The Role of Communication in Administrative Decision-Making: A Field Study at the Specialized Mother-and-Child Hospital Establishment "Meriem Bouatoura" Batna

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Abstract :

This study examines the role of communication in administrative decision-making at the specialized mother-and-child hospital establishment "Meriem Bouatoura" in Batna, Algeria. It asks how communication contributes to decision-making, together with three sub-questions: whether barriers affect communication in the decision-making process, who takes decisions in the establishment and on what basis, and what the specific role of communication is. A descriptive approach was used for the theoretical framework, which covers organizational communication, administrative decision-making and its actors, and an analytical approach for the field study, which is based on a questionnaire distributed to the establishment's staff between 12 January and 11 April 2025. The findings, which reflect respondents' perceptions, indicate that communication is regarded as essential to the speed and prioritization of decisions; that organizational, human and technical barriers hinder communication within the establishment; and that decisions are mostly taken collectively or jointly by the director and the governing bodies. These findings are descriptive. They support neither causal inference nor generalization beyond the establishment studied.

Keywords: administrative communication; organizational communication; administrative decision-making; specialized hospital establishment; communication barriers.

El papel de la comunicación en la toma de decisiones administrativas: un estudio de campo en el establecimiento hospitalario especializado maternoinfantil «Meriem Bouatoura» de Batna

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Resumen

Este estudio examina el papel de la comunicación en la toma de decisiones administrativas en el establecimiento hospitalario especializado maternoinfantil «Meriem Bouatoura», situado en Batna, Argelia. La investigación plantea cómo contribuye la comunicación a la toma de decisiones y aborda tres preguntas específicas: si existen barreras que afectan a la comunicación durante este proceso, quiénes toman las decisiones en el establecimiento y sobre qué bases, y cuál es la función específica de la comunicación. Se utilizó un enfoque descriptivo para el marco teórico, que comprende la comunicación organizacional, la toma de decisiones administrativas y sus actores, y un enfoque analítico para el estudio de campo, basado en un cuestionario distribuido al personal del establecimiento entre el 12 de enero y el 11 de abril de 2025. Los resultados, que reflejan las percepciones de las personas encuestadas, indican que la comunicación se considera esencial para la rapidez y la priorización de las decisiones; que las barreras organizacionales, humanas y técnicas dificultan la comunicación dentro del establecimiento; y que las decisiones se toman principalmente de forma colectiva o conjuntamente entre el director y los órganos de gobierno. Estos resultados son descriptivos y no permiten establecer inferencias causales ni generalizar las conclusiones más allá del establecimiento estudiado.

Palabras clave: comunicación administrativa; comunicación organizacional; toma de decisiones administrativas; establecimiento hospitalario especializado; barreras de comunicación.

Introduction

Communication is the network that links an organization's structures and units, and it is through communication that integration among their activities is achieved, since no part of an organization can operate in isolation from the others. Information has become a strategic resource on which decision-makers depend. The success of an administrative decision rests largely on the accuracy of the information required and on its availability at the right time, which effective communication provides, whereas defective communication becomes an obstacle that prevents the organization from reaching its goals. This relationship is all the more important in hospital establishments, whose work requires constant coordination between medical and administrative staff.

Against this background, the central research question of the study is the following: how does communication contribute to decision-making? Three sub-questions follow from it. Are there barriers that

affect communication in the decision-making process? Who takes decisions in the hospital establishment, and on what basis? And what, precisely, is the role of communication in decision-making within it?

To answer these questions, three hypotheses were formulated. The first is that there are barriers that affect communication in the decision-making process. The second is that decisions in the hospital establishment are made through the combined efforts of several bodies and actors, each according to its authority and powers. The third is that the main purpose of using communication is to arrive at sound decisions at the right time.

The significance of the study stems from the fact that communication and decision-making are complementary functions of the administrative process, on which the effectiveness and efficiency of an organization depend. The study aims to identify the types of administrative communication in theory and how they are applied in practice in the hospital establishment; to identify the actors involved in decision-making within it; to assess the attention it gives to communication across its levels and the effect of communication on the decision-maker; and to reach findings that clarify the role of communication in guiding decisions so that they are taken at the right time.

A descriptive approach was adopted in the theoretical part in order to define concepts on the basis of books and academic theses, and an analytical approach in the applied part, in which primary data were collected by a questionnaire distributed to the staff of the specialized mother-and-child hospital establishment "Meriem Bouatoura" in Batna, then analyzed and interpreted in order to answer the study's questions. The study is delimited spatially to this establishment, temporally to the period from 12 January to 11 April 2025, and in terms of population to its staff.

To address the research question, the article is divided into two axes. The first sets out the theoretical foundations of organizational communication and administrative decision-making, the actors involved in the hospital establishment, and the relationship between the two. The second presents the field study, its findings and their discussion. A conclusion then sets out the main findings and recommendations.

First Axis: Theoretical Framework: Communication and Administrative Decision-Making in the Hospital Establishment

I. Organizational Communication

A – Concept and elements

The concept of communication varies across disciplines. Anthropologists regard it as a complex network of meanings among the members of social units of varying size and complexity, with every social behavior involving implicit or explicit communication.[1] In an organizational setting, it covers all the processes through which messages are conveyed among the parties to an organization, whether individuals or groups, within the formal and the informal organization; no organization can be imagined without a formal or informal communication network.[2] Communication requires more than the mere transmission of information. For Drucker, it is bound up with the perception of the message and with what the recipient expects.[3] For Lehisch, it is broader than information because it places individuals in relationships that facilitate collective action, whereas information remains one-directional.[4]

[1]Abdelghaffar Rachad, Studies in Communication, Nahdat al-Sharq Library, Cairo University, 1984, pp. 8–12 (in Arabic).

[2]Nasser Qasimi, Communication in the Organization: A Theoretical and Applied Study, University Publications Office, Algiers, n.d., p. 8 (in Arabic).

[3]Peter Drucker, Management: Tasks, Responsibilities, Practices, vol. 2, trans. Abdelkarim, International House for Publishing and Distribution, Cairo, 1st ed., 1996, p. 136 (Arabic translation).

[4]J.P. Lehisch, La communication dans l'entreprise, P.U.F., 3rd ed., Paris, 1991, p. 120.

Communication is thus characterized by interaction between sender and receiver, whereas information is confined to conveying a piece of news without a response.

Communication matters in the organization as a tool that links its internal components to one another and to its environment, as a means of improving performance and of exchanging ideas between superiors and subordinates, and as a way of countering rumors.[5] The communication process rests on two principal participants (the sender and the receiver), two instruments (the message and the channel), a set of functions (encoding, decoding, response and feedback), and one fundamental obstacle, noise.[6] Feedback is particularly important in the context of decision-making because it makes it possible to gauge the level of understanding achieved by the recipient and to correct the content of the message. Noise is of two kinds: informational noise, resulting from technical, material or psychological interference in the path of the message,[7] and linguistic noise, resulting from misunderstanding of the content because of differences in educational or perceptual level or weak communication skills.[8]

B – Types of communication

Internal communication is classified according to several criteria.[9] In terms of formality, a distinction is drawn between formal communication, which follows the channels laid down by the organizational structure, and informal communication, which takes place outside them. The literature shows that informal communication is not limited to rumors: it spreads quickly, supports formal communication and provides the manager with information about subordinates and their responses, although the length of its transmission chain increases the likelihood of error.[10] In terms of direction, a distinction is made between downward communication, through which orders, instructions and policies pass from senior management; upward communication, through which reports, inquiries and complaints reach management and which constitutes a feedback that tells management whether downward communication has been understood;[11] and horizontal communication among units at the same level, which is consultative in character and encourages cooperation and coordination.[12] Upward and horizontal communication bear on decision-making in particular, because without reports senior management can neither monitor performance nor decide on future programs.

C – Barriers to communication

The obstacles to communication are many and vary from one organization to another.[13] The most important include difficulties in determining which information should be disseminated, to whom and when; the accumulation of unnecessary information; time pressure; and bureaucratic obstacles that block formal channels and delay decisions, pushing people toward informal communication and rumor, since an imbalance between formal and informal communication is one of the main causes of poor

[5]Hanaa Hafez Badawi, Communication between Theory and Practice, Modern University Office, Alexandria, 2003, p. 22 (in Arabic).

[6]Houda Hafs, Communication and Administrative Writing, Dar al-Ajyal al-Raqmi, Algiers, 2023, p. 21 (in Arabic).

