**ORIGINAL ARTICLE**

# Results-Oriented Hospital Administration: Barriers and Perspectives of Synergies in a Public Hospital in Peru

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## ABSTRACT

**Aim.** To determine the barriers and synergy perspectives in the implementation of results-oriented hospital administration in a public hospital in Peru.
**Methods:** Mixed study, with a descriptive and cross-sectional designed survey administered to 97 staff members of a public hospital in Callao, Peru, five in-depth interviews and two focus groups. The studied dimensions were: strategic planning, budgeting for results, management by process, meritocratic civil service and knowledge management. We undertook an exploratory analysis and obtained central tendency and dispersion measures with the quantitative data. The qualitative analysis was conducted following the Grounded Theory procedures.
**Results:** A critical view of the hospital's management and a favorable attitude towards change prevailed among the staff. Barriers in all areas of exploration were identified, the most important were: inadequate forms of planning and budget management, deficiencies in personnel management and control mechanisms, and dysfunctions in organizational culture and political context.
**Conclusions:** The introduction of results-oriented hospital administration implies anticipating and addressing structural and circumstantial problems of the institutions, with emphasis on improving technical competences for strategic and budgetary planning, adopting a participatory approach, facilitating information flow, establishing effective monitoring and control systems, and transforming the organizational culture.
**Keywords (DeCS):** Hospital administration; Health Policy, Planning and Management; Strategic planning; Resources management.

## INTRODUCTION

Results-oriented management is a public management strategy that involves making decisions on the effects that government action has on society[1,2] and it is, at the same time, a model of resources administration focused on the fulfillment of actions defined for a specific period and with certain resources[3,4].

Public hospitals require conditions that allow them to perform their functions efficiently and effectively. Therefore, it is important that they implement management models that contribute to the impact of their interventions[5,6]. Similarly, various changes that have occurred in recent decades (geopolitical, demographic and economic, epidemiological transition, among others) represent new challenges and encourage administrators to seek new and better forms of administration[7].

In Peru, the search for solutions regarding these challenges has led managers to the adoption of new results-based models of public administration in various sectors of the country, including health institutions. They are part of a fragmented health system, which operates under traditional bureaucratic schemes. Thus, hospitals try to modernize their administration applying new models established by the country's authorities, with components such as: strategic and operational planning, budgeting for results, management by process, meritocratic civil service and knowledge management[8].

However, even though there is evidence that shows the advantages of results-based management[9,10], the traditional management approach continues to be the predominant paradigm, whose failure has precisely motivated the search for improvement[11]. In this regard, it is necessary to know what difficulties the institutions are experiencing and the factors that would facilitate the change. Therefore, the objective of this study is to determine the barriers and synergy perspectives regarding the implementation of results-oriented hospital administration in a public hospital in Peru through the exploration of the perspectives of decision makers.

## METHODOLOGY

This study used a mixed approach: quantitative and qualitative. For the quantitative part, an observational and cross-sectional descriptive design was used, applying a survey to anintentional non-probability sample composed of 97 administrative and care area managers at the Daniel Alcides Carrión National Hospital (DACNH) in Callao, Peru. A structured questionnaire with a Likert-type response format was used, considering five major dimensions: strategic and operational planning, budgeting for results, management by process, meritocratic civil service and knowledge management. The instrument was validated by five experts and with primary sources. Thus, the reliability was determined by the Cronbach's Alpha coefficient, with a value equal to 0.785. The SPSS V25.0 program was used for analysis and for obtaining central tendency and dispersion measures.

In the qualitative approach, we worked with 20 officials selected incidentally (10 from the care area and 10 from the administrative area), with whom we conducted five in-depth individual interviews and two focus groups, which were recorded on audio and then transcribed. The analysis was done using the program Atlas.ti V7 by following Grounded Theory procedures[12]. A total of 532 coded

citations were obtained, which were used for descriptive and comparative analysis of the data, and for the elaboration of syntheses.

Finally, in the triangulation process, we proceeded to the contrast and comparison between the quantitative and qualitative data, to identify coincidences and differences.

The study was approved by the DACNH's Institutional Research Ethics Committee. The study participants gave their informed consent and their identity was protected.

## RESULTS

**General characteristics:** Table 1 shows some characteristics of the survey respondents. As we can see, there were slightly more men than women, most of them with a permanent appointment in the labor system, and more than half had previous experience in management positions. The most common education level was complete undergraduate studies, followed by a specialty. Very few officials reported having graduate studies.

