



Managerial Model as a Strategic Factor for Improving Public Service Delivery at Maputo Central Hospital (2013–2015)

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<http://dx.doi.org/10.47814/ijssrr.v9i4.3327>

Abstract

This study is situated within the context of Public Administration reforms in Mozambique, particularly in the health sector, during a period marked by the implementation of PEDAP (2011–2025)¹ and ERDAP (2012–2025)². Moving beyond the traditional bureaucratic model and recognizing the emergence of a managerial logic oriented towards results and citizen-centred service delivery, the research analyses the Managerial Model as a strategic factor for improving public service delivery at Maputo Central Hospital (MCH) between 2013 and 2015. The central problem consisted of understanding the extent to which the Managerial Model constitutes a strategic factor in enhancing public service provision at MCH, within a context of high demand and structural constraints. The general objective was to reflect upon the role of the Managerial Model in improving services, by identifying institutional challenges, key strategic factors, and the perceptions of both staff members and service users. The study is grounded in Institutional Theory and in the approaches of the New Public Administration oriented towards the citizen. Methodologically, a predominantly qualitative approach supported by quantitative techniques was adopted, including a case study design, interviews with 11 staff members, surveys administered to 50 users, and the application of the Likert scale. The findings reveal progress in organizational modernization, yet also highlight persistent delays, structural weaknesses, and discrepancies between expected and perceived service quality. It is concluded that the Managerial Model is relevant for transforming organizational culture, and it is recommended that results-based management, systematic user satisfaction assessment, and continuous professional training be further strengthened.

Keywords: *Public Administration; Managerial Model; Quality; Efficiency; Public Services*

¹ Strategic Plan for the Development of Public Administration (2011–2025).

² Strategy for the Reform and Development of Public Administration (2012–2025).

1. Introduction

This article analyses the Managerial Model as a strategic factor for improving public service delivery at Maputo Central Hospital (MCH) during the period 2013 to 2015, within a context marked by the intensification of Public Administration reforms in Mozambique. Over recent decades, there has been a gradual transition from the traditional bureaucratic model towards a managerial logic oriented towards results, efficiency, effectiveness and quality, with a focus on the citizen as the central recipient of public action. This shift gained particular relevance with the implementation of PEDAP (2011–2025) and ERDAP (2012–2025), policy instruments that emphasize institutional modernization and the continuous improvement of service delivery.

The temporal delimitation of the study, between 2013 and 2015, coincides with the initial phase of consolidation of these strategic instruments, allowing for the observation of their practical materialization within a national referral institution, namely the highest and most specialized level of medical care in the country. The selection of MCH is justified by its status as a quaternary-level health facility, the high demand for its services, and its strategic relevance within the national health system. These characteristics render it a particularly suitable setting for analyzing both the challenges and the potential of applying the Managerial Model within the public health sector.

From a scientific perspective, the study contributes to the ongoing debate on Public Administration, managerial innovation and the quality of public services, by articulating Institutional Theory with the principles of the New Public Administration oriented towards the citizen. Socially, the research assumes particular relevance as it addresses a sensitive sector directly linked to collective well-being, where organizational efficiency and quality of care exert a direct impact on citizens' lives.

The research problem arises from the observation that, despite ongoing reforms, constraints persist in relation to delays in service provision, resource limitations, organizational weaknesses, and discrepancies between expected and perceived service quality among users. This leads to the following guiding question: to what extent does the Managerial Model constitute a strategic factor for improving public service delivery at MCH?

The general objective is to reflect upon the role of the Managerial Model in enhancing public service delivery at MCH. Specifically, the study seeks to identify the difficulties faced in providing services to citizens, to analyze the strategic factors that determine improvements in service delivery, and to measure the perceptions of staff members and users regarding efficiency, effectiveness and service quality. The research is based on the hypothesis that the consistent adoption of the Managerial Model, grounded in strategic leadership, continuous training, systematic monitoring and process digitalization, may positively contribute to raising levels of efficiency, effectiveness and quality in healthcare services, thereby aligning the institution more closely with users' concrete needs and reinforcing the citizen-oriented focus of Public Administration.

2. Literature Review

The literature review provides the theoretical and conceptual foundation of the present study, enabling a scientific framing of the analysis of the Managerial Model as a strategic instrument for improving public service delivery in the health sector. This section systematizes the main theoretical currents and academic contributions underpinning the research, articulating Institutional Theory with the approaches of the Managerial Model and the New Public Administration oriented towards the citizen. In addition to the theoretical framework, a conceptual framework is presented to clarify the key operational

concepts employed in the study, such as effectiveness, efficiency, quality and managerial innovation, culminating in a critical review of the empirical literature relevant to public service quality and hospital management.

2.1. Theoretical Framework

The theoretical framework of this study is grounded in Institutional Theory and the Managerial Model of Public Administration, two approaches that enable an understanding of organizational transformations within the public sector. Institutional Theory, whose precursor is Philip Selznick (1957), is based on the assumption that organizations are more than technical structures oriented towards efficiency; they are also social systems shaped by values, norms and environmental pressures.

Scott (1987) and Fachin and Mendonça (2003) reinforce this perspective by emphasizing that institutions structure behavior and confer legitimacy upon organizations. In turn, Barbosa and Colauto (2010) argue that organizational practices do not result solely from technical imperatives, but also from the need to conform to socially accepted standards. In this regard, the institutional reality of MCH must be understood in light of the normative, cultural and historical influences that shape its functioning.

The institutional approach further distinguishes between the technical environment and the institutional environment. According to Barbosa and Colauto (2010), the technical environment relates to the production and exchange of goods and services, whereas the institutional environment involves rules, social expectations and mechanisms of legitimation. Forquilha (2007) adds that institutional reform processes are embedded in historical trajectories and frequently involve the borrowing of existing models, which helps explain the complexity of changes within Mozambican Public Administration. Any attempt at hospital modernization must therefore consider not only operational dimensions, but also the institutional dynamics influencing organizational culture.

Complementarily, the Managerial Model emerged as a response to the limitations of the bureaucratic model. Hood (1991) characterizes managerialism as the introduction of professional management practices, with an emphasis on efficiency and results-based control. Abrúcio (1997) identifies different phases of the model, ranging from pure managerialism to the consolidation of New Public Administration, while Peci *et al.* (2008) highlight the transfer of private-sector techniques to the public sphere. Gonçalves (2005) adds that the model is structured around efficiency and accountability. Within the hospital context, this approach provides conceptual support for analyzing how results-oriented practices, quality management and user satisfaction may contribute to improving public service delivery.

2.2. Conceptual Framework

This section provides a critical and in-depth analysis of the fundamental concepts underpinning this study, namely effectiveness, efficiency, strategy, hospital, quality, public services and managerial innovation, and establishes their connection to the specific context of MCH.

