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(Research Article)

Application of the panel meeting-discussion method in decision-making within health establishments: Case of the General Reference Hospital of Makiso/Kisangani

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Abstract

Introduction: The study focused on the application of the Panel Meeting-Discussion Method in decision-making within health establishments: case of the General Reference Hospital of Makiso/Kisangani. The study aimed to observe the application of the Panel meeting-discussion method in making decisions on the organization of health establishments; and to identify the disadvantage of the non-application of Panel meetings and discussions.

Methodology: Our study is descriptive with a cross-sectional aim, conducted at the General Reference Hospital of Makiso/Kisangani and based on the questionnaire and participatory observation, which concerned 35 agents present at the time of the survey.

Results: Panel discussions are not regularly held at the General Reference Hospital of Makiso/Kisangani 20(27.1%) and the absence of unity of command 14(40.0%) is the main disadvantage of the non-holding of Panel discussion meetings.

Conclusion: For harmonious functioning, it is therefore appropriate for the management of this hospital to be able to regularly organize Panel meetings with a view to resolving the various problems linked to the organization of the hospital.

Keywords: Application; Discussion; Panel; Decision; Health Establishment

1. Introduction

In today's world, teamwork is predominating over individualism. This way of working is interesting and effective because it promotes staff development, develops skills, attitudes, relationships with others, and leads to the maturity of the team [1].

In Europe and North America, the majority of organizations currently rely on work teams because they would promote, among other things, an increase in productivity, flexibility, innovation and employee satisfaction, as well as a reduction in the number of work accidents, production costs and absenteeism [2].

This way of working is only possible when the members of the team are committed to achieving a common objective, in a climate of cohesion at work, with the complementarity of each person's efforts and under the coordination of a strong and competent leader [3][4].

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However, it is not easy to bring together people who are both competent and complementary to form a team. A manager does not always choose his collaborators and often has to deal with people already in place [5]. However, several studies show that this method of organizing work does not guarantee success.

Aubé [6] estimates that between 80 and 90% of Panel teams experience significant problems related to their effectiveness at one point or another in their existence. While some teams achieve exceptional performance, others face a series of failures. Teamwork is a formula that is used not only in society in general in the world of work, it has also been and is still used in the health sector.

Collaborative decision-making in hospitals in the context of the search for consistency and improvement of performance therefore becomes a complex phenomenon due on the one hand to the high number of actors who participate, on the other hand because of the very meshed nature of the professions through which information gravitates and is produced. The most notable phenomenon is the congestion of often contradictory information which fuels numerous discussions between decision-makers, due to the lack of a common reference framework leading to divergent readings of management dashboards, when they exist [7].

For several years, the hospital organization has been faced with major issues and challenges. From risk management and the quality of its services, to the reduction of operating costs, including the pressing demands of political-socio-economic partners. The hospital organization is more than ever called upon to be part of the logic of organizational innovation based on the integrated control of its management system [8]. This is a new perspective, evolving and bringing major changes in hospital managerial culture [9].

According to Romelaer [10], within an organization, “Most human activities are not individual and solitary activities: they are the product of the concerted and coordinated actions of several people”. Consultation and coordination cannot therefore be done without close collaboration between the actors concerned.

The majority of organizations in today's world rely on work teams because they generate a lot of benefits. This is why African countries, including the Democratic Republic of Congo, have set up management teams in health zones to exercise integrated leadership and lead health zones towards development. However, there are still huge problems related to the management of the health zone, which show that these structures do not seem to be functioning normally.

Understanding the challenges of communication at the different levels of the hospital organization allows, in turn, to better understand the impacts of the changes that have appeared in recent years in these complexly functioning healthcare institutions.

In the world of health, the application of the team concept is not easy. The forms of teams are endless. They can be care teams, administrative teams or mixed teams. In the case of care teams, these vary not only with each type of service but even with each service. They also vary depending on whether it is a day or night shift and depending on work shifts. Consequently, the members of a care team who evolve around a patient are not constant. The administrative teams seem more stable.

The aim of the study is to promote the use of Panel meetings and discussions in health structures with a view to better and harmonious functioning. Specifically, the study aims to observe the application of the Panel meeting-discussion method in making decisions on the organization of health establishments; and to highlight the disadvantage of the non-application of Panel meetings and discussions.

2. Methodology

2.1. Materials

2.1.1. Description of the search field

The study was carried out at the General Reference Hospital of Makiso/Kisangani. Indeed, the Makiso/Kisangani General Reference Hospital is located on Avenue Munyororo n° 215/2, in the Plateau Médical District, in the Makiso Commune, in the Tshopo Province, Democratic Republic of Congo.

Considering the geolocation, the General Reference Hospital of Makiso/Kisangani shares its limits with the Provincial Office of the Red Cross of the Democratic Republic of Congo and a little further with the Higher Institute of Commerce of Kisangani to the East, to the West with the Simi-Simi military airport, to the North with the green space of the Simi-

Simi military airport and the Zinia Block, finally to the South with the University Clinics of Kisangani and the Provincial Division of health.

2.1.2. Study population and sample

The population consisted of all agents and executives of the General Reference Hospital of Makiso/Kisangani. In total, we recorded 218 subjects, all professional categories combined.

From this population, we used a non-probability sample of the occasional or convenience type. This allowed us to retain 35 agents and executives depending on whether they were available to participate in our study.

2.2. Method and techniques

2.2.1. Type of study

This is of course a descriptive study with a cross-sectional aim, conducted at the General Reference Hospital of Makiso/Kisangani from December 15 to 31, 2023.

2.2.2. Data collection technique

The data collection technique we used was the questionnaire, but also participatory observation. These two techniques effectively allowed us, by means of a data collection sheet, to structure a series of questions submitted to the agents and executives of this health establishment concerned, with a view to collecting the information that is the subject of our study. This data collection sheet included closed and/or open questions developed in a structured manner.

2.2.3. Data processing technique

To process the data relating to this study, we proceeded to tally all the responses provided by the subjects surveyed, then we took the frequencies of each category of responses obtained from the content analysis. Finally, we converted the frequencies into percentages in order to interpret the results.

2.3. Limitations of the study

In reality, the study should actually concern two health structures in order to identify the divergent points of view of agents and managers on the application of the Panel meeting-conference method in making decisions related to the organization of the 'hospital.

2.4. Ethical aspect

Participation of respondents in this study was voluntary. Consent was free, informed but only verbal. The surveyed subjects were told that if they agreed to participate in this study, a questionnaire would be administered to them. The respondent who freely agreed to be recruited could withdraw from the survey at any time without any prejudice.

3. Results

3.1. Sociodemographic data

Table 1 Distribution of study subjects according to sociodemographic data

Sociodemographic data		f (n=35)	%
Age (Years)	20 – 30	17	48.6
	31 – 41	11	31.4
	42 – 52	7	20.0
Sex	Male	21	60.0
	Feminine	14	40.0
Qualification	State diploma	3	8.6
	Graduated	19	54.3

	Licensed	13	37.1
Staff category	Administrative	10	28.6
	Medical	5	14.3
	Paramedical	20	57.1
Seniority (Years)	1 – 5	16	45.7
	6 – 10	10	28.6
	11 – 15	9	25.7

Analysis of this table shows us that 17(48.6%) of the subjects studied were aged 20 to 30, the majority of whom were men 21(60.0%), compared to 14(40.0%) of women. Concerning their qualification, graduates were mainly represented 19(54.3%) followed by licensees 13(37.1%); paramedical personnel were the most represented 20(57.1%) and in terms of professional seniority, 16(45.7%) of subjects had already completed 1 to 5 years.

3.2. Application of the Panel meeting-discussion method at the GRH/Makiso

Table 2 Distribution of subjects studied according to whether the Panel meeting-discussion method is applied in the hospital

Variables analysed		**f (n=35)**	**%**
Participants in Panel discussions	Service managers	24	68.6
	All staff from different departments	11	31.4
Rhythm of Panel discussion meetings	Weekly	5	14.3
	Monthly	10	28.6
	Casual	20	57.1
Topics to be regularly covered during Panel discussion meetings	Poor organization of services	10	28.6
	Staff bonus	8	22.9
	Poor resource management	7	20.0
	Embezzlement	6	17.1
	Conflict between staff members	4	11.4
Regular holding of panel meetings and discussions	Yes	15	42.9
	No	20	57.1
Composition of members of the Expert Jury	Director Physician	8	22.9
	Administrator Manager	6	17.1
	Director of Nursing	6	17.1
	Human Resources Director	6	17.1
	Executive secretary	5	14.4
	Accountant	2	5.7
	Head of staff doctor	2	5.7
Layout layout participants' place	Around a table	21	60.0
	Face to face	10	28.6
	One behind the other	4	11.4
Resolution mode internal hospital problems	Meeting	15	42.9

	Strike	12	34.3
	Dialogue	6	17.1
	Negotiation	2	5.7
Difficulties encountered during Panel discussions with the hierarchy	Non-application of resolutions formulated	13	37.1
	Conflicts between management and staff	10	28.6
	Blame by the hierarchy	7	20.0
	Initiation of disciplinary action	3	8.6
	Non-inclusiveness of staff members	2	5.7
Disadvantage of not applying Panel meeting-discussion	Lack of unity of command	14	40.0
	Poor organization of services	10	28.6
	Staff strike	7	20.0
	Poor resource management	4	11.4

In analyzing this table on the applicability of the Panel meeting-discussion method, it should be noted that the participants were mainly managers of departments 24(68.6%) and that the rhythm of the Panel meeting-discussions was often occasional 20(57.1%). The subjects to be discussed regularly during Panel discussion meetings concerned the poor organization of services 10(28.6%), followed by staff bonuses and poor resource management, respectively 8(22.9%) and 7(20.0%).

Furthermore, 20(57.1%) of the subjects in the study had affirmed the non-holding of regular meetings-discussions in Panel whose composition was dominated by the Director Physician 8(22.9%), the Managing Administrator, the Director of Nursing, the Director of Human Resources 6(17.1%). The arrangement of Panel meetings-discussions was most often around a table 21(60.0%) and that holding the meeting 15(42.9%) was the method of resolving the hospital's internal problems. Finally, the non-application of resolutions formulated 13(37.1%) was the main difficulty encountered during Panel discussions with the hierarchy and that the absence of unity of command and poor management of services were the main disadvantages of not-Panel meeting-discussion application, respectively 14(40.0%) and 10(28.6%).

4. Discussion

4.1. Participants in Panel discussions

The vast majority of service managers 24(68.6%) participated in Panel discussion meetings within the General Reference Hospital of Makiso/Kisangani. The resulting interdisciplinarity proves enriching as long as sufficient communication allows the coordination and complementarity of each person's knowledge and skills. If communication is lacking, the phenomena induced by new management methods of hyperspecialization, fragmentation of tasks, changes to structures and teams as well as ignorance of the activities of certain colleagues can become significant areas of friction between professionals. Diversity, instead of being a source of wealth, then becomes a stumbling block which results in compartmentalization between services.

According to Berchem [12], multidisciplinary consultation meetings bring together doctors (oncologist, radiotherapist, digestive and visceral surgeon, etc.) and health professionals (Psychologist, Breast Care Nurse, etc.), meeting at regular intervals to discuss together patient files in order to offer them a personalized treatment regimen. Communication at the institutional level is a challenge to overcome. For the entire hospital organization is based on the coherence of the actions of each of the categories of staff involved in the care process, all of whom have more or less direct contact with the patient [9].

Given that it is the department heads who regularly participate in the discussion meetings, we believe that this situation would be one of the causes of the non-resolution in full of the problems encountered in different departments. However, the participants in the Panel discussion meeting can be both the heads of departments and other categories of hospital staff. However, the jury of experts may be made up of management executives.

4.2. Rhythm of Panel discussion meetings

The pace of Panel discussion meetings was often occasional 20(57.1%). Mbwiya [20] states in his study conducted in the Gombe-Matadi and Maluku II Health Zones in 2016, which communication was ensured through group meetings. It also emerged that interpersonal communication was carried out through circulars or by telephone. It emerged that the meetings were held once a week and that all members actively participated.

Communication is central since organization within the hospital is only made possible by the interaction of a multitude of actors acting with a view to an institutional objective. The hospital can be considered as an independent entity on an economic and legal level, etc. but it is nevertheless linked to the men who make it up. The hospital is given characteristics similar to those of human beings; reference is made to the "death" of a hospital, to its vision, to its "culture", even to its identity [12].

According to the respondents, the meetings made it possible to make decisions as a group, particularly to resolve the hospital's various problems. However, members do not agree on the days on which these meetings will be held. Some spoke of Monday, others of Wednesday and a last group of Friday.

4.3. Themes to be covered during panel discussion meetings

The subjects to be discussed regularly during Panel discussion meetings concerned the poor organization of services 10(28.6%), followed by staff bonuses and poor resource management, respectively 8(22.9%), and 7(20.0%).

In view of these results, we noted that the hierarchical authorities of the hospital resort to Panel meetings to resolve problems related to the organization and operation of services, although they do not apply the resolutions found during these meetings. The strike was not the ideal way and should only be resorted to if all other possibilities have been exhausted.

However, the method of large group discussion practiced with the perspective of better information and a more democratic development of solutions when collective problems arise. So to obtain good results in the event of disputes in the institution, the management committee must organize the meetings.

To run the hospital, freedom of expression and the participation of all service members must triumph. Liberty must not only be tolerated but strictly recommended; the more staff participates, the more they talk, the more things are remedied.

In view of this result, we see that the poor organization of services is a serious problem that is regularly addressed in meetings. We share this opinion because when there is disorganization within the institution, diversion and conflict among staff, the smooth running of the structure is disrupted.

4.4. Regular holding of panel discussions meetings

According to our analyses, 20(57.1%) of the subjects studied stated that Panel discussion meetings were not held regularly. Unlike our study, Mbwiya [20] in his study on "Problem of the effectiveness and functionality of management teams in Health Zones. Case study of the Gombe-Matadi and Maluku II Health Zones" reported that meetings of the management teams of these two Health Zones were held regularly, i.e. once a week.

If in an institution the hierarchy must be aware of the problems happening in the institution, they must in turn inform the staff concerned in order to find effective solutions overall. If the hospital institution must, of course, continue to offer care services to those who need it, it must no longer be thought of solely from the angle of charity - or of its sole mission of care. Subject to the same rules as the private company, it must take care of its budgets and report on them. Decisions on financing depend on these, but also on the pursuit of objectives or their adjustments, based on precise management indicators.

4.5. Composition of the members of the Expert Jury

According to the subjects under study, the composition of the members of the Expert Jury was respectively dominated by the Medical Director 8(22.9%), the Managing Administrator 6(17.1%), the Director of Nursing 6(17.1%), and the Human Resources Director 6(17.1%).

The results of our study confirm the literature According to Romelaer [10] which specifies that within an organization, most human activities are not individual and solitary activities: they are the product of the concerted and coordinated

actions of several people. Consultation and coordination cannot therefore be done without close collaboration between the actors concerned.

According to Mbwiya [20], none of the ZS was formed in compliance with the standards in force of the Ministry of Health (they are made up of 9 and 8 members respectively) and the Chief Nurse of HZMT1 (Health Zone management team) go so far as to cite the sector head as a member of the HZMT and those of HZMT2 speak of 12 people being part of the HZMT.

This result is similar to that found in the DRC (2009) by Mboko on the analysis of cases of technical guidance of work teams, which revealed that: the number of HZMT members varies according to the particularities of each zone [21]. It amounts to saying in the face of this result that the members of the HZMT do not share with the Chief Nurse on the managerial organization of the health zone. However, this result is contrary to that found in Cameroon in 2011, by Marie Mba [22], who revealed that the DMT (District Management Teams) was made up of 5 members.

We think that the Panel discussion meeting should be made up of interdisciplinary people working in interaction as desired by Gonse and Aube [23, 2]. These teams include Doctors, Managing Administrators and Nurses. These categories comply with those required by the standards in force in DR Congo [24]. However, although certain professional categories have multiplied in hospitals, in contradiction with standards, we note the absence of pharmacists. This situation is similar to that deplored by the WHO in 2007 in Ivory Coast [25].

4.6. Method of resolving internal hospital problems

It was observed that holding 15(42.9%) meetings was the method of resolving the internal problems of the hospital.

According to Haberey-Knuessi, et al, the Panel group (expert jury and participants) meets around a table or in front of the Panel, in order to follow the debate [13]. Whenever there are small differences, they come together to bring peace. Maintaining a good working climate is done by organizing permanent dialogues through meetings, by respecting everyone's responsibilities, and by applying rules of politeness. During the meeting, the elders listen and give advice to the members and sometimes we eat together [20].

The problems to be solved include overflowing emergency departments, areas without hospitals, poor working conditions and low salaries for healthcare professionals. The crisis in France's hospital-centric healthcare system has many facets. We support this arrangement that the Panel discussion meeting be held around a table, because it allows each participant to follow and express themselves among colleagues and not between bosses and subordinates.

Resolving internal problems within the hospital can be achieved through the quality of local management, the hospital's ability to offer staff opportunities for collective exchange, valuing and recognizing teams, and increasing skills through ongoing training are key steps towards a better working environment.

4.7. Difficulty encountered during panel discussions with management

We noted several difficulties encountered during the Panel discussions with the hierarchy, including the non-application of the resolutions formulated 13(37.1%) was the main difficulty encountered during the Panel discussions with the hierarchy, followed by the existence of conflicts between hierarchy and staff 10(28.6%) and blame by hierarchy 7(20.0%).

The functioning of a group like a team has been studied by several authors. Work teams usually report to an immediate superior, even when management responsibilities are delegated to them [2]. Ultimately, it is the superior who is responsible for the functioning and performance of the teams on an organizational level.

In most hospitals, the management committee does not inform staff and management of problems concerning them. This state of affairs is not recommended because if all staff is not informed of the problems happening within the institution, there will be a risk of poor organization regularly observed in the services. If in an institution the hierarchy must be aware of the problems happening in the institution, it must in turn inform the staff concerned in order to find effective solutions overall.

4.8. Disadvantages of not applying Panel meeting-discussion

We noted that the absence of unity of command and poor management of services were the main disadvantages of non-application of Panel meeting-discussion, respectively 14(40.0%) and 10(28.6%).

The multiplication of information and the ever-increasing flow of data to manage constitute a growing difficulty as institutions merge and their structures become more complex. The often nebulous distribution of responsibilities in a multiplied hierarchy [8], accompanying structural changes which can be quite vague, contributes to the loss of information and the difficulty of establishing quality communication with the different actors.

This coordination is made all the more necessary as activities diversify within the hospital with increasing specialization and work whose interdisciplinary nature has never been so developed. The advantage of holding meetings is to resolve problems related to the organization of institutions by formulating recommendations that must actually be implemented. However, the non-applicability of the resolutions formulated during the Panel meetings constitutes an obstacle to the proper functioning of the hospital, and it will be difficult to see whether the hospital is moving in the right direction or not. Also, it should be noted that the resolutions formulated must naturally comply with the standards established for the operation of a hospital.

5. Conclusion

Team dynamics are a fundamental motivational factor. The team is therefore of fundamental importance in the communication process within the institution.

The team is a privileged space for managers, the place where very strong and very dense interactions can take place. In a team, the different people agree to carry out a common work and it is this work which unites them and gives each person their feeling of belonging.

Finally, teamwork makes everything easier and we can only obtain satisfaction from agents and executives by reducing the psychological burden. However, according to her, this requires increasing the time for team debriefing, discussion around difficult situations, and consultation on how to approach a diagnosis or deal with a patient's behavior as well as time for sharing emotions. Failure to hold regular discussion meetings can lead to cumbersomeness in making important decisions that can lead to the smooth running of the hospital.

Compliance with ethical standards

Disclosure of conflict of interest

The authors believe that there are no conflicts of interest in the conduct of this study.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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