

# APPLYING PRAXEOLOGICAL ANALYSIS OF ACTIVITIES IN THE ASSESSMENT OF MANAGEMENT PERFORMANCE IN HEALTH CARE

*Małgorzata Striker\**

## **Abstract**

**Background.** The phenomenon of managerialism is more and more frequently observed in health care institutions that previously were public in most countries. It is based on introducing professional management into hospitals, economization of measures, competitiveness, privatization and service contracting. The introduced solutions are transferred from the private sector, however, it is not entirely clear how these models will operate in the medical care sector and transfer on the desired increase in effectiveness.

**Research aims.** The aim of this article is to present as the results of research concerning the effectiveness and efficiency of management in health care entities and the possibilities of applying the praxeological analysis of activities in the evaluation of management effectiveness.

**Method.** In order to achieve this aim, a review of the literature concerning the effectiveness and efficiency of management in health care institutions and in hospitals especially was carried out.

**Key findings.** Literature analysis shows the necessity to change the current approach concerning the applied research methods emphasised by many authors, in which quantitative methods dominate. It is important to complement these studies with a qualitative approach that would mostly include the specific context of shaping managerial roles in health care and combine them with traditional medical roles. The term efficiency is very much confused and misused with the term effectiveness and they are not precisely defined in the literature relating to management in health care. To complement this deficiency the article proposes the application of the idea of praxeological efficaciousness and praxeological analysis allowing one to include in the evaluation of management performance in health care numerous aspects of the functioning of hospitals without focusing on just the economic one.

**Keywords:** Praxeology, Health care system, Effectiveness and efficiency, Management performance

## **INTRODUCTION**

Changes in the structure of demand for health care services, resulting from demographic changes and those in the technologies of treatment allowing the diagnosing and treatment of more and more illnesses, have also caused certain transformations in the organisation of health care systems in most countries worldwide. Since the 80s the phenomenon of management has been observed on a greater scale in the activities of institutions from the medical service sector that so far have been public institutions in most countries. Rudawska (2007) argues that considering

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\* Dr Małgorzata Striker, University of Lodz.



health care in economic terms was caused by the increasing burden on public finances connected with health care costs in most European countries. As a result, this sphere started to undergo objective processes connected with market mechanisms and achieving the desired management effects.

In literature in the field of public management even a new paradigm of managing in this sector is mentioned – New Public Management (NPM) that assumes, e.g. (a) introducing professional management through applying methods of business management, determining the standards of activities, introducing market or quasi-market competition, (b) introducing mechanisms of financial effectiveness, increasing discipline, rationality and saving costs, responsibility for the outcomes, (c) decentralisation of power, (d) improving the quality of services, (e) introducing service contracting. As emphasised by Grewiński (2011) the concept of managerialism is characterised mostly by becoming oriented towards decentralisation of the public sector, introducing deregulatory instruments and privatisation.

In developed countries worldwide, in Europe and the US in particular, debates are carried out on the best ways of managing hospitals and, more broadly, of the whole health care system. The introduced solutions are transferred from the private sector, however, it is not entirely clear how these models will function in the health care one. Demands placed on the health care sector stimulate the concentration of activities aiming at improving the effectiveness and efficiency of functioning of health care centres and the realisation of other performance objectives. This, in turn, translates into the undertaken debates concerning ways of measuring and assessing the efficiency of activities of both managers and health care workers (Townsend & Wilkinson, 2010).

The above premises result in this article's aim being of presenting both the results of research on the effectiveness and efficiency of management in health care entities and the possibilities of applying praxeological analysis of activities in the evaluation of management effectiveness. In order to achieve this aim, a review of the literature concerning the effectiveness and efficiency of management in health care and especially in hospitals was done. An initial literature review revealed a lot of studies by all publications in English issued between 2000 and 2013 and included in the EBSCO host databases that are available in electronic form. The search terms used were "efficiency", "effectiveness", "management", "health care" and "hospital". In total, among all the initially found publications (4857), all those concerning medicine and economy (in such areas as public health, medicine and macroeconomics) were excluded. Finally, for the use of this article, 456 titles and abstracts, and 48 full texts of articles were analysed, selected articles directly related to the effectiveness and efficiency of health care management.



## REVIEW

Studies of an organisation's effectiveness aims mostly at the assessment of how well this organisation is managed and at the discovery of areas that need intervention and improvement. Organisation effectiveness is a notion that appears frequently in literature, however, it is not precisely determined. It includes such categories as economy, efficiency, effectiveness, usefulness and functionality. Depending on the adopted theoretical model, the researchers focus on different properties and determinants, e.g. in the system model it is the ability to adapt, flexibility, whereas in the stakeholders model it is meeting the expectations of various groups of interest.

When defining the theory of stakeholders, Bielski (2002) emphasises that each stakeholder will evaluate the organisation's effectiveness differently by formulating different aims. Thus, effectiveness is a complex notion, a multidimensional one and must be assessed on the basis of different criteria and meters. Such an approach applies to goals as well as connections with the environment. The measure of effectiveness is a high level of satisfaction in each group. Often the aims of individual stakeholders are mutually excluded. An organisation is most effective when it finds balance between the interests of various stakeholders, which is expressed in the optimal relation of their benefits to the costs borne by them. An approach of compromise: the most effective organisation is the one that fully realises the aims voiced by the dominant stakeholders, the interests of other groups should be considered and included only to an extent that does not threaten the main one. Interests of other stakeholders should be treated as limiting conditions or side goals. It is, therefore, necessary to talk about the "effectivenesses" of an organization, using the plural, and not a the singular effectiveness.

This means that effectiveness is a multi-dimensional phenomenon which may be expressed using a multi-criteria analysis. An organisation's management or a dominating coalition must make a choice of measures taken into consideration and the criteria that correspond to them as well as the meters of evaluation of a multi-criteria evaluation system. Such a system must be created individually, considering the specificity of each organisation. At every level of an organisation, effectiveness means something different and is shaped by different sets of factors. Ziębicki (2010) stresses, the characteristic of modern concepts of organisation effectiveness assessment is the integration of various approaches regarding organisation effectiveness, individual selection of criteria for a given organisation, multi-faceted assessment, deviating from universal standards, i.e. from solely financial assessment, and including criteria of qualitative (descriptive and gradable) character. As far as the latter property is concerned,



there is still the problem of working out a relatively simple model for objectification of qualitative assessment.

As far as defining the directives for effectiveness measuring is concerned, Polish literature in the field of organisation and management is based on a deeply insightful praxeology input. Szpaderski (2007) proposes

“to apply (and develop) praxeology and metapraxeology to resolve some of the management-related sciences’ metatheoretical problems. One of them is a structural chaos and the ambiguity of basic terminology. I focus on: (a) the praxeological systemization of management theory, and (b) the application of the idea of praxeological efficaciousness to resolving the ambiguity problem in basic management theory terminology (on the example of the term effectiveness)”.

Classic praxeology lists two basic criteria of assessing efficaciousness (Table 1): (a) effectiveness – the degree to which aims have been achieved, (b) efficiency as well as profitability – the difference between outcomes and operating costs and economy – the ratio of outcomes to operating costs. Economy may have a performance variant (maximizing outcomes at fixed costs) and a cost-saving one (minimization of costs with a constant outcome). Zieleniewski (1982) emphasises that during an assessment, individual performances have different meanings for an organization. Efficaciousness in general means relations between effectiveness, profitability and economy. A manager must determine which basic forms of performance, in its universal meaning, are to be the selected criteria of performance variants or to evaluate past performances. Praxeological considerations allow to extract and order a certain number of guidelines and directives favourable towards the general efficiency that may be applied to any individual, group or team activities, both those realising economic and public objectives.

Łasiński (2003) argues that praxeology uses primarily utilitarian and teleological evaluation (as opposed to emotional, aesthetic or moral ones). He also lists effectiveness as the evaluation of an activity, regardless of its result being planned or not. Choosing certain goals and their measures is the most important factor influencing the efficaciousness of an organisation.