The concept of effectiveness refers to an organization's ability to achieve previously defined objectives. André (1993) understands effectiveness as the degree to which established goals for a given period are actually attained, while Megginson, Mosley and Pietri (1998) associate it with the ability to "do the right things", by selecting appropriate objectives and suitable means to achieve them. Chiavenato (2003) further emphasizes that effectiveness relates to final outcomes and the satisfaction of external environmental demands. In the present study, effectiveness translates into MCH's capacity to respond adequately to users' healthcare needs, achieving results consistent with its institutional mission.

Efficiency, in turn, is associated with the optimal use of available resources to achieve specific ends. Pereira (1996) defines it as coherence between means and ends, emphasizing the rational use of resources. Nassuno (1999) adapts the concept to the public sector, arguing that efficiency entails using public resources in the best possible manner to serve the collective interest. Pimenta (1998) adds that, within Public Administration, efficiency may be observed through service expansion, promptness in delivery and perceived quality by citizens. In the hospital setting, efficiency implies reducing waste, optimizing processes and ensuring greater speed and organization in healthcare provision.

The concept of strategy originates from the Greek term “*strategos*” and was initially associated with military leadership. Ansoff (1989) defines strategy as a set of principles and guidelines that direct organizational development, while Martinet (1992) understands it as the definition of consistent trajectories structuring decisions and actions over time. Freire (1997) adds that strategy involves decisions and actions aimed at creating superior value for organizational stakeholders. Applied to the public sector, the concept refers to the establishment of clear orientations that align institutional resources and efforts with the improvement of service quality for citizens.

Regarding the concept of hospital, Ferreira (2002) highlights its etymological origin linked to the idea of hospitality, while Mezzono and Niversindo (1986) define it as an integral part of a medical and social organization intended to provide comprehensive, curative and preventive care. The World Health Organization maintains that the hospital is simultaneously a space for treatment, training and research. In Mozambican legal terms, Ministerial Diploma No. 127/2002 characterizes the hospital as a referral institution intended for inpatient and outpatient care in cases not resolved at lower levels. In this study, the hospital is understood as a complex public institution responsible for providing specialized care and responding to the growing demands of the population.

Quality constitutes a central concept in the analysis of public service delivery. Juran (1991) associates quality with the absence of defects and the satisfaction of customer needs, while Slack *et al.* (1999) define it as consistent conformity with consumer expectations. Deming (1990) conceives quality as a continuous improvement process, and Azevedo (2007) highlights its subjective character, dependent on users’ perceptions. In the hospital context, quality results from the interplay between expected and perceived quality, as argued by Parasuraman, Zeithaml and Berry (1985), and is assessed by the service’s ability to meet or exceed users’ expectations.

Concerning public services, Di Pietro (2002) defines them as activities assigned to the State to satisfy collective needs, while Bandeira de Mello (2003) understands them as utilities provided under public law. Amaral (2006) adds that public services are organizations created to execute the responsibilities of public legal entities under the direction of their respective governing bodies. In the case under analysis, public healthcare services represent the concrete expression of State action in guaranteeing the right to health and must therefore be delivered with efficiency, effectiveness and equity.

Finally, managerial innovation refers to the introduction of new management practices, processes and structures aimed at improving organizational performance. Hamel (2007) defines it as any significant alteration in the way management work is performed, while Birkinshaw, Hamel and Mol (2008) associate it with the implementation of management practices that are new to the organization and oriented towards achieving strategic objectives. Kossek (1987) and Daft (1978) link managerial innovation to changes in policies, structures and human resource systems. In the hospital context, managerial innovation translates into the adoption of new technologies, monitoring mechanisms, continuous training and results-oriented organizational practices focused on user satisfaction.

• 2.3. Managerial Model and the Quality of Public Service Delivery

The following literature review seeks to provide a theoretical framework for understanding the relationship between the Managerial Model and the Quality of Public Service Provision (QPSP), with particular emphasis on the hospital sector. It is based on the premise that the modernization of Public Administration cannot be analyzed solely through the lens of administrative efficiency, but must also take into account the centrality of the citizen, user satisfaction, performance indicators and organizational innovation. In this respect, the literature is organized around three fundamental axes: the Managerial Model and Citizen-Oriented Public Administration; the quality of public services and its perceptual dimensions; and, finally, management indicators and the articulation between innovation, performance and quality.

2.3.1. Managerial Model and Citizen-Oriented Public Administration

The literature on the Managerial Model demonstrates that its emergence is associated with the need to overcome the limitations of the traditional bureaucratic model, characterized by procedural rigidity, centralized decision-making and weak results orientation. Hood (1991) argues that managerialism introduces professional management practices, performance-based control and an emphasis on efficiency, while Abrúcio (1997) describes the evolution of the model towards the consolidation of New Public Administration, marked by a focus on quality and citizen satisfaction. Within this framework, the Managerial Model represents not merely an administrative technique, but a paradigmatic shift in the way the State organizes and evaluates its action.

Citizen-Oriented Public Administration constitutes a more developed strand of the Managerial Model, placing the user at the centre of State reorganization. Soares (2002, p. 47) defines this approach as the pursuit of speed, flexibility in service delivery, the establishment of quality standards and the systematic evaluation of services. Matias-Pereira (2010, p. 07) adds that results-based management and the monitoring of strategic priorities reflect governmental efforts to respond effectively to social demands. From this perspective, the citizen ceases to be a passive recipient and becomes a guiding reference for public action.

Osborne and Gaebler (1994) contend that citizen-oriented administration should simplify procedures, integrate services and reduce bureaucratic barriers, enabling users to resolve their problems more swiftly and with less complexity. Blythe and Marson (1999) further emphasize the role of technology, benchmarking and new organizational forms as strategic tools for modernization. When appropriately implemented, the Managerial Model therefore creates conditions for greater transparency, accountability and quality in public service delivery.

User satisfaction emerges as a central indicator within this model. Neto (2010, p. 08) defines satisfaction as the outcome of comparing expectations with perceived performance, noting that positive perceptions of service provision strengthen institutional legitimacy. In the public sector, where direct market competition is absent, satisfaction assumes political and social relevance, as it influences citizens' trust in public institutions.

2.3.2. Quality of Public Services and User Expectations

Quality in services is understood as a continuous process of improvement aimed at reducing waste and increasing efficiency. Graham (1995, cited in Massoud *et al.*, 2006) argues that quality improvement entails process optimization and enhanced safety and effectiveness. Loureiro (2006, cited in Baptista,

2010) maintains that quality and satisfaction are interdependent concepts, with quality being assessed through the impact perceived by the user.

