

# 行政院國家科學委員會專題研究計畫 成果報告

我國政府機關績效管理行為之研究：績效的定義過程與行為互動

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中文摘要：本研究以微觀角度，透過對台北市健康服務中心及戶政事務所的個案分析比較，整理出兩種不同的公部門的「績效複合體」，在這當中，組織學習變項扮演重要的中介角色。其中可分為政策性學習及工具性學習。本研究發現如果由規劃機關負責政策學習，這會加強下屬前線執行機關的縱向課責交待性，犧牲橫向課責交待性，並刺激前線執行機關的工具性學習，以達至績效衡量目標。如果基於績效評估產生的政策學習是由前線執行機關帶動，這將強化橫向性課責交待性，但不會抵銷縱向績效交待性。

中文關鍵詞：績效體系、績效複合體、組織學習、課責交待

英文摘要：This study is to compare and contrast the cases of the performance mechanisms of the Health Service Center and the Household Registration Office in Taipei City to develop two kinds of performance complexities from a micro-perspective, in which organizational learning plays a mediating role. Two kinds of organizational learning have been identified: policy learning and instrumental learning. This study argues that if policy learning is taken by a policymaking/supervisory agencies, it will strengthen vertical accountability of its subordinate executive agencies at the expense of horizontal accountability, and stimulate their instrumental learning for target-based performance measurement; if policy learning spurred by performance evaluation is taken by executive agencies, it will strengthen their horizontal accountability without any negative impact on vertical accountability.

英文關鍵詞：performance regime, performance complexity, organizational learning, accountability

行政院國家科學委員會補助專題研究計畫  成果報告  
 期中進度報告

我國政府機關績效管理行為之研究：績效的定義過程與行為互動

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## 前言

本研究是以個案分析，透過微觀角度深入剖析我國公共機關如何進行績效管理，針對績效的定義過程與行為互動作為研究焦點，以不同的公共服務系統之比較研究，剖析機關如何建立及形塑績效管理體制，及其產生之效果。由於本計畫由原本提出的三年期長期觀察研究，被縮限至一年期之研究，故研究者僅挑選了台北市兩套不同的服務系統作比較研究，它們分別是衛生局屬下的健康服務中心，及民政局屬下的戶政事務所。健康服務中心及戶政事務所皆是最前線的為民服務機關，也算是最前線的政策執行部門，它們的績效如何被定義，及這些執行部門如何作行為回應是本研究之焦點。

本研究所聚焦的績效管理議題將會連接到幾個重要公共管理概念，包括課責交待性(accountability)、公眾回應性(responsiveness to the public)、組織學習(organizational learning)。在績效議題上，本研究也會聯繫上 Colin Talbot(2008)近年提出的「績效體系」(performance regime)概念。本研究在最後研究發現上也引伸提出績效複合體(performance complexity)這新概念。

## 文獻回顧

### 一、公部門績效

「績效」(performance)這概念或字眼已成為現今一種時尚用語，變成要求個人或組織有所作為的代名詞。美國的 Beryl A. Radin 就在本世紀初為文形容：「如果以單一主題來描述 1990 年代的公部門特徵的話，這就是對績效的要求。[績效]是一種在該年代呈現，在各層級政府都聽到的咒語(mantra)，其要求對績效及政府行動的顯性結果作記錄」(Radin, 2000: 168)。但「績效」的內涵並不明確，這尤其對公部門就更是如此。Talbot(2005)就歸納不同的看法，指出公共部門的績效可包含以下七種涵義：

- 1)績效就是課責交待(performance as accountability)；
- 2)績效就是使用者之選擇(performance as user choice)；
- 3)績效就是對顧客服務(performance as customer service)；
- 4)績效就是效率(performance as efficiency)；
- 5)績效就是結果、效果及可行之作為(performance as results, effectiveness, and “what works”)；
- 6)績效就是資源之配置(performance as resource allocation)；
- 7)績效就是建立公共價值(performance as creating public value)。

由以上定義可知，當我們要求公部門改善績效時，其所指可以是各式各樣的價值，它們間甚至是互相矛盾的，例如要求資源配置的公平性與要求提升效率之間便會出現矛盾。但這矛盾可透過代議民主解決，即由民選官員及代議士代表一般民眾制定政策，並決定各政策的價值及優先順序，然後由規劃機關訂定具體措施，最後交由執行機關實現。當中，政策執行會透過制定各種工作指標作為確保工作履行之手段。因此，實踐中的績效管理一般就是指透過「由上而下」針對不同的工作內容對執行機關下達工作目標／指標，並利用各種誘因及監督機制驅使執行人員完成工作。因此，在這機制下，良好績效實質就是對上級指示的高順從度。

但在近年的公部門改革取向上，越來越強調公部門要轉型為服務導向型的機關，要求執行機關直接回應民眾的需求。前線的工作人員也被認為更能瞭解民眾所需，因而更能提供「量身訂造」的服務。況且，上層政策制定者根本無法就具體政策措施作太具體的價值判斷，最終，還是由執行機關因應情況作出裁量及取舍。因此，相對於順從上級的指標作為績效良窳的標準，倒不如由服務受眾本身作判斷。故此，良好績效應是獲取民眾的滿意。

實際操作上，公部門的績效管理並不是在單一價值及單一行政系統下，而是在一個高度複合性的體制環境下進行。Colin Talbot(2008)最近提出「績效體系」(performance regime)概念來描述之。所謂「績效體系」是由兩部分組合而成：1) 引導績效表現的制度系絡(institutional context)；2)實際的績效干預(performance interventions)。前者是指一些用以引導公共組織及計畫方向的正式權威及其他工具，它可能是垂直的「委托—代理」關係鏈或是多元的委托者。而後者是指以上的引導者所實際採取的，用來影響組織或計畫績效表現的行動，這可以是指績效合約、指標、績效評比或其他槓桿。不同的績效體系將會對被引導或被干預機關帶來差異性的組織行為。

## 二、公共課責交待機制

在引導績效表現的制度系絡中，「課責交待」機制是其中一個重要變項。所謂「課責交待」，根據 Bovens 定義就是：「作為一種社會關係，當中一方的行動者認為有責任向另一方的重要人士作解釋或證成他/她的行為」(Bovens, 2005:184)。所以「課責交待」就是指一方對另一方交待的過程。在商業機構內，基層職員要向上司交待；部門主管要向公司總經理/總裁交待；總經理/總裁要向董事會交待；董事會要向股東交待。在公共課責交待中，傳統的官僚課責交待(bureaucratic accountability)機制就類似以上的科層性由下而上的交待鏈，但在民主制度下，最終交待對象卻是難以準確界定範圍的「全體國民」。此外，當中的交待鏈也會分岔到國會(包括當中的政黨)、法院或其它法定監察組織(如台灣的監察院或國外的 ombudsmen)，這些組織都各有其自己的機構價值取向。在近年的公部門改革中，也開始要求公共機關直接向民眾交待，即直接回應民眾的需求，形成一種橫向的課責交待(horizontal accountability)。

