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PERFORMANCE MANAGEMENT IN SOCIAL AND HEALTHCARE SERVICES FOR OLDER PERSONS

Effects on the Relationship with Beneficiaries and Family Members

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The research objectives were to identify specific problems that social and healthcare service providers face in the process of performance achievement and the way these efforts influence the relationship with older persons and their families. The scarcity of data on performance in public and private organisations in the social and healthcare sector recommends the use of qualitative methods. Data collection included five in-depth interviews with local and central authorities and two focus groups of managers from public and private organisations providing social and healthcare services for older persons. Findings show that performance in the social and healthcare sector is related to human and financial resources, to managerial capacity to balance the quantity and quality of services provided, and to the relationship with the beneficiaries.

Keywords: social services, healthcare services, performance, older persons, health and social care workers, key factors of performance management

Effizienzsteigerung in sozialen und gesundheitlichen Dienstleistungen für Senioren und Seniorinnen: Wirkungen auf die Beziehung zu Begünstigten und Familienmitgliedern: Das Ziel der Studie war, die speziellen Probleme zu identifizieren, die Anbieter von sozialen und gesundheitlichen Dienstleistungen im Prozess der Effizienzsteigerung haben, und wie diese Probleme die Beziehung zu Senioren und Seniorinnen und ihren Familien beeinflussen. Wegen mangelnder Daten über die Leistung von zivilen und staatlichen Organisationen im Feld der sozialen und Gesundheitlichen Dienstleistungen wurde eine qualitative Untersuchung durchgeführt. Die Daten wurden mit Hilfe von fünf Tiefeninterviews mit lokalen und zentralen Autoritäten und in zwei Fokusgruppen-Interviews mit Managern bei staatlichen und privaten Organisationen erholt.

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ben, die soziale und gesundheitliche Dienstleistungen für Senioren und Seniorinnen anbieten. Die Konklusion ist, dass die Leistung im Feld der sozialen und gesundheitlichen Dienstleistungen von Human- und finanziellen Ressourcen abhängt, sowie von den Fähigkeiten des Leiters, wie er die Quantität und die Qualität der angebotenen sozialen Dienstleistungen, sowie die Beziehung zu den Begünstigten ausgleichen kann.

Schlüsselbegriffe: soziale Dienstleistungen, gesundheitliche Dienstleistungen, Leistung, Senioren, Kranken- und Sozialpfleger, Schlüsselfaktoren der Effizienzsteigerung

1. Introduction

Social changes, the diversification and the increasing complexity of social problems together with changes in the views on the role of social services in European economies have led to the incorporation of the concept of performance into the management of public and private organisations in the social field.

The scarcity of available resources and the need to ensure minimum conditions necessary for a decent life forced the organisations in this sector to pay attention to issues of efficiency and effectiveness (RACOCEANU et al. 2009, 307). The phenomenon of population ageing and the economic crisis resulted in a diversification of the risk factors (GHENȚA & ȘERBAN 2010, 232) and the competition faced by social organisations (ROGERS et al. 2001, 3). We are now witnessing a diversification of social problems that require intervention in the form of social services (BUZDUCEA 2009, 30). Social services are often addressed in conjunction with healthcare services since there is a close link between social and medical care. The interdependence of economic, social, cultural and political systems affects the manner in which social and healthcare services are managed and provided (GHENȚA 2014). Performance measurement is a complex and difficult process due to the understanding of the concept of performance itself, the process of performance achievement and the identification of appropriate performance indicators, but also due to the multitude and diversity of stakeholders whose interests must be taken into account (FLORESCU & DOVAL 2009, 52). Performance management involves changes in organisational culture, indicators, methodologies and processes to secure and to improve its results. Performance mainly involves proper management of available human resources (MARR 2010), continuous improvement of internal processes through innovation and training and an increasing level of satisfaction for beneficiaries and their families. THORNE and HOLLOWAY (2008, 26–35) propose that organisations aiming to attain higher performance should identify the critical factors for performance achievement, should establish the desired level of performance, and the flow of information necessary to ensure adequate staff rewards (both in financial and non-financial terms).

1.1. Performance in public social and healthcare services

Public sector organisations differ from private sector organisations in some significant features: there is no concern on the managers' side to increase the profit; the possibilities for revenue turnover are reduced; and there is a large number of stakeholders whose interests must be taken into account (BOLAND & FOWLER 2000, 417).

Regardless of the type of ownership and the organisational goals, only the existence of a performance measurement system allows to monitor the level of results achieved and the manner in which a continuous improvement of activities is delivered. Research and specific studies acknowledge that performance in the public sector refers to the economy, efficiency and effectiveness of processes – 'logic competitiveness' (CARTER et al. 1995; ROUSE 1999). Over the last years performance in the social and healthcare services has been viewed from a perspective of its alignment with clear quality standards defined by legal norms whose fulfilment is monitored through organisational systems audits. Concepts such as 'quality assurance' and 'total quality management' have begun to be applied in social services and social care as recognised components of the performance system in an organisation. In this sector not only public organisations but also private organisations very much depend on the legal framework and policy makers' decisions which may increase or decrease the capacity to develop in accordance with social needs. On the one hand, beneficiaries and their families are becoming more and more informed and have higher and higher expectations of the quality of the services offered to them. On the other hand, internal stakeholders (staff) have expectations of career development and remuneration commensurate with their effort. Managerial decisions to reconcile these perspectives in an integrated approach aiming to achieve performance on a similar ground and principles as those applied within the private sector, become difficult. Theories regarding human resources management in the public sector show that people who choose to work in this sector are motivated not by the financial reward they can get but rather by a desire to carry out an activity with a social and human meaning (CHALOSKY & KRISHNA 2009). In view of their limited access to resources, the job involvement of the personnel and commitment to the organisational objectives are essential for organisations functioning in the social and healthcare sector to achieve performance (ANGLE & PERRY 1981; POOL & POOL 2007). The difficulties in defining indicators to measure the results of performance in the public sector transform the process of performance assessment into a difficult exercise. In addition, performance measurement is closely related to means, to in-place processes, the resulting product and the social effect (PROFIROIU & PROFIROIU 2007, 44).

1.2. Performance in private social and healthcare services

Social and healthcare services can be provided by both public and private institutions (for-profit as well as nonprofit organisations).

In case of for-profit organisations, the most important aspect is related to the financial results, followed by beneficiaries' satisfaction and service delivery capability, together with the development of organisational knowledge capability.¹ Non-profit organisations focus more on social objectives than on financial ones. Due to the diversity of actors involved and whose interests must be considered, the financial information is gaining importance for these organisations as well. Aspects such as efficiency in using available resources, the cost of providing social and healthcare services, revenue growth, the success of each program/project evaluated in financial terms are becoming important (EPSTEIN & REJC BUHOVAC 2009, 7). There are still divergent views on how to define and measure the performance of nonprofit organisations. It is considered similar to organisational effectiveness, effectiveness of the programs, managerial efficiency, partnerships and reputation (SOWA et al. 2004, 715–16)²; the achievement of the purpose for which they were created, resource efficiency³; the fulfilment of objectives (SOWA et al. 2004, 717); serving the beneficiaries' needs and expectations (BEAMON & BALCIK 2008). The transition from seeing performance in terms of the degree of objectives achievement, available resources, and reputation to seeing it in terms of the manner in which the purpose for which such organisations were founded is achieved represents the latest development in the approach to understanding performance.

2. Research method

2.1. Context

This research was completed in the social and healthcare services in the Bucharest–Ilfov region. The Bucharest–Ilfov region lies in the southern part of Rumania and consists of Bucharest, the capital of the country, and Ilfov County. In August 2014 the region had eighty accredited public and private providers of social and healthcare services for older persons, according to the data provided by the Ministry of Labour, Family, Social Protection and Older Persons (MMFSPV). For the last twenty-two years the proportion of older persons (65 and over) for this region has remained around 10% of the total population (Eurostat 2014). No accredited providers of home care services were registered in 2010. The services available for older persons at that

¹ B. Meričková, J. Šebo & G. Vaceková, 'Performance of Social Services Providers in Slovakia', conference paper (2010), 3, retrieved 10 Sep 2014 from the Masaryk University website, http://is.muni.cz/do/econ/soubory/katedry/kve/6403220/25140474/Merickova-Sebo-Vacekova_Performance_of_social_services_providers_in_Slovakia_2011.pdf.

² See also J. Lecy, H. Schmitz & H. Swedlund, 'Mapping Research Traditions: Assessing the Effectiveness of Non-Governmental and Non-For-Profit Organizations', manuscript (2009), esp. 3–4, retrieved 12 Oct 2014 from www.maxwell.syr.edu/uploadedFiles/moynihan/tngo/NGOEffectivenessLitReview_Haley_12-15-09.pdf.

³ M.G. Abdel-Kader & B. Wadongo, 'Performance Management in NGOs: Evidence from Kenya', manuscript (2011), esp. 6–8, retrieved 10 Oct 2014 from the Social Science Research Network website, <http://ssrn.com/abstract=1909863>.

time were canteens, day-care and residential facilities, provided by both public and private organisations. For the same year, pending requests for about a half of the total capacity of the residential homes could not be fulfilled by the existing institutional facilities. During 2012, the number of residential facilities more than doubled (from 5 to 13) and in 2013 it reached 16 units. Home care and day-care services increased in number during 2013 to 9 and 11 units, respectively.

2.2. Participants and procedures for data collection

The research objectives were to identify specific problems that social and healthcare service providers face in the process of performance achievement and how those influence the relationship with older persons and their families. This study uses a qualitative research approach to address the research objectives. The scarcity of data on performance in public and private organisations in the social and healthcare sector recommends qualitative methods as the most appropriate way to explore the understanding of performance, drivers and challenges faced by public and private organisations in this field. The information will provide insight into the interest of managers within the sector to design a performance framework and how this interest affects the relationship with stakeholders. Data collection included in-depth interviews and focus group discussions: 3 in-depth interviews with representatives of local authorities in the field of social and healthcare services and 2 in-depth interviews with representatives of central authorities from the same field; 2 focus groups of managers from public and private organisations providing social and healthcare services for older persons: 8 managers (5 from public organisations and 3 from private organisations) participated in the first focus group while 7 managers (4 from private and 3 from public organisations) participated in the second. Participants were selected from a list of accredited providers of social and healthcare services for older persons in August 2014, which was made available by the General Directorate of Social Assistance from MMFPSPV. Selection criteria included the field of activity (social and healthcare services for older persons) and the position within the organisation. Interviews and focus group discussions were held in October 2014. The in-depth interviews and the focus groups included open-ended questions to gain in-depth understanding of performance. Interviews were audio recorded while focus group discussions were video recorded for back-up. Both the interviews and the focus groups were analysed using Nvivo software.

3. Results

The themes of the in-depth interviews presented in this study are *factors driving the performance in the social and healthcare sector, available human resources, communication with beneficiaries and family members* while the topics from the focus

groups include *definition of performance, relationship with beneficiaries and their families, and available human resources*. The characteristics of the respondents are summarised in *Table 1* below.

Table 1
Characteristics of the respondents

	<i>In-depth interview participants (N = 5)</i>	<i>Focus group participants (N = 15)</i>
<i>Level of education</i>	ISCED 6	8 persons with ISCED 5 and 7 persons with ISCED 6 level: – FG 1: 6 persons ISCED 5 and 2 persons ISCED 6; – FG 2: 2 persons ISCED 5 and 5 persons ISCED 6.
<i>Position</i>	Managers in local and central authorities	Managers in public and private institutions
<i>Age</i>	N/A	31–40 years: – FG 1: 3 persons, – FG 2: 4 persons; 41–50 years: – FG 1: 2 persons, – FG 2: 2 persons; 51–60 years: – FG 1: 1 person, – FG 2: 1 person; 61–70 years: – FG 1: 1 person; N/A – FG 1: 1 person.

3.1. Definition of performance

Shared terminology: Public and private providers use different terminology for performance. For managers, performance is a subjective measure and has different meanings for different participants. The difference between the social value derived from public and private money spending and the fulfilment of quality standards defined by legal norms is a pertinent example. Performance is a key element in social

and healthcare services and very much reflects the managerial capacity to identify and to cover the most important needs of beneficiaries. The ability to set objectives, to correlate them with reality, the clear communication of these objectives to the personnel and beneficiaries, and cost efficiency are further examples of how performance is understood. In the area of social and healthcare services for older persons, performance becomes difficult to define and to express quantitatively, and there are no specific key indicators for its measurement. In the absence of such indicators, agencies working in this field are unable to make comparisons and development strategies because of the lack of detailed quantitative information, and they can only get the feeling that a certain level of economic performance has been achieved. Without the collection of comprehensive information on the services provided, managers are not able to develop the ability to think strategically and to select the information needed in the decision making process.

3.2. Key factors of performance management in healthcare and social services

Public finances allocated to the sector: Public resources allocated to the social and healthcare sector determine the level of development of this type of services for older persons. Contracting, public–private partnerships and subsidies are the main channels through which private providers can access financial resources within the system. The current level of available financial resources is an expression of the policy makers' low interest in this segment of the population. Furthermore, this limited attention generates a certain way of building and managing public budgets both at the local and the national levels. In case of private providers, the current level of resources also depends on the knowledge of the legal framework of various types of funding for the social and healthcare sector. The capability to develop partnerships between the public and the private sectors determines the ability of suppliers to meet the local needs. A high efficiency in the use of public resources entails changes in the financing of social services through outsourcing, cost efficiency, harmonising legislation on the funding of social services, and increased awareness among beneficiaries.

Lack of cooperation between the national and local level: A strategic vision of social and healthcare services for older persons should include all categories of stakeholders: beneficiaries, their families, personnel, providers, and employers' organisations. Communication is unsatisfactory not only between different levels of decision making but also between organisations within the sector. Public providers voiced their dissatisfaction with the ineffectiveness of communication between the local and central level: most of the time the views and observations of practitioners are not considered.

3.3. Available human resources

In the analysis of different perspectives on the labour force, three main themes were identified: *the competencies of the personnel, difficulties related to the insufficient number of social and healthcare workers, the need to develop training programs to improve communication skills.*

Both public and private managers as well as representatives of public authorities concluded that employees in this sector had the necessary competencies to perform daily tasks at work. Most employees are devoted to the activities they perform. Because of the low level of payment within the system and the ageing of the Rumanian population, a significant proportion of those professionals chose to migrate to Western European countries. The weak point of their professional development is thought to be communication skills. Given the prevalence of old-age-related diseases among the clients, workers in this field must possess strong communication skills. Both public and private providers spoke of difficulties encountered in the relationship and in the communication not only with the beneficiary, but also with their family members. High commitment is expected by employers, beneficiaries and their families. As a result of the decline of the number of employees in the system, it has become increasingly difficult to establish a clear description of the tasks a worker must perform. Multiple tasks and an increased workload affect the ability to satisfy the needs of beneficiaries and ultimately impact the overall performance of the whole organisation. Research participants suggested that the main issues related to the workers in the system were generated by labour turnover, low wages, and labour migration. In the public sector, financial rewards depend on payment scales defined by law. In the private sector, financial rewards depend on the managers' ability to identify new beneficiaries, donors and on the existence of a performance management system that quantifies the contribution of each member of the organisation to the final results.

3.4. Relationship with older persons and their families

The relationship of public and private providers participating in the focus groups with the beneficiaries is based on *communication, cooperation and collaboration*. An increasing number of users and their families know their rights and expect high quality services from providers. They request attention and understanding of their own needs as family members and older persons have great emotional expectations of the social and healthcare providers: elderly people with age-related pathology often want to feel valued, and their families seek support and understanding. Responses to this question in the focus groups revealed that there was an increased interest on the part of providers to develop a long-term relationship with the beneficiaries. The relationship with older beneficiaries often depends on the professionals' ability to manage the emotional response of the beneficiaries. The interviews conducted with representatives of the central and local authorities highlighted the need for a meas-

urement of performance based on the level of satisfaction among beneficiaries and their families. The analysis of answers revealed a gap between the micro and macro levels of decision: the macro level (normative framework) shows a limited interest in the elderly and their needs, while the micro level (providers) is struggling to cover as much as it can of the complexity of older persons' and their family members' needs, within the framework of limited resources and legal constraints. Working with family members involves *transparency* and *respect for confidentiality*. Public providers stressed that the quality of communication with older persons and family members depends on the emotional availability of professionals. Indicators such as the number of beneficiaries or satisfaction level among recipients are considered to be relevant to the measurement of performance.

4. Discussion and conclusion

The analysis above has focused on the specific problems social and healthcare service providers face in the process of performance achievement and on how those influence the relationship with the beneficiaries and their families. Different terminology of the concept leads to difficulties in measuring performance for both public and private organisations. These results are in line with previous research by BOLAND and FOWLER (2000) and MARR (2010). Another difficulty in the process of performance achievement is the low level of public finances allocated to the sector. Studies by PROFIROIU and PROFIROIU (2007), Abdel-Kader and Wadongo (cf. n. 3), and SAUNILA and colleagues (2012) show that in both public and private organisations performance depends on the means (financial and human resources). In terms of available human resources, the development of communication skills and the ability to face emotions were also found in studies of Meričková and colleagues (cf. n. 1) and CZERW and BORKOWSKA (2010). The current study reveals that private and public providers recognise that their organisations' dependence on beneficiaries and their families is important and take this into account when they are shaping strategies of organisational development. Both public and private providers as well as the local and central authorities focus more on beneficiaries and available human resources and less on performance, development of appropriate performance measurement and performance improvement. The understanding of performance is split between local and central authorities and between them and providers.

To conclude, the results show that performance in the social and healthcare sector is related to human resources (significant drive factor of social innovation), material resources, and managerial capacity to balance the quantity and quality of services provided, and last but not least to the ability to manage the relationship with the beneficiaries.

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