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Korneta, Piotr

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STAKEHOLDERS AND PERFORMANCE MANAGEMENT SYSTEMS OF SMALL AND MEDIUM-SIZED OUTPATIENT CLINICS

Piotr KORNETA

Warsaw University of Technology, Faculty of Management, Warsaw, POLAND
e-mail: piotr.korneta@pw.edu.pl

***Abstract**:* Performance management systems can be divided into those that rely considerably on significant stakeholders and that ignore stakeholders, other than the stockholders and the clients. Decision makers willing to implement and use a performance management system must decide to what extent such system should rely on various stakeholders. In this study, 10 in-depth interviews with representatives possessing significant experience with small and medium-sized outpatient clinics have been employed. The objective of this paper is to study if an efficient performance management system for small and medium-sized outpatient clinics can ignore stakeholders. The results of this study postulate performance management systems, which are not sufficiently rooted in stakeholders, are not likely to be successful for small and medium-sized outpatient clinics. Developed in this article concept acknowledges wider society and indicates significant stakeholders who cannot be ignored. The paper ends with conclusion, limitations, indications for further research, and some managerial implications.

***Keywords**:* stakeholders, performance measurement, performance management system (PMS), healthcare, outpatient clinics, small and medium enterprises (SMEs).

***JEL Classification**:* I11, M10, M16.

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1 Introduction

During the past several decades, the focus of management and the objectives of the organizations have considerably shifted from delivering value to the stockholders to delivering value to the wider society, represented by groups of stakeholders. The stakeholders theory quickly became popular, with many scholars claiming that concept to be critical for sustainability of the companies (Perrini and Tencati, 2006; Harrison and Wicks, 2013) and postulating to introduce to contemporary organizations a stakeholder-oriented approach, balanced in their perspective (Sinclair and Zairi, 2000).

As a result, stakeholder management emerged as a theory providing an underlying logic connecting the society with performance of the companies (Barnett 2007; Berrone, et al., 2007). Although stakeholders became widely acknowledged, there is an ongoing debate among scholars, with majority of them claiming the companies can simultaneously meet the interests of their stockholders and other stakeholders (Ogden and Watson, 1999; Galbreath, 2006; Bridoux and Stoelhorst, 2014; Henisz, et al., 2014), and some claiming the opposite (Cennamo, et al., 2009).

And so, Sundaram and Inkpen (2004) postulate stakeholder management complicates corporate governance; Jensen (2002) states that because this theory questions maximization of profits for stockholders, it should be considered, at least as controversial. Business practice of stakeholders management is not straightforward. Although this issue is being perceived as a daily routine, many organizations still find it challenging to manage diverse interests of their stakeholders. This is because stakeholder management comprises various processes, which are complex and multi-facet (Loi, 2016).

The concept of performance management has become popular among both researchers and business practitioners since early 1990s, indicating a linkage between formal information systems, operations and strategy. As a result, performance management systems (PMSs) have been used by around 70% of large and medium-sized firms located in the USA and Europe (Waal and Kourtit, 2013), supporting them with better customer care and quality improvements (Waal, 2007), gaining competitive advantage (Cocca and Alberti, 2010), and overall enabling to gain consistent understanding of business strategies throughout the organizations (Brewer and Speh, 2000).

Although information needs and PMS have been already well addressed by scholars for large companies and medium-sized ones in developed countries, the needs of small and medium-sized ones and the companies in developing economies still require attention of scholars (Skoczylas and Niemiec, 2016; Heinicke, 2018).

The health-care industry has been selected in this study because of two major reasons. Firstly, the health-care system is constantly under the pressure to provide high-quality, affordable services with limited resources. Scholars and health-care managers should, therefore, investigate new ways of evaluating and managing performance of health-care organizations (Hewko and Cummings, 2016). Secondly, it has been already indicated that stakeholders' roles in the health-care industry are considerable (Kludacz-Alessandri, 2016); therefore, it is interesting to study the relationships between stakeholders and PMS in this industry.

The scope of this paper has been narrowed to small and medium enterprises (SMEs). This has been done deliberately, because of several reasons. Firstly, SMEs possess less resources and capabilities than larger organizations, hence require more support from researchers. Secondly, SMEs by number dominate the world business stage, accounting for around 95% of the world enterprises (Appiah, 2019). The number of selected outpatient clinics for the study in Poland totaled 27,000, which provided, in 2018, 322 millions of services.

The stated number of outpatient clinics comprised 4,000 dentist clinics (www.stat.gov.pl). These quantities confirm SMEs outpatient clinics are significant from the wider society perspective. This statement is also frequently true from a global perspective, as SMEs are also critical and hold considerable shares in other medical or dentistry markets (Nasseh, et al., 2020; Nguyen and Sasso, 2020). Finally, the role of stakeholders might differ in SMEs from larger organizations, as the latter rely less on relationships.

With respect to the above, and given PMS should be designed specifically for individual organizations, the objective of this paper is to answer the following research question: *can an efficient PMS for outpatient clinics ignore stakeholders?*

The paper is organized as follows: in the Section 2, a literature review comprising the stakeholders theory and PMS is being provided. In the Section 3, a methodological approach, based on 10 in-depth interviews is being described. The Section 4 presents the results obtained from the empirical study. In the Section 5, a discussion is being provided. The paper ends with conclusions, managerial implications, limitations of the study, and some indications for further research.

2 Literature review

2.1 Stakeholders

The concept of stakeholders was initially raised and next developed by Emshoff and Freeman (1978). They defined stakeholders as any individual or a group of individuals who can affect or are affected by the company. Freeman (1984) claimed that any organization should: possess a stakeholder management capability and be capable of integrating the interests of stakeholders and stockholders. Currently, the term stakeholder is understood as anyone with a legitimate interest in the company (Cragg and Greenbaum, 2002), while the stakeholders approach has been widely acknowledged.

The three most important attributes of stakeholders that determine their salience to managers are: power, legitimacy, and urgency. The relative importance of these three attributes determines the priority managers give to complete stakeholder claims (Loi, 2016).

The stakeholder groups consider target organizations are responsive to their needs. They can: mobilize if they desire to protect their interests, form coalitions and influence on strategy or activities of the organizations, and configure relationship structures (Friedman and Miles, 2002; Neville and Menguc, 2006). The stakeholders can also support organizations, provided they: have treated them fairly, are reliable, accountable and legitimate, and do not have a negative environmental impact (Choi and Shepard, 2005).

In order to balance the needs and contribution of various stakeholders, organizations should: take into consideration multiple perspectives, gain their trust, accept their representation on the company boards, use mediation, manage organizational identity and

reputation, or make charitable contributions (Carter, 2006; Schwarzkopf, 2006).

2.2 Performance management systems

The popularity of PMS stems from the fact that any organization requires its operations to be efficient and its goals to be met, in order to be successful and sustainable. That underlying need of any organization to manage the performance of its employees and processes to ensure the goals are met in an efficient and effective manner provided a fertile ground for performance management theory development.

PMS proved to be very often successful, providing many advantages to the organizations, among which are: the growth of sales, improved quality, increased profits, improved strategic planning, better communication, improved relationships with clients, higher employee satisfaction, improved goal achievement, and improved efficiency (Sim and Koh, 2001; Franco-Santos, et al., 2012; Jazayeri and Scapens, 2008).

PMS is defined, in this study, as dynamic and balanced systems that support decision-making processes by gathering and evaluating relevant information (Korneta, 2018). It is widely acknowledged in the literature that modern a PMS should be: (1) balanced, that is, comprise various groups of different measures, which give collectively a holistic view of the organization; (2) dynamic, that is, continuously adjust to the changes in the internal and external factors surrounding the organization; and overall (3) support strategy of organizations (Korneta, 2018; Waal, 2007).

PMS should not be considered only in the light of benefits. Recently, a new trend of scholars emerged in the literature, claiming many problems appear while PMS is being applied, with significant portion of them being related to stakeholders (Waal, 2007, Pulakos and O'Leary, 2011; Korneta, 2019). Due to that, increasingly more researchers claim PMS should take into consideration the human factor and to involve stakeholders in the performance measurement process (Chenhall and Langfield-Smith, 2007; Chenhall, et al., 2009).