**Strategic and operational planning:** The 64.9% of officials reported having an indifferent opinion on this dimension, followed by 25.8% who were in favor and 9.3% who were against. Table 2 shows that most of the sample believed that the institutional plan should be updated; few of them agreed with the current plan or its vision and mission, and a large proportion of the sample felt that the hospital's weaknesses outweighed its strengths. Positions were more nuanced regarding funding as a difficulty in fulfilling the plan.

In the qualitative exploration, the officials identified weaknesses in the development of the strategic plans and in the bodies responsible for their formulation. They mentioned that, particularly, there was a lack of connection between those bodies and the operational areas, and a lack of understanding of the reality in which the plans should be implemented.

The plan. was formulated by the management team, but no one from the operational team has been involved... These documents are not shared or discussed with those who are going to do the operational part, in the end... they do not usually materialize (Focus Group 1).

Other problems mentioned were the scarcity of reliable information to develop the plans, the need for planning specialists, tensions between the Hospital and the Regional Government of Callao, and the "lack of knowledge" of the plans among the staff. The officials recognized that the hospital's own internal organization imposed barriers to coordination, both in planning and in day-to-day work.

On the other hand, the officials made recommendations to overcome planning problems. Among them we have: to seek "technical competence" (planning specialists); introduce an approach that takes into account the Hospital's problems and needs; and adopt a participatory and deliberative approach, involving more actors in the planning process. One consensus position was to introduce effective training, communication and dissemination measures regarding the plans. And, along with these recommendations, it was mentioned that it was necessary to encourage the staff to have greater "commitment" and "motivation".

**Budgeting for results (BfR):** The 63.9% of staff reported having an indifferent opinion regarding the budgeting for results dimension, followed by 34% with a favorable opinion, and only 2.1% with an unfavorable opinion. Table 3 shows that slightly less than half considered that activities at the Hospital should be funded under the BfR scheme. There are divided positions regarding knowledge of BfR-funded activities; and something similar occurs with the perception of alignment between the institutional strategic objectives and the funding of their activities, although, at this point, the neutral and disagreement position predominated.

In the qualitative approach, some participants associated the "budget" topic only with the lack of resources they experienced. Others knew and valued the BfR methodology positively, but highlighted that it was not adequately applied in the institution and perceived a "disorder" in resource management.

[BfR] is not being respected.It is believed that this money has to be spent in a disorganized, untimely way and not really respecting what they were created for, right?, based on goals and production, public policy guidelines (Interview 1).

The respondents also mentioned that there was a disconnection between BfR and the reality in which it is applied, which would create problems in budget execution and accountability. In addition, there is a lack of knowledge of BfR management, and an inadequate use of resources due to rushing and deadlines.

People who take responsibility for a certain amount of money don't often know they have that amount and... the reality does not help them either to respond about the execution of that amount. And when they are told "hey, look, the year is going to end and you have this money left", they rush and time is not enough and they start distributing expenditures wherever (GF1).

The use of resources from a specific budget line to address other items was repeatedly mentioned, in addition to a lack of coordination and even conflicts in the BfR management. Some participants attributed these "disorders" to deficiencies in planning.

It was also mentioned that there were ineffective control mechanisms for budget management, both in the Hospital and in the Ministry of Health, including ineffective ways to monitor, measure and evaluate progress.

Indeed, one of the main recommendations regarding BfR was to strengthen control systems at different levels. Also, it was proposed to improve budget programming from the planning stage with greater openness to the participation of those who are most familiar with the distribution and use of resources.

**Management by process:** The 60.8% of officers expressed an indifferent opinion on this dimension in general, followed by 24.7% with an unfavorable opinion and only 14.4% with a favorable opinion. As we can see in table 4, the respondents considered that the hospital workers scarcely knew the goals that would lead to the achievement of the institutional objectives, and even only a third of them thought that the managers knew such goals, a similar figure was found in the consultation on knowledge of the institutional quality principles. Moreover, less than the half of the respondents estimated that workers knew

the objectives and functions of their units, almost the same proportion as those who believed that managers knew the performance indicators.

The qualitative analysis showed that several staff members approved the idea of process-based management and handled its schemes and concepts. However, most of them recognized deficiencies in this area, stating that it simply did not apply in the hospital, or that it would be applied ineffectively: "I would say that there is no process design... [and] if there are some processes that are made, they need to be redesigned" (GF1). Failed attempts to introduce the strategy were mentioned as well:

The hospital does not work with processes. On many occasions, in many years of management, attempts have been made to work on the basis of processes (GF1).

The idea of "disorder" was again expressed under this item. Several officials saidthat the entities where management instruments are formulated were the origin of the problems, and also that there was an apparent conflict between overlapping regulations and the absence of control.

Since there is not an audit of the processes that we have and that we have, in many cases, [to] redesign, and... they are not formalized, because... all those management documents that need to be approved are not operationalized in a timely manner... Unfortunately, as they are Region [Regional Government] they had to validate it with a technical team that had no national or public idea. And they gave us norms that are still in force; many of them also contradict each other (GF1).

However, another position was also expressed that places the barriers in the organizational culture itself, with various areas of the institution operating more as "fiefdoms" than as interrelated parts of a system.

With regard to the goals and indicators, the predominant perception was that they are known only by those who prepare the management documents, something that was repeated when discussing the principles of institutional quality. The participants agreed that the "majority" of workers are unaware of the goals, indicators and principles, a situation that several attributed to poor communication: "Nobody knows that. There is no dissemination. If they don't exist or if the managers and the staff are not prepared , it doesn't work" (E5). For others, however, this lack of knowledge is due to the "lack of motivation" and the poor worker "commitment" which come from problems in labor relations (such as salaries and incentives). In addition, there is a lack of effective mechanisms for monitoring indicators and evaluating goals achievement.

Thus, the proposed solutions focused on improving communication channels, changing the organizational culture, optimizing planning and process design, and the effective functioning of monitoring and evaluation mechanisms.

**Meritocratic Civil Service:** Regarding this dimension, 58.8% of the officials expressed an indifferent opinion, while the favorable and unfavorable positions were presented in equal proportion, 20.6%. Table 5 shows that most of them approve the promotion and incentives processes, but there is a predominance of disagreement with how profiles are established to fill positions in the hospital.

The participants in the qualitative component said, almost unanimously, that meritocracy is not applied in the institution. For many, "cronyism" (GF1) predominates, or appointment to positions and functions according to "favoritism", political ties or simple transactions, which would lead to management actions being more aligned with particular purposes and interests, rather than with institutional goals.

In the narratives, the lack of meritocracy in the Hospital appeared to be linked to a perceived absence of effective regulations for the recruitment and management of staff. However, for the officers the problem was not only the Hospital: "Meritocracy is ideal but it is not fulfilled. Not only here, but I believe in all public institutions, there is the political factor, the political favors" (GF1). And, in connection with this problem, there would be a postponement of those who enter the public service through competitions and formal channels.

There were few recommendations on this point, because the lack of meritocracy was perceived mainly as a problem conditioned from higher political entities. Despite this, some participants indicated that the Hospital could contribute to the development of a meritocratic scheme, for example by improving staff profile designs.

**Knowledge Management:** For this dimension, 57.7% of the officials expressed an indifferent opinion, followed by 33% with an unfavorable opinion and only 9.3% with a favorable opinion. As can be seen in table 6, the majority of them considered that the Hospital's personnel development plan (PDP) does not include sufficient resources for management improvement, and a high percentage of them expressed their disagreement with the way in which it is elaborated and with the definition of activities

The qualitative data support the situation presented in the table. A broad understanding of the PDP was found, but the idea that its application is deficient predominated. The most common perception was that the training activities did not meet institutional requirements, either because of a shortage of resources or because they would be redirected to other purposes.

When the training plan is made, everyone is very enthusiastic about it... But the reality is different, because, in the end, the budget gets reduced so much that they take away the money for training. (GF1).

In response to these problems, the first proposal was to introduce a comprehensive and cross-cutting approach to human resources management and training, based on institutional needs and in line with strategic planning guidelines. In this

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Table 1. Distribution of officers according to general characteristics

| General characteristics | | Frequency | Percentage |
|---|---|---|---|
| Gender | Male | 51 | 52,6% |
| | Female | 46 | 47,5% |
| Employment situation | Permanent appointment | 85 | 87,6% |
| | Temporary appointment | 5 | 5,2% |
| | Temporary transfer | 7 | 7,2% |
| Management experience | Yes | 54 | 55,7% |
| | No | 43 | 44,3% |
| Degree level | Doctor | 5 | 5,2% |
| | Master | 6 | 6,2% |
| | Specialty | 25 | 25,8% |
| | Undergraduate | 61 | 62,8% |

Source: Own elaboration.

Table 2: Distribution of officials' responses regarding the strategic planning dimension

| Items | Categories | N | % |
|---|---|---|---|
| Q1. The hospital's strategic plan should be updated | Strongly disagree | 1 | 1,0% |
| | Disagree | 8 | 8,2% |
| | Neither agree or disagree | 1 | 1,0% |
| | Agree | 49 | 50,5% |
| | Strongly agree | 38 | 39,2% |
| Q2. I sympathize with the institutional strategic plan | Strongly disagree | 19 | 19,6% |
| | Disagree | 37 | 38,1% |
| | Neither agree or disagree | 30 | 30,9% |
| | Agree | 8 | 8,2% |
| | Strongly agree | 3 | 3,1% |
| Q3. The vision and mission express the institution's point of view on what the institution has been developing | Strongly disagree | 8 | 8,2% |
| | Disagree | 48 | 49,5% |
| | Neither agree or disagree | 25 | 25,8% |
| | Agree | 13 | 13,4% |
| | Strongly agree | 3 | 3,1% |
| Q4. I think the hospital's weaknesses outweigh its strengths. | Strongly disagree | 9 | 9,3% |
| | Disagree | 3 | 3,1% |
| | Neither agree or disagree | 4 | 4,1% |
| | Agree | 40 | 41,2% |
| | Strongly agree | 41 | 42,3% |
| Q5. The greatest difficulty in fulfilling the operational plan is its funding. | Strongly disagree | 10 | 10,3% |
| | Disagree | 9 | 9,3% |
| | Neither agree or disagree | 21 | 21,6% |
| | Agree | 43 | 44,3% |
| | Strongly agree | 14 | 14,4% |

Source: Own elaboration.

Table 3: Distribution of staff responses for the budgeting for results dimension

| Items | Categories | N | % |
|---|---|---|---|
| Q6. Funding for hospital activities should be based on BfR*. | Strongly disagree | 2 | 2,1% |
| | Disagree | 25 | 25,8% |
| | Neither agree or disagree | 24 | 24,7% |
| | Agree | 29 | 29,9% |
| | Strongly agree | 17 | 17,5% |
| Q7. Most of the hospital's managers do not know what activities are funded with BfR | Strongly disagree | 1 | 1,0% |
| | Disagree | 20 | 20,6% |
| | Neither agree or disagree | 37 | 38,1% |
| | Agree | 29 | 29,9% |
| | Strongly agree | 10 | 10,3% |
| Q8. There is an alignment between the strategic objectives and the financing of the activities | Strongly disagree | 6 | 6,2% |
| | Disagree | 28 | 28,9% |
| | Neither agree or disagree | 36 | 37,1% |
| | Agree | 22 | 22,7% |
| | Strongly agree | 5 | 5,2% |

* BfR: budgetingfor results. Source: Own elaboration.

Table 4: Distribution of the officials' answers regarding the management by process dimension

| Items | Categories | N | % |
|---|---|---|---|
| Q9. The hospital workers know the most important goalsto achievethe institutional objectives. | Strongly disagree | 24 | 24,7% |
| | Disagree | 36 | 37,1% |
| | Neither agree or disagree | 25 | 25,8% |
| | Agree | 11 | 11,3% |
| | Strongly agree | 1 | 1,0% |
| Q10. The hospital administrators know the most important goals to achieve institutional objectives | Strongly disagree | 17 | 17,5% |
| | Disagree | 16 | 16,5% |
| | Neither agree or disagree | 32 | 33,0% |
| | Agree | 31 | 32,0% |
| | Strongly agree | 1 | 1,0% |
| Q11. The workers know the functions and objectives of the unit where they work | Strongly disagree | 13 | 13,4% |
| | Disagree | 16 | 16,5% |
| | Neither agree or disagree | 24 | 24,7% |
| | Agree | 43 | 44,3% |
| | Strongly agree | 1 | 1,0% |
| Q12. The administrators know the performance indicators they have to meet to achieve the objectives. | Strongly disagree | 6 | 6,2% |
| | Disagree | 14 | 14,4% |
| | Neither agree or disagree | 34 | 35,1% |
| | Agree | 39 | 40,2% |
| | Strongly agree | 4 | 4,1% |
| Q13. The Hospital workers clearly understandthe definitions of the institutional quality principles. | Strongly disagree | 16 | 16,5% |
| | Disagree | 24 | 24,7% |
| | Neither agree or disagree | 47 | 48,5% |
| | Agree | 9 | 9,3% |
| | Strongly agree | 1 | 1,0% |
| Q14. The hospital managers clearly understand the definitions of the institutional quality principles. | Strongly disagree | 10 | 10,3% |
| | Disagree | 12 | 12,4% |
| | Neither agree or disagree | 45 | 46,4% |
| | Agree | 28 | 28,9% |
| | Strongly agree | 2 | 2,1% |

Source: Own elaboration.

Table 5. Distribution of officials' responses regarding the meritocratic civil service dimension

| Items | Categories | N | % |
|---|---|---|---|
| Q15. I agree with the promotion processes for the hospital workers | Strongly disagree | 14 | 14,4% |
| | Disagree | 12 | 12,4% |
| | Neither agree or disagree | 12 | 12,4% |
| | Agree | 44 | 45,4% |
| | Strongly agree | 15 | 15,5% |
| Q16. I agree with the incentives for the hospital workers. | Strongly disagree | 16 | 16,5% |
| | Disagree | 11 | 11,3% |
| | Neither agree or disagree | 12 | 12,4% |
| | Agree | 39 | 40,2% |
| | Strongly agree | 19 | 19,6% |
| Q17. I agree with the job profile used in the hospital to fill the positions in the units | Strongly disagree | 39 | 40.2% |
| | Disagree | 39 | 40.2% |
| | Neither agree or disagree | 12 | 12.4% |
| | Agree | 5 | 5.2% |
| | Strongly agree | 2 | 2.1% |

Source: Own elaboration

Table 6. Distribution of officials' responses regarding the knowledge management dimension

| Items | Categories | N | % |
|---|---|---|---|
| Q18. The institutional personnel's development plan (PDP) provides resources to improve the management system | Strongly disagree | 20 | 20,6% |
| | Disagree | 47 | 48,5% |
| | Neither agree or disagree | 18 | 18,6% |
| | Agree | 11 | 11,3% |
| | Strongly agree | 1 | 1,0% |
| Q19. The PDP identifies stakeholders and expectations of hospital professionals and | Strongly disagree | 23 | 23,7% |
| | Disagree | 48 | 49,5% |
| | Neither agree or disagree | 16 | 16,5% |

| | | | |
|---|---|---|---|
| technicians for its elaboration | Agree | 9 | 9,3% |
| | Strongly agree | 1 | 1,0% |
| Q20. I agree with the policies to define the activities in the PDP | Strongly disagree | 8 | 8,2% |
| | Disagree | 23 | 23,7% |
| | Neither agree or disagree | 53 | 54,6% |
| | Agree | 10 | 10,3% |
| | Strongly agree | 3 | 3,1% |

Source: Own elaboration.

## DISCUSSION

This study, which involved officials from a public hospital in Peru, shows that the implementation of results-oriented hospital administration faces barriers in all the areas of exploration, highlighting inadequate forms of planning, budgeting, personnel management and control. In addition, participants identified obstacles in the organizational culture itself and in the political environment. Nevertheless, a critical view of the problems and a favorable attitude towards change prevailed, which is expressed in the proposals the officers made to overcome those barriers, with emphasis on improving technical skills for strategic and budgetary planning, adopting a participatory approach, facilitating information flows and establishing effective monitoring and control systems.

Numerous papers have examined these issues in hospital settings, focusing either on the introduction and effectiveness of administrative improvements (5,17,18), or on barriers to adoption of change (13-15). Also, many studies in Peru and other countries address specific aspects of management, such as planning, budgeting, operational processes, among others, with quantitative or qualitative approaches, or through documentary analysis (1,5,13,17). This study contributes to the literature on hospital management by showing not only the difficulties that arise in a specific case due to the modernization of management, but also some alternatives to overcome them, based on the actors' perspectives most directly involved, trying out a multidimensional view that integrates five components of a state model of public management (8), and also combining quantitative and qualitative approaches.

The study shows that, in this hospital context, or in others with similar characteristics, efforts to implement results-oriented management need to anticipate and address the structural and circumstantial problems of the institutions. Among these issues, deficiencies in the technical capacities of planning and budget design, barriers in the organizational culture, dysfunctions in the administration of resources, obstacles in the communication flows, the functionality of the monitoring and control systems, and the political context need special attention. In this sense, the findings support those other studies that emphasize one or more of these points (14, 17, 19), including those that influence the participatory and convening nature of management change processes as an indispensable condition for success (9, 18, 20).

This work has some limitations. The officers' responses and perceptions may contain biases (desirable responses, recalling, self-defense, among others), and workers, users, or authorities from other organizations have not been included, nor has an analysis been made regarding management documents, situational diagnoses or records on the Hospital operation and its units, all of which could contribute to a better understanding of the problem.

However, the main virtue of the work is that it offers a first-hand image of the vicissitudes experienced by civil servants, who are key actors in the process of improving hospital administration. In these processes, results-based orientation in plans and budgets should always consider the quality of services, the correspondence between institutional objectives and national and sectoral health policies, and institutional and local contexts and realities, and especially the human factor, which involves aspects as varied as the development of administrative and health staff skills, knowledge management, organizational culture and user satisfaction.

**Statement on conflicts of interest:** The authors state that no interests or values other than those usually present in research have been involved during the execution of the study or the drafting of the manuscript.

Funded by Norbert Wiener University's Research Fund

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