

Chapter 11

Unlocking Hospital Performance: NPM Tool Appropriation as a Key Mediator in the Moroccan Context

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ABSTRACT

In response to two decades of New Public Management (NPM) inspired reforms, the Moroccan public hospital sector is undergoing a profound transformation. This study analyzes the impact of NPM tool adoption on hospital performance, with a specific focus on the appropriation of these tools by local actors. Drawing on a quantitative survey of 240 hospital managers, our findings reveal that tool appropriation plays a crucial mediating role. This process, resulting in an organizational hybridization that merges managerial logics with public service values, is a critical determinant of effective performance improvement. Furthermore, the results confirm the influence of contingency factors, including hospital size, autonomy, and organizational culture. The study concludes that the simple transposition of NPM tools is insufficient. Instead, their effectiveness is contingent upon a contextual appropriation that promotes dynamics of hybridization.

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INTRODUCTION

Since the late 20th century, New Public Management (NPM) has emerged as the dominant paradigm for state reforms worldwide. By importing private-sector logics, NPM seeks to enhance the efficiency, quality, and responsiveness of public services using tools such as management by objectives, contractual agreements, and performance indicators (Hood, 1991; Pollitt & Bouckaert, 2017). The hospital sector, with its organizational complexity and significant societal stakes, has been a prime yet contested field for these principles (Belorgey, 2010).

In line with this global trend, Morocco has been pursuing ambitious hospital reforms since the early 2000s, driven by national policies and international recommendations (Ministry of Health, 2012, 2019, 2023). This modernization effort has recently entered an unprecedented phase with the “refounding” of the national health system under Framework Law No. 06.22. The expansion of social protection and the creation of Territorial Health Groups (Groupements Sanitaires Territoriaux, GST) have further intensified the pressure on public hospitals to improve their performance and governance.

However, more than two decades after their inception, a persistent gap remains between the formal adoption of NPM tools and their effective appropriation by frontline actors. This gap, fueled by specific contextual, institutional, and cultural factors, threatens to render reforms superficial and ineffective, calling into question their ability to generate tangible performance improvements (Chabih, 2018; El Aoufi & Bensaïd, 2015).

To understand this challenge, this study moves beyond a simple evaluation of reform outcomes to investigate the underlying mechanisms. It addresses the central research question: To what extent does the adoption of NPM tools by Moroccan public hospitals lead to effective appropriation and improved hospital performance? The research posits that the appropriation of these tools is not merely a consequence of reform but the critical mediating factor determining its success. The primary contribution of this research is therefore to model and empirically test this mediating role. By quantifying this mechanism, the study aims to explain how managerial reforms translate—or fail to translate—into tangible performance.

The central objective is to test a model of organizational appropriation as a mediator between NPM tool adoption and institutional performance, using a quantitative methodology grounded in an integrated theoretical framework. The study draws upon the Diffusion of Innovation theory (Rogers, 2003), neo-institutionalism (DiMaggio & Powell, 1983), and contingency theory (Lawrence & Lorsch, 1967) to inform the model. The model was tested using survey data from a sample of 240 Moroccan hospital managers.

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