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# The Participatory Approach applied to Quality Management: A Perceptual Study of the Determinants of Satisfying Stakeholders' Expectations regarding the Quality of Health Public Services

## L'Approche Participative appliquée au Management de la Qualité: Une Étude Perceptuelle des Déterminants de la Satisfaction des Attentes des Parties Prenantes à l'égard de la Qualité des Services Publics Sanitaires

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## **The Participatory Approach applied to Quality Management: A Perceptual Study of the Determinants of Satisfying Stakeholders' Expectations regarding the Quality of Health Public Services**

### **Abstract :**

In the context of public hospitals, the quality of healthcare services is a major concern involving various stakeholders. This study aims to enrich stakeholder theory by exploring how stakeholders perceive the quality approach implemented by public health services. To this end, a qualitative study was carried out, based on semi-structured interviews with a balanced sample of 35 participants, including patients, medical staff, administrative staff, representatives of educational institutions and the Ministry of Guardianship. The aim was to improve the quality of healthcare services. The analysis reveals a diversity of needs, underlining the need for a personalised approach, particularly in terms of quality of care and quality procedures. Stakeholders want greater administrative efficiency, transparent communication and shorter waiting times. Gaps in engagement with stakeholder needs are identified, suggesting opportunities for improvement. Keeping communication channels open is crucial. The results and discussions highlight methodological and contextual limitations, reinforcing the credibility of the study and inviting a critical interpretation of the implications in the context of these limitations.

**Keywords:** Stakeholders, Participatory approach, Quality Management, Perception, Health services.

**Classification JEL:** I15 – H75 – L15 – M14 – P11

**Paper type:** Empirical Research

### **Résumé :**

Dans le contexte des hôpitaux publics, la qualité des services de santé suscite des préoccupations majeures impliquant divers acteurs. Cette étude vise à enrichir la théorie des parties prenantes en explorant la manière dont les acteurs concernés perçoivent l'approche qualité mise en œuvre par les services publics de santé. Nous cherchons à identifier les éléments déterminants qui influent sur la satisfaction des attentes des parties prenantes en ce qui concerne la qualité des services publics de santé. À cette fin, une étude qualitative a été menée, reposant sur des entretiens semi-directifs avec un échantillon équilibré de 35 participants, comprenant des patients, du personnel médical, du personnel administratif, des représentants d'institutions d'enseignement et du Ministère de la tutelle. L'objectif est d'améliorer la qualité des services de santé. L'analyse révèle une diversité de besoins, soulignant la nécessité d'une approche personnalisée, notamment en matière de qualité des soins et de démarche qualité. Les parties prenantes souhaitent une meilleure efficacité administrative, une communication transparente et une réduction des temps d'attente. Des lacunes dans l'engagement envers les besoins des parties prenantes sont identifiées, suggérant des opportunités d'amélioration. Maintenir des canaux de communication ouverts est crucial. Les résultats et discussions soulignent des limites méthodologiques et contextuelles, renforçant la crédibilité de l'étude et invitant à une interprétation critique des implications dans le contexte de ces limitations.

**Mots clés :** Parties prenantes, Approche participative, Management de la Qualité, Perception, Services sanitaires.

**JEL Classification :** I15 – H75 – L15 – M14 – P11

**Type du papier :** Recherche Empirique

## 1. Introduction

The quality of health services in public hospitals is a crucial issue involving a diversity of stakeholders, such as patients, medical staff, administrative staff, higher education institutions, and the Ministry of Guardianship. These stakeholders, with sometimes divergent expectations, generate inherent complexity in this context. To better understand this complexity, our research aims to situate the issue between old and new studies, thus revealing the existing gap.

The central question guiding our study is as follows: How do stakeholders perceive the quality of health services in public hospitals, and to what extent are their expectations satisfied? This inquiry sheds relevant light on the complex dynamics of health services, bridging the gap between old approaches and new perspectives.

Our main objective is to understand stakeholders' perception of the quality of health services in public hospitals. This study adopts a qualitative methodological approach, relying on semi-structured interviews and specific analytical tools. It seeks to identify stakeholders' expectations, assess their level of satisfaction, and analyze the determinants of this satisfaction. While stakeholder theory has been extensively explored in the private sector, its application to the context of public institutions, especially in the field of public health services, remains to be further investigated. This research, focused on public hospitals, builds upon previous work, making a valuable contribution to both theorists and practitioners. It enhances our understanding of the dynamics related to quality management in the specific context of public health services.

The structure of this research unfolds in three main parts. A literature review will explore the origins and definitions of stakeholders, classifying these actors and examining the relationships and expectations among them. Subsequently, special attention will be given to tools and methods for stakeholder management, as well as the harmonization of public management models with stakeholder satisfaction. Additionally, a clarification will be provided on relevant previous and recent studies to illuminate the conceptual framework of our research. Concurrently, the research will explore the contribution of the participative approach in quality management to meet stakeholder expectations, examining aspects such as participative assessment of public services, the influence of stakeholder theory on the modeling of the quality approach, and the projection of this theory onto the quality approach within public hospitals. In addition, the engagement of stakeholders in quality care management programs will be a focal point, thus complementing the overall approach of this interdisciplinary research. Finally, a perceptual analysis of the determinants of stakeholder satisfaction will be conducted, followed by a thorough discussion of the results obtained.

At the epistemological level, this research adopts an interpretative and qualitative perspective, seeking to understand stakeholders' perception of the quality of health services. The inductive reasoning mode relies on the exploration of data collected through semi-structured interviews and their analysis.

This study, centered on a healthcare facility in the Souss Massa Region, will provide essential insights into how stakeholders' expectations influence quality management in public hospitals. Its conclusions can guide strategic decisions aimed at improving the quality of care and elevating the national healthcare system towards excellence.

## 2. Literature review

### 2.1. Reflections on the concept of stakeholders

Stakeholders include all those with a direct or indirect interest in a particular organisation, project or action. The concept emerged in the 1960s and 1970s thanks to researchers such as

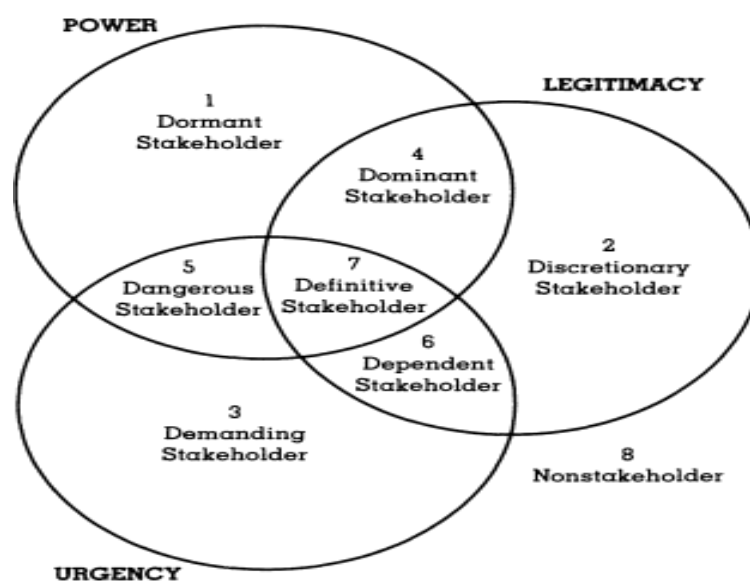
R. Edward Freeman, Archie Carroll and Ian Mitroff. Freeman's Stakeholder Theory, formulated in the 1980s, argues that organisations have a responsibility to a wide range of stakeholders, going beyond the interests of shareholders alone. Originally from the field of management, the term was popularised by Freeman in his 1984 book "Strategic Management: A Stakeholder Approach."

From different perspectives, stakeholders are defined in a variety of ways, ranging from any person or group who may affect or be affected by the organisation's objectives, according to Freeman, to individuals or groups who influence or are influenced by organisational activities, according to Mitchell, Agle, & Wood. The concept has been extended to areas such as sustainable development, corporate social responsibility and project management.

Stakeholders are individuals, organisations or entities with an interest, right or influence on an organisation. There are internal stakeholders (employees, management, shareholders), external stakeholders (customers, suppliers, government), primary stakeholders (direct influence), secondary stakeholders (indirect interest), influential stakeholders (significant power), project stakeholders and environmental stakeholders.

At the heart of our understanding of stakeholders is a classification based on three essential criteria (power, legitimacy, urgency). Power, representing the ability to influence decisions, is combined with legitimacy, a subjective notion of the social appropriateness of the actions undertaken. Urgency, for its part, injects the temporal dimension into this dynamic, emphasising the speed with which a stakeholder's rights can be exercised. From this perspective, Mitchell et al (1997) identify seven types of stakeholders (see Figure 1). The "discreet" (zones 1, 2 and 3), recognising one attribute among power, legitimacy or urgency, evolve alongside the "medium importance" (zones 4 and 6), holding two attributes, and the "high importance" (zone 7), mastering the crucial triad of power, legitimacy and urgency. The 'dangerous' (zone 5) embody a particular intersection between power and urgency, exhibiting insistent force without necessarily possessing the requisite legitimacy. In parallel, the 'latent' (zones 1 and 2) recognise power, the 'discretionary' (zones 4 and 6) attach importance to legitimacy, while the 'demanding' (zone 3) focus on urgency. This classification provides a complex canvas for understanding the diversity of stakeholders, guiding the strategic management of organisational relationships.

*Figure 1: Stakeholder typology*



*Source: from Mitchell & al (1997)*

The analysis of relations between an organisation and its stakeholders is being transformed through an innovative approach focusing on expectations rather than on individual players. This

inverted perspective, centred on legitimacy, urgency and power, offers a typology of expectations - dominant, definitive, dependent and dangerous - enabling managers to prioritise their actions. Dominant expectations require priority attention, definitive ones require rapid action, dependent ones can grow in importance, while dangerous ones require delicate management because of their power without legitimacy. By assessing power through the control of crucial resources, this approach proposes strategic responses adapted to each type of expectation. However, while a valuable tool, it is crucial to recognise the need for a dynamic dimension to take account of changing expectations and informal agreements over time.

Stakeholder theory, shaped by Donaldson & Preston (1995), has three essential dimensions. The descriptive dimension explores the impact of organisational decisions on stakeholders and vice versa, revealing the complex mechanisms of organisational relationships. The instrumental dimension, on the other hand, advocates collaboration between management and stakeholders to achieve the company's objectives, emphasising that the integration of stakeholder interests can generate competitive value. However, this integration is often motivated by the imperatives of performance and survival. Finally, the normative dimension injects an ethical perspective, positioning stakeholder theory as a strategic guide while seeking to harmonise ethical and economic imperatives. This helps to strike a balance between the company's social and economic responsibility. By merging these three dimensions, stakeholder theory provides a holistic framework for understanding and managing the complex relationships between organisations and stakeholders.

Stakeholder theory, while instrumental in deciphering the interrelationships between an organisation and its environment, is not without its limitations. Often ambiguous, it struggles to specify precisely who really constitutes a stakeholder and what their level of legitimacy is. Managing divergent expectations, inherent in the conflicting interests of stakeholders, becomes a delicate balancing act, requiring ongoing analysis of the organisational environment. Furthermore, the static perception of the theory does not always take into account the evolution of stakeholder relationships and interests over time. The complexity of management, especially for large organisations, and the tendency to focus on key stakeholders, may obscure other less influential but equally impactful players. Measuring stakeholder value, resolving conflicts of interest and providing clear normative guidance remain challenges. Despite these limitations, stakeholder theory remains valuable, requiring careful application, careful assessment of interests and proactive management of relationships to maximise its effectiveness in an ever-changing business and ethical world. (Oumari, L., 2022).

## 2.2. Stakeholder management tools and methods

Stakeholder management tools are used to develop an in-depth understanding of stakeholders, their needs and expectations, and to plan appropriate actions to engage them and meet their expectations effectively. A distinction is made between:

**Stakeholder identification and categorisation register:** This is a database or document that lists all the potential stakeholders in a project or organisation. For each stakeholder, it can include information such as name, role, expectations, power/influence, interest, needs, concerns, and contact details. This register is an important first step in understanding who your stakeholders are and how to manage them. It enables stakeholder needs and expectations to be ranked and prioritised according to specific criteria, such as importance, impact on the organisation, compliance with ISO 9001 and ISO 26000 standards, etc. It helps to determine which expectations are the most critical and require immediate attention.

**Power-Interest Matrix:** The Mendelow Stakeholder Matrix was created in 1991 by Aubrey L. Mendelow as a relatively simple way of managing stakeholders during a project. This matrix classifies stakeholders according to two key criteria: the power (influence) they have over the project or organisation and their interest in the project or organisation. Stakeholders are



generally classified into four categories: key supporters, potential adversaries, stakeholders to watch and less important stakeholders. This enables actions and communications to be targeted according to these categories.

**Stakeholder mapping:** Visual mapping is used to represent stakeholders and their relationships. It helps to visualise who interacts with whom, what relationships exist between stakeholders, and how they are connected to each other.

**Sociogram:** Developed by Jacob L. Moreno in the 1930s, this is a graphic tool for representing a group's social relationships. It is a first step towards stakeholder analysis, making it possible to list the people involved in the project. It helps to identify hidden stakeholders by revealing informal relationships and connections that are not evident in the formal structure. These invisible stakeholders, while appearing to have little influence, may hold power in personal networks or key information that could disrupt the project. By understanding these hidden relationships, the project management team can anticipate risks and mitigate negative impacts.

**Brainstorming :** Is a qualitative study technique of collective reflection, creation and research invented by Alex Osborn in the 50s with a view to producing a large number of ideas and suggestions from the members of a group. To avoid forgetting stakeholders, it is best to hold a brainstorming session with people who have a good knowledge of the subject or the project environment. Proper planning of this session will ensure satisfactory results. During this stage, gather all the relevant information about the stakeholders, including their characteristics, interests, expectations, level of influence, attitude, commitment and any other elements that may be useful in classifying them.

**Affinity diagram:** The affinity diagram is an excellent tool for grouping stakeholders according to their characteristics or attitude towards a project or organisation. It involves organising stakeholders into relevant groups (blockers, supporters, neutrals) based on the results of brainstorming. The affinity diagram is created in three stages: first, brainstorming (a stage you have already carried out), then identifying and naming relevant groups, and finally assigning stakeholders to these groups.

**Data collection tools :** Various tools are essential for analysing stakeholders' perception of their expectations and satisfaction with the quality approach. Structured questionnaires and standardised measurement scales can be used to gather quantitative data on their expectations and level of satisfaction. Semi-structured interviews and focus groups offer in-depth qualitative insights by gathering their experiences and opinions. Complemented by documentary analysis and direct observation, these tools provide a holistic understanding of stakeholders' points of view.

**Stakeholder evaluation matrix:** This matrix assigns notes or scores to stakeholders based on various relevant criteria, such as their attitude towards the project or organisation, their level of influence, their commitment, their interest, and so on. These scores help to prioritise stakeholders and decide what action to take.

**Municipal Public Service Barometer (BSPM):** is a tool for evaluating and measuring citizens' satisfaction with the services provided by a municipality. Its main objective is to gather quantitative and qualitative information on users' perceptions of local public services.

**Stakeholder Attitude and Influence Diagram:** is a graphical tool that classifies stakeholders into four categories according to their attitude (positive or negative) towards a project and their influence (high or low) on it. These categories help to prioritise stakeholder management actions, focusing on key stakeholders, working to influence supportive ones, monitoring those with a positive attitude, and closely managing those with limited influence and a negative attitude.

**Internal and external stakeholder communication diagram:** is a visual tool used to represent how information flows between an organisation and its stakeholders, both inside (internal communication) and outside (external communication) the organisation. This diagram is often

used in project management and stakeholder management to plan and organise communication effectively. It helps to determine who communicates with whom, what channels are used, what information is shared, and how messages are received.

**Themes and methods of dialogue with stakeholders:** This method involves identifying the topics or themes that are important to stakeholders and choosing the appropriate communication channels to interact with them. This ensures that interactions are relevant and effective.

**Quality Square:** Quality Square is a model that looks at quality from different angles. It includes expected quality (stakeholders' expectations), perceived quality (how stakeholders perceive quality), desired quality (what the organisation wants to deliver) and delivered quality (what is actually delivered). This makes it possible to identify the gaps between expectations and reality.

**Stakeholder reluctance to change curve:** The reluctance to change curve is a graphical representation of how stakeholders react to change. It identifies the different types of reaction, including acceptance, resistance, doubt, etc. This helps to plan change management strategies to engage stakeholders appropriately.

**Force-field model:** Force-field analysis, developed by Kurt Lewin in the 1940s, assesses the driving forces (favourable to change) and the restraining forces (opposed to change) to estimate the probability of success of a major change. This method enables us to understand how stakeholders - whether they are in favour of change, such as management, certain employees or strategic partners, or opposed to change, such as reluctant employees or trade unions - influence the achievement of change objectives. By balancing these forces, the project team can devise strategies to mitigate resistance and build stakeholder support, thereby contributing to the success of the project while fostering positive stakeholder relationships.

**Kano diagram:** The Kano diagram, theorised by Noriaki Kano in 1984, classifies the characteristics of a product or service into three categories: basic elements (essential but do not generate satisfaction when present), performance elements (increase satisfaction as they improve) and enchantment elements (create considerable satisfaction when present). It highlights that satisfaction and dissatisfaction are not symmetrical, and that different characteristics have distinct impacts on stakeholder satisfaction. This helps organisations to understand stakeholder expectations and prioritise features for maximum satisfaction. This diagram is constructed with the vertical axis representing stakeholder satisfaction and the horizontal axis representing the presence or degree of fulfilment of a function, feature or service. It shows the evolution of three attributes of the offer: mandatory, proportional and attractive.

**Hierarchical Process Analysis:** HPA was developed by Thomas L. Saaty, an American mathematician, in the 1970s. It can be used to manage relationships with stakeholders and to assess the satisfaction of their expectations and perceptions. Criteria that are important to stakeholders, such as product or service quality, communication, transparency, etc., can be prioritised. We can then assess how different actions or decisions impact on these criteria. This enables more informed decisions to be made to satisfy stakeholder expectations and maintain good relations with them. AHP is a flexible tool that can be applied to various areas of decision-making, including stakeholder relationship management.

These tools provide a powerful toolkit for stakeholder management, promoting a proactive, quality-focused approach to meeting stakeholder needs, expectations and interests, while continuously improving the organisation's performance.

### 2.3. Harmonization of public management models with stakeholder satisfaction

In the constant quest to improve public management, various theoretical models have emerged to guide organisations towards improved performance while taking into account the varied expectations of stakeholders. These include:



**The Theory of New Public Management:** According to Dunleavy and Hood (1994), NPM can be defined as "a model of public management that seeks to improve the performance and quality of public services by applying private sector management principles such as decentralisation, accountability, competition and flexibility".

**The theory of Public Value Management (PVM)** was developed by Mark H. Moore, an American researcher and professor of public administration, in the 1990s. Moore formulated this approach in his book "Creating Public Value: Strategic Management in Government", published in 1995. PVM focuses on the creation of public value within public sector organisations, by seeking to align organisational objectives with the needs and expectations of society. This approach promotes transparency, accountability and stakeholder participation, while aiming for efficient use of public resources to maximise social benefits.

**The theory of the general interest**, initiated by thinkers such as Jean-Jacques Rousseau in 1762, guides public policy by balancing individual and collective interests. Its impact on public management can be seen in the way it encourages government action that focuses on the common good, while recognising the importance of meeting society's sustainable needs and taking account of long-term stakeholders. This approach provides a conceptual framework for equitable and sustainable public management.

**The participatory governance model (Roger Hart, 1990):** This model explores collaboration between various stakeholders in decision-making at various levels, whether locally, within organisations or on a societal scale. The fundamental aim is to create more inclusive and accountable decision-making structures. This approach focuses on the inclusion of stakeholders at different levels, from citizen participation to employee participation within organisations, with the aim of ensuring fair representation of diverse voices and enabling those affected by decisions to contribute to their shaping.

**The network governance model (Rhodes, 1997):** This model broadens the traditional perspective by integrating external partners such as businesses, civil society organisations and citizens, beyond the hierarchical structures of the state. It encourages collaboration between different stakeholders and promotes citizen participation. In essence, network governance refers to a model of decision-making and coordination where various actors interact horizontally, transcending sectoral boundaries, to solve complex problems and achieve common goals.

**The citizen participation model (Bryson & al., 2006):** this model emphasises the importance of citizen participation in public governance. This model can help public organisations to involve citizens more in decision-making and to improve the quality of services by responding to citizens' needs and expectations.

**The empowerment model (Paulo Freire, 1970):** Empowerment theory seeks to empower individuals and communities by strengthening their ability to influence the decisions that affect them. This often involves the acquisition of knowledge, skills and resources, enabling stakeholders to play a more active role in decision-making processes.

**The Deliberative Democracy model (Jurgen Habermas, 1980):** This approach emphasises rational dialogue and informed discussion. Stakeholders participate in open and informed deliberation to reach consensual decisions. The process aims to ensure fairer and more legitimate decision-making.

**The public enterprise model (Osborne & Gaebler, 1992):** this model proposes that public organisations should be run like businesses, adopting results-based management practices and focusing on reducing costs and improving the quality of services. According to this model, the NPM can help public organisations to become more efficient and effective by adopting these management practices.

**The Total Quality Management model (Dean and Bowen, 1994):** this model proposes that public organisations should adopt a total quality management approach to improve their performance and efficiency. The TQM model aims to integrate quality into all aspects of the

organisation, focusing on customer satisfaction and the participation of all members to achieve common goals. TQM uses techniques such as SWOT analysis and is based on principles such as management commitment, employee buy-in and continuous improvement. It aims for a high level of quality in products, services and stakeholder relations, helping to build trust and satisfaction. By integrating TQM, the organisation strengthens stakeholder relationship management by prioritising their satisfaction, promoting transparent communication and aligning itself with their needs.

**The organisational life cycle model (Pollitt & Bouckaert, 2011):** this model proposes that public organisations go through different phases of development, from creation to maturity, through phases of growth and decline. According to this model, the NPM can help public organisations to overcome the challenges encountered during these different phases by adopting private sector management practices.

**The public values model (Denhardt & Denhardt, 2000):** this model proposes that public organisations should be guided by values such as fairness, integrity and accountability. According to this model, public organisations can achieve these values by adopting private sector management practices that enhance performance and accountability, and build mutually beneficial relationships with stakeholders.

**The performance and accountability model (Hood, 1995):** this model emphasises the importance of measuring performance and accountability in the NPM. According to this model, the performance of public organisations can be improved by setting clear objectives, measuring performance on a regular basis and putting in place accountability mechanisms for managers and employees.

**The Management by Objectives (MBO) model (Peter Drucker, 1950):** MBO involves setting specific, measurable objectives in collaboration with employees, thereby encouraging their active participation in the decision-making process. Applying this model in public organisations can enhance service quality by encouraging employee empowerment and aligning their efforts with organisational objectives. In addition, participative management can improve relations with stakeholders by promoting transparency and communication, which is crucial in the context of public services.

**The results-based management model (Perrin & Séguin, 2005):** this model emphasises the importance of results-based management in the NPM. According to this model, the NPM can help public organisations improve their performance by setting clear objectives and regularly measuring their performance.

In short, these theoretical models have all been developed to shed light on the fundamental principles of public management, and to help public organisations adopt it successfully. They all emphasise the importance of performance measurement, accountability and stakeholder inclusion in a participative approach to effectively improving the quality of public services.

#### **2.4. Focus on previous and recent studies related to our research**

The literature on stakeholder management covers a wide range of theoretical and empirical studies, encompassing various aspects and sectors. Several studies, both old and new, have explored this topic. A recent theoretical study sought to clarify the concept of stakeholder engagement by conducting a literature review of 90 articles, identifying the moral, strategic and pragmatic components of engagement. This research also highlights the often neglected dark side of stakeholder engagement (Kujala & al., 2022).

From another theoretical perspective, stakeholder management, a strategic approach increasingly integrated into corporate activities, was examined. Based on a systematic review of 33 key articles between 1985 and 2015, this research revealed the growing impact of the Internet, social networks and Big Data on stakeholder management (Pedrini & Ferri, 2019).

To analyse how management teams can strengthen their strategies by integrating concepts from the stakeholder literature, research spanning 15 years and involving collaboration with 16 management teams was conducted, resulting in a practical method based on three techniques (Ackermann & Eden, 2011).

From an empirical perspective, one study examined how companies manage stakeholder engagement in complex product systems. It identified nine practices and four specific reasons for these dynamics, contributing to a better understanding of stakeholder management (Lehtinen & al., 2019).

In the field of higher education, one study carried out a systematic review of 53 articles, covering topics such as the role of students, methods of engagement in the digital age and organisational implications (Crocco & al., 2022).

To underline the crucial role of stakeholder management in sustainable construction projects, one study highlighted a low level of maturity in stakeholder management in small construction companies (Klaus-Rosińska & Iwko, 2021).

Using bibliometric analysis, one study provided a general overview of stakeholder management research, identifying the most influential authors, journals, institutions and countries since 1969 (Esparza-Rodríguez & al., 2022).

Exploring the evolution of research collaboration networks in 'stakeholder theory and management' from 1989 to 2020, one piece of research revealed a persistent fragmentation of the author network and trends in international collaboration (Fares & al., 2021).

To highlight the importance of accurately identifying stakeholders and their relationships, one study examined stakeholders in various fields and the relationships between them in order to guide further research and improve management. (Ferenc & al., 2017).

Another study mapped the stakeholder management process in complex public-private partnerships for water projects in Indonesia, highlighting the coercive role of central government (Surachman & al., 2022). This collective research offers a diverse perspective on stakeholder theory and its application in various sectors.

Stakeholder theory, which has been present in management for around thirty years, was initiated in 1997 by the Labour Party to make public management more inclusive. A study by Ricardo Corrêa Gomes (2006) enriches this theory by adding descriptive aspects, demonstrating the influence of stakeholder power and interest on the decision-making process of local government organisations.

A bibliometric analysis by Sarturi & al (2023) highlights the need to consolidate the application of stakeholder theory in public administration. The study calls for the development of stakeholder management theories and the exploration of their interaction with public value, performance, sustainability and innovation.

Adopting a stakeholder perspective on public sector innovation, De Vries & al. (2018) highlight significant discrepancies between the perceptions of city managers and works council members, highlighting the importance of recognising these differences in the innovation adoption process and alerting to managers' perceptual biases.

Andersen & al (2021) emphasise the crucial role of stakeholders in public service organisations, highlighting the link between stakeholders, public values and performance, underlining the central role of public administrators in identifying and creating public values.

An empirical study by Boon & al (2023) encourages the inclusion of ideas from internal and external stakeholders for the success of innovations, highlighting the importance of innovative organisations being aware of stakeholder perceptions.

In addition, a study by Laamrani el idrissi and Taouab (2019) examines the application of New Public Management and stakeholder theory to territorial intelligence, highlighting the respective advantages and disadvantages of these approaches.

On the healthcare side, Ramachandran's (2019) study explores stakeholder management in the healthcare sector, highlighting the importance of mutually beneficial relationships. Stakeholder theory, based on cooperation, fairness and reciprocity, is crucial to meet the demands of reducing costs and improving efficiency in healthcare organisations, especially hospitals facing complex situations with many stakeholders.

In addition, Zinkhan and Balazs (2004) propose an integrated stakeholder approach to healthcare management, recognising the diversity of actors and clients in the healthcare system. This approach identifies key stakeholders and their complex relationships, highlighting emerging issues in healthcare research.

Austen (2012) looks at stakeholder management in public hospitals, highlighting the shift from stakeholder management to stakeholder relations. By satisfying their stakeholders, public sector organisations gain political legitimacy and financial resources, strengthening their ability to achieve their objectives.

Similarly, Rupcic and Lamovšek (2019) analyse stakeholder management in healthcare focusing on a specific case in Slovenia. The study categorises stakeholders and highlights the importance of effective stakeholder management for the long-term sustainability of public healthcare organisations.

In addition, Del Gesso (2019) examines how teaching hospitals in Italy include stakeholders in their annual performance reports, highlighting varying levels of involvement and the importance of encouraging their participation to develop integrated reporting systems.

Furthermore, the systematic review by Zabell & al (2021) explores stakeholder engagement in healthcare simulation modelling, highlighting heterogeneous processes and calling for the adoption of structured methodologies to produce evidence of impact.

In a similar vein, Petkovic & al (2023) examine the key issues in engaging stakeholders in the development of health guidelines, highlighting problems such as defining roles and managing conflicts of interest.

In the current national context, the study conducted by Frichi, Jawab and Boutahari (2019) sets out to identify the stakeholders of the healthcare system in Morocco. Using a two-stage methodology, starting with a literature review to establish a preliminary list of stakeholders, followed by the projection of this list onto the Moroccan context, the results highlight a diversity of actors with varied roles and objectives, conclusions drawn from the analysis of national reports from the Ministry of Health and other sources.

Concurrently, another study presented by Frichi, Jawab and Boutahari (2019) introduces an innovative methodological approach called "5W2D" for the analysis of health system stakeholders in quality of care (QC) in Morocco. This methodology combines three fundamental methods, namely the 5W (What, Who, Why, Where and When) questioning technique, the Delphi method and the DEMATEL (Decision making trial and evaluation laboratory) technique. The results of this study led to the identification of 17 stakeholder groups, highlighting three central groups in the Moroccan healthcare system: patients and their families, healthcare staff and the government. These results are intended to guide the development of inclusive strategies and policies involving key stakeholders for evaluating and improving the quality of care in Morocco.

In their study on the contribution of Hospital Accreditation Project to Healthcare Governance in Morocco, researcher Laassili, Z. & al. (2023) emphasize the crucial role of "Stakeholder Engagement" as a moderating variable in the interaction between quality management and the attainment of hospital accreditation in Morocco. This engagement, influenced by strong administrative leadership, motivated staff, patient involvement, and stakeholder collaboration, is pivotal for achieving successful hospital accreditation by promoting quality standards and effective quality improvement initiatives.



To further explore the complexity of health programmes, Saadi & al (2021) analyse the stakeholders of the National Programme for the Control of Cystic Echinococcosis in Morocco, highlighting the complexity due to the involvement of numerous stakeholders.

Finally, to anticipate the challenges linked to human resources in the health sector, El Bardai and Aomari (2023) carried out a qualitative study on the factors influencing the decision of public sector doctors in Morocco to leave voluntarily, highlighting determinants such as insecurity at work and lack of leadership.

In summary, this research illustrates the diversity of studies on stakeholder management, highlighting its impact in a variety of areas such as public service delivery, innovation, conflict of interest management and health. The research highlights the importance of communication, stakeholder engagement and the effective management of these relationships in ensuring transparency, satisfaction and the overall performance of organisations.

### **3. The contribution of the participatory approach in Quality Management to meet the expectations of Stakeholders**

#### **3.1. Participatory evaluation of public services through stakeholder satisfaction and values**

The participatory approach, which stems from democratic aspirations and the ethical foundations of modern governance, is emerging as an innovative method for the collective construction of public decisions. This approach, closely linked to the theory of deliberative democracy, has its roots in the ideals of citizen participation, equality of voice and informed public deliberation. Deliberative democracy, initially developed by thinkers such as Habermas, Rawls and Dewey, is part of a desire to reinvent democracy by emphasising rational deliberation and the active participation of citizens.

In this context, the theoretical underpinnings of the participatory approach are based on the conviction that collective decision-making enriches the quality of government choices. The participatory approach is based on fundamental principles such as fairness, transparency and diversity of perspectives. These principles stem directly from deliberative democracy, which advocates an inclusive decision-making process informed by public deliberation.

Setting up participative initiatives requires the rigorous definition of evaluation criteria, which play a key role at every stage of the process. They enable the impact of initiatives to be measured, from the representativeness of stakeholders to the quality of the concrete results resulting from participation. These criteria guarantee an objective and transparent evaluation, rooted in the democratic objectives of the participatory approach.

Successful implementation of the participatory approach depends on creating an environment that is conducive to collaboration. Mutual trust, transparency in decision-making processes and recognition of the diversity of opinions are essential. The long-term commitment of stakeholders strengthens the chances of success, underlining the need to integrate participation into the organisational and social culture.

In addition, communication plays a central role in the participatory approach by breaking new ground in taking account of stakeholders' expectations. Open and constructive dialogue, fuelled by a thorough understanding of stakeholders' needs and concerns, is essential to ensure genuine participation.

Finally, participatory evaluation of the quality of public services, based on stakeholder satisfaction and values, represents an innovative approach that broadens citizen participation in the evaluation of public services. This approach recognises citizens as legitimate assessors, thereby encouraging the continuous improvement of public policies and strengthening the legitimacy of institutions. At the heart of this approach is the active participation of stakeholders, involving consultations, meetings, surveys and focus groups to gather their



opinions. Evaluation focuses not only on user satisfaction, capturing their feedback, but also integrates the social, ethical, environmental and economic values of stakeholders. Transparency and accountability are promoted, and adaptability and continuous improvement are encouraged through the use of feedback to identify shortcomings and make adjustments. This approach seeks to ensure social inclusion by giving voice to a diversity of perspectives, including those of marginalised groups. While helping to strengthen the legitimacy of public services, it is crucial to guarantee appropriate mechanisms to ensure that opinions are representative and to avoid the monopolisation of the process by certain groups. Ultimately, this approach provides a holistic framework for aligning public services with the real needs of all stakeholders.

Ultimately, the participatory approach, rooted in the theory of deliberative democracy, represents a dynamic path towards more inclusive and transparent governance. Evaluation criteria, conditions for success, innovative communication and participatory evaluation of public services all fit together organically to build a robust participatory process. From this perspective, the participatory approach is positioned as a contemporary response to the challenges of democracy, promoting public decision-making that is aligned with the genuine aspirations of society.

### **3.2. The influence of stakeholder theory on the modelling of the quality approach**

Stakeholder theory is based on the idea that organisations interact with a variety of stakeholders (individuals, groups, institutions) who have an interest in and influence on their activities. It aims to integrate the expectations and needs of these stakeholders into management and decision-making.

The quality approach is a process implemented to set up a quality management system and commit to a continuous improvement approach. It is the set of actions carried out by an organisation to improve the quality of its products and its management, to offer better products, services or benefits to customers and to continuously improve processes. The quality approach is a tool for change, creating a dynamic of continuous progress in the operation of the organisation. It must be supported by management and involve all employees; it is a participative approach which aims to satisfy the needs of customers, beneficiaries, staff and all the players concerned. (Ennesraoui, D., & Rabhi, D. 2018).

In the context of the quality approach, stakeholder theory highlights the importance of taking account of stakeholder expectations when defining quality criteria, assessing performance and continuously improving processes. This approach guides the design of more holistic quality systems, aligned with stakeholder expectations, thereby promoting a better match between organisational objectives and the needs of all parties involved. This maximises stakeholder satisfaction and improves the organisation's overall performance.

Stakeholder theory, based on the idea that every organisation interacts with various influential entities, is attracting growing interest in the field of management. By focusing specifically on the quality approach within organisations, its integration offers significant advantages.

Firstly, stakeholder theory highlights the fact that organisations are not isolated entities, but rather interconnected systems. These interactions are of crucial importance in the field of quality management, as they provide a better understanding of the expectations and needs of stakeholders. By taking into account customers, employees, suppliers and other stakeholders, it is possible to develop appropriate and relevant quality models.

Furthermore, stakeholder theory emphasises the importance of engaging and communicating with stakeholders throughout the quality process. This constant interaction fosters an exchange of valuable information about stakeholders' specific requirements and objectives. By incorporating this information into the quality model, more aligned and targeted strategies can be developed.

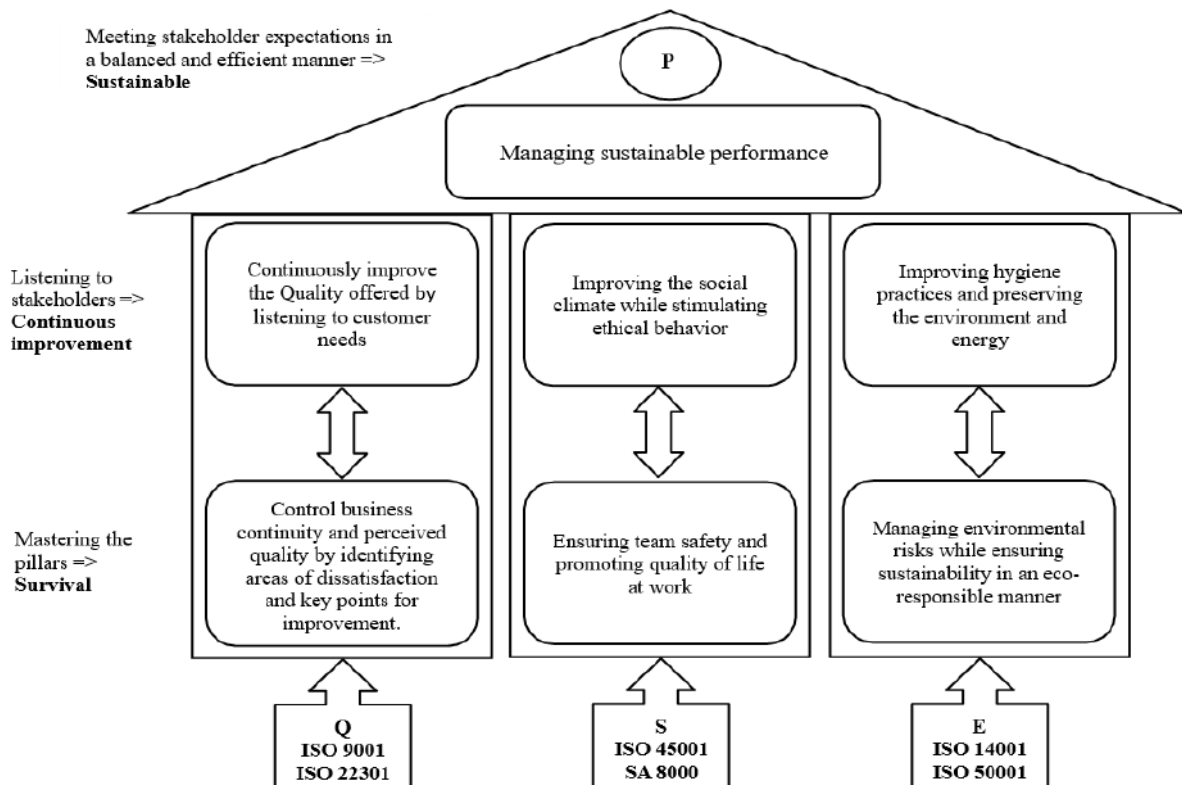
In addition, stakeholder theory highlights the need to proactively manage the divergent expectations and interests of different stakeholders. By incorporating this notion into the modelling of the quality approach, organisations can anticipate potential challenges and design preventive measures. Such a proactive approach encourages optimised management of quality-related risks and contributes to the long-term effectiveness of the process.

Stakeholder theory emphasises the importance of continuous evaluation and constant improvement of stakeholder relations. Applied to the quality approach, this perspective encourages a cycle of continuous improvement, where feedback and suggestions from stakeholders are integrated into the model. This dynamic feedback loop reinforces the effectiveness of the quality process over time.

Modelling quality processes by projecting stakeholder theory thus becomes an essential lever for guiding organisations towards global and sustainable performance. By responding to stakeholders' expectations in a balanced and effective way, the organisation takes a proactive approach. Listening to stakeholders becomes the driving force behind continuous improvement, enabling the quality offered to be constantly adjusted in line with the needs of user-customers. This approach also encompasses improving the social climate by stimulating ethical behaviour, as well as optimising hygiene practices to preserve the environment and energy. Controlling pillars such as business continuity and perceived quality ensures the survival of the organisation by identifying areas of stakeholder dissatisfaction and key areas for improvement. Team safety and the promotion of quality of life at work are also part of this approach, as is the control of environmental risks by guaranteeing sustainability in an eco-responsible way.

Finally, the contribution of stakeholder theory to quality process modelling is undeniable. By incorporating this perspective into the design of quality models, organisations can maximise their effectiveness by taking into account the multiple interests and requirements of stakeholders. This holistic approach helps to enhance the quality of products and services, while fostering a mutually beneficial relationship with the organisation's external environment.

**Figure 2: Modelling Quality approaches using stakeholder theory projection**



Source: prepared by the authors

### 3.3. Projection of stakeholder theory on the quality approach in public hospitals

In the healthcare context, stakeholder theory can have a significant impact on the quality approach in public hospitals. Stakeholders, such as patients, medical staff, managers and the local community, influence the objectives, standards and decisions relating to the quality of hospital care and services. Their commitment and involvement in quality improvement processes are essential to ensure optimal care and to meet the expectations of all stakeholders involved. In the context of the hospital quality approach, here is how the stakeholder theory can be projected:

**Patients:** Patients are one of our most important stakeholders. Their satisfaction, the quality of the care they receive and their safety are at the heart of our quality approach. Hospitals strive to meet their needs and expectations.

**Medical and nursing staff:** Doctors, nurses and healthcare staff are directly involved in providing quality care. Their expertise and commitment play a key role in improving the quality of services.

**Hospital managers:** Administrators and managers have an interest in maintaining high quality standards to ensure the efficiency, reputation and funding of the hospital.

**Regulatory Authorities:** Government health agencies regulate public hospitals and have a role to play in setting standards and regulations for the quality of care.

**Care Providers:** Care providers, such as laboratories or radiology departments, are also stakeholders, as their performance affects the overall quality of care.

**Insurers and payers:** Health insurers and payers have an interest in the quality of care, as it can influence treatment costs and payments.

**Patient Advocacy Groups:** Patient advocacy organisations represent the interests of patients and can advocate for higher quality standards.

**The local community:** The community in which the hospital is located is also a stakeholder, as the quality of care affects the health and well-being of its residents.

The quality approach in public hospitals aims to balance the interests of these stakeholders to provide quality care while respecting budgetary constraints and regulations. It often involves data collection, performance evaluation and the commitment of all stakeholders to continuously improve the quality of care.

### 3.4. Mobilization of Stakeholders in Quality Care Management Programs

Stakeholder engagement in a managed care programme is crucial throughout its lifecycle, from the initial design phase through to ongoing evaluation. This systematic approach aims to involve key stakeholders, such as healthcare professionals, patients, families, insurers and policy-makers, to ensure the success and effectiveness of the programme.

Firstly, at the design stage, it is essential to actively involve stakeholders in order to gather their perspectives and integrate their specific needs into the design of the programme. This collaborative approach helps to build initial support and a sense of ownership among stakeholders, thereby encouraging buy-in to the programme.

During implementation, stakeholder engagement strategies are also crucial. It is necessary to create forums and opportunities for dialogue that enable open and transparent communication between stakeholders. These regular exchanges promote mutual understanding of the programme's objectives, dispel potential misunderstandings and build trust.

The ongoing involvement of stakeholders in the evaluation and quality improvement processes is another essential component. Their direct feedback provides a practical perspective and valuable insights for adjusting the programme in line with emerging needs, ensuring an adaptive response to changes in the healthcare context.

In addition, the development of strong relationships with stakeholders requires the implementation of targeted communication strategies. It is imperative to demonstrate the value of the programme by highlighting its tangible benefits, both in terms of clinical outcomes and operational efficiency. Regular communications about progress, successes and plans for improvement increase transparency and maintain long-term stakeholder engagement.

Ultimately, the active engagement of stakeholders throughout all phases of a managed care programme is essential to ensure its sustained success. This collaborative approach promotes the alignment of objectives, the relevance of interventions and the creation of a culture of continuous improvement, positioning the programme as an effective and adaptive response to the challenges of healthcare management.

## **4. Research methodology**

The aim of this study is to analyse stakeholders' perceptions of the quality of healthcare services and the influence of their expectations. The overall aim is to inform and stimulate discussion on optimising the quality of care and management of healthcare organisations by taking stakeholders into account. The methodology adopted is qualitative, combining different approaches to obtain an in-depth understanding of stakeholder perceptions within a public hospital in the Souss Massa region. The choice of this hospital as a case study was based on its size, organisational complexity and crucial role in the regional healthcare system.

### **4.1. Data collection**

A brainstorming session facilitated by a multidisciplinary team was held to explore and identify the expectations of all the stakeholders involved. During this stage, crucial information was collected to classify them, including their characteristics, interests, expectations, level of influence, attitude and commitment.

Semi-structured interviews were conducted with stakeholder representatives, including patients, medical staff, managers and regulators.

### **4.2. Stakeholder selection criteria**

Patients were selected on the basis of their experience with the hospital's health services.

Medical staff were included, taking into account different levels of responsibility and areas of expertise.

The managers and the partner and supervisory bodies were selected on the basis of their involvement in the management of operations and the quality of care.

### **4.3. Analytical tools**

The qualitative analysis was carried out using thematic content analysis to extract key themes from the interviews.

Ultimately, this methodology enabled us to obtain complementary perspectives from stakeholders, providing a comprehensive overview of the satisfaction of expectations and the quality approach in a public hospital.

## **5. Results and discussion**

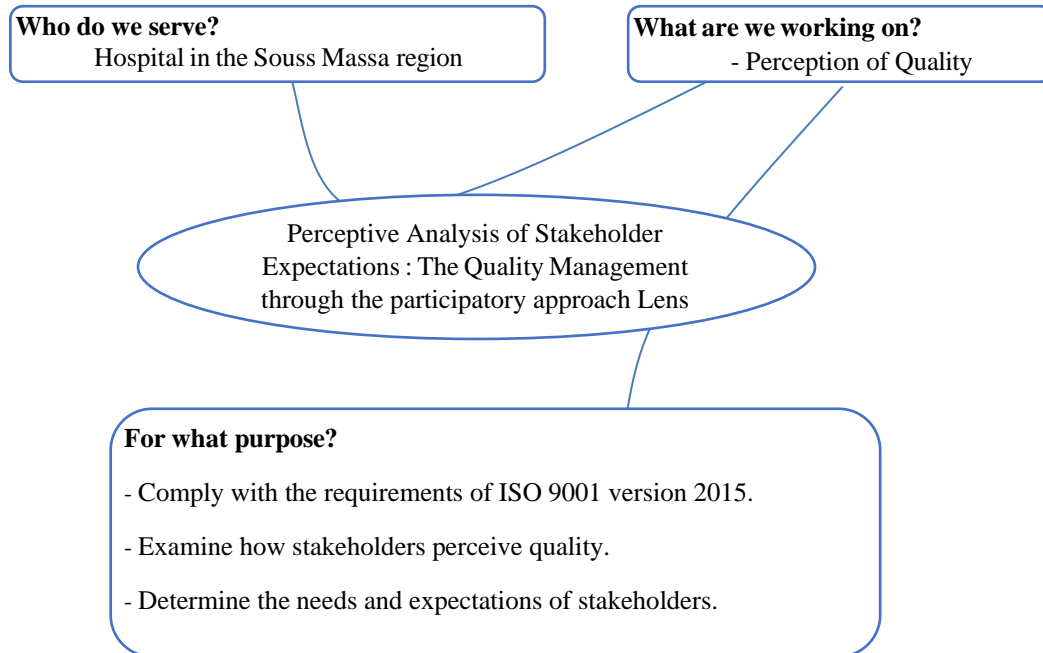
### **5.1. Preliminary diagnosis**

The need was expressed by the General Management and by the Quality, Certification and Risk Management Department of the hospital centre, which consists of carrying out a perceptive analysis of the expectations of the interested parties relevant to the implementation of a Quality Approach linked to the context of the organisation and the field of application of the QMS as required by standard ISO 9001 version 2015 in its chapter 4.2 Understanding the needs and expectations of interested parties, which the organisation must determine: the interested parties

that are relevant to the quality management system. The requirements of these interested parties in the context of the QMS. This is the reason for the intervention.

The expressed need is formulated according to the following horned beast diagram:

**Figure 3: Horned beast diagram for analysing the need in terms of the function to be performed**



*Source: prepared by the authors*

## 5.2. Determining the needs and expectations of the hospital's stakeholders

As part of the Perceptive Analysis of Stakeholder Expectations within the Hospital Centre in the Souss Massa region, a multidisciplinary team was brought together to carry out a Brainstorming exercise aimed at identifying the expectations of all relevant stakeholders. After generating and categorising a wide range of ideas, these expectations were prioritised according to their importance. Gaps between current expectations and the hospital's current quality performance were highlighted. Specific actions were proposed, assigned to managers and accompanied by deadlines. Regular monitoring is in place to measure the implementation of actions and assess their impact, ensuring continuous improvement in the quality of care and stakeholder satisfaction.

**Table 1: Stakeholder relevance assessment matrix**

Criteria for determining the relevance of stakeholders	
Degree of relevance	<b>1 - Low: the Stakeholder has little or no influence on the hospital</b>
	<b>2 - Medium: the stakeholder may jeopardise the success of some of the hospital's projects or have an impact on the objectives set.</b>
	<b>3 - Direct: the stakeholder may call into question all of the hospital's projects or even its survival, or may be essential to the achievement of its projects or even its survival.</b>

*Source: prepared by the author*



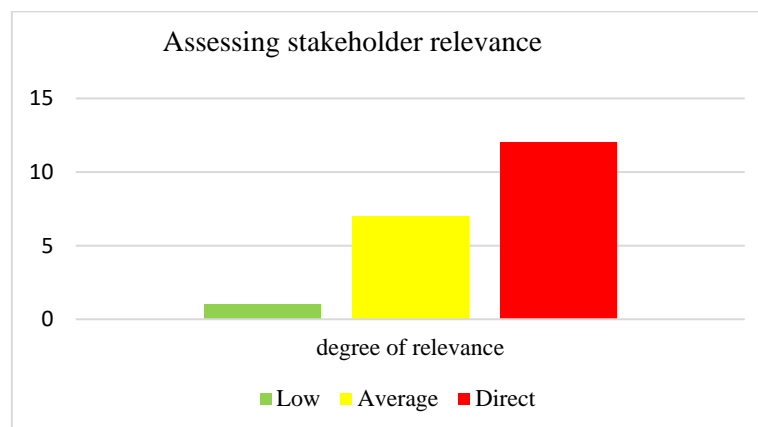
**Table 2: Stakeholder needs and expectations table**

Stakeholders	Identifying the needs and expectations of Stakeholders	Degree of relevance
<b>Top Management</b>	<ul style="list-style-type: none"> <li>- Implement the orientations of the Board and its committees.</li> <li>- Achieve assigned objectives.</li> <li>- Compliance with internal control guidelines.</li> <li>- Reporting and feedback for monitoring and steering.</li> <li>- Preserving assets and image.</li> <li>- Risk management.</li> <li>- Performance and governance.</li> </ul>	<b>3</b>
<b>Medical and administrative staff</b>	<ul style="list-style-type: none"> <li>- Provision of appropriate work tools and resources.</li> <li>- Employee motivation and recognition.</li> <li>- Skills and career development.</li> <li>- Controlling job-related risks (contamination, infection, etc.).</li> </ul>	<b>3</b>
<b>User (patient)</b>	<ul style="list-style-type: none"> <li>- Customer focus and proximity.</li> <li>- Meeting commitments.</li> <li>- Relationship quality.</li> <li>- Quality of care.</li> <li>- Environment for implementing appropriate services.</li> </ul>	<b>3</b>
<b>Professional associations</b>	<ul style="list-style-type: none"> <li>- Establish and engage in open and constructive social dialogue between the hospital and the unions to best meet their needs and expectations.</li> </ul>	<b>3</b>
<b>Suppliers</b>	<ul style="list-style-type: none"> <li>- Clear specifications and POs.</li> <li>- Compliance with contractual commitments and compliance with payment deadlines.</li> </ul>	<b>2</b>
<b>Catering suppliers</b>	<ul style="list-style-type: none"> <li>- Compliance with contractual commitments and compliance with payment deadlines.</li> <li>- Provision of the necessary resources.</li> </ul>	<b>2</b>
<b>Ministry of Finance</b>	<ul style="list-style-type: none"> <li>- Compliance with laws and regulations.</li> <li>- Meeting commitments.</li> <li>- Statutory audit and financial control compliance.</li> </ul>	<b>3</b>
<b>Ministry of Health</b>	<ul style="list-style-type: none"> <li>- Compliance with healthcare sector requirements.</li> </ul>	<b>3</b>
<b>WHO</b>	<ul style="list-style-type: none"> <li>- Compliance with international requirements in the healthcare sector.</li> </ul>	<b>3</b>
<b>Higher education establishments specializing in health (FMP/ ISPITS/ISSS...)</b>	<ul style="list-style-type: none"> <li>- Forge mutually beneficial relationships through partnerships that enable students to benefit from practical internship supervision on the one hand, and contribute to the delivery of healthcare services to patients on the other.</li> </ul>	<b>2</b>
<b>Local authorities</b>	<ul style="list-style-type: none"> <li>- Bringing health services closer together and making them accessible to the public.</li> <li>- Achieving equality and the right to health without discrimination within the population.</li> <li>- Job creation.</li> <li>- Preserving the environment.</li> <li>- Compliance with regulations and laws.</li> </ul>	<b>3</b>
<b>Associations</b>	<ul style="list-style-type: none"> <li>User protection.</li> <li>Respect for the environment.</li> <li>Fighting exclusion.</li> <li>Social works compliance.</li> </ul>	<b>2</b>
<b>Administrative tribunal</b>	<ul style="list-style-type: none"> <li>- Compliance with legal requirements.</li> <li>- Respect for constitutional principles, legitimacy and legal certainty.</li> <li>- Handling of litigation cases involving the hospital.</li> <li>- Execution and monitoring of judgments and orders handed down by the court.</li> <li>- Compensation for damage suffered by the claimant in the event of a proven breach of any provision of the applicable laws.</li> <li>- Collaboration in continuing education.</li> </ul>	<b>3</b>
<b>The Lawyer</b>	<ul style="list-style-type: none"> <li>- Transparency and honesty by providing information that is</li> </ul>	<b>3</b>

	<ul style="list-style-type: none"> <li>useful in handling and defending lawsuits.</li> <li>- Prevent fraudulent maneuvers designed to mislead a third party.</li> <li>- Demonstrate ethics, integrity and public morality.</li> </ul>	
<b>Social security organization</b>	<ul style="list-style-type: none"> <li>- On-time declarations of employee contributions.</li> <li>- Contribution payments.</li> </ul>	<b>3</b>
<b>Insurance</b>	<ul style="list-style-type: none"> <li>- Insurance coverage for occupational injuries and diseases (and others).</li> <li>- Timely transmission of adverse event reports and declarations.</li> <li>- Risk prevention and reduction of undesirable events.</li> </ul>	<b>2</b>
<b>ANAM (Moroccan Insurance Agency)</b>	<ul style="list-style-type: none"> <li>- Compliance with contractual requirements.</li> <li>- Compliance with contractual pricing.</li> <li>- Submitting a refund application.</li> </ul>	<b>2</b>
<b>TGR</b>	<ul style="list-style-type: none"> <li>- Compliance with commitments &amp; Solvency.</li> <li>- Compliance with payroll reporting deadlines.</li> </ul>	<b>1</b>
<b>Certification and accreditation bodies</b>	<ul style="list-style-type: none"> <li>- Compliance with certification and accreditation standards.</li> <li>- Ensure that planned audits are carried out.</li> <li>- Implementation and follow-up of external audit report recommendations.</li> <li>- Maintaining and sustaining certification and accreditation.</li> <li>- Continuous improvement and bringing Quality Management Systems to life.</li> </ul>	<b>3</b>
<b>Media and social networks</b>	<ul style="list-style-type: none"> <li>- Answering questions.</li> <li>- Information sharing.</li> <li>- Advertising inserts.</li> </ul>	<b>2</b>

Source: prepared by the authors

Figure 4: Histogram of stakeholder relevance assessment



Source: prepared by the authors

According to the evaluation based on the stakeholder relevance criteria matrix, we observe that 12 stakeholders were classified as having direct relevance, 7 stakeholders obtained medium relevance, while only one stakeholder is considered to have low relevance.

Only interested parties with a rating of 2 or more will be defined as relevant, in which case their requirements and needs will be taken into account. For relevant stakeholders with a direct impact, a feedback channel on their satisfaction is designed.

Based on this assessment of stakeholder relevance, we were able to select a sample of stakeholders to interview using a semi-structured interview guide.

### 5.3. Semi-structured interviews

#### Presentation of themes and key questions for interview points

Each theme was the subject of specific questions designed to deepen our analysis. Open-ended questions have been formulated to allow stakeholders to express themselves freely on these themes:

**Table 3: Semi-structured interview guide**

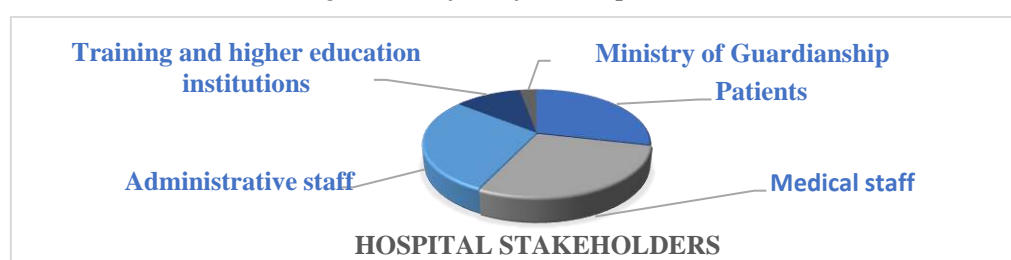
<b>Semi-structured interview guide</b>	
<b>Understanding the needs and expectations of stakeholders</b>	
<b>Theme</b>	<b>Questions</b>
<b>1. Priority needs and expectations</b>	What do you think are the priority needs and expectations that the hospital should take into account to improve your satisfaction as a stakeholder?
<b>2. Expectations regarding the quality approach</b>	What do you expect from the concept of a quality approach within our hospital establishment?
<b>3. Quality of care and services</b>	What are your expectations in terms of the quality of care and services at the hospital?
<b>4. Commitment to stakeholder needs</b>	How do you currently perceive our commitment to your needs as a stakeholder?
<b>5. Areas for improvement</b>	What would you like to see improved in our collaboration?
<b>6. Examples of problem situations</b>	Can you share examples of situations where your needs or expectations have not been sufficiently taken into account by the hospital?
<b>7. Preferred communication mechanisms</b>	What mechanisms or channels of communication do you prefer to use to express your needs and expectations to the hospital?
<b>8. Results and benefits expected from the collaboration</b>	What results or benefits do you hope to gain from our long-term collaboration?
<b>9. Suggestions for improving understanding of needs</b>	Do you have any suggestions on how we can improve our understanding of your needs and expectations?
<b>10. Expectations regarding the results of a quality approach</b>	What are your expectations in terms of results and benefits if a quality approach is implemented within the hospital?

*Source: prepared by the authors*

### Sample Selection and Representativeness of the Target Population

The choice of a sample of 35 participants for a qualitative analysis in the form of semi-structured interviews meets the need to obtain adequate representativeness of the target population, which includes 10 patients, 10 medical staff, 10 administrative staff, 4 representatives of training and higher education institutions, and 1 representative of the Ministry of Guardianship. This diversity of participants ensures a variety of perspectives and experiences, enhancing the depth of the qualitative analysis and providing a thorough understanding of the research topic. In addition, the sample size is tailored to achieve theoretical saturation, i.e. to collect sufficient data for rich analysis while maintaining the feasibility of the study, thus balancing the precision of the study with its logistical manageability. In short, this balanced and varied sample should enable a comprehensive exploration of the viewpoints and experiences related to the research topic.

**Figure 5: Profiles of the sample studied**



*Source: prepared by the authors*

*Table 4: Profile of our interviewees*

<b>Interviewee ID</b>	<b>Profile</b>	<b>Years of experience</b>	<b>Interview time</b>
<b>Patients</b>	Man aged 45	-	15 min
	Male aged 23	-	15 min
	Man aged 35	-	15 min
	Male aged 19	-	15 min
	Man aged 60	-	15 min
	Woman aged 40	-	15 min
	Woman aged 55	-	15 min
	Woman aged 60	-	15 min
	Woman aged 25	-	15 min
	Woman aged 35	-	15 min
<b>Medical staff</b>	Multi-skilled nurse	2	30 minutes
	Emergency doctor	2	30 minutes
	Pharmacist	5	30 minutes
	Social worker	1	30 minutes
	Laboratory technician	2	30 minutes
	Physiotherapist	2	30 minutes
	Anesthetist	1	30 minutes
	Midwife	2	30 minutes
	Biomedical specialist	2	30 minutes
	Radiologist	5	30 minutes
<b>Administrative staff</b>	Maintenance Technician	4	30 minutes
	Finance Technician	2	30 minutes
	HR Responsible	2	30 minutes
	Quality & Risk Manager	4	30 minutes
	Legal Administrator	13	30 minutes
	Logistics Administrator	8	30 minutes
	IT Engineer	2	30 minutes
	Biomedical Engineer	2	30 minutes
	Civil Engineer	2	30 minutes
	Security Agent	4	30 minutes
<b>Ministry of Guardianship</b>	Administrative framework	8	30 minutes
<b>Training and higher education institutions</b>	ISPITS framework	5	30 minutes
	Executive Faculty of Medicine	4	30 minutes
	OFPPT executive	7	30 minutes
	ENCG Executive	5	30 minutes

*Source: prepared by the authors*

#### **5.4. Analysis and interpretation of results**

The data collected at the Hospital Centre in the Souss Massa region reveals a diverse perspective of the stakeholders involved, including patients, medical staff, managers, training and higher education institutions and the Ministry of Guardianship.

In order to analyse the results of the responses from the various stakeholders of the Souss Massa Hospital Centre, it would be necessary to summarise the information provided in the answers

to the ten questions in the interview guide. Analysis of the responses from the different categories of interviewees provides an overview of the needs, expectations, concerns and suggestions expressed by the hospital's stakeholders. The following is a summary of the main points emerging from the responses of each category of respondent:

**Theme no. 1. Priority needs and expectations**

***In-house :***

Medical staff, patients and welfare organisations can focus on quality of care, accessibility to healthcare and cost reduction.

Administrative staff can look for adequate resources, effective training and simplified procedures.

***External :***

Patients stressed the need to reduce waiting times, improve communication about treatment plans and healthcare costs.

Representatives from medical schools stressed the importance of effective coordination of clinical placements and the quality of training.

The Ministry of Guardianship has stressed the importance of transparency in the management of resources and compliance with health policies.

**Theme no. 2. Quality approach :**

Stakeholders expect the quality approach to improve the quality of care organisation and services. This may include initiatives such as reducing waiting times, staff training, administrative efficiency and transparent communication.

**Theme no. 3. Quality of care and services :**

Stakeholders are looking for consistently high quality in medical care.

Patients stressed the importance of doctor-patient communication and understanding their specific needs.

Expectations for quality of care include the provision of high quality care, the reduction of medical errors, patient safety and the effectiveness of care.

**Theme no. 4. Commitment to stakeholder needs:**

Stakeholders expect the hospital to be responsive to their concerns and needs.

Responses varied, but some stakeholders perceived a lack of commitment, insufficient communication or delays in taking their needs into account.

**Theme no. 5. Areas for improvement :**

The responses focused on specific areas where improvements are needed, such as waiting times, communication, freedom of association, training, etc.

**Theme no. 6. Examples of problematic situations:**

Stakeholders were able to provide concrete examples of situations where their needs had not been met.

**Theme no. 7. Preferred communication mechanisms :**

Responses varied according to preference, but in general, regular meetings with hospital managers were often cited as the preferred way of discussing needs and expectations.

**Theme no. 8. Results and benefits expected from the collaboration :**

Stakeholders were able to specify the expected benefits, such as better quality of care, reduced costs, improved patient satisfaction, and so on.

**Theme no. 9. Suggestions for improving understanding of needs :**

Responses included recommendations for improving understanding of stakeholder needs and concerns, such as regular meetings, satisfaction surveys, etc.

**Theme no. 10. Expectations regarding the results of a quality approach :**

Stakeholders were able to state their expectations of the benefits of a quality approach, such as better management, fewer errors and improved quality of care.

The table below summarises the responses of all the stakeholders questioned by category:



**Table 5 : summary of the responses of all the stakeholders interviewed by category**

<b>STKH Theme</b>	<b>Patients</b>	<b>Medical staff</b>	<b>Administrative staff</b>	<b>Training and higher education institutions</b>	<b>Ministry of Guardianship</b>
<b>1. Priority needs and expectations</b>	Patients want high-quality care, personalised attention, reduced waiting times and a clean, safe hospital environment.	The priority needs and expectations of medical staff at the hospital centre are the availability of state-of-the-art medical equipment, sufficient human resources, high-quality continuing education and a safe working environment.	Administrative staff expect efficient management of administrative operations, sufficient human resources, high-quality ongoing training and a safe working environment.	Representatives from medical schools want the hospital to offer high-quality learning opportunities for medical students and residents.	The person in charge at the Ministry of Guardianship seeks to ensure that the Hospital Centre meets the Ministry's requirements in terms of healthcare and public health policy.
<b>2. Expectations regarding the quality approach</b>	They expect the quality approach to improve the overall patient experience, particularly in terms of communication with medical staff and understanding of procedures.	Medical staff expect the quality approach to guarantee high standards of care, effective medical protocols and evidence-based decision-making processes.	They expect the quality approach to improve administrative processes and reduce unnecessary bureaucracy.	They expect the quality approach to improve the quality of medical education and guarantee an environment conducive to training.	It expects the quality approach to reinforce the hospital's compliance with national health policies and improve the quality of care.
<b>3. Quality of care and services</b>	They want the quality of care to meet international standards and they want to have confidence in the treatment they receive.	They expect the quality of care to be optimal, medical procedures to be updated in line with medical advances, and coordination between the various medical teams to be improved.	They are looking for greater efficiency in managing patient files and appointments.	They want the hospital to make a positive contribution to medical training, research and innovation.	It wants to ensure that the hospital plays an active part in national public health objectives.
<b>4. Commitment to stakeholder needs</b>	Patients appreciate that their needs are taken into account, but would like better information on procedures and costs.	Medical staff appreciate the hospital's commitment to medical research and innovation, but feel that improvements are needed in the management of resources.	Administrative staff appreciate the hospital's commitment to operational efficiency, but improvements are needed to simplify processes.	The representatives appreciate the current partnership with the hospital, but would like to see better coordination of educational programmes.	The manager appreciates the hospital's current commitment to health policy, but would like to see better coordination with the Ministry.

<b>5. Areas for improvement</b>	They want easy-to-use feedback mechanisms, such as online satisfaction surveys.	They would like to see improvements in the rapid resolution of problems linked to working conditions, collective bargaining, recognition of their role in improving care, the promotion of a respectful working environment and access to ongoing training to keep their skills up to date.	They would like effective internal communication and training opportunities to stay competitive.	They are looking for feedback mechanisms to adapt training programmes to the changing needs of students.	It is looking for feedback mechanisms to monitor the hospital's progress in relation to national health objectives.
<b>6. Examples of problem situations</b>	Patients want high-quality care, personalised attention, reduced waiting times and a clean, safe hospital environment.	They can share several examples of situations where workers' rights and needs have not been sufficiently taken into account, such as unilateral schedule changes, excessive workloads, delays in acquiring essential medical equipment or unresolved disputes.	There were instances where a lack of training and resources hampered our ability to provide effective administrative support to health services. In addition, some administrative procedures were redundant and time-consuming.	There have been cases where clinical placements for medical students have been poorly organised. In addition, coordination between the hospital center and medical schools was sometimes inadequate.	There have been cases where the hospital has not provided accurate and timely data to the Ministry. In addition, some national health policies have not been fully implemented at hospital level.
<b>7. Preferred communication mechanisms</b>	They expect the quality approach to improve the overall patient experience, particularly in terms of communication with medical staff and understanding of procedures.	They prefer regular meetings with the hospital's medical management to discuss staffing needs and operational challenges, as well as internal communication channels to report problems effectively.	They prefer regular meetings with the hospital's administrative management to discuss training and resource needs, as well as internal communication channels to report problems effectively.	They prefer regular meetings with the hospital's educational managers to discuss educational programmes, as well as open feedback mechanisms to improve the quality of training.	They prefer regular meetings with hospital management to discuss national health priorities, as well as compliance reports and email exchanges for smooth communication.

<p><b>8. Results and benefits expected from the collaboration</b></p>	<p>They want the quality of care to meet international standards and they want to have confidence in the treatment they receive.</p>	<p>They hope that their collaboration with the hospital will contribute to better medical staffing, a reduction in administrative constraints, improved working conditions and the provision of high-quality care.</p>	<p>They hope that their collaboration with the hospital will contribute to better training for administrative staff, simplified and efficient procedures, a reduction in the administrative burden, and optimal support for health services.</p>	<p>They hope that their collaboration with the hospital will lead to an improvement in the quality of medical training, more effective coordination of clinical placements, and partnerships for medical research.</p>	<p>They hope that their collaboration with the hospital will contribute to the effective implementation of national health policies, public health surveillance, coordination of health resources, and continuous improvement in the quality of care.</p>
<p><b>9. Suggestions for improving understanding of needs</b></p>	<p>Patients appreciate that their needs are taken into account, but would like more information on procedures and costs.</p>	<p>To improve understanding of our needs, we recommend regular meetings to discuss staffing requirements, involvement of medical staff in care planning, and feedback mechanisms to resolve conflicts and operational issues.</p>	<p>To improve understanding of our needs, we recommend regular meetings to discuss training and resource requirements, involvement of administrative staff in administrative planning, and feedback mechanisms to resolve operational issues.</p>	<p>To improve understanding of our needs, we recommend regular meetings to discuss educational programs, involvement of our medical schools in planning processes, and training quality assessments.</p>	<p>To improve understanding of our needs, we recommend regular communication on national health priorities, more frequent coordination meetings and detailed reporting on compliance with national health policies.</p>
<p><b>10. Expectations regarding the results of a quality approach</b></p>	<p>They hope that the quality approach will reduce waiting times, improve communication and ensure quality of care. They want easy-to-use feedback mechanisms, such as online satisfaction surveys.</p>	<p>They expect the quality approach to enhance healthcare delivery, reduce administrative burdens, improve patient safety, and ensure that medical staff have the resources they need to provide quality care.</p>	<p>They expect the quality approach to boost administrative efficiency, simplify procedures, reduce the administrative workload, and improve administrative support for healthcare services.</p>	<p>They expect the quality approach to improve the quality of medical training, the coordination of clinical placements, and the recognition of educational programs at national and international level.</p>	<p>They expect the quality approach to reinforce compliance with national health policies, improve the management of health resources, reduce gaps in health service delivery, and contribute to the achievement of national health objectives.</p>

*Source: prepared by the authors*

## **5.5. Discussion**

The results of our perceptual analysis of the determinants of the satisfaction of stakeholder expectations within the hospital centre in the Souss Massa region highlight the diversity of needs and expectations, both internal and external. These varied expectations, ranging from quality of care to transparent communication, highlight the need for a personalised approach for each stakeholder. The quality approach is seen as an essential means of meeting these expectations, involving initiatives such as reducing waiting times and staff training.

By comparing these results with previous studies, it is clear that stakeholder theory plays a central role in understanding the complex relationships in public service delivery. The different methodological approaches used in the literature reflect the complexity of the subject, ranging from empirical surveys to bibliometric analyses. The synthesis of previous studies also highlights potential gaps in current research, calling for a consolidation of stakeholder theory in the field of public administration and exploring some central principles.

In the Moroccan context, there is also a notable gap in terms of in-depth studies of stakeholders in the Moroccan healthcare system. Although stakeholder theory is universal and applicable to various domains and contexts, it is essential to highlight the relevance of exploring these dynamics in the specific Moroccan context. While few previous studies have examined the specific Moroccan context in this area, our research fills this gap by highlighting the varied expectations of stakeholders. These results, which are relevant to both theorists and practitioners, enrich our understanding of the dynamics associated with the quality of health services in the specific context of public health services in Morocco.

Despite the significant contributions of this study, certain methodological and contextual limitations must be acknowledged. The specificity of the results to the context of the hospital centre in the Souss Massa region limits their generalizability to other geographical contexts or types of healthcare institution. In addition, the temporal evolution of expectations and organisational dynamics, as well as potential response biases, must be taken into account when interpreting the results.

The lack of quantitative data in our study highlights a potential limitation, and suggestions for future research include the need for further quantitative investigations. By acknowledging these limitations, we strengthen the credibility of our research and encourage other researchers to further explore these areas or extend our findings. Finally, this study highlights the continuing importance of understanding stakeholder needs to improve the quality of healthcare services and maintain harmonious relationships with the organisation's external environment.

## **6. Conclusion**

Stakeholder theory is proving to be a major asset for optimising quality practices within organisations. It highlights the need to take into account the expectations of stakeholders such as customers, employees and suppliers, when designing relevant quality models. It also encourages ongoing communication with these stakeholders, enabling strategies to be adapted effectively along the way. This proactive approach to managing stakeholders' differing expectations and interests makes a significant contribution to managing quality-related risks. It also encourages continuous evaluation and improvement of stakeholder relations, thereby enhancing the overall effectiveness of the quality process.

In short, integrating stakeholder theory into the quality approach enables organisations to maximise their effectiveness by taking into account the multiple interests of stakeholders, leading to a significant improvement in the quality of products and services, as well as greater harmony in relations with the organisation's external environment.

In addition, the qualitative analysis of the determinants of stakeholder satisfaction revealed a diversity of perspectives, including those of patients, medical staff, administrative staff, training

and higher education institutions, and the Ministry of Guardianship. These results have highlighted key information about stakeholder expectations and satisfaction, paving the way for further discussion.

Based on this analysis, it is essential that this health facility in the Souss Massa region adopts a transparent approach to its decision-making processes to improve patient and manager satisfaction, also fostering closer collaboration with medical staff and other stakeholders. Investment in training and professional development for medical staff is needed to strengthen internal communication, potentially increasing employee satisfaction and, in turn, improving the quality of patient care. Ultimately, this qualitative study highlights the importance of understanding and responding to stakeholder expectations to improve the quality of public hospital services and enhance their reputation in the healthcare sector.

Finally, this research provides valuable insights for hospital managers and healthcare decision-makers, aiming to better meet stakeholder expectations and improve the quality of healthcare services, thus contributing to a better quality of healthcare for society as a whole, while taking into account the varied expectations and needs of the stakeholders involved in this process to achieve more harmonious relationships with the organisation's internal and external environment.

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