The literature presents a considerable number of PMS. For the purposes of this study, PMS has been divided into two groups. The first one comprises PMS that ignores or pays very little attention to the concept of stakeholders. The second one comprises PMS that are highly reliant on stakeholders. Among the well-recognized representatives of the first group of PMS are, inter alia: the performance measurement questionnaire, performance pyramid system, results and determinants framework, balanced scorecard, return on quality approach, manufacturing system design decomposition, effective performance measurement in SMEs, unused capacity decomposition framework, performance measurement system for health-care processes (Heinicke, 2018; Purbey, et al., 2006). These PMS are primarily focused on two major groups of stakeholders, namely stockholders and clients, while paying nearly no attention to the others. These systems have been used by many organizations and proved to be successful in improvement of their operations.

The most well-recognized representative of this group is balanced scorecard, which focuses the attention of the organization on four critical perspectives, namely: (1) financial, (2) clients, (3) operations and (4) learning and development. The value of a balanced scorecard was well acknowledged by Harvard Business Review, which described it as one of the most important management tools of the past 75 years (Bourne, et al., 2005).

The second group comprises PMS highly reliant on various groups of stakeholders and comprises, among others: the comparative business scorecard, performance prism, integrated holistic performance management framework, flexible strategy game card, strategy aligned integrated linked scoring system, GRASP performance management model, total performance scorecard, performance measurement and management system for small and medium-sized Polish health-care services providers (Neely, et al., 2001, Korneta 2018; Heinicke, 2018; Sushil, 2010).

These PMS emerged later than the first group, widely acknowledging various groups of stakeholders, around whom, these systems have been designed. The most well-recognized system within this group is undoubtedly the performance prism, whose foundations are well rooted with various significant stakeholders. The organizations willing to introduce performance prism should first identify all significant stakeholding groups, together with their contribution

to the organization and their satisfaction. Next, the organization should develop various processes, capabilities, and strategies, which rely on the contribution of the stakeholders and which should finally provide satisfaction to them (Neely, et al., 2001).

Although highly reliant on stakeholders, PMS emerged as a response to criticism of the first group of systems, yet many organizations use and scholars still propose for some organization PMS focused primarily on stockholders and clients, paying very limited attention to other significant stakeholders (Nieplowicz, 2019). As a result, the study assessing if PMS ignoring stakeholders can be efficient and effective for certain industries, including the health care one, appears to be justified.

3 Methodological approach

Given the complex and multifaceted nature of stakeholders' relationships within outpatient clinics and the underlying links to performance management, in this study, a qualitative approach has been employed. Such approach offers a better perspective to amplify the theory (Yin, 2003).

Accordingly, 10 in-depth interviews with industry experts have been conducted. The details of the interviewees with some information on the companies they are currently working for are provided in Table 1.

All of the interviews were conducted in a period between September and December 2019.

Table 1. The outlay of interviewed industry experts (*Source:* Own compilation)

No	Interviewee	Healthcare segment experience	City	Sales PLN million	No. of employees
1	Owner, dentist	dentistry	Kielce	0.8	4
2	General manager and owner, 25 years of experience in healthare sector	primary healthcare, medical specialties, dentistry,	Warszawa	25	430
3	Owner, general manager	dentistry	Kielce	9	22
4	Manager, former headhunter in healthcare sector	medical specialties	Radom	2	18
5	Owner, manager and a dentist, 20 years of experience in healthare sector	dentistry	Warszawa	2	9
6	Owner, manager and a dentist, 20 years of experience in healthare sector	dentistry	Warszawa	1.2	6
7	Owner, general manager	primary healthcare, medical specialties	Warszawa	2	15
8	Owner, general manager	primary healthcare, medical specialties	Warszawa	4	26
9	Manager, 15 years of experience	primary healthcare, medical specialties, dentistry,	Radom	7	78
10	Owner, general manager	medical specialties	Warszawa	8	52

Note: No of employees presents a number of persons with whom cooperation contacts are being concluded, ignoring the number of contracted hours, i.e. it does not represent a full time equivalent of employment

Before the interviews were undertaken, each of the interviewees had been provided by phone the definition of stakeholders, together with several examples, and informed that the interview would focus on relationships between stakeholders and the performance management of outpatient clinics. Such approach should allow interviewees prepare better for the case study and so improve obtained results.

All of the interviews commenced with an assessment of interviewees' experience with PMS. Next, the relationships between stakeholders and performance management of outpatient clinics were discussed. During the discussions, inter alia, the interviewees were asked to: identify the stakeholders; evaluate their roles, interests, and contribution to the company; and finally, to rank their significance, either as high, medium, or low. The interviewees were frequently asked to provide relevant examples. As the full list of discussed shareholders was developed only after the sixth interview, the first six experts were followed up with phone calls so that they could express their opinions on the complete list of stakeholders.