Parasuraman, Zeithaml and Berry (1985) define service quality as the difference between customer expectations and perceptions, establishing that excellence occurs when performance exceeds expectations. Slack *et al.* (1999) outline three possible scenarios: when perception exceeds expectation, quality is high; when they coincide, it is acceptable; when perception falls below expectation, dissatisfaction arises. This conceptual model underscores the importance of user experience as a criterion for evaluation.

Kravitz (1996, cited in Pinto *et al.*, 2009) highlights that patient expectations are influenced by personal factors, previous experiences and perceived vulnerability. Moreira (2007) argues that organizations must seek to minimize the gap between expected and perceived quality. Kotler (2006), citing Parasuraman *et al.* (1991), identifies key determinants of service quality, including reliability, responsiveness, assurance, empathy and tangible aspects. In the hospital context, these dimensions play a direct role in shaping institutional image and public trust.

Silva *et al.* (2007) emphasize that quality in healthcare requires governance reorganization and the rigorous transfer of management methodologies. Mezomo (2001, cited in Miranda, 2010) stresses that a clearly defined institutional mission, adequate structure and ongoing evaluation are essential prerequisites. Healthcare quality thus transcends technical performance, encompassing organizational, ethical and relational dimensions.

2.3.3. Management Indicators, Innovation and the Relationship between the Managerial Model and Quality

The literature indicates that quality management requires clear indicators of effectiveness and efficiency. Chiavenato (2008, pp. 49–50) defines effectiveness as stakeholder satisfaction, integrating production, efficiency, satisfaction, adaptability and organizational development. Efficiency, according to Chiavenato (2008, p. 60), relates outputs to inputs, implying the achievement of more results with fewer resources. These indicators enable structured measurement of organizational performance.

Imperatori (1999), cited in Carvalho and Paladini (2005), argues that quality indicators should be based on consumer evaluation, while Bakar, Akgun and Assaf (2008) advocate the systematic collection of feedback as an essential instrument of continuous improvement. In the hospital sector, quantitative and qualitative indicators complement one another in assessing the impact of services delivered.

Within this context, Rua (1999, p. 286) contends that organizational innovation depends on a favorable institutional environment, the democratization of decision-making and investment in human capital. Osborne and Plastrik (1997) argue that administrative transformation requires the mobilization of resources and institutional commitment. Pleguezuelos (2000) reinforces that the quality of public service provision presupposes greater effectiveness and efficiency, thereby establishing a direct link between the Managerial Model and quality.

Quatrebarbes (1996) identifies key assumptions of the Citizen-Oriented New Public Administration, such as transparency, dialogue and accountability. Shiozawa (1993) contributes by adapting the logic of total quality management to the specificities of Public Administration. Overall, the literature converges on the idea that the Managerial Model and QPSP maintain a structural relationship: results-oriented management creates the conditions necessary to raise standards of quality and user satisfaction.

• 2.4. Gaps in the Literature

Despite its theoretical robustness, the literature presents relevant gaps. Firstly, there is a predominance of studies based on experiences from developed countries, with limited empirical production contextualized within African countries, and particularly Mozambique. Secondly, there is a scarcity of research that integrates indicators of effectiveness, efficiency and perceived quality within the public hospital sector. Finally, few studies explore the interaction between managerial innovation and user satisfaction in national referral health institutions. These gaps justify the relevance of the present study, which seeks to contribute to the deepening of the debate on the application of the Managerial Model at MCH, articulating institutional, managerial and perceptual dimensions of quality.

3. Research Methodology

The present study is characterized as applied research, as it seeks to generate knowledge aimed at addressing concrete problems related to improving public service delivery at Maputo Central Hospital (MCH). Gil (2008) argues that applied research is intended to produce knowledge with practical purposes, directed towards solving specific issues, while Lakatos and Marconi (2010) emphasize that this type of research is oriented towards immediate social and institutional interests. In this case, the investigation aims to contribute to the enhancement of managerial practices within the public hospital sector.

In terms of methodological approach, the study adopts a mixed-methods design, predominantly qualitative, supported by quantitative techniques. Creswell (2014) maintains that mixed approaches allow the integration of the interpretative depth of qualitative data with the objectivity of quantitative data, thereby providing a more comprehensive understanding of the phenomenon under study. The qualitative dimension enabled the analysis of perceptions, experiences and institutional dynamics associated with the Managerial Model, while the quantitative component measured levels of satisfaction and user perceptions through structured instruments.

Regarding its objectives, the research is both descriptive and exploratory in nature. According to Gil (2008), descriptive research aims primarily to describe the characteristics of a given population or phenomenon, whereas exploratory research seeks to provide greater familiarity with the problem, rendering it more explicit. In this study, managerial practices and the perceptions of institutional actors are described, while the relationship between the Managerial Model and the quality of service provision within the hospital context is explored.

Concerning technical procedures, a case study approach employing a monographic method was adopted, focusing on MCH during the period 2013 to 2015. Yin (2005) asserts that case studies are particularly appropriate when analyzing contemporary phenomena within complex real-life contexts. The monographic method enabled an in-depth examination of the institutional reality of the healthcare facility, integrating documentary analysis, theoretical framing and empirical evidence.

The study population comprised staff members and users of MCH. The sample totalled 61 participants, including 11 staff members and 50 users. Lakatos and Marconi (2010) emphasize that sample definition must ensure adequate representativeness in relation to the research object. Simple random sampling was employed for the selection of staff and users, while purposive sampling was used for managerial positions, enabling the capture of both internal and external perspectives on service delivery.

Data collection techniques included direct observation, unstructured interviews and questionnaire surveys. According to Minayo (2001), unstructured interviews allow for the capture of perceptions and meanings attributed by participants to their experiences. The questionnaire administered to users employed the Likert scale, widely used in perception studies, as highlighted by Malhotra (2006), enabling the measurement of levels of agreement regarding dimensions such as efficiency, effectiveness and perceived quality. Quantitative data were analyzed through frequencies and percentages, while qualitative data were subjected to thematic categorization.

Finally, the principles of research ethics were strictly observed, including informed consent, confidentiality and participant anonymity, in accordance with the guidelines proposed by Severino (2007). Institutional authorization was obtained, as well as approval from the competent Bioethics Committee based at MCH. This integrated methodological strategy ensured scientific rigor, analytical coherence and the practical applicability of findings, enabling a consistent analysis of the relationship between the Managerial Model and the quality of public service delivery within the hospital sector.

3.1. Research Limitations

During the course of the investigation, certain limitations were identified that partially constrained the scope of the analysis. It was noted that no systematized manual with a segmented historical record of MCH exists, and the available information proved insufficient for an institution with more than a century of existence. Resistance from some staff members to participate in interviews was also observed, motivated by concerns over potential institutional repercussions. Other participants cited time constraints, thereby reducing the range of qualitative contributions. Although informed consent was ensured, a coding system had to be adopted to guarantee anonymity and confidentiality. Furthermore, limited institutional data sharing regarding the period under study complicated data triangulation and consolidation, requiring greater interpretative rigor in the final analysis.

4. Analysis and Discussion of Results

The results of this research are structured around the operationalization of the three specific objectives, which constitute the subsections of this section. The discussion is grounded in the findings obtained through the analysis and interpretation of the empirical data collected during the study. The results are therefore presented in alignment with the defined objectives, enabling a coherent articulation between the research questions, the theoretical framework and the evidence gathered in the field.

• 4.1. Challenges Faced and Solutions for Improving Public Service Delivery at the Hospital

Public Administration in Mozambique faces structural constraints that directly affect the quality of service delivery, particularly in the domains of organizational management and financial resource availability. MCH is not immune to these challenges, especially given its status as a national referral institution serving patients with diverse pathologies from different regions of the country. The pressure exerted on services, combined with structural limitations, creates ongoing challenges in ensuring efficiency, effectiveness and quality of care.

According to Zindoga (2015), upon his appointment as Hospital Administrator in 2010, a range of problems was identified, requiring a clear distinction between the clinical area, primarily composed of medical staff, and the administrative area, responsible for resource management and organizational support. It is within the latter that the main weaknesses analyzed in this study are concentrated, namely

the shortage of qualified personnel, a weak culture of institutional responsibility, limited financial resources and the overall low quality of administrative work.

In the pharmacy sector, Cumaquela (2016) identifies specific difficulties, including insufficient qualified human resources, shortages of medicines to meet national demand, inadequate IT equipment and the absence of effective digital systems for stock management. Similarly, within the Human Resources Department, limitations were noted in relation to a lack of managerial autonomy, strong dependence on the Ministry of Health, the absence of a consolidated database and difficulties in managing career progression and promotion. These constraints undermine administrative efficiency and negatively affect staff motivation.

In response to these challenges, the proposed solutions converge on continuous staff training, the implementation of periodic situational diagnoses, the strengthening of internal cohesion, enhanced administrative autonomy and the creation of an organizational environment oriented towards responsibility and motivation. Improved digitalization of processes and resource management also emerges as a strategic measure to raise levels of efficiency and quality, thereby consolidating a more structured hospital management system aligned with the principles of the Managerial Model.

• 4.2. Strategic Factors for Improving Service Delivery at MCH

Following the literature review and the analysis of empirical data collected at MCH, a set of strategic factors was identified as decisive for improving public service delivery within the institution. These factors are aligned with the principles of the Managerial Model and with the need to strengthen organizational efficiency, effectiveness and quality. They include situational diagnosis, continuous staff training, strengthened leadership and the digitalization of hospital processes.

Situational diagnosis constitutes a fundamental instrument of strategic management. Chiavenato (2004, p. 415) argues that diagnosing both the current and desired situations determines the direction of organizational development, enabling the institution to move from its present condition to a planned future state. In this vein, Zindoga (2015) maintains that situational diagnosis is essential for identifying strengths and weaknesses, as well as threats and opportunities, thereby enabling strategic planning aimed at better serving citizens. This process is supported by Institutional Theory, in that it considers the organization's internal and external environments, and by the Managerial Model, through the introduction of more flexible and results-oriented management practices.

Staff training and continuous monitoring emerge as another central strategic factor. Milioni (2005, p. 47) contends that Training and Development should be viewed as an organizational strategy, functioning as an instrument for shaping institutional culture rather than merely providing isolated courses. Grillo (1990) adds that even in favorable contexts, such as universities, human resource managers do not always succeed in encouraging continuous professional development. In the case of MCH, investment in ongoing training, in collaboration with the Faculty of Medicine of Eduardo Mondlane University, is consistent with the characteristics of the Managerial Model, promoting greater functional flexibility and technical qualification for the provision of quality services.

The strengthening of leadership is equally crucial for organizational change. Heifetz (2000, cited in Alonso, 2005, p. 01) argues that the leader's task is to help people confront reality and mobilize them for change. Hunter (2004) reinforces that leadership involves identifying and meeting the needs of followers, fostering cooperation and alignment of objectives. Within the hospital context, leadership must assume an active role in correcting behavioral deviations and promoting institutional responsibility, overcoming

dysfunctions associated with the bureaucratic model and fostering a citizen-oriented organizational culture.

Finally, the digitalization of hospital processes emerges as a key strategic element. Cunha (2003) characterizes the hospital as a complex organization requiring integrated management systems. The adoption of management software, electronic medical records and reliable databases contributes to cost reduction, improved process agility and enhanced decision-making. Digitalization enables the generation of secure and immediate information, facilitating resource management and increasing user satisfaction, in line with the principles of the Managerial Model and the ongoing pursuit of quality in public service delivery.

• 4.3. Perceptions of Staff and Users Regarding Services Provided at MCH

This subsection analyses the perceptions of staff members and users regarding the services provided by Maputo Central Hospital during the period under study. The analysis is based on responses collected through interviews and questionnaires, seeking to understand expectations, levels of satisfaction and evaluations of institutional performance. Although not all categories were explored in equal depth due to the extent of the data, three main dimensions were examined under each subheading, with additional findings presented in the corresponding appendix. This approach enabled the capture of both the internal organizational perspective and the direct experience of users.

With regard to service delivery challenges, the Adult Emergency Services (AES) and the Medical Directorate were identified as the most affected areas, due to high demand and insufficient human resources to meet increasing needs. In these sectors, overcrowding represents a recurring challenge. By contrast, within the Pharmacy Directorate, the introduction of a queue management system significantly reduced congestion, improving service organization. Regarding communication channels, both staff and users considered them relatively flexible, including verbal, telephone and written forms of contact, enabling patient follow-up from admission to discharge.

However, in relation to satisfaction assessment, a divergence was observed between the institutional perception and the users' views. Although a complaints book is available, many users expressed the belief that their concerns are not adequately addressed, thereby undermining trust in the formal participation mechanism. The most frequent complaints included delays in service provision, particularly associated with resistance by some staff members to adopt new technologies; allegations of informal charges; instances of poor service; uncertainty regarding priority criteria in outpatient care; and, in the pharmacy sector, complaints mainly related to occasional medicine shortages. These findings indicate that, despite progress achieved, persistent challenges remain, requiring further digitalization, enhanced accountability and the strengthening of a more participatory and transparent management approach.

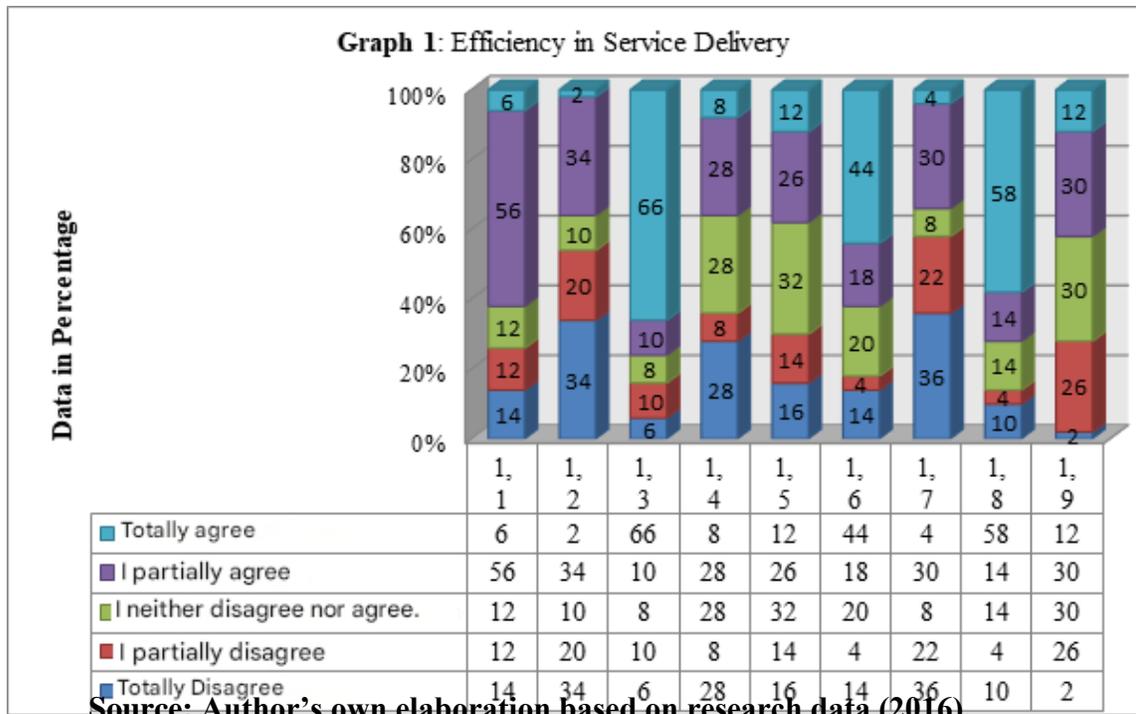
• 4.3.1. Efficiency in Service Delivery

The findings of the study conducted at the Hospital indicate that efficiency is understood as the obligation of public servants to perform their duties with competence, accuracy and functional effectiveness. For the principle of efficiency to be effectively implemented within the institution, it requires the participation and oversight of all stakeholders, who must demand effectiveness and quality in public service provision from the organization.

When respondents were asked about the timeliness of service delivery at the hospital (Item 1.2)³, 54% expressed disagreement with the way services are provided, indicating that their expectations were not met and revealing a significant weakness in this dimension. Only 36% expressed a positive assessment, suggesting that although some improvements have occurred, they remain insufficient to satisfy the majority. A further 10% abstained, indicating indifference towards whether the service was satisfactory or not. These findings highlight the need to redefine service practices and methods of engagement with users in order to address dissatisfaction.

Regarding Item 1.5, which addressed whether delays were caused by long queues, 38% of respondents agreed that prolonged waiting times were indeed due to lengthy queues, contributing to dissatisfaction. Meanwhile, 30% considered that delays were not solely attributable to queues but rather to the management of processes, and 32% expressed no opinion. These results suggest that queue management systems may constitute an effective solution, provided they are properly implemented and continuously monitored. The expansion of such systems to all high-demand service points would likely enhance organizational efficiency.

Finally, when questioned about whether the costs of accessing healthcare services were high (Item 1.7), 58% of respondents indicated that costs were not excessive, whereas 34% perceived them as high, and 8% expressed no opinion. This divergence suggests the need for improved institutional communication regarding service fees. Although healthcare services in Mozambique are generally low-cost, with a symbolic fee of 5 meticaís in many cases, a lack of clarity about cost structures may generate dissatisfaction. These findings point to the importance of strengthening institutional communication and transparency in order to prevent misconceptions and reinforce perceptions of fairness and efficiency in service provision.



³ The numbers shown in parentheses correspond to the items represented in the graph, which are listed below it. Given the length of the statements, they were coded for clarity and visual simplicity.

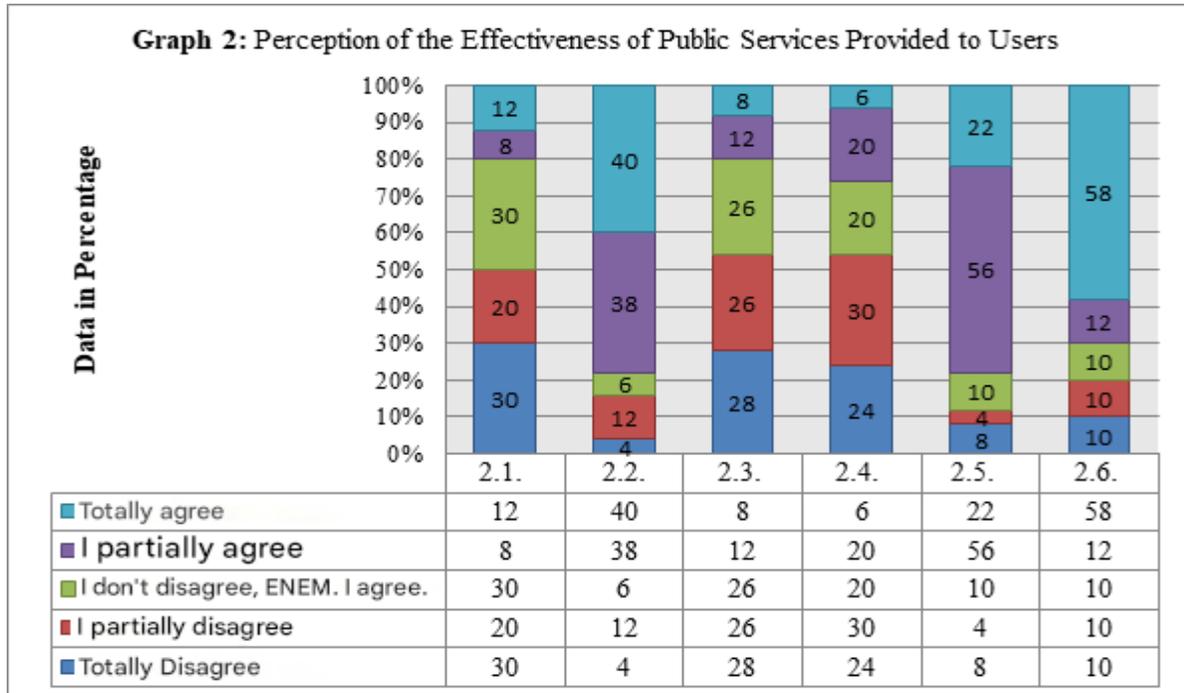
• 4.3.2. Perception of the Effectiveness of Public Services Provided to Users

The analysis of primary data indicates that effectiveness in service provision refers to the selection of appropriate objectives and suitable alternatives in order to deliver services as intended. It concerns the extent to which goals, understood as measurable attributes within a defined time frame, are actually achieved. Indicators of effectiveness include innovation, adaptability to change and organizational learning. In this study, effectiveness is therefore associated with the institution's capacity to respond adequately to users' needs while adapting to evolving demands.

In order to assess this dimension, users were asked about the introduction of new institutional management techniques (Item 2.1), interpreted as an indicator of innovation. The findings reveal that 50% of respondents expressed dissatisfaction, largely due to their lack of participation in institutional processes. A further 30% abstained, and only 20% indicated that they participate in institutional life through mechanisms established by the hospital. These results suggest that organizational innovation has not been sufficiently accompanied by participatory communication strategies. Planned changes, particularly those involving new technologies or management systems, should therefore incorporate user engagement to enhance understanding and acceptance.

Regarding Item 2.3, which addressed whether the hospital considers citizens' ideas for improving service delivery, 54% of respondents stated that the institution does not adequately take users' suggestions into account, including those recorded in the complaints book. Meanwhile, 26% expressed no opinion, and only 20% believed that the institution values user contributions. Although the Human Resources Department reported that complaints and suggestions are considered as part of organizational improvement efforts, the perception among users reflects limited visibility of such practices. These findings underscore the need for more transparent and participatory management mechanisms.

Finally, when asked whether the institution organizes Health Fairs in collaboration with the community when necessary (Item 2.4), only 26% responded positively, 20% were unaware of such activities, and 54% indicated that such initiatives are almost non-existent. This suggests limited community outreach and insufficient integration between hospital services and broader public health engagement. Strengthening community-based initiatives would enhance institutional visibility and reinforce effectiveness by extending preventive and promotional health actions beyond the hospital setting. Overall, the results demonstrate that effectiveness is not only measured by internal performance indicators but also by the institution's capacity to engage users and respond to their expectations in a transparent and participatory manner.



Source: Author's own elaboration based on research data

• 4.3.3. Perception of the Quality of Services Provided

Assessing users' perceptions of service quality is essential for the hospital to improve the services delivered to patients. When questioned about the quality of services provided, the former Administrator of MCH emphasized:

“the need to distinguish between the clinical and administrative dimensions of the hospital, noting that the administrative component had initially faced quality shortcomings. According to his account, investment in continuous training contributed to changes in staff attitudes, responsibility and professional conduct, leading to improvements in administrative quality. This perspective suggests that quality enhancement was the result of deliberate managerial intervention rather than spontaneous organizational evolution”.

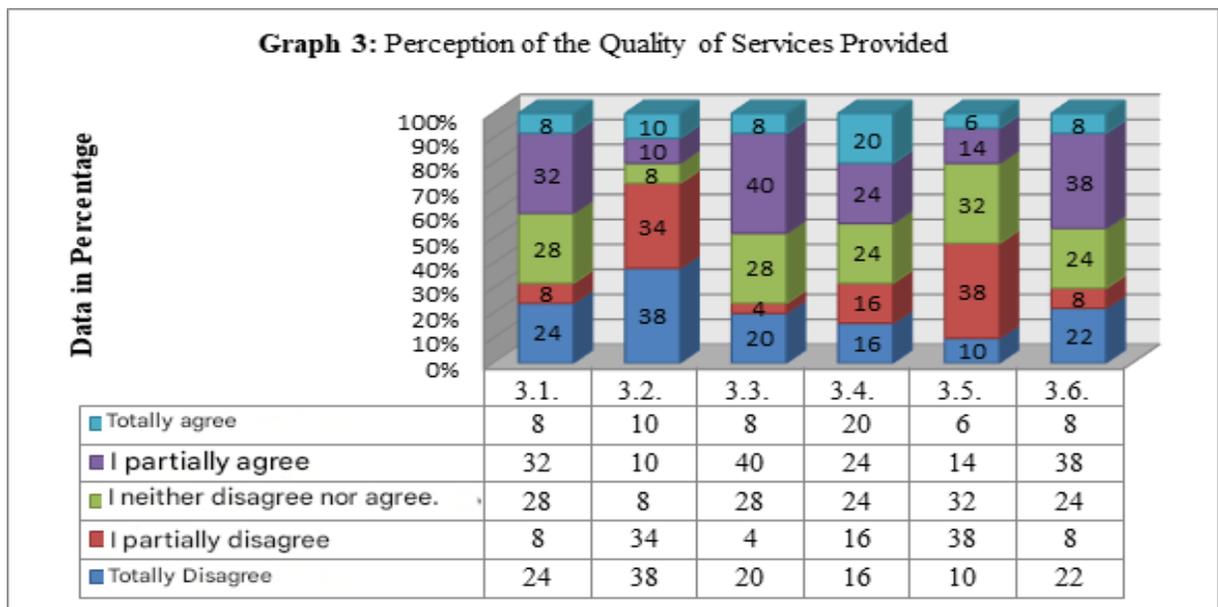
Staff members were largely unanimous in affirming that the quality of services provided by the institution is good, highlighting the hospital's role as a national referral and teaching hospital. The former Director reinforced this view by stressing that:

“as a quaternary-level hospital within the National Health Service, MCH cannot afford to operate at standards below those of other hospitals in the country. He further noted that the institution possesses some of the most advanced medical equipment in the national context and even receives patient referrals from the private sector. From this standpoint, quality is perceived internally as a defining institutional attribute”.

However, when users were asked whether the institution frequently consults them to evaluate service quality (Item 3.1), only 40% expressed satisfaction, while 32% indicated dissatisfaction, stating that they had not been contacted for such evaluations. A further 28% abstained. These results suggest that, although some mechanisms for quality assessment exist, they are not sufficiently visible or systematic to

generate broad user confidence. Regular and transparent evaluation processes could therefore contribute to narrowing the gap between institutional self-assessment and user perception.

A significant challenge emerged regarding the availability of medicines. Although the Director of the Pharmacy indicated that patients are informed when medicines are unavailable, 70% of respondents stated that prescribed medicines are often not available at the hospital pharmacy (Item 3.2). This shortage forces those with financial means to seek medicines in private pharmacies, while others leave without a solution. Such findings raise concerns about supply chain management and affect perceptions of service quality. Finally, when asked whether the hospital’s services are of good quality (Item 3.6), 46% responded positively, 24% were indifferent and 30% considered the quality only reasonable. While this reflects a modest institutional gain, it also highlights the need for continued improvement to ensure that quality perceptions align more closely with the hospital’s strategic objectives and public mission.



Source: Author’s own elaboration based on research data (2016).

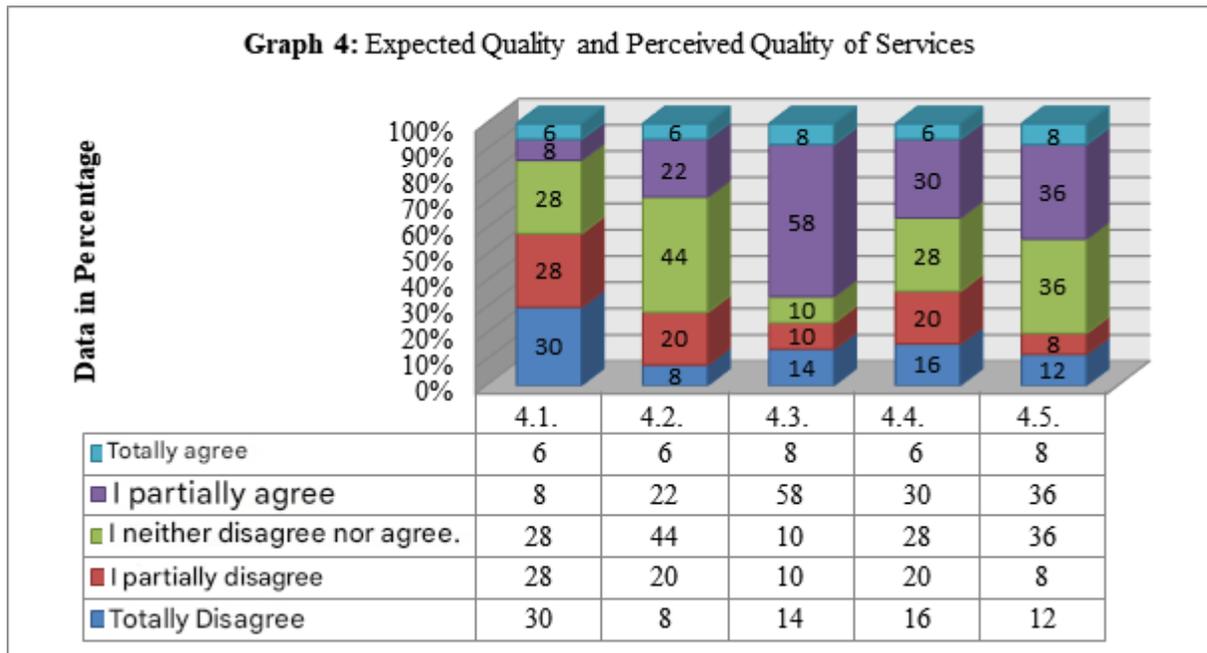
• 4.3.3.1. Expected Quality and Perceived Quality of Services

The dimension of expected and perceived quality only becomes meaningful when it is experienced by those who receive the service. In other words, quality must be perceived by the user in order to be considered effective. This component is directly related to individual perceptions and opinions, since services are evaluated according to the extent to which they impact users’ lives. Slack *et al.* (1999) identify three possible relationships between expectations and perceptions: when perceptions exceed expectations, perceived quality is high; when perceptions match expectations, quality is considered acceptable; and when perceptions fall below expectations, quality is regarded as poor. This analytical framework provides a useful lens for interpreting users’ levels of satisfaction.

In relation to overall satisfaction with services provided (Item 4.1), 58% of respondents expressed dissatisfaction, indicating that their expectations exceeded their actual perceptions of service delivery. This discrepancy reflects a significant gap between what users anticipate and what they experience in practice. A further 28% abstained, which is also noteworthy, as it may suggest uncertainty or lack of engagement with evaluation mechanisms. Only 14% reported a high level of satisfaction, stating that their

expectations were met or surpassed. These results point to a predominance of unmet expectations among users.

Regarding Item 4.2, which assessed whether satisfaction levels were acceptable because expectations aligned with perceptions, the responses were divided: 28% considered perceived quality to be good, while another 28% regarded it as poor. Meanwhile, 44% chose not to express an opinion. This distribution reveals inconsistency in users' experiences and suggests that service quality is uneven across different sectors or interactions within the hospital. The variation between expected and perceived quality underscores the need for systematic monitoring and targeted interventions aimed at reducing performance gaps and enhancing overall user satisfaction.



Fonte: Source: Author's own elaboration based on research data

• **4.3.4. Perception of Citizen-Oriented Administration**

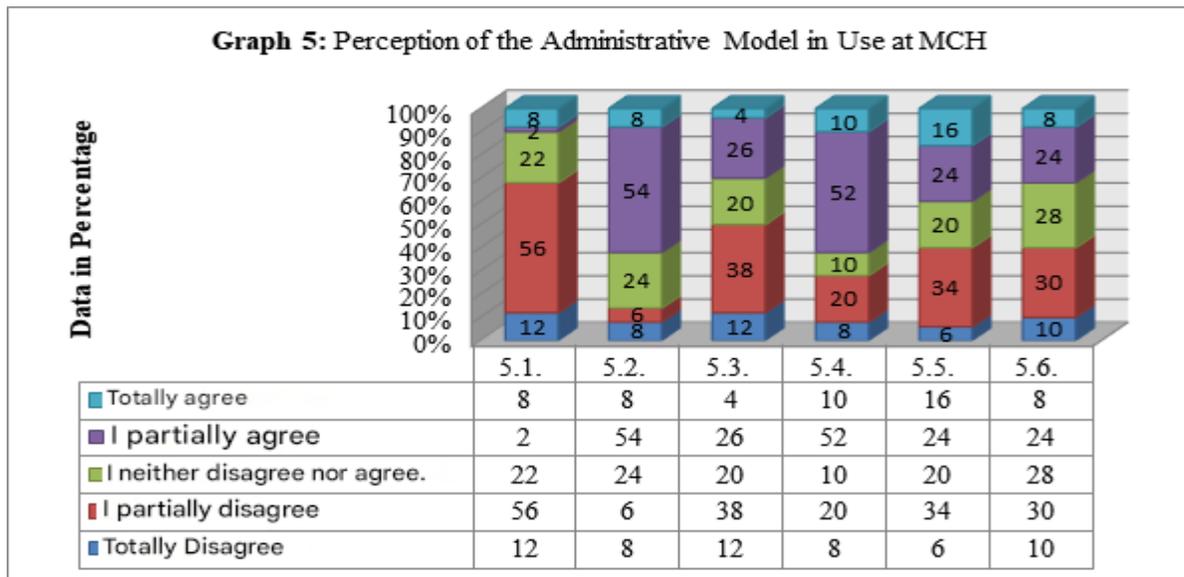
The literature review indicates that citizen-oriented administration constitutes one of the central assumptions of the Managerial Public Administration model, as it places the citizen at the core of public action. In this perspective, the public servant must regard the user as the primary reference point of service delivery. Effective service provision therefore becomes indispensable, since the legitimacy of the institution depends on its capacity to respond to citizens' needs in a timely and appropriate manner.