**Table 1.** The Classical Praxeology Criteria of Efficaciousness

Criteria	Explanation
Effectiveness	The capability of producing a desired result as the degree of realisation of assumed goals; The capability of producing a desired result regardless of the outcome being determined in the goals
Efficiency	Economy: ratio of results to costs; Profitability: difference between results and costs

Source: own study based on Kieżun (1998).



Classic praxeology distinguishes two groups of value: effectiveness and efficiency. Currently, adding the third E – ethics is recommended to be added to the list. Gasparski (1999) introduces the term “bravery”, i.e. an activity in a good cause and applying fair means to its realisation. The analysis of praxeology’s achievements, prepared by Szpaderski (2013), prompts the completion of the 3E model with two more – aesthetics of the performance (transmission of information about the performance) and education of the performance. The more features of a smooth performance are included, the more efficient the performance is.

Cabała (2007) points out that analysis from the perspective of praxeology is not solely limited to the assessment of practicality. In broad understanding, it does not only study the aim of activities, methods of operation, but also pays attention to the doers, their features, approach and behaviour, conditions shaped by dependent, independent and situational factors, realisation of goals and performance evaluation (Table 2).

**Table 2.** Areas of Praxeological Analysis of Activities

Doer	Determinants		Results		
	Performance conditions	Aim of activities	Methods of operation	Implementation	Evaluation of performance
doer’s features	dependent factors	formulating the aim	preparation activities	division of activities	partial assessment
doer’s approach	independent factors	division of the aim	rationalization of activities	order of activities	aggregated rating
doer’s behaviour	situational factors	aim’s prioritization	practical directives	motivation	control

source: based on Cabała (2007, p. 15).

The praxeological conceptual apparatus is of basic importance in systematizing management science, its benefit being conceptual structuring, ordering of thoughts and studying reality especially within axiological criteria for effectiveness and efficiency (Szpaderski, 2013).

## Praxeological Analysis of Activities in Health Care

Managerialism in health care in Poland as well as in many countries of Western Europe, opens new areas for scientific research that more and more frequently concentrates on discovering methods of measurement and evaluation of effectiveness and efficiency for both managers and medical workers. Jack and Powers (2009) have reviewed research in the field of health care management that were conducted between 1986–2006. They point out that scientific considerations were primarily concentrated on three main areas: (a) dealing with the changing demand for medical ser-



vices (identification methods of sources of variation in demand, promoting activities connected with health improvement and health prevention, processes of vertical and horizontal integration of providers, creating multi-hospital systems), (b) potential management (human resources, hospital beds, medical equipment, development of IT), (c) measuring the effects of management in health care (indicators of medical care quality, technical efficiency of health care, financial indicators). In their conclusions, the authors admit that, even though, studies in the pointed areas are of great significance to the development of science, they are not represented in literature extensively enough.

Rules of liberal economy impose the necessity to meet the market's demands. On the other hand, health is a value that frequently is a leverage in political games. Thus, economic efficiency as the basic paradigm of operating an organisation may not always be obtainable, which questions the possibilities of traditional understanding of the roles of managers in health care (Frączkiewicz-Wronka, 2009). Rudawska (2007) shows various aspects of efficiency in health care: (a) economic efficiency that may be considered in a macro and micro scale as a relation of outcomes to expenditures, (b) social efficiency as a level of social health care goal realisation and (c) ecological efficiency. With regards to the specificity of the medical sector, she draws attention to the significant influence of certain factors on its efficiency: (a) competition, (b) payment system for services, (c) introducing medicine based on evidence, (d) guidelines of good practices.

While analysing efficiency in health care, it is important to define what the input (expenditure, cost) and the outcome (effect, result) are. Incomes may be measured in natural units: number of beds, number of physicians or financial units: (a) level of costs, (b) sources of financing (Marques & Carvalho, 2013). On the other hand, outcomes, i.e. effects, may refer to long-term effectiveness (health results, e.g. improving the quality and life expectancy, alignment of service availability) or short-term effectiveness (number of treated patients, amount of medical advice provided). The microeconomic analysis of efficiency in health care should be carried out on four levels: (a) individual processes of health care per patient, (b) processes realised by a worker, (c) processes at an organizational unit (health care centre, ward), (d) processes in a whole organization (hospitals, health care centres) (Lubicz, 2010).

The studies carried out under the supervision of Frączkiewicz-Wronka (2010), concerning measuring effectiveness and efficiency in the health care sector, show that science is in its infancy. It shows the convergence of management methods, tools and knowledge stem from considerations suggested as the result of research into commercial organisations, which creates problems due to significant discrepancies that occur in goals, the operational environment and in the human factor. In studies of hospitals'



effectiveness, realising the goals should be evaluated in four fields at the same time: (a) clinical results, (b) patients' quality of life, (c) patients' satisfaction and treatment costs. Thus very often, the management faces contradictory goals: (a) fulfilling the needs of society, (b) the wishes of the social council or the owner's, (c) expectations of administrators who wish to increase the size of their organisation, (d) demands of medical workers. At the same time, managers have a relatively high freedom of interpreting the goals, which results in difficulties in their operationalization in a form of clear criteria and meters. Scientific research in this field is dispersed and fragmentary. Initial attempts were focused on using financial indicators (profit, margin price, return on assets). This was caused by a relative ease with which data, needed to assess this aspect of effectiveness, were gathered. However, it is necessary to find a method that would allow us to go beyond financial meters and to study relations between a mission and ensuring financial stability. At health care institutions it is of essence to maintain balance between ensuring proper health care and using means in an appropriate and effective manner (Austen, 2010).

Similar problems in the development of a theory and scientific studies in the area of effectiveness in health care are pointed out in worldwide literature (Jack & Powers, 2009). Studies revolve around three issues: (a) quality of health care, (b) production efficiency and (c) financial efficiency in hospitals. Measurement of health care quality is connected with clinical effects of treatment, technical hospital equipment and therapeutic processes accessibility. What is important, the quality of health care cannot be specified by patients. This notion differs from patients' satisfaction with the level of service. The field of research into production and financial effectiveness is dominated by the use of econometric models and statistical methods. There are also fragmentary studies, focusing on one area selected by the researcher. There is no link between effectiveness, efficiency and a patient's satisfaction. A more integrated insight into the problem of effective management in this sphere is necessary.

Most studies concerning the efficiency of management in health care are carried out with quantitative methods that were adopted for the specificity of this sector. Among parametric methods, models of regression with a study of function sensitivity have been used. Among non-parametric methods, two are most frequently used: Data Envelopment Analysis (DEA) or Stochastic Frontier Analysis (SFA) (Rouse, Harrison, & Turner, 2011; Falavigna, Ippoliti, & Manello, 2013; Lobo, Ozcan, Lins, Silva, & Fiszman, 2014). The DEA method was first applied at the beginning of the 80s in the USA by Sherman (1984) so as to measure the efficiency of hospitals, his studies were later repeated in several hospitals in the USA and Europe. They are connected with measuring technical efficiency and carrying out comparisons between individual entities. Two types of models are used in



the studies: output-oriented, assuming maximized results, and input-oriented, assuming minimizing expenditures (Kumar & Nunne2008).

Using the integrated models of DEA and SFA, an analysis of influence on the efficiency of German hospitals' billing system on the basis of diagnosis-related-group (DRG) has been conducted (Herwartz & Strumann, 2012). The system of payments that operated in Germany until 2004 encouraged providers to long-term hospitalization, which caused an inefficient use of resources. In 1999 the concept of introducing DRG was announced for hospital billings. The intention behind these introduced changes was to shorten the length of hospital stay and to increase the number of treated cases. In reality, it meant hospitals were more willing to treat cases with a high return rate and low complexity of services. This, in turn, meant relatively lower use of resources in comparison to treating patients with the same diagnosis but a higher level of complexity, e.g. from groups of higher risk. A hospital that successfully obtains and attracts 'low cost patients' may also enjoy a better level of efficiency. In the case of this study, the authors also pointed out the necessity to use non-quantitative methods of analysis, so as to show the complexity of effectiveness and efficiency.

Similar conclusions were drawn from other studies carried out in Germany with the use of the same quantitative methods (DEA) that concerned the influence of privatisation on hospitals' efficiency (Tiemann & Schreyögg, 2013). The obtained results show that privatised hospitals presented a long-term (sustained for at least four years) increase in efficiency measured by the increase in profit. Higher profits are realised mostly through lowering the number of employees (with the exception of doctors and administration workers). However, according to the authors, for full interpretation of the obtained results, the limitations of quantitative methods ought to be taken into consideration, where only quantitative values, such as profit, revenue from sale, cost levels or mortality.

The results of various research show that the impact of ownership or other factors on efficiency in health care is mixed and uncertain: in some studies public hospitals are more efficient, in others private hospitals are more efficient and some authors do not confirm any relationship between efficiency and ownership (Jehu-Appiah et al., 2014). Apart from this research, several published results confirm that ownership type makes a significant difference in efficiency and cost results (Coyne, Richards, Short, Shultz, & Singh, 2009). Gok and Sezen (2013) comparing the differences of private and public hospitals, use the term "optimal care" – balance between efficiency and quality. Managers in hospitals can choose to ignore efficiencies and just focus on achieving the highest quality of care, or vice versa. On the other hand, the results of research conducted in hospitals in the United States show that technical inefficiency is associated with poorer





quality of patient outcomes and higher quality is not associated with lower efficiency (Clement, Valdmanis, Bazzoli, Zhao, & Chukmaitov 2008).

Additional studies are needed which would explain the differences in efficiency caused by the manner of decision making, market impact or perhaps some other causes.

The literature analysis that has been carried out, shows the necessity of change in the current approach, stressed by many authors, in the applied research methods. One of the allegations is the excessive concentration on creating dependencies presented in the form of verified hypotheses. It is mostly quantitative methods that are used in these studies. Still, not enough importance is placed on qualitative research that would explain why a given phenomenon takes place. A complementary character of such studies, which concentrate on searching for answers to the presented research problems, is emphasized in relation to quantitative methods of research.

Looking at the problem of effective management in health care through the lens of the growing role of managers in the functioning of health care system and, as a consequence, expanding the frontiers of management in medicine, requires the use of constructivist approach in this specific sector, which would comply with the classification of paradigms suggested by Guby and Lincoln (see Sławecki, 2012).

Constructivism assumes that an objective truth does not exist, reality is constructed socially and it is people who give it meaning. The aim of research is to understand what people think, feel, how they create constructs of the reality that surrounds them. Researchers do not search for external causes, fundamental principles that would explain a given behaviour or phenomenon, they try to understand and explain them. The starting point is gathering a rich set of data on the basis of which certain conclusions are drawn, researchers do not limit themselves to the theory or hypothesis formulated in the introduction. The applied research methods are based on a dialogue, active participation of a researcher. Research is based on a purposeful selection of entities, on substantive evidence, so as to allow the study and description of an interesting phenomenon and in-depth understanding of the whole complexity of social phenomena. In place of statistical generalisations, theoretical generalisations based on transferring research results into a theory, comparing that with other studies concerning the same phenomenon (Brycz & Dudycz, 2010).

The praxeological approach described earlier, and the praxeological analysis of activities in particular, may become a methodological basis of qualitative research of effectiveness and efficiency in health care. The advantage lies mainly in a broad look at the context of management – people managing at various levels, specific conditions of functioning of health care centres, ways of formulating goals in this sector and including the interests of different stakeholders. The purpose of this analysis is to



define and clarify what the effectiveness and efficiency of management in health care is, having regard to the specificities in this field. A detailed summary of praxeological directions in the analysis of determinants of efficaciousness in health care is presented in Table 3.

Only then it can approach the ways of evaluation the results of management activities, including practical directives formulated by praxeology and using quantitative research methods.

**Table 3.** Praxeological Analysis Determinants of Efficaciousness in Health Care

Direction of analysis	Specification
Managers as a doer	analysis of the characteristics, attitudes and behaviour of managers in health care at different levels of management, e.g. at hospital, medical director, head of ward, head of nurses; management competences, applied management style, manner of making decisions, form of employment.
Management conditions	analysis of medical centres environment, including mostly legal conditions, political, economic, demographic and social ones: health policy of the State and region, changes in legal regulations of activities in health care entities, principles of contracting services, introducing settlement of the transaction using DGR system, privatisation processes, competition, accessibility of financial resources available for medical care, demographic changes, epidemiology, accessible treatment methods, national specificity.
Goal of management	analysis of formulating, prioritizing and their division into lower levels of management including various groups of stakeholders: potential and current patients, employees, circles of medical professionals, higher medical schools, local community, owners of medical facilities, payers (the State budget, insurers), politicians.

Source: own study.

The analysis of these determinants should concern four levels: (a) a given patient, (b) different organisation units of a medical entity, e.g. hospital wards, (c) the whole medical entity, e.g. hospital, health centre, (d) a group of entities extracted locally or according to the type of service they provide.

## CONCLUSIONS

In the majority of developed countries worldwide and in Poland, significant changes can be observed in the functioning of the health care system. A growing demand for medical services and, connected with it, increasing costs of medical care and social pressure has meant the introduction of direct changes to the increase of the role of management so as to improve the effectiveness and efficiency in this sphere. What has been observed is the implementation of methods characteristic for business. Theoretical



considerations carried out in this field signal a problem in evaluating the effects of these changes. Although effectiveness and efficiency have become a new paradigm for health care institutions (hospitals, health centres, emergency care), science still has not worked out a method of measurement for them in entities that provide health care services. In current scientific publications, the quantitative approach dominates. Many scientists point out the necessity to complement these studies with a qualitative approach that will mostly include the specific context of shaping managerial roles in health care and combine them with traditional medical roles. In Poland, the evaluation of effectiveness and efficiency is dominated by the approach stemming from the great achievements of praxeology, and even though it has not been transferred onto the field of worldwide science and is criticised by some scientists, it may become a basis for extensive qualitative research in case studies. Applying praxeological analysis of determinants allows us to include in research many aspects of an organisation's functioning without focusing only on the economic aspect of efficiency.

## REFERENCES

- Austen, A. (2010). Pomiar efektywności w organizacjach ochrony zdrowia. In A. Frączkiewicz-Wronka (Ed.), *Pomiar efektywności organizacji publicznych na przykładzie sektora ochrony zdrowia* (pp. 100–131). Katowice: Wydawnictwo Uniwersytetu Ekonomicznego w Katowicach.
- Bielski, M. (2002). *Podstawy teorii organizacji i zarządzania*. Warszawa: Wydawnictwo C.H. Beck.
- Brycz, B., & Dudycz, T. (2010). *Paradygmat jako podstawa metody naukowej w naukach o zarządzaniu*. In T. Dudycz & G. Osbert-Pociecha (Eds.), *Efektywność - rozważania nad istotą i pomiarem*. Wrocław: Wydawnictwo Uniwersytetu Ekonomicznego we Wrocławiu.
- Cabała, P. (2007). Prakseologiczna analiza działania. *Prakseologia*, 47/2007, 9–17.
- Clement, J.P., Valdmantis, V.G., Bazzoli, G.J., Zhao, M., & Chukmaitov, A. (2008). Is more better? An analysis of hospital outcomes and efficiency with a DEA model of output congestion. *Health Care Management Science*, 11, 67–77. doi: 10.1007/s10729-007-9025-8
- Coyne, J.S., Richards, M.T., Short, R., Shultz, K., & Singh, S.G. (2009). Hospital Cost and Efficiency: Do Hospital Size and Ownership Type Really Matter? *Journal of Health Care Management*, 54(3), 163–175.
- Falavigna, G., Ippoliti, R. & Manello, A. (2013). Hospital organization and performance: a directional distance function approach. *Health Care Management Science*, 16, 139–151. doi: 10.1007/s10729-012-9217-8
- Frączkiewicz-Wronka, A. (2009). *Zarządzanie publiczne w teorii i praktyce ochrony zdrowia*. Warszawa: Oficyna WoltersKluwer.
- Frączkiewicz-Wronka, A. (Ed.). (2010). *Pomiar efektywności organizacji publicznych na przykładzie sektora ochrony zdrowia*. Katowice: Wydawnictwo Uniwersytetu Ekonomicznego w Katowicach.
- Gasparski, W. (1999). *Prakseologia*. Warszawa: Oficyna Wydawnicza Warszawskiej Szkoły Zarządzania.
- Gok, M.S., & Sezen, B. (2013). Analyzing the ambiguous relationship between efficiency, quality and patient satisfaction in healthcare services: the case of public hospitals in Turkey. *Health Policy*, 111, 290–300. doi: 10.1016/j.healthpol.2013.05.010
- Grewiński, M. (2011). *Od administrowania do zarządzania usługami społecznymi*. In M. Grewiński & B. Skrzypczak (Eds.), *Środowiskowe usługi społeczne. Nowa perspektywa*



- polityki i pedagogiki społecznej* (pp. 31–44). Warszawa: Wyższa Szkoła Pedagogiczna w Warszawie, Elipsa.
- Hertwartz, H., & Strumann, Ch. (2012). On the effect of prospective payment on local hospital competition in Germany. *Health Care Management Science*, 15, 2012. 48–62. doi: 10.1007/s10729-011-9180-9
- Hutchinson, S., & Purcell, J. (2010). Managing ward managers for roles in HRM in the NHS: overworked and under-resourced. *Human Resource Management Journal*, 20(4), 357–374. doi: 10.1111/j.1748-8583.2010.00141.x
- Jack, E.P., & Pouers, T.L. (2009). A review and synthesis of demand management, capacity management and performance in health-care services. *International Journal of Management Reviews*, 11(2), 149–174. doi: 10.1111/j.1468-2370.2008.00235.x
- Jehu-Appiah, C., Sekidde, S., Adjuik, M., Akazili, J., Almeida, S.D., Nyongator, F., Baltussen, R., Asbu, E.Z., & Kirigia, J.M. (2014). Ownership and technical efficiency of hospitals: evidence from Ghana using data envelopment analysis. *Cost Effectiveness and Resource*. doi:10.1186/1478-7547-12-9
- Kieżun, W. (1998). *Sprawne zarządzanie organizacją*. Warszawa: Oficyna Wydawnicza SGH.
- Kumar, S., & Nunne, W.H. (2008). Measuring technical efficiency of specialty hospitals in the US. *Journal of Revenue and Pricing Management*, 7(2), 139–152
- Lobo, M.S.C., Ozcan, Y.A., Lins, M.P.E., Silva, A.C.M., & Fiszman, R. (2014). Teaching hospitals in Brazil: Findings on determinants for efficiency. *International Journal of Healthcare Management*, 7(1), 60–68. doi: 10.1179/2047971913Y.0000000055
- Lubicz, M. (2010). Efektywność i inne miary konsekwencji działań w sektorze ochrony zdrowia. In T. Dudycz, & G. Osbert-Pociecha (Eds.), *Efektywność – rozważania nad istotą i pomiarem*. Wrocław: Wydawnictwo Uniwersytetu Ekonomicznego we Wrocławiu.
- Łasiński, G. (2003). *Sprawność zarządzania organizacją sportową*. Wrocław: Wydawnictwo AWF we Wrocławiu.
- Marques, R.C., & Carvalho, P. (2013). Estimating the efficiency of Portuguese hospitals using an appropriate production technology. *International Transactions in Operational Research*, 20, 233–249. doi: 10.1111/j.1475-3995.2012.00865.x
- Rouse, P., Harrison, J., & Turner, N. (2011). Cost and Performance: Complements for Improvement. *Journal of Medical Systems*, 37(5), 1063–1074. doi: 10.1007/s10916-010-9520-1
- Rudauska, I. (2007). *Opieka zdrowotna. Aspekty rynkowe i marketingowe*. Warszawa: Wydawnictwo Naukowe PWN.
- Sherman, H.D. (1984). Hospital efficiency measurement and evaluation. Empirical test of a new technique. *Medical Care*, 22, 922–938.
- Sławewski, B. (2012). Znaczenie paradygmatów w badaniach jakościowych. In D. Jemielniak (Ed.), *Badania jakościowe. Pojęcia i teorie* (pp.57–65). Warszawa: PWN.
- Szpaderski, A. (2007). The Importance of Tadeusz Kotarbiński's Metapragmatics for Management Theory. *Dialogue and Universalism*, 17(1/2), 41–70.
- Szpaderski, A. (2013). *Prakseologia a nauki o zarządzaniu. Studium metodologiczne*. Warszawa: Wydawnictwo Menedżerskie PTM.
- Tiemann, O., & Schreyögg, J. (2013). Changes in hospital efficiency after privatization. *Health Care Management Science*, doi: 10.1007/s10729-012-9193-z
- Townsend, K., & Wilkinson, A. (2010). Managing under pressure: HRM in hospitals. *Human Resource Management Journal*, 20(4), 332–338. doi: 10.1111/j.1748-8583.2010.00145.x
- Zieleniewski, J. (1982). *Organizacja zespołów ludzkich. Wstęp do teorii organizacji i kierowania*. Warszawa: PWN.
- Ziębicki, B. (2010). Współczesne koncepcje oceny efektywności organizacyjnej – próba porównania. In T. Dudycz & G. Osbert-Pociecha (Eds.), *Efektywność – rozważania nad istotą i pomiarem* (pp. 632–642). Wrocław: Wydawnictwo Uniwersytetu Ekonomicznego we Wrocławiu.

## WYKORZYSTANIE PRAKSEOLOGICZNEJ ANALIZY DZIAŁAŃ W OCENIE SPRAWNOŚCI ZARZĄDZANIA W OCHRONIE ZDROWIA

### Abstrakt

**Tło badań.** W instytucjach ochrony zdrowia obserwowane jest co raz szersze zjawisko menedżeryzacji które wcześniej w większości krajów były instytucjami publicznymi. Polega ono między innymi na wprowadzeniu profesjonalnego zarządzania w szpitalach, ekonomizację działań, konkurencyjność, prywatyzację i kontraktowanie usług. Wprowadzane rozwiązania przenoszone są z sektora prywatnego, ale do końca nie jest jasne jak te modele będą pracować w sektorze opieki medycznej i przekładać się na pożądany wzrost efektywności.

**Cele badań.** Powyższe przesłanki spowodowały, że celem niniejszego artykułu stało się przedstawienie, na podstawie przeprowadzonej analizy studiów literaturowych, wyników badań dotyczących efektywności zarządzania w podmiotach leczniczych oraz możliwości wykorzystania do oceny sprawności zarządzania prakseologicznej analizy działań.

**Metodyka.** Przedstawiona argumentacja opiera się na analizie literatury przedmiotu.

**Kluczowe wnioski.** Przeprowadzona analiza wykazała podkreślaną przez wielu autorów konieczność zmiany dotychczasowego podejścia w zakresie stosowanych metod badawczych, w których dominują metody ilościowe. Ważne jest uzupełnienie tych badań podejściem jakościowym, które przede wszystkim uwzględni specyficzny kontekst kształtowania ról menedżerskich w ochronie zdrowia i łączenia ich z tradycyjnymi rolami medycznymi. Do pogłębionych badań można wykorzystać prakseologiczną analizę działań, która pozwoli na uwzględnienie w badaniach wielu aspektów funkcjonowania szpitali i nie koncentrowanie się na jednym wybranym wymiarze efektywności.

**Słowa kluczowe:** prakseologia, system opieki zdrowotnej, efektywność i skuteczność, sprawność zarządzania

