



New Public Management and Hospital Performance in Algeria:

Case of the University Hospital Center Benbadis in Constantine

Received: 02/10/2024; Accepted: 02/06/2025

Souheila BENELMOUFFOK*

Université Constantine 2- Abdelhamid Mehri (Algérie), souheila.benelmouffok@univ-constantine2.dz



Abstract

Algerian public administration, long paralyzed by rigid and bureaucratic structures, has undertaken several reforms to modernize and play a leading role in the country's growth and prosperity. Inspired by New Public Management, a management method that emerged in the United Kingdom in the 1980s, these reforms aim to improve the efficiency of public action and redefine the role of the citizen. Despite the extension of these reforms to the hospital sector, the application of NPM at the Benbadis University Hospital Center in Constantine has not led to an improvement in the quality of care. To identify the causes of this failure, two semi-structured interviews were conducted in March 2024 with administrative officials and medical and paramedical staff of the emergency department. The study reveals that the implementation of NPM principles remained theoretical, preventing a true improvement in hospital services.

Keywords

New Public Management (NPM);
Administrative reforms;
Hospital management;
Quality of care;
Public performance.

الكلمات المفتاحية

التسيير العمومي الجديد؛
الإصلاحات الإدارية؛
إدارة المستشفيات؛
جودة الرعاية؛
الأداء العمومي.

التسيير العمومي الجديد و أداء المستشفيات في الجزائر دراسة حالة المركز الاستشفائي الجامعي بن باديس – قسنطينة

ملخص

كانت لفترة طويلة الإدارة العمومية الجزائرية عائقة في هياكل تنظيمية صارمة وبيروقراطية، لهذا شرعت في عدة إصلاحات للتحديث و حتى تلعب دورا رائدا في نمو و ازدهار البلاد. هدفت هذه الإصلاحات مستوحاة من التسيير العمومي الجديد، أسلوب في الإدارة ظهر في الثمانينات من القرن الماضي في المملكة المتحدة، الى تفعيل العمل العمومي و اعادة النظر في دور المواطن. بالرغم من أن هذه الإصلاحات شملت القطاع الصحي، إلا أن تطبيق التسيير العمومي الجديد في المركز الاستشفائي الجامعي بن باديس قسنطينة لم يسمح بتحسين جودة الرعاية الصحية. لتحديد أسباب هذا الفشل، تم إجراء مقابلتين شبه موجهتين في مارس 2024 مع المسؤولين الإداريين والموظفين الطبيين وشبه الطبيين في مصلحة الاستعجالات للمركز الاستشفائي، و لقد كشفت الدراسة أن تنفيذ مبادئ التسيير العمومي الجديد في هذه المصلحة كان نظريًا مما منع من تحسين جودة الخدمات الاستشفائية.

* Corresponding author. E-mail: souheila.benelmouffok@univ-constantine2.dz

Doi:

I- Introduction :

Authority and work in public administration have long been governed by abstract rules and procedures, applied by agents to specific cases. This management model established a system of impartial and universal decision-making, characterized by task specialization and precise division of labor¹. However, it has been criticized for its perceived bureaucracy². Traditional public management has generated various dysfunctions, diverting the objectives of public organizations in favor of operational rules of sub-groups³. It created confusion between means and ends, where rules become absolute and take precedence over efficiency goals⁴. Additionally, it encouraged office managers to increase administrative expenses to enhance their own importance⁵. This model produced rigid organizations composed of obedient individuals trapped in an "iron cage," with no flexibility to respond to the diverse needs of society⁶.

The liberalization of markets, the globalization of the economy, increased competition between sectors, and the massive development of information and communication technologies highlighted the inefficiency of conventional public administration compared to the performance of the private sector. These factors prompted many countries to undertake public sector reforms in the 1980s. These reforms, multidimensional⁷ and multidisciplinary⁸, aimed to rationalize public action and develop performance management⁹. Known as "New Public Management" (NPM), they involve the modernization of public administration and the transposition of private management values into the public sphere¹⁰.

Emerging in the early 1980s in the United Kingdom and New Zealand, NPM spread to most OECD countries, notably the United States, Canada, Germany, and France. NPM did not take hold everywhere with the same intensity, but it influenced, to varying degrees, the culture of public administrations in these countries¹¹.

Algeria also had to integrate this revolution. Faced with a rigid and bureaucratic administration and rising public expenditures, it became necessary to modernize the administration so that it could play a leading role in the country's growth and prosperity. Thus, public authorities implemented several reforms aimed at improving public performance, modernizing the administrative apparatus, cleaning up public finances, and eliminating obsolete bureaucratic practices by introducing management techniques from the private sector.

The public hospital sector, one of the essential pillars of public service in Algeria, has been significantly impacted by reforms aimed at modernizing public management. Since the early 2000s, Algerian authorities have undertaken to adopt private sector governance methods in healthcare establishments, with the objective of improving service quality. However, the integration of these methods into hospital governance has not yielded the expected results, raising a crucial question: why has the application of New Public Management (NPM) in the public hospital sector in Algeria not significantly improved the quality of care?

To provide a rigorous explanation for this issue, we propose the following research hypothesis: the actions of New Public Management (NPM) - disaggregation, competition, and incentive - are not optimally integrated into hospital management practices in Algeria, thereby hindering the improvement of care quality.

To test this hypothesis, we chose to conduct an in-depth study of the emergency service at the Benbadis University Hospital Center (UHC) in Constantine. This choice is explained by the reference status of this establishment for hospital care in the Constantine region, as well as its representation of the typical challenges of the Algerian hospital sector, particularly in its emergency service, which is considered the pivot of hospital organization.

To verify this hypothesis and answer our research question, this article is structured as follows: first, a synthesis of the evolution of public administration in Algeria and management in the public hospital sector; then, an in-depth analysis of the application modalities of New Public Management (NPM) in the Algerian hospital sector; and finally, a detailed qualitative study highlighting the obstacles to improving the quality of care in Algeria.

I.1. Public Administration in Algeria: An Evolution in Progress

Since independence, Algerian public authorities have strived to improve a cumbersome administrative apparatus inherited from the Jacobin colonial administration. Fifteen decrees of attributions, seven organizational decrees, and four consultative bodies¹² have been established, reflecting the various governments' awareness of the severe bureaucracy plaguing their administration. Until the 1990s, bureaucracy was perceived as merely an administrative dysfunction. However, its adverse effects on clientelism, corruption, injustice, and the poor quality of public services prompted the government to undertake profound reforms affecting all organizational forms¹³.

The imperatives of development and economic and social changes have necessitated the improvement of public organizations' functioning. The Algerian government has transposed new management methods imported from the Anglo-Saxon system, focusing on administrative efficiency, the effectiveness of public services, and improving the relationship with citizens¹⁴. These reforms aimed to continuously modernize methods and procedures of action.

The health system, in particular, has been affected by these reforms. Long disappointing and frustrating due to poor services, this system suffered from disparities in the distribution of skills and resources, underutilization of skills, lack of communication, fragmentation of hospital facilities, mismatch between supply and demand for care, insufficient continuous training, precarious socio-professional conditions, and resistance to change¹⁵.

To rebuild a health system accessible to the majority of Algerians and correct the dysfunctions of health facilities, several reforms have been undertaken by the government. However, these efforts have not produced convincing results¹⁶. Since the early 2000s, Algerian authorities have adopted private sector governance methods to apply them in healthcare institutions, in response to the new demands of professionals, citizens, and public decision-makers¹⁷.

1.2. The Evolution of Management in the Public Hospital Sector in Algeria

Traditionally, the primary role of the public hospital sector is to provide optimal care to citizens, adhering to the principles of gratuity, accessibility, impartiality, public interest, and commitment¹⁸. However, this sector was hardly concerned with efficiency, as the resources needed to sustain the health system were financed by the Treasury and the Social Security Fund since 1973¹⁹. Cost reduction and expenditure rationalization were not priorities²⁰.

However, Algeria's adoption of the structural adjustment plan in 1994 and the socio-economic and technological constraints of the time led the authorities to abandon traditional public management. They sought to eliminate outdated bureaucratic practices and address hospital management shortcomings, such as rigid structural frameworks, lack of innovation, centralism, and poor cost control²¹.

To restore budgetary balance, ensure service quality, strengthen transparency, and hold managers accountable, the Algerian state applied a new management method: New Public Management (NPM). This approach adapts private sector management techniques to the public sector, redefining the citizen as a client, encouraging an entrepreneurial spirit in public administration, and promoting competition as a general model applicable to all activities, thus focusing the hospital sector on performance²².

1.3. The Implementation Modalities of New Public Management in the Public Hospital Sector in Algeria

The application of New Public Management (NPM) in the public sector, particularly in the hospital sector, is based on three main actions: disaggregation, competition, and incentive²³.

1. Disaggregation

Disaggregation aims to break down the hierarchies of large public administrations into autonomous structures, thus reducing dependence on a single center of power through a delegation process²⁴.

In Algeria, the disaggregation of public health organizations has occurred in two ways:

- **Within the public health administration:** This disaggregation has multiplied the organization of healthcare provision into various independent structures such as university hospital centers (UHC), university hospital establishments (UHE), local public health establishments (LPHE), Public Health Establishments (PHE), and specialized hospital establishments (SHE). These autonomous structures help establish territorial equity in access to healthcare and relieve the emergency services²⁵. This process is called deconcentration of power.

- **Within the State:** Disaggregation within the State has been manifested by the creation of agencies such as the National Blood Agency (NBA) and the National Health Security Agency (NHSA). These agencies have been given executive and management functions, while the central administration retains strategic steering. The State sets objectives, selects leaders, evaluates and controls results, while the agencies enjoy management autonomy. This process is known as decentralization of power²⁶.

Disaggregation has introduced administrative work evaluation techniques aimed at ensuring the smooth running of public service activities and aligning them with strategic orientations. These techniques include:

- **Management control:** It allows tracking the results of decentralized actions using tools such as dashboards and cost accounting²⁷.

- **Audit missions:** Whether internal or external, these missions certify the accounts of public organizations, helping members to effectively exercise their responsibilities²⁸.

- **Contractualization:** This steering instrument links the political authority and the executing agency, setting control mechanisms to reduce costs related to conflicts of interest and maximize the utility of each party²⁹.

These techniques contribute to strengthening transparency, efficiency, and accountability within public organizations.

2. Competition

Competition is crucial for achieving the objectives of NPM, as its introduction in public structures is expected to reduce costs and improve service quality³⁰. In Algeria, socio-economic constraints have pushed the State to put health establishments in a competitive situation, encouraging them to meet or even exceed set objectives, such as cost reduction and increased efficiency³¹. Moreover, since the provision of care is characterized by the coexistence of the public and private sectors, policymakers had to embrace competition to allow patients to choose their healthcare facility based on performance indicators³².

3. Incentive

Incentive relies on a financial motivation system linked to the achievement of objectives. In Algeria, this system is implemented through continuous and periodic evaluation associated with promotion, sanction, and compensation mechanisms³³.

By applying NPM, the hospital sector had to adopt the private management triad: Efficiency, Effectiveness, Economy³⁴:

- **Efficiency:** Optimal resource management to achieve results.

- **Effectiveness:** Achievement of results within defined objectives.

- **Economy:** Relationship between means and objectives, ensuring that the means used are adequate to achieve the objectives³⁵.

Achieving these three "E's" translates into improved public performance and, consequently, the quality of care provided to patients.

II- Methods and Materials:

II.1 Research Objective:

To address our research question of why the application of New Public Management (NMP) in the public hospital sector in Algeria has not significantly improved the quality of care, we formulated the hypothesis that the actions of NMP – disaggregation, competition, and incentive – are not optimally integrated into hospital management practices in Algeria, thereby hindering the improvement of care quality. To test this hypothesis, we conducted an in-depth study focusing on the emergency service of the Benbadis University Hospital Center (UHC) in Constantine, considered the central pivot of the hospital organization. Our empirical approach included semi-structured interviews with administrative as well as medical and paramedical staff. This methodology aimed to collect detailed qualitative data and explore perceptions and challenges related to the application of NMP in this specific context.

The empirical study targeted the following categories:

- Three administrative managers of the Benbadis UHC of Constantine:
 - The head of the accounting and management control department
 - The head of the career management department of the personnel sub-directorate
 - The head of the patient management and contractualization department of the care sub-directorate
- Two members of the medical and paramedical staff of the emergency service:
 - A nurse in charge of emergency admissions
 - An emergency physician

To ensure a balanced representation of different levels of responsibility and professions within the emergency service, we employed a quota sampling method. This approach ensures that each professional and hierarchical category is adequately represented in our sample, providing a comprehensive and relevant overview of practices and perceptions within the Benbadis UHC of Constantine.

II.2. Study Variables

The variables analyzed in this research are as follows:

- **Independent Variables:** Actions of New Public Management (NMP)
 - **Disaggregation:** Includes the deconcentration of healthcare provision and the decentralization of power, administrative work evaluation techniques, and contractualization.
 - **Competition:** Encompasses partnerships and competitiveness.
 - **Incentive:** Refers to the financial motivation system.
- **Dependent Variables:**
 - a) **Public Performance Indicators:**
 - **Economy:** Cost and budget management.
 - **Effectiveness:** Achievement of defined objectives.
 - **Efficiency:** Optimal resource management.
 - b) **Quality of Care:**
 - Patient satisfaction
 - Waiting time
 - Perceived quality of care

II.3. Data Collection Methods and Analysis Tools

Data were collected using two series of semi-structured interviews, each lasting one hour, conducted during March 2024.

1. Topics Covered for Administrative Managers

- **Deconcentration of healthcare provision and decentralization of power:** Perceptions of authority transfer and its impact on hospital management.
- **Management control, audit missions, and contractualization:** Evaluation of management tools and their effectiveness.
- **Public/private partnerships:** Experiences and challenges in collaboration with the private sector.
- **Budget management:** Financial management practices and budgetary constraints.

The objective of these interviews is to assess whether the actions of NMP (disaggregation, competition, and incentive) are optimally integrated into the management practice of the Benbadis UHC and its emergency service.

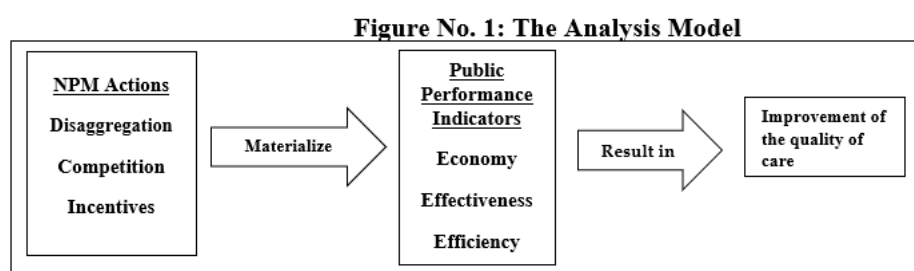
2. Topics Covered for Medical and Paramedical Staff

- **Admission, triage, and orientation of patients:** Efficiency of admission and triage processes.
- **Patient flow management:** Ability to handle patient inflow and minimize waiting times.
- **Resource adaptation to activity:** Adequacy of human and material resources to service needs.

- **Hierarchical and functional relationships:** Work dynamics and communication between different levels of staff. The objective of these interviews is to assess whether public performance indicators (economy, efficiency, and effectiveness) are met.

II.4 Analysis Model:

The analysis model of this study is based on the hypothesis that the actions of NMP – disaggregation, competition, and incentive – are not optimally integrated into the management practices of the Benbadis UHC, which prevents the improvement of care quality. This model posits that the correct and complete application of NMP actions should improve public performance indicators, such as economy, effectiveness, and efficiency, which in turn would lead to an improvement in the quality of care. In other words, when NMP actions are optimally applied, they should lead to gains in public performance, measured by economy, effectiveness, and efficiency, thus improving the quality of care. However, if these actions are poorly applied, the expected results in terms of performance and quality of care will not be achieved. The analysis model is illustrated in the following figure:



Source: Author own work

II.5. Presentation of the Benbadis UHC of Constantine and Its Emergency Service

The hospital in Constantine, designated as the Dr. Benbadis University Hospital Center (UHC) by Decree No. 86-298 of December 16, 1986, is an administrative establishment with legal personality and financial autonomy. Its main missions include diagnosis, exploration, care, prevention, training, and research. The Benbadis UHC is managed by a board of directors, led by a general director, and organized into four departments comprising a total of four divisions and 52 services.

- The Emergency Service

The emergency service of the Benbadis UHC of Constantine is considered the main entry point of the hospital, playing a crucial role in the orientation of patients before their admission to other hospital services. This service is subdivided into two sections: the surgical emergency service and the medical emergency service.

- The surgical emergency service consists of five units:

- An operating unit
- A thoracic trauma unit
- Two hospitalization units
- A unit for polytraumatized patients

- The medical emergency service comprises three units:

- An emergency hospitalization unit
- The SAMU Emergencies
- A clinical toxicological emergencies unit

The primary mission of this service is to welcome all individuals presenting in an emergency situation, 24 hours a day, 7 days a week, without discrimination. The emergency service maintains constant communication with all other hospital services to ensure effective and integrated patient care. The service staff consists of emergency physicians, paramedical staff (nurses, nursing assistants), administrative staff, and medical secretaries, working together to provide quality care to patients in need.

II.6. Data Analysis

1. Thematic Analysis of Interview Guides with Administrative Managers

Following a thematic analysis of the interview guides conducted with the administrative managers of the Benbadis UHC of Constantine, the following information was synthesized:

- **Theme 1: Disaggregation**

- **Deconcentration of Healthcare Provision**

Our research results indicate that since January 2008, the individualization of hospital structures has become effective, aiming to ensure equitable distribution of healthcare provision across the national territory and to alleviate hospital overloads from various wilayas in the eastern part of the country. This strategy relies on partnerships with different structures, such as University Hospital Establishments (UHE), Specialized Hospital Establishments (SHE), and Public Health Establishments (PHE). However, the collected data shows that the Benbadis UHC of Constantine, particularly its emergency service, faces bottlenecks. This problem is attributed to some hospital managers' refusal to admit patients due to excessive workload and lack of space. This situation leads to the saturation of the emergency service and degradation in the quality of care provided.

- **Decentralization of Power**

Our study results reveal that the role of the various health system agencies is to strengthen the autonomy of establishments vis-à-vis the central level. However, the data shows that the Benbadis UHC does not benefit from any financial autonomy, entirely depending on state-allocated funds for its financing. Regarding human resource management, interviews highlighted that the UHC is compelled to adhere to national standards for recruitment and service organization, significantly limiting its management autonomy. These financial and administrative constraints hinder the UHC's ability to manage its resources effectively and make decisions adapted to its specific needs.

- **Administrative Work Evaluation Techniques**

Our research results show that two control tools have been integrated into the Benbadis UHC to ensure transparency in the quality and cost of administrative services:

- **Management Control:** Used to analyze costs and solve financing issues.
- **Cost Accounting:** Employed to calculate and compare costs by groups of administrative products.

However, the collected data reveals that the application of these tools is mainly limited to budget-to-actual comparisons, without any significant impact on performance improvement. Audit missions have highlighted several organizational, planning, ethical, and communication issues. Although some measures have been taken to address these shortcomings, dysfunctions persist in the absence of a clear roadmap and inspection missions extended beyond accounting and financial domains.

- **Contractualization**

Our study results reveal that the Benbadis UHC of Constantine is involved in two distinct forms of contractualization:

- **External Contractualization:** Administrative managers indicated that this form of contractualization is manifested through relationships with funding bodies, particularly the National Social Security Fund, for financing services provided to insured individuals.
- **Internal Contractualization:** Interviews highlighted internal agreements established between the hospital management and various medical and non-medical services. These agreements clearly define the responsibilities and obligations of each staff member, facilitating a more structured and efficient management of human and material resources within the hospital.

- Theme 2: Competition

The results of our interviews indicate that there is no official partnership between the Benbadis UHC and private hospital establishments. Additionally, the UHC does not refer any patients to the private sector. However, qualitative data suggests that unofficially, some practitioners refer patients to specialized private clinics in case of equipment failure or service overload. This unofficial practice reveals gaps in the UHC's capacity to manage resources and patient flows effectively, highlighting the need for better integration of public and private structures to improve care quality.

- Theme 3: Incentive

The interview results reveal that the financial incentive system based on specific performances is not applied at the Benbadis UHC. The data shows that the main objective of the establishment is cost reduction and that all measures, including those related to staff motivation, aim not to exceed the allocated budget. Consequently, motivation systems remain based on seniority and the rating system. This approach limits the effectiveness of financial incentives and underscores the need to reform motivation mechanisms to improve staff performance and engagement.

2. Thematic Analysis of Interviews with Medical and Paramedical Staff

The results of the interviews conducted with the medical and paramedical staff of the emergency service highlighted several major issues:

- **Increasing Patient Influx:** Due to the aging population, the increase in chronic diseases, frequent pediatric consultations, the inefficiency of peripheral healthcare structures, and easy access to free consultations 24/7, the emergency service is constantly overloaded. The staff is not sufficiently trained to manage the admission, triage, and orientation of this large number of patients effectively, resulting in significant disorganization.

- **Lack of Communication:** The absence of effective communication between the different units of the service, as well as with the laboratory and imaging departments, due to the non-use of the intranet network, leads to unnecessary movements for practitioners and patients, causing significant time loss.

- **Lack of Team Spirit:** The lack of coordination, cooperation, organization, motivation, and hierarchical recognition translates into a lack of team spirit, affecting the quality of care and operational efficiency.

- **Lack of Resources:** Material and human resources are insufficient compared to the growing number of patients, compromising the quality of care provided.
- **Difficult Working Conditions:** The lack of hygiene in the premises and equipment leads to delays in patient care and complicates working conditions, aggravating the difficulties encountered by the staff.

III- Results and Discussion

The analysis of data collected during the interviews allowed for the evaluation of the integration and application of New Public Management (NMP) actions at the Benbadis UHC of Constantine, particularly in its emergency service, and to examine their impact on the quality of care provided. The results of this evaluation are as follows:

1. Actions of New Public Management:

- Disaggregation

The obtained data reveal that the disaggregation action, as prescribed by NMP, is partially applied at the Benbadis UHC of Constantine. Patient care varies significantly from one hospital structure to another: some face a massive influx of patients, while others operate at a slow pace. This disparity indicates that the deconcentration of healthcare provision is only partially realized. Moreover, the absence of autonomy and independence in hospital management makes decentralization of power theoretical. Other nations, such as the United Kingdom, have also encountered similar difficulties. In the UK, the implementation of NMP initially faced strong resistance from some senior officials, leading to demobilization and low involvement in the application of NMP due to the loss of their prerogatives, which compromised public service efficiency³⁶.

- Competition

Regarding the competition action, the data indicate that it is almost absent in the health sector in Algeria. The majority of Algerian citizens have unwavering trust in public service and prefer free care. They turn to the private sector mainly because of the inability to receive treatment in public hospitals, either due to lack of space or equipment failures. Consequently, the predominance of the public sector prevents the effective application of competition. In comparison, some countries have integrated competition into their hospital management. For example, France adopted the Hospital, Patients, Health, and Territories (HPST) law in 2009, aimed at improving the quality of care while reducing costs. However, this law confronted medical staff with an ethical dilemma, opposing the performance of their establishments to patient health³⁷.

- Incentive

The incentive action in Algeria does not follow the principle of performance-based remuneration, remaining aligned with traditional public management principles, primarily seniority. Conversely, in countries where NMP has been adopted, this action has shown positive effects on service quality, although linking remuneration to performance can also lead to adverse effects. In summary, the data analysis reveals that the NMP actions (disaggregation, competition, and incentive) are not optimally integrated into management practices at the Benbadis UHC of Constantine.

2. Performance Indicators (Economy, Effectiveness, and Efficiency)

The examination of data from the second interview shows an overuse of human and material resources aimed at minimizing costs, which reduces the ability to provide quality care. This situation reflects the partial achievement of the "Economy" indicator and the absence of the "Effectiveness" and "Efficiency" indicators. Consequently, public performance indicators are unsatisfactory.

3. Integrated Analysis of Interview Data

The combined analysis of the two interviews shows that the quality of care at the Benbadis UHC of Constantine, particularly in its emergency service, is below expectations for a hospital of this size. The main cause of this situation is not only the congestion of the emergency service but also the administrative pressure to reduce costs due to the hospital's financial dependence on the Ministry of Health. This quest for financial balance negatively impacts the quality of care and the traditional values of public service, such as accessibility, equality, commitment, and public interest.

In summary, the results of this study confirm that the integration of New Public Management (NMP) actions at the Benbadis UHC of Constantine, particularly in its emergency service, is insufficient, thus explaining why the application of NMP in the public hospital sector in Algeria has not significantly improved the quality of care. This study validates the hypothesis that NMP actions – disaggregation, competition, and incentive – are not optimally integrated into hospital management practices in Algeria, thereby hindering the improvement of care quality.

The insufficient integration of these actions compromises the achievement of public performance objectives – economy, effectiveness, and efficiency – and, consequently, the improvement of care quality. The analysis reveals that the theoretical and partial implementation of NMP principles is not sufficient to induce the necessary transformations to enhance the quality of health services.

IV- Conclusion and Perspectives

To improve the quality of its services and achieve a level of performance comparable to that of the private sector, the public hospital sector in Algeria has adopted management methods from private market-oriented organizations. However, in its quest for performance through New Public Management (NMP), the fundamental values of public service, such as

equality, adaptability, neutrality, and continuity, have been compromised. By emphasizing efficiency (cost control), hospital managers have neglected effectiveness (quality of care), making public hospital establishments less performant. Interviews conducted with various officials at the Benbadis UHC of Constantine identified several proposals likely to contribute to improving public hospital services in Algeria:

- 1. Grant Autonomy to Hospital Establishments:** Eliminate state interventionism in the management of hospital establishments by delegating decision-making powers to hospital boards and creating public-private partnerships to encourage independent management.
- 2. Encourage Managerial Innovation:** Promote an organizational approach by encouraging public hospital establishments to develop their own management methods, while offering training programs for hospital managers.
- 3. Strengthen Transparency:** Apply result measurement techniques using specific performance indicators and create a public portal where these results would be regularly published to ensure continuous transparency.
- 4. Periodic Evaluation:** Implement annual audits by independent evaluation agencies, measuring both financial balance and performance in patient care, with clear and specific evaluation criteria.
- 5. Managerial Accountability:** Establish reward and sanction systems based on management results to encourage a culture of responsibility and performance.
- 6. Reform Salary Policy:** Index salaries to the quality of services provided rather than seniority, incorporating performance bonuses linked to indicators of care quality and patient satisfaction.
- 7. Integrate Human Resources into Decision-Making:** Involve hospital staff in decision-making processes by creating consultative committees that include personnel from various hierarchical levels.
- 8. Implement Contractualization:** Allow hospital establishments to operate on their own funds through performance contracts, with clear and measurable performance criteria to guide these contracts.
- 9. Align Strategy with Financial Constraints:** Integrate decision-support tools such as hospital management dashboards to reconcile strategic management and budget constraints, providing examples of successful use of these tools in other healthcare systems.
- 10. Restore Citizen Trust:** Involve citizens in strategy development and decision-making processes by using regular feedback mechanisms such as patient satisfaction surveys and community forums to identify gaps in hospital services.

Without implementing these changes, dysfunctions in the public hospital service will persist, exacerbating citizens' resentment towards public administration. These proposals aim to overcome current structural and cultural obstacles while promoting a more holistic and contextualized approach to NMP to significantly improve the quality of care in Algerian public hospital establishments.

Bibliography list :

Books :

- Benzerger, S. La bureaucratie en Algérie : Dysfonctionnements et réformes. Alger : Editions ENAG. 2008.
- Lamri, N. La gestion des établissements de santé en Algérie. Alger : Office des Publications Universitaires. 1998.
- Niskanen, W. A. Bureaucracy and representative government. Chicago : Aldine-Atherton. 1971.
- Selznick, P. TVA and the Grass Roots: A Study in the Sociology of Formal Organization. University of California Press. 1949.
- Walsh, K. Public Services and Market Mechanisms: Competition, Contracting, and the New Public Management. Macmillan. 1995.

Journal article :

- Amar, A., & Berthier, M. Les résistances au Nouveau Management Public : le cas des hôpitaux publics. *Revue française d'administration publique*, Paris, 2007, 123(1), pp 11-29.
- Benbaba, M. La gestion hospitalière en Algérie : Enjeux et perspectives. *Revue des sciences sociales et humaines*, Alger, 2010, 58, pp 23-45.
- Benachenhou, A. Les réformes du système de santé en Algérie : une analyse critique. *Cahiers de l'IFORD*, Yaoundé, 2004, 18, pp 87-102.
- Benhammou, N. L'efficacité dans les établissements publics hospitaliers en Algérie. *Revue internationale de gestion hospitalière*, Montréal, 2011, 26(2), pp 98-112.
- Boudarene, L. Les réformes hospitalières en Algérie : Bilan et perspectives. *Revue algérienne de santé publique*, Alger, 2012, 3(1), pp 54-67.
- Chabane, S. La gouvernance des établissements hospitaliers en Algérie : Défis et perspectives. *Santé Publique*, Paris, 2013, 25(1), pp 78-89.
- Charreaux, G., & Schatt, A. Les réformes multidimensionnelles du secteur public : Une analyse comparative. *Revue économique*, Paris, 2006, 57(1), pp 45-62.
- Clegg, S., & Courpasson, D. Political hybrids: Tocquevillean views on project organizations. *Journal of Management Studies*, Oxford, 2004, 41(4), pp 525-547.

- Dos Santos, S., Mousli, L., & Randriamiarana, O. La loi HPST et ses effets sur le système de santé français. *Revue française des affaires sociales*, Paris, 2, 2013, pp 102-115.
- Dunleavy, P., & Hood, C. From old public administration to new public management. *Public Money & Management*, London, 1994, 14(3), pp 9-16.
- Dunleavy, P., Margetts, H., Bastow, S., & Tinkler, J. New public management is dead—long live digital-era governance. *Journal of Public Administration Research and Theory*, Oxford, 2006, 16(3), pp 467-494.
- Eymeri-Douzans, J.-M. La nouvelle gestion publique : Bilan et perspectives. *Revue internationale des sciences administratives*, Bruxelles, 2008, 74(4), pp 629-653.
- Ferlie, E. Large-scale organizational change. *Public Management Review*, London, 1(3), 1997, pp 263-289.
- Hood, C. A public management for all seasons? *Public Administration*, London, 69(1), 1991, pp 3-19.
- Merton, R. K. Bureaucratic structure and personality. *Social Forces*, 18(4), 1957, pp 560-568.
- Pesqueux, Y. Le nouveau management public : Une revue critique. *Management & Avenir*, Paris, 113(1), 2020, pp 23-40.
- Taib, A. L'administration publique en Algérie : Évolutions et perspectives. *Revue Algérienne des Sciences Politiques*, Alger, 7, 2016, pp 45-68.
- Urrio, P. L'efficacité des administrations publiques. *Revue internationale des sciences administratives*, Bruxelles, 64(3), 1998, pp 345-366.
- Van Haepere, B. Les réformes du Nouveau Management Public et leurs impacts. *Gestion et Management Public*, Paris, 30(1), 2012, pp 45-67.
- Verhoest, K., Peters, B. G., Bouckaert, G., & Verschuere, B. The study of organizational autonomy: A conceptual review. *Public Administration and Development*, London, 27(2), 2007, pp101-118.

Internet sites:

OCDE. Modernisation de la gestion publique : La gestion par les résultats. Paris : OCDE. 2004. online (<https://www.oecd.org/fr/gov/modernisation-de-la-gestion-publique-la-gestion-par-les-resultats.htm>)

-
- [1] - Pesqueux, Y. Le nouveau management public : Une revue critique. *Management & Avenir*, Paris, 113(1), 2020, p23.
 - [2] - *ibid.*
 - [3] - Selznick, P. *TVA and the Grass Roots: A Study in the Sociology of Formal Organization*. University of California Press. 1949.
 - [4] - Merton, R. K. Bureaucratic structure and personality. *Social Forces*, 18(4), 1957, p 560.
 - [5] - Niskanen, W. A. *Bureaucracy and representative government*. Chicago : Aldine-Atherton. 1971.
 - [6] - Clegg, S., & Courpasson, D. Political hybrids: Tocquevillean views on project organizations. *Journal of Management Studies*, Oxford, 2004, 41(4), p 525.
 - [7] - Ferlie, E. Large-scale organizational change. *Public Management Review*, London, 1(3), 1997, p 263.
 - [8] - Charreaux, G., & Schatt, A. Les réformes multidimensionnelles du secteur public : Une analyse comparative. *Revue économique*, Paris, 2006, 57(1), p 45.
 - [9] - Walsh, K. *Public Services and Market Mechanisms: Competition, Contracting, and the New Public Management*. Macmillan. 1995.
 - [10] - Van Haepere, B. Les réformes du Nouveau Management Public et leurs impacts. *Gestion et Management Public*, Paris, 30(1), 2012, p 45.
 - [11]- Amar, A., & Berthier, M. Les résistances au Nouveau Management Public : le cas des hôpitaux publics. *Revue française d'administration publique*, Paris, 2007, 123(1), p 11 ;
 - Dunleavy, P., & Hood, C. From old public administration to new public management. *Public Money & Management*, London, 1994, 14(3), p 9 ;
 - Eymeri-Douzans, J.-M. La nouvelle gestion publique : Bilan et perspectives. *Revue internationale des sciences administratives*, Bruxelles, 2008, 74(4), p 629 ;
 - OCDE. Modernisation de la gestion publique : La gestion par les résultats. Paris : OCDE. 2004 ;
 - Verhoest, K., Peters, B. G., Bouckaert, G., & Verschuere, B. The study of organizational autonomy: A conceptual review. *Public Administration and Development*, London, 27(2), 2007, p 101.
 - [12] - Taib, A. L'administration publique en Algérie : Évolutions et perspectives. *Revue Algérienne des Sciences Politiques*, Alger, 7, 2016, p 45.
 - [13] - Benzerga, S. *La bureaucratie en Algérie: Dysfonctionnements et réformes*. Alger : Editions ENAG. 2008.
 - [14] - Ferli, E. *op.cit.*
 - Hood, C. A public management for all seasons? *Public Administration*, London, 69(1), 1991, p 3.
 - [15]- Chabane, S. La gouvernance des établissements hospitaliers en Algérie: Défis et perspectives. *Santé Publique*, Paris, 2013, 25(1), p 78.
 - [16] - Boudarene, L. Les réformes hospitalières en Algérie : Bilan et perspectives. *Revue algérienne de santé publique*, Alger, 2012, 3(1), p 54.

-
- [17] - Benachenhou, A. Les réformes du système de santé en Algérie : une analyse critique. Cahiers de l'IFORD, Yaoundé, 2004, 18, p 87.
- [18] - Benbaba, M. La gestion hospitalière en Algérie : Enjeux et perspectives. Revue des sciences sociales et humaines, Alger, 2010, 58, p 23.
- [19] - Lamri, N. La gestion des établissements de santé en Algérie. Alger: Office des Publications Universitaires. 1998.
- [20] - Benhammou, N. L'efficience dans les établissements publics hospitaliers en Algérie. Revue internationale de gestion hospitalière, Montréal, 2011, 26(2), p 98.
- [21] - Amar, A., & Berthier, M. op. cit, p 12.
- [22] - Dunleavy, P., & Hood, C. op. cit, p 10.
- [23] - Van Haeperen, B. op. cit. p 45
- [24] - ibid. p 46.
- [25] - Chabane, S. op. cit, 78.
- [26] - Amar, A., & Berthier, M. op. cit. p 28.
- [27] - Lamri, N. op. cit. p 63.
- [28] - Benachenhou, A. op. cit. p 87.
- [29] - Van Haeperen, B. op. cit. p 49.
- [30] - Ferlie, E. op. cit. p 112.
- [31] - Hood, C. op. cit. p 9.
- [32] - Benzerga, S. op. cit. 78.
- [33] - Benhammou, N. op. cit. p 98.
- [34] - Urrio, P. L'efficacité des administrations publiques. Revue internationale des sciences administratives, Bruxelles, 64(3), 1998, p 102.
- [35] - Dunleavy, P., & Hood, C. op. cit. p 23.
- [36] - Amar, A., & Berthier, M. op. cit. P11.
- [37] - Dos Santos, S., Mousli, L., & Randriamiarana, O. La loi HPST et ses effets sur le système de santé français. Revue française des affaires sociales, Paris, 2, 2013, 102.