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## **Contemporary Management Trends in Public Health Institutions**

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**Abstract :**

The healthcare sector emerges as a paramount facet, serving as a determinant of economic life's evolution and as a pivotal metric in assessing societal well-being. This recognition has spurred the adoption of varied governance approaches across nations, each geared towards achieving operational efficiency, service excellence, and economic efficacy concomitantly.

Within the sphere of healthcare administration, diverse international experiences unveil a mosaic of management paradigms, marked by nuanced differentiations in approach. Confronted with the intricate dynamics of this environment and the imperative for expeditious outcomes from public health institutions, a conscientious effort has been directed toward the refinement of management processes. This strategic endeavor manifests an inclination towards a delegative paradigm, affording prominence to local actors. These actors, whether from the local community or internal stakeholders within these institutions, constitute a focal point in a trajectory dedicated to augmenting performance and elevating service quality.

**Keywords:** patterns; management; development; Healthcare Management; Delegation.

## Introduction

Ensuring the efficient and effective management of healthcare institutions and the delivery of high-quality services is a paramount concern for governments, organizations, and healthcare researchers. This is because of the significant impact healthcare has on individual well-being, which in turn affects societal and economic development. To meet this demand, there is growing recognition of the importance of careful management of healthcare organizations and service departments. This focus is crucial for achieving both economic efficiency and qualitative effectiveness in healthcare delivery, ensuring services are both technically and psychologically acceptable, meeting individuals' health needs, and ultimately enhancing their overall quality of life.

This study aims to examine the current trends in modern management processes within public health institutions. The primary question guiding this research is: What are the key characteristics of modern management processes in public health institutions? To address this overarching inquiry, the following sub-questions are formulated:

- What distinguishes public health administration in terms of its specificity?
- What contemporary management approaches are employed within public health administration?

This study employs a structured approach to address the primary question and sub-questions. It is divided into two main sections, each focusing on two key topics.

The first section explores the foundational framework of health administration, discussing its essential characteristics and procedural intricacies.

The second section examines delegation within public health facility management, comparing central and decentralized patterns and evaluating their alignment with global health models. Additionally, it investigates participation and the alignment of approaches with overarching goals in managing public health facilities.

Our study. Also, aims to accomplish several objectives, including:

1. Identifying the foundational elements and distinctive features of health management.

2. Studying the principles of modern public management, with a specific emphasis on delegating responsibilities in public facilities and adopting goal-oriented approaches aimed at achieving defined outcomes.

### **The Comprehensive Framework of Health Management and Its Attributes**

Health institutions have unique characteristics and outcomes that distinguish their management from other organizational departments. This study aims to thoroughly investigate the general framework of health administration, including its concept and key characteristics. Additionally, it explores the procedural dynamics that define management processes within health administration.

#### **The Essence of Health Administration:**

To understand health management, our investigation starts by examining its conceptual foundations, followed by exploring its fundamental elements and unique features.

#### **Concept of Health Management:**

The text discusses the increasing importance of hospital management in the health sector due to its impact on economic vitality and societal well-being. It highlights the specialized nature of hospital management as a field dedicated to developing strategies and tools for navigating the complex environment of health institutions. The uniqueness of this discipline is emphasized by the diverse outputs, inputs, production factors, and specialized human resources within the sector.

Health management, as defined by the American Hospital Association, involves systematically planning, organizing, directing, controlling, and coordinating resources, procedures, and methods. This comprehensive approach aims to effectively meet diverse needs and demands for health and medical care services, fostering a healthy environment. Healthcare provision extends to individuals, groups, and society as a whole ( Nuseirat, 2008, p20).

Management scholars define health system management as the organizational practice within health business organizations, regardless of size, involving administrative and functional dealings with elements impacting public and healthy life. (Shuaib, 2014, p28).

Health administration involves pursuing public health objectives within the hospital's community through judicious application of various theories, materials, and techniques to address individual health needs optimally. It aligns with public health policies while identifying research methodologies to enhance hospital service efficacy. These services include therapeutic interventions, preventive measures, research initiatives, and human resource development in the health sector (Madi, 2002, p. 53).

Health administration entails judiciously utilizing and systematically coordinating material, human, and financial resources within healthcare institutions. It leverages knowledge, scientific theories, and past experiences to meet the health needs of eligible individuals, aiming for optimal quality that satisfies beneficiaries while ensuring effectiveness and economic efficiency.

### **Authorization for Managing Public Health Facilities**

The management approach for public facilities has undergone significant evolution from the traditional Weberian model, which emphasized centralization, strict adherence to rules, and a focus on means, to a contemporary style that prioritizes decentralization, delegation of authority, and the use of contracts to achieve objectives and results (Ashour, 2011/2012). A key aspect of this evolution is the extent of delegated authority and task assignment. From a legal standpoint, public facilities employ two management methods: direct management and delegated management.

Direct management of public facilities encompasses two primary forms: direct exploitation and the public institution method. In both cases, the public administration is fully responsible for planning, control, and direction. However, direct exploitation, which involves management directly by the responsible public entity, is rooted in centralization principles and may lack focus in certain situations. On the other hand, the public institution method is based on administrative decentralization.

Under direct exploitation and administrative centralization, public facilities typically lack legal personality or financial autonomy separate from the overseeing public entity. Instead, the overseeing entity assumes both the rights and responsibilities stemming from the facility's activities (Shatnawi, 2003, p. 280).

In the management of public health services, direct management through public institutions is commonly employed. If this direct management through public institutions, as seen in public health facilities, is based on administrative decentralization, then this principle is upheld. The nature of the relationship between public institutions and central authorities, as well as the extent of the latter's interference in the former's work in terms of planning, direction, or oversight, varies.

To elucidate this, we examine the patterns of centralization and decentralization in public health facility management and their application in global health models. Additionally, we explore the patterns of participation and the approach to goals and results.

### **- Centralization and decentralization in public health facility management:**

Through this requirement, we clarify the characteristics of each style, its advantages and disadvantages, by presenting the concepts of centralization and decentralization, the experiences that adopted these two methods, and the justifications for that.

#### **- Centralization in public health facility management:**

Centralization, as defined in administrative law, involves concentrating tasks, responsibilities, and functions within the state's capital, typically in ministries or similar central entities. This arrangement entails decision-making and management on behalf of the central administration, promoting executive subordination and limiting independence and delegated authority (Al-Ukaili, 1992, p. 161).

Despite legal decentralization, centralization can occur through various means, such as escalating issues to higher authorities or issuing uniform regulations from central departments. While centralization offers benefits like coordination and efficiency, it also hampers innovation and regional decision-making, among other drawbacks (Abdul Wahab, 1982, p. 102).

Factors driving centralization include a focus on specific activities, belief in externally imposed behavior, and confidence in its effectiveness for national development (Jassem, 2001, p. 111). Additionally, heightened centralization may result from increased financial investment or impact on critical societal sectors (Jassem, 2001, p. 111).

#### **A- Decentralization in Public Health Facility Management:**

Decentralization in public health institutions became prominent in the 1990s as a method to modernize management and boost efficiency. It delegated management responsibilities, including financial management, to local stakeholders, aiming to improve the health system's responsiveness to community needs and promote health citizenship (Hatta, 2007, p. 04).

Administrative decentralization, defined in administrative law, allocates functions between central government and local bodies under government oversight, distributing decision-making authority among multiple administrative bodies while maintaining central supervision (Al-Zoghbi, 1986, p. 25; Al-Azri, 2000, p. 77).

Decentralization grants local facilities autonomy and decision-making independence while being accountable to central oversight, allowing flexibility in decision-making (Abdul Wahab, 1982, p. 102).

While decentralization speeds up decision-making and boosts morale among administrators, it also presents challenges such as service inconsistency and resource disparities among regions (Abdul Wahab, 1982, p. 102).

In practice, public health facility management often combines centralization and decentralization, with decentralization involving delegating authority to lower organizational levels (Sultan, D.T., pp. 278-280).

- **Organization size:** as measured by its employee count, the intricacy of its operations naturally escalates. This heightened complexity in operations subsequently amplifies the intricacy of decision-making processes, necessitating more time for information analysis and problem exploration. Consequently, senior management shoulders an increased workload, prompting the imperative need for delegation. With urgency becoming more pronounced, the expansion of the organization facilitates greater opportunities for decentralization.

- **Overlap between activities:** The greater the degree of overlap between activities, the better it is to apply centralization, so that all the information necessary to make decisions can be obtained from one source.

- **The nature of the workers:** It means the skills, abilities and personal characteristics of the workers in terms of willingness or unwillingness to participate in decision-making. If the workers are skilled and their abilities are high and if they are willing to participate in decision-making, then this is considered one of the factors that favor decentralization. However, if they are Otherwise, centralization is the optimal method.

- **Compatibility of objectives:** When the objectives of the employees are compatible with the objectives of the departments and divisions of the organization, and when these latter objectives are compatible with the general objective of the organization, this means the possibility of achieving a high level of coordination, then decentralization can be applied successfully. However, in the event of a conflict between objectives, which It leads to an intensification of the phenomenon of organizational conflict, so centralization is the best method.

- **Decision-making level:** In general, decisions of particular importance are usually centralized; That is, the higher level reserves the right to consider issuing them, in contrast to decisions of less relative importance. They can be delegated to lower levels, and furthermore decisions such as funding and personnel decisions are usually centralized in nature.

- **The efficiency of an institution :** refers to its ability to achieve its objectives within the framework of its activities and regulatory systems. When an organization demonstrates proficiency in meeting its financial targets, it tends to incentivize greater employee engagement and involvement in decision-making processes, thereby gravitating towards decentralization.



Activity conditions play a significant role in determining whether centralization or decentralization is favored, often outweighing other considerations. This includes the importance placed on responsiveness to customer needs, which can sometimes conflict with other justifications. Additionally, the efficiency of the regulatory system serves as a key factor in the comparison between centralization and decentralization. Generally, there exists a direct correlation between the effectiveness of the regulatory framework and the preference for decentralization. Delegation of authority and decentralization typically occur when there are robust supervisory mechanisms in place to ensure effective performance monitoring and governance at various levels.

**- The nature of the environment:** If the environment is complex with a high level of uncertainty, it is preferable to apply decentralization, which then achieves a kind of flexibility and speed of response to changing environmental conditions. Conversely, if the environment is simple and stable with a low level of uncertainty, this situation suits the centralized approach.

Based on what was presented previously, judging the practical practices of the management pattern of public health facilities, whether it adopts centralization or decentralization, depends on the researcher's belief by knowing the following indicators:

- The extent to which the Board of Directors exercises its deliberative powers.
- The extent to which the Board of Directors exercises its oversight role.
- The amount of interference of the guardianship in the activities of the public health institution.
- The amount of codification and definition of work procedures.
- The extent of hierarchy or peacefulness in the exercise of authority in the public health institution.

### **Participation and Results-Oriented Approach:**

Participation in management involves engaging relevant parties in decision-making, goal-setting, and achieving outcomes within a health institution. It also includes mutual commitment between these parties and the institution's management in achieving these outcomes.

Transitioning to results-oriented management, an extension of management by objectives, does not eliminate legislation or regulatory texts but emphasizes outcomes over means. This involves reducing procedural intricacies and establishing deadlines and evaluation criteria.

Managing by goals and results entails setting objectives for the organization and its units and evaluating efficiency by comparing results with objectives. It encourages every individual to contribute to defining goals and means.



Goals and plans are negotiated between superiors and subordinates and can be modified within set frameworks. This approach is embodied in contractual forms such as stakeholder contracting and internal contracting using the institution's project tool.

### **-1. Steps and characteristics of management by objectives:**

#### **A- Steps to manage by objectives:**

#### **B- Characteristics of management by objectives:**

The process of managing objectives involves several key steps outlined by ZOUAOUI-KAROUI (1999, PP53-55):

**Setting goals:** Goals serve as guides for organizational activities and strategic directions, and they are divided into partial objectives to involve everyone and ensure balanced goals.

**Regular goal review:** Goals should be periodically reviewed and adjusted based on new insights and data within the institution.

**Realistic goal setting:** Goals must be understandable and achievable, requiring a participatory approach.

**Development of measurement and evaluation criteria:** Establishing standards for measuring goals enables ongoing assessment and adjustment.

**Planning activities:** Resources and tasks are allocated to achieve objectives, with strategies devised to address potential obstacles.

**Periodic evaluation of progress:** Progress towards objectives is monitored and adjustments made as necessary to ensure achievement.

It's crucial to note that evaluation aims to facilitate progress and understand reasons for any disparities between expectations and actual achievements, rather than making individual judgments.

In theory, management by objectives and results enables the pooling of existing energies and competencies for the benefit of the organization's objectives, given a set of characteristics that can be summarized as follows (ZOUAOUI-KAROUI, 1999, P-55):

- **Participation:** Participation involves setting goals, establishing executive mechanisms, and defining relationships between superiors, subordinates, and work teams. It requires the involvement of all individuals in a negotiation process that culminates in a contractual relationship. This participation holds individuals accountable for the results of their activities within the natural conditions of their work.

- The general goals represent a guide to the activities of each unit: participation and exchange between the various hierarchical levels aims to give each individual a partial goal that is organized and consistent within a partial goal of the institution's goals that necessarily emanate from its general goals.

- **Priority of results:** Each unit in the system has a margin of freedom in choosing the means and legal methods it adopts to achieve the desired goals.

- **Clarity of goals:** Within this principle, goals are expressed precisely and clearly. After the negotiation process and exchange between the different hierarchical levels, each individual is aware of the results that he must achieve.

- **Clearly defining roles :** this is crucial for accurately outlining goals, including specifying the responsibilities and activities of each individual within the organization.

- **Enhancing communication :** this is essential throughout the process of setting, negotiating, and evaluating goals, requiring effective interaction between different levels of hierarchy and units within the organization to foster a conducive communication climate.

This approach proves to be highly effective in managing healthcare institutions, contingent upon competent management with the requisite knowledge and skills for implementation. Employees actively engage in this method by articulating their goals clearly, establishing timelines for achievement aligned with institutional objectives, and collaborating with both fellow employees and management in assessing progress.

Among the benefits of this method (Dhiab, 2009, p. 216) :

- Allow employees to achieve self-realization and feel satisfied by participating in setting goals.

- Assigning a large part of the responsibility to employees in achieving goals and maintaining work efficiency.

- Coordinating and integrating the special goals of employees and departments with the general goals of the hospital.

- The participation of various administrative levels with workers, and this helps in the work of one team and increases cooperation and coordination in the various procedures and stages of work.

- Providing opportunities for organized planning and actual participation in achieving the goals of the hospital and health institution.

## **B - Contractual patterns to establish the principle of participation and approach to goals and results:**

In view of the benefits that the principle of participation carries in modern management, achieving this principle is no longer left solely to the leadership style of the administrative head - although it has its relative importance - but rather, he has endeavored to find organizational mechanisms that represent a more obligatory scope for the concerned parties in order to achieve this.

Below are some contractual forms that enshrine the principle of participation and approaching goals and results.

**First: Contracting with servientes:**

The shift towards decentralization and greater community participation has changed the dynamics between public service providers, like health facilities, and their users. Traditionally based on legislative texts, this relationship now emphasizes measurable outcomes over predetermined service provisions. Healthcare facilities, for example, are expected to improve health outcomes, not just offer standard treatment. This new approach operates on a moral understanding rather than contractual frameworks, fostering a commitment between public administrations and users. This shift towards a contractual relationship, linked to internal management practices, marks a move away from traditional hierarchical structures towards competency-based management focused on achieving measurable objectives efficiently and economically.

**Second: Internal contracting:**

contracting between two departments of the same health institution.

- Internal contracting between a service-providing institution and a central or custodial administration.

Internal contracting carries many advantages, including:

- It encourages the diverse interests within the same institution to interact based on mutual consensus rather than relying solely on hierarchical structures and passive compliance.

- It fosters a culture of dialogue among various stakeholders to explore effective ways of managing their relationships.

- It promotes accountability among different components, discouraging unilateral decisions and encouraging active participation in decision-making processes.

Considerations for this type of contract include:

- Adherence to organizational principles and methods outlined in legal and regulatory frameworks without infringement.

- Incorporating internal mechanisms for enforcement to ensure compliance with contractual obligations, thereby preventing external sanctions imposed by competent authorities from being used as excuses.

Examples of this type of internal contracts include: the institution's project.

In the general meaning of the term project, it is "what we propose to do and work to implement" (Didier, 1999, P57). Every project in this sense is accompanied by concrete and normative goals. As for the institution's project, it is "an expression of joint management that includes four (04) basic elements:

- A look at the future.

- The will to achieve goals.

- A common value system

- Priorities for implementation.” (Luc et Noël, 1986, P135)

The institution's project, in the social sense, is a management method that works to develop the organizational culture within the institution that serves its goals, develops its performance, and improves its outcomes.

The institution's project, with this vision, enables loyalty to the institution and everyone's involvement in achieving the goals. When this mechanism is dropped within the health institution, Mintzberg believes that this “project reduces the professional bureaucracy on which the logic of hospital management is based” (Henry, 1982, P434); It is a tool for collectively mobilizing resources without neglecting individual creativity for the purpose of solving problems and carrying out public utility tasks.

The organization's project usually goes through basic steps, which are (Bzcker et autres, 2004, P43):

- **Diagnosis:** This means studying the institution's reality to identify problems arising from whether elements of the internal or even external environment, which stand in the way of achieving its goals - that is, the institution. The diagnosis process also includes consensus among the various actors involved in this project on these problems and obstacles on the one hand and the level of mobilization required to overcome them.

- **Setting priorities:** that is, classifying the identified obstacles into major and secondary levels, which indicates exploiting the efforts of the group involved in the organization's project and directing its energies rationally towards achieving interim goals and overcoming obstacles gradually and effectively.

- **Establishing procedures:** through programming the practical activities that will be carried out based on the previously determined priorities, in addition to mobilizing resources for implementing these activities.

- **Review and evaluation:** for the purpose of controlling the extent of implementation of approved procedures and the level of their activation by the group.

Usually, the institution's project extends for a period of 5 years, after which the results are re-examined, the objectives are verified, and a new project is developed with new objectives (Louis et autres, 2007, P85). In France, for example, through the reforms of 1996 (Ordonnance N°96-346, 1996, P6324) and even the plan for hospitals for the year 2007 (plan hospital 2007) (Oedonnance N°2003-850,2003;P15391), internal contracting was developed in public health institutions. The institution's project works as an internal contract to organize the relational exchange between the institution's director and officials of medical and non-medical services towards a negotiated goal and written commitments.

The idea here is to “introduce a culture based on the management approach based on results and quality, which requires clarification of the roles of actors from public authorities in addition to the various professional groups working in the hospital” (Louis et autres, 2007, PP 92-93).

Through this internal contract, the centers of responsibility that represent the health interests or poles enjoy an internal mandate in the field of management from the director of the institution. In return, this contract specifies the goals, means, and indicators for monitoring these interests and evaluating the results of their management, in addition to the consequences of not implementing the contract.

### **Conclusion**

In conclusion, managing public health institutions is inherently complex due to various factors, including the imperative to serve the public good and address diverse health needs, alongside the intricate dynamics of inputs, outputs, and the multitude of actors involved in service delivery.

In response to this complexity and the pressing demand for the outputs of public health institutions, there has been a concerted effort to enhance management processes, often embracing approaches that prioritize delegation and empower local actors, whether from the community or within the institution itself, such as its employees. This delegation trend is evident in various global health system models, such as Britain's national health policy and decentralized approaches in countries like Switzerland, Scandinavia, Italy, and France. While bureaucratic methods still prevail in some contexts due to historical legacies, efforts are made to integrate aspects of delegative management, particularly through initiatives like internal contracting and pole-based management, while cautiously expanding external contracting within the framework of upholding principles of public utility.

These diverse management styles carry both advantages and drawbacks, largely influenced by the cultural and educational backgrounds of individuals, as well as the economic and social contexts within which they operate, both internally and externally.

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