In light of Kliksberg's (1992) assertion that traditional public management models are often slow, costly and poorly oriented towards citizens' demands (Item 5.1), the findings of this study reveal a different perception in the hospital context. A majority of 68% of respondents disagreed with the statement, 22% expressed no opinion and only 10% agreed. These results suggest that users do not generally perceive the hospital's current management model as ineffective in the manner described by Kliksberg. It is important to note that the critique reflects characteristics of the bureaucratic model rather than the managerial approach currently being implemented.

When asked whether the hospital uses flexible systems of service delivery (Item 5.2), respondents expressed unanimous agreement. The introduction of queue management systems in high-demand areas

such as the Adult Emergency Services and the Pharmacy has significantly improved the organization of service provision. This innovation contrasts with the situation observed five years earlier and reflects a managerial commitment to improving responsiveness and reducing waiting times.

However, when participants were asked whether the hospital consistently maintains communication channels with users (Item 5.5), responses were divided: 40% agreed, 40% disagreed and 20% expressed no opinion. While staff members affirmed that communication with patients and their families is maintained, users' perceptions suggest inconsistencies in practice. These findings indicate that, although significant progress has been made in implementing citizen-oriented management principles, further efforts are required to consolidate participatory communication and strengthen trust between the institution and its users.



Source: Author's own elaboration based on research data

Within the scope of organizational innovation analysis at MCH, a comparative assessment was conducted across different institutional departments, with particular focus on the Adult Emergency Services and the General Pharmacy, as they represent, respectively, the main entry and exit points for patients. Considering the period between 2013 and 2015, significant improvements in service delivery were identified, as confirmed by study participants. The General Pharmacy stood out as a concrete example of successful innovation, particularly following the introduction of a queue management system, which substantially reduced waiting times and enhanced service organization and speed. This sector began to demonstrate, in practical terms, the implementation of Managerial Model principles, oriented towards results and user satisfaction.

The queue management system was installed on 17 December 2013, with the objective of enabling the outpatient pharmacist to focus fully on patient care. The process begins after the outpatient consultation, when the patient proceeds to the pharmacy with the medical prescription. The pharmacist first assesses the patient's physical condition in order to determine service priority, considering criteria such as advanced age, pregnancy or physical disability. Subsequently, the prescription is verified for compliance, including identification of the hospital, service, prescribing physician, patient details and technical specifications of the medicines, such as international non-proprietary name, dosage, posology and duration of treatment (Cumaquela, 2015, p. 14). Once medicine availability is confirmed, the

prescription is validated, a symbolic fee of 5 Meticals per prescription is paid, and a queue number is issued for final dispensing.

Statistical data demonstrate significant efficiency gains. By 12 November 2015, the outpatient pharmacy had attended 181,008 patients, with an average service time of 1 minute and 33 seconds and an average waiting time of 12 minutes and 1 second (Cumaquela, 2015). Performance differences among staff members were also recorded, including the number of patients attended, average service times and unsuccessful cases, allowing for individualized monitoring. The system further enabled the classification of patient categories, such as chronic, priority and fee-exempt patients, strengthening control and information management. These results demonstrate that digitalization and rational process organization constitute effective instruments for raising standards of quality and efficiency in public healthcare service delivery.

5. Final Considerations

This study sought to answer the central question regarding the extent to which the Managerial Model constitutes a strategic factor for improving public service delivery at MCH. Based on the literature review, documentary analysis and a case study conducted through a monographic method, it can be concluded that the Managerial Model represents a relevant instrument of institutional change, as it introduces principles oriented towards results, quality, efficiency and user satisfaction. Its application contributes to making the institution more dynamic by adjusting processes and reinforcing the centrality of the citizen in administrative action.

From the perspective of Institutional Theory, it becomes evident that the implementation of reforms does not depend solely on formal decisions but also on an understanding of organizational habits, culture and historical trajectory. Organizational legitimacy is constructed through the articulation of norms, values and practices, implying that transformation must consider both internal and external contexts. By promoting greater flexibility, accountability and recognition of human resources, the Managerial Model provides tools to correct imperfections and overcome dysfunctions associated with the bureaucratic model.

It is important, however, to emphasize that although inspired by private management practices, the Managerial Model must preserve the specific nature of the public sector, whose purpose is not profit generation but the fulfilment of the State's social function. As argued by Matias-Pereira (2010, p. 05), efficiency and effectiveness in Public Administration must remain subordinate to the criterion of social effectiveness. Administrative modernization only becomes meaningful when it results in improved service delivery, greater equity and enhanced citizen satisfaction.

With regard to the hypotheses formulated, the first hypothesis, which suggested that MCH services were not sufficiently flexible to meet population needs, was partially confirmed. Improvements were observed in certain sectors, particularly where mechanisms such as queue management systems and enhanced functional organization were introduced. Nevertheless, other areas remain marked by resistance to change and structural limitations, indicating that flexibility has not been uniformly achieved across the institution.

The second hypothesis, which identified continuous training, leadership and monitoring as strategic factors for improving service delivery, was confirmed. Investment in staff capacity-building, the strengthening of institutional leadership and systematic control of activities were found to be decisive elements in raising quality standards. The Managerial Model positively influences service improvement by replacing purely formal control mechanisms with monitoring oriented towards tangible results.

In conclusion, the Managerial Model exerts strategic influence on the improvement of public service delivery at MCH by prioritizing technical competence, process flexibility, accountability and a citizen-centred approach. However, consolidating these principles requires continuity in reform efforts, improved working conditions, strengthened communication with users and deeper institutionalization of a results-oriented and quality-driven organizational culture.

With regard to recommendations, it is suggested that the institution strengthen its public communication strategy and clarify referral criteria to MCH, prioritize the digitalization of data and processes, implement an effective information system for medicine stock management, expand queue management systems to all departments, ensure systematic monitoring within emergency services, promote regular training programs, introduce greater flexibility in career progression processes and reinforce mechanisms of individual accountability. These measures would contribute to consolidating a more efficient, transparent and citizen-oriented hospital management model.

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⁴ He served as Administrator of Maputo Central Hospital from 2010 to 2015. He ceased his functions at MCH in June 2015 and, at the time of the interview, was serving as Permanent Secretary of the Ministry of Health.