4 Conducting research and results

In Table 2, a brief summary on interviewees' experience with PMS is being disclosed.

Table 2. Summary of intervieews experience with performance management systems (*Source:* own compilation)

Level	Description	Number of experts
None	The interviewee has no experience wit PMM	4
Basic	The experience is limted only to financial indicators	4
Moderate	Experience with both financial and non-financial indicators	2
Advanced	Experience with holistic, dynamic and linked to strategy performance management systems	-

Table 3. Significance of identified stakeholders of outpatient clinics (*Source:* Own compilation)

Stakeholder	High	Medium	Low	Conclusion
Stockholders	10			Critical
Management	10			Critical
Medical doctors	10			Critical
Patients	10			Critical
National Health Fund	7	1	2	Significant
Medical assistants	4	4	2	Significant
Front-line employees	4	2	4	Significant
Industry-specific suppliers	4	1	5	Significant
Financial institutions	2	3	4	Significant
IT providers	1	4	5	Significant
Competitors		4	6	Not significant
Back-office employees		3	7	Not significant
B2B clients		2	8	Not significant
Government		1	9	Not significant

In the due course of conducted interviews, 15 different groups of stakeholders were identified and discussed. Table 3 provides the list of identified stakeholders along with the level of significance assigned to them, by the interviewees.

The identified groups of stakeholders have been divided into three groups of significance. The first one comprises critical stakeholders to small and medium-sized outpatient clinics. All of the interviewees assigned high significance to them. The second group comprises stakeholders whose significance was considered as high by at least one interviewee. The final group comprises the remaining, non-significant stakeholders.

4.1 Critical stakeholders

It is difficult to separate the management function from the stockholding one. Eight out of 10 interviewees were both the owners and managers. Furthermore, the owner was frequently a key medical doctor providing significant health-care services. According to the interviewees, the owner, managing the company, is literally responsible for everything, beginning with provision of funds for the entity, through managing the company (hiring staff, procurement, financial liquidity management, administration, legal issues and compliance, strategy and development of companies) and ending with administration works like buying medical materials, doing minor repairs of medical devices, substitution of absent employees. Two of the interviewees confessed to cleaning the premises occasionally. Only two out of 10 studied companies had ownership completely separated from management and provision of medical services within the company. In these two cases, the managers were fully responsible for the company and had a final say, while the stockholders were not interested in the day-to-day operations of the companies.

There is a consensus among interviewees about *medical doctors* who consider them as critical stakeholders. The key cause behind that is a shortage of medical doctors in the Polish market. All 10 interviewees experienced in their career loses of medical doctors who left either to competitors or set up their own businesses. As a result, outpatient clinics are increasingly more focused on medical doctors' satisfaction. The first of satisfaction measures of medical doctors is their salary. In the studied companies, medical doctors, excluding primary health care, earned around 50% of provided by them health-care services. The lowest percentage of revenue was 35% and related to general dentistry. The highest percentage of revenue paid to doctor was 85% (head of hospital cardiology ward); such number was reported only by one interviewee.

The interviewees stated that, despite being hard to make any profit with medical doctors employed for more than 65%, some outpatient clinics tend to do so because they believe employment of top-class specialists will make the clinic premium in the eyes of the patients and allow to sale other services to these patients. The shortage of medical doctors puts a considerable pressure on price of health-care services purchased by outpatient clinics.

One of the interviewees stated that, recently, he had to increase the salary of one orthodontist (considering leaving his company) up to 65% from 45%; otherwise, he would lose the contract with Narodowy Fundusz Zdrowia (NFZ; National Health Fund). Salaries are not the only satisfaction factor of medical doctors. The interviewees mentioned medical doctors are also interested in: user-friendly software, location of clinics close to their households, suitable working hours, and overall good work atmosphere. Two interviewees stated the medical doctors paid close to the market average are unlikely to leave the company for the competitor even for higher salary if good relationships are maintained. They defined good relationship by dialogue, that is, if the doctor has nice and regular conversations with clinic representatives (manager, reception, nurses), one should not leave the company.

On the contrary, reduction of dialogue with medical doctors to only saying "good morning" when a doctors comes to the clinic and "good bye" when one leaves is a risky practice, as the doctor stays vulnerable for any action of the competitors. The importance of medical doctors for outpatient clinics was best described by one of the interweaves, who stated: "*if only I could hire more medical doctors, my business would double.*"

All of the interviewees recon *patients* as critical to outpatient clinics. One of the interviewees stated "*Our philosophy is we treat the patients. Every em-*

ployee must understand it. Once it is being acknowledged, by each employee of the clinic, the company growths, the atmosphere is good, doctors find their job important, while the patients feel they are in a very deep heart of the company, so they stay loyal and recommend us to their relatives. This is a key of our success."

Further, it has been noticed that a patient's needs, satisfaction, and contribution to the clinic were different in various business areas; hence, the results of interviews for the identified three business areas, namely: primary healthcare, dentistry, and medical specialties, are presented separately. In primary health care, NFZ pays around 30 PLN per month per patient. This fee is slightly higher for children and older people. The remuneration of general practitioners is within 80–120 PLN per hour, with lower fees for graduates of medicine, yet without specialties and doctors who are retired. The job of an outpatient clinic is to obtain as much patients as possible, for whom NFZ pays monthly and to organize general practitioners.

Three out of four interviewees stated that waiting time is critical for patients who expect to receive the services the same day they contact the clinic, whereas the patient accepts lower quality perceived from a medical perspective. These three interviewees stated that if their clinic is not able to provide services within 24 or 48 hours, no matter how good their doctors are and no matter to other conditions, they will lose the patients quickly to competitors. Only one interviewee said the quality of medical services is as much important as waiting time, especially for children services. As for medical specialty services, waiting time is of secondary importance.

Cooperation with medical doctors who are top stars in their specialties or are head of hospital departments make patients accept longer waiting times, no matter that the services are not free of charge. Furthermore, three interviewees stated that, in general, patients are not loyal to clinics, but to such specialists. In case the specialist leaves the company, the patients go with him/her, rather than stay with the clinic. In dentistry, the waiting time is not on the first place of patients' expectations who expect high quality from medical perspective and fair price. The clinics expect from patients to stay loyal, purchase other services, recommend a clinic to their friends, and accept delays of services.

4.2 Significant stakeholders

NFZ is considered as a critical stakeholder by seven interviewees because of several aspects. Firstly, NFZ has the right to increase prices (once per several months) for primary health-care services (paid per month per person), conclude contracts for medical specialties with the clinic or terminate them. In general, it is difficult to obtain a new contract for any other specialty than primary health care and relatively easy to renew a contract that expires usually after a five-year period. Secondly, NFZ monitors execution of concluded contracts.

These contracts are very detailed, and small outpatient clinics sometimes have problems with fulfillment of all obligations arising from them. Although NFZ has the right to accept violation of some agreed obligations, outpatient clinics must monitor compliance of their activities according to the contract and try to fulfill the contract as much as possible. Thirdly, occasionally, NFZ asks outpatient clinics for help with provision of certain services. For example, to provide more dentistry services to children, which is considerably less profitable than dentistry for adults; to provide dentistry under anesthesia while there is a shortage of anesthesiologists; or to open a new primary health-care clinic in the district that has already been built, or yet there is no clinic in such location.

Keeping good relation with this stakeholder is, according to majority of interviewees, very important. Not all interviewees consider NFZ critical to their clinics. Two out of 10 interviewees stated their clinics have no contracts with NFZ and are not interested in them. They ranked NFZ as not significant. They also said that patients pay more for the service than NFZ, and given a shortage of medical doctors in the market, it is more efficient from the sales margin perspective to work only in the private sector, ignoring the public one (NFZ).

The group of *medical assistants* comprises nurses, dental hygienists, and physiotherapists. The importance of this group stems from the fact that these

stakeholders are in close contact with other critical stakeholders: medical doctors and patients.

Because of the high amount of time spent with patients, they can recommend to them new services, discuss the needs of patients and so act as marketing researchers, calm the patients down if they are not satisfied with the clinic, and so on. Given many nurses, dental hygienists, and physiotherapists have more than one job, in case of medical doctors' shortage, they can ask the doctors at other clinics, with whom they cooperate at a daily basis, to come to work for another clinic.

The results of conducted interviewees regarding *frontline employees* were not consistent, with four considering them as very significant. These four interviewees, compared them to sales representatives who are in constant contact with patients, either in person or by phone, and so they have plenty of opportunities to recommend new services, fit the patients properly in medical doctors' timetables and others. One of these interviewees described how following the training of frontline employees (reception) on types of orthodontics braces increased the sales levels of high-margin braces.

If the company is able to answer basic questions of a patient at the reception level, show him/her several photos, provide initially more details on different products, and recommend further discussion with a dentist, such clinic makes a very professional impression on a patient, who is very likely to stay with the company. The other interviewees stated that this group of employees is not loyal to the clinic, and that the rotation at these position is huge. Two interviewees stated that their clinics standardize these jobs and expect only basic activities for low salary from these stakeholders, while looking for value among other stakeholders.

Industry-specific suppliers comprise suppliers of medical and dentistry materials and medical devices. Industry-specific suppliers operate through sales representatives who contact medical doctors recommending their products and with owners or managers of clinics, depending on who is finally responsible for the purchasing process. One of the interviewees provided an example of the clinic, in which the sales representative from a medical devices company contacted asking to start cooperation. The sales representative recommended two eye surgeons who were in dispute with the owner of another clinic and who together with their patients and medical devices joined the clinic.

Another interviewee provided an example in which the supplier supported him with implantology development. Without support of the sales representative, the clinic would not have started this new high-profit activity. Now, the clinic stays loyal and purchases the implants only from him. The interviewees stated that industry-related suppliers are also significant because: (1) they can inform the company on market trends, (2) grant longer payment terms for their products, (3) recommend the clinic to medical doctors, or (4) patients, (5) provide quick support in case of difficulties regarding their products. Not all interviewees consider industry-related supplier significant, mainly because of high competition among them.

Two interviewees indicated financial institution as a significant stakeholder, stating the growth of their clinics would not be possible without bank loans, which were not easily obtained. They also stated that financing is one of the key barriers they face in current development. The majority of the interviewees indicated, however, that they can easily obtain bank loans from any bank for current business, assigning no special value to these stakeholders.

While all of the interviewees acknowledged continuously increasing importance of information technology (IT) services for health care, only one of the interviews considered *IT suppliers* as significant for his business. The rest of interviewees, due to sever competition among IT suppliers, assigned either moderate or low significance level to that group of stakeholders. The latter group of interviewees underlined that their opinion and low significance assigned to them is for the date of today, and it may soon change.

4.3 Non-significant stakeholders

Despite, all interviewees acknowledge and state *competitors* cannot be ignored, they were not assigned high significance. Three interviewees gave examples from their own experience of two outpatient clinics located in the same building, which, despite their

proximity, are still profitable. The experts stated that the studied companies compete more for medical doctors than for patients, and because of that, the salaries of medical doctors rise. The other two interviewees stated that competition is mixed greatly with cooperation, as many of medical doctors parallel to provision of their services for the outpatient clinic, run their own practices. Given a shortage of medical doctors, the clinics cannot afford to cease cooperation with them. Instead, outpatient clinics must ensure no unfair actions, for instance, regarding stealing of the patients, take place.

Business-to-business clients include primarily insurance companies (Allianz, Compensa, PZU) or large competitors like LuxMed or Medicover, which for monthly fees, received from their clients, provide medical services to their clients. Business-to-business stakeholders offer to SMEs outpatient clinics contracts with lower fees per service, but with a promise of larger volumes. Two out of 10 interviewees confessed to have these contracts signed; they indicated, however, the volume of the cooperation is considerably lower than expected, and as a result, the value of the whole cooperation is not significant.

None of interviewees considered *back-office employees* as critical to their business. *Government*, despite being a powerful stakeholder, is remote and does not interact directly with outpatient clinics.

5 Discussion

The findings of these study indicate small and medium-sized outpatient clinics located in Poland have very limited experience with PMS. None of interviewed 10 industry experts had work with advanced PMS, while four had no contact with such systems prior to the study. These findings are aligned to the postulates of other scholars (Skoczylas and Niemiec, 2016) who claim Polish companies have limited experience with PMS. This particular finding indicates, however, a huge room for performance management improvement of Polish SMEs outpatient clinics and confirms the postulates of this study might have practical implications for decision makers willing to implement PMS.

During the interviews, 14 different groups of stakeholders, indicated by 10 industry experts, have been studied. All of the interviewees consider the following four groups of stakeholders as critical: (1) stockholders, (2) management, (3) medical doctors, and (4) patients, and the following six as significant: (1) NFZ, (2) medical assistants, (3) frontline employees, (4) industry-specific suppliers, (5) financial institutions and (6) IT suppliers for performance of outpatient clinics. As a result, the PMS focused on only two groups of stakeholders, namely stockholders and clients, is not likely to be suitable for the studied companies.

In the literature review section, PMS has been divided into two groups. The first one acknowledges only two groups of stakeholders: the stockholders and the clients. Given the results of undertaken interviews, this group does not address all of the stakeholders who are considered critical to small and medium-sized outpatient clinics. There is a consensus that failure to include medical doctors, whose shortages are significant in the market, in one of the key areas of management interest may led to considerable performance inefficiencies.

The results of this study point another six stakeholders who are or can be significant to outpatient clinics. NFZ, being the most significant financing party in the Polish market, offers many opportunities to outpatient clinic PMS; however, it expects many obligations to be met instead. Medical assistants have an intense contact with patients and medical doctors. Hence, if their performance is addressed properly, they can support the outpatient clinics in the supply area regarding medical doctors and on the sales side, resulting from their relations with patients.

Frontline employees are responsible for the initial contact with clients, so they can act as sales representatives. Industry-related suppliers provide not only materials and devices. They can also act as intermediaries with other market participants. Financial institutions can provide finance, and so, allow for faster development of the clinics. The role of IT providers, despite severe competition among them, is increasingly growing. The interviewees consider IT can become a significant competitive advantage in near future.

Outpatient clinics, whose performance management does not rely considerably on other significant stakeholders, might miss many business development opportunities, which are tightly linked to them.

Conversely, PMS that acknowledges the need to craft the relationships with critical and significant stakeholders has a greater chance to be successful. Inclusion of measures relating to satisfaction and contribution of these stakeholders, as proposed by, for instance, the performance prism, should allow outpatient clinics to understand and measure the business profoundly, and so, to explore more market opportunities.

6 Conclusion

The numerous PMS presented in the literature can be divided into systems that do not rely significantly on stakeholders and that rely significantly on them. In this study, the role of 14 different stakeholders with 10 industry representatives has been studied.

There is a consensus among all 10 interviewees that four stakeholders, namely: (1) the stockholders, (2) the managers, (3) the medical doctors, and (3) the patients, are critical to small and medium-sized outpatient clinics. The significance of further six stakeholders, as follows: (1) NFZ, (2) medical assistants, (3) frontline employees, (4) industry-specific suppliers, (5) financial institutions, and (6) IT suppliers, was also acknowledged.

The findings of this study indicate that the group of PMS that relies primarily on two stockholding groups, namely the patients and the stockholders, while ignoring the others, shall not address the complete nature of small and medium-sized outpatient clinics. The use of these systems might not only be inefficient, but also miss many interesting business development opportunities. With respect to the above, the results of this study clearly indicate that an effective and efficient PMS cannot ignore complex relationships with significant stakeholders. The practical implication of this study for decision makers willing to implement PMS in the small and medium-sized outpatient clinics is to design and use the system that has its solid grounds with significant stakeholders.

This study has two major limitations. Firstly, the interviewed experts comprise only representatives from small and medium-sized companies. Secondly, the study is fully based on the experience of Polish market. These two limitations have been done deliberately, as SMEs differ considerably from larger companies and because the Polish health-care market is highly influenced by NFZ, which is specific only for the Polish market. Hence, if the scope of this study was extended, its results could have become inconsistent. Nonetheless, due to these two limitations, the results of this study might not be generalizable to all outpatient clinics all around the world.

The two aforementioned limitations of the study are a good indication for further research. It would be highly interesting to compare the results of this study with the results of studies of larger outpatient clinics or with results obtained in other countries. Additionally, during the interviews regarding relationships between clinics and medical doctors, the issue of mixed mutual cooperation with competition was touched. This subject has not yet been sufficiently studied, especially for the health-care industry, hence appears to be interesting to be studied further.

Finally, it was identified in the interviews that the cooperation with IT suppliers is yet very limited. Despite that, the interviewees expressed the opinion that the role of IT for SMEs outpatient clinics may soon change. Further studies of the role and impact of IT for SMEs outpatient clinics might also be very interesting, from both the researchers' and decision makers' perspective.

7 References

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