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Research Paper

Evaluation of the implementation of the organization in pole of activity in the Regional Hospital Center Moulay Youssef

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ABSTRAT
Our study consisted in evaluating the implementation of the organization in pole of activity at the Moulay Youssef Regional Hospital Center (RHCMY) according to the 2010 hospital internal regulations. A percentage of 79,84% of the participants prioritized the improvement of the functioning and the development of the medico-administrative management as the most important objectives. They identified the promotion of contractualization and deconcentration of management as the least important objectives followed by 59,66% of them qualified the strengthening of management delegation as a non-important objective. All the managers (8/8) affirmed that the establishment of the organization as a pole of activity was characterized by the absence of activity-based pricing and that its goal was the achievement of management fluidity, against (5/8) who designated the federation of resources and the rationalization of their use as the goal. The majority of the officials interviewed (7/8), designated it as a defective and unstable mode of governance and (6/8) declared that the RHCMY is a complex universe characterized by a dilution of power. A percentage of 59,66% of participants reported the occurrence of conflicts and obstacles caused by this organizational mode. There is no concordance between the medical, nursing and administrative logics at the CHRMY for 79,84% of the participants. The study also revealed insufficient monitoring and evaluation reported by (6/8) of the interviewees as well as an absence of HEP reported by (7/8) of the managers and confirmed by 79,84% of the participants. The majority of officials (6/8) argued that the polar organization is applied just on paper and is not fully implemented because its regulatory basis is not respected. At RHCMY, the lack of participatory management and concerted decision-making has led to the dysfunctions mentioned above.
It appears that the efficient implementation of reforms in the hospital sector depends on certain conditions: that are capable of strengthening the sense of belonging to the hospital, accountability and consideration of the general interest and public health.
Key words: *The organization in poles of activities or polar organization, public hospital centers, the hospital establishment project, the legal basis of the organization in poles of activities, governance, public management, participative approach, stakeholders or interested parties.*

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I. INTRODUCTION

Contemporary public organizations are facing major challenges such as changes in their socio-economic and political environment, lack of human and budgetary resources, and user requirements [1-4]. These changes have been underway since the beginning of the 20th century and have prompted these institutions to change their policies, structure, and governance [3], leading to the adoption of the cluster approach in the hospital sector.

Indeed, the hospital center represents a working context characterized by contradictory and overlapping logics through the interaction of the various healthcare actors [5-7].

The Moroccan Ministry of Health has implemented this organizational reform in accordance with article 14 of Ministry of Health decree N° 2-06-656 (2007) [8] on hospital organization and article 4 of the interior regulations of hospitals (2010) [9]. It requires that each hospital center be composed of a pole of administrative affairs, a pole of medical affairs and a pole of nursing care. Each pole includes several services whose grouping is complementary.

Some writings admit that these hospital reforms were implemented to remedy the conflicting situation. They consist in promoting the organization's strategic vision for the benefit of its internal stakeholders [10] in order to boost service projects and consequently achieve sustainable development in public health. Of course, stakeholders must be effectively engaged in these reforms and in all other initiatives at the hospital to develop shared learning [11; 12] and maximize the chances of success. Hospital organizations require governance based on concerted and shared decision-making between management and care stakeholders [13]. The participation of all stakeholders makes it possible to detect problems before determining solutions. It embodies the commitment of multiple investigators to a process of change and innovation, particularly in a hospital organization [14-17]. Moreover, article 30 of Framework Law 34-09 (2011) [18], on the organization of health care provision in Morocco, has encouraged the contribution of stakeholders, also known as interested parties, to decision making by establishing several committees that are called upon to intervene in various health projects. This contribution of health care providers to the development of projects establishes a dialogue between heterogeneous specialties [16; 19-22].

The article 8 of Decree No. 2.06. 656 of April 13, 2007, relating to hospital organization, and article 35 of implementation Decree N° 2-14-562 (2015) of Framework Law 34-09, relating to the health system and the organization of healthcare provision, require each hospital center to draw up a hospital establishment project (HEP). This last defines for one given period the strategy of the medical field and the nursing care, of formation and research, the shutter manageriel and social as well as the information system [8; 23]. Similarly, Article 7 states that the creation and abolition of medical services and/or beds within a hospital can only be carried out through the HEP [8]. The HEP is a strategic planning tool that completes the organization into poles of activity and amplifies its operation. Its implementation depends on the rationalization of resources, accountability and the involvement of internal and external stakeholders [10; 24].

Following the example of what has been reported in the literature and the constraints of the hospital reform from which hospitals suffer, we have proceeded with the elaboration of this article, which consists of evaluating the implementation of the organization into a pole of activity at the Moulay Youssef Regional Hospital Center (RHCMY) according to the 2010 hospital internal regulations.

Referring to the theory of stakeholders and in particular the internal actors of the establishment, we wish to answer the following questions: what is the perception of healthcare professionals in relation to the organization.

Referring to the theory of stakeholders and in particular the internal actors of the establishment, we would like to answer the following questions: what is the perception of healthcare professionals in relation to the organization of the RHCMY into activity poles? Are the regulatory foundations of this new organization respected? Has the polar organization remedied the difficulties for which it was set up? Thus, the plan of our article is as follows:

- The primary section deals with the methodology;
- In the second phase, we provide an overview of the hospital organization: legal foundations, classification and missions, and HEP;
- the third section is devoted to stakeholder theory;
- the fourth phase concerns the presentation of the evaluation results;
- the fifth section: presents the discussion of the results and finally the conclusion.

II. METHOD

The design of this research focused on an epistemological positioning oriented towards a mixed evaluative study with an interpretive aim. The study was carried out via a questionnaire survey sent to health professionals based at the Regional Hospital Center of the Rabat-Salé-Kenitra Region also called the RHCMY. For greater validity, we have triangulated the research tools. Thus, interviews were conducted with RHCMY managers.

The RHCMY includes in addition to the regional hospital, the Bab Bouiba Diagnostic center, the karma, consultation center and the hemodialysis center. The RHCMY provides services provided by the provincial or prefectural hospital center. As it provides care and services in other medical specialties, in particular: pediatric surgery, reconstructive and plastic surgery, urology, neurosurgery, rheumatology, neurology and internal medicine [8].

The sample for our study was based on inclusion and exclusion criteria. Thus, any person working at the poles of activities at RHCMY was included in this study. On the other hand, there was an exclusion of people who worked in the structures which are attached to it and which did not adopt the polar organization. Now, our theoretical sample is 161 health professionals. It is the result of a census including doctors, nurses, technicians, administrators and support workers. Interviews continued until data redundancy resulted in a total of eight interviews. The methods of analysis were based on statistical analysis for quantitative data and content analysis for qualitative data.

In this article, the terms «persons in charge » and « participants » refer to managers and health professionals.

III. OVERVIEW OF HOSPITAL ORGANIZATION IN MOROCCO

The white paper revealed several constraints, in particular the inequality of access to care, the shortage of human resources (HR) and material resources and the lack of geographical and financial accessibility to the health service. There is also the inadequacy of the quality of services and the hygiene of establishments and the safety within them. As a result, the Ministry of Health has taken certain measures to remedy this situation and modernize the governance and organization of health such as: strengthening the skills of HR in terms of management, negotiation, contracting and improved decision-making [25]. Thus, there was a continuation of the application of the reform of hospital organization and the revision of the classification of hospitals.

3.1. Classification and missions of hospitals

According to Decree No. 2-06-656 relating to the hospital organization of establishments that matter the State of Morocco (2007), the classification of public hospitals is made on the basis of their scope of action and the level of services lavished on the population.

- Local hospital: in the healthcare sector, it constitutes the first level of reference and offers local care.
- The provincial or prefectural hospital center brings together two or more general or specialized hospitals. It represents the 2nd level of reference in the hospital care sector.
- The regional hospital center includes one or more specialized or general hospitals. It provides services at the regional level and constitutes the 2nd level of reference in the hospital care sector (Article 5).

The regional hospital provides services identical to those provided by the provincial or prefectural hospital center. Likewise, it provides care and medical support relating to the following specialties: internal medicine, neurosurgery, neurology, pediatric surgery, urology, reconstructive and plastic surgery and rheumatology (Article 6).

The local hospital provides care and services relating to essential medical specialties namely: pediatrics, obstetrics, general medicine, emergency care and general surgery.

The provincial or prefectural hospital center offers the same care package as the local hospital as well as the care services relating to the following specialties: cardiology, ophthalmology, psychiatry, gastroenterology, pneumo-phthisiology, stomatology, otolaryngology, nephrology, traumatology-orthopedics and maxillofacial surgery (Article 6) [8].

3.2. The legal foundations of the organization as a pole of activity in Morocco

Article 14 of decree n° 2-06-656 (2007) of the Ministry of Health, relating to hospital organization and article 4 of the Hospitals' internal regulations (2010) have institutionalized the organization into a cluster of activities at the level of public hospitals. Each hospital must be organized into three activity or management poles which are under the aegis of the director of the hospital and which is as follows: a pole of the administrative affairs (PAA), a pole of the nursing care (PCN) and a pole of the medical affaires (PMA).

The pole works according to a project logic shared between all health professionals and guaranteeing the quality of patient care through a contract between the director of the establishment and the head of the pole in question. The poles are made up according to certain logics of: pathology or care sector (like the mother-child pole), organs (like the head-neck pole ...), general practitioner (like the psychiatry pole) and services (like the pharmacy center) [26].

3.3. Areas of activity: missions and support bodies

The missions of the public hospital branch out into: care mission, professional development missions, public health mission and an economic and managerial mission [8]. From these missions derive the missions of the poles of activity.

The administrative affairs division is under the responsibility of an executive director. According to Article 9 and 10 of the internal regulations of hospitals (2010), its mission and attributions are as follows [9]:

- ensure financial, maintenance, budgetary and accounting management ;

- ensure the management of human resources, continuous training and information system ;
- initiate a supply of drugs and pharmaceuticals ;
- ensure the hygiene management of the premises, the laundry, the catering and hospital waste and the vehicle fleet ;

As for the nursing care center, its mission is to ensure adequate management of care units and paramedical services (Article 7 of the internal regulations of hospitals, 2010). Article 8 postulates that he is under the responsibility of a state-certified nursing manager whose responsibilities are as follows [9]:

- plan and coordinate paramedical care and health education ;
- develop IS research and continuing education for the benefit of nurses ;
- manage resources for paramedical personnel ;

Likewise, the mission of the medical affairs center (PAM) is to plan and coordinate care, medical procedures and health education. He is under the responsibility of a doctor on duty at the hospital whose duties consist of:

- assess the quality of care and hospital performance ;
- contribute to continuing education ;
- ensure environmental hygiene and protection against infection ;
- manage resources for medical personnel ;
- develop the HEP in collaboration with other healthcare stakeholders.

Consultation and support bodies are provided for, by article 12 of the internal hospital regulations (2010), to help the hospital director in carrying out his duties and in taking concerted decisions, in particular:

- the establishment committee ;
- the monitoring and evaluation committee ;
- the council of physicians, dentists and pharmacists ;
- the council of nurses.

3.4. The hospital establishment project: a planning and change tool

Article 8 of Decree No 2.06.656 of April 13, 2007 relating to hospital organization requires each hospital center to draw up a hospital establishment project which defines for a fixed period: the general objectives of the establishment, in the medical and nursing field, of training, management and information system. Likewise, article 7 specifies that the creation and removal of medical departments and / or beds within a hospital can only take place on the basis of the hospital establishment project provided for in article 8 below [8; 23].

The establishment committee is one of the support bodies ; it can involve any person whose presence is deemed necessary for the projects started. It consists of (article 12) of the internal regulations of hospitals [9] :

- the hospital director as president ;
- the heads of administrative affairs, medical affairs and nursing poles ;
- those in charge of the pharmacy and the reception and admission service ;
- the presidents of the council of physicians, dentists and pharmacists, the council of nurses;
- the representative of the delegate of the Ministry of Health at the prefecture or province where the hospital is located.

Among its missions, there is the definition of the strategic orientations of the hospital and the development of the hospital establishment project (HEP) and the annual action plan.

- the development of alliances between the services and the allocation of the means necessary for the functioning of the hospital ;
- intra-regional and interregional hospital cooperation actions ;
- the activity report and the analysis of the performance and quality of the services provided in line with the objectives set.

The establishment committee must meet under the aegis of its president every quarter and as many times as the needs require. It is also involved in projects to create or split and regroup healthcare services according to the needs of users and the capacity of the hospital.

The hospital establishment project is drawn up on the basis of the hospital diagnosis and in accordance with the project development process.

It is based on the medical project and must be compatible with the regional plan for healthcare provision, and must determine the means: human, hospitalization and equipment of various kinds that the establishment must have. To achieve its objectives [27].

The hospital establishment project is a strategic planning and communication tool that is spread over a period of five years and depending on the involvement of governance, stakeholders and the availability of resources, will, initiative and creativity [28].

It is made up of four projects and three plans [29]:

- The medical project constitutes the essential component of the establishment project. It represents the organized group of actions and medical resources implemented to enable the hospital to fulfill its main mission of producing hospital care.
- The nursing care project specifies the objectives of care with regard to medical options and the institution's policy. It aims to improve the quality of care and patient care.
- The managerial project is a tool for rationalizing the hospital's strategic choices. It determines its policy for the development and management of human and material resources according to a vision common to all hospital stakeholders.
- The building master plan is the hospital master plan which analyzes and plans the components of civil engineering (buildings, technical installations, outdoor spaces, etc.). It can be carried out at the same time as the medical project, just as it can be shifted in order to be able to integrate other professional requirements in its development.
- Equipment and maintenance planconcerns the upgrading and maintenance of hospital equipment. It is carried out in line with the planning of the supply and the organization of the care sector and according to the priority needs of the hospital and the projects planned in the hospital establishment project.
- The information and computerization project or technical project represents the centerpiece of any action undertaken at the hospital. It contributes to the assurance of traceability, the inventory of equipment, the calculation of monitoring indicators and the analysis of hospital performance.
- The financial plan: concerns the budgetary envelope necessary for the realization of the various projects constituting the HEP.

IV. STAKEHOLDER THEORY: DEFINITION AND CLASSIFICATION

According to Gond, J-P. and Samuel Mercier, S. (2003), the term « stakeholder » or Stakeholder (SH) also says « interested party » and « entitled party » [30].

The stakeholder concept was conveyed by Ansoff and Stewart in 1963 in a paper written at the Stanford Research Institute (SRI) to designate the parties who have an interest in an organization's strategy [31].

Stakeholders are the people who can influence or be influenced by the way work is carried out in a given organization and by the achievement of expected objectives [31; 32].

Similarly, Ansoff, I. (1968, p. 35) [33] has discussed the value of articulating organizational goals based on Stakeholder Theory (SHT). This theory belongs to the discipline of organisational science and is concerned with the ethics and social responsibility of organisations.

SHT draws its relevance from power and legitimacy. These two dimensions argue for its reason of being [34]. It is based on the relationship between organizations and their environment [31], including their human resources. It concerns the motivations and interests of stakeholders [35; 36]. It also embodies collaborative decision-making in the managerial process of organizations [37]. However, stakeholders within the same organization express opposing opinions [38].

There are different classifications of stakeholders (SH). For Pellé-Culpin, CI. (1998) [39], they are classified as institutional, economic and ethical SH. Other authors have identified four groups of HS. that are characterized by compatible or non-compatible relationships with the organization and internal or external to the organization [40]. Similarly, Pesqueux, Y. (2002) [41] has classified them into two categories : contractual and diffuse SH. The explanation of these classifications is illustrated in Table 1.

Table 1: stakeholder classifications

authors	stakeholder	relationship characteristics
Pellé-Culpin, CI. (1998)	institutional such as inter-organizational bodies or professional organizations.	They are designated by laws and regulations.
	economic.	the actors with whom the organization conducts transactions.
	ethics.	the ethical pressure entities.
Friedman, A. L. et Miles, S. (2002)	compatible and necessary.	Shareholders, management, partners.
	incompatible but necessary	Unions, employees, government, customers, suppliers, lenders, organizations.
	contingent and compatible.	Public, organizations connected in common associations.
	contingent and incompatible.	Non-governmental organizations.
Pesqueux,Y. (2002)	contractual.	They refer to actors directly and contractually linked to the organization such as staff, shareholders, customers and suppliers.
	diffuse.	Stakeholder that are located in the organization's environment and are characterized by mutual influence despite the absence of a contractual relationship, such as: public opinion, local authorities, public authority, associations and NGOs.

Source : done by us

V. QUESTIONNAIRE SURVEY RESULTS

5.1. Participant Characteristics

- **The gender distribution of participants :**

Our results reveal that there were 119 health professionals who participated in our study. They were 70,59% female and 29,41% male (see Table 2).

Table 2: Distribution of participants by gender

Gender	Number of respondents	Relative Frequency
F	84	70,59%
M	35	29,41%
Total respondents	119	100%

- **The age distribution of participants** at RHCMY

The average age of the participants in this study was 44,5 years. Almost half of them (48,74%) were in the age range [35 ; 45[and 12,6% are old between [25 ; 35[and 25,21% are old [45 ; 55[. Thus, 48,74% of the health professionals were young and only 13,45% were close to the retirement (see table 3).

Table 3: Age distribution of participants at RHCMY

Age range	Number of respondents	Relative Frequency
[25 ; 35[	15	12,6%
[35 ; 45[	58	48,74%
[45 ; 55[	30	25,21%
[55 ; 65[	16	13,45%
Total respondents	119	100%

- **The distribution of participants by profile :**

The distribution of staff at RHCMY revealed that the number of nurses, who represented 45,38%, was twice as high as the administrative and technical staff, who represented 23,53%. Similarly, the percentage of nurses was 1,5 times that of physicians who made up 31% of the participant workforce (see Table 4).

Table 4: Distribution of HR according to profiles

Category	Number of respondents	Relative Frequency
Nurses	54	45,38%
Doctors	37	31,09 %
Personnel administrave and technical staff	28	23,53%
Total respondents	119	100%

- **The seniority of the participants** :

The participants were characterized by 20 years an average seniority. More than half (52%) of them had a seniority which varied between 10 and 19 years. A frequency of 40,33% of them had a seniority lower than ten years against 1,68% had a 30 years seniority (see table 5).

Table 5: Study of HR seniority at RHCMY

Lengt of service at RHCMY.	Number of respondents	relative frequency
[1 ; 10[	48	40,33%
[10 ; 20[	62	52,1%
[20 ; 30[	7	5,88%
[30 ; 40[	2	1,68%
Total respondents	119	100%

5.2. The reform of the organization into business segments

- **The implementation of the organization in pole of activity at the** RHCMY

All the participants affirmed the establishment of the organization in pole of activity at the RHCMY level. More than half of them (52.1%) said that the implementation of the organization in pole of activity took place between the years 2011 and 2012 (see table 6).

Table 6: The implementation of the organization in pole of activity at the RHCMY.

Answers	Number of respondents	Relative frequency
Yes	119	100%
No	0	0%
2012	62	52,1%

- **Prioritization of the objective of adopting the organization in poles as a hospital activity pole (1= the most important to 8= the least important)**

The participants prioritized the adoption objectives of the organization in poles of activities into hospital according to the following prioritization scale:
- A percentage of 79,84% of the participants prioritized the most important adoption goals of the cluster organization according to their level of importance as follows:
- Improvement of functioning by assigning it the index 2 against 20,16% assigned it the index 5.
- The development of the medico-administrative management by attributing it the index 3 against 20,16% gave it the index 7.
- The assurance of quality management by assigning it an index of 4 and 20,16% assigned it an index of 8.
- Bringing doctors and nurses closer together by assigning it an index of 5 and 20,16% assigned it an index of 3.
- The promotion of contractualization by giving it an index of 8 and 20,16% gave it an index of 6.
- The deconcentration of management by attributing it the index 7 and 20,16% attributed it the index 4.

For 59,66% of the participants, the optimization of resources and skills as the organization's priority objective in polarity was identified as index 1, while 20,16% gave it an index 2 and 6.
Whereas, 39,5% of the participants identified strengthening management delegation as a priority objective for the adoption of this organizational mode by assigning it an index of 1 against 59,6% assigning it an index of 6.

Table 7: Prioritization of objectives for the adoption of the cluster organization at RHCMY.

Answers	Number of respondents (N) and Relative frequency %															
	1		2		3		4		5		6		7		8	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Developmedico-administrative management.	0	0%	0	0%	95	79,84 %	0	0%	0	0%	0	0%	24	20,16 %	0	0%
Optimize the resources and competences.	71	59,66 %	24	20,16 %	0	0%	0	0%	0	0%	24	20,16 %	0	0%	0	0%
Improveoperations	0	0%	95	79,84 %	0	0%	0	0%	24	20,16 %	0	0%	0	0%	0	0%
Ensuringquality care		0%	0	0%	0	0%	95	79,84 %	0	0%	0	0%	0	0%	24	20,16 %
Reinforce management delegation	47	39,5%	0	0%	0	0%	0	0%	0	0%	71	59,66 %	0	0%	0	0%
Deconcentration of manangement	0	0%	0	0%	0	0%	24	20,16 %	0	0%	0	0%	95	79,84 %	0	0%
Bringing doctors and nurses closer together	0	0%	0	0%	24	20,16 %	0	0%	95	79,84 %	0	0%	0	0%	0	0%
Promote contractualization	0	0%	0	0%	0	0%	0	0%	0	0%	24	20,16 %	0	0%	95	79,84 %

- **The goals of the setting up of the organization in pole of activity in the RHCMY**

- All participants suggested that the goal of the present organization is the achievement of management fluidity;

- More than half (59,66%) stated that its goals are to achieve comprehensive patient care and improve performance and health indicators, while 40% mentioned the goal of strengthening collaborative decision-making (Table 8).

Table 8: Goals of the implementation of the organization of the RHCMY as a center of activity

Goal	**Realization of a total assumption of responsibility of the patients**	**Improvement of the performance and the health indicators**	**Realization of a fluidity of management**	**Reinforcement of the concerted decision-making**
Number of respondents	71		119	47
Relative Frequency	59,66%		100%	39,5%

- **The existence of a concordance between the medical, nursing and administrative (managerial) logics at the RHCMY :**

A percentage of 79,84% of the participants denied the existence of a concordance between the nursing and administrative logics at the RHCMY. They complained of many difficulties related to this organization. This was four times as many as those who said it existed (Table 9).

Table 9: The existence of a concordance between the medical, nursing and administrative logics at the RHCMY

Answers	**Number of respondents**	**Relative frequency %**	Explain your answer
Yes	24	20,16%	Our service is characterized by a team spirit
No	95	79,84 %	They complained of a lot of difficulty in the poles dans les pôles
Don't Know	0	0%	

- **Difficulties related to the transition to a business segment**

The shift to activity poles caused a lot of difficulties for almost 2/3 of the respondents, i.e. 59,66% (Table 10).

Table 10: Existence of difficulties related to the changeover as a pole of activity at RHCMY

Answers	**Number of respondents**	**Relative frequency %**
A little	24	20,16%
Many	71	59,66%
Not at all	24	20,16%

- **Types of difficulties**

Difficulties related to the transition to the RHCMY are conflicts for 60% of respondents against 40% who mentioned blockages and dilution of powers. While 20% mentioned other difficulties (Table 11).

Table 11: Types of difficulties related to the transition to poles of activity at the RHCMY

Answers	**Number of respondents**	**Relative frequency %**
Conflicts	71	59,66%
Blokages	47	39,5%
Striles	0	0%
Resignations	0	0%
Dilution of powers	47	39,5%
Others	24	20,16%

5.3. The development of the « hospital establishment project » by the RHCMY

Eighty per cent of study participants reported that there were no settlement plans at the settlement project level (Table 12).

Table 12: The elaboration of the « hospital establishment project » by the RHCMY

Answers	Number of respondents	Relative frequency %
Yes	0	0%
No	95	79,84%
Not at all	24	20,16%

VI. PRESENTATION OF THE ANALYSIS OF CONTENTS OF THE TALKS

- ***The installation of the organization in the poles of activities and the absence of tariffing to the activity :***

The totality of the persons in charge (8/8) reported that the organization in poles of activities was installation about the year 2012. A person in charge (1) said: *« this organization, if I remember well, was founded in 2012 (...) ».*
The majority of the persons in charge (6/8) has advanced that the polar organization is applied just to papers and is not implemented fully. Among the verbatims which evoked that :
The person in charge (5) declared: « *A delay was taken but it is it there is the essential even if it is right on papers and is not applied fully (...) considering the absence of the autonomy of management, the federation of human Resources on the scale of the pole and the absence of tariffing to the activity (...) ».*

- ***Inexistence of the HEP with the RHCMY***

The majority of the persons in charge (7/8) have advanced that the *RHCMY* does not have a *HEP*. As indicates it the following verbatim: the person in charge (1) said: « *there are not a PEH (...) one did not do one tests with the last director; nevertheless, at the end of four meetings all is stopped in particular after its departure ».* In the same direction, another person in charge has advanced: « *there was an initiative of design of PEH started by the director in 2019 but its departure disturbed the course of the activities knowing that one did not even keep the card of the project which mentions the broad outline of work which was discussed ».*

- ***The complexity of the activity of hospitals and the organization in the pole of activity and dilution of power***

The majority of the interviewed people (6/8) affirmed that the hospital is a complex universe considering the lavished services require the intervention of several actors of care and the organization in poles of activities revealed other difficulties relating to the dilution of the capacities.
The person in charge (4) said: *«We must understand the hospital, it is a very complex world (...) the responsibilities overlap in this organization which is also complex and the assumption of responsibility of the patient includes several stakeholders there is often a dilution of power».*
Another person in charge (2) added: *« the new organization has created some difficulties in relation to a carelessness (...) the situation of the hospital is difficult ».*
He (6) explained: « *The organization in poles of activity has not induced change (...) the hospital has kept the same rhythm of work and the same conflicts. We can say that the change was done just on papers* ».

- ***Negative impact of frequent change of managers on RHCMY management and organizational development and the delivery of the SM strategy***

The majority of 6/8 interviewees suggested that the repeated changes in management had a negative impact on the advancement of RHCMY and the development of both management and the organizational mode.Some verbatim references include: « *Our institution has seen the passage of eight directors over a period of ten years, which has prevented the implementation of development strategies and visions (...) ».* Manager 2 reported that*: « (...) but his departure disrupted the progress of activities (…) of course making it impossible to follow up on strategies ».*
Manager 7 clarified that : «*you know after ten years, there was a change of about eight directors for different causes sometimes they are clear, and several times the change is unjustified (...)* » and the manager 8 stated : « *these changes in management prevent the continuity of strategies (...) me, over time I see that there is no long-term vision in all of this*». The manager (7) said: « *these changes have a role in this situation of poor governance* ».

- ***Reasons for changes of Directors: financial offences and union or political affiliation.***

Half of the managers 4/8 cited reasons for changes in political and union leadership and financial management failures.

Manager 5 explained: *« (...) the causes of these changes in the directors are the poor budgetary management by some of them ».*
The person in charge 1 said: « (...) *union and political membership are also causes of these changes (...) which have a role in this situation of bad governance* ».

- ***The federation of human resources and the rationalization of their use and the improvement of the management of services***

More than half of the 5/8 managers stated that the need to federate human resources among services was one of the main goals of the implementation of this organization. Because these resources are in short supply. The person in charge 3 reported: « *among the goals of the organization in pole of activity is the federation of the personnel considering the shortage which settles (...) the improvement of management* ». In another verbatim, the person in charge 5 said: « *I believe that this organizational mode was adopted to strengthen the management of services and rationalize the use of staff because of the shortage* ».

- ***An unstable and defective mode of governance***

According to the majority of the managers interviewed (7/8), the organization by activity clusters has established an unstable and defective mode of governance. Among the verbatims that illustrated these opinions:
The manager 4 said: « *In fact, this organization has not reported the changes that were expected (...) the governance of the hospital has become more unstable than it was...*». Another manager (6) added: « *With several stakeholders, the majority of whom are not familiar with hospital management, governance has not improved by the establishment of the poles as we had hoped ... it has been weakened by the conflicts of interest generated by the actors working in the poles (...) it is an unstable governance* ».
Likewise, 6/8 managers mentioned the insufficient organization of meetings as a governance defect. The verbatim expressed by the leader 7 is an example of this: *« (...) what governance are we talking about? (...) the administrative meetings are organized at the local level once a month, at the prefectural delegation only in case of emergency and with the trade unions on request* ».

- ***Absence of audit, evaluation and management control actions***

The majority of managers interviewed (6/8) stated that there is an absence of steering and control, monitoring and evaluation measures. Among the verbatim comments on this aspect, those made by manager 8 who said: *« (...) dysfunctions are generally detected by audits, supervision, evaluations and management controls (...). here, controls and especially management controls are not part of our culture* ». Another manager (3) said: « *this new organization is far from being fully realized without adequate steering (...) reinforced by evaluations, controls (...)* ».

VII. DISCUSSION

The goal of our study related to an analysis of the organization in pole of activity and the evaluation of this organization according to an investigation near the professionals of health exerting to the RHCMY and according to the rules of procedure of the hospitals of 2010.

The professionals of health participating in our study 119 are divided into 70,59% women and 29,41% men. A percentage of 52% is characterized by a seniority with the RHCMY, which varies between 10 and 19 years. The study of the intervals of age revealed that more than 48,74% of these participants are young with an average age of 44,5 years and only 13,45% are close to the retirement. Their average seniority was 20 years. The study of their profiles revealed that the manpower of the nurses represented twice as much as that of the administrators and of the technicians is 45,38% against 23,53%. In the same way, the percentage of the nurses is 1,5 times that the doctors who constitute 31% of the total staff complement of the participants. The analysis of the characteristics of the participants revealed that the RHCMY has a young team of profiles and specialties diversified. In fact, assets can contribute with the improvement of the performances of the establishment and the introduction of the changes in favour of a durable development of the public utility of health.

The installation of the organization in pole of activity characterized by an absence of tariffing to the activity in the present center was affirmed by the totality of the participants. The whole of the interviewed persons in charge (8/8) confirmed his installation in the year 2012. In accordance with the ordinance n° 2005-406 of May 2005 relating to the legal status of the establishments of health and to the reform of governance of poles of activities, adopted in 2006 [42] with six in advance that the hospital complex of Morocco.

The objectives of adoption of the organization in pole of activity into hospital, treated on a hierarchical basis by, 80% set of priorities of the participants indicated like objectives most significant the improvement of operation and the development of medical and administrative management.

Also, they classified the objective of insurance of an assumption of responsibility of quality like fairly significant. As for the objectives of the promotion of the contractualization and devolution of management, they indicated them like no significant. Similar studies oppose our results and stipulate that the installation of the poles of activities aims at equipping the entities with health of responsibility and autonomy of management. As

well as, the devolution of management, an engagement of a step of internal contractualization to flux management, and to implement the strategy of the establishment [43; 44]. The French ordinance [42] of the 2 May 2005 support our result relating to the adoption of this organization in order to improve quality of assumption of responsibility of the patients. For 59,66% of the participants stipulated that the most significant objective of the adoption of the polar organization is the optimization of the resources and competences. They qualified the no significant reinforcement of the delegation of management as objective of this organization against 39,5%, which found it significant. Writings oppose part of our results and report that this organizational mode was creates to support the delegations of management between the director of the establishment and the persons in charge for the poles [42]. Other studies stipulate that the absence of the delegation found poles of activities not contributing to the decision-making at the hospital [45]. A study explains why on the level of the poles of activities, there are two types of delegation; partial and the other total one [46].

Our results concerning the objectives of the installation of the poles of activities in the hospital sector in Morocco are divergent. But, with our glance, they are interesting owing to the fact that they give us an idea on the perception and the reflexions of the professionals of health with respect to the governance and of the decision-making to the RHCMY. A study explains our results and reports that the reforms organizational of the public utility (recutting of the areas, regroupings of hospital, creation of poles…) have creates upheavals which impacted the services as on the people who work there [47] .

According to the totality of the participants (100%), the goal of the introduction of the polar organization with the RHCMY is the realization of a fluidity of management and more than half of the participants (59,66%) declared that its goals are the realization of a total assumption of responsibility of the patients and the improvement of the performance. Whereas 39,5% of them evoked the goal of the recess of the concerted decision-making. A study reports that the polar organization consists with the bringing together of the decision-making between the actors of care [48]. In addition, more than half of the persons in charge for 5/8 declared the federation of human and material resources, the rationalization of their use and the improvement of the management of the services as principal goals of the establishment of this organization. A study supports our results and stipulates that the rationalization of the expenditure and the satisfaction of the request of the patients through a total assumption of responsibility are two contradictory objectives [49].

As for the existence of an agreement between medical, nurses, administrative logics (managers) with the RHCMY, 79,84% of the participants denied the existence of an agreement between these logics with the RHCMY. For the 2/3 of them i.e. 59,66% declared that the passage in poles of activity generated many difficulties. These difficulties are summarized with the conflicts for 59,66% against 39,5% of the guarantors who evoked blockings and the dilution of the capacities. The majority of the interviewed persons in charge (7/8), qualified it like a mode of defective and unstable governance. Studies support our results and recapitulate these difficulties: with the dissension between the vision of the doctors and that of the managers [45; 50], with the defect of the contractualization, the insufficiency of the formation and the deficiencies of the economy [10; 45].

Other studies advance that the institutions of health are characterized by the interaction of several speakers in the action of care what increases the conflicts and contradictions which weigh on them [5; 6; 50]. Some authors explain that these managerial tensions are the result: changes founded within the type of organization, the procedures and attributions of the actors of management of the overall public action [51; 52; 61]. Indeed, any change can induce resistances and conflicts within the hospital organization.

The majority of the interviewed people (6/8) affirmed that the hospital is a complex universe considering the lavished services require the intervention of several actors of care and the organization in poles of activities revealed difficulties relating to the dilution of the capacities.

French study which is curious about the general public governance during a similar context, reports that the hospitals are complex grounds which suffer from a change of the values adopted by the professionals of health and a fracture between their generations what deteriorate the climate of labor [53]. In the same way, the doctors became managers [49]. The majority of the interviewed persons in charge (6/8) have advanced that: the repeated and not justified changes directors of the RHCMY induced a negative impact on advance, and the development management, and organizational and on the realization of the strategy of the ministry for health. They affirmed that at the end of eight years, there was a mobilization of ten directors to the RHCMY. Indeed, we noted that the organization by poles of activities in the present center redistributed attributions and the roles in a context not prepared as a preliminary. A research supports our results and reports that the establishment of the polar organization in a context, which misses, of structure and in preparation does not support the achievement of the discounted objectives. In this case, the good governance, the contractualization, the pooling of the resources of the medical organization cannot lead to the discounted objectives [10]. A writing stipulate that countries as France A creates laws modifying and complementary to the polar organization to accompany its setting-up in an adequate way. The promulgation of the law Hospital, patients, health, territory of July 21, 2009, which founded a decision-making body to simplify the present organization, is an example [47]. A

percentage of 79,84% of the participants in our study have advanced that the RHCMY does not have the document project of hospital. Moreover, the majority of the persons in charge (7/8) confirmed these declarations. As, they affirmed as there was an initiative of design of HEP implying only the persons in charge for poles. The director started it in 2019 but who does not have leads because of its departure. Our results revealed, this hospital don't have participation of the other executives of health. Whereas, of the writings advance that the HEP introduced the management centered on the results to change the methods of stock management and to promote the participative approach at the hospital [51; 52]. Moreover, management by project allows the regrouping of the fascinating parts intern around an objective united by bringing closer management with the care [45]. Admittedly, the organizations must imply their fascinating parts in the projects and the decision-making process in particular the patients and the actors of care [54]. This implication of the users of the hospital reinforces participation [55], empowerment, the engagement and the active exchange of knowledge scientific and layman [56; 57]. Thus, there will be a division of the value between the actors of care [58].

The HEP and the organization in pole of activity, which integrate the hospital reform, were applied without a sufficient preparation of the ground of reception. Knowing that our results revealed that the majority of the persons in charge (6/8) have advanced that the polar organization is applied just to papers and is not implemented fully. Fact, there are an absence of the autonomy of management, fusion of human resources on the scale of the pole and the absence of tariffing to the activity in Morocco. A study is congruent with our results and adds that this polar organization is in favor of an administrative management [10]. Un other writing oppose our results and reports that in France, the poles concerned with the hospital complexes have an autonomy of management, a financial autonomy, a tariffing with the activity and a budget by pole. Their average budget extends from the 7.5 to 45, 6 million Euros per pole [47].

Our results determined that the members of the committee of development of the HEP of the year 2019 did not keep any copy of their work. It died out after the departure of the director of the hospital in November 2019 and because of their lack of implication. However, of the writings stipulate that the HEP is a tool of conduit of change whose establishment requires a mobilization of all the interested parts of the establishment [28]. Admittedly, the mobilization of the personnel of the hospital complexes and their active participation in the HEP became an obligation in accordance with article 8 of decree N° 2-06-656 of April 13, 2007 [8] of the hospital organization in Morocco. Whereas at the end of 13 years the RHCMY did not work out any HEP.

Therefore, the absence of the medical project, the nursing care project, the managerial project as of the other components of the HEP gives an idea on the insufficiency of hospital management and the governance of the poles, which did not concretize the discounted objectives. Indeed, the majority of the interviewed persons in charge (6/8) revealed that the dysfunctions are detected by the audits, the supervisions, the evaluations as well as controls of management; these measurements are not used on the level of the RHCMY. We consider that this insufficiency of the follow-up and evaluation impacted the implementation effective and adequate of the polar organization and the achievement of these objectives. However, article 17 of the law tallies 34-09 relating to the organization of the offer of care to Morocco [18] and article 14 of the rules of procedure of the hospitals [9], require: the installation of a committee of follow-up and evaluation of the activities in the establishments of health being composed of all the representatives of the poles and the director. It takes care of follow-up of the activities of the hospital, management financial and the resources as well as the monthly analysis of the performance of the hospital. The study of Fray A-M. (2009) [48] reports that: the polar organization tends to the development of the evaluation of the practices of management and the services of care. Accordingly, it is of primary importance to found tools of follow-up and evaluation specific to the poles of activities to accompany their installation and to assess their operation [10].

Indeed, the application of the organization in pole of activity was selected for the rationalization of the use of the material and financial resources and the federation of human resources. Moreover, the purpose of the creation of the bodies of dialogue and support on the level of the hospital complexes was: to organize and structure the establishment of such way to create footbridges in the decision-making enters the administrative, clinical services (hospitalization) and medico technical (pharmacy, laboratory radiology…). Also, this polar organization is supposed to organize the way of working and the implication of all the levels quoted above with the decision-making concerted, planning, and the creation of the change through the realization of the innovating projects which aim at the durable development of the hospital sector. Nevertheless, take into accounts the results of our study, lawful bases of the polar organization are not respected with knowing decree N° 2-06-656 of April 13, 2007 of the hospital organization in Morocco, the Interior regulations of hospitals (2010) and the framework Law 34-09 (2011) relating to the organization of the offer of care.

Following the example of our analysis, it appears that the efficient introduction of each reform or reorganization in the hospital sector is dependent on certain conditions: The first condition is the promotion of confidence between the fascinating parts to federate them on a common objective. Authors called it confidence organizational [17; 59]. The second condition is the valorization of the communication within the RHCMY,

owing to the fact that our study also revealed an insufficiency of the meetings between all the categories of the hospital and their restriction on a meeting per month concerning the persons in charge for poles. The third condition is adoption of the approach of management of project, and participative design for the effective implication of the actors of care, the patient and other stakeholder of the hospital. The fourth measurement relates to the development of the component recognition-innovation, we bound these two dimensions because they are complementary to our opinion. The hospital organization has to encourage the innovating initiatives of its personnel and expressed his recognition with respect to the concretized achievements. The fifth and the last condition consist with a definition of attributions and responsibilities for the professionals of health according to the regulation in force. These conditions are able to reinforce the membership of the hospital, the responsabilisation and the consideration of the general interest and public health. They will enable the hospital to meet the requirements of the triad of governance-stakeholders-demands and to contribute to the durable development [60].

VIII. Limitations and avenues for improvement of our research

One of the limitations of our study was that it was impossible to access information relating to the monitoring of the location of the clusters and their operation. This hampered our ability to analyze financial and budgetary management. Similarly, Chougrani, S., and Ouhadj, S., (2014) [10] found the same impediments. The other limitations relate to the non-involvement of patients and agents from the subcontracting companies in the study. Also, for some components, we found a divergence in our results.

These limitations represent subjects for future research that can be undertaken at the RHCMY. They may be of interest for the study of patients' satisfaction with the quality of their care at the level of the activity poles. As well, they could study the perceptions of subcontracted personnel with regard to their performance at the activity centers.

These limits in no way devalue the results of our research, which are a contribution to the construction of knowledge at the RHCMY. Its particularity is determined by the place it occupies as the first study of its kind in the present center. Likewise, our research is a topical subject due to the fact that the restructuring of hospitals is an ongoing process.

IX. CONCLUSION

The adoption of the polar organization has vindicated the implementation of hospital reform and the improvement of hospital management and the establishment of a culture of project-based management and results-based management. This organization has been incompletely applied to the RHCMY. As a result, the services continued to work according to the old logic.

Thus, there was a lack of rational hospital management and planning of activities according to the hospital project, which is an essential strategic planning tool required by the regulations in force. Nevertheless, even if this organization is not applied in practice, it has led to conflicts between poles in the field. This situation has led to a dilution of power and a lack of governance, which has been aggravated by the instability of the people who have held the position of director of the RHCMY and the lack of control and monitoring actions. Indeed, there was a turnover of ten Directors in this position over a period of eight years. This observation is sufficient to neutralize the inclusion of health professionals in the actions of the center and affect the continuity of service, the implementation of change and sustainable development. Similarly, the monthly organization of meetings at the RHCMY and even occasionally at the level of the medical delegation of the Rabat Prefecture informs about the indulgence of participatory management and governance articulated on concerted decision-making.

Through the reforms introduced in hospitals, the Ministry of Health has focused on the organizational and economic aspects through the rationalization of the consumption of resources and financial through basic medical coverage. Nevertheless, the guardianship has omitted our raison d'être which is that the global and quality care of the patient. What is the degree of satisfaction of the patient with his care? This question deserves to be explored through a research work.

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REFERENCE:

[1]. Boukamel, O. (2017). The role of Stakeholder Networks in Complex Public Innovation: the case of the electronic voting in the canton of Geneve, Policies and Public Management, 34(3-4), 267-286.
[2]. Haschar-Noé, N., Lang, T. (2017). Reducing social inequalities in health. An interdisciplinary approach to evaluation, Toulouse, university Presses of the South.

[3]. Honta, M., Basson, J.-C., Jaksic, M., Le Noé, O. (2018). The governments of the body. Differentiated administration of corporal conduct and territorialization of public health action of. Introduction, Lands & Works, 32, 5-29.
[4]. Basson, J.-C., Honta, M. (2018). To act well in a healthy city. The political manufacturing of the urban government of health of Toulouse, Lands & Works, 32, 129-153.
[5]. Smets, M., & Jarzabkowski, P. (2013). Reconstructing institutional complexity in practice: With relational model of institutional work and complexity, Human Relations, vol. 66, No 10, p. 1279-1309.
[6]. Bishop, S., & Waring, J. (2016). Becoming hybrid: the negotiated order on the front line of public private partnerships, Human Relations, vol. 69, no 10, p. 1937-1958.
[7]. Hayo-Villeneuve S. (2017). «Towards an integrative model of hospital quality approches: The contribution of the management tools», doctoral Thesis in sciences of management, University of Lorraine, Nancy- France.
[8]. Kingdom of Morocco. (2007). Decree N 2-06-656 of the 24 rabii I 1428 (April 13, 2007) relating to the hospital organization. Reference: B.O N 5526 of the 29 Rebii II 1428 (17/5/2007). Base Direction data of the regulation and the litigation of the ministry for health. URL= http://www.sante.gov.ma/Reglementation/.../2-06-656.pdf
[9]. Ministry for Health. (2010). Interior regulations of hospitals: the decree of the Ministry for Health N 456-11 of the 2 Rajeb 1431 (July 6, 2010). Official bulletin No 5926 of the 12 rabii II 1432 (17 Mars 2011). Kingdom of Morocco, Rabat.
[10]. Chougrani, S. and Ouhadj, S. (2014). Analyze reorganization in poles of activity to the university hospital of Oran, Algérie. Public health volume 26/N 6 - November-December, pages 837 to 847. Consulted with URL = https://www.cairn.info/revue-sante-publique-2014-6-page-837.htm
[11]. How, T. V., Hwang, A. S., Green, R. E., Mihailidis, A. (2017), Envisioning future cognitive telerehabilitation technologies: a co-design process with clinicians, Disability and Rehabilitation: Assistive Technology, 12(3), 244-261.
[12]. Côté, V., Bélanger, L. and Gagnon, C. (2017). Design with the patient service of the experiment, Sciences of the Design, 6(2), 54-64, URL: https://www.cairn.info/revue-sciencesdu-design-2017-2.htm-page-54.htm
[13]. Kletz, F. et Marcellin, O. (2019). The innovation with the patient: a renewal by the organisational design. Innovations, 3/N 60, pages 93 to 120. Consulted with URL = https://www.cairn.info/revue-innovations-2019-3-page-93.htm
[14]. Bratteteig, T., Wagner, I. (2016). Unpacking the Notion of Participation in Participatory Design, Computer Supported Cooperative Work (CSCW), 25, 425-475.
[15]. Reay, S., Collier, G., Kennedy-Good, J., Old, A., Douglas, R., BILL, A. (2017). Designing the Future of Healthcare Together: Prototyping a Hospital Co-Design Space, Co-Design, 13(4), 227-244.
[16]. Grenier, C. and Denis, J. L. (2018). Organize itself to innovate: Spaces of innovation and transformation of the organizations and the field of the public intervention, Review Policies and Public Management, 34(3-4), 191-206.
[17]. Haschar-Noé, N. and Basson, J-C. (2019). Health Innovations, Experimental Devices and social change: a renewal by the bottom of the local public health action, the Box of Health of Toulouse (France). Innovations, 3/N 60, pages 121 to 144. Consulted with URL= https://www.cairn.info/revue-innovations-2019-3-page-121.htm
[18]. Kingdom of Morocco. (2011). The law tallies 34-09 relating to the system of health and the offer of care, Décret N 1-11-83 of the 29 Rajeb 1432 (July 2, 2011), official Bulletin N 5962 of the 19 chaabane 1432 (21-7-2011), Rabat.
[19]. Bratteteig, T. (2017). Methods & Techniques in Participatory Design, Lecture Inf 5722, Department of informatics, University of Oslo. URL=https://www.uio.no/studier/emner/matnat/ifi/INF5722/h17/lectures/pd-metoder-teknikker-inf5722-2017.pdf
[20]. Lundin, M., Mäkitalo, Å. (2017). Co-Designing Technologies in the Context of Hypertension Care: Negotiating Participation and Technology Use in Design Meetings, Informatics for Health and Social Care, 42(1), 18-31.
[21]. Luck, R. (2018). What is It That Makes Participation in Design Participatory Design? Design Studies, Early-Access.
[22]. Mignon, S. and Laperche, B. (2018). Knowledge: Innovation matrix is open, Innovations, 55(1), 5-12.
[23]. Kingdom of Morocco. (2015). Decree N 2-14-562 of the 7 chaoual 1436 (July 24, 2015) taken for the application of the Law tallies 34-09 relating to the system of health and the offer of care, with regard to the organization of the offer of care, the medical chart and the regional diagrams of the offer of care. Official bulletin N 6388-4 Kaada 1436 (20-8-2015), Reduction.
[24]. Aubouin, N. and Capdevila, I. (2019), the management of the communities of knowledge within spaces of creativity and innovation: A variety from logics of collaboration, Innovations, 58(1), 105-134.
[25]. Ministry of Health of Morocco. (2012). White Paper: for a new governance of the health sector. 2nd national Conference of health, Marrakech 1, 2 and 3 July.
[26]. Isambart G. (2007). Poles of activities. Consulted with the URL: http://www.infirmiers.com
[27]. Republic of France. (2000). L 6143-2 Ordinance no 2000-548 of June 15: concerning the Legislative part of the code of the public health. Consulted with URL = https://www.legifrance.gouv.fr
[28]. The national agency of evaluation and quality of the establishments and social and medico-social services (NAEMS). (2009). Recommendations good professional practices: Development, drafting and animation of the project of establishment or service. French Republics. Consulted with URL = https://www.has-sante.fr/plugins/ModuleXitiKLEE/types/FileDocument/doXiti.jsp?id=c_2835412
[29]. Ministry for health. (2004). Hospital reform. Kingdom of Morocco, January.
[30]. Gond, J-P. & Samuel Mercier, S. (2003). Stakeholder theories: A synthesis criticizes literature, ResearchGate. Consulted with URL= https://www.researchgate.net/publication/228772810
[31]. Freeman, R. E. (1984). Strategic Management: A Stakeholder Approach, Pitman, Boston.
[32]. Mintzberg, H., Ahlstrand, B. & Lampel, J. (1999). Lampel, Safari in country strategy, World Village, Paris.
[33]. Ansoff, I. (1968). Company development strategy, Editions Hommes & Techniques, Paris.
[34]. Andriof, J. and Waddock, S. (2002). « Unfolding stakeholder engagement », in Unfolding Stakeholder thinking. Theory, responsibility and engagement, (Under the direction. of) Andriof, J., Waddock, S., Husted, B. and Rahman, S., Sheffield, Greenleaf, p. 19-42.
[35]. Bosse, D., Phillips, R., & Harrison, J. (2009). Stakeholders, reciprocity, and firm performance. Strategic Management Jour-nal, 30 (4), 447–456.
[36]. Harrison, J. S., & Wicks, A. C. (2013). Stakeholder theory, value, and firm performance. Business ethics quarterly, 23(01), 97-124.hill et Jones, 1992) .
[37]. Donaldson, T. & Preston, L. E. (1995). «The Stakeholder Theory of the Corporation: Concepts, Evidence, and Implications», Academy of Management Review, vol. 20, n1, pp. 65-91.
[38]. Ricoeur, P. (1997). Ideology and Utopia, Seuil, Collection «the color of the ideas», Paris.
[39]. Pelle-Culpin, C. I. (1988). The paradox of the diffusion of environmental information by European companies, Thesis of Doctorate, University of Paris IX Dauphine.

[40]. Friedman, A. L. et Miles, S. 2002. «Developing Stakeholder Theory», Journal of Management Studies, vol. 39, n° 1, January, p. 1-21.
[41]. Pesqueux, Y. (2002). « Organizations: Models and Representations », PUF Edition.
[42]. Republic of France. (2006). Order No 2005-406. (2 May 2005). Simplifying the legal regime of health care institutions. Consulted with the URL: http://www.legifrance.gouv.fr/WAspad/UnTexteDeJorf?numjo=SANX0500028R
[43]. Panel, P. (2007). The public hospital its contradictions, its changes. 10 (Volume 407); Pages: 130. Publisher: S.E.R. accessed at URL = http://www.cairn.info
[44]. Zeggar, H., and Vallet, G. and al. (2010). Assessment of the organization in poles of activity and the delegations of management installation in the establishments of health. General inspection of the social affairs. French Republic: 2010.
[45]. Vallejo, J., Sampieri-Teissier, N. and Baret, Ch. (2020). In which conditions the poles of medical activities can reduce anarchy organized to the public hospital ? « Newspaper of management and economy of health », vol. 38, N 1, 21-361. Consulted with URL = https://www.cairn.info/revue-journal-de-gestion-et-d-economie-de-lasante-2020-1-page-21.htm
[46]. Burellier, F., Gavault, G., Laude, L., Angelé-Halgand N., Baret, Ch., Louazel, M., Orvain, J. and Ruiller, C. (2019). Who wants to wash my blouse? The collective legitimation of dyed activities. The case of the teams of management of poles «Newspaper of management and economy of health», 2/N 2, pages 177 to 195. Consulted with URL = https://www.cairn.info/revue-journal-de-gestion-et-d-economie-de-lasante- 2019-2-page-177.htm
[47]. Zeggar, H., and Vallet, G. and al. (2010). Assessment of the organization in poles of activity and the delegations of management installation in the establishments of health. General inspection of the social affairs. French Republic: 2010.
[48]. Fray A-M. (2009). « News practise gouvernance in the hospital medium : consequences managériales on the actors », Management & Future. 8 (N° 28), p. 142-159. DOI 10.3917/mav.028.0142.
[49]. Valette, A. and Burellier, F. (2014). « When the clothes made the monk. Heads of hospital poles to become hybrids despite everything », To manage and include/understand, June, No 116, p. 4-13.
[50]. Valette, A., Fatien Diochon, P. and Burellier, F. (2018). « To each one his paradox ». Study of the delegation of the organisational paradoxes to the individuals, French Review of management, 1/N270, p. 115-126. DOI 10.3166/rfg.2017.00169.
[51]. Mazouz, B., Garzon, C. and Picard, P. (2012). The Deviances in public organizations in search of performance: towards a prophylactic management of the risks from deviance, international Management, 16 (3), 92-100.
[52]. Mériade, L. (2017). Instrumentation of public governance tensions (TGP): The example of simplifications of indicators in the French university system, International Management, 21(4), 12-27.
[53]. Mériade, L., Rochette, C. and Talbot, D. (2019). Towards a management of the tensions of gouvernance public in the establishments of health? A proposal for a response per the analysis of the proximities, Innovations, N 60, volume 3. Page 169 to 199. DOI:10.3917/inno.060.0169 https://www.cairn.info/revue-innovations-2019-3-page-169.htm
[54]. Aubouin, N. and Capdevila, I. (2019), the management of the communities of knowledge within spaces of creativity and innovation: A variety from logics of collaboration, Innovations, 58(1), 105-134.
[55]. Finset, A. (2017), Patient Participation, Engagement and Activation : Increased emphasis one the of role patient in healthcare, Patient education and counseling, 100(7), 1245-1246.
[56]. Tzeng, H., Pierson, J. M. (2017). Measuring Patient Engagement: Which Health Care Engagement Behaviors are Important to Patients? Journal of Advanced Nursing, 73(7), 1604-1609.
[57]. Charpak, Y. (2017), the participation of the citizens in the decision as regards health and on their own health : stakes, traps, risks and innovations, Realities industrial, 2, 60-63.
[58]. Routier, C., d'Arripe, A. and Soyez, S. (2017), Experience feedback on a step of Co-design, industrial Réalités, 2, 6-9.
[59]. Haberey-Knuessi, V., Obertelli, P. (2017). The caregiver-patient relationship in the face of the risk of trust, Practical Sociologies, 35(2), 107-117.
[60]. El fathi, H., & Benabdelhadi, A. (2020). The social responsibility of health organizations: A thoughtful public management tool. International Journal of Accounting, Finance, Auditing, Management and Economics, 1(2), 384-408. https://doi.org/10.5281/zenodo.4027780.
[61]. Mériade, L. (2018). Financing and territorialization of French health institutions: A dissymmetrical relationship, Review of financial economy, 4, 197-214.

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