[7]Abdelmoati Mohamed Assaf, Communication and Public Opinion, Dar Hamed, Amman, 2001, p. 58 (in Arabic).

[8]Hafs, op. cit., p. 25.

[9]Mohamed Bahjat Kashk, Organizations and the Foundations of Their Management: An Introduction to the Management of Social Institutions, Modern University Office, Cairo, 1999, pp. 265–266 (in Arabic).

[10]Hafs, op. cit., p. 27.

[11]Hafs, op. cit., p. 28.

[12]Hafs, op. cit., p. 30.

[13]Houria Sharit, The Place of Communication in Algerian Public Economic Enterprises: A Case Study of the Bags and Boxes Company of Oued Smar, unpublished master's thesis, University of Algiers, Faculty of Political Science and Information, Algiers, 199/2000, pp. 134–137 (in Arabic).

communication.[14] To these are added psychological barriers, as information is a site of competition: some officials may withhold part of it to strengthen their positions, and some subordinates may withhold their views for fear of embarrassment. There are also barriers on the part of the sender (psychological state), the receiver (listening, perception, background and distrust of management) and the channel (poor choice), as well as natural barriers. The principles of good communication can be summarized as clarity of the message, sufficiency of information, speed of transmission, issuance of the message by its true source, integration and coordination, and participation.

II. The Administrative Decision and Its Actors in the Specialized Hospital Establishment

A – The decision and its stages

The administrative decision is defined as the choice of the most suitable of the available alternatives after studying the expected consequences of each in light of the objectives.[15] It is distinguished from the decision-making process, a series of interrelated steps that begins with diagnosing the problem and ends with implementing the decision, following it up and evaluating the effectiveness of the chosen alternative.[16] The process passes through five stages: defining the problem; collecting data and information; identifying and evaluating alternatives; choosing the appropriate alternative; and following up implementation. Data and information occupy a central position among the elements of the decision, alongside the decision-maker, the subject, the objectives, forecasting, the alternatives and the constraints.[17] This makes communication, as the means of conveying information, a basic element in the stages of the decision and in its implementation.

B – The actors in decision-making

Several actors take part in decision-making within the specialized hospital establishment, each according to its field of competence and the tasks assigned to it. The director is appointed by decision of the Minister in charge of Health and removed from office in the same manner, and is responsible for managing the establishment.[18] The director represents the establishment before the courts and is its authorizing officer; prepares the draft budget and the internal regulations; implements the deliberations of the board of directors; draws up the annual activity report; and exercises hierarchical authority over staff. The Medical Council is an advisory body that gives opinions on relations among medical services, equipment programs, the construction of services and health programs.[19] It has no decision-making power, but the scientific and professional weight of its members makes its opinion a source of legitimacy for decisions and a cover for the director before supervisory and oversight bodies, so the director seeks its support.

The Board of Directors includes representatives of several bodies (the governor [wali], the financial administration, social-security bodies, staff, the association of health service users and the president of the Medical Council, among others) for a three-year term, and deliberates on the development plan, the draft budget, the accounts, investment projects, the internal regulations and contracts with partners. It is the highest authority in the establishment, but it decides rather than manages: proposals come from the

[14]Hafs, op. cit., p. 37.

[15]Houcine Belaajouz, Introduction to Decision Theory, University Publications Office, 2010, p. 99 (in Arabic).

[16]Houcine Meriem, Principles of Modern Management: Theories, Administrative Processes, Organizational Functions, 1st ed., Dar wa Maktabat al-Hamid, Amman, 2006, pp. 87–88 (in Arabic).

[17]Farid Belkhir Kortel and Ilham Boughlitha, Communication and Decision-Making, Dar Kunuz al-Ma‘rifa for Publishing and Distribution, Amman, 2010, pp. 154–155 (in Arabic).

[18]Executive Decree No. 97-465 of 2 Chaabane 1418 (2 December 1997) laying down the rules for the creation, organization and operation of specialized hospital establishments, Official Gazette of the Algerian Republic, No. 81, 10 December 1997.

[19]Article 20 of Executive Decree No. 97-465, op. cit.

administration, and the board approves, amends or rejects them.[20] Its influence may be weakened by the frequent turnover of its members and by the fact that its ordinary session is held only every six months, which makes its approval a safeguard for the director in managerial acts. The joint committee has an equal number of representatives of the administration and of staff elected by their peers and is chaired by the director. It decides on individual human-resources matters (confirmation of trainees, promotion, compulsory transfer, and disciplinary sanctions of the third and fourth degrees),[21] and its opinions are advisory except in specified cases in which they are binding.

C – Factors influencing the decision

The choice among alternatives is influenced by human and organizational factors. On the one hand, the director's psychological traits, experience and personal goals affect the quality of the decision and the way it is taken,[22] and the director's assistants affect how information is presented: they may withhold information about obstacles to work for fear of the director's reaction, so that decisions are based on incomplete or distorted information.[23] On the other hand, organizational factors matter: the type of organization, the number of levels and the size of units, the communication methods that determine the flow and accuracy of information, formal and informal forces, delegation of authority and span of control.[24]

III. Communication, Decision-Making and Digitization

The soundness and rationality of administrative decisions depend on the effectiveness of the communications through which the manager obtains information, and this effectiveness is tied to the manager's ability to listen to subordinates, to learn of their feedback and to take account of the timing of communication.[25] Information is among an organization's most important resources: it reduces the complexity of a decision arising from the multiplicity of factors, and it links the levels of the organization internally and the organization to its environment externally.

In hospital establishments, the health sector is moving toward generalized digitization, with the aim of converting services into digital form and managing the medical file electronically. The establishment studied has software that supports management and decision-making at different levels: MDO, for reporting diseases subject to compulsory declaration and linked to the Ministry of Health's database; Mini-GMAO, for monitoring and managing medical equipment and tracking the condition of medical devices; PATIENT, a local network linking the patient admissions office with the medical services and the computing office so that the patient's mobile card can be tracked by medical, paramedical and administrative actors; IKOLAB, the information system of the medical analysis laboratory; DEM, the electronic medical file, which aims to support medical decisions by facilitating access to the patient's health information; and EPIPHARM, for managing medicines in the central pharmacy and tracking the turnover of stock. Law No. 18-11 on health provides for a single medical file for each patient at the national

[20]Mourad Chelabi, Administrative Decision-Making in the Public Hospital Establishment: The Oued Zenati Hospital as a Case, dissertation for the specialized post-graduate training diploma (administration and finance), University of 8 May 1945, Guelma, Faculty of Law and Political Science, Department of Legal and Administrative Sciences, 2017–2018, p. 21 (in Arabic).

[21]Article 12 of Executive Decree No. 20-199 of 4 Dhu al-Hijja 1441 (25 July 2020) on joint administrative committees, appeals committees and technical committees in public institutions and administrations, Official Gazette of the Algerian Republic, No. 44, 30 July 2020.

[22]Ahmed Bouchenafa, Quantitative Analysis Methods in Administrative Decision-Making: The Case of the Algerian Public Economic Enterprise, State doctoral thesis in management sciences, Algiers, 2000–2001, p. 117 (in Arabic).

[23]Nawaf Kanaan, Administrative Leadership, Dar al-'Ulum, Riyadh, Saudi Arabia, 1980, p. 325 (in Arabic).

[24]Kamal Hamdi Abu al-Khair, Fundamentals of Organization and Management, Ain Shams Library, Cairo, 1977, pp. 306–307 (in Arabic).

[25]Khadija Ladra and Leila Abderrahim, Administrative Communication as a Tool for Decision-Making in the Organization, p. 11 (in Arabic).

level[26] and requires structures and establishments to prepare an information file, keep it up to date and preserve the confidentiality of its data.[27] The advantages attributed to the digitization of communication include faster information flow, better information quality and greater transparency, while the challenges it faces relate to cybersecurity, privacy, access to technology and training.

This theoretical review leads to three propositions that guide the field study. First, the quality and timing of a decision are tied to the information that communication conveys. Second, organizational, human and technical barriers may disrupt this transmission. Third, decision-making in the hospital establishment involves several actors, which makes communication among them a condition for the coherence of the decision.

Second Axis: The Field Study at the Specialized Hospital Establishment "Meriem Bouatoura"

I. The Establishment Studied

The specialized mother-and-child hospital establishment "Meriem Bouatoura" is a public administrative institution endowed with legal personality and financial autonomy. It was added to the list of specialized hospital establishments by Executive Decree No. 07-204 of 30 June 2007.[28] It is located in the center of Batna wilaya on a site of approximately 8,000 square meters and serves more than 1.5 million inhabitants spread over 61 communes, in addition to residents of neighboring wilayas. Under the joint ministerial decision of 25 July 2013, it carries out university-hospital activities. It comprises clinical services (neonatology, 24 beds; pediatric surgery, 24 beds; pediatrics, 26 beds; gynecology and obstetrics, 120 beds) and technical units (emergency, laboratory, radiology, pharmacy, operating theaters and medical monitoring), together with an office of epidemiology and preventive medicine, and it is classified in category "C".

Its organizational structure consists of a director who directly supervises a general organization office and a communication office responsible for internal and external communication and public relations, together with three sub-directorates: means management, health activities, and economic services, infrastructure and equipment, each comprising a number of offices.

II. The Sample and the Research Instrument

A purposive sample of the establishment's staff was used. Sixty questionnaires were distributed and 49 were returned, all of them usable for analysis (a return rate of 81.7%). Respondents belonged to several job categories: administrative (31 respondents, 63.3%), paramedical (8, 16.3%), medical (6, 12.2%), midwives (3, 6.1%), and workers and professional agents (1, 2.0%). Women were slightly in the majority (26 respondents, 53.1%); the best-represented age group was 41–50 (36.7%), followed by 31–40 (28.6%); the largest educational category was "baccalaureate or below" (26.5%), followed by master's degree holders (18.4%); and length of service varied (6–10 years: 28.6%; more than 21 years: 24.5%). This composition means that the results reflect, first and foremost, the perceptions of administrative staff, and that the medical staff are only modestly represented in them.

[26] Article 26 of Law No. 18-11 of 18 Chaoual 1439 (2 July 2018) on health, Official Gazette of the Algerian Republic, No. 46, 29 July 2018.

[27] Article 292 of Law No. 18-11, op. cit.

[28] Executive Decree No. 07-204 of 15 Joumada al-Thania 1428 (30 June 2007) supplementing the list of specialized hospital establishments annexed to Executive Decree No. 97-465 of 2 Chaabane 1418 (2 December 1997) laying down the rules for the creation, organization and operation of specialized hospital establishments, Official Gazette of the Algerian Republic, No. 43, 1 July 2007.

The questionnaire was the main instrument for collecting data, which are processed quantitatively for comparison with the hypotheses.[29] It was designed on the basis of the theoretical framework and consists of four sections: personal and occupational information; the role of communication in decision-making; barriers to communication; and who takes decisions and on what basis. Each of the last three sections contains 12 items, most of them closed questions with a yes/no answer or multiple-choice options. The data are presented as frequencies and percentages, and no inferential tests were used.

III. Presentation of the Findings

A – The role of communication in administrative decision-making

Table 1: Items in the communication-role section answered yes/no (N = 49)

Statement	Yes (n, %)	No (n, %)
Clarity and quality of communication affect the speed of decision-making	47 (95.9%)	2 (4.1%)
Communication techniques (meetings, reports) help to set decision priorities	48 (98.0%)	1 (2.0%)
Effective communication between management and doctors/staff is necessary for sound decisions	46 (93.9%)	3 (6.1%)
Communication between nurses and doctors contributes to better medical decisions	48 (98.0%)	1 (2.0%)
Modern means of communication (e-mail, mobile phone) improve decision-making	45 (91.8%)	4 (8.2%)
Traditional means (face-to-face meetings) influence management decisions better than modern ones	39 (79.6%)	10 (20.4%)
Meeting schedules are set, or decisions are discussed	43 (87.8%)	6 (12.2%)
A clear communication mechanism exists among doctors, paramedical staff and management	36 (73.5%)	13 (26.5%)
Communication problems between departments affect decision-making	32 (65.3%)	17 (34.7%)

Source: Questionnaire results.

Table 2: Multiple-choice items in the communication-role section (N = 49)

Question	Options (n, %)
Assessment of the effect of communication between departments on decision-making	Excellent 6 (12.2%); very good 20 (40.8%); good 18 (36.7%); average 5 (10.2%); weak 0
Management's listening to staff opinions	Always 20 (40.8%); sometimes 23 (46.9%); rarely 6 (12.2%)
Ways of improving communication between departments	New techniques 21 (42.9%); more effective communication mechanisms 19 (38.8%); staff training 9 (18.4%)

[29]Saïd Sabaoun and Hafsa Djeradi, Scientific Research in the Social and Human Sciences, 4th ed., Dar Zaiyache for Printing and Publishing, Algiers, 2012, p. 89 (in Arabic).

Source: Questionnaire results.

The results show a near-consensus on the importance of communication for decision-making: more than 90% of respondents link the clarity of communication to the speed of decisions, consider communication necessary, and regard its techniques as helpful in setting priorities. The assessment of communication between departments leans positive (89.7% describe it as good or better, and no one describes it as weak), yet 65.3% nevertheless report problems between departments that affect decisions. This points to communication that is generally satisfactory but not free of obstacles. The preference of 79.6% for traditional means, alongside the 91.8% who acknowledge the usefulness of modern means, should not be read as a contradiction, because the two questions are worded differently; together they point to the value of direct interaction in important discussions alongside reliance on modern means. As for participation, only 40.8% consider that management always listens to their opinions, whereas 59.2% consider that it does so sometimes or rarely. The proposed ways of improving communication were ranked as follows: new techniques (42.9%), more effective mechanisms (38.8%) and, lastly, training (18.4%).

B – Barriers to communication in the decision-making process

Table 3: Items in the communication-barriers section (N = 49)

Statement	Yes (n, %)	No (n, %)
Lack of training in communication skills affects the effectiveness of decisions	43 (87.8%)	6 (12.2%)
Body language and non-verbal expression affect communication among staff	42 (85.7%)	7 (14.3%)
Psychological pressure and tension affect effective communication when decisions are taken	47 (95.9%)	2 (4.1%)
Cultural and social barriers affect communication and decision-making	41 (83.7%)	8 (16.3%)
Heavy administrative workloads affect staff's ability to communicate	45 (91.8%)	4 (8.2%)
Technical conditions (e.g., internet outages) are an obstacle to communication	38 (77.6%)	11 (22.4%)
Management delays decisions because of communication problems	31 (63.3%)	18 (36.7%)
The establishment lacks sufficient guidance in managing communications	25 (51.0%)	24 (49.0%)
There are obstacles between directorates that affect the flow of information	31 (63.3%)	18 (36.7%)
Communication between management and staff is affected by personal factors (disputes, tensions)	33 (67.3%)	16 (32.7%)
A periodic mechanism exists for dealing with communication problems	32 (65.3%)	17 (34.7%)

Source: Questionnaire results.

Table 4: Proposed mechanisms and ways of overcoming the barriers

Question	Options (n, %)
Mechanism proposed by respondents who answered yes on the periodic mechanism (N = 32; percentages calculated from the frequencies)	Strengthening relations among the establishment's services 10 (31.3%); dialogue and dispute settlement 7 (21.9%); short meetings between management and staff 6 (18.8%); internal meetings 4 (12.5%); dialogue 3 (9.4%); attention to the information system 2 (6.3%)
Ways of overcoming communication barriers (N = 49)	Modernizing technological means 18 (36.7%); strengthening relations among departments 18 (36.7%); improving training 13 (26.5%)

Source: Questionnaire results.

The barriers identified fall into three levels. At the organizational level, 63.3% pointed to obstacles between directorates that impede the flow of information, and a similar proportion to delays in decisions caused by communication problems, whereas opinion was almost evenly divided on the lack of guidance in managing communications (51% against 49%). At the human level, psychological pressure (95.9%), administrative workload (91.8%), body language (85.7%), cultural and social barriers (83.7%) and personal disputes (67.3%) stand out, which corresponds to what the first axis said about psychological barriers and barriers on the part of the sender and receiver. At the technical level, 77.6% consider internet outages an obstacle to communication. Lack of training is seen by 87.8% as affecting the effectiveness of decisions, yet it comes last among the solutions proposed (26.5% in the barriers section and 18.4% in the communication-role section), and the data do not explain this discrepancy. A total of 65.3% consider that there is a periodic mechanism for dealing with communication problems, and those who answered yes (32 respondents) proposed approaches, chiefly strengthening relations among the establishment's services (10 mentions) and then dialogue and dispute settlement (7). Respondents who answered no (17) were not asked to propose anything, and their number matches the number of those who gave no proposal.

It should be noted methodologically that most items in this section ask whether a given factor "affects" communication. They therefore capture belief in the importance of the factor rather than measuring how widespread it actually is in the establishment. The items that describe the establishment's situation directly are those on delays caused by communication problems, guidance, obstacles between directorates, and the existence of a periodic mechanism for dealing with problems.

C – Who takes decisions in the hospital establishment, and on what basis

Table 5: Decision-makers and the basis of decisions (N = 49)

Statement	Yes (n, %)	No (n, %)
Decisions are taken on the basis of medical data and research	41 (83.7%)	8 (16.3%)
Clear criteria are used when decisions are taken	39 (79.6%)	10 (20.4%)
The medical and administrative team takes part in decision-making	38 (77.6%)	11 (22.4%)
Decisions rely on medical observations only	13 (26.5%)	36 (73.5%)
Priority is given to the medical opinion in medical decisions	40 (81.6%)	9 (18.4%)
Some decisions are taken on the basis of administrative recommendations only	39 (79.6%)	10 (20.4%)

Statement	Yes (n, %)	No (n, %)
Patients take part in some medical decisions	22 (44.9%)	27 (55.1%)
Experts in various specialties are consulted	40 (81.6%)	9 (18.4%)
Decisions are taken on the basis of ethical and professional standards	35 (71.4%)	14 (28.6%)
Implementation of decisions is followed up to ensure that they are carried out	37 (75.5%)	12 (24.5%)

Source: Questionnaire results.

Table 6: Decision-makers and the basis of decisions (multiple-choice items, N = 49)

Question	Options (n, %)
Who takes the decision?	A group (bodies and organs) 23 (46.9%); one individual 3 (6.1%); both together 23 (46.9%)
Basis of the decision	The general interest of the establishment 35 (71.4%); individuals' needs 14 (28.6%)

Source: Questionnaire results.

Most respondents consider that decisions are not taken by one individual (only 6.1%) but by a group of bodies and organs (46.9%) or by the director and the bodies together (46.9%). This is consistent with the plurality of bodies whose competences are defined by legislation (the board of directors, the Medical Council and the joint committees), although the questionnaire did not ask about these bodies by name. Decisions appear to rest for the most part on medical data (83.7%), clear criteria (79.6%) and expert consultation (81.6%), with priority given to the medical opinion in medical decisions (81.6%). However, 73.5% consider that decisions are not confined to medical observations, and 79.6% acknowledge that some decisions are taken on the basis of administrative recommendations alone. Taken together, these results point to the coexistence of a medical and an administrative logic in decision-making, although the data do not reveal what kinds of decision respondents had in mind or how power is balanced between the two logics. The medical and administrative team takes part in decisions according to 77.6%, while patient participation appears limited (44.9% against 55.1%). A moderate majority consider that decisions are taken on the basis of the general interest of the establishment (71.4%) and of ethical and professional standards (71.4%), and 75.5% acknowledge that implementation of decisions is followed up.

IV. Discussion of the Findings and Testing of the Hypotheses

The findings indicate that staff perceive communication as the channel of information on which decisions rest. A total of 95.9% link the quality and clarity of communication to the speed of decisions; 98% consider that communication techniques help to prioritize decisions; 93.9% regard communication between management and staff as a condition for sound decisions; and 98% affirm that communication between nurses and doctors contributes to better medical decisions. These results are consistent with the theoretical view that information is a central element of decision-making and communication its carrier. The picture is not one-sided, however. The respondents who describe communication between departments as good or better (89.7%) are the same group, most of whom report communication problems between departments that affect decisions (65.3%) and obstacles between directorates (63.3%). This means that there is a gap between the importance acknowledged for communication and its actual practice. The same gap appears in listening: listening to subordinates and feedback are among

the conditions for effective communication that the theoretical framework highlighted, yet only 40.8% consider that management always listens.

As to the first hypothesis (the existence of barriers that affect communication), it is supported. A total of 65.3% point to communication problems between departments that affect decisions, 63.3% to obstacles between directorates, and 63.3% to delays in decisions caused by communication problems, and 51% see a lack of guidance in managing communications, in addition to the human and technical factors mentioned above. At the same time, most indicators measure respondents' belief that certain factors have an effect, and those that bear directly on the organizational reality do not reach consensus; moreover, 65.3% acknowledge the existence of a periodic mechanism for dealing with communication problems.

As to the second hypothesis (the combined efforts of several bodies and actors), it is supported at the level of general perception. About 93.8% of respondents see the decision as taken by a group of bodies or jointly by the director and the bodies, only 6.1% see it as individual, and 77.6% confirm the participation of both the medical and the administrative teams. This is consistent with the legal distribution of competences among the director, the board of directors, the Medical Council and the joint committees. The support remains general, since the questionnaire did not specify which bodies respondents had in mind or the weight of each body in the decision.

As to the third hypothesis (the main purpose of communication is sound decisions at the right time), it is partially supported at the level of perceptions. The high percentages relating to clarity and speed (95.9%), prioritization (98%) and the necessity of communication for sound decisions (93.9%) support this direction. The questionnaire, however, did not directly measure the quality of decisions or whether they were in fact taken at the right time, and no criterion for acceptance or rejection was set for testing the hypotheses. The hypothesis is therefore considered supported by respondents' perceptions rather than by objective indicators of the establishment's performance.

The limits of these findings should be noted. The study rests on a closed-question questionnaire administered in a single establishment, to a purposive sample of 49 staff members, of whom 63.3% were administrators and 12.2% doctors. No reliability or validity coefficients were reported for the instrument, and no comparisons across respondents' job categories or inferential tests were carried out. The findings therefore do not permit conclusions about causal relationships between communication and decision-making effectiveness, nor generalization to other establishments, and they reflect first and foremost the perceptions of administrative staff.

Conclusion

This study sought to clarify the role of communication in administrative decision-making at the specialized mother-and-child hospital establishment "Meriem Bouatoura" in Batna, drawing on a theoretical review of organizational communication, decision-making and its actors, and on a field study of 49 staff members. It reached a number of findings, which reflect respondents' perceptions.

First, communication is perceived as a basic element of decision-making: 95.9% link its clarity to the speed of decisions, 93.9% regard it as necessary between management and staff, 98% consider that its techniques help to set priorities, and 98% link communication between nurses and doctors to the quality of medical decisions. Second, both modern means (91.8%) and traditional means are valued (79.6% prefer face-to-face meetings for influencing decisions), and meeting schedules exist (87.8%), as does a clear communication mechanism among doctors, paramedical staff and management (73.5%).

Third, practice reveals gaps: problems between departments (65.3%), obstacles between directorates (63.3%), decisions delayed by communication problems (63.3%), and divided opinion on the adequacy of guidance (51% against 49%). Fourth, communication faces human, technical and training-related barriers: psychological pressure (95.9%), administrative workload (91.8%), lack of training

(87.8%), body language (85.7%), cultural and social barriers (83.7%), internet outages (77.6%) and personal disputes (67.3%).

Fifth, according to respondents, decisions are taken mostly collectively or jointly (93.8%), on the basis of medical data (83.7%) and clear criteria (79.6%), with priority for the medical opinion (81.6%) coexisting with decisions based on administrative recommendations alone (79.6%), and with limited patient participation (44.9%). Sixth, only 40.8% consider that management always listens to staff opinions, and respondents prefer to improve communication through new techniques (42.9%) or more effective mechanisms (38.8%) rather than through training (18.4%).

In light of these findings, the study recommends the following:

- clarifying and formalizing the communication mechanisms among doctors, paramedical staff and management, while strengthening periodic meetings and establishing formal channels for inquiries and complaints;
- strengthening coordination among directorates and laying down clear guidelines for managing communications within the establishment;
- modernizing digital means and ensuring network continuity, and considering data-based decision-support systems that give immediate access to accurate and up-to-date information;
- training managers and decision-makers in communication skills, noting that respondents rank training low among ways of improving communication;
- consolidating a culture of dialogue and active listening toward staff;
- strengthening communication with patients and their families in decisions concerning their care.

Finally, the study suggests that it be complemented by research that uses inferential statistical tools and larger samples of medical and paramedical staff, in order to verify whether these perceptions differ across job categories.

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