除了向「誰」交待外，還有以「什麼」作交待的問題。在公共治理內，我們可以如企業般以財務表現做交待(accountability for finances)，這是 accountability 最原始的意思。但作為全民所有的公共組織，我們也會要求它們不能偏袒某些利益或群體，<sup>1</sup> 所以我們也會要求它們做事要公正公平(accountability for fairness)。公共部門的管理者作為國民的代理人來行使公權力，我們會要求他們恰當地行使權力(accountability for the use of power)。<sup>2</sup> 近年，我們也開始要求公共組織以其績效表現向大眾交待(accountability for performance)(Behn, 2001)。

實然上，課責交待機制是傾向一種防弊性的措施，即對公共機關進行「控制」。Robert Behn(2001: 3)直截了當的揭示「課責交待就是懲罰的意思」(accountability means punishment)，課責者(accountability holder)之功能就是找被課責者(accountability holdee)之錯處，課責交待對「功」十分冷漠，但對「過」卻特別敏感。所以，課責交待常被形容為一種「責難遊戲」(blame games)，參與的機關部門就是要盡量避免因過而被責難。當然，於當今要求不斷進步的社會要求下，沒有「過」不等同可以迴避責難，「不積極作為」也會被責難。所以，正如以上指出，以績效表現作交待(accountability for

<sup>1</sup> 但私部門可以偏袒某些利益或群體，特別是個人或家族擁有的企業。

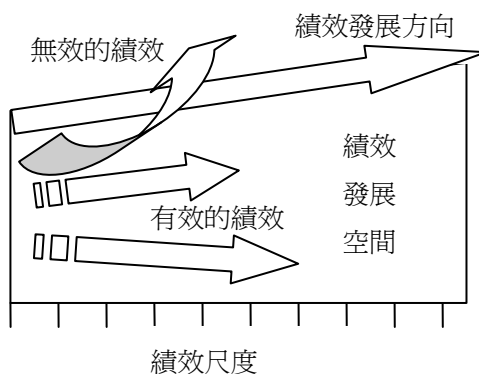
<sup>2</sup> 私部門亦然，但這要求不會上至私部門的擁有者。

performance/performance as accountability)成爲現在重要的公部門改革議題。

### 三、績效與課責交待的緊張關係

由於就不同課責者對機關課責要求準則不一，機關很難同時滿足各個課責者之要求。特別是財務及公平公正準則與績效表現準則往往是沒法並存，所以產生所謂「課責交待困局」(accountability dilemma)現象 (Behn, 2001: 10-12)。不少論者認爲績效改善與課責交待兩者是互相矛盾的。Halachmi 就認爲強化課責交待與提昇生產力 (即提昇績效) 可能是互不兼容的，因爲前者就是要求管理者在預設的範圍內行動；但後者就是要求創新，甚至突破過去慣例規範。他認爲強調「課責交待」的績效管理與強調「提昇生產力」的績效管理是有著不同的內涵：前者是問「事情是否正確地辦理？」(Was it done right?)；後者是問「是否有做正確的事情？」(Was the right thing done?) (Halachmi, 2005)。一言以蔽之就是前者的「正確標準」是一早就釐定好，只要按著做就對了；後者則沒有既定的正確標準，是由管理者透過實踐結果顯示出來。

在以上緊張關係之下，公部門仍找到績效與課責交待的妥協空間。具體而言，就是由課責者給予被課責者一個績效發展的固定方向及空間，在這方向及空間中建立尺度作爲衡量表現優劣的標準。在這限制下，被課責者只能在這空間及指定的方向作爲，若作爲超出這空間，則變成無效的績效；而被課者越能往指定方向邁進，即代表其績效表現之進步。透過這機制，一來不違背績效所要求的積極作爲，並提供一個爭取或競逐功績的空間；另一方面它又不會超脫「課責交待」所要求的「循規蹈矩」，即所謂「事前定向績效管理」(參看圖一)。



圖一、事前定向績效管理

資料來源：(蘇偉業，2009：112)

但這種妥協性的績效管理並未達至真正的績效改善。首先，績效管理仍留於由上而下的量化績效衡量控制，並驅使機關將「達成指標」變成機關工作目標。但大部分的公共機關的工作使命很難由「量化」且「片面」的指標來代表，導致「以偏蓋全」效應(synecdoche effect) (Bevan & Hood, 2006)。更糟的是，在績效壓力下，往往會惹來機關各種自我扭曲行爲(包括隱瞞及欺騙行爲)以迴避懲罰或爭取功績。這一來無法有效反映機關真正的表現，更損害公共利益。

因此，Van Dooren 等西方學者最近就主張績效管理應拋棄指標控制，強調績效資訊應該用於組織「學習」，而非「引導及控制」或「解釋及報告」／「課責交待」（參看表一）。他們將「學習」性的績效資訊運用定義為「軟性使用」(soft use)；而「引導及控制」與「課責交待」是相對於「學習」功能的「硬性使用」(hard use)。「硬性使用」傾向制式化(formula-based)作業，以建立誘因機制及制裁功能為主導的「衡量文化」(measurement culture)。而「軟性使用」傾向「解讀性」(interpretative)，培養以績效改善為目的之「績效文化」(performance culture) (Van Dooren et al., 2010)。

表一、績效資訊的用途

	學習	引導及控制	解釋及報告
關鍵問題	如何改善政策或管理？	如何控制活動？	如何傳達績效資訊？
焦點	內部	內部	外部
性質	變革／將來	控制／現在	生存／過去
範例工具	策略規劃 標竿學習 風險分析 業務流程再造	監督及管理 計分卡 績效薪資 績效預算	績效排行榜 公民約章 年度報告 績效合約

資料來源：資料來源：(Van Dooren et al., 2010: 101).

