

Using Performance Management to Meet Changing Citizen Needs in the Mauritian Context: A Case of the Health Sector

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Abstract: The motto of the present government in Mauritius of “putting people First” clearly indicates a growing emphasis on the need to provide high quality services to citizens. This can be attributed to factors such as: Globalization, Trade liberalization, Liberalization of the media in Mauritius, increase in the level of education of the citizens and the growing number of advocacy groups to protect citizens. The Public Sector is constantly under pressure to translate its intent into practice. One of the ways in which the Public Sector can exceed the expectations of the citizens of Mauritius is to improve the performance of its employees who have been criticized for poor customer service. Consequently, Performance Management can be used to improve the quality of service being offered to citizens, reducing the waiting time and meet the changing needs of the citizens. The evidence from the Mauritian Public Health Sector, however, is not very encouraging in favour of implementing such a model for the time being. The present system of ‘incremental continuous improvement’ as much as present resources can afford may still better serve the purpose of government, public managers, and citizens alike than state-of-the art performance management systems.

Design/methodology/approach: A survey was carried out among Public sector officers in the Mauritian Health Sector to find out how far they take into consideration the needs of citizens when it comes to analyzing their performance and setting performance targets, and finding the rationale for such choices.

Originality/value: It is the first study of its kind in Mauritius and the main finding is that in spite of government emphasis on the implementation of performance management in the public sector, public managers are still hesitating to adopt such an approach due to resources constraints. There is evidence that the quality of customer-service in the Mauritian health sector is continuously improving without the adoption of such an approach and evidence that the present system serves the need of public managers and government and citizens alike. Until more resources are made available on the assumption that that they can be made available it may be advisable to put on hold the implementation of a performance management culture at least in the case of the Mauritian health sector.

Keywords: Public Sector, Performance Management, Citizen, Resource-constraints

Paper Type: Research Paper

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1.0 Introduction

Globalisation, Trade liberalization , liberalisation of the media in Mauritius, increase in the level of education of citizens and the growing number of advocacy groups to protect customers (citizens) are among the main factors in Mauritius putting a lot of pressure on the public sector to improve its performance. The objective is to meet the changing needs of its citizen. The public sector can no longer succeed by using the old methods of doing the work. This is a trend across the world today. In many countries, they are using the new public management framework to improve performance. The PRB report (2003), a Mauritian institution responsible for determining remuneration and guide reforms in the public sector, highlights that the public sector must use 'performance management' as one of the ways in which they can satisfy their customers. The actual system of appraising performance in the Mauritian public sector is through the use of the confidential report. This is being highly criticized because it has not been effective in improving performance in the Public Sector. The reform has been on the agenda for quite some time and officers have been trained in the field of performance management so as to understand the concept and to ease the process of implementation.

Given that Performance Management is in its introductory phase in Mauritius, it is a good opportunity to insert citizen expectations of performance levels within the performance management system that will be used. The present government knows that it is only through the use of performance management that it will be able to achieve the objectives of its "Putting People First" policy. According to the actual government, it is by improving the performance of people working in the public sector that the changing needs of the citizens can be met. In addition, the services provided by the public service are financed by the citizens themselves and consequently, they want to get value for money. The Mauritian citizens are very much aware of their rights and they have become very demanding. On the other hand, government has not forgotten that business organizations are also part of its citizens and that its role is to facilitate their activities by providing cost effective and timely services especially at a time whereby they have to face cut-throat competition from abroad due to globalization of trade.

Due to time and resources constraints, the case of hospitals (managed by the Public sector) in Mauritius has been analyzed to find out what is happening with respect to the implementation of Performance Management in the Mauritian Public sector. This is very relevant given that there are a lot of complaints from the citizens on the performance of Public Sector hospitals in terms of timely and good quality provision of services. It will be very interesting to see whether the needs and requirements of citizens are being taken into account and how this can be incorporated in the design of a good performance management system in the hospitals.

The paper sets out to achieve the above objectives by firstly reviewing some literature in the field of performance management and then makes the link between performance management and citizens. Thirdly, the research methodology is detailed out before the presentation of findings. Finally the paper sets out its conclusions and recommendations.

2.0 Literature Review: An Understanding and Approaches to Performance Management

Armstrong (2000) defines performance management as a "strategic and integrated process that delivers sustained success to organizations by improving the performance of

people who work in them and by developing the capabilities of individual contributors and teams”. Indeed, according to Moullin (2002) and de Bruijn (2001), the objectives of performance management which are at the heart of the government reform agenda are:

- rationalization, in terms of size, cost and functions;
- the introduction of more effective systems of financial accountability;
- greater transparency in the operation of these public institutions;
- the upgrading of the skills base of the sector and the modernisation of its functional principles, procedures and systems; and
- the development of a realistic remuneration policy based on performance.

It is suggested that performance management is integrated in two senses (Armstrong, 2000): first, vertical integration, in terms of the alignment of business, team and individual objectives and second, horizontal integration, linking different aspects of cross cutting activities, to achieve a coherent approach to the management and development of people. Thus, any attempt to develop performance measurement systems in the public sector must consider policy, practice and people in an integrated manner (Rowley, 1997).

Many people, however, use the word performance management and performance appraisal interchangeably. It should, in fact, be clear that these are two different words. Performance appraisal is also known as performance review which is the process of actually reviewing the performance of employees. On the other hand, performance management is a broader concept and it includes performance appraisal/ review. Performance management translates the overall organizational objectives into individual employees’ objectives, gets the agreement of employees and the immediate superiors on the objectives, decides on the performance measures and standards, concerns the actual reviewing of performance of employees together with their immediate superior, providing feedback for improvement and taking corrective measures such as training, compensation, promotion, amongst others, to sustain performance over the long term. In the Mauritian context, the PRB (2003) report highlights clearly the differences of performance appraisal (done through the confidential report) and performance management so as to emphasize on the drastic change that they want to bring in the public sector through performance management.

There are different perspectives of looking at performance management in general. As such, there are many different models of performance management that have been developed. Although they may have their differences in their approach, the end product of the models is the same, that is, improving performance in the organization.

The Systems approach

It is common practice in the public sector performance management to talk about the three E’s of economy, efficiency, and effectiveness. Based upon the input, process and output model of organizations (Flynn(1997),Rouse(1999);Carter et al (1995)). The inputs can be represented by the financial resources, human resources, and raw materials that are needed to be processed so as to produce the output required by citizens. Analysis of the three E’s can help the public sector to come up with different performance measures to reflect improvement in the performance. Economy is usually an input oriented perspective of looking at performance measurements and it will indicate a good or bad use of the various inputs of the public sector. Examples of generic measures used include

cost per case, cost per service type, numbers and categories of staff involved. Efficiency is much more concerned with the processes that transform the input into output and it is closely related with productivity measures (i.e. Output/ Inputs) of the processes. Finally effectiveness is concerned with the extent to which the outputs meet organizational needs and requirements and is therefore much more difficult to assess, let alone measure. Public sector organizations are created to meet some form of perceived societal need. The relationships between alternative performance measures are shown below:

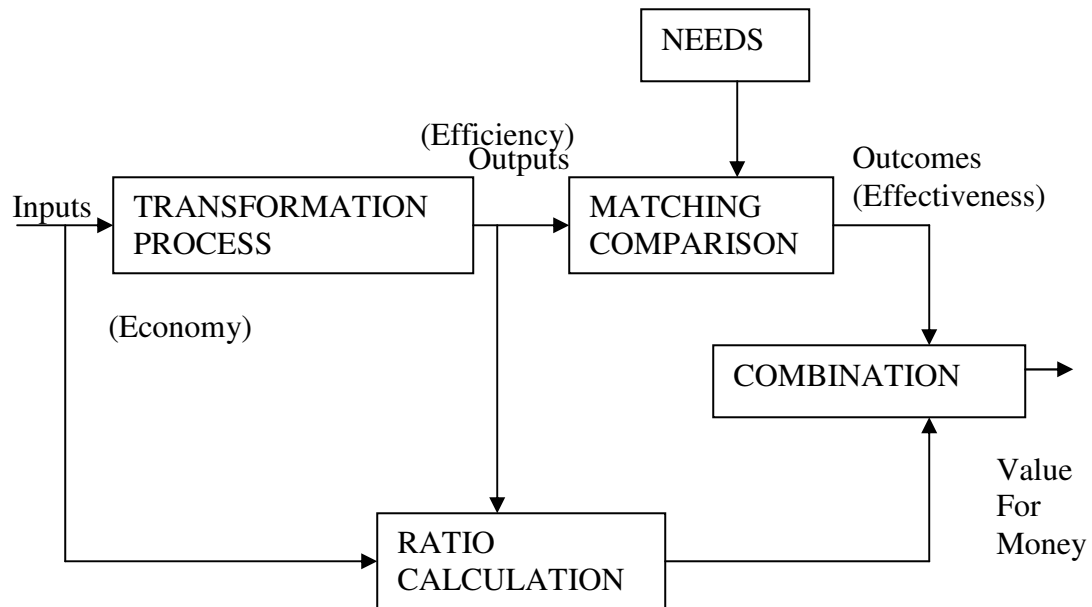


Figure 1.0 (Source: Tony Boland and Alan Fowler, (2000), *A systems perspective of performance management in Public sector organizations, The international Journal of Public Sector Management pp. 417 – 446*)

The systems perspective of performance management in public sector organizations has enabled us to come up with different performance measures that can help us to analyze performance of the Public Sector. However, the systems perspective can be criticized on the ground that it does not help us to understand the link between the organizational objectives and the individual objectives and it concentrates more on performance measures.

The Five Factor Performance Management model

According to this framework, Performance management is an integrated set of planning and review procedures, which cascades down through the organization to provide a link between each individual and the overall strategy of the organization (Rogers, 1994). This performance model puts a lot of emphasis on the fact that individual jobholders:

- have greater clarity about what their organization is trying to achieve;

- understand what is expected of them in their job;
- are entitled to regular feedback on how well they are doing;
- have continuous support from their managers; and
- have opportunity to assess their overall performance achievements over a given period

The 'Five Factor Performance Model'² explains that performance management starts from the explicit knowledge of the mission and objectives of the overall organization. The mission statement will consequently help to come up with the corporate strategies and objectives leading to the establishment of the departmental objectives. In addition, the human resource planning process is also important here as it will enable us to know about the different human resource strategies that must be devised so as to achieve the corporate objectives. The corporate objectives can then be cascaded down to individual objectives in different departments. This will imply that the individual objectives will be closely related with the organizational objectives. In performance management, it is very important to have mutual agreement between the management and the individual employees on the different standards of performance which are both quantitative and qualitative. After the implementation of the action plans, performance of employees is reviewed or appraised based on the standards of performance that were agreed. The performance review is a platform whereby the immediate supervisor will give feedback on the performance measures, the actual performance, the weaknesses of the employees and what will be done to improve performance. On the other hand, the employees will get the opportunity to share his views on his performance, the problems that they encountered and what they will do in future to improve performance. Feedback is a very important aspect of the performance management framework. The performance appraisal can be used to design training programs that will allow the employee to improve his performance.

The PM model stems from the clear understanding by every member of the organization's mission and values and what it wants to achieve. Its success depends on managers developing a style that promotes achievement with the right motivation "or positive reinforcement" and performance-based information set from the management accounting system (MAS).

Literature indicates that the traditional role of MAS in Public Sector Organizations is that of financial planning and control (Drury,1996). While budgetary control remains an important measure to contain over-expenditure in PSO, New Public Management reform process is more concerned with output measure that focus more on quality delivery of goods and services. The market is more closely focusing on outcome measures that assess contributions to achievement of governments' primary objectives.

Balance score card

In reviewing the development and use of performance measurement in UK local government, Ghobadian and Ashworth (1994) suggest characteristics of performance measurement systems that are consistent with the principles underlying the balanced

² For a detailed pictorial representation of the 'Five Factor Model' please refer to John Isaac Mwita (2000), Performance Management Model, *The International Journal of Public Sector Management*, Vol. 13 No.1, pp. 19-37

scorecard approach (BSA) to performance management. They believe that an integrated, holistic performance measurement system that did all of these things would, in fact, be a performance management system.

The BS is potentially a powerful tool by which senior managers can be encouraged to address the fundamental issue of effectively deploying an organization's strategic intent (Kaplan and Norton, 1992, 1996). The BS literature also indicates that it is as much the process of establishing a scorecard that yields benefit as the resultant measurement schema. Kloot and Martin (1998) argue that, in practice, PM systems require the four dimensions of the BS, i.e. financial, community/customer, internal business processes, and growth/innovation and learning. While all the four dimensions of the BSA model are important, the focus in the local government system has been on the results of council work financial performance and to a lesser extent on how the community views performance.

360 feedback method

Many firms have expanded the idea of upward feedback into what they call 360-degree. Here performance information is collected "all around" an employee from his or her supervisors, subordinates, peers, and internal or external customers. The feedback is generally used for training and development, rather than for pay increases. Appropriate parties, - peers, supervisors, subordinates, and customers, for instance – complete survey questionnaires on an individual. The questionnaires can take many forms but often include supervisory skill items.

3.0 Performance Management and the Citizen

There are different models of performance management. It can be found out that today the focus of the performance models are more on the different stakeholders of an organization and at the same time, it should be a more integrated and holistic approach so that organizational overall objectives are translated into individual objectives. One of the major stakeholders of the public sector is the citizen/ the community. Consequently, if we want to satisfy the changing need of the citizen, their needs should be included in the overall mission statement of the public sector organizations. This should be in turn translated into departmental and individual objectives. The balance score card can help to understand the needs of the citizens and how it can be included in the mission statements of the Public sector organizations. It will also help us to come up with different performance measures that will help the Public sector organizations to assess the performance of their employees in relations to these measures. In addition, the systems approach to performance management can be very useful to come with different performance measures as well. The performance measures must take into account the input measures that there will be to indicate good use of the different inputs such human resources, financial resources, raw materials, among others, necessary to satisfy the needs of the citizens. The output measures in terms timely delivery of services, little waiting time and other indicators that satisfies the need of the citizens translated in organizational need. Performance review which is an important aspect of performance management can thus use these different measures so as to judge how far the performance of employees in the public sector has been able to meet the needs of citizens. Another important aspect of performance review is about who should be responsible for assessing the performance of

employees in meeting the requirements of citizens. Traditionally, the immediate supervisor was responsible for the direct appraisal of the employees. However, a lot of limitations have been highlighted especially with the fact that a lot of subjectivity is involved. As such, the philosophy of 360 degree feedback whereby the views of the citizens are also needed to be taken into account and citizens feedback on the employees in delivering the services should be considered. This will give a better picture of the overall performance of the employees with respect to satisfying citizens. On the other hand, citizens will be more satisfied given that their views will be taken into consideration in appraising the performance of employees. This will also send a strong signal to the citizens that the public sector is considering the citizens as partners in improving their performance.

4.0 Research Methodology

Objectives of Research

The objectives of the research are to:

- Find out whether public sector officers in Mauritian hospitals understand the importance of citizens in analyzing the performance of the public sector and how they have incorporated it in their own organization.
- Find out whether performance measures are being used to assess performance of Public sector officers in hospitals and what these indicators are.
- Find out how the citizens requirements are reflected by performance measures
- Make realistic policy recommendations in the present situation

Population

The population for the purpose of this research is represented by senior managers at the ministry level, all regional hospital directors in Mauritius and medical superintendants. The latter are generally responsible for the overall management of different sections in all hospitals in Mauritius. There are about 56 superintendants who are working in the different hospitals and a sample of 20 persons were taken so as to get information on the above mentioned objectives.

Data Collection Methodology

For the purpose of the research, primary data was used since there have not been a lot of research that has been done on the application of performance management to service citizens as the public sector is applying the framework of performance management now. However, some secondary data was obtained from the PRB report (2003) and during interviews when officers provided some available health statistics. In addition the scheme of duty for doctors and other para-medical staff have also been analyzed for the purpose of the study.

A semi-structured interview was conducted with the public managers so as to get the primary data on performance management within the hospitals in order to maximize the satisfaction of citizens. Questions were asked along the following lines:

- Did they include satisfaction in citizens needs in their mission statement?
- Are employees made aware of citizens' expectations?
- Do they take citizens' needs into consideration in designing standard of service?

- If yes, what standards, are they using?
- Are they setting standards for doctors?
- If no, why do they not set performance indicators?
- Do they have a citizen charter?

5.0 Findings

Island of Mauritius: An Analysis of the Health Situation

Since Independence of Mauritius in 1968, welfare program continues to command an important position in public policies. Beside the provision of free pre-primary, primary and secondary education, free transport to students and free health services, Government also provides an extensive range of other social benefits, including universal pension to all citizens above 60 years of age and social aid to vulnerable groups.

Speaking specifically about Health care in the public sector, from primary to curative care, and high tech medical care, including amongst others, cardiac surgery, angiography, renal dialysis and transplantation, corneal transplant and neurosurgery is provided, free of any cost, at the point of use to the entire population.

In fact, for the period 2004-2005, National health accounts reveal that the republic of Mauritius spent approximately Rs. 6.1 billion – the equivalent of about US\$ 211 million. This figure amounted to Rs 5,029.09 (US\$ 173.42) per capita and 4.3% of the Gross Domestic Product in year (Ministry of Health, 2006).

Of course the achievements are praiseworthy for a developing country. Life expectancy of Mauritians, for instance, has increased from 63 to 71 years during the last twenty years (see figure 2 below). For the period 2001-2003, life expectancy for male was 68.6 years and that for female was 75.3 years. The figures compare very favorably with worldwide statistics. The World Health Organization (WHO) uses HALE (Healthy Life Expectancy) to measure the level of health that captures the full health experience of the population and not just mortality. Worldwide, HALE at birth ranged from 39 years for population in Africa (both males and females) to almost 66 years for females in countries of Western Europe. In WHO European region, HALE at birth in 2000 was 62.9 years for males and females combined. For the period 2002, HALE at birth for Mauritian males was 60.3 years and that for females 64.6. The combined HALE at birth for males and females in Mauritius was 62.4, a figure on par with those of high-income and developed countries.

Communicable diseases have to a large extent been successfully dealt with and brought under control in the country. Many of them have even been eradicated. The last indigenous case of malaria dates back to 1996. Mauritius is also not a high tuberculosis burden country. An incidence of around 12 cases of tuberculosis per 100,000 populations has been maintained over the past years. An active surveillance of Acute Flaccid Paralysis (AFP) is being implemented in order to qualify Mauritius as a polio free zone.

Mauritius is considered as a low prevalence HIV and AIDS country. A cumulative number of 102 HIV and AIDS cases have been reported as at end of December 2002, since the first case was detected in 1987. At present, the prevalence rate among pregnant women is around 0.1 per cent, whereas among sex workers and prison inmates, it is more

than 5 per cent. There is a low but definite rise in the incidence rate of HIV in Mauritius. Among new cases registered, more than 90 per cent are among injecting drug users.

The major concern in the Republic of Mauritius is the high prevalence of Non-Communicable Diseases (NCDs). NCDs represent the bulk of morbidity, disability and premature deaths in the country. In 2002, 51.3 per cent of deaths were due to diseases of the circulatory system. It is estimated that 21 per cent of the total burden of disease in the country is attributed to three conditions (i) ischaemic heart disease (11%); (ii) stroke (6%); and (iii) hypertensive heart disease (3%). Mauritius remains the third country in the world with the highest prevalence of diabetes. Cancer contributes to 5 per cent of diseases suffered by men and 7 per cent by women.

The most prominent NCDs such as cardiovascular diseases, cancer, diabetes, pulmonary diseases and hypertension are linked by common preventable risk factors associated with lifestyle, such as tobacco use, unhealthy diet, obesity and physical inactivity. To counteract the challenges of NCDs, a national programme which includes prevention, health promotion and education, screening and early detection of NCDs cases is being implemented. Government has also enhanced medical and surgical treatment services to cater for those already afflicted by chronic conditions of NCDs.

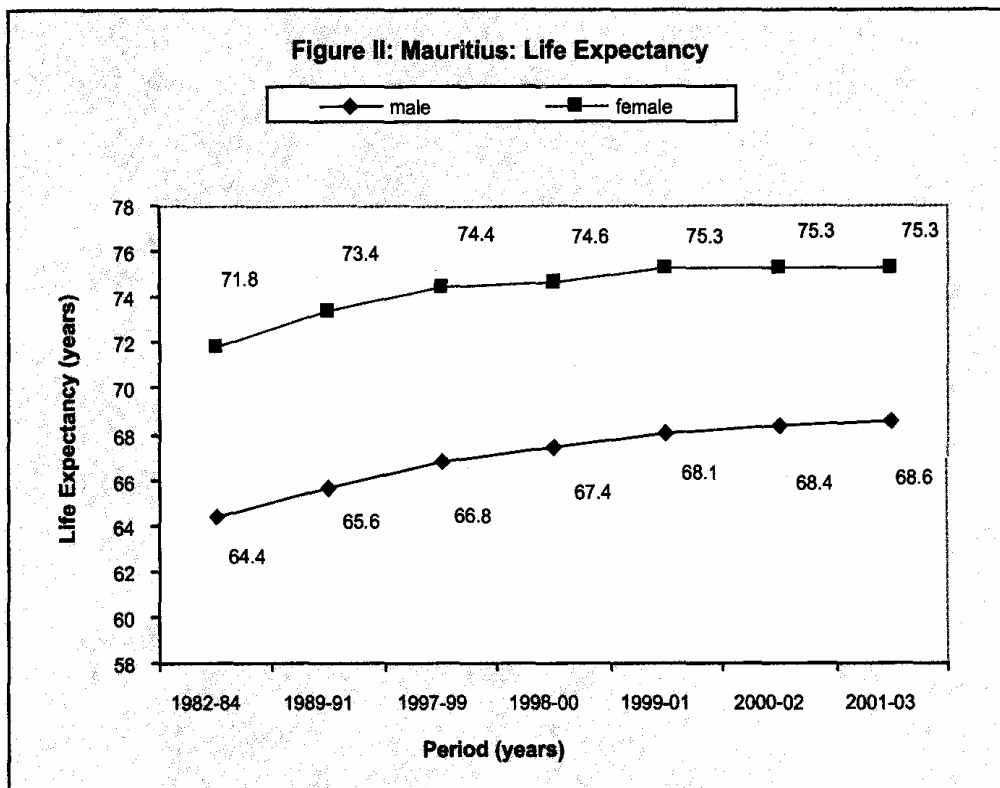


Figure 2.0: Source: Ministry of Health and Quality of Life (Mauritius) (2005) Health Statistics Annual – 2004 Island of Mauritius, A Publication of the Health Statistics Unit, Ministry of Health and Quality of Life

Health Personnel Dispensing Health Care

Figure 3.0 below depicts some salient statistics of the health personnel has dispensed the necessary health care to citizens of Mauritius over a number of years.

SELECTED HEALTH MANPOWER STATISTICS AS AT END OF YEAR 1995 - 2004
REPUBLIC OF MAURITIUS

GRADE	1995		1996		1997		1998		1999		2000		2001		2002		2003		2004	
	NUMBER	POPULATION PER GRADE	NUMBER	POPULATION PER GRADE	NUMBER	POPULATION PER GRADE	NUMBER	POPULATION PER GRADE	NUMBER	POPULATION PER GRADE	NUMBER	POPULATION PER GRADE	NUMBER	POPULATION PER GRADE	NUMBER	POPULATION PER GRADE	NUMBER	POPULATION PER GRADE	NUMBER	POPULATION PER GRADE
DOCTOR[®]																				
Employed by Mins. of Health	542		537		590		590		585		663		694		703		765		775	
- of which specialists	173		173		194		(193)		(195)		(224)		(245)		(251)		(208)		(258)	
In private practice	418		471		426		443		476		417		413		483		408		528	
TOTAL	960	1,176	1,008	1,133	1,016	1,137	1,033	1,130	1,061	1,112	1,080	1,105	1,107	1,089	1,186	1,026	1,173	1,047	1,303	950
DENTIST																				
Employed by Mins. of Health	44		44		45		45		45		47		49		52		54		58	
In private practice	108		106		100		99		106		99		100		104		100		109	
TOTAL	152	7,430	150	7,617	145	7,968	144	8,103	151	7,817	146	8,172	149	8,090	156	7,798	154	7,973	167	7,412
PHARMACIST																				
Employed by Mins. of Health	8		8		8		9		17		17		19		17		20		20	
In private practice	215		225		241		241		232		230		226		233		259		266	
TOTAL	223	5,065	233	4,903	249	4,640	250	4,668	249	4,740	247	4,831	245	4,920	250	4,866	279	4,401	286	4,328
QUALIFIED NURSE & MIDWIFE[#]																				
Employed by Mins. of Health	2,629	430	2,661	429	2,801	412	2,827	412.8	2,831	417	2,802	426	2,726	442	2,812	433	2,799	439	2,774	446

[®] excluding doctors (included in figure in private practice) working under the "Bank of Doctors" scheme

[#] excluding nurses working under the "Bank of Nurses" scheme

Figure 3.0 Source: Ministry of Health and Quality of Life (Mauritius) (2005) Health Statistics Annual – 2004 Island of Mauritius, A Publication of the Health Statistics Unit, Ministry of Health and Quality of Life

As can deduced from the table above, at the end of 2004, there were 1,303 doctors in the Republic of Mauritius, that is one doctor for every 950 inhabitants. Of those doctors, 775 (59.5%) were employed in the public sector. In 1995, there were 960 doctors, of whom 542, that is 56.5% were in the public sector. There was then one doctor for an average of 1,176 inhabitants.

There were 167 dentists, of whom 58 in the public sector, at the end of 2004. The corresponding number of pharmacists was 286 and 20 respectively. The number of qualified nurses and midwives in the public sector were 2,774. Due to the shortage of qualified nurses, the "Bank of Nurses" Scheme was set up in 1999, allowing those who are off duty to do extra work. Those health personnel of government hospitals and departments provided the following level of service to Mauritian citizens:

Inpatient Service: The number of admissions (including re-admissions) to government hospitals in the Island of Mauritius, in 2004, was 191,142 of which 171,146 (89.5%)

were in general hospitals. The number of admissions represented a decrease of 6.6% over the figure for 2000 when it was 204,673. In 1995, there were 168,835 admissions.

The total number of births (live births and stillbirths) occurring in the maternity sections of government general (regional and district) hospitals in 2004 was 15,656, that is 83.6% of all births registered in the Island. The mode of delivery was 10,225 (65.3%) normal, 235 (1.5%) instrumental, and 5,196 (33.2%) by caesarean section. The percentage of delivery by caesarean was 20.1 in 1995 and 27.2 in 2000.

Out-Patient Service: The total number of attendances at out-patient departments of hospitals (sorted, unsorted and casualty) was 2,676,695 in 2004 as compared to 2,680,003 in 2000 and 2,017,939 in 1995.

In 2004, attendances for the treatment of common diseases and injuries at the community hospital, medi-clinics, area & community health centers was **3,547,310**, as compared to 2,825,135 in 2000 and 2,138,122 in 1995.

Secondary Health Care Services: Secondary health care services are delivered through three hospitals at the district level and five regional hospitals with a capacity of 2524. The regional hospitals normally provide services, which include amongst others, general medicine, emergency services general and specialized surgery, gynaecology, pneumology, orthopedics and traumatology, pediatrics, renal dialysis, radiotherapy, cardiology and lithotripsy. One psychiatric hospital with 819 beds caters for patients with mental health problems. The Subramanien Bharati Eye Hospital, the Ear/Nose/Throat Centre and the Chest Hospital with a total bed capacity of 177 beds deliver specialized services in their particular specialized fields. The number of occupied bed-days in all the hospitals was to the order of 900,474 in 2002 with a bed occupancy rate of around 69.9 percent. In the same year, the number of outpatient attendances at all the hospitals reached 2,591,406. Operations performed on inpatients numbered 34,215.

Reading Beneath Statistics: Assessing The Feasibility of Implementing Performance management (Interview Based)

The Ministry of Health has come up with its mission statement as given below:

- Enhance the health status of the population
- Improve the quality of health care delivery with a view to increasing patients' satisfaction
- Enhance social equity through the provision of a wider range of health services to the whole population
- Ensure that the health sector is consolidated and that the health services remain accessible to every citizen

The mission statement clearly reflects that the citizens' needs have been taken into account while coming up with the overall organizational objectives. However, many questions can be raised on the implementation of the mission statement in practice. On the other hand, it seems that some hospital regional directors are aware of the mission statement but are not in a position to clearly state how far they have been successful in translating these organizational objectives in their regional hospitals objectives and how far they have been able to meet citizens' expectations mainly due to the absence of

appropriate performance measures. Also, there is a lack of communication of the mission statement to lower level employees despite the fact that the mission statement is available on the web site of the ministry and the walls of different hospitals. The lack of communication also affects the understanding by front-line staff about the expectations of the citizens.

All the interviewees suggested that they are taking citizen consideration while designing the standard of service provided. The different standards of performance that they are using currently include: the number of patients attending hospitals every day, the number of admissions, number of surgical operations done. They are using the number of patients per day to determine the number of doctors that can be allocated to different hospitals or departments. These are however, being done, based on the resources available, in terms of doctors, other front-line staff, equipment, etc, at any point in time. No targets are set for medical staff, who have to attend to all requests from patients visiting hospitals on the same day that the latter do so. When it comes to specialized care and operations etc., again patients are put on a waiting list as per the availability of staff to treat them as and when this is possible, theoretically, on a first come first serve basis, with the exception of urgencies which have to be immediately attended to.

In fact, through the interview, it has been found out that the regional health directors are not fixing the number of patients that each doctor must be able to see in a day or per hour. The main reason for not setting standards is that according to them there is a lack of doctors in hospitals whereby setting such standards of performance can lead to frustration and lack of motivation. Moreover, the regional health directors justified the absence of these standards as they cannot guarantee whether they will have enough doctors to satisfy daily demands if standards are set. As it is, medical staff have to make sure that all patients attending hospitals or health centers on the same day. Queuing time can only be reduced if more doctors are available and that is limited by the number of doctors employed by the government of Mauritius. At present all doctors wishing to join the public sector are employed. The government has even imported doctors from India to improve the quality of service at least in terms of waiting time reduction. Again, there are limitations imposed by financial resources which a third world country can afford.

Such being the case, the Mauritian hospitals provide health care on an 'as much as the demand on any day' basis or on 'as soon as a possible' basis when it comes to specialized treatment. There is consensus that there is no alternative to such an approach given the resources that are available at any point in time. There is also the feeling that trying to put performance targets on doctors and medical staff in general is both utopian and dangerous to the image of government and patients alike.

The scheme of doctors was also analyzed and it was found that the scheme was drafted in the 1960's. This implies that it no longer reflects the current situation prevailing in the health sector in Mauritius. In addition, it has just listed the different duties that are needed to be performed without clarifying measures of performance. According to the scheme, doctors must also be able to perform any cognate duties which are very vague in terms of clarifying expectations of top management. This has not changed as it serves the purpose of the government and administration of hospitals by not setting up standards and getting the maximum from available staff.

All hospitals have come up with a citizen charter (not-so-called in Mauritius) but in most cases, it is deliberately set so low that it does not change anything in terms of post-

implementation of the charter. It seems that it is just an exercise for Public Relations than anything else.

6.0 Conclusions and Recommendations

In the Republic of Mauritius, the welfare strategies of Government have one unequivocal aim, that is, to enhance the quality of life of the population. The sustainable provision of free health care to the population, since the past few decades has paid rewarding dividends on the nation's health.

Undoubtedly, Performance Management can provide a more systematic and integrated approach to satisfy citizens by improving the quality and timeliness of service. From the above analysis of the present situation in the Mauritian Public Health Sector, however, it seems that not all conditions are present for the implementation of performance management in Mauritian public hospitals with a view to improving quality of services dispensed. There are different piece-meal solutions that have been implemented so as to meet the needs of citizens. Performance management in the case of Mauritian hospitals, nevertheless, is still a farfetched idea because irrespective of how good a technique it is, there is a fear to implement it due to sheer shortage of staff who still have to satisfy the customers to the 'extent possible'. Performance management or not, there are indications that, at least, there has been continuous improvement in quality of service and reduction in the time taken to provide services to citizens in Mauritian hospitals by increasing the number of doctors and other staff and equipment including new types of specialized care previously not possible to provide locally.

The level of service may be perceived (locally) to be low but it seems to be in line with the staff resources available. The senior management of the ministry of health who also have experience of developed country experiences are proud of their achievements which they claim are even better when compared to what obtains in many developed countries. Implementation of performance management may make matters worse in the present situation. In this case, it seems that it can only be feasibly implemented when adequately staffed and resourced. Perhaps, any attempt to force a performance management model may enjoy the same fate as the White Paper on Health Sector Development and Reform³ whose Action plan for Health with its rhetorically attractive recommendations like 24 hour family doctor service, major expansion of high tech diagnostic and treatment services... (Ministry of H & QoL, 2003) will meet a premature death. As the White Paper itself claimed 'the cost of these developments is beyond what can be expected in the medium term from the normal budget sources. Options for supplementary finance for the Action Plan are presented, including national health insurance, extra incentives for the development of the private sector, conversion of the National Savings Fund, health taxes on tobacco and alcohol, an efficiency drive within the health sector and charges for health services'. Until financing issues are sorted out it may be pre-mature to speak in terms of a realistic performance management.

³ The White Paper is published for public consultation and views are invited to be submitted by 31 March 2003 to promote the widest possible debate on priorities and methods of funding as a basis for national policy.

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