes stimulates a patient-centred approach, a key element in meeting accreditation requirements. Finally, the collaboration and support of stakeholders (4) facilitates the mobilization of resources and enhances the effectiveness of quality improvement initiatives, thus contributing to the successful achievement of hospital accreditation.

Moderator variable 02 « Organizational culture »:

Organizational culture in healthcare organizations represents the shared values, beliefs, norms and behaviors that shape employees' day-to-day interactions and decisions. A culture focused on quality and healthcare governance promotes patient safety, quality of care, transparency and accountability. It has a significant influence on quality management and healthcare governance, depending on the organization's level of maturity (1). Mature organizations have often

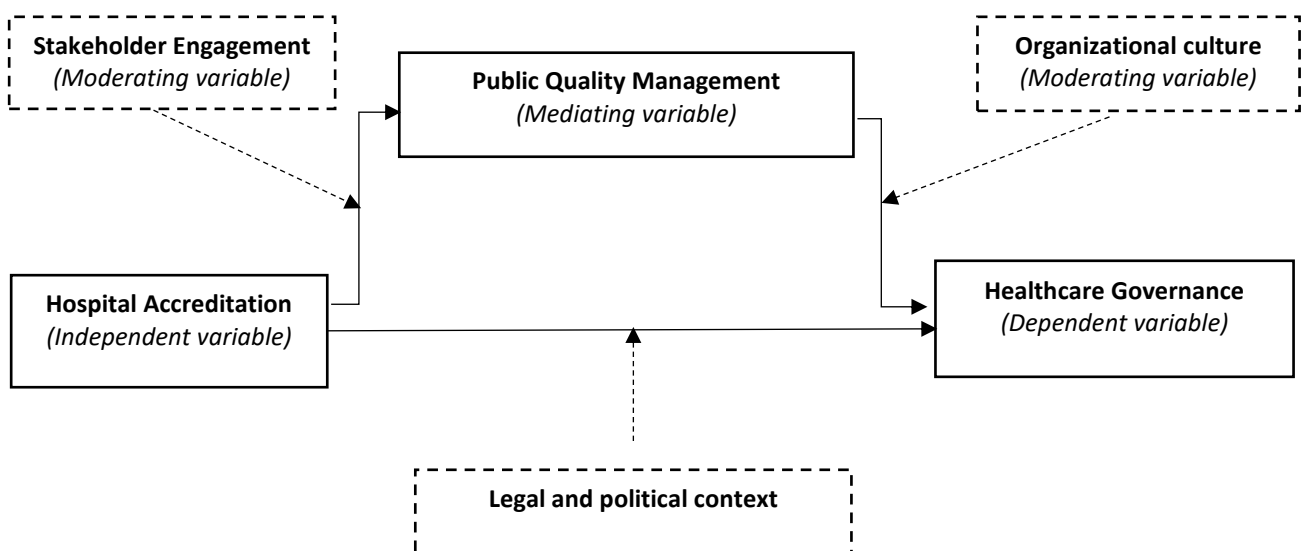
integrated a quality culture, encouraging critical reflection and proactive identification of areas for improvement (2). This culture encourages flexibility and adaptability to change (3), essential elements in responding to the constant evolution of the healthcare field. In addition, it promotes interdisciplinary collaboration (4) by encouraging teams to work together to develop innovative and effective solutions, thus fostering continuous improvement in healthcare delivery and governance. Proper alignment of these elements is essential to achieving quality and governance objectives in the healthcare sector.

Moderator variable 03 « Legal and political context »:

The legal and political context of healthcare has a profound influence on hospital accreditation and healthcare governance. Firstly, sector reforms and strategies (1) dictated by the political framework guide accreditation criteria, reflecting national healthcare priorities. Secondly, regulatory monitoring and compliance (2) are essential, ensuring that hospitals comply with legal requirements. In addition, application and alignment with international standards (3) are encouraged, promoting continuous improvement in the quality of care. Finally, simplification of procedures and harmonization of practices (4) are often encouraged by the legal and political context, facilitating the accreditation process and improving governance in the healthcare sector.

3.3 Conceptual model

Figure 2: Proposed conceptual research model



Source: Compiled by the authors

In order to assess the relevance of our theoretical research model, we plan to compare our research findings with the reality and current practices observed in public university hospitals in Morocco. This research adopts a positivist epistemological position based on a hypothetico-deductive logic. In view of our methodological approach and the paucity of work in this area, particularly in the Moroccan public health sector, we consider it appropriate to carry out a confirmatory quantitative study, based on a questionnaire sent to public hospitals, in order to confirm or refute our research hypotheses. Empirical validation of the hypotheses will provide a better understanding of the contribution of the hospital accreditation project to health governance in Morocco, highlighting the role of quality- oriented public management.

Conclusion

In summary, this literature review extensively explored the foundations, dimensions, and implications of hospital accreditation, public quality management, and health governance in Morocco. The critical analysis of previous research aimed to shed light on the prospects and issues associated with this essential convergence for the Moroccan healthcare system.

The review emphasized that the quality of care and governance are fundamental for ensuring adequate and accessible healthcare services. The quality approach has emerged as a vital tool in public management, offering structured frameworks to enhance care delivery and hospital facility management.

The introduction of the hospital accreditation project in Morocco marked a significant milestone, integrating normativity and international standards, triggering evaluation and restructuring in the country's healthcare facilities. However, the review highlighted challenges, underlining the need to tailor standards and overcome specific cultural and organizational hurdles.

Fundamentally, this literature review raises essential questions about the interconnection between healthcare governance, hospital accreditation, and public quality management. Understanding their intrinsic linkage and optimizing their synergy is crucial for promoting quality healthcare and effective hospital management in Morocco.

This review serves as a foundation for future empirical research, aiming to validate and expand upon the discussed ideas. Uncharted territory and nuances in this evolving field await exploration. Subsequent steps should involve integrating theoretical concepts with concrete data to formulate precise recommendations for improving Morocco's healthcare system.

Acknowledgment is extended to the authors and researchers whose work contributed to this bibliography. Their ideas and research significantly enriched our understanding of quality assessment, public management, and healthcare systems, laying the groundwork for the advancement of these critical fields.

In the end, the interplay between hospital accreditation, public quality management, and healthcare governance in Morocco is intricate. Nevertheless, their convergence presents promising opportunities to redefine and strengthen the healthcare sector, ensuring optimal quality of care and efficient management of healthcare facilities. We hope that this literature review will inspire further research and initiatives aimed at realizing these potentials for the health and well-being of the Moroccan population.

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