當然，這主張並不是要取消對公部門的課責及管理控制，但在績效體系(performance regime) 運作上應著重在品質性及進步性的改善，並以事後「績效評估」(performance evaluation)作為評價手段。Aucoin 與 Heintzman 就主張利用績效評估及「進步報告」(report on progress)來促進績效改善 (Aucoin & Heintzman, 2000)。英國 2003 年下議院公共行政特別委員會報告就痛斥當時指標為基(target-based)的績效衡量文化，芻議政府機關應轉向以進步為基(progress-based)的績效文化 (House of Commons Public Administration Select Committee, 2003)。

在我國現行制度下，上述由上而下的「制式化」績效衡量與事後的績效評估機制是同時並存。前者是各業務機關自行就本身專業事務進行「量化」績效控制；後者則是由研究發展考核委員會(下稱研考會)就各類機關服務品質提升改善進行評量。這雙元結構形成我國政府機關普遍的績效體系。但在具體執行上是如何？本研究是以台北市的健康服務中心及戶政事務所作為個案比較。

## 研究方法

本研究主要採用文獻分析及深度訪談兩種研究方法。程序上透過深度訪談及文獻分析不斷互動之下順藤摸瓜地延伸探索。而文獻分析分成兩個層次。第一是搜集國內相關公部門績效管理的官方及學術研究資料作分析，而就官方文獻方面特別針對研考會、衛生機關及戶政機關的規劃及執行資料。官方資料部分會在個案調查過程中搜集，另外有部分是經台北市研考會獲取。第二是國外相關公部門特別是衛生機關績效管理文獻的資料搜集及分析，用以與我國個案作比較，並啟發本研究的分析面向及論點。

深度訪談是指針對台北市健康服務中心及戶政事務所的前線機關主管及工作人員進行半結構式的訪談，瞭解前線機關如何履行績效管理及前線執行人員如何回應績效干預。本次研究針對兩個健康服務中心及一個戶政事務所的主管及員工進行了深度訪談，瞭解他們所面對的績效體系及壓力。為瞭解如何定義績效及我國績效體系如何形成，本研究也接觸健康服務中心及戶政事務所的上級機關官員，包括台北市衛生局及民政局，與相關負責績效管理的官員進行訪談。此外，經初步研究發現，健康服務中心的主要績效指標是來自衛生署國民健康局，但基於欲瞭解之問題有一定之敏感性，所以經知情人士介紹訪問了一位已調職的國民健康局前職員，瞭解國民健康局如何制定績效指標。

## 研究發現

### 一、健康服務中心簡介

臺北市健康服務中心是於 2005 年 1 月 1 日由原衛生所轉制建立的，其業務由原本門診服務、預防接種、食品稽查等服務，轉型為社區保健的第一守門人、與衛生局各業務處做功能性分工，使健康服務中心的功能擴展到社區保健服務、社區健康管理、公共衛生及保健業務，扮演強化社區健康品質的提昇及為市民健康管理的維護者。

臺北市十二區健康服務中心內皆分設個案管理組及健康促進組負責其主要業務。前者業務項目包括成人及中老年保健、心理衛生、長期照護、婦幼及優生保健等。後者業務項目包括癌症防治、兒童及青少年保健、健康促進、防疫等。個案管理業務具體上是辨識及跟進需要特殊/長期健康照護的個案，如失智症患者、精障個案、三高問題(高血壓、高血糖、高膽固醇)個案、新移民嬰兒照護問題等。業務人員需定期探訪個案，提供個案健康諮詢及個案轉介；還有辦理各種社區健康講座等宣導工作。健康促進業務則負責進行各類疾病防治工作，包括五大癌症(子宮頸癌、乳癌、口腔癌、大腸直腸癌、肝癌)的防治宣導、篩檢及陽性個案轉介；還有負責對社區推廣各類健康觀念，包括菸害、健康飲食、多做運動等

### 二、戶政事務所簡介

戶政是自日據時期就建立，臺灣最早的地方基層政府行政機關之一。其主要負責出生、死亡、結婚及戶籍遷徙等人口登記、國民身分證的製發，並負責其他相關戶籍管理的延伸業務，提供政府相關人口狀況的資訊。臺北市十二區戶政事務所內皆分設三個課負責各戶政業務：

1. 戶籍行政課：承辦戶籍登記業務、身分登記業務、更改姓名、戶口校正、戶籍登記申報錯誤更正、國籍得喪回復、出入境、戶籍巡迴查對、選舉名冊列印、空口空戶。
2. 戶籍資料課：承辦門牌編釘、門牌證明核發、印鑑登記、印鑑證明核發、戶籍登記簿冊的裝訂管理、通報查催、戶籍統計及表報製作、印鑑條管理、國民身分證的製發與管理、戶籍登記資料查覽核發、學齡兒童造冊、年終靜態人口調查統計。
3. 行政庶務課：研考業務、公文管理、檔案管理、財產採購保管、工友管理、戶政法令的保管、監印、印信保管、環境清潔維護、網站管理及編修。

在這三課中，戶籍行政課及戶籍資料課所承辦之業務多屬戶政事務所的本業，係直接提供來所洽公民眾第一線戶政業務服務，而行政庶務課業務則多屬後勤支援。



### 三、健康服務中心與戶政事務所的服務性質比較

雖然健康服務中心與戶政事務所皆是為民服務的第一線機關，但兩者的服務性質並不相同。健康服務中心傾向「外勤」服務，需要直接走進社區主動發掘「服務對象」；而戶政事務所則傾向「內勤」服務，在固定地點被動等候「服務對象」。戶政事務所可比擬作商業模型中最古老的「店鋪模式」(shopkeeper model)，即在固定地理位置開設店鋪，等候顧客購買產品。而健康服務中心可比擬作「直銷模式」(direct sales model)，即非透過固定的通路，而是透過業務員(一般是護理專業人員)直接向顧客個別行銷售賣產品。

從市場角度看，戶政事務所是其轄區相關戶籍服務的唯一供應者，處於獨占狀態，且工作較為「被動」，戶政人員不可能主動創造「業績」。相對地，縱然十二所健康服務中心是按行政區劃分設立，但其服務並非獨占。首先，其「客戶」可來自其他轄區之居民，沒有戶籍限制，即每一所健康服務中心原則上可服務全台民眾。更重要的是，健康服務中心的工作是要「主動」出擊，到社區辨別潛在「客戶」，且其所「銷售」的健康資訊或服務對很多民眾而言，並非為必要的「產品」。

