



**An examination of performance management in public
health care in the Emirate of Dubai**

دراسة حول إدارة الأداء الوظيفي في مجال الرعاية الصحية العامة في إمارة دبي

by

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DECLARATION

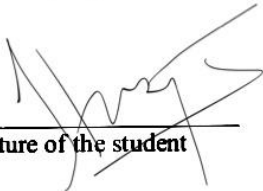
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ABSTRACT

The study investigates the prevailing performance standards , modes of performance measurements, and the resulting ambiguities in performance measurement. In view of the public sector health care facilities and initiatives of the Dubai government to provide quality health services, the performance of employees need to be aligned with the objectives of healthcare services. This research employs a descriptive methodology design and a survey of 150 employees of health care centres in Dubai was undertaken. The data analysis was conducted through statistical measures of descriptive and inferential statistics. The findings of the data analysis revealed that performance management system attributes are highly correlated with costs incurred in measurement, processes, time required, and the value concepts of the healthcare management. On the other hand, correlation with factors in the external environment and quality of performance management systems (PMS) are found very low and insignificant. The recommendations included more proactive adherence to changes in external environment and greater focus on the quality of performance measurement and management systems. The study has certain limitations in its dependence on a single data collection method - the quantitative method - and the restricted sample size from public health care centres of Dubai only.

نبذة مختصرة

تتطلع هذه الدراسة على معايير الأداء الوظيفية السائدة وأساليب قياسات الأداء، والنتائج المحصلة من هذه الأساليب القياسية. وبالنظر إلى مرافق ومبادرات الرعاية الصحية للقطاع الصحي العام التي تقدمها حكومة دبي لتوفير خدمات صحية عالية الجودة، يجب أن يكون أداء الموظفين متماشيا مع أهداف خدمات الرعاية الصحية ورؤيتها المستقبلية. يستخدم هذا البحث تصميم المنهج الوصفي وتم إجراء دراسة استقصائية لـ 150 موظفا وموظفة من عدة مستشفيات ومراكز الرعاية الصحية التابعة لهيئة الصحة في دبي. وقد أجري تحليل البيانات من خلال المقاييس الإحصائية للإحصاءات الوصفية والاستنتاجية. كشفت نتائج تحليل البيانات أن خصائص نظام إدارة الأداء ترتبط ارتباطا وثيقا بالتكاليف المتكبدة في القياس والعمليات والوقت المطلوب ومفاهيم القيمة لإدارة الرعاية الصحية. ومن ناحية أخرى، فإن الترابط مع العوامل في البيئة الخارجية وجودة نظم إدارة الأداء منخفض جدا وغير ملحوظ. وشملت التوصيات المزيد من الالتزام الاستباقي بالتغيرات في البيئة الخارجية وزيادة التركيز على نوعية نظم قياس الأداء والإدارة. ولدى الدراسة بعض القيود في اعتمادها على طريقة واحدة لجمع البيانات - الطريقة الكمية - وحجم العينة المقيد من مراكز الرعاية الصحية العامة في إمارة دبي فقط.

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CHAPTER ONE

Introduction

1.1 Introduction

Performance is the prospective effectively executed action taken to achieve the objectives of the organisation. Performance in any area of healthcare has to be measured and should be accountable for (Saber, 2014). Performance stems from the way the management has been structured and how the managerial system comes into play. The management of performance is based on the methods employed for management and the success of these methods (Bititci, 2014). The measurement of performance is essential as it could be a way to identify how well the organisation is aligned to its objectives. By measuring the performance, the overall standards of the healthcare provision can be assessed. Also, by comparing it with a standard or a benchmark, the progress of the healthcare unit can be known, which can give an indication of the performance of the entire industry (Saber, 2014). By measuring the performance, it can be assessed and improvements can be made in the weaker areas both by internal standards and also with global comparison.

This research evaluates healthcare performance management systems in the public healthcare sector in Dubai. The overview of the healthcare sector in Dubai is provided and the initial discussion on performance measurement in the healthcare sector is discussed. The chapter also describes the aim and objectives, significance, and research questions. The chapter concludes with an outline of the dissertation structure.

1.2 Background

12.1 Performance measurement

Measuring performance against a benchmark gives indications of the improvements made over time in a specific area, and whether such improvements are up to the global standards. Secondly, performance has to be operational before it is measured (Rayes, Hassali, & Abduelkarem, 2015).

Also, the need to measure performance should be very clear. Performance measures include quantifiable measures against which intangibility of outcomes can be assessed, while giving quantifiable measures as to how public organisations can measure their performance and also to ensure whether organisations are meeting their objectives (Bevan & Hood, 2006). Targets and performance indicators are essential for the management of any complicated system. These indicators act as a *control* which reports unambiguous and measureable results, and secondly, as a *monitoring system* that helps measure the performance against that specific desired result (Hollingworth, 2003). Feedback can also be associated with such measured performance. Such targets are often made public and the performance is also measured publically. The rewards consist of reputational effect in terms of discredit or grandeur depending on the individual's measured performance. Again bonuses, extensions, or renewed duration for a manager could be an outcome of a positive performance measurement. However, there may be problems related to defined measuring systems (Bevan & Hood, 2006)

1.2.2 Performance measuring types

Many types of performance measures exist when performance is assessed such as 360 degree performance appraisal, balance score card, financial matrices and others. Bonuses that are based on profits have been criticised as such a system encourages the employees to overlook long-term performance and focus more on short-term profit for the organisation in an attempt to increase their bonuses (Kaplan & Norton, 2001). Organisations offer compensation plans that are incorporated with financial metrics and extra measures. These can be in terms of quantitative measurement, surveys and even qualitative assessment of performance by the managers (Boland & Fowler, 2000)

It is contested that the balanced scorecards should have four primary areas of measures; these are i) financial and non-financial, ii) internal (relating to learning, innovations, etc.), iii) external, inputs and outputs, and iv) objective and subjective measures (Kaplan & Norton, 2001). Kaplan and Norton (2001) found that subjectivity in weighting the measures in the balanced scorecard has a loophole and permits the supervisors to overlook the many performance measures, and eventually the financial performance becomes the final indicator of performance. Again favouritism could creep in where bonuses are concerned along with ambiguity in the

performance criteria for determining the rewards (Hollingworth, 2003). Structure of care measures the performance of a healthcare unit or hospital (Parhizgari & Gilbert, 2004).

1.2.3 Overview of Dubai – the UAE

The United Arab Emirates (UAE) is situated on the coastal areas of Persian Gulf. The UAE has seven Emirates that were established in 1971 and 1972; these are Abu Dhabi, Dubai, Sharjah, Ajman, Umm Al Quwain and Fujairah. Ras Al Khaimah combined with these Emirates later in 1972 (Albert, 2014). Dubai is currently one of the richest countries in the Middle East and is one of the fastest growing countries in the world with the seventh largest reserves of oil across the globe (Gulf News, 2014). Sheikh Zayed, the initial President of the country looked into the development and invested in healthcare, the educational sector and the infrastructural needs (John, 2015). The UAE economy is currently growing rapidly and Dubai is turning into a global city and a central hub both of business and tourism (ISAHD, 2013). However, UAE is highly dependent upon the natural gas and petroleum exports, which are the main earnings of the country (News, 2014)). Also, countries in Asia like Japan, India, Pakistan, and China are the biggest exporting markets for the UAE. Friendly relations with Japan have also been established with exports including crude oil and natural gas to Japan and importing cars and electronics. The GDP of UAE is above \$370 billion in 2016. The economy has expanded 231 times since the independence of the country in 1971 (WAM, 2015)

Though, the seven emirates of UAE have shown remarkable progress in recent decades, but for his research the health sector performance management is focused. Though, Dubai had substantial economic downfall in 2007-2010 but was rescued by Abu Dhabi's wealth of oil. Dubai is one of the most famous and sought-after tourist destinations with 66% of the entire UAE share of the tourist economy. It has the largest population in UAE as compare to other emirates (John, 2015). Dubai relied on its oil reserves for economic progress but it has limited reserves and the level of the production is not very high. The main revenue is not generated from tourism, aviation, financial services and real estate business and its dependence on trading oil is not more than 5% in GDP. It is an attractive destination for sports events and construction with a large number of world-class architectural buildings like the Burj Khalifa (WAM 2015). However, it continues to progress despite major economic crises in 2007 and 2009 (John, 2015).

Over time it has recovered and is expected to do very well in economic progress in the coming future as it has lowered its dependence on oil export and depends more on a variety of other factors for its economic wellbeing. Jabel Ali became the first free trade zone of Dubai and till 2013, Dubai has 22 other free trade zones as well ((ISAHD, 2013)

Dubai has a population of 2,109,274 or approximately 2.1 million, with an average age of 27 years. In a 1000 people, 15.54 births and 1.99 deaths occur. According to census of 2013, out of 9.2 million population of UAE, 7.8 million were expatriates and approximately 85% of the expatriates are from Asian countries. Majority of expatriates are resided in Dubai and It is expected that the population of Dubai may reach 3.5 million by 2020 (Gulfnews, 2016). About 3% of the population of Dubai is categorised as western (John, 2015); 16% of the population lives in communal labour housing. In 2013, UAE recorded a population of 9.2 million (Gulfnews, 2016), of which 7.8 million are expatriates. There is a huge deviation in the nationality types in the country (Albert, 2014). Also with a large number of expatriates the standards need to be competitive meet the global standards and efforts are needed to compete with developed countries on the world stage in all aspects of industry, including healthcare provision, which is the focus of this work.

1.2.4 Dubai healthcare

The Ministry of Healthcare in the UAE has conferred a set of duties to health authorities in different Emirates (John, 2015). In Dubai, the Dubai Health Authority (DHA) handles the healthcare sector and at the same time encourages the private sector to be more active in the healthcare unit (Albert, 2014). A large number of hospitals also come under the DHA (DHA, 2014). The private sector plays an important role in the ownership of hospitals in Dubai. Twenty two of a total of 28 hospitals are privately operated. By 2012, about 97% of the hospitals of Dubai were managed by the private sector (Albert, 2014). About 71% of the hospitals of Dubai are situated in old Dubai, which presents an opportunity for the new hospitals to be built in new Dubai. New Dubai comprises areas recently constructed that are incorporated with the latest technologies, which are being transformed into business hubs and high-end residential areas (Albert, 2014).

A comparative study of Howard (2014) for Dubai health sector compared Dubai with the US, the UK and Germany indicated that the requirement for doctors and nurses, as well as demand for beds, for every 1000 population is low in Dubai. This indicates that there is a lot of growth potential in the sector and investment can take place (Howard, 2014). Another study indicates that by 2020, Dubai would need about 1500 new hospital beds, which means an investment of US\$1.5 billion (Albert, 2014). The private hospital value is expected to be around US\$5.56 billion by 2020. This indicates that Dubai is better than any other country in the Middle East and is fast preparing itself for the level of western countries in the area of healthcare with sophisticated technology and investment in key areas pertaining to the healthcare industry (Haider, 2015). Also, with the introduction of insurance of health being compulsory, as is the case in Abu Dhabi, the health sector is expected to grow in terms of investment and more usage. Such a step by the government has made employees secure and also, with health insurance now compulsory for all organisation, the employees are much safer in terms of their health and have access to health facilities as much as required, thus saving on high health expenses (Kumari, 2015).

1.3 Purpose of the Research

To be able to manage the healthcare services it is essential to measure the performance of the hospitals, the staff, the doctors, and nurses and to compare the overall standard with that of international benchmarks established in European and American health sectors. This is important because only with a measurement of performance of the healthcare sector can improvements be made (Raya, Hassali, & Abduelkarem, 2015). It is also important to be able to identify the areas of improvement, where costs can be reduced, and in what areas improvements in service quality can be made. Performance determines future outcomes, and thus it is important to understand why performance happens, the reasoning for why performance happens need to be understood (Lebas, 1995). It is essential to understand the processes that lead to performance in order to define the measures that cause the action to take place. If the aggregate result of the performance is perceived this alone would not identify where the problem was and hence timely corrective steps would not be possible. For instance, in terms of the healthcare industry, understanding why the patient is satisfied or not is much more significant for the organisation than to acknowledge that its revenue has fluctuated (Andy, (1995).

In view of the rapid developments in Dubai due to increased industrial and economic activities and its status as a free shipping port, it is vital to scrutinize performance in every sector of economy. Health and education are two basic and most important sectors for any population growth and prosperity. The increased local and foreign population imposed greater demand for the provision of basic facilities like health and education. In the presence of large numbers of workers and their families, the pressure on public healthcare facilities is more than that on the private sector due to cost effectiveness in the public sector. Therefore, the research evaluates the prevailing performance standards, modes of measurements of performance, and the resultant ambiguities on performance measurement. In view of the public sector health care facilities and initiatives of the Dubai government to provide quality health services, the performance of employees needs to be aligned with the objectives of healthcare services.

1.3.1 Problem Statement

In view of the cultural differences, technology awareness, and management styles prevalent in Dubai health care centers, the performance management systems incorporated from western countries cannot be incorporated in the same way. Therefore, understanding of the important attributes and perceptions of Dubai based employees about the prevalence of performance management systems is the basic issue. Therefore, there is a need of research to understand and evaluate the important factors on which performance management systems are based in Dubai health care sector.

1.4 Aim and Objectives of the Research

The aim of this research is to evaluate the prevailing performance management system in public healthcare departments of Dubai and the challenges and opportunities of existing performance management systems in increasing the employees' motivation to deliver quality healthcare services. There are three key objectives of this research:

1. To determine the challenges of opportunities in performance management system of

public healthcare centres in Dubai.

2. To identify the existing standards of performance management and employees' responses towards the impact of performance measurement on their service quality.
3. To recommend suitable strategies to increase the effectiveness of performance measurement in the public healthcare sector of Dubai,

1.5 Research Questions

The research questions raised for this study are:

1. What are the challenges of opportunities in the performance management system of public healthcare centres in Dubai?
2. What are the existing standards of performance management and employees' responses towards the impact of performance measurement on their service quality?
3. How may the performance management system of the public healthcare sector in Dubai be improved?

1.6 Significance and Scope of the Research

The healthcare sector has a great deal of potential for investment and growth. There is an influx of expatriates and it is expected that the healthcare demand will increase, as the rapid growth in the population indicates that there will be a greater demand for healthcare in Dubai (John, 2015). It is difficult for the Emirate to meet the demand for medical attention and products. There is a heavy dependence on imported medicines, which makes the health facility expenses increase (Howard, 2014). The government has taken several steps to encourage the local suppliers to meet the demand for the health products (Howard, 2014). Therefore, the research is important to evaluate the possible challenges in existing performance management systems in public hospitals and clinics in Dubai on the basis of findings from employees' responses. The important areas for consideration will be identified for the attention of concerned health department authorities of Dubai. The scope of this research is limited to only public healthcare organisations including government hospitals, health care centres, and community clinics. The private sector evaluation is beyond the scope of this work. Also, only the performance management of employees is

considered (patients and regulatory authority responses are not included in the scope of this research).

To summarise the thesis, we show the research map in the Table, below.

Table 1: The Research map

Problem Statement	Research aim	Research objectives	Research questions	Underlying theories
		1. To determine the challenges of opportunities in performance management system of public healthcare centers in Dubai.	1. What are the challenges of opportunities in the performance management system of public healthcare centers in Dubai?	1. Stake Holder Theory Stakeholders are considered members whose stakeholders are valued as intrinsic members of the organization, who are managed according to business ethics and moral principles needs need to be met in order to sustain the profitability of the organization.
		2. To identify the existing standards of performance	2. What are the existing standards of performance	2. The Institutional theory tends to focus more on the social structure of an

	<p>quality healthcare services</p>	<p>management and employees' responses towards the impact of performance measurement on their service quality.</p>	<p>management and employees' responses towards the impact of performance measurement on their service quality?</p>	<p>organization. In that it revolves around the processes, structures and routines that become embedded in the organization's work culture and define employees' social behaviour.</p>
		<p>3. To recommend suitable strategies to increase the effectiveness of performance measurement in the public healthcare sector of Dubai,</p>	<p>4. How may the performance management system of the public healthcare sector in Dubai be improved?</p>	<p>3.Ambiguity Theory of Performance management In objective decision theories, vulnerability is an idea pertaining to lose judgments of future outcomes dependent on current management practices (Gembit et al., 2010).</p>

1.6 Dissertation Structure

The structure of this dissertation is as follows:

1. **Chapter one - Introduction:** introduces the topic and provides an overview. The purpose of the research and its significance are following by brief aim and objectives.
2. **Chapter two - Literature Review:** comprises a critical review of literature that encompasses performance and its impact on employees' satisfaction in the public healthcare sector of Dubai.
3. **Chapter three -Theoretical Framework:** the theoretical framework of performance and its measurement models are discussed in this chapter.
4. **Chapter Four - Methodology:** this chapter comprises the research methodology that describes the research method explained the methods used by researcher for data collection and analysis.
5. **Chapter five - Data Analysis:** this chapter depends on information investigation and dialogue on the research findings. The research findings from secondary and primary information are quickly examined from the perspective of the aims and objectives of the research.
6. **Chapter Six - Discussion on Research Findings:** The chapter represents the discussion on results from the research in view of the literature.
7. **Chapter Seven - Conclusion and Recommendations:** The last chapter of the dissertation takes into accounts the conclusion and proposals on the premise of the research findings. Directions for future research and limitations are also presented in this chapter.

CHAPTER TWO

Literature Review

2.1 Introduction

In view of the research background and objectives explained in chapter one, this chapter critically reviews the literature on performance management in the public healthcare sector. The theories of performance management are discussed with reference to its implications for the Dubai healthcare sector. The impact of performance management systems on employees' motivation to deliver quality services is determined with the help of empirical studies found in literature. The literature review further discusses the techniques to improve the techniques and tools for performance management and the theoretical framework suitable for this study.

2.2 Performance Management.

Performance management comprises activities that direct activities and ensure that objectives are reached in the most effective mannerism (Boland & Fowler, 2000). It is an ongoing process where the employee is aligned with the goals of the organisation and consistently corrected; hence he or she becomes efficient and gives their maximum. Performance management includes the management of an organisation, a department, a group or even an employee. It's also a process through which an organisation may align its resources, employees and other factors towards its goals and objectives (Lebas, 1995). Performance management may result in the direct financial gains for the organisation with growing sales, cost reduction, aligning the organisation to the strategic goals of the organisation, and efficiency of time as time is saved when all resources are in line with the organisational goals (AC, 2002). With performance management, workers become motivated as incentives are in line with the goals and the employees become more focused. They know their goals and they work towards the identified goals; upon achieving

these they know that there is reward and hence they are motivated to work towards it (Aguinis, 2005). Their self-esteem is also increased as they regularly get feedback about their performance and hence they know where they have done better and where they need to improve. Also managers have constant insight about the employee. They gain new insight regularly which helps them understand the employee and hence the relationship between the manager and employee becomes stronger. There is a difference between a performance management system and performance management (Bititci, 2014). The former evaluates its employees once a year and the latter is a practice of continuous evaluation. The employees have a better understanding of their defined job. Employees know what they are required to do and how they are required to perform. Also, employees know what can make them perform better and what the best solutions are for them to improve their performance in order to reach the specified goals (Hollingworth, 2003). When their strengths and weaknesses are understood, they are in a better position to make improvements and use their abilities to achieve the best outcome. With performance management, the organisation knows and understands its own goals and objectives as they are continually reviewed. This of course keeps the organisation focused and in line with their initial goal which means that it would eventually reach its strategic objectives (Bevan & Hood, 2006). With such management in place, the employees are more competent and can perform much better. Also, the organisation can distinguish between a good performance and a bad one (Aguinis, 2005). Even managers are much more performance-oriented and focused and hence this can lead to organisational changes and consistent improvement for the better.

If, however, the performance management is not implemented properly, it may have negative consequences; for instance, the employees may quit due to the results and if they feel that the system is unfair. In this case they may be demotivated to work or they may quit entirely. Also, if there are no proper systems in place, there may be times when false information may be used which again may not be fair to the employees and they may be demotivated. If the feedback is not given properly, then the self-esteem of the employee may be damaged and their productivity may be affected. Significant time is also wasted in the incorrect implementation and may also result in wasted funds of the organisation (Bevan & Hood, 2006). Such an inappropriate implementation of a system would inadvertently damage the relationship of the managers and the employees, which would affect teamwork and productivity. There may be times when biases infect the system and this may not be favourable for employees. This would harm the entire

internal structure of the organisation and may affect the productivity, achieving of objectives, relationships, and leadership and spread demotivation through the organisation (Aguinis, 2005).

Performance management may turn out to be a very useful tool to make positive changes in an organisation. However, for such reports of performance to be of any use, both the managers and the clinic personnel need to work together so that they can point out the areas of performance which are weak and work in conjunction to find solutions to these problem areas. Also, organisations should select appropriate measuring systems, which would help them make positive changes in the performance (Nammour & Mansour, 2016). Performance dashboards help in giving managers a chance to incorporate improvements in a well-timed fashion. However, referring to the context of this research, the aim should be to always give the patients safety and quality in services. Such systems are very good for the organisation but the reporting should be done at the appropriate time; too late or too early a reporting may not benefit the organisation and corrective measures may not be made. Organisations should avoid indulging in the analysis of data in bulk; this system would not benefit the organisation as it would not help in improving the performance or altering daily actions to align to the organisation's goals.

2.3 Relationship between Performance Measurement and Performance Management

Performance measurement aims at attaining results from the measurement of performances and enable the users to assess the results in form of charts, graphs and other means. These help in mapping the results. (Hollingworth, 2003), but fail to determine the process that the manager had gone through while establishing the goals and objectives for the employee and the circumstances under which these standards were established by the manager while keeping the organisational environment in perspective (Vakkuri & Meklin, 2006). The results of these measurements also do not demonstrate whether the particular actions were taken and whether these actions were contributing to success or not. Without the understanding of such information the measures can misinform and deceive the managers and may cause them to record incorrect results which would in turn affect the overall results of the measurement, and inevitably the organisation may be affected (Lebas, 1995). The processes involved in performance *measurement* and performance *management* are not the same but they do complement and coordinate with one another. Performance measures may be conducted annually or once every six months and results

may be compared periodically. Such measurements may not give the exact and true interpretation of performance particularly when the goals are not properly defined, or how they have been defined is not clear. Many perspectives are questionable here (Bititci, 2014). This is because the method of measurement is questionable along with the goals that have been set and the standards that have been established. Biases may occur in the results assessment and hence may affect the overall analysis. Also, an organisation may plan the implementation process but the actual execution may be affected as there may be lack of funds or the management may be involved in their daily tasks and may not be able to execute the plan on a daily basis. Hence it may deviate from the initial plan (Lebas, 1995). Again the process depends upon how the data are gathered and recorded, as they may be conflicting and affect the results. Interpreting of qualitative research data may also cause problems due to biased opinion of researcher, incomprehension, and inability of research to deduct correct inferences from data and hence affect results (Hollingworth, 2003). Some organisations conduct the research internally in which case the employees may be hesitant to reveal their true sentiments, as they may be afraid that their identity may be revealed. The solution for this is to outsource the research and hence the interpreters would be professionals and biases may be avoided (Parhizgari & Gilbert, 2004).

Performance management is different from performance measurement, which mainly deals with the business procedures and the daily actions that work towards the organisation's strategic goals (Lebas, 1995). It includes ways in which the management selects its route of action in a particular business scenario and coordinates these actions to the varied departments of the organisation, aligning them to the strategic goals (Nammour & Mansour, 2016). A typical performance management system incorporates various progressions. It gives independence to those who are undertaking it and gives them empowerment and hence keeps them involved, it clarifies the relations between the cause and effect, and encourages openness to discussion. Hence it engineers consistent improvement, encourages decision making and finally leads to reaffirmation (Lebas, 1995).

Starting with an operational strategy, performance management aims to seek processes that support it within the company strategies. This system enables the management to coordinate with the other departments and allocate resources to them; this in turn enables management to define the organisation's budget. Such initiations are then evaluated in various combinations and from

different angles and the best possible scenario is then nominated as a component of the strategy. The enactment of the selected initiative would then follow simultaneously informing the employees and the management of any incomplete action or if their contribution is not meeting the organisation's strategic objectives (Hollingworth, 2003). In scenarios where the goals are not being achieved or when it is foreseen that they will not be met, the performance management system will encourage the management to give alternative solutions to meet the goals of the organisation. After evaluating the new proposed actions, the management can then try incorporating these actions to align their actions to the organisation's goals. Once the new actions are approved, the management then aligns the budgets with the strategic objectives and the overall budget and then instructs the employees to execute them in the best way possible so that objectives may be reached (Vakkuri & Meklin, 2006). Once that is done, adjustments are then made in the performance management and then the new strategy is monitored and tracked in an attempt to keep the actions aligned to the goals.

Hence, there is a broad difference between performance management and performance measurement. The former monitors the day-to-day actions and keeps a close monitor on the actions. In case of any problems the management is readily available to correct and to align the actions (Hollingworth, 2003). The performance measurement assesses the actions periodically without knowing how these actions went astray from the goals. It just measures without actually knowing the answers to the problems that are identified. This means that the measurement would indicate only whether the performance has improved or not but performance management would detail why the performance changes and how it could be corrected and aligned back to the organisation's goals.

2.4 Sources of Ambiguity in Performance Measurement

Ambiguity is when correct results are hampered because of inability to perform tests correctly and when there are loopholes in the process (Lebas, 1995). This may be primarily because of issues like inability of participants to understand the process, inept decision-making and insufficient data, all of which contribute to ambiguous results. The research of performance measurement is mainly based on theories of balanced and calculative mannerisms of organisations. The majority of the research is based on two main points (Parhizgari & Gilbert,

2004). Moreover, it is assumed that the problems of performance measurement would be resolved when new and more complex methods of performance measurement techniques are introduced, which have much higher standards and expectations, and more complicated performance indicators. However, this may not always be the case in managerial custom (Hollingworth, 2003). Such complicated and intricate performance measurement systems may not always work well for managerial procedures. For instance, while conducting such a measurement, the data gathered may be insufficient or the abilities of the organisation to learn from the data may be insufficient. There is often ambiguity in the decision making, which is overlooked (Vakkuri & Meklin, 2006). There are situations when the performance measuring system is not properly understood and hence there could be issues that arise which in turn may result in the inefficient usage of the performance measurement system due to lack of complete understanding of it. This happens more often in public concerns rather than in private ones where there is a greater need to comprehend the system. The main issue that is faced with performance measurement systems is its design and primarily there is reliance on the balanced scorecard (Edwards, 2006). In design, the main problems may occur in terms of data collection, the decision making of the higher management, and the employees. Performance measurement can be done at two levels; first, the performance with respect to the external environment and second, performance measured at an internal level. There are also the financial and non-financial levels which need to be measured in terms of how they affect the performance. Keenan's matrix was the first to measure it while there were also other matrix later (Hollingworth, 2003). These evolved into the balanced scorecard, which has four dimensions – innovation, customer, financial and internal – which links the organisation's objectives very closely to the measurement. However, the balanced scorecard does not cater to the time lag. For instance a particular action may show an improvement in customer satisfaction but it may not show immediate improvement in the financial returns. It hence overlooks the time dynamics (Nammour & Mansour, 2016). Many problems may occur in Dubai when performance measurements are concerned. Firstly, the employees belong to different cultures and customs as they are migrants from different places. Hence, they may not be able to understand the system well and the management may not be able to convey the benefits of it properly in which case the employee may feel demotivated (GE & South, 2016). However, the city has a lot of investment and technological advancements and sophisticated software have been incorporated in many

organisations to assess performance and its measurements. Such software is designed to measure 60 various performance indicators, enabling customised report generation, and distribution of these reports to the various employees so that they could be aligned to the specific goals. Hence such sophisticated technology has helped in improving performance measurement in Dubai (Edwards, 2006). Again to summarise the ambiguities they may occur due to the data gathered, learning abilities of the organisation may be insufficient, lack of understanding of the performance measuring system; design of the system may be faulty, or inefficiencies in the balanced scorecard, among other factors, which could affect the results obtained (Aguinis, 2005).

2.5 Performance Measurement in Healthcare

2.5.1 Introduction to healthcare

The UAE currently has 40 public hospitals (UAE Business, 2014). The Ministry of Health (MoH) is commissioning the expansion and development of the healthcare sector with investment in hospitals, medical centres and centres of trauma in the various Emirates. Dubai Healthcare City offers medical care of international standards, which has drastically reduced the numbers of Emiratis and expatriates travelling abroad for healthcare (INCO Business group, 2016). There are five regulatory bodies in the UAE for healthcare; namely, the Ministry of Health, Federal Health Insurance, Ministry of Finance, Dubai Health Authority and Health Authority of Abu Dhabi. Such units enable the regulation of healthcare in the UAE (Gulfnews, 2016). Many partnerships with the US exist in the UAE, which elevate the standard of healthcare to a global level. Such partnerships and health regulatory boards assist in pointing out the areas in the sector that require attention like the IT infrastructure incorporation, developing the workforce, price structures of products and licenses, among others. These foreign partnerships have also encouraged creation of new jobs and have assisted in the expansion of the healthcare sector (Haider, 2015). The healthcare provision of the UAE is apportioned to the public and the private sectors. The public sector is regulated by the federal and Emirate-level government bodies, which are usually affiliated with foreign concerns and are partners with them to manage their daily operations. The private healthcare services usually focus on specialised services and are not controlled by the government. The private sector services are extremely important for the overall growth and development of the healthcare sector of the UAE. Dubai also focuses on

foreign affiliation and partnerships in the healthcare sector in an attempt to improve the systems that safeguard the accessibility of services, and ensure improvement in the overall quality.

Dubai is the centre of the healthcare industry in the Middle East with a well-developed infrastructure and has one of the highest per-capita drug expenses regionally. Since Dubai is the centre, there is continuous expenditure in the areas of medical facilitations, healthcare systems, aggressive research and development, the manufacturing sector involved in healthcare, education related to health care, and technical services which are all very essential for the holistic growth of the organisations (John, 2015). The city is heavily investing both in the areas of preventive measures and cure measures in the arena of research and development. Such investment is important and attracts foreign investment to the healthcare industry of Dubai. Since Dubai also acts as the main exporter of medicines to the entire Gulf region, it becomes an attractive platform for investment by the foreign healthcare industry. The foreign investors already present in the Dubai market are consistently seizing the opportunities for growth that Dubai poses for them (INCO Business group, 2016).

Some performance measures are only meaningful the inpatient or clinical ward levels. Although quality of care can be achieved at the macro level of the hospital, but is deciphered better at a micro level with sophisticated performance measuring systems. The physician group is another level at which performance measurement can be conducted (Day & South, 2016). This may be a large group or a small specialty group. Individual doctors with clinics are another platform where performance can be measured. The physician profiling integrates well into the performance measurement and measures the performance in detail. However, the actual integration of the performance measurement is much more complicated. Several hospitals have their own information systems that have been there before an integrated system of hospitals was introduced and were created on stand-alone applications (Rayes, Hassali, & Abduelkarem, 2015). There are often fragmented data records available rather than integrated information that may be extremely difficult to incorporate into a system of performance measures. There are a few hospitals that may not have such records at all; in that case it may become very difficult to incorporate that hospital into the performance measuring system and hence the process may be difficult to execute.

2.5.2 Performance measurement in healthcare

Until recent times, healthcare was being pursued in the same historically old fashion where the hospitals were considered as the central system units. Every unit had each own medical files and information but this information data were not centralised and not easily sharable and accessible. Today's system entails a more patient-oriented approach where there is communication and interaction between all units of the system including the doctor, nurses and the patients. Such a system involves the patient and the families in important decision making (Bourne, 2005). Innovative performance management systems are tailored to achieve a patient-centred approach where the reporting is systemized and utilised in every aspect of patient care, which results in better performance overall. With the help of performance management, patient outcomes are improved and it provides a better knowledge base for operating more efficient organisations (Agbano, 2016).

2.5.3 Benefits of performance measurement

Performance measurement poses several benefits for the organisation. It is very important to measure performance as it helps in recognising whether the patient's requirements are being met or not (Jabeen, 2011). This is a method by which the organisation can know whether the services provided to the patient are as per the expectations of the patient. Such a measurement system also helps the organisation in realising the problem areas and also whether there are weaknesses in the system or not. It is extremely important for an organisation to know its weaknesses as it can protect against and overcome them (John, 2015). Such measures of performance also enable the organisation to realise whether the decisions taken are authenticated with facts and figures or whether they are based on intuition (Arts et al., 2012). This also indicates to an organisation where it can make improvements and in which areas it has improved. A comparative study enables the organisation to make overall changes and develop holistically. Also, with such measurements, there are numeric representations of the results, which clearly reflect if the improvements have actually been made and how much improvement is achieved, and also helps in removing any bias and misconceptions. With a clear result in hand, the situation is clarified. The employees and the suppliers are all aware of the improvements or the problems (which can vary from interpersonal conflicts, poor communication and time management). Also, the

employees' and suppliers' performances are measured and hence it becomes clear if they are meeting the requirements and expectations or not (Zaffron et al., 2012).

2.6. Performance Management in Healthcare

Performance management actually monitors the progress made in achieving the targeted goals (Akbar et al., 2015). Performance management integrates several phases that work towards achieving the goals successfully and competently. The main aim of performance management is to ensure that the organisation and its subsystems are working efficiently and effectively towards achieving the goals. Several avenues come under performance management like the performance of the business, the team members, and the output of the healthcare unit (Poul, 2013). Since the performance management tends to concentrate on the achievement of the goals, it inevitably affects the management system of the organisation. In order to have a good performance management system, four key variables have to be focused upon which pertain to the balanced scorecard model. This is a performance management instrument that facilitates the measurement of whether the activities within an organisation are aligned to the long-term strategic objectives of an organisation where the long-term perspective and strategy is concerned (Hollingworth, 2003). These four variables are the customer perspective, learning and growth perspective, internal process perspective and the financial perspectives, all of which have to be in line with the main organisational objectives. In another study, Fundamental Performance Management Steps introduced in the research of Kumari (2015) are explained below:

1. Assessing organisational priorities

The first step is to assess the strategic planning of the performance management origination, management of the system quality; and assessing the community, among other steps. This would assist in aligning the resources to the goals and strategies. Another important aspect is to assess the opportunities available so that improvements can be made from the viewpoint of service user or the patient. It is important to invest time in the discussion of the priorities of the organisation and the resources, which is in itself an investment and helps in performance management (Kumari, 2015).

2. Section of performance measures

Once the organisation decides what has to be measured, the next step is to select the performance measures. Care-giving comprises a number of systems and processes and performance measures are employed to evaluate the effectiveness of these systems. It is hence important to select the right performance measure (Ayesh et al, 2013). The employees should be included in the performance measure selection process as the employees themselves would be a part of the measure. It is better to use the measures that are already being applied. Also, a range of measures should be used to ensure proper execution.

3. Defining a baseline

The baseline is defined once the performance measure is selected. The baseline is the average performance level of a particular process and hence the baselines for all measures are defined. This method involves calculating the measure with a numerator, a denomination where the baseline quality measures are a part of every clinical module. Baselines are important as they help in the establishment of a base to compare the results with. This also helps in keeping a record which shows whether performance improves or falls with time. Areas of weak performance can also be identified if the baseline is established (Bititci, 2014). It is a numerical calculation and therefore requires a mathematical representation along with record keeping for a length of time that enables better comparative analysis over time and with other healthcare providers in the industry.

4. Evaluation of performance

After the baseline calculations have been executed the organisation then makes a decision as to whether the performance has been up to the mark or whether it requires improvement. For such an evaluation, it is essential to benchmark their statistics with those of other healthcare providers. In benchmarking, the organisation's systems and performance are compared to those of others in the industry, which may be local or international (Jabeen, 2011). With such benchmarking the problems and weaknesses of the organisation are recognised and realised, making the analysis objective and removing any potential bias.

5. Plan development for improving the performance

It becomes easier to make changes once the problem areas have been identified. The next step is to remove weaknesses and enhance strengths. Also, the problems are then addressed and a systematic methodology is applied in an attempt to resolve the issues so that the performance may be improved (John, 2015).

6. Monitoring

Once the performance is measured over a longer period of time, the organisation establishes a database and a series of performance results. This serves as a reference and the organisation can then assess whether it progressed or whether its performance decreased (Lizarondo, Grimmer, & Kumar, 2014). This also helps in keeping the organisation motivated and aware of the changes in performance as compared to the previous years. It is important that the same methods are used for data collection or the results and standards may be affected (Lebas, 1995). It is important to compare results over time as this enables the organisation to understand the changes that took place and why. If the results are lower than desired, then the organisation can use the opportunity to reevaluate the results and make improvements.

2.7 How Performance is measured in Healthcare

Over time and with competitiveness increasing the expectations of the stakeholders of the healthcare industry has increased. This in turn indicates that there is an increasing need for quality of care and outcomes and therefore their measurement becomes essential. Together with this, there is also a need to control the costs and hence the environment becomes very competitive for service providers. Outcomes management is a technology that enables the patients to make calculated decisions about care-related selection based on more patient insight in effects of the selections that the patients make (Albert, 2014). This technology uses patient-friendly language to report the outcomes of health; information is stored in a national database that contains information and analysis on health-related and financial outcomes establishing a relationship between medical involvement and health outcomes and assesses the relationship between the health outcomes and the monetary involvement. At the same time it gives a chance

to every decision maker to gain access to the analyses that are pertinent to making the right choices (Chenhall & Smith, 2011).

Developing of the process indicators needs the defining of a precise population, construction of an appropriate tool, and appropriate methods for collecting the data that are needed (Cocca & Alberti, 2012). These stages are essential and require significant time and investment. However, when these measures have been appropriately applied then minimum analysis is required for performance measurement. This is a sophisticated form of measurement of performance which is not widely applicable as yet. It is more prevalent in the US but it has to be replicated within Dubai so that the analysis is centralised and the patients have better access to information and can make informed decisions. This will be much more effective and increase the level of performance and at the same time such record of previous analysis will help in consistent improvement. Also, a centralised database will support quicker decision making and improve performance (Cokins, 2012).

2.8 The Impact of Performance Measurement on Performance Management

Growing research indicates that implementation of strategy-oriented performance management tools lead to visible improvements in both the performance of the health-related outcomes and the effectiveness in the costs. As per Messabah and Arisha (2016), it is important to link the strategy with performance measurement and the performance expectations towards a coordinated path in the direction of a similar objective or destination. At one end the balanced scorecard helps in the arrangement of strategic objectives and enables the understanding of the cause and effect relationship between these objectives, while at the other end, the strategy map enables the execution of the strategies creating the strategy framework. The scorecard and the strategy map together direct the organisation's performance measurement towards a strategic managerial system (Moxham, 2014).

Usually the balanced scorecard and the strategy maps are applicable to the organisation; however, changes have to be made if they are to be applied across the entire healthcare sector (Silvi et al., 2015). To be able to measure performance in such a manner, the performance

management needs precise coordination between the health system, incentives, allocating of the resources, goals alignment and the expected performance level. There also has to be coordination between the healthcare unit and the strategy, and it should be ensured that any fragmentation is lowered (Vakkuri & Meklin, 2006). When refurbishing the performance measurement system, it is generally believed that this would have a better impact on the general performance. This is mainly why such changes are undertaken; however, this is not always the case and does not guarantee a successful outcome.

Research indicates that both external and internal environments of an organisation affect the performance measurement and the organisational performance. In the external environment, the suppliers, competition, economic scenario, social environment and political conditions are taken into consideration. The internal environment includes the organisational culture, the structure of the organisation, the management and lastly the available resources (Edwards, 2006). Performance measurement and the business unit performance are affected by external environments like competitiveness, and political and legal factors. Although this has been investigated, no framework exists that proves the research results and environmental factors relationship. The relationship between the internal environment and the effects on performance measurement system has attracted much more research (Gauld, 2014).

Four main management processes have been categorised in performance measurement; these are design, implementing, use and revitalising. As mentioned above, the design and implementation of the measurement system has an effect on the result (successful or otherwise) of the measures (Hewko & Cummings, 2016). It is also important for the organisation and the employees to review the measurement system so that any adjustments and changes may be incorporated. This is because the measurement system may lose its value and effectiveness if it is not refreshed and kept up to date with the changing environment and the organisational needs. It is important to realise the precise measure of control for any measurement system. The two main controls are *feedback* control and *interactive* control (Hollingworth, 2003). Feedback control is based on the feedback provided and collected, while interactive control is where the managers interact at a closer level with the data collected from the measurement and the entire management system. It was concluded by (Hollingworth, 2003) that the interactive system had much more impact and effect in some scenarios. Also, the controls imposed on the measurements have to be interactive

in cases where the management interacts more with the collected data (Cocca & Alberti, 2012). Again, it is essential to investigate the various stages of data collection and analysis so that the results may be derived more effectively.

2.8.1 Ambiguity and challenges in measuring and managing performance in healthcare

The measurement and management of performance is of crucial importance in healthcare due to the sensitive nature of this field. The healthcare field is primarily related with human behaviour and relationships based on which healthcare services are provided, which makes the likelihood of ambiguity in performance measurement high. Moreover, due to the changing nature of healthcare organisations in line with contemporary services and patient perceptions, it is expected that healthcare organisations face several challenges while implementing performance measurement and management (Messabah & Arisha, 2016). A key challenge in this regard is to make sure that healthcare performance management is aligned with the organisational goals with operational aspects for fostering the visibility and accountability throughout the hospital/healthcare organisation.

Ambiguity has been related with uncertainty and risk by Ellsberg (1961), which means that performance management/measurement processes are highly vulnerable towards ambiguity because of the human element involved in these processes. Human behaviour, attitude and thinking are frequently used in performance management/measurement processes in addition to objective tools/techniques and methods, leading to high possibility for ambiguity (Hsu et al., 2005). For example, how different managers will react, interpret and process the available information is not known and will vary, due to which the whole process can take entirely distinct directions and generate differing results. However, if too little or too much information is provided then it again ignites ambiguity for managers in understanding and conducting the performance management and measurement processes. Moreover, the ambiguity perspective holds that the social world of performance measurement and decision making is not comprehensively rational (Davis & Hersh, 1986) – i.e. it contains uncertainties, conflicting interest and limitations which ultimately make the process of performance measurement a complex and tricky undertaking.

This has raised several challenges – i.e. to use effective tools for improving resource coordination and care, using a trusted source of information and employment of competent (IT-proficient) HR managers. The availability of adequate supporting technology is another key challenge that healthcare providers need to meet; i.e. for directing, communication and managing the performance measurement process. A major challenge in contemporary healthcare organisations is to link what is being managed with analytics and operational data for supporting administrators, clinicians and management to perform routine tasks properly. It is interesting to note here that most of the discussed challenges so far are interconnected and it is vital to meet them in order to avoid ambiguities that can hamper the process of performance measurement and management in healthcare organisations (Gauld, 2014). From this discussion it is evident that a serious challenge attached to the implementation of performance measurement and management in healthcare is to maintain an alignment and facilitate support at operational, analytic and strategic levels.

Poor alignment between these aspects can lead to severe ambiguity which can be detrimental for smooth progress and functioning of the performance measurement and management functions in healthcare organisations. Ambiguity has been defined as a phenomenon that is uncertain, unclear and open to more than one interpretation (Wilkinson, 2010). It has been stated by (Vakkuri & Meklin, 2006) that senior management should be engaged and enabled in monitoring the performance and should communicate approaches across the hospital to avoid alignment challenge linked with performance management and measurement. Performance measurement in healthcare has been analysed through the lens of critical theory, particularly the theory of communicative action proposed by (Habermas, 1990) According to this theory, new sector-specific methods of managing and measuring performance assist in smoothing the process. Moreover a study by Hewko and Cummings (2016) found that power imbalance and inequalities are some key challenges that are perpetually imposed that can damage the process of performance measurement in healthcare organisations.

Due to technological advancements several changes and improvements have occurred but healthcare systems in Dubai are still in the relatively early stages of performance measurement due to which methodological, analytical and data collection challenges are yet to be overcome (Boak, 2014). The challenge of developing a robust conceptual framework for performance

measurement in healthcare is still regarded as an important one as healthcare systems are complex in nature with involvement of diverse stakeholders (Njuangang et al., 2016).

2.8.2 Ambiguity and challenges in measuring performance in Dubai healthcare

Since the healthcare sector of Dubai is undergoing significant changes in terms of quality of care services, healthcare system enhancement/development, and infrastructure development and formulating policy frames, challenges and ambiguities are highly probable. The government is spending extensively on the healthcare sector to bring for it in line with the best international standards and to fulfill the needs of the people living in Dubai. Therefore, several key points need to be understood which can pose ambiguities and challenges while pursuing performance measurement in Dubai healthcare service providers (Bititci, 2014). It is important to note here that staff operating in Dubai's healthcare sector are a mix of individuals having different cultural and ethnic backgrounds. This in itself is a challenge and can lead towards various ambiguities while implementing performance measurement process – i.e. the elements of fairness and equality are potential factors that make the measurement process ambiguous for management (Kumari, 2015).

Therefore, to achieve continuous improvement, it will prove challenging for hospital management to satisfy and eliminate the concerns of hospital staff regarding the fairness and transparency of the accountability factor with the help of effective performance measurement tools. Moreover, performance measurement in healthcare involves dimensions such as productivity, equity, responsiveness, empathy and care due to which data collection techniques can become ambiguous – i.e. covering all these aspects through one approach/tool can create ambiguities and raise concerns of hospital staff regarding the accuracy/adequacy of the process itself (Boland & Fowler, 2000). In addition, it has been found that clinical quality, health results from treatment, population health and communication displayed by doctors/nurses are important factors that measures the performance in healthcare settings. Therefore, in the Dubai healthcare setting, a key challenge is to collect data or observe the communication level displayed by the staff from different cultural backgrounds. International standards and practice in the healthcare sector also include measuring the communication and coordination that exists between nurses

and doctors; however, this may generate ambiguous findings for Dubai healthcare organisations as differences in first language and cultural values will make it complex to measure (Behrey, Jabeen, & Parakandi, 2014).

Different technical and operational challenges can be faced by Dubai healthcare organisations while implementing performance measurement, such as time taken for completing the process because timely completion is attributed to the success of the measurement process and, given the changing developmental scenario of Dubai healthcare, it will be a challenge to complete the process on time (Bourne, 2005). Detecting anomalous performance confidently and rapidly requires the use of statistical surveillance due to which the development of such statistical surveillance can be a serious challenge for healthcare service providers in Dubai as it requires competency, experience and understanding which only specialists can perform (Cocca & Alberti, 2012). Therefore, change interventions are expected to be adopted while measuring performance in Dubai healthcare and it will be a challenge to not overuse any particular intervention.

2.9 Ambiguity and Challenges in managing performance in Dubai Healthcare

The process of performance management in organisations is naturally ongoing and continuous because it involves employee development, recognition, appraisal and goal setting. Mostly organisations seek and encourage collaboration, communication and team work between employees and managers by implementing effective performance management mechanisms (Behrey, Jabeen, & Parakandi, 2014). Therefore, locating this fundamental benefit of performance management in the context of Dubai healthcare organizations, it will certainly pose challenges with the competency of managers conducting the process most prominent one. It is important to note here that the element of biasness can deter the process of performance management in general and this challenge is severe for Dubai healthcare because of the cultural diversity embedded within Dubai hospitals; i.e. staff behaviours, attitudes and values are varied. For example, good or bad preconceived notions and good or bad past experiences of managers regarding any particular group or individual can restrict or shift their thinking and approach while implementing performance management (Moxham, 2014).

Moreover, the chances of ambiguity become higher when a local manager tends to engage in performance management of expatriate staff – i.e. lack of coordination, trust, communication and understanding about values, beliefs and attitudes. Literature has emphasised the need for the right selection of the right managers, which fits this scenario as well. The result will be that the performance management function will meet and fulfill the challenges effectively in Dubai healthcare if the most competent manager is selected (Cocca & Alberti, 2012). The performance management function depends highly on a positive relationship between employees and managers for smooth and effective implementation. In the context of Dubai healthcare, this positive relationship building is a key challenge for managers which otherwise can hinder the effectiveness of performance management process and can give rise to behavioural ambiguities. The performance management function demands active participation of employees and staff, along with open and regular communication between managers and employees (Concecao, 2016). These are key challenges in Dubai healthcare because it proves difficult to ensure active participation of diverse staff members in the process of performance management with motivation because every staff member will possess different thoughts, perceptions and levels of awareness regarding the significance of their participation in this process.

Selection of tools and parameters in this regard poses a key challenge for Dubai healthcare service providers because healthcare includes different levels and types of care, and each type of care demands different skillsets and attributes which makes it challenging to select and adopt any particular performance management tool or technique (Bititci, 2014).

Loopholes are expected to occur while implementing performance management in the Dubai healthcare sector because a key challenge will be to maintain alignment between setting, planning and targets of performance management which requires high competency, understanding and awareness of managers (Germain & Cummings, 2012). This can become ambiguous when local and expatriate managers work together on setting targets and planning the performance management function in Dubai healthcare.

It is also vital for managers working in Dubai healthcare to communicate to all the staff their defined job descriptions and performance indicators, which becomes a challenge when the staff are diverse and performance indicators vary frequently; that is, the element of fairness and

equality can arise from the side of the staff (Concecao, 2016). The healthcare sector in developing countries has frequently missed the aspects of job descriptions and performance indicators as a result of which these factors are potential prime challenges for the Dubai healthcare sector as well. The structure of Dubai healthcare organisations is high in power distance and traditional which naturally makes it difficult to smoothly implement contemporary performance management techniques and processes (Al-Ansaari, Bederr, & Chen, 2015). Therefore, the organisational structure is an important challenge while managing employee performance effectively in the Dubai healthcare sector. Achieving and maintaining equality and fairness among healthcare staff is another challenge faced by Dubai healthcare service providers because the role of stigma and labelling as a motivation and stereo typing for the respective posts and responsibilities is evident across all healthcare sectors around the world which somehow restricts the adequacy of performance management function. In the presence of different organisational layers it will be a major challenge to keep every layer satisfied with the ongoing performance management process as expectations and international market trends can change perceptions of staff considerably (Lizarondo, Grimmer, & Kumar, 2014).

CHAPTER THREE

Theoretical Framework

3.1 Introduction

Performance measurement and management has been a major topic of scholars' attention for both private and public sector organizations. It ranges from the performance measurement of individual employees to the whole organization. The theoretical perspectives are divided in various main points of references in these research studies (Wall et al. 2004). The major perspectives are identified as *institutional theory*, *stakeholder theory*, and *ambiguity theory of performances management*. These are discussed below:

3.2 Stakeholder Theory of Performance Management

A 'stakeholder' is defined in various ways, including the definition by (Freeman, 2010) that states, "A Stakeholder is an individual who can affect or is affected by an Organization's Objectives". Freeman's (2010: 32) definition is widely used and quoted on various forum;s however, it is arguably a bit vague and thus efforts have been made to narrow it down to achieve a clearer picture to identify the true stakeholders of an organization (Bryson, 2003). In this study, the definition of Freeman is considered as the starting point, and the researcher has further utilized study and different theories to elaborate the concept further. The stakeholder theory describes the modes of organizational management and business ethics in managing an organization. It defines how stakeholders influence and organization and vice versa. It is imperative for an effective management to be clear on the aspects of this theory.

Donaldson and Preston (1995) devised two unique perspectives to the stakeholder theory; the *normative* view and the *instrumental* view:

- According to the normative perspective the stakeholders are valued as intrinsic members of the organization, who are managed according to business ethics and moral principles.
- According to the instrumental perspective, stakeholders are considered members whose needs need to be met in order to sustain the profitability of the organization.

These two perspectives are of a contrasting nature, where the normative perspective holds that the organization must not function only to meet its own objectives; on the other hand, the instrumental perspective holds that organizational profitability and objectives are the only key to success.

Another theory represented by Salam and Noguchi (2006) focuses on the distinction between key and non-key stakeholders, also described as *primary* and *secondary* stakeholders by Hillman and Keim (2004). According to Hillman and Keim (2004), the key stakeholders are those who can directly influence project outcomes. As described by Richard et al. (2009), primary stakeholders are those who have an official relationship with the organization whereas the secondary stakeholders are those that influence the organization; however, they have no official relationship. In another study by Savage et al. (1991), stakeholders can be categorized as *internal* and *external* (this may however not be applicable to all scenarios).

Wall et al. (2004) divided normal organizations' stakeholders as external, primary and secondary. However, given the complexity of a hospital's organizational structure and their regulations, the Stakeholders cannot be distinctly divided into external and internal. For instance, certain pre-defined rules govern what surgeries are carried out, how they are financed and what department is responsible, etc. (Porter & Teisberg 2006). Concerning the hospitals' operations in Dubai, yearly budgets are formulated based on the number of citizens in a particular area, the number of hospital beds available and the estimated yearly production at the hospital (Barret et al., 2005). Further, the hospitals do not have direct access to these budgets and thus they need to compile financial reports to send to the health insurance companies, other hospitals and clients so as to receive these yearly budgets. These entities and individuals act as external stakeholders to hospitals, whereas employees, doctors, technical staff, and stock owners are internal stakeholders.

Due to the presence of numerous stakeholders in health-care services it is difficult for identification and inspection of the individual performance management and measurement criteria of these stakeholders. The assessment of these criteria is not included in this research due to the changes in perceptions, targets, and environmental conditions in health-care services. Also, the stakeholders' theory does not provide a comprehensive set of measurement tools commonly used for all stakeholders in concerned organizations. Due to the universal approach of this theory, the limited research conducted on the health-care sector will not be able to cover every individual perspective separately.

3.2.1 Institutional Theory of Performance Management

To encourage the description of how multidimensional performance management systems (PMSs) can be utilised as a part of open area organisations, it is important to analyse the arguments and force of various groups of stakeholders. This force can influence the use of performance data in organisations. Institutional theory governs the role of institutions responsible for the generation and management of performance of an organisation (Schmidt, 2010).

According to Scott (2001), members of the organisation need to behave rationally as the PMS of an organisation is designed to reflect that rationality, therefore leading to enhanced productivity as a whole. Thus it is imperative that members of an organization make rational decisions in line with the organizational objectives.

Conversely, the Institutional theory tends to focus more on the social structure of an organization. In that it revolves around the processes, structures and routines that become embedded in the organization's work culture and define employees' social behaviour. The institutional theory caters to both internal and external factors (Bringnall & Modell 2000) that shape the organisations' social culture. According to a study by Meyer and Rowan (1991), in order to legitimise the work environment and ensure sustainability, rational institution myths have been absorbed.

In another study, Powell and DiMaggio (1991) established that the institutional theory reflected the rules laid down by the social bodies of an organisation eventually paved the way for organisational objective achievement and survival. Hence, it is believed that social practices in organisations (particularly those that are government run) reflected the larger picture built into

their organisational culture through these social forces (Powell & DiMaggio, 1991). The comparable organisational designs of the external organisations have a great influence on the internal practices of an organisation. For instance, an organisation adapts a PMS used by similar organisations in order to imitate their steps towards success.

As stated in a study by Szyliowicz, and Galvin (2010), a centralised organisation that already has good societal and organisational norms is taken as an example and symmetrical policies and regulations are adapted by organisations to achieve a similar status to that of the focal organisation. At another extreme, certain organisations might find themselves pressurised to follow suit and adopt the policies, procedures, processes, systems or structures, and also justify this adoption (Carruthers 1995; Szyliowicz & Galvin, 2010).). However not much focus had been given to the study and/or concept of institutionalisation, because it was considered normal for organisations to have similar policies and procedures as long as the objectives of the individual businesses were achieved (Galaskiewicz & Wasserman, 1989).

In the context of Dubai's healthcare sector, the institutional roles are well defined and involvement of state and other institutions is limited in healthcare affairs, apart from monitoring and regulating the services and supply chain management in public healthcare centres. Also, the study is not only focused on public health care, where institutional actors are more prominent in management and measurement of performance; therefore this perspective is not used in current research. Furthermore, the researcher was unable to access the institutional actors involved in the management of healthcare hence it is considered that this perspective is more suited to large, longitudinal or theoretical research studies.

3.2.2 Ambiguity Theory of Performance Management

The achievement of desired performance is described by two perspectives. In the first place, issues of performance management are thought to be understood through the presentation of something beyond advanced performance management approaches and methods, measures of innovation, and key success pointers (Micheli & Manzoni 2010). This is not generally the situation in administrative practice. Complex performance management techniques do not essentially guarantee their skilled administrative use because of authoritative learning limits or deficient information frameworks (Vakkuri, 2003). Second, the basic leadership ambiguity is not given careful consideration. To a certain degree, the dynamic communication between

performance management frameworks and their use is disregarded. This is particularly confusing in the case of large organisations, and especially for non-profit-driven organisations' estimates of performance, where the requirement for comprehensive management data is significantly more critical than in the private segment (Najmi et al., 2005).

The ambiguity theory in performance management starts from the limited judgment practices (Simon, 1991). These practices represent two areas of performance management research. In the first place, it is possible to analyse performance management as an arrangement of basic leadership. Performance management can be "disintegrated" into a progression of choices made by performance measurers, organisations, groups and individual decision makers using performance management data. Such basic leadership can be examined by reflecting general theories of hierarchical conduct and data issues in organisations (King & Ehlert, 2008). Second, the ambiguity point of view upholds the social universe of decision making. Moreover, performance management is not totally rational and effective (Mitchell et al., 1997); instead it is loaded with restrictions, clashing interests, instabilities and inner conflicts, which make performance management an uncertain activity. There are obstacles in focusing consideration on organisational performance estimation. Furthermore, there are related sensibilities in monitoring frameworks, constraints in understanding of cause-impact connections of complex organisations and restrictions in delegation of power in authoritative performance. Regardless of the complexities, exercises still need to be coordinated, choices must be made, and performance must be measured. Ambiguity is something that basic leadership and chiefs need to adapt to, as is the case of health care organisations. To a significant level, research on performance management is based upon theories of discriminating decision (Modell, 2000). Reliable decision making lies in the territory of choice theory and data designing that has a particular point of view on some essential ideas; for example, decision, choice and inclination.

Instead of the presumptions of normal decision, the ambiguity component of basic leadership pertains to a situation where there is absence of clarity and consistency in reality, causality and deliberateness in authoritative basic leadership. Consider the two ideas of preference hypothesis: *instability* and *ambiguity* (Folan, and Browne, 2005). In objective decision theories, vulnerability is an idea pertaining to loose judgments of future outcomes dependent on current management practices (Gembit et al., 2010). Therefore, in view of the comprehensiveness and suitability of

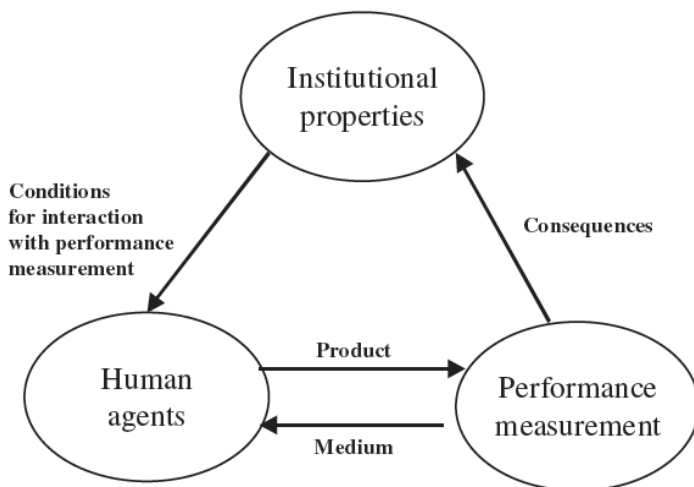
the approach to the main functions and requirements of health care performance management, the *ambiguity perspective* is selected for this research.

Conceptual Framework based on ambiguity theory

This research follows the valuable methodology given by Orlikowski (2000). Scholars concentrate on innovation as a structural idea (Henfridsson & Soöderholm, 2000). Orlikowski's model recognises three components that can be reinterpreted with regards to performance estimation; these are: performance estimation (innovation), human specialists, and institutional properties (see Figure 1 below). In addition, the model presents four alternatives with study performance estimation related to the correspondence of elements, variables impacting performance estimation, and elements that are affected by performance estimation.

Figure 1

Structurational Model of Performance Measurement
(Adapted from Orlikowski 1992)



Structurational Model of Performance Measurement , by Orlikowski (2000)

In this model, performance evaluation can be seen as a result of human activity. Performance evaluation is a result of inventive human activity – for example, configuration and advancement. Additionally, performance measurement frameworks are managed by adjusting them and making them more versatile to hierarchical conditions. At last, performance measurement frameworks are made through human activity. From the innovation point of view, performance estimation

includes two noteworthy tasks. The first is to build a performance estimation framework and the second is to employ it in the required context.

Hence, this model concludes the institutional elements and the stakeholders of health organisations through a more comprehensive connectivity with performance management. Thus ambiguity frameworks provide evidence that it is one of the most suitable frameworks for these types of studies.

3.3 Conclusion

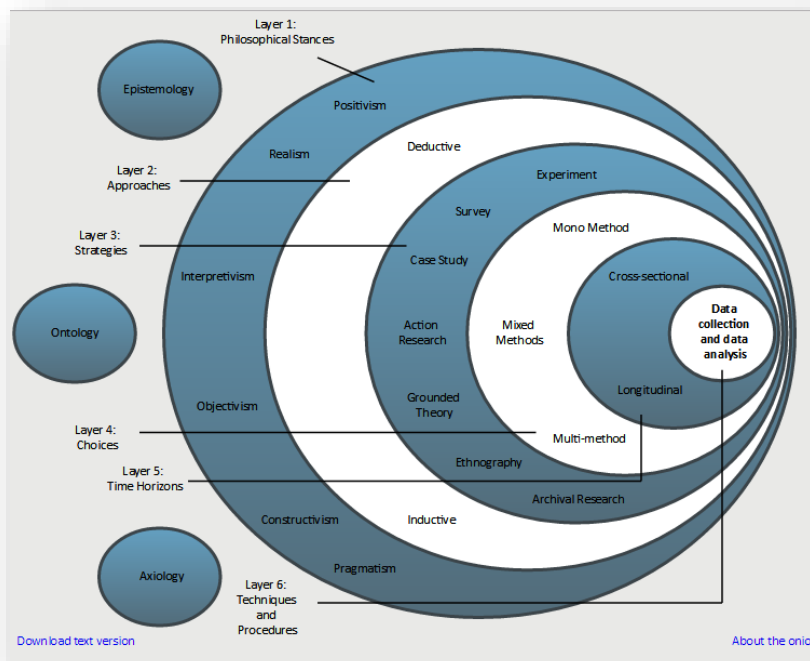
Managing performance is an essential function of any organisation. For the healthcare sector of Dubai, management performance is crucial, because, with international investors coming to the city, the city has to ensure that quality is maintained and that all resources are performing at the required level of expected criteria. To be able to do that, the performance has to be managed and an essential part of performance management is performance measurement. This is essential and has to be done periodically and systematically. The methodology has to be consistent and have a benchmark for comparison. Also, the performance measurement system has to be adjusted; as per the changing internal and external environmental needs. Diversity is another aspect to be considered when performance measurement is conducted. With varied cultures and skill sets, it is a challenging task and may bring biases and disparities causing ambiguity in measurements and hence skewing the results. Also, tools used in other countries may not be appropriate for the Dubai market and environment and therefore if appropriate adjustments are not made then there could be repercussions in terms of ambiguity and variations in the results obtained.

Chapter four

Research Methodology

4.1 Methodology

It is crucial to select the most appropriate methodology for the intended research. The ‘Research Onion Model’ of Saunders et al (2012). is used to describe the stages followed in conducting research in a structured format. It is important for the researcher to utilise a specific model according to the research’s requirement. According to Saunders (2012), the Research Onion Model elaborates the stages followed in certain types of business research in a more comprehensive and organised format. These stages for the current research are explained in the sections below:



Research Onion Model: Saunders et al. (2012)

4.2 Research Design

Creswell (2010) asserted that in order to conduct any research, the research design serves as the blueprint; moreover, he also reflects the most appropriate ways in which the research design must proceed. Collis (2013) illustrated that for formal and more structured research processes, there are certain alternatives and usually the quantitative data analysis is utilised in such cases. The information which needs to be derived from the participants is in quantitative data form through a descriptive research design (Malhotra, 2005). Descriptive methodology is preferred when the specific relationship of variables is identified with the help of statistical procedures.

4.3 The Research Philosophy

Bryman (2008) asserted that research philosophy comprises a set of concepts that elaborates a particular research discipline and the ways in which the methods should be implemented and how the research findings can be explained. Similarly, Tashakkori (2010) considered research philosophy as set of beliefs in which research ideas are executed in a particular order

There are two major types of research philosophy; *interpretivism* based on exploratory research design and *positivism* based on descriptive research design (Creswell, 2010). These two research philosophies are utilised in order to approach the social phenomenon, but entirely different results have been expected from both research paradigms. The exploratory research design is usually flexible, unstructured and loosely defined, whereas the descriptive research is completely structured and pursues the positive pattern. In this study, the positivism paradigm is employed as the research philosophy. This researcher has been conducted on the basis of structured descriptive methodology and this research is focused on obtaining the scientific evidence by statistical analysis of quantitative data, rather than use of the interpretive approach for qualitative behavioural research. Descriptive methodology has been used here because it is considered most suitable for this research.

4.4 The Research Approach

4.4.1 Inductive Approach

The inductive approach involves obtaining a particular set of observation and explorations (Collis, 2013). The assumptions underpinning the research have been assessed and the

assessment may be precise or wide-ranging. Saunders (2012) considered the inductive approach as the *bottom-line approach*, because it proceeds from the base to the apex. The levels of uncertainty arise due to the arousal of misconceptions in defining the problem definition and the research purposes. In order to overcome these obstacles, exploratory research is utilised, which is based entirely on observations related to unknown phenomena. This approach is not considered appropriate for this study because the theories of performance management are well developed and have been widely discussed in the previous studies.

4.4.2 Deductive Approach

The deductive approach is contradictory to the inductive approach (Simon, 2009). The deductive approach is initiated from an all-purpose approach leading to precise findings. This approach has been termed as the *top-down approach*, and has been widely utilised for the studies based on the positivism philosophy (Saunders, 2012). Although the deductive approach is more objective and has been considered a scientific approach, its use requires particular assumptions before initiating the collection of research data. For the purpose of this research, data from previously conducted studies related to monitoring of health services, and already established concepts of standardised medical practice and the ethical standards of the health care industry can be used, and conclusions can be drawn on the basis of these research findings. Thus, the deductive approach has been considered as more appropriate for this research.

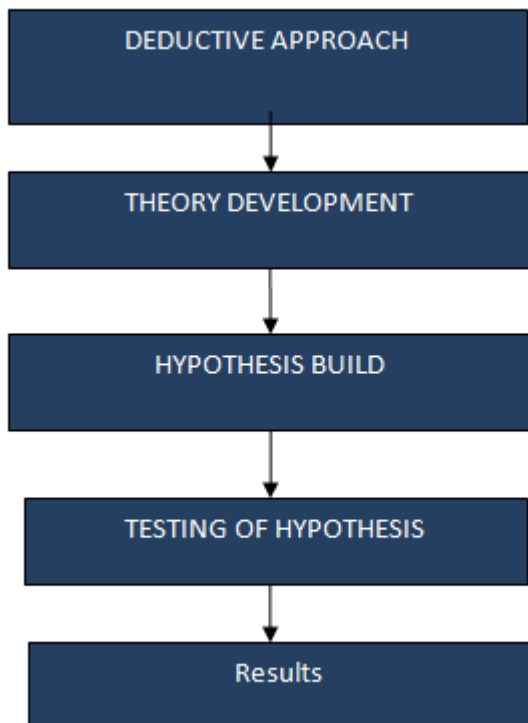


Figure 1: The Flow Chart of the Deductive Approach

The findings of this research have been entirely dependent on the investigations related to the attitudes of employees in the healthcare sector and, for this reason, this research first established specific research questions about the standards and modes of performance management in the Dubai healthcare. On the other hand, this study resembles the paradigm of positivism and is, therefore, dependent upon the authentic academic support, thus permitting the expression of a large number of established theories of performance management in the secondary research.

4.5 Research Strategies

The qualitative and quantitative methodologies contrast one another, with distinct ways and methods of conduction. Collis (2013) illustrated that the combined effect of the qualitative and quantitative methodologies not only serves as support for both methodologies but also tends to cover an increased number of dimensions within the specific framework along with the special aspects of both qualitative and quantitative in certain studies.

Creswell (2013) argued that the objective and scientific approaches facilitate understanding related to attitudes; previously Saunders et al. (2012) suggested that numerical data collection approaches are more suitable for the researches based on positivism philosophy; hence, quantitative observation techniques have been deployed. However, the qualitative techniques – for instance, the in-depth interviews and data collection from the focus groups – are considered advantageous in that they preferring individualisation over standardisation. Moreover, the qualitative approach can provide great insight into the complex problems in the case, when outcomes have been considered difficult to measure (Saunders, 2012). Moreover, if the research technique is loosely defined and unstructured, the processes for determination of particular outcomes become complicated. Due to the scientific nature of the study and the requirement for objectivity, the structured quantitative approach is followed.

4.6 The Sampling Technique and Size

Collis (2013) stated that there are certain factors which prevent the generation of data electronically, because the electronic generation of data can serve as a distracting factor for the participants, preventing the participants from the provision of appropriate answers. Emails were used for sending and collecting the questionnaire links on the Survey Monkey website so that quality was maintained during the collection of data from the participants. However, the data must be large enough to be analysed and presented. In this case, the sample size is 150 employees, in order to maintain the appropriate sample size by (Saunders, 2012) to conduct statistical testing. However, the researcher must ensure that no assumptions are made which would affect the perceptions of performance management among the employees of respective healthcare centres.

4.7 Data Collection

4.7.1 Secondary Data Collection

The secondary data collection method is one in which data are collected from sources other than the primary data collection method. According to Tashakkori (2010), the secondary data collection method is essential to create a good empirical study. The researcher used a variety of secondary sources in this research to collect relevant information on the issue under

consideration; these sources included journal articles, books, internet sites, magazines and news articles and collected data from existing academic literature.

4.7.2 Primary data collection

The significant stage of this research work lies in the collection of responses from the healthcare employees and professionals, undertaken through the quantitative method of data collection. The purpose of using the quantitative technique is that it helps generate more data within the specific time frame (Buchanan, 2009). This research focus is on the healthcare centres in Dubai, to obtain findings related to the potential participants, in order to complete the collection of the qualitative data.

To conduct this research, the survey strategy is preferred to other approaches such as experiments, interviews and observations, because these better suit exploratory research, requiring detail and theoretical frameworks. The survey is generally preferred because of its cost effectiveness, ease of delivery and structured approach (Saunders, 2012). In order to conduct an online survey of employees of healthcare organisations, the structured questionnaire was constructed on the Survey Monkey website, which served as the data collection medium and as the tool for statistical analysis (Buchanan, 2009). The collection of quantitative data has been achieved by designing the questionnaire, consisting of structured questions, which are then filled out by the employees of private hospitals, clinics and government health centres. These criteria of standard data collection can be easily administrated and therefore reach a high level of consistency because the responses are limited. To enhance the consistency, fixed-response alternative-choice questions were used, thus offering pre-determined answers from which the participant selects the most appropriate answer.

4.7.3 Access to participants

Dubai has rarely been the subject of a study of employee retention, and this study was an opportunity to introduce this concept and create awareness. It received support from the Dubai hospitals and clinics' management in the form of encouragement; the management also helped the researcher gain access to participants. The cultural values and language of Dubai are known to the researcher, who therefore did not face communication barriers. The researcher's contacts

provided channels to approach the healthcare centres and encourage participants to respond positively, which would not have been possible otherwise as people in Dubai are culturally inclined to be reserved with strangers. The researcher was able to involve officials owing to his position as a student in Dubai. The participants were approached beforehand to seek their willingness to participate in the research. Pending acceptance, they were then approached and by prior appointment.

4.7.4 Questionnaire

According to Schwab (2004), questionnaires are a simple yet effective research tool. Survey questionnaire tools are cost effective and reduce distortions in data resulting from any researcher bias introduced during the process. Since the research aimed to discover deeply held personal attitudes and beliefs, some of which may be sensitive in nature, the anonymous nature of the questionnaire allowed participants to express their inner beliefs, attitudes and perceptions freely. Closed questions were included in the questionnaire to determine the demographic context of the research by asking general questions like age, gender, and occupation.

The questionnaire was based on the frameworks of performance management taken from (Andy, (1995), which had a questionnaire that deals with three elements of performance measurement (and management) within healthcare, discovered major attributes of performance measurement, and leading towards the holistic approaches of performance management in literature. The data were collected using a link and some are self-administered questionnaires. The various ways in which these performance measures were categorised were based on Kaplan's (1992) balanced scorecard framework through to Fitzgerald's (2001) framework of results and determinants. The current practices used to measure performance of healthcare workers were assessed using eight areas. These questions were based on a five-point Likert scale that required the participants to indicate their level of agreement with the statements. A total of 22 questions (Appendix A) elicited information on three different levels: i) information related to individual measures of performance (10 items), ii) issues associated with the performance measurement system as an entity (eight items), and iii) issues associated with the system and its environment (four items). Some questions were related with the demographic measures of age, gender, experience, and departments of these employees in selected healthcare facilities of Dubai.

The questionnaire was designed on the basis of following attributes of PM, and included:

- PM activities based upon essential questions for PM adoption were identified. Special emphasis was placed on the dimensions of KPI definition and on the support of process performance analysis.
- Time and quality dimensions: Every question collected data on the time and quality aspects of PM.
- Influencing factors of PM attributes: the participants were asked about the influence of exogenous and endogenous variables on the PM adoption.

Multiple choice questions were employed with Likert scales so participants could indicate the ‘intensity’ of their attitude towards each aspect of their job. The Likert scale had a range of options from ‘Strongly Agree’ to ‘Strongly Disagree’. This gave participants the ability to make fine distinctions between attitudes (Creswell, 2010). The questionnaire was structured so that general information was sought first before moving to questions that probed deeper aspects of performance management practices at the selected healthcare centres.

4.7.5 Pilot study

Moxham (2014) asserted that a researcher should do a pilot study of data-gathering tools before proceeding with the research. A pilot test helps in identifying problems that may exist in the research methodology and data-gathering techniques. A pilot study was conducted among volunteers from the target population to evaluate the survey questionnaire for readability, understandability, and cultural accuracy of its content. These volunteers helped identify minor problems such as spelling and language. Since the target population was not large in number, the participants in the pilot study were also asked to participate in the final survey. Similarly, a small group of volunteers was used to assess the soundness of the research techniques to be employed. These tests helped in identifying pitfalls, which were avoided (Tashakkori, 2010).

Fifteen volunteers from the target population were asked to evaluate the survey questionnaire for factors such as flow of questions, logic, language, clarity, and time to complete the questionnaire. These volunteers suggested that the time to complete the questionnaire – 20 minutes – was sufficient but that an introductory statement from the researcher would improve

cooperation from the participants. Also, some changes in the language use in questionnaire statements were advised to make the items clearer to participants. Greater clarity in some items was needed with respect to the given choices. In addition, the pilot study suggested the use of a five-point Likert scale in some items of the last section of questionnaire that can make the reliability of questionnaires significant (Saunders, 2012). In view of the suggestions received from the pilot study, necessary changes were made in the final draft of the questionnaire; the finalised questions were simplified suit the participants' level of understanding.

4.8 Role of the Researcher

Research conducted by Day and South (2016) has revealed that if a researcher is a part of the group that is being studied, the chances of getting frank, honest and authentic responses increase, thus increasing the credibility of the survey. Dubai government or public health care organisations were made the subject of this study because of a number of variables that were seen to be of benefit. Firstly, evidence has been found of only very few studies of employee performance management in healthcare organisations, which gives this research added interest and value and provides an opportunity to contribute valuable data for future studies. The study has an added benefit of being sponsored by the UAE government, so is conducted with UAE support and encouragement. As a resident of Dubai, the researcher has contacts in Dubai healthcare organisations. Such local knowledge and 'belonging' eases data collection. The familiarity with the environment ensures that the researcher can easily share the cultural values and language; this background helps overcome problems of communication that may arise in a cross-cultural research project.

4.9 Time Horizon

The use of a longitudinal design is not found appropriate for this research because the longitudinal study repeats itself over a longer period of time with the help of one or more samples. Therefore, the cross-sectional research approach is employed; this shows that the study will not be repeated with the same set of variables at another point in the future and only considers the conditions and variables at a specific point in time (Creswell, 2010). Moreover, the

cross-sectional design has been preceded by the representative sample and the degree of bias is very low in the cross-sectional design approach.

4.10 Ethical Considerations

Ethics in research is an important consideration in order to maintain the credibility, unbiasedness, and confidentiality of personal information research participants. The researcher focused on the ethical concerns during conduction of this research. Although the ethical standards had not imposed, the levels of ethics was maintained throughout (Buchanan, 2009). The participants in this research were briefed about the purpose and the nature of the research. They were also reassured that the collected data will remain confidential and that there will be no possibility wrongly interpreting the data. The participants were also ensured that there was no intention to harm them psychologically.

The personal and demographic information of every participant has been kept confidential to ensure that the participants may not experience any problems in future. Before the collection of data, the participants were briefed on the nature and the topic of research. Hence, all the ethical issues were considered during working on this research project.

CHAPTER FIVE

Data Analysis and Findings

5.1 Introduction

The findings of the primary data analysis are presented in this chapter to interpret the important trends of data and their implications for the healthcare PMS in Dubai. The results are interpreted with the help of tables and graphs. Statistical analysis is used to calculate correlations of performance management system in the healthcare sector. The sections are devised in the chapter to present the findings in a structured and easy-to-understand manner.

5.2 Participants' Demographics

The analysis of demographics of survey participants was important to understand the characteristics of the sample. The questions related to gender, age and experience were included in the questionnaire. The reliability of responses and validity of the sample was characterised with the help of this information.

Table 4.1: Gender

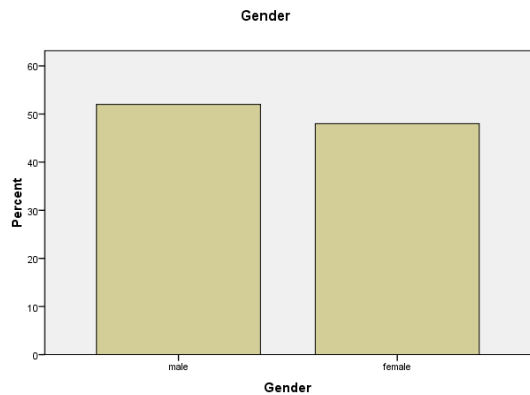
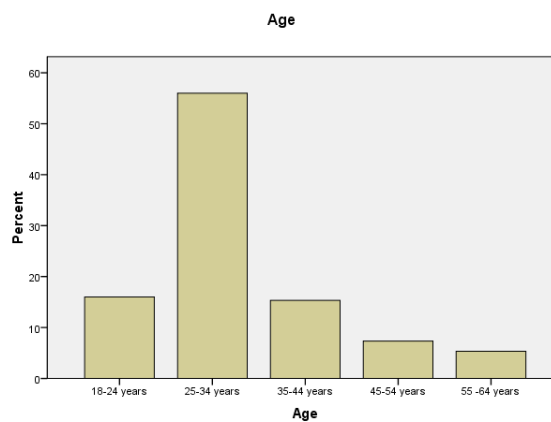
	Frequency	Per cent	Valid Per cent	Cumulative Per cent
male	78	52.0	52.0	52.0
female	72	48.0	48.0	100.0
Total	150	100.0	100.0	

The distribution of gender in the sample is nearly symmetric as 52% male and 48% female participants took part in the survey. The equal distribution shows that the percentage of female employees is also significant in the healthcare sector of Dubai. This trend shows equal opportunity employment for female employees in this sector in contrast to female aversion in other departments of Dubai.

Table 4.2: Age

	Frequency	Per cent	Valid Per cent	Cumulative Per cent
18-24 years	24	16.0	16.0	16.0
25-34 years	84	56.0	56.0	72.0
35-44 years	23	15.3	15.3	87.3
45-54 years	11	7.3	7.3	94.7
55 -64 years	8	5.3	5.3	100.0
Total	150	100.0	100.0	

The distribution of age is more diverse in the sample as the dominant group of participants lies in the range of 25-34 years (56%), followed by 35-44 years (15.3%), and then 18-34 years (16%). Hence, most participants belong to the age group of 18-44 years (87%). Therefore, the employees in healthcare centres of Dubai are dispersed across the young and middle age groups. This trend with respect to age and gender distribution is shown in the graphs below:

Fig. 4.1: Gender**Fig. 4.2: Age**

The other two questions are related to the experience and department of survey participants.

Table 4.3: Experience

	Frequency	Per cent	Valid Per cent	Cumulative Per cent
1-5 years	64	42.7	42.7	42.7
5-10 years	43	28.7	28.7	71.3
more than 10 years	43	28.7	28.7	100.0
Total	150	100.0	100.0	

The experience range of the sample lies mostly in the period of 1-5 years (42.7%) and 5-10 years (28.7%). The same percentage resulted in an experience period of more than 10 years, i.e. 26.7%. Hence, the sample represents participants of all experience groups; therefore response validity was achieved with respect to the experience of employees in healthcare. Also, as most employees are either young or in the middle age group therefore, the results of experience shows more participants have experience of less than five years in the healthcare sector.

Table 4.4: Department

	Frequency	Per cent	Valid Per cent	Cumulative Per cent
nursing	6	4.0	4.0	4.0
health allied	47	31.3	31.3	35.3
administrative	48	32.0	32.0	67.3
medical	49	32.7	32.7	100.0
Total	150	100.0	100.0	

The department of these employees is based on the affiliations of the functional divisions of the healthcare sector in Dubai. The participants were evenly divided across health allied services (31.3%), administrative services (32%), and medical services (32.7%). Unfortunately representation of nursing staff is very low in the sample at 4%.

Fig. 4.3: Experience

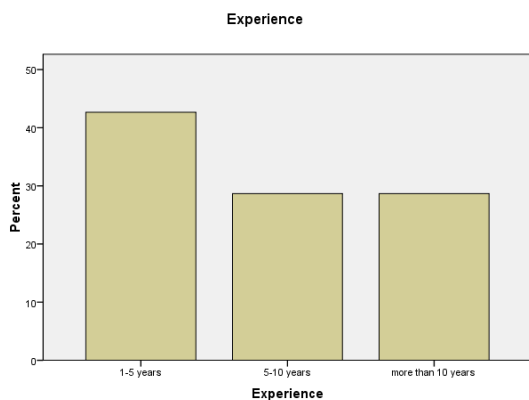
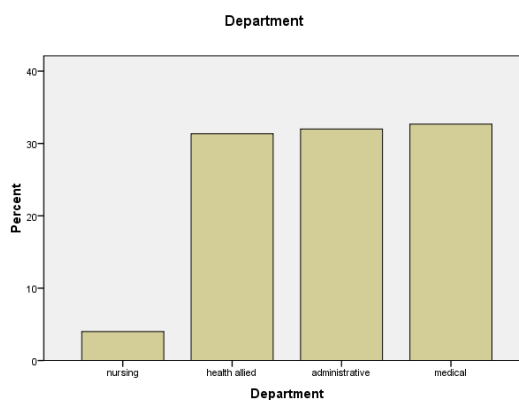


Fig. 4.4: Department



4.3 Standards of Performance Management

The standards of performance management were tested with the help of correlation between the attributes of the performance management system (PMS) and the characteristics of performance management in the healthcare industry of Dubai. The complete bivariate correlation is found in Appendix B. The following table shows the correlation of PMS attributes with variables of performance management standards.

Table 4.4: Correlation coefficients

	PMS attributes
Pearson Correlation	1
N	150
Pearson Correlation	.330**
Sig. (2-tailed)	.000
N	150
Pearson Correlation	.508**
Sig. (2-tailed)	.000
N	150
Pearson Correlation	-.018
Sig. (2-tailed)	.827
N	150
Pearson Correlation	.170*
Sig. (2-tailed)	.037
N	150

According to the results shown above, the correlation of PMS attributes with the focus of performance measures on process outputs is positive and significant at .000 coefficients. The value of the correlation is 0.33, which shows 33% dependence. Another important correlation of PMS attributes is with encouragement of departmental cooperation in designing of performance measures. A highly significant and perfect positive correlation at .508 shows high dependence of PMS attributes on cooperation among departments. However, the correlation is negative and non-significant for the relationship of PMS attributes with consideration of changing business environments in the designing of PMS. Therefore, the changes in environment are not considered in designing of performance measurement tools in the Dubai healthcare sector. The correlation with short-term planning is significant but with less value at .170.

4.4 Improvement in Performance Management System

The improvement in PMS attributes also depends on certain factors identified in the review of the literature. These factors' correlation with PMS attributes is shown below:

Table 4.4: Correlation coefficients for improvement factors

	Misattributes
Pearson Correlation	1
Sig. (2-tailed)	
N	150
Pearson Correlation	.445**
Sig. (2-tailed)	.000
N	150
Pearson Correlation	.637**
Sig. (2-tailed)	.000
N	150
Pearson Correlation	.278**
Sig. (2-tailed)	.001
N	150
Pearson Correlation	.312**
Sig. (2-tailed)	.000
N	150
Pearson Correlation	.024
Sig. (2-tailed)	.771
N	150

** . Correlation is significant at the 0.01 level (2-tailed).

The attributes of PMS have perfect positive correlation with the value of performance measures in the organisation at .445. Thus, high value is given to the performance measures in these healthcare organisations. The other significant correlation is found in the consideration of the cost of performance measures. This correlation is perfectly positive and significant at .637. The other major correlations defined in the use of time with significant relationships with PMS in healthcare. The correlation of .312 is significant between PMS attributes and the time required for the measurement of performance. On the other hand, the attribute of quality failed to express a significant relationship with PMS attributes in Dubai healthcare. The relationship is not correlated at an insignificant coefficient of .024. However, the dependence on processes has a significant correlation with a perfect positive value of .278.

4.5 Analysis of Variance

In order to verify the correlation coefficients viability, one way analysis of variance (ANOVA) is also performed, as shown below:

Table 4.4: Analysis of Variance

	Df	Mean Square	F	Sig.
Between Groups	12	4.165	8.947	.000
Within Groups	137	.466		
Total	149			
Between Groups	12	8.923	11.902	.000
Within Groups	137	.750		
Total	149			
Between Groups	12	2.973	5.652	.000
Within Groups	137	.526		
Total	149			
Between Groups	12	2.181	5.167	.000
Within Groups	137	.422		
Total	149			
Between Groups	12	8.577	9.977	.000
Within Groups	137	.860		
Total	149			
Between Groups	12	3.743	3.222	.000
Within Groups	137	1.162		
Total	149			
Between Groups	12	2.973	5.652	.000
Within Groups	137	.526		
Total	149			

In the above table, the values of F are high for the costs of some performance measures which usually outweigh their benefits at 11.90; therefore PMS attributes in these healthcare centres are largely dependent on the cost factors, and the latest technology-based performance measurement tools are not used due to high incurred costs in adapting and implementing these tools. The time factor in PMS also shows a high and significant F- value at 9.977. Although, cost is not declared as the fundamental measure of performance with low F-value of 5.652, its impact on the long-term PMS planning and development is crucial. Quality of PMS also posed low F-value at 3.22 that shows its lesser importance in the design of PMS in healthcare centres.

CHAPTER SIX

Discussion on Research Findings

6.1 Research Findings

The aim of this research is to evaluate the prevailing performance management system in public healthcare departments of Dubai and the challenges and opportunities of existing performance management systems in increasing the employees' motivation to deliver quality healthcare services. Performance can be measured in many ways. Process measure is a specific measure of a defined process (Lebas, 1995). It measures the performance of a healthcare measure; for instance, a test done or a performance (Bititci, 2014). Outcome measure is when the outcome of a healthcare service is measure based on a patient's recovery. Balancing measures are those steps that ensure that changes made in one aspect of a system are not causing changes in other aspects, which may lead to new problems. On the basis of this background, the following research questions were stated at the beginning of this research:

1. What are the challenges of opportunities in performance management systems of public healthcare centres in Dubai?
2. What are the existing standards of performance management and employees' response towards the impact of performance measurement on their service quality?
3. How can the performance management system of the public healthcare sector in Dubai be improved?

The research findings from the previous chapter revealed that there are many challenges to but also opportunities for the prevailing performance management systems in Dubai healthcare centres. The PMSs are dependent on the cost structure and time spent on the procedures. However, quality of PMS was found to be a major challenge in the prevailing attributes of PMS. The findings from the participants' responses expressed less correlation for processes and less

dependency on outputs. Furthermore, external environmental factors are not considered in performance management systems in these healthcare centres. These research findings are discussed in the section below in view of the above listed research questions

6.2 Challenges of opportunities in Performance Management Systems

The presentation of performance measurement data and the way the public, practitioners, providers and patients interpret these data depends highly on the skills and proficiency of the manager conducting the process which is also a major challenge for Dubai healthcare services as developmental changes are underway and staff are diverse, which makes it difficult to achieve these aspects effectively (Al-Ansaari, Bederr, & Chen, 2015). For example, multiple performance indicators can be merged or combined into a single measure while measuring performance; this can be challenging and at the same time can lead to ambiguity if done inappropriately.

The healthcare system in Dubai is not well established or running in line with best international standards. Rather it is heading towards functioning as a system in line with benchmark standards due to which challenges and ambiguities at the operational and technical levels are bound to occur (Silvi et al., 2015). For performance measurement to work in the right direction, it is important that the level of communication used is effective while implementing it which is a significant challenge faced by the Dubai healthcare sector.

The UAE overall and Dubai specifically undergoing enormous changes and with foreign investments pouring in, it becomes even more challenging and essential for healthcare centres to have the performance measured and maintain a graphical record of progress so that it can be compared over an extended time period. This would help in assessing the long-term progress of the healthcare system and enable the organisation to meet global standards. This is necessary in Dubai because with increasing demand for healthcare quality, assurance and consistency in performance are essential.

6.2 Standards of Performance Management and Employees' Responses

Performance management and performance measurement are essential in a healthcare organisation. This is because it enables the organisation to understand and assess where the

performance is going and at what level it stands currently (Mettler & Rohner, 2009). In this study, the measured results play a pivotal role in driving an organisation towards improvement and changes, which are essential for the survival and success of any organisation.

The results of this research confirmed that performance measurement greatly affects the performance management. The responses showed that PMS attributes depend on the tools of performance measurement employed. Hence it becomes essential to have a detailed overview of how it impacts management. This research started with an overall background of Dubai and its healthcare and explained the performance measurements and performance management in healthcare. Additionally, it also assessed the ambiguities and challenges of performance measurements and performance management along with details of how performance management is affected by performance measurements, in line with the findings of Agbano (2016). The findings of the study showed a negative and insignificant correlation of PMS attributes with the changes in the dynamic external and internal environments. Also, short-term planning was found to have a significant impact on determining the standards of performance management as compared to the implications of long-term planning.

The perceptions of various individuals of the performance management system (PMS), as well as other systems comprising the health system are measured in this research. They include doctors, nurses, administrative staff, and other relevant staff. Electronic Health Records (EHR) incorporates great volumes of recorded information at clinical levels. Data rapidly pile up in the healthcare industry which have to be analysed and studied by medical researchers so that they can make viable decisions which are critical as they may influence the way patients may be handled and in turn could affect their lives (Nammour & Mansour, 2016). The performance measurement of the healthcare system comprises various components – physical, functional and legal. Although financial measures are the most commonly used, they may only be applicable for inpatient and medical departments, etc., not for care quality or satisfaction levels of the patients among other aspects. Hospitals are the next unit of measure and certain financial measures of performance can be implemented here (McMaster, 2004). Also patient satisfaction, care quality and competence can be measured at this stage.

Apart from these prevalent standards of performance measurement, the perceptions of participants revealed that the system needs to concentrate more on the changes in external

environment with respect to the methods and processes, technology enhancement, and adoption of latest human resource management strategies in healthcare centres of Dubai.

6.3 Improvement in Performance Management Systems

Performance management forms the contextual understanding of performance measurement – i.e. the underlying factors and aspects that facilitate the understanding and identification of performance in general. Performance is basically the prospective outcome for further successive application of actions in an attempt to achieve the desired objectives and aims (Harrauer & Schnedlitz, 2016). Performance entails the management system and the managers themselves (Hewko & Cummings, 2016). Performance management leads performance measurement and gives it significance. Performance measurement is essential as it facilitates the government's obligations for accountability to the people by recording the progress of performance and target achievements (Hewko & Cummings, 2016). The research findings elaborated the importance of costs, time, and processes in the implementation of a PMS at healthcare centres of Dubai. The improvement of this PMS is linked with the significance of quality and impact of long-term planning for human resource development vision.

Following Messabah and Arisha (2016) performance measurement has a positive effect on the performance management and overall improves the performance but a more rigorous methodology of performance measurement may not have a positive effect. Some researchers have found that non-financial performance measures have a positive effect while other researchers did not find a link between non-financial measurement methods and performance results. It is therefore important to understand under what conditions performance measurement affects the performance management (Moxham, 2014). Therefore, non-financial attributes are focused on in this research to estimate the impact of these attributes of time, quality and processes on the efficiency of PMS. The impact of cost as a financial attribute is found to have a major impact on designing and implementation of performance measurement tools as compared to the other non-financial attributes. Hence, in these healthcare centers, there was a lack of emphasis on quality of PMS that can drastically affect the result of the measurements in the long term.

Therefore, performance measurement in Dubai healthcare is a complex and difficult task because it will demand the advocacy of selected tools and approaches among culturally diverse staff who have varied opinions and perceptions. The performance measurement process directly involves the behaviours and attitudes of people when it comes to healthcare settings because it demands strong levels of coordination, communication and trust among organisational layers and individuals working in these layers of healthcare organisations (Albert, 2014). The performance measurement function in Dubai healthcare is prone to conflicts within both the individual and group levels; i.e. this potentially is a major challenge faced by healthcare service providers in Dubai because of the cultural and economic context. For example, it is expected that quality of decisions will improve as a result of a smooth performance measurement process due to which the expectations of managers, practitioners and even patients will be higher, thus posing potential ambiguities if not implemented with careful consideration (Fadol, Barhem, & Elbanna, 2015). The accountability factor also present in the Dubai healthcare sector, making it more profound and standardised, which is a key challenge because the stages involved in accountability include performance measurement as a basic step.

CHAPTER SEVEN

Conclusions

7.1 Conclusion

In conclusion, the healthcare industry plays a vital role in any part of the world due to its multi-fold implications for social and economic situations. The performance measurement and management systems are vital to develop the human resources of the healthcare industry in Dubai. Over the past two decades, the healthcare sector has expanded alongside the rapid infrastructure progress and population increase in Dubai. Therefore, ensuring performance management is very important in the Dubai healthcare sector due to the requirements of international health standard maintenance and sustainability since the use of information and the availability of accurate information has gained much importance in healthcare. As a result, effective and meaningful utilisation of information is a priority for healthcare providers. Therefore, a key challenge becomes to extract and share accurate information to ensure that performance measurement is executed in the right direction, which can determine the degree of ambiguity involved. At the same time, ambiguities can emerge if the information flow and extraction is not accurate, from both management and staff sides. This also shows that the increasing dependence of healthcare providers on information technology is logical; but at the same time is posing challenges for using IT in implementing performance management and measurement functions. Achievement of balance is another key challenge in healthcare performance management; that is, the way performance is being measured and managed, linking important financial, administrative and clinical activities in the best possible manner. A key aspect that can create ambiguities in the pursuit of effective performance measurement and management in healthcare is the transition or shift from fee-for-service and fragmented care to outcome-based and integrated care.

The findings of the study indicate that performance measurement has more impact when the measures used for the performance measurement have been designed appropriately with various dimensions of measurement and are formed in a way that enables managers to understand the

correlation and redirect the strategy. Moreover, most of the performance management best practices and tools are tried and tested in the western cultural and organisational healthcare context which does not guarantee the same success in Dubai healthcare due to significant differences in cultural dimensions. Therefore, this marks a key ambiguity which can deter and negatively affect the process of performance management in Dubai healthcare organisations. As a result, performance measurement and the entire system may be affected by both the external environment or the internal environment that it is implemented in. These environments have to be considered and adjustments have to be made to the measuring system so that it is updated to respond to changing environments.

7.2 Unique Contribution of Research

The unique contribution of this research is the analysis of the prevailing performance measurement standards and commonly used performance management systems in the healthcare sector of Dubai. The findings of the study revealed the importance of subjective performance measurement standards that are still prevailing in the Dubai healthcare sector with high correlation of performance management system attributes with design implications and cost effectiveness of the measurement system. On the other hand, these PMSs in the healthcare sector are still not correlated with the rapid changes in today's dynamic environment. Therefore, in line with the discussion of previous research, performance measurement standards should be appropriate to increase the efficiency of PMS in the healthcare sector.

7.3 The Academic and Managerial Implications

The research findings have long-term implications for academia and policy makers in the healthcare sector. Concerning academic implications, a vast body of literature was reviewed to identify the existing gaps in knowledge. These gaps are addressed in the research to add more advanced literature for use in future research. Also, the academic literature reviewed addressed the issues of performance in management in the healthcare sectors of western countries, while only very limited studies are available for this sector in the Middle East region.

For managerial implications, active involvement of executives has been attributed to the successful implementation of performance management in healthcare as it allows the meeting of

challenges posed by the fragmented system in healthcare settings. Performance measurement tends to monitor, communicate and evaluate the degree to which several components of the healthcare system are meeting their central objectives. These objectives can be diverse and can be difficult to analyse because of several aspects involved which ultimately can become ambiguous if effective approaches are not used (Saunila, 2016). In addition, the study offers healthcare managers as well as policy makers a chance to secure health system accountability and make improvements on the basis of performance measurement by providing key information to meet the challenges of measuring performance in healthcare settings.

7.4 Future Research Implications

Few studies have focused on the performance measurement in the organisations of Gulf countries, and research on Dubai healthcare sector employees performance are scant. Therefore, findings from this study will assist future researchers in areas of performance measurement and management. In this context, the study concluded that in healthcare, the performance management function needs to be facilitated with a robust architecture in which various elements need to be included to avoid any ambiguity; these elements include personalised dashboards, building analytics and an integrated framework. Moreover, detailed exploration through qualitative data collection in addition to the collection of quantitative data will facilitate future studies to achieve triangulation to increase the credibility of research findings.

7.5 Limitations of the Research

Like other research in this area, this study has also faced certain limitations while achieving the desired objectives. The research was cross-sectional in nature; therefore, future changes in policies of healthcare sector PMSs will not be reflected in the results. Another limitation is the use of the mono method; that is, only quantitative data were collected. It is recommended that Future researchers use more methods of data collection like observation and interviews. Furthermore, limited aspects of performance measurement and managers were considered in data collection due to time and content restrictions. Therefore, the scope of the research is limited to the healthcare sector of Dubai and the results will not be applicable to other states and other regions in Gulf countries. The restrictions of sample size have also limited the accuracy of the results; these can be improved in future research with a larger sample size.

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Appendix A

The questionnaire deals with three elements of performance measurement (and management) within healthcare

Gender:

Age:

Department/Unit:

How long have you worked for the organisation:

Question No.	Questions relating to individual measures of performance					
1	Performance measures are of great value to my organisation.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
2	The costs of some performance measures usually outweigh their benefits.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
3	Performance measures should focus on processes.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
4	Performance measures should focus on process outputs.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
5	Time is the fundamental measure of performance.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
6	Quality is the fundamental measure of performance.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
7	Cost is the fundamental measure of performance.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
8	Performance measures should be designed so that they encourage departmental co-operation.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
9	Performance measures focus only on short-term planning.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree

10	Performance measures should be designed to take account of changing business environments.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
Issues associated with the performance measurement system as an entity						
11	Definitive principles of performance measurement system design exist in my organisation.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
12	My organisation maintains performance measures that can be integrated both across its functions and through its hierarchy.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
13	In my organisation, conflicts between performance measures can be eliminated.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
14	In my organisation, there are techniques available for managers to employ in order to maintain a meaningful set of performance measures.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
15	My organisation uses a generic performance measurement system.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
16	A "generic" performance measurement system (not specific to my organisation) will enable a meaningful set of performance measures to be developed.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
17	A practicable performance measurement system design process can be specified.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
18	A "flexible" performance measurement system which takes account of the changing business environment can be defined.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
Issues associated with the system and its environment						
19	Employee competencies have an impact upon organisations' performance measurement.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
20	My organisation often fails to integrate its performance measures into its strategy.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
21	My organisation performance	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree

	measurement systems match its strategy.	Agree				disagree
22	My organisation performance measurement systems match its culture.	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree