

MOVING TOWARDS A SUCCESSFUL MEDICAL-PSYCHO- PEDAGOGICAL CENTRE: ANALYTICAL STUDY OF MANAGEMENT ASPECTS

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Abstract. *Introduction.* Today, the concept of management has become increasingly complex. Many medical-social organisations now help to understand this complexity, enabling managers to support executives throughout their medical-social work.

Aim. The aim of the present research is to explore the correlations between managerial aspects in medico-social organisations in order to understand their links and identify avenues for improvement to increase operational efficiency and quality of care.

Methodology and research methods. The authors employed a quantitative approach, based on a correlational study rather than an experimental one. The sample consisted of 100 Medical-Psycho-Pedagogical Centres (CMPP) in the Ile-de-France region, France. To collect the information, the directors of these centres were invited to fill in the questionnaire sent by the Google Forms platform, via the e-mail addresses of each centre. The results were processed with IBM SPSS 29.

Results and scientific novelty. The results showed that there were statistically significant correlations between the managerial criteria of a high and significant percentage. There was a very high level of significance between the aspects "Structure and team management" and "Patient data management" (98%), and between the aspects "Quality and safety of care" and "Structure and team management" (91%). As for "Inter-professional cooperation" and "Quality and safety of care" aspects, this was significant at 70%. Finally, the aspects "Accessibility and continuity of care", and "Continuing education" correlate significantly at 85%.

In sum, the findings demonstrate that, out of the 22 correlations that were computed, 20 relationships are significant (i.e. 90.90% of the relationships), attesting to the superior management structure of French centres.

Practical significance. The contribution of the present study consists in identifying the dimensions of managerial aspects described in the review of management literature. Of course, the purpose of this work is not to justify one style or to privilege one style over another, but to contribute to the explanation of the reality of the management of health, social and medico-social establishments and to take them as a system to be followed in the management of CMPPs in Morocco.

Keywords: medical-psycho-pedagogical centre, managerial aspects, patient data management, management, leadership, continuity of care, quality of care.

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НА ПУТИ К УСПЕШНОМУ МЕДИКО-ПСИХОЛОГО-ПЕДАГОГИЧЕСКОМУ ЦЕНТРУ: АНАЛИТИЧЕСКОЕ ИССЛЕДОВАНИЕ УПРАВЛЕНЧЕСКИХ АСПЕКТОВ

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Аннотация. Введение. Сегодня понятие менеджмента становится все более сложным. Многие медико-социальные организации помогают понять эту сложность, позволяя менеджерам оказывать поддержку руководителям на протяжении всей их работы.

Цель исследования – изучить корреляции между управленческими аспектами в медико-социальных организациях, чтобы понять их связи и определить пути улучшения для повышения операционной эффективности и качества медицинской помощи.

Методология, методы и методики. Авторы использовали количественный подход, основанный на корреляционном исследовании, а не на экспериментальном. Выборка состояла из 100 медико-психолого-педагогических центров в регионе Иль-де-Франс, Франция. Для сбора информации директорам этих центров было предложено заполнить анкету, разосланную с помощью платформы Google Forms по электронным адресам каждого центра. Для обработки результатов использовалась программа IBM SPSS 29.

Результаты и научная новизна. Результаты показали, что между управленческими критериями существует статистически значимая корреляция в высоком и значимом проценте. Очень высокий уровень значимости наблюдался между аспектами «Структура и управление командой» и «Управление данными о пациентах» (98 %), а также между аспектами «Качество и безопасность медицинской помощи» и «Структура и управление командой» (91 %). Что касается аспектов «Межпрофессиональное сотрудничество и качество» и «Безопасность медицинской помощи», то здесь значимость составила 70 %. Наконец, аспекты «Доступность и непрерывность медицинской помощи» и «Непрерывное образование» коррелируют между собой на 85 %.

В целом, полученные результаты показывают, что из 22 вычисленных корреляций 20 взаимосвязей (т. е. 90,9 %) являются значимыми, что подтверждает отличную систему управления французских центров.

Практическая значимость. Вклад настоящего исследования состоит в определении измерения управленческих аспектов, представленных в обзоре управленческой литературы. Конечно, основное значение этой работы заключается не в том, чтобы оправдать один стиль или отдать предпочтение одному стилю перед другим, а в том, чтобы внести свой вклад в объяснение реальности управления медицинскими, социальными и медико-социальными учреждениями и принять их как систему, которой следует следовать в управлении медико-психолого-педагогических центров в Марокко.

Ключевые слова: медико-психолого-педагогические центры, управленческие аспекты, управление данными пациента, управление, лидерство, непрерывность медицинской помощи, качество медицинской помощи.

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CAMINO HACIA UN CENTRO MÉDICO PSICOLÓGICO EDUCATIVO DE ÉXITO: ESTUDIO ANALÍTICO DE ASPECTOS GERENCIALES

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Abstracto. Introducción. Actualmente, el concepto de gestión es cada vez más complejo. Muchas organizaciones de atención sanitaria y social ayudan a comprender dicha complejidad al permitir que los gerentes apoyen a los líderes durante todo su trabajo.

Objetivo. El propósito de la investigación es estudiar las correlaciones entre los aspectos de gestión en las organizaciones médicas y sociales con el fin de comprender sus conexiones e identificar formas de mejora para aumentar la eficiencia operativa y la calidad de la atención.

Metodología, métodos y procesos de investigación. Los autores utilizaron un enfoque cuantitativo basado en investigación correlacional en lugar de la investigación experimental. La muestra estuvo compuesta por 100 centros médico psicológico pedagógicos de la región Ile de France, Francia. Para recopilar información, se pidió a los directores de estos centros que cumplimentaran un cuestionario enviado mediante la plataforma Google Forms a las direcciones de correo electrónico de cada centro. Para procesar los resultados se utilizó IBM SPSS 29.

Resultados y novedad científica. Los resultados indicaban que existe una correlación estadísticamente significativa entre los criterios de manejo en un porcentaje alto y significativo. Se observó un nivel de significancia muy alto entre los aspectos "Estructura y gestión del equipo" y "Gestión de datos del paciente" (98%), así como entre los aspectos "Calidad y seguridad de la atención" y "Estructura y gestión del equipo" (91 %). En cuanto a los aspectos "Cooperación interprofesional y calidad" y "Seguridad de la atención médica", donde la importancia aquí, fue del 70%. Finalmente, los aspectos "Accesibilidad y continuidad de la atención médica" y "Educación continua" se correlacionan entre sí en un 85%. En general, los resultados muestran que de las 22 correlaciones calculadas, 20 correlaciones (es decir, el 90,9%) son significativas, lo que confirma el excelente sistema de gestión de los centros franceses.

Significado práctico. La contribución de este estudio es determinar la dimensión de las mediciones gerenciales presentadas en cuanto a la revisión de la literatura sobre gestión. Por supuesto, el significado principal de este trabajo no es justificar un estilo o dar preferencia a una modalidad sobre otra, sino contribuir a explicar la realidad de la gestión de las instituciones médicas, sociales y médico-sociales y aceptarlas como sistema a seguir en la gestión de los centros médico psicológico pedagógicos en Marruecos.

Palabras claves: centros médico psicológico pedagógicos, aspectos gerenciales, manejo de datos de los pacientes, gestión, liderazgo, continuidad de la atención médica, calidad de la atención médica.

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Introduction

Medical-Psycho-Pedagogical Centres (CMPP) are essential elements in the care of children with complex problems, where educational, medical, and psychological aspects combine. In this sense, O. Slipicevic states that management is crucial in these dedicated institutions, particularly around health management [1].

This article examines the intricate work of the CMPP and shows how, by striking a balance between managerial and health-related considerations, management becomes crucial to ensuring the overall well-being of children.

According to studies by T. Soukup, B. Lamb et al., and C. Zabada, P. A. Rivers & G. Munchus, strategic leadership, planning, coordination of multidisciplinary teams and resource management contribute to the flourishing of these essential structures serving the psychological and educational well-being of young people [2, 3]. We will highlight the issues unique to CMPP and look at the best practices that are emerging to guarantee the best possible care by incorporating a managerial perspective into the medico-social context [4, 5, 6].

Research by G. Martin, R. Finn & K. Benzies, and V. Shah, K. Aziz, et al. has demonstrated that leadership is the primary factor in defining the strategic vision and long-term goals of CMPP. Managers must navigate between pedagogical requirements and medical imperatives, ensuring that practices are consistent within multi-disciplinary teams [7, 8].

Strategic planning has been identified by C. Boelen & B. Woollard, and S. Kabene, C. Orchard, J. M. Howard et al. as yet another essential component of CMPP management. Managers contribute to the sustainability and relevance of the services offered by anticipating emerging needs, identifying the resources required and adapting programmes to medical and educational advances [9, 10].

In the same vein, G. D. Reeder affirmed that managing multidisciplinary teams is also a major challenge for CMPP. To provide comprehensive solutions, mental health professionals, psychologists, special educators, and other experts should work together [11]. B. Gray, S. Selin & D. Chevez noted that management must encourage this collaboration by fostering interdisciplinary communication, promoting holistic approaches, and creating an environment conducive to the exchange of expertise [12, 13].

J. T. Mahoney's observations of trends support the notion that resource management both human and material is a crucial component of CMPP management. This involves optimising the capabilities of each professional, guaranteeing a healthy working environment and ensuring that available resources are used effectively to meet the varied needs of users [14].

The aim of our research is to help directors of CMPP in Morocco to develop their own strategies and skills in the management of medico-social organisations to meet the demands of the current situation in the world working with innovative managerial paradigms.

Research Questions

- How can the managerial aspects of the CMPP be used as a model for other medico-social organisations working with similar populations?
- How does CMPP management affect the measurement and continuous improvement of organisational performance, and is there a correlation with the quality of care and services?

- How do the satisfaction of multidisciplinary teams and the effectiveness of care for children and adolescents correlate with the quality of leadership within CMPP?

Hypothesis

- We hypothesise that the judicious planning and allocation of medical resources within CMPP will lead to more timely interventions that are better adapted to children's health needs, thus improving their overall well-being.

- In our opinion, the development of interdisciplinary cooperation between medical and educational teams will allow for integrated management of both medical and educational issues, which will improve the results for kids.

Limitations of the Study

We decided to use centres in France as a sample because there are not many centres in Morocco. This leads us to wonder about a possible bias in respondents' attitudes according to their country. Secondly, our method of analysis consisted in interviewing the centre directors via a form, asking them about their feelings regarding various managerial aspects. Another method of analysis might have consisted in conducting semi-directive interviews with the respondents and observing their reactions.

Another method of analysis would have been to conduct semi-structured interviews with the respondents and observe their reactions; finally, direct interviews with the centre managers would have helped us to obtain more concrete and realistic results.

Literature Review

Management dates to the early twentieth century. It is a concept that aims to modernise public administrations using private management practices to improve performance to develop the cost/service ratio [15].

According to J. Packendorff, the management, action, art or way of leading an organisation, of leading it, of planning its development and of controlling it, applies to all areas of activity of the institution [16].

The centre here must be seen in its broadest sense. Whether it is a private, public, or non-profit organisation, the manager must deploy the technical, financial, and human resources to accomplish its task and its objectives. The implementation of these methods consists of four main activities: planning, organisation, activation, and control. These activities form the foundation of management.

Management remains a futile exercise without considering the specificities of the organisation and its objectives articulated within the strategy. Without this condition, the visible hand of management, to take the expression of Alfred Chandler, does not come to change the invisible hand of the market to shape the evolution of the company.

Furthermore, according to R. A. Thietart, management is founded on the strategy it aligns with nourishment. A strategy encompasses a series of decisions and actions pertaining to the selection and coordination of resources in alignment with a specific objective [17].

The development of quality management in healthcare mirrors this progression, with a slight deviation, specifically in the realm of enterprise quality management. In production and services, the deployment phase followed an initial phase of process study and task decomposition, encouraging greater participation and multi-professionalism, leading to the development of “quality circles” where workers quickly felt taken by a management that used their experience for the benefit of the company, without a positive impact for them; then the “deployment” phase. In health as well as elsewhere, the shift to indicator monitoring and benchmarking has been developed with the aim of improving outcomes. Due to the repeated observation of a delay in progress in quality and safety of care, many analysts support the importance of re-interrogating the causes of failure and reducing the constraints imposed on professionals, as noted by A. M. Roucayrol [18].

Organisms proliferate quickly. It keeps track of social, political, and economic developments in our society. J. Plane draws the conclusion that management is adopting these same modifications and that it would be worthwhile to consider its history [19].

At that time, management principles were based on the ideas of M. Weber & H. Fayol, who supported division of work, division of responsibilities and centralisation of decision-making. These authors believe that there is an ideal method for organising the work. This is the age of productivity and optimisation with the birth of planned work subject to procedures [20].

Scientific management, which is based on the writings of F. Taylor, outlines the exact organisation of tasks in management sciences. This approach, which concentrates on an employee's effectiveness, ignores the human element. According to this model, financial incentives are the only form of reward and the only source of motivation for humans is the fulfillment of their economic needs.

According to F. Taylor, who was quoted by Ph. Bernoux, people can be made to feel alone by appealing to their primary, or even exclusive, motivation money. As a result, F. Taylor's model is predicated on the division of labour, the assignment of responsibilities, and the specialisation of everyone, with a division of functions: the base performs the execution and the top thinks. It stands for the opposite of collaboration. His system aims to eliminate negotiation [22]. Both models represent the management approach, which is a highly mechanistic approach to man in his working environment.

The research by G. Elton Mayo reveals that human interaction has the biggest influence on productivity, and consists in the foundation for the current trend in interpersonal relationships. The individual is the company core value. According to this author, the individual's satisfaction and desire for accomplishment become important factors to consider. It has become apparent that its complex motives, as well as its needs for appreciation and recognition, are becoming increasingly obvious. However, this movement adopts an idealistic approach to the individual, neglecting the linkages between individual, organisation, and management methods. This model is the starting point for a more participatory management approach aimed at better understanding the human being [23].

I. Calmé, J. Hamelin, J. Lafontaine et al. believe that there is a perfect way to arrange the tasks. Now is the moment for productivity and optimisation, as planned work governed by procedures is born [24].

F. Ross & J. Tissier noted that management style is “the set of behaviours that a manager uses in a given situation with one or more of his employees” [25]. However, G. A. Steiner & B. M. John listed four distinct approaches to management [26]:

- The head of the management gives directions, specifies, and explains how to carry out the mission without considering the relationship

- The manager gives directions, specifies, and explains how to accomplish the mission without considering the relationship dimension

- Persuasive managers solicit input and offer explanations for their choices. Heins made the choice.

- The participatory manager helps employees to make decisions and asks their comments to collaborate, support, listen and value.

- The responsibility for carrying out the task is entrusted to the delegate manager.

Materials and Methods

To produce a reliable and scientifically sound study, the following databases were used: Google Scholar, Emerald Insight, Cairn.info PubMed, ScienceDirect and the ResearchGate platform for the academic community. The keywords used in the Boolean searches were educational management, educational leadership, schools, and school management. The website of the Ministry of National Education, Preschool and Sports was also consulted for information on statistics and school management in Morocco.

Sample Characteristics

The survey was carried out in the Ile de France region. Table 1 shows the sample selected for this research study, taken from the French Social and Medical-Social Register. Based on a judgment sample that emphasises the selection of units through expertise and experience unique to the medical-social field sharing comparable traits, we chose a representative sample. One hundred centres made up the sample.

Table 1

Data extracted from the French social and medico-social register

Name of the region	Number of CMPP
Ile-de-France	100 CMP
France D'outre-mer	12 CMP
Nord-ouest	72 CMP
Nord-Est	99 CMP
Sud-OUE	98 CMP
Sud-Est	93 CMP

Measuring Instrument

A self-created survey was disseminated through Google Forms. Given the geographic location of our sample and the need to wait for them, this methodological decision was made.

Ethical Considerations

All interviewees understood that their participation in this study was voluntary and that they could withdraw at any time. In addition, interview participants were informed that their responses would be used solely for academic research purposes and that their identity would not be revealed.

Tool Validation

The questionnaire used in our research is the outcome of combining two validated and approved questionnaires on an international level:

- Elaboration of a questionnaire to evaluate the organisational development of primary care groups: testing the questionnaire in the five health centres of Association for the Management of Associative Health Centres (AGECSA) [27].
- Survey on the activity of medical-psycho-pedagogical centre (CMPP) in France, 2008 [28].

Data Analysis Process

Quantitative data collected from the surveys were analysed by descriptive analysis (mean values and standard deviations) using SPSS 29 and Microsoft Office Excel 365. Responses to open-ended questionnaire questions were coded into substantive categories using content analysis. Respondents' answers were scored on a scale and interpreted as follows (Table 2):

The chosen working method consists of 3 stages.

- Case studies to identify the methods and tools used to implement quality initiatives.
- Circulate the questionnaire and ask healthcare professionals to respond to the questions that correspond most closely to the guidelines of their healthcare facilities.
- After composing the responses in an Excel spreadsheet, import them into SPSS 29.

Results and Discussion

Descriptive Analysis

Our research focuses on the correlation between the aspects of health management. These aspects refer to the management principles and practices applied by managers of medico-social establishments in the context of health care. They are an important factor in ensuring the proper functioning and efficiency of these healthcare facilities.

We have selected 6 crucial aspects of management: "Structure and team management", "Quality and safety of care", "Patient data management", "Inter-professional cooperation", "Accessibility and continuity of care" and "Continuing education".

The selection of these variables was based on:

Theoretical importance: the criteria used correspond to the main aspects of educational administration. They are important from a theoretical point of view.

Research objectives: we chose the criteria according to what we wanted to understand and analyse, and they correspond to our research objectives.

Practical relevance: the selected criteria are likely to have important practical implications for healthcare and management. This study enables us to provide valuable information to healthcare managers.

Exploratory Factor Analysis

Six management factors are correlated, as shown by the correlation matrix in Table 2. Twenty associations, or 90.90% of the 22 correlations that were computed, were judged to be significant.

Table 2

Correlations between criteria using the Pearson statistical test

Managerial aspects		Structure and team management	Quality and safety of care	Patient data management	Inter-professional cooperation	Accessibility and continuity of care	Continuing education
Structure and team management	Pearson correlation	1	.910**	.984**	.563**	.359**	.453**
	Sig. (bilateral)		<.001	<.001	<.001	<.001	<.001
	N	89	89	89	89	89	89
Quality and safety of care	Pearson correlation	.910**	1	.847**	.701**	.282*	.566**
	Sig. (bilateral)	<.001		<.001	<.001	.007	<.001
	N	89	89	89	89	89	89
Patient data management	Pearson correlation	.984**	.847**	1	.502**	.281*	.341*
	Sig. (bilateral)	<.001	<.001		<.001	.008	.001
	N	89	89	89	89	89	89
Inter-professional cooperation	Pearson correlation	.563**	.701**	.502**	1	.151	.204
	Sig. (bilateral)	<.001	<.001	<.001		.159	.055
	N	89	89	89	89	89	89

Accessibility and continuity of care	Pearson correlation	.359**	.282*	.281**	.151	1	.859**
	Sig. (bilateral)	<.001	.007	.008	.159		<.001
	N	89	89	89	89	89	89
Continuing education	Pearson correlation	.453**	.566**	.341**	.204	.859**	1
	Sig. (bilateral)	<.001	<.001	.001	.055	<.001	
	N	89	89	89	89	89	89
*. Sig. (bilateral) is significant when $p < 0.05$.							

Relationships between the Managerial Facets

There is a very strong and significant correlation, according to the management commitment analysis results (Table 2), between the first managerial aspect entitled “Structure and team management” and all other aspects, starting with the “Patient data management” aspect with a percentage of 98.4%. ($r = .984$; $p = <.001$). We also noted a strong significance of 91%, ($r = .910$; $p = <.001$) with the aspect of “Quality and safety of care”; then regarding the aspect named “Inter-professional cooperation”, the significance is considered average at 56.3% ($r = .563$; $p = <.001$). Nevertheless, moderate and statistically significant correlations were noted in series with the aspect of “Accessibility and continuity of care” and “Continuing education”, with percentages of 35.9% ($r = .359$; $p = <.001$); 45.3% ($r = .453$; $p = <.001$).

On the other hand, we note that there is still a very high level of significance between the second aspect, which deals with the aspect “Quality and safety of care”, and all the other aspects, firstly a very high level of significance of 91%; ($r = .910$; $p = <.001$) with “Structure and team management”, which suggests a strong and highly significant positive correlation between these two aspects, although we note that with the “Patient data management” criterion we observe a correlation value of 84.7%. ($r = .847$; $p = <.001$), then significant average correlations are noted successively with the last three criteria; “Inter-professional cooperation”, “Accessibility and continuity of care” and “Continuing education” 70.1% ($r = .701$; $p = <.001$), 28.2% ($r = .282$; $p = <.001$) and 56.6% ($r = .566$; $p = <.001$).

Furthermore, we observe that the third criterion, “Patient data management”, shows a very strong significant correlation with “Structure and team management” with 98.4% ($r = .984$; $p = <.001$), in the same direction we emphasise a strong significantly with “Patient data management”, with the percentage tending towards 84.7% ($r = .847$; $p = <.001$), then medium and low correlations but still statistically significant alternatively observed with “Inter-professional cooperation”,

“Accessibility and continuity of care” and “Continuing education” with margins 50.2% ($r = .502$; $p < .001$), 28.1% ($r = .281$; $p = .008$), 34.1% ($r = .341$; $p = .001$).

On the other hand, we note that the fourth criterion, “Inter-professional cooperation”, is moderately correlated in series with the three criteria: “Structure and team management”, “Quality and safety of care”, and “Patient data management”, with rates of 56.3% ($r = .563$; $p < .001$), 70.1% ($r = .701$; $p < .001$) and 50.2% ($r = .502$; $p < .001$), but there was a statistically insignificant correlation between “Inter-professional cooperation” and the following two aspects: “Accessibility and continuity of care”, and “Continuing education”, given that the two-tailed Sig value of the two is greater than 0.05.

Certainly, weak, and statistically significant correlations are listed between the aspect of “Accessibility and continuity of care” towards “Structure and team management”, “Quality and safety of care”, “Patient data management” and “Continuing education” of value suite 35, 9% ($r = .359$; $p < .001$), 28.2% ($r = .282$; $p = .007$), 28.1% ($r = .281$; $p = .008$) and 85, 9% ($r = .859$; $p < .001$), and a statistically insignificant correlation with “Inter-professional cooperation”, as the Sig (two-tailed) is greater than 0.05.

Finally, there was a positive and statistically significant correlation with the following aspects: “Structure and team management”, “Quality and safety of care”, “Patient data management” and “Accessibility and continuity of care”, in relation to the last criterion, which deals with “Continuing education”, with alternating proportions of 45.3% ($r = .453$; $p < .001$), 56.6% ($r = .566$; $p < .001$), 34.1% ($r = .341$; $p = .001$), 85.9% ($r = .859$; $p < .001$).

This section discusses the findings to address the main research question, which is: to what degree do managerial factors significantly affect themselves and consequently, positively influence the managerial system?

The results on the effect of managerial aspects show that they are significantly related to each other. Most of the managerial aspects have a statistically significant effect, i.e. “Quality and safety of care” with “Team management”, “Patient data management” and “Inter-professional cooperation”. Others, like “Inter-professional cooperation” with “Accessibility and continuity of care” with “Continuing education”, have statistically negligible effects.

This aligns with the findings presented in the literature. These and other approaches can be used to trace the quality aspect and its impact on facility and team management. More precisely, some research conducted in the early 1990 concentrated on the clinical management approach used by the British National Health Service. This approach sought to involve professionals more deeply in quality control by giving them an organisational framework that allowed them to enjoy some autonomy in service management in exchange for increased responsibility [29].

In addition, facility management is another variable that has been shown to be linked to the aspects “Inter-professional cooperation” and “Accessibility and continuity of care”, as well as “Continuing education” and “Patient data

management". Since the 21st century, social and medico-social activities have been characterised by the notion of pathways (care pathways, health pathways, integration pathways, educational pathways, life pathways, etc.). The growing interest of social policies and professionals in this subject reflects a new way of thinking about how to intervene with people/parents in difficulty due to illness, disability, age, social and financial difficulties [30].

Certainly, another statistically significant correlation, such as personnel management (working conditions), testifies to the fact that the relationship between "Structure and team management" variables with "Patient data management" and "Inter-professional cooperation" is not a coincidence. As demonstrated by a study that characterises management as a multifaceted process that necessitates the involvement of multiple management elements, professionals must acquire the requisite competencies to effectively lead and engage in the operation of the organisational managerial system. Management is a learned discipline, not an innate one. It requires new skills (recruitment, assessment, development of their potential, etc.), team management and cohesion (work organisation, mobilisation around quality, conflicts, etc.), the economic and financial management department (operating budget, payroll, etc.) [31, 32].

In the same vein, S. Zaleski's research, published in 1977, confirms that management is based on reason and control. The supervisor solves problems by bureaucratic means (budget preparation, work organisation, etc.). However, when management focuses on the task, management is an art, capable of providing imagination, creativity and ethical behaviour to guide the destinies of companies [33].

Nevertheless, it is notable from the results obtained that the strong 98% correlation between aspects "Patient data management" and "Quality and safety of care", as well as the 91% correlation between "Structure and team management" in relation to "Quality and safety of care", also the correlation between the aspect of "Inter-professional cooperation" and the "Quality and safety of care" are welded together to meet the expectations of each department within the centre. Given the importance of these aspects, the study carried out, which constitutes the operational framework for the entire organisation, is necessary to equip the approach. In other words, this perspective approach cannot be seen as a separate stylistic exercise, with its own upstream and downstream components. It is a bridge between, on the one hand, the expectations of skills in relation to the foundation project, the services offered and the operational conditions, and, on the other, the actor's actual performance, which needs to be viewed in light of the project, the organisation, and the social environment in which it exists. More specifically, aspects need to be defined according to service expectations: the aspect of the treatment function; educational function, psychological support function, information function, job search assistance function, etc. Until now, social and medico-social institutions and services have not thought in terms of the organisation as a whole, but in terms of professional communities. This is why sand mining is often recognised as a profession [34, 35].

Management thus represents the process by which the organisational objectives set by the healthcare organisation strategy are achieved. Managers achieve these objectives using basic functions such as budgeting, planning and even controlling. Leaders set the direction and rally teams around this vision. Then it is a matter of motivating and inspiring them. If management is a strategic element that helps determine the organisation development paradigm, management is a functional element that promotes its productivity and efficiency [9].

Lastly, a general understanding of social enterprises is the foundation for the success of social and medico-social organisations in Europe. According to researchers, social enterprises are defined as businesses that operate in the economic sector (the production of goods and services) and are part of citizen initiatives with the specific goal of enhancing the community, while also limiting the material profits of capital producers [36].

These are companies that implement a different mode of development from traditional private enterprise: they have a social objective rather than capital profitability (the principle of a-capitalism [37]), and decision-making power is not based solely on capital investment (the principle of a-capitalism & democratic governance) [38].

On the basis of all the above, we are entitled to assert that developing establishments have understood that while there is no miracle or key recipe for organisational efficiency, to better apprehend change they go to the source of the meaning of staff expectations and resolve the dysfunctions that persist by introducing the total quality management process, where the human dimension is inevitable and inescapable [39, 40].

This research project helps directors adjust their ways of thinking so that they can operationalise their professional good management practices.

Conclusion

Towards the end, we can conclude that to manage people, on the one hand, you need to know yourself well and, on the other, be aware that not everyone thinks and reacts in the same way as you. Managing people means managing different personalities. Each person has his/her own vision of reality, based on his/her condition and experience. What he/she sees as reality is his/her vision. The work of a manager is oriented towards the work of others. Therefore, people must confront their own reality and beliefs with those of others. The realisation of beliefs determines people's decisions and actions, and encourages people to review them regularly [41, 42].

To sum up, our research was focused on medical-psychological-pedagogical centres in France. This in-depth study, rooted in the health and education sectors, enabled us to obtain information on the managerial aspects implemented in these centres. However, we could take the positive aspects of this research and apply them to our country, Morocco, to develop the managerial processes of our local centres [43].

Prospects

Our study was carried out on one hundred medico-psycho-pedagogical centres, a number which represents a narrow sample range. For future research, it would be interesting to look at a much wider sample range, and to identify possible influencing variables depending on the centre.

Further research could also look at the inclusion of socio-professional characteristics in relation to the management system. For future investigations, we could examine to what extent the manager's socio-professional characteristics can influence the organisation management system.

References

1. Slipicevic O., Masic I. Management knowledge and skills required in the health care system of the Federation Bosnia and Herzegovina. *Materia Socio-Medica*. 2012; 24 (2): 106–111. DOI: 10.5455/msm.2012.24.106-111
2. Soukup T., Lamb B., Arora S., Darzi A., Sevdalis N., Green J. Successful strategies in implementing a multidisciplinary team working in the care of patients with cancer: An overview and synthesis of the available literature. *Journal of Multidisciplinary Healthcare*. 2018; 11: 49–61. DOI: 10.2147/jmdh.s117945
3. Zabada C., Rivers P. A., Munchus G. Obstacles to the application of total quality management in health-care organizations. *Total Quality Management*. 1998; 9 (1): 57–66. DOI: 10.1080/0954412989261
4. Winance M., Barral C. From “ineducability” to “rare disabilities”. Evolution and emergence of political categories involved in shaping the French medico-social sector. *Alter*. 2013; 7 (4): 244–59. DOI: 10.1016/j.alter.2013.08.002
5. Kromm H., Ducq Y. Reference decision models in the medico-social service sector. In: Emmanouilidis C., Taisch M., Kiritsis D. (Eds.). *Advances in Production Management Systems. Competitive Manufacturing for Innovative Products and Services. APMS 2012. IFIP Advances in Information and Communication Technology*. Vol. 398. Heidelberg, Berlin: Springer; 2013. p. 422–429. DOI: 10.1007/978-3-642-40361-3_54
6. Lux G. The medico-social institutes directors' perception of performance. *RIMHE: Revue Interdisciplinaire Management, Homme & Entreprise*. 2017; 29 (6): 3–25. DOI: 10.3917/rimhe.029.0003
7. Martin G., Finn R. Patients as team members: Opportunities, challenges, and paradoxes of including patients in multi-professional healthcare teams. *Sociology of Health and Illness*. 2011; 33 (7): 1050–1065. DOI: 10.1111/j.1467-9566.2011.01356.x
8. Benzies K., Shah V., Aziz K., Lodha A., Misfeldt R. The health care system is making ‘too much noise’ to provide family-centred care in neonatal intensive care units: Perspectives of health care providers and hospital administrators. *Intensive and Critical Care Nursing*. 2019; 50: 44–53. DOI: 10.1016/j.iccn.2018.05.001
9. Boelen C., Woollard B. Social accountability and accreditation: A new frontier for educational institutions. *Medical Education*. 2009; 43 (9): 887–94. DOI: 10.1111/j.1365-2923.2009.03413.x
10. Kabene S., Orchard C., Howard J. M., Soriano M. A., Leduc R. The importance of human resources management in health care: A global context. *Human Resources for Health*. 2006; 4 (1). DOI: 10.1186/1478-4491-4-20
11. Reeder G. D., Maccow G., Shaw S. R., Swerdlik M. E., Horton C. B., Foster P. School psychologists and full-service schools: Partnerships with medical, mental health, and social services. *School Psychology Review*. 1997; 26 (4): 603–621. DOI: 10.1080/02796015.1997.12085889
12. Gray B. Enhancing transdisciplinary research through collaborative leadership. *American Journal of Preventive Medicine*. 2008; 35 (2): S124–S132. DOI: 10.1016/j.amepre.2008.03.037

13. Selin S., Chevez D. Developing a collaborative model for environmental planning and management. *Environmental Management*. 1995; 19 (2): 189–195. DOI: 10.1007/bf02471990
14. Mahoney J. T. The management of resources and the resource of management. *Journal of Business Research*. 1995; 33 (2): 91–101. DOI: 10.1016/0148-2963(94)00060-r
15. Ahrweiler P., Thietart R. A. Reviews: Complexity theory and the social sciences: An introduction, David Byrne. *Emergence*. 1999; 1 (2): 101–105. DOI: 10.1207/s15327000em0102_9
16. Packendorff J. Inquiring into the temporary organization: New directions for project management research. *Scandinavian Journal of Management*. 1995; 11 (4): 319–333. DOI: 10.1016/0956-5221(95)00018-q
17. Thietart R. A. Introduction: New challenges for strategic management. *International Studies of Management and Organization*. 1978; 8 (4): 3–6. DOI: 10.1080/00208825.1978.11656256
18. Roucayrol A. M. Management de la qualité en établissement de santé. *La Pensée*. 2015; 381 (1): 91–102. DOI: 10.3917/lp.381.0091 (In French)
19. Plane J. Contemporary approaches to management. In: Plane J. (Ed.). *Organizational Management*. 2019. p. 159–296.
20. Abubakar A. M., Elrehail H., Alatailat M. A., Elçi A. Knowledge management, decision-making style and organizational performance. *Journal of Innovation & Knowledge*. 2017; 4 (2). DOI: 10.1016/j.jik.2017.07.003
21. Meier O. V., Frederick W. T. The scientific management of companies. In: Sandra Charreire Petit (Ed.). *The great authors in management*. 2017. p. 67–79. DOI: 10.3917/ems.charr.2017.01.0067
22. Bernoux P. Sociology of organizations: New approaches. In: Jean-Michel Saussois (Ed.). *The organizations: State of knowledge*. Auxerre: Publications Humanities; 2016. p. 122–135. DOI: 10.3917/sh.sauss
23. Burger-Helmchen T., Hussler C., Muller P. Les théories du management. Dans: Vuibert eBooks; 2019. p. 43–81. DOI: 10.3917/vuib.burge.2019.01.0043 (In French)
24. Calmé I., Hamelin J., Lafontaine J., Ducroux S., Gerbaud F. Introduction à la gestion. France: Dunod Publisher; 2013. p. 1–66. (In French)
25. Ross F., Tissier J. The care management interface with general practice: A case study. *Health & Social Care in the Community*. 2007; 5 (3): 153–161. DOI: 10.1111/j.1365-2524.1997.tb00110.x
26. Steiner G. A., John B. M. Management policy and strategy. New York: Macmillan Publishers; 1977. p. 368.
27. Maillet J. Development of a questionnaire to assess the organizational development of primary care groups: Testing the questionnaire in the five health centers of the Association for the Management of Associative Health Centers [PhD thesis]. Grenoble, France: Human Medicine and Pathology Department, Faculty UFR of Medicine, Grenoble Alpes University; 2016. p. 95–99.
28. Lavarelo B. The medical-psycho-pedagogical centers (CMPP) in the central region, Survey of CMPP Activity [thesis]. France; 2008. p. 46–56.
29. Christine B. A., Abeles R. P. Social science and health research: Growth at the National Institutes of Health. *American Journal of Public Health*. 2004; 94 (1): 22–28. DOI: 10.2105/ajph.94.1.22
30. Juvet G. Driving innovation in social and medico-social action at a time of transformation of the offer. *Health & Social Guides*; 2022. p. 432.
31. Arab A. La transformation de l'offre médico-sociale: effets et impacts sur les managers et équipes professionnelles du secteur de l'hébergement pour personnes adultes en situation de handicap. *Projectics = Proyéctica = Projectique*. 2023; S (HS1): 175–200. DOI: 10.3917/proj.hs04.0175
32. Mark L., Lengnick-Hall A., Lengnick-Hall S., Andrade D. Strategic human resource management: The evolution of the field article. *Human Resource Management Review*. 2009; 19 (2): 64–85.

33. Zaleznik A. Managers and leaders: Are they different? *Clinical Leadership and Management Review*. 2004; 18 (3): 171–177.
34. Loubat J. Thinking about management in social and medico-social action. Paris; 2014. p. 257–272.
35. Loubat J. Meeting management and information flow. Paris; 2014. p. 359–380.
36. Fallon K., Woods K., Rooney S. A discussion of the developing role of educational psychologists within children's services. *Educational Psychology in Practice*. 2010; 26 (1): 1–23. DOI: 10.1080/02667360903522744
37. Coron G. Réformes managériales et redéfinition des catégories d'action publique: l'exemple du secteur médico-social. *La Revue de l'Ires*. 2017; 91-92 (1-2): 213–235. DOI: 10.3917/rdli.091.0213
38. Defourny J., Nyssens, M. Defining social enterprise. In: Nyssens M. (Ed.). *Social enterprise*. USA, Canada: Routledge; 2006. p. 3–26.
39. Villalba-Eguiluz U., Alonso A. A., De Mendiguren J. C. P., Urretabizkaia L. Social and solidarity economy in Ecuador: Fostering an alternative development model? *Sustainability*. 2020; 12 (17): 68–76. DOI: 10.3390/su12176876
40. Cuénoud T., Moreau C., Mertens S. Les spécificités managériales dans les entreprises sociales: une démarche européenne par la gestion des compétences. *Revue Internationale de L'économie Sociale*. 2013; 329: 80. DOI: 10.7202/1017935ar
41. Frimousse S., Jean-Marie P. Organizational changes induced by the COVID-19 crisis. *Management Question(s)*. 2020; 1 (31): 105–149.
42. Soparnot R. Business management. Dunod, Paris; 2009. p. 137–176.
43. Kasmi A., Touri B., Khennou K., Baba H., Bouzoubaa H. Comparative study of the forms of care centers for individuals in the four continents with those in Morocco. *Journal of Hunan University Natural Sciences*. 2023; 50 (1): 88–100. DOI: 10.55463/issn.1674-2974.50.1.10

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