就此，縱然健康服務中心與戶政事務所皆是為民服務機關，但兩者服務背後的涵意則有一定落差。健康服務中心是要從民眾「長遠利益」設想，試圖影響民眾對健康的觀念及行為，如戒菸、多做運動、多菜少肉。這些觀念可能並非符合個人即時的喜好。所以健康服務中心有點像「社會行銷者」(social marketers) (Andresen, 1995)，去抗衡社會上一些普遍的不良觀念或行為。相對地，戶政事務所則不會作「逆」民眾私人偏好之倡議，而是直接滿足民眾追求便利快捷的普遍需求。

### 四、健康服務中心與戶政事務所的績效體系

根據 Colin Talbot(2008)，績效體系(performance regime)概念是由兩部分組成：1)引導績效表現的制度系統；2)實際的績效干預。在制度系統上，我國績效體系傾向透過由上而下的垂直「委託—代理」關係鏈作為結構，由中央政府各部會機關作為起點，下達地方政府，直至最基層的執行機關。但這關係鏈並非簡單一條直線到底。以本個案而言，健康服務中心是直屬北市衛生局管轄，但其功能任務是受行政院衛生署指導，特別是其所屬的國民健康局是健康服務中心的主要工作任務來源。而戶政事務所是直屬北市民政局管轄，而其功能任務是受行政院內政部民政司指導。此外，移民署外籍人士歸化部分業務也交由戶政事務所負責。

在我國系統中有一專責政府各機關單位考績及品質管理業務的特殊部門——行政院研考會。這是另一條相關績效體系的「委託—代理」關係鏈。作為直轄市，台北市更有自己的研考會負責相關業務。

就實際績效干預而言，我國政府部門普遍採用「績效指標」以確保執行機關履行任務。上級機關一般會就各項業務下達具體的「目標數」或「達成率」來引導機關的工作行為。針對某些指標，更會利用績效評比作為績效競爭工具，有時更會配以績效獎金作為激勵手段，特別是本文研究的健康服務中心。

表一、臺北市政府提升政府服務品質實施計畫績效評核方法

優質便民服務考評項目	考評指標
機關形象 (25%)	服務場所便利性服務行為友善性與專業性 (服務現場部分 15%；電話服務禮貌 10%)

服務流程 (20%)	服務流程便捷性 (10%) 服務流程透明度 (10%)
顧客關係 (15%)	民眾滿意度 (10%) 民眾意見處理時效性與有效性 (5%)
<b>資訊流通服務考評項目</b>	
資訊提供及檢索服務 (15%)	公開法令、政策及服務資訊程度 (3%) 服務措施及出版品資訊周知度 (2%) 資訊服務正確程度 (5%) 資訊檢索服務妥適性及友善程度 (5%)
民眾申辦線上服務 (10%)	民眾申辦線上服務量能擴展性 (10%)
<b>創新加值服務考評項目</b>	
提供創新服務情形 (15%)	服務之創意價值性 (8%) 服務措施之延續性及標竿學習效益(3%) 服務措施執行之效能性 (4%)

資料來源：臺北市政府 99 年度提升政府服務品質實施計畫

此外，行政院研考會自 2008 年起推動「政府服務創新精進方案」，其鼓勵主管機關推薦優質服務機關參加「政府服務品質獎」評選，透過績效評核挑選獲獎機關。因應「政府服務品質獎」，北市府推動自己的「提升政府服務品質實施計畫」，納入大部分的第一線機關於評核中，包括本文十二區健康服務中心及戶政事務所。計畫除獎勵表現優異機關外，也推薦當中機關參加行政院的「政府服務品質獎」。

跟上述業務性的績效衡量不同，這績效評估是針對服務品質提升，其評估構面包括三大方面：1) 優質便民服務；2) 資訊流通服務；3) 創新加值服務。其中「優質便民服務」含三項考評項目：a) 機關形象；b) 服務流程；c) 顧客關係。「資訊流通服務」含兩項考評項目：a) 資訊提供及檢索服務；b) 民眾申辦線上服務 (參看表一)。

總體上，北市健康服務中心及戶政事務所皆面臨兩方面的績效壓力。一方面是業務上的「事前性」績效目標的達成衡量；另一方面是就服務品質提升的「事後性」績效評估。就表面形式制度而言，本文兩個機關系統之績效體系是相同的。然而，兩個機關系統實仍保留著很大的裁量空間操作自己的績效管理。下文將呈現出兩套存在實質差異的績效管理運作。

## 五、實質績效管理運作之比較

### 一) 健康服務中心

雖然在 2005 年改制後健康服務中心職掌範圍縮減，但社區保健業務的工作項目也隨著相關新政策措施而不斷膨脹。例如政府近年發展長期照顧服務，健康服務中心就要負責發展培訓「天使志工」。政府鼓勵母乳哺育，所以推動母乳哺育室的設立，健康服務中心也要負責向職場推廣設立母乳哺育室。面對近年受關注的職業健康問題，健康服務中心被責成推動企業參與「健康職場」認證。此外，每年衛生署國民健康局都會有重點推動政策。2010 年是「菸害防制」，所以當年就積極推動戒菸運動，要求健康服務中心全力衝參與戒菸卡簽署菸民的績效目標。2011 年重點是「減重」，政策措施是推動民眾參與減重運動。每個健康服務中心被賦予減重達成的公斤數任務，中心要全力衝參與者數目指標，及跟蹤達成情況。

健康服務中心之所有任務皆由績效指標引導，而且指標數目呈膨脹的趨勢。在 2009 年，健康服務中心需完成業務指標達 31 項，其還細分成 80 項次指標。2010 年指標增至 42 項，細分指標達 103 項。<sup>3</sup> 這些指標都是以量化的任務達成目標來呈現，並依達成率來配分。這些目標大約可分成三類。第一類是絕對目標數，如每月訪視個案次數、每年舉辦健康講座次數。第二類是新增「客戶」絕對目標數，如新增職場母乳哺育室數目、新增健康職場數目。第三類是任務達成率，如 30-69 歲以上婦女 3 年內曾接受 1 次子宮頸抹片篩檢比率、成功轉介長期照顧服務個案比率。

雖然健康服務中心業務單位分為個案管理組及健康促進組，但兩組人員實需要支援對方之業務，只是兩組內人員各自擔任自己組別業務的承辦人員。承辦人員會將績效目標數分配給兩組其他同仁承擔（承辦人員一般會扛較多的目標數）。這做法牽涉到由於中心不少業務是以「里」作為對象，而各里段皆有專責人員負責，所以各里段負責人一般會承擔自己里段的所有業務。此外，一些不分里段的業務，除了由兩組人員同時分攤指標外，甚至會全體動員分攤指標，例如減重指標就要求中心內行政人員(如人事、會計)一起幫忙找「客戶」，衝業績。

