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RESEARCH ARTICLE

THE CHALLENGES OF HOSPITAL REFORM IN MOROCCO

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Abstract

Morocco has experienced a steady stream of reforms, including considerable changes in the health sector. Hospitals have been notably reformed, given their importance and their stakes. As a result, several deep and costly reforms have promoted the modernization of their management and organization to maximize their efficiency. Thus, the hospital reform has improved hospital management by supporting hospital planning capacities and introducing new management tools and control of management processes. However, even when a new managerial impetus is presented in the hospital environment and modernization is established, hospitals still suffer from many dysfunctions. The provision of hospital care in Morocco is even described as inefficient for a certain period. Despite all the reforms, the persistence of several dysfunctions raises questions about the importance of change management based on the construction and development of knowledge among the actors involved in hospital structures. This article adopted a collection and analysis method of several reports of the most recent national institutions available in Morocco and a selection of international literature to clarify this question. Finally, given the complexity of hospitals, a practical knowledge management approach can support hospital actors in embracing change and fostering ideas and knowledge that lead to improved practices and learning organizations.

Introduction:-

Healthcare organizations worldwide are undergoing constant demographic, epidemiological, and political transitions. These health organizations have undergone extensive reforms implementing several significant changes, mainly focusing on decentralizing managerial responsibility, hospital autonomy, and new management processes (Brami and al, 2012).

In the words of the Robert dictionary, reform represents a profound change made in the form of an institution to improve it and obtain better results. In health, reform is, in fact, the set of activities designed to change health policies and the institutions through which they are implemented (Braithwaite and al, 2018). Often, it is both

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institutional and structural change undertaken by governments with specific policy objectives. The ultimate goal is the health system's effectiveness, equity, and efficiency (Rubinstein and al, 2018).

The modalities of reform are different. Nevertheless, common elements are found from one country to another, such as the need to develop a regulatory framework and a health map; changes in the management procedures of establishments; the development of establishment projects; the strengthening of maintenance; staff training; and the improvement of the information system.

Moreover, medicine is becoming more and more specialized nowadays, and its costs are constantly increasing. Also, treatments related to the epidemiological transition, emerging diseases, and new advanced biomedical equipment generate costs that disrupt old systems and inevitably require new planning and management methods (Tafirenyika, 2017).

Methods:-

Through a synthetic review of the literature based on the most recent reports of international and national institutions available in Morocco and a selection of literature reviews or scientific articles. The objective is to interpret and analyze all of this data to highlight the importance of change management and knowledge management and to explain the interest in the construction and valorization of knowledge among the actors involved within hospital structures.

The research was carried out on several English and French databases. The search involved a total of 180 studies which were evaluated in terms of quality and eligibility to identify the studies relevant to our research object by taking into consideration:

Inclusion criteria:
Articles and institutional reports published since the year 2000 and dealing with the subject of our study were included.

Exclusion criteria:
Articles and institutional reports published before the year 2000 were excluded, interviews and reports of a personal nature and anything that resulted from a subjective opinion, and all articles that had not been subject to a validation process.

The 40 selected references, which had good reliability and validity parameters, were imported and managed by the Zotero. The parameters included in the quality assessment scale for the selected studies were: description of the study protocol, adherence to the study protocol, precise formulation of the research question, clear explanation of the analysis method used, use of objective and unbiased measurement criteria, presence of single or double-blinding if applicable, clarification of conflicts of interest, and discussion of study bias.

Results:-

The continuous flow of hospital reforms in Morocco
Reform Movement
Like other countries, Morocco has also undergone considerable transformation in the health sector in response to the many demographics, epidemiological, and political transitions. Indeed, since the implementation of the Structural Adjustment Program (SAP) in the early 1980s, the health system in Morocco has experienced a series of repeated transformations.

In the 2000s, a new political determination emerged to revolutionize the health system. This was all the more necessary and urgent. Morocco had previously been very poorly positioned in terms of health indicators, and the country was undergoing a natural demographic and epidemiological transition. In addition, there are alarming signs of popular discontent. Thus, the Ministry of Health launched several reform projects, including regionalization, health care financing reform, hospital reform, and public expenditure reform.

The reforms launched aimed to control a demand for care that was in transition, increasingly complex and uncertain; to manage the increasingly inflationary costs of care (medical technology, pharmaceutical industry, new needs, and

new requirements); to control the management processes and improve the performance of health care establishments (effectiveness, efficiency, and quality); and also to ensure specific equity in the distribution of resources and access to care, which requires an active role for the state in regulating the offer of care.

Hospital reforms

In the same vein, the Ministry of Health is committed to making unquestionable efforts to reconcile citizens with their health system by implementing comprehensive health system reforms. Hospital reform was an essential measure to restore patient confidence and better meet their needs (Ministry of Health, 2017).

The hospital is, in fact, an important actor within a society that is undergoing profound changes, including demographic aging, the growing cost of technological innovations,and new societal demands. Expectations of the hospital have changed considerably due to these changes (Vincent, 2005).

Given the challenges facing these health care institutions, modernizing their management and organization has been an absolute necessity. Therefore, the objectives of the hospital reform were to improve hospital management by strengthening hospital planning capacities and introducing new management tools and management processes.

Also, hospital reform has introduced new concepts such as hospital performance and quality processes. This reform also aimed to improve the quality of care by modernizing buildings and equipment and introducing quality assurance mechanisms. Its generalization was intended to allow hospitals to restructure and to have the management capacities and technical platforms necessary to improve their performance and thus offer quality services and care.

Therefore, the hospital reform is focused on hospital reorganization and restructuring and mainly includes developing and implementing a new organizational plan, revising internal hospital regulations, strengthening hospital autonomy, and specific support for the development of hospital management functions.

This being said, health goes far beyond the traditional boundaries of medical science to embrace other dimensions of economics and management. The hospital issue in Morocco has become a matter of concern for the public authorities. The share of hospital expenditure in medical consumption, which is constantly increasing, the improvement in the method of financing, and the experimentation with cost accounting are all elements of change that will further qualify the Moroccan hospital.

In response to these factors, adopting new hospital management methods became inevitable. From the 1990s onwards, the Ministry of Health focused mainly on quality approaches (quality competitions, certification, hospital accreditation, etc.) to correct specific dysfunctions and enhance the quality of services offered to users of public hospital services (Chahouati, 2021).

Then, towards the end of the 1990s, Morocco launched the first reflection in this direction by implementing the hospital establishment project (PEH) at the Rabat hospital and university center. Then, in 2001, with the launch of the "hospital reform," the Ministry of Health planned the implementation of the PEH in five other pilot public hospitals, namely Agadir, Beni Mellal, Meknes, Safi, and Settat (Zammar, Abdelbaki; 2016).

Definitely, the hospital reform aimed to rehabilitate buildings, modernize equipment, introduce new hospital management tools, enhance human resources, improve the informatization of hospitalization and financial and accounting management, as well as ensure the development of a hospital project, a property master plan, and an equipment and maintenance plan.

Seeking, therefore, a better quality of care and managerial autonomy of hospitals, this hospital reform is going to be mainly supported by two very large-scale projects that have supported the reform of the public health sector, namely the Health Sector Management Support Project (PAGSS) which takes care of the aspects of the reform related to regionalization and balancing of the health care chain and the Health Sector Financing and Management Project (PFGSS) which takes care of the financing reform and the hospital reform.

The Health Sector Financing and Management Project: Hospital Reform		
Motivations	Solutions mobilized	Expected results
-Insufficient funding	1.Soft activities	-Investment planning (Hospital

-Change in demand for care -Degradation of capital assets and equipment -Low Autonomy -Management deficit	- Research - Technical support - Training 2.Hard activities - Civil engineering - Equipment 3.Support activities - Hospital Management field of activity - Contractualization	Project) -Restructuring (Organization Plan & Hospital Regulations) -Development of new hospital management tools. -Control of hospital costs

Table 1:- The Health Sector Financing and Management Project: Hospital Reform (Belghiti Alaoui and al, 2004)

Continuing this reform movement, Morocco introduced a historic amendment to its Constitution in 2011 under which access to health care was recognized as a fundamental human right. Then, a significant reform step took place in July 2011 (Law No. 1-11-83 of July 2, 2011); this step was marked by the reorganization of the health system and the supply of care. The aim was to restructure the current system profoundlyto apply advanced decentralization and primary medical coverage, the gradual generalization of which constitutes an essential path toward Universal Health Coverage (Ministry of Health, 2018).

This reform started in 2015 with the publication of Decree No. 2-14-562 established a pyramidal hospital system composed of four levels: the network of primary health care facilities; the hospital network consisting of provincial and prefectural hospitals and regional hospitals and interregional centers; the integrated network of medical emergency care; and finally, the network of public medico-social facilities.

This reform focused on the territorial division of the health system and establishing the health map and regional schemes for providing care. (Article 9 of Decree No. 2-14-562 of July 24, 2015). As for the administrative organization of the deconcentrated services, the Ministry of Health has adopted a new reorganization of its external services according to the new administrative division of the Kingdom. As a result, it has created 12 Regional Health Directorates by the Ministerial Order N°003-16 of January 4, 2016, creating and fixing the attributions and organization of the deconcentrated services of the Ministry of Health.

This division offered a unique opportunity to improve the regionalization process, organize the supply of care, give hospitals more autonomy and promote the expansion of the hospital network. Indeed, in 2019, Morocco has 159 hospitals covering the whole territory with a bed capacity of 25385 (Ministry of Health, 2020 and 2021).

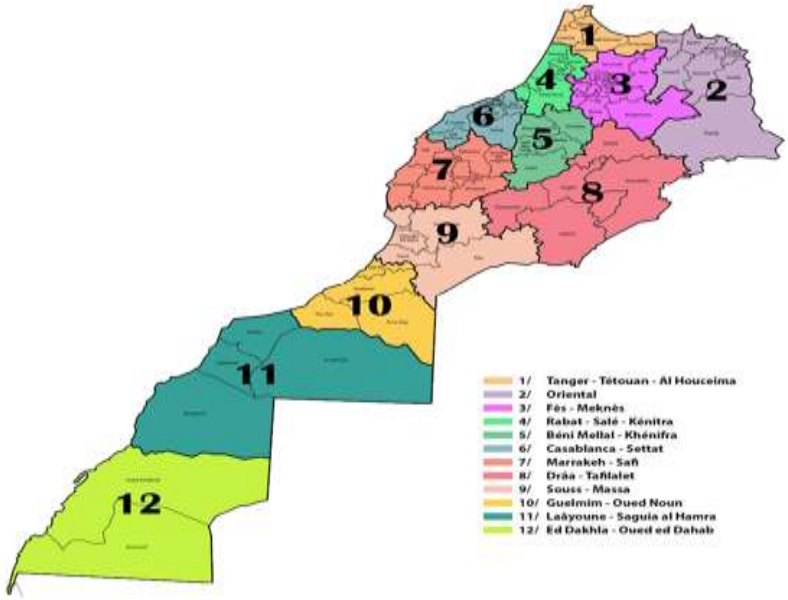

Figure 1:- The new administrative distribution of the Kingdom of Morocco. (Ministry of Health).

The Moroccan hospital landscape is, therefore, still marked by many structural and programmatic reforms whose ultimate goal is to improve the equitable and efficient health care production process (Teil, 2002) (Belghiti A., 2008) (Batbaatar et al., 2017). The Moroccan hospital has been globally impacted by several reforms such as regionalization, hospital and budgetary reform, the implementation of law 65-00 on the code of medical coverage, and the framework law No. 34-09 on the health system and the provision of care, the law 131-13 on the practice of medicine, etc. Accompanied by policies and strategies and action plans for implementation, these projects contributed significant advances towards strengthening and protecting the constitutional right to access health care (Ministry of Health, 2021). Thus, the successive reforms have partially enabled the hospital to adapt to the new health, economic and social challenges (Vincent, 2005).

The Ministry of Health has even conducted several studies on service approaches to better respond to the growing demands of Moroccan society in terms of access to quality care. In this way, new operating schemes have aimed to make the user a stakeholder in the production of care (Ministry of Health, 2013) (Belalia, 2018). It must be said that the public health care offer remains the primary provider of care and is still provided by a network of hospitals that represents 65% of all hospital beds (Benarafa, 2017). The Ministry of Health is making several efforts to value the user as part of a healthy democracy and human rights approach. Moreover, his status and rights have been deeply reinforced with the 2011 constitution.

Particularities and dysfunctions of the Moroccan hospital

Particularities of the Moroccan hospital

Over the years, health has become more and more sacred, so the hospital has become a subject for collective reflection. On the other hand, this powerful institution is fragile because it tries to evolve in a succession of reforms and an economic logic that considers a social security system (Kadmiri, 2015).

Rightly, the hospital constitutes a complex organization (De Kervasdoué, 2005). And at the origin of this complexity, there is first of all the social aspect that is particular to it, the compartmentalization and the multitude of services, the heterogeneity and the increase of users' needs, the fragmentation and the complexity of activities, the rational solid and formal logic of the management, the multiplicity of hospital actors and the absence of a broad vision to integrate the patient as a coproducer (Hayo-Villeneuve, 2017).

Indeed, Moroccan public hospitals are systems that are often under pressure because they must control heavy expenses, adapt to the imperatives of their constraining contexts and, above all, ensure that they meet the evolving needs of the population through quality services and care (Chahouati, 2021).

Moroccan hospital dysfunctions

The Ministry of Health has initiated several reforms, strategies, and action plans to strengthen public hospitals in Morocco. Despite the contributions of hospital reform and the strengthening of hospital funding, the services rendered by these institutions are unfortunately still far from meeting the expectations of the population (Ministry of Health, 2017). All these steps taken are struggling to achieve their goals. They have not been able to bring about the change so much desired in the Moroccan public hospital universe (Chahouati, 2021).

Public hospitals suffer, in fact, from a series of dysfunctions and shortcomings that have perverse effects on the quality of their practices, activities, and services, such as the shortage and inefficient management of resources, governance problems, staff demotivation, accessibility difficulties, user dissatisfaction, etc. (Chahouati, 2021).

Public hospitals continue to absorb between 70 and 80% of the budget allocated to the health sector. In addition to unhealthy premises and dilapidated technical facilities and buildings, most public hospitals are severely understaffed and under-equipped. Worse still, the rate of absenteeism of working staff and the rate of breakdown of available medical equipment are very high (Elmorchid and al, 2020).

In addition, given the very high demand, delays in making appointments for consultations and surgeries are considered very long and can exceed several weeks or even months in some cases. These dysfunctions and many others have been noted by the Court of Auditors in its annual report for 2018.

On the organizational level, the governance organs that assist the directors of public hospitals (Institutional Committee; Management Committee; Council of Doctors, Dentists, and Pharmacists; Councils of Nurses, etc.) are often not very operational, and in some cases, they are not even instituted (Cour des Comptes, 2018).

Also, despite the efforts made by the Ministry of Health, the quality approaches instituted in public hospitals have not led to the improvement of the quality of care and hospital services offered to the citizen (Ministry of Health, 2013 and 2018). The absence of patient orientation and the underutilization of curative services persist, and in the eyes of the citizen, the services provided lack responsiveness and quality (Ministry of Health, 2012).

Unquestionably, there is strong resistance at the hospital level, under-management, lack of a participatory approach, shortage and inefficient management of resources, insufficient training and communication activities, ... etc. (Nolna, 2008; Salhi, 2014; Ministry of Health, 2013 and 2018).

In terms of administrative and budgetary management, public hospitals suffer from the strong centralization of investment decisions and the mobilization of human and financial resources. In fact, despite the creation of regional health directorates in 2011, some delegation of authority for the hospitals to implement hospital autonomy, many decisions are still imposed from above, making the procedures for executing contracts and advancing procurement, maintenance, or recruitment operations cumbersome. The effort to devolve services from the Ministry of supervision has not been accompanied by an accurate and sufficient transfer of resources and skills (The Economic, Social and Environmental Council, 2013) (Elmorchid and al, 2020).

The supply of hospital care in Morocco is even considered inefficient during the 2012-2015 period (Er Rays and al, 2020), as significant gaps and deficits continue to weigh on it, such as the impoverishment of public hospitals, the lack of equity in the distribution of resources, the delay in the generalization of medical coverage, the deterioration of working conditions, the lack of human resources, especially in remote areas of the country, etc., The lack of equity in the distribution of resources, the delay in the generalization of medical coverage, the deterioration of working conditions, the lack of human resources, especially in remote areas of the country, etc., as well as the weakness of the supply of care leading to high waiting times, which can be detrimental to the health of citizens (The Economic, Social and Environmental Council, 2019) (Elmorchid and al, 2020).

Discussion:-

The health and well-being of the patient are the reason for being in the hospital. It is also for this patient that severe and costly reforms have been undertaken. Reform is always a process of change (Belghiti Alaoui, 2008). Reform involves constructive, significant, and profound change, starting from an unsatisfying and unsuitable reality. It is a change in what is done, how it is done, who does it, and even more deeply.

Therefore, health reforms are part of the logic of transforming health systems (Cordilha, 2021). Updating objectives or increasing resources alone is not enough to call it reform. Reform requires a change that affects existing institutions, organizational structures, and management systems (Belghiti Alaoui, 2008).

Faced with so many changes and the risk of disappearing, hospital institutions must transform, rethink and redefine their structures and strategies (Boiteau&Baret, 2017). Change in hospital institutions is therefore essential but ineluctably laborious and complicated. Moreover, the literature is unanimous regarding the difficulty of implementing change, regardless of the type of organization (Champagne, 2002).

It is true that the hospital has undertaken several changes in its organization, such as trying to modernize its managerial practices like companies, according to the reforms, but also to counter all the political, economic, and social demands. But unfortunately, hospital characteristics are sometimes poorly considered in the conduct of all the evolutions and reforms of the health sector. This is why the parts of the establishment, the uncertainty of the result, the multiplicity and complexity of activities, not to mention professional values, act as points of resistance to the overly rapid application of management methods that are more often than not derived from the business world (Minvielle, 2009).

During the implementation of hospital reforms, several constraints were encountered, including limitations on the mobilization of human resources about job restrictions, conditions on the mobilization of political actors, constraints related to support and accompaniment of the implementation of the reform by the central administration, and

constraints related to the requirements of the health reform, i.e., the upgrading of skills, the development and transfer of skills, and the accompaniment of skills (Belghiti Alaoui and al, 2004).

All the difficulties experienced and all the dysfunctions that persist even after several reforms lead us to question the importance of developing and building knowledge, but above all the,managing and sustaining it among the actors involved at different levels, using appropriate tools (Denis and al, 2018)(Belghiti Alaouiand al, 2004).

In fact, within hospitals, care processes are becoming increasingly complex, and the introduction of any change requires the production, analysis, dissemination, and use of reliable, up-to-date, and rapidly available health information.

In fact, in public health, as in many other fields, the development of knowledge and knowledge management are essential to improving practices. Moreover, human resources and their knowledge are the driving force behind any ambitious progress in health (Ministry of Health, 2016).

Information and knowledge are critical assets for any organization, including hospitals. When providers, program managers, and policymakers use the latest data and experience to inform their decisions, they can deliver high-quality services to their patients, formulate effective policies, reduce duplication of effort, and increase the effectiveness of their actions. These effects, in turn, ultimately promote better health outcomes for beneficiaries (Salem and al, 2017).

Knowledge is no longer just information processed, disseminated, classified, and stored as an object. It is much more than that; it is a reappropriation by a person through his culture, representation, affectivity, and especially his socio-professional environment ...etc. Knowledge becomes alive, functional, and further enriched through its exchange. Managing knowledge is, therefore, above all,working the flow of interactions between human beings, with their cognitive qualities, but also with their experiences and their affective and emotional factors (Prax, 2019).

Indeed, knowledge management enables the construction of learning organizations by promoting routine learning. This implies creating a continuous learning environment that supports organizational learning based on the proper use of knowledge and experience. That said, a learning culture ideally evolves into a learning organization where people continually develop their capacity to create the desired outcomes, where new patterns of thinking are perpetually nurtured, where collective aspiration is engaged, and where people constantly learn together (Senge, 2006).

The learning organization allows hospital actors to constantly evaluate successes and failures for continual progress. Experiential learning allows for the constant development of knowledge that can then be used to improve practices and care and rationalize the use of resources over time. And by developing continuous, collective, and organizational learning skills, the hospital is moving towards a proper learning organization for the benefit of users and professionals.

Finally, knowledge management encourages cultural change and innovation (Boudallaa & al, 2021). Adoptingpromising knowledge management approaches promotes access and flow of ideas and results in an innovative culture (Dari, 2019). A creative culture allows for openness to change and thus to reform. Actors become more open to doing things in new ways.

The hospital organization will need to consider three major factors essential for organizational learning: a supportive learning environment open to change, learning processes and practices, and responsive and supportive leadership at all levels (Haughom, 2014).

Limitation of the study

This study intends to achieve a new understanding of a very complex issue, namely the multiplicity of reforms in Morocco's rather complex hospital structures. It also aims to contribute to the development of thinking about the necessity of change management and knowledge management in hospitals and to explain the importance of building and capitalizing on the knowledge of the actors involved in the hospital structures affected by the reforms. This analysis is, therefore, not without its limitations. These are due to the extensive documentation that has been identified without much research into the grey literature, which could have revealed more information necessary for

a more global understanding of these complexities to better design and support change while managing the knowledge in hospitals.

Declaration of interest
The authors declare that they have no conflict of interest in this article.

Conclusion:-

The hospital is a complex and particular establishment. In Morocco, several reforms have succeeded one another to improve and modernize the organization and management of hospitals. However, several difficulties have been experienced during these hospital reforms, and several failures persist despite all the efforts made. It is time to learn from failures and mistakes, look more closely at the issue of change management in health organizations, and especially consider developing a knowledge management strategy to make hospitals real learning organizations.

This analysis will need to be reinforced through other studies to extend the research through contextualization to define the interest of change management, especially knowledge management, in supporting and implementing changes and reforms and identifying the avenues favorable to the establishment of a learning organization.

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