為了達成績效目標，某些服務項目實配以績效評比方法刺激中心人員衝業績，以十二區健康服務中心作為競賽單位，互相評比達成目標情況，並對績效排行前列健康服務中心給予績效獎勵（以提貨券作為獎品），所以各中心主管皆會鞭策員工就重點項目衝業績，當中包括利用內部員工之間的績效評比來達至。就每年的重點政策，上級機關更會要求中心每週報告業績進度，緊盯各中心表現。

北市衛生局配合市府「提升政府服務品質實施計畫」也建立自己的「品質提升獎勵計畫」。<sup>4</sup> 但由於健康服務中心本身的大量業務負擔，所以各獎勵項目基本上是融入到現存業務項目中。就算相關業務創新項目也多連結至現存業務指標中。例如某區中心為了促進婦女接受子宮頸抹片篩檢，便推出到家服務的「霹靂嬌娃隊」，由女員工騎機車親自上門將自採抹片樣本帶回檢驗室做篩檢，以排除婦女因不好意思到醫院做婦產科檢查的心理障礙。這服務改善最終是滿足相關業務指標之達成。<sup>5</sup>

正如上所述指出，健康服務中心的主要業務是來自國民健康局交付之任務。其會定期蒐集國民健康統計資料，並進行國民健康社會調查瞭解國民健康知識、態度及行為，參酌世界衛生組織的標準，由此會同外部專家辨識國民健康問題所在，並制定回應政策措施。而調查數據資料也可以用作評估國民健康促進政策之成效。所以國民健康促進政策是以頗科學方法來制定，但制定過程是集中在中央決策機關，前線的執行機關並沒有參與其中。<sup>6</sup>

## 二) 戶政事務所

相對地，戶政事務所的業務則較為例行性及穩定。雖然戶政事務所也要面對業務上的量化績效指標，但其指標數量則相對少很多。戶政業務績效評鑑分成五部分：1) 戶籍業務；2) 國籍業務；3) 戶籍

<sup>3</sup> 某區健康服務中心工作人員提供的資料。

<sup>4</sup> 臺北市政府衛生局 100 年度十二區健康服務中心品質提升獎勵計畫。

<sup>5</sup> 某區健康服務中心工作人員提供的資料。

<sup>6</sup> 根據前國民健康局官員訪談 (2011 年 5 月 5 日)。

人口統計：4)戶政資訊作業；5)為民服務。這五大部分拆解成 18 項指標，其中再分成 38 個次指標。<sup>7</sup> 大部分的指標是相關戶政業務的行政流程及資訊管理，指標大多衡量正確率、時效性、效率等。由於戶政的「內勤」服務性質，所以也會考核服務空間的便民性，包括有沒有無障礙設施及等候區、有沒有開放盥洗室供民眾使用及飲水設備等。相關「服務品質提升」的「改進或創新建議」也在業務考核中，但這僅占很少的比例（整個業務績效評鑑的 5%）。誠然，這只是「量」而非「質」的衡量，真正的競爭是在質的層次。

上述由上而下的量化績效衡量看似跟健康服務中心的做法沒有根本差異，但基於戶政事務所業務的「被動」性質，不可能以業務的受理案件數量多寡作為衡量標準，所以不能像健康服務中心般去「衝」業績。而基於戶政事務所的例行性內勤業務，所以較容易控制績效達成情況，滿足指標要求，或者說業務相關指標是必須達成的基本任務。因此，戶政事務所之間在這方面的績效差異並不大，也沒有利用評比手段來刺激競爭，更不用說利用績效獎勵。<sup>8</sup>但正是因為業務績效的不可比較性，所以戶政事務所將績效競爭重點放在「質」的層次，即將重點放在研考會推動的「提升政府服務品質實施計畫」。其評估的流程分成兩階段：

#### 第1階段：

1. 「優質便民服務」構面之「機關形象」考評指標部分，由臺北市政府研考會採不預先通知方式至機關實地考評、電話測試並予以評分。這兩項評分結果會公告所有戶政事務所。該構面其餘指標則採「書面評審」方式審查。
2. 「資訊流通服務」構面，由臺北市政府資訊處及研考會進行審查。
3. 「創新加值服務」構面，由臺北市政府人事處就受評機關之績效報告進行「書面評審」。
4. 各戶所依據此計畫撰寫本機關的績效報告，臺北市政府再從中擇優晉級第二階段(佔30%，約4個戶政事務所)。

#### 第2階段：

由臺北市政府研考會邀集專家學者組成評審小組進行實地評審，評審結果特優者，獲臺北市政府「第一線服務標竿獎」。

在這績效評估中，「創新加值服務」是這「質性」競爭的關鍵。其實，在上述業務績效評鑑中，就「改進或創新建議」要獲取滿分就必須提出五項以上的創新服務及該五項建議皆被採納。相對地，健康服務中心只會由一名承辦人員負責業務創新，一般僅提一項創新方案。因此，戶政事務所同仁每年必須絞盡腦汁構想創新方案（很多戶政事務所建立「品管圈」來促進改進及創新）。這些創新方案可分為兩類。第一類是可自我單獨完成的，即只牽涉戶政事務所本身的業務調整，並可不需要上級機關批准下先作服務試驗。第二類是跨部門的服務，這必須獲得上級機關批准及協調後才能實施。

舉例而言，就第一類改進或創新而言，某戶政事務所建議提供「原始出生證明書」英文翻譯服務，以方便市民申請出國就學、工作、居留、結婚、移民。這類文件翻譯一般由民間翻譯社提供收費服務。而由戶政事務所處理，可制式化處理，因此可以降低收費，也方便民眾。就第二類改善或創新，某戶政事務所提出殯葬資料共享，簡化死亡登記流程。因應臺北市殯葬管理處改隸民政局，建議開放戶政事務所業務相關人員查詢殯葬管理處「殯儀資訊系統」資料權限；並增加業務相關人員於內政部「全國殯葬資料數位化系統」跨縣市查詢功能。以整合行政資源，簡化各項作業流程，進而提供民眾「免書證」辦理死亡登記。這改革方案既簡化流程，也方便民眾。<sup>9</sup>

<sup>7</sup> 99 年度內政部對直轄市、縣(市)政府執行戶政業務績效評鑑方案。

<sup>8</sup> 根據與台北市民政局官員(2011 年 8 月 15 日)及某區戶政事務所主任訪談(2011 年 7 月 6 日)。

<sup>9</sup> 某區戶政事務所工作人員提供的資料。

雖然戶政事務所業務看似十分「平淡」，但在績效管理機制下，其運作模式也逐漸從傳統的「店鋪模式」轉型至「磚塊加滑鼠模式」(bricks-and-clicks model)，結合傳統的實體通路及互聯網通路提供整合性的便民服務。

## 貳、個案分析

臺北市健康服務中心及戶政事務所在績效機制驅動下，皆強化了「民眾回應性」。但在同一績效體系下，兩者的具體績效運作模式並不盡相同。健康服務中心績效管理傾向追求「量化」的衡量，以達成「事前既定」績效目標為主軸。而戶政事務所則傾向追求「質性」的評估，將導向服務品質提升的「事後性」績效評估作為績效管理的主軸。

因此，從課責交待機制來看，健康服務中心在其績效管理下是強化了「向上」的交待，即傳統的官僚課責交待機制，強調對上級指示的順從。相對地，戶政事務所則傾向橫向的課責交待機制，其運作較直接回應民眾。不過，我們不能因此簡單將健康服務中心對績效資訊的運用簡單定為「硬性使用」，因為它也在不斷進行「學習」，改善服務。但我們可以將學習分成兩個層次，第一個層次是「工具性學習」(instrumental learning)，即學習並不會改變組織的既定目標，只是透過學習來改變達成目標的策略，使其更有效地達成目標。Argyris 與 Schön (1996)稱之為單一迴路(single loop)學習。第二個層次是「政策性學習」(policy learning)，即學習不僅形塑工作策略，而且會改變組織的價值及功能。Argyris 與 Schön (1996)稱之為二次迴路(double loop)學習。套用這理論，健康服務中心就僅侷限在「工具性學習」。縱然其的確不斷改善服務，但主要是作為達成績效指標之工具。而戶政事務所則包含「政策性學習」。不過，從整體公共衛生系統觀察，績效資訊學習並非僅有「工具性」層次，不過「政策性學習」是由上級規劃機關進行，它們以「全國市場」整體性考量辨識社會需求；而民政系統則將這辨識工作下放給前線戶政事務所，它們則以「社區市場」考量辨識社會需求(參看圖二)。這兩種模式落差對公共管理理論有著深遠的涵義。

首先，公共衛生政策一向是專家技術官僚主導的專業議題，民主化並沒有調整這主導性。我們假設專家技術官僚就像「家長」／「裸母」一樣，會為民眾設想最佳的政策，好好照顧大家。而這工作更是集中在科層架構的層峰，前線的公衛人員不用參與政策制定，前線人員只需要擔任「工具性執行者」，行銷既定的服務。這角色更在龐大的任務指標壓力下被強化(參看圖二)。

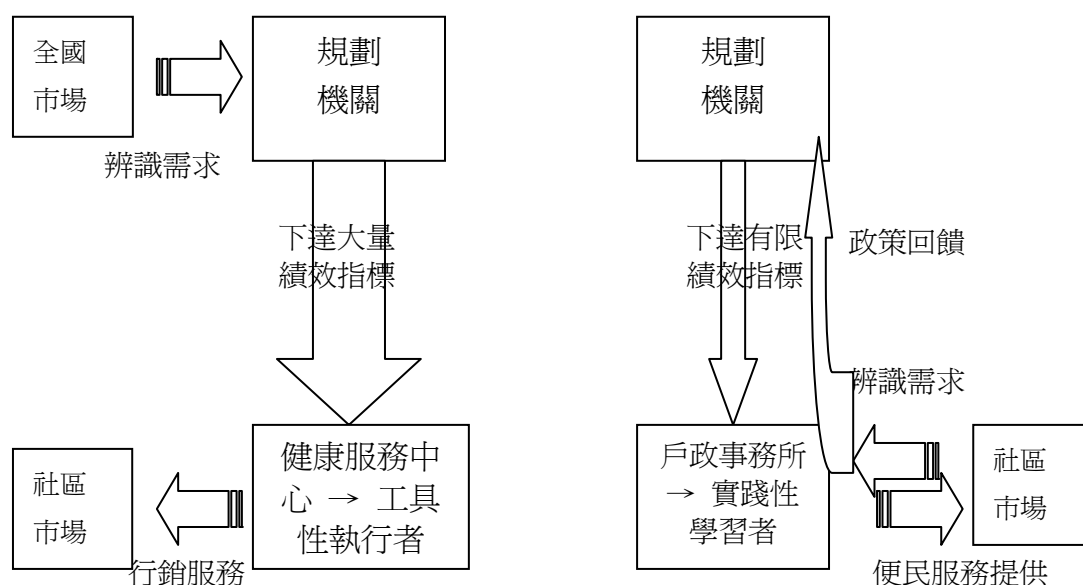
相對地，戶政工作的「客戶導向性」似乎更為直截了當，戶政事務所就是提供「便民服務」。而有趣的是，戶政業務本質是相對「平淡」的，但其員工竟然能不斷地尋求進步。績效衡量衰竭(measurement degradation)可能是一大功臣，即量化的績效衡量無法辨別各組織的績效差異(Talbot, 2005)。因此，戶政事務所將績效管理焦點轉向質性及「解讀性」的績效評估作為績效競爭之手段。此外，戶政事務所的「改進及創新」過程不僅是政策執行，也是由下而上的政策制定過程。上述舉例的創新改進作法實際上是重新界定戶政事務所的價值及功能範圍，透過基層實踐回饋政策資訊給上級規劃機關，也將優良經驗擴散至其他戶所。因此，縱然戶政事務所不是「正式的」政策制定者，但他們是實踐中進行政策學習的「實踐性學習者」。其服務亦更能就社區個別需求量身訂造(參看圖二)。

## 結論

本研究討論的兩個服務系統皆在績效管理機制努力提供不斷改善的為民服務。績效競爭扮演重要的角色。但兩者在相同的績效體系下產生了不同的效果，本研究稱之為績效複合體(performance complexity)，即由上而下的量化績效衡量與在事後進行的質性績效評估在以不同方式結合運用所形成的產物。健康服務中心的複合體偏向重視量化的績效衡量；戶政事務所的複合體則偏向重視質性績效評估。造成這差異的關鍵是兩者組織學習模式。縱然兩者皆有進行組織學習，但仍有一些變數影響它

們的學習效果：究竟是規劃機關進行學習還是執行機關進行學習？它們進行什麼類型的學習？工具性還是政策性學習？

在本研究中的衛生系統個案中，政策性學習與工具性學習分別由規劃機關與執行機關(即健康服務中心)進行。在這架構下，基層公衛人員聚焦在工具性學習，發掘行銷技巧以推廣由上而下的政策措施。由規劃機關基於政策性學習所形成而不斷膨脹的績效指標進一步強化這工具性的角色。從整個系統來看，我們不能否定它的橫向課責交待性，但從系統內觀察，健康服務中心作為執行機關實是傾向縱向的課責交待性，即向上級機關負責，多於向民眾負責。因為健康服務中心被隔離於政策性學習外，所以削弱了它們對民眾的回應性。基於政策性學習是全國性地回應，這會導致降低對區域差異敏感度，較不能制定客製化的措施(參看圖二)。最近為回應塑化劑風波，有前線健康服務中心公衛護士投書報章，提出「上級單位在制定政策目標時，〔應〕多與基層人員溝通並給予協助，畢竟〔他〕們是面對民眾的第一線人員，〔他〕們能看到民眾真實的生活型態」(翁乃瑩，2011)。這前線人員之心聲之意見反映可道出以上論述之有效性。



圖二、臺北市健康服務中心與戶政事務所政策暨服務輸送機制分析圖  
作者自繪

相對地，戶政事務所本身在組織學習上也扮演政策學習者之角色。它們不僅提供便民服務，也進行針對其所服務之社區進行政策學習，回饋整個服務系統。縱然這績效體系仍是一個由上而下的體系，但它並沒有削弱戶政事務所對民眾的直接回應性。這差異的關鍵是在於其績效複合體較重視事後的績效評估。這效果使戶政事務所的橫向與縱向的績效交待機制之間並沒有互相抵銷之情況。而健康服務中心則縱向的績效交待機制則相對佔有優勢。

就兩者服務性質而言，理應是健康服務中心比獨占性及傾向例行性的戶政事務所更需要活力及創新性，這才能有效回應多變複雜的公共衛生問題，由此在社會市場上獲取優勢。然而，這基本常識被上述兩者的績效複合體打破。兩者複合體給予前線執行部門不同的績效控制及誘因。這個兩個系統上下級機關的微妙差異關係可有效解釋這落差。這顯示出績效管理機制設計之重要性。

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# 國科會補助專題研究計畫項下出席國際學術會議心得報告

日期：100 年 12 月 20 日

計畫編號	NSC 99 - 2410 - H - 004 - 232 -		
計畫名稱	我國政府機關績效管理行為之研究：績效的定義過程與行為互動		
出國人員姓名	蘇偉業	服務機構及職稱	國立政治大學公共行政學系
會議時間	100 年 10 月 28 日至 100 年 10 月 29 日	會議地點	John Jay College of Criminal Justice, New York
會議名稱	Northeast Conference on Public Administration: Building Trust and Confidence in Public Service		
發表論文題目	Learning for Performance Improvement: A Comparison between the Health Service Centre and the Household Registration Office in Taipei City		

## 一、參加會議經過

本會議是第二屆美國東北地區的公共行政會議，舉行地點在紐約市的 John Jay College of Criminal Justice。本次會議發表文章共超過 100 篇，論文發表場次共 37 場，還安排多個議題工作坊，會議規模頗大。本人於 10 月 27 日晚到達紐約，30 日凌晨離開，共參與了兩天的會議議程，其中 28 日下午發表本計畫的研究成果，頗得與會者回響，本人也獲益良多。

## 二、與會心得

除發表文章外，本人共出席了多個場次的研討會、有關世貿大樓重建進度的說明會及大會安排的晚宴，促進了跨國的學術交流，使本人瞭解當前美國公共行政學術主要話題，特別是他們近年所重視的危機及災難管理。本人於會中更與 Anna Wetterberg (Post-doctoral researcher, International Development Group, RTI International) 交流本人文章內容之意見及討論大家關心的話題，收穫甚豐。

## 三、攜回資料名稱及內容

Second Annual Northeast Conference on Public Administration 場刊。另，在會場 M. E. Sharpe 出版社攤位購買了關於績效管理之新書，對本研究有一定之幫助。



論文附件

## **Learning for Performance Improvement: A Comparison between the Health Service Centre and the Household Registration Office in Taipei City**

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Since the democratization in the 1990s, government agencies in Taiwan have been gradually transformed from a social control function into a social service function. This move has been reinforced by a concurrent wave of the New Public Management (NPM) reforms. Most government agencies in Taiwan have realigned themselves in line with the NPM to highlight their role as more citizen-centred service providers than law enforcement agencies. Competitive quasi-market functions and private sector management skills have been absorbed into the public sector in order to strengthen responsiveness to the public. In this regard, enhancing public accountability and improving performance has become a new golden thread to foster the link between government agencies and citizens.

However, Van Dooren et al. (2010) recently argued that how to use performance information is critical for performance improvement. They suggest that performance information for learning should help improvement. This author further argues that different performance measurement/evaluation combinations, termed *performance complexity* here, may generate different organizational learning patterns, which in turn produce different performances and shape the *de facto* public accountability mechanisms.

The two executive agencies presented in this paper have been improving their services in the sense of customer-orientation and work in a single formal “performance regime” in Talbot’s concept (2008). However, the two agencies show two distinct performance complexities. One is to strengthen upwards accountability (bureaucratic accountability). It implies that it is supervisory agencies which are the agencies that directly respond to citizens. Another case enhances outwards accountability. The executive agency responds directly to citizens. The

former is the Health Service Center (HSC); the latter is the Household Registration Office (HRO). They are two separate systems of frontline executive agencies in Taipei City, the capital of Taiwan, where an HSC and an HRO are respectively set up in each of 12 administrative districts of the city. The two systems are respectively engaged in their own performance competitions in terms of their own core businesses and service quality. However, due to “measurement degradation” for the core businesses of the HROs, the performance competition for the HROs has shifted to emphasize improvements in the quality of service and innovation. By contrast, the HSCs mainly compete to achieve the numerical targets imposed by management on their core businesses, which remains useful in differentiating the performances among HSCs. What factors lead to the different consequences?

### **Accountability, Performance Improvement, and Use of Performance Information**

While accountability is considered a function to improve performance, there is an argument that there are trade-offs between performance improvement and accountability (Behn, 2001; Aucon & Heintzman, 2000; Halachmi, 2002). Public accountability usually calls for more control and limits innovativeness, whereas improving performance calls for making breakthrough and risk-taking. “Accountability for performance” is usually realized by simply meeting management-assigned performance targets. Performance management is reduced to a kind of “targetology” where executive agencies focus on hitting the target rather than the real goals of their services (Isaac-Henry et al., 1997). Alternatively, it results in a “synecdoche” effect — taking a part to stand for a whole (Bevan & Hood, 2006). The worst caused by the “targetology” is the triggering of gaming and various dysfunctional behaviours among frontline officials to avoid blame and sanctions, or to secure awards (Van Thiel & Leeuw, 2002; Hood, 2006; Radnor, 2008).

As a result, Van Dooren et al. (2010) in their recent work call for abandoning targets and

accountability for performance. They recommend that performance information should be used for “learning” that is the only way to lead to improvement. They reduce the purposes of performance information to three major categories: *to learn*, *to steer and control*, and *to give account* (see Table 1). The three purposes can lie along a continuum from “soft use” to “hard use,” where “to learn” inclines to the soft use; “to give account” inclines to the hard use; and to steer and control lies in-between. In addition, the soft use tends to be interpretative, fostering a “performance culture” that works for performance improvement; and the hard use tends to be formula-based, fostering “measurement culture” that works for incentive building and sanctions. Government agencies tend to use performance information in a “hard” way for steering subordinates and exercise control, and for making themselves accountable. This pattern incorporates the function of “to steer and control” with the function of “to give account,” forming a mechanism of “performance-based accountability” that is too narrow to represent the complex nature of the public sector performance. Hence, Van Dooren et al. (2010) argue that performance management should move away from accountability.

But alternatively, is it possible to incorporate the function of “to learn” with the function of “to give account”? That is “performance as accountability.” Aucoin & Heintzman (2000) suggest the use of program evaluations and reports on progress to achieve continuous improvement in performance as well as accountability. The Public Administration Select Committee of the UK House of Commons in a report in 2003 put forward a similar notion to the one above to move public performance management in the UK from a target-based performance measurement culture towards a progress-based performance culture (House of Commons Public Administration Select Committee, 2003). In this sense, “performance as accountability” should not be built on the measuring of achievement of *ex ante* management-imposed targets, but on the *ex post* evaluation of improvement in performance.

**Table 1: Three uses of performance information**

	<i>To learn</i>	<i>To steer &amp; control</i>	<i>To give account</i>
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<b>Key question</b>	How to improve policy or management?	How to be in control of activities?	How to communicate performance?
<b>Focus</b>	Internal	Internal	External
<b>Orientation</b>	Change/future	Control/present	Survival/past
<b>Exemplary instruments</b>	Strategic planning, Benchmarking, Risk analysis, Business process re-engineering	Monitors and management, scorecards Performance pay, Performance budgeting	League tables, Citizen's charters and annual reporting, Performance contracts

Source: Van Dooren et al. (2010: 101)

To be sure, the “learning user” of performance information is not well-defined in the account of Van Dooren et al. (2010). It may refer to either the overall specific social service systems (e.g., health system; education system, etc), or to policymaking agencies and/or executive agencies. Would it make a difference if different learning roles are taken by different levels of actors? Van Dooren et al. do not take this factor into account. In the two cases studied in this paper, the two service systems have already adopted the three types of uses. The policy learning occurs in the executive agencies in the case of HROs but in the supervisory agencies in the case of the HSCs. These two institutional structures make for differences in performance impact and accountability. What account for their different approaches? The characteristics of their services, the performance regime installed and their joint effect account for the difference.

The analysis of the two cases mainly relies on the official documents offered by official informants from the HSCs, the HROs and their supervisory agencies, including lists of performance indicators, performance management schemes and regulations, and service proposals. Interviews were also conducted with these informants, which provided substantial information on the exact operation of the performance management mechanisms.

### **Service Characteristics**

The HSCs in Taipei City, formerly the Public Health Centre before 2005, are responsible for the handling of community public health services, directly subject to the Department of

Health of the city. In the 2005 reshuffle, the outpatient clinic (this function remains in other administrative areas in Taiwan) and most law enforcement functions (e.g., hygiene and food inspection) were hived off. Since then, the HSCs have concentrated on health promotion and disease prevention. The business functions of the HSCs are divided into two parts: case management and health promotion, handled by the case management division and the health promotion division, respectively. The task in the case management division is to look for and follow up the cases of clients from target groups who are in need of tailor-made care, e.g., the elderly and some disadvantaged social groups. The task in the health promotion division is to offer a variety of activities and programs to disseminate health knowledge into communities and to encourage target social groups to take screening tests for various diseases. Thus the mission of the HSCs is to help people to realize healthy behaviour and protect against diseases proactively.

The HROs are directly subject to the Department of Civil Affairs (DCA) of the city, and are responsible for handling various civil registrations (births, marriages, and deaths), issuance of identity cards and household certificates, applications for nationality by expatriates, and other miscellaneous household management affairs. The household registration system in Taiwan is designed to collate and supply demographic information to the government and to provide official recognition of personal status and household relations. The business functions of the HROs are shared by three divisions: the household registration division, household records division and general affairs division. The services of HROs look very routine and stable, so the counterpart in the UK (General Register Office), for example, tends to be a hyper-stable agency even under the impact of the NPM reforms (Pollitt & op de Beeck, 2010). Interestingly, the HROs in Taiwan were the pioneer of the public sector reform. The HROs were identified as an agency with frequent contact with the general public, who always need to apply for various official documents to verify their personal status for study abroad, sale of a house, changing household registrations and so on. As early as the mid-1990s, for example, the HROs in Taipei

City were engaged in a quality reform movement that redirected the HROs to offer citizen-friendly services actively, instead of simply being a passive service counter. Many HROs in Taiwan have formed a “quality circle” to analyse and solve work-related problems.

The HSCs and the HROs are frontline executive agencies to directly serve citizens, but their service characteristics are quite different. The HSCs’ services are outdoor-oriented. Their members of staff need to go out of the office to search and serve their clients. The HROs’ services are indoor-oriented. Their staff station themselves in the office, waiting for clients. These two services can be respectively compared to the “shopkeeper business model” and “direct sales business model.” The shopkeeper business model is the oldest way to do business — opening a store filling it with products and waiting for customers to come in. In favour of the HROs, the shopkeepers in this case are the sole supplier of the services concerned in their own jurisdiction. The direct sales business model is to sell and market directly to the customer away from a fixed location. However, the direct salespersons in the case of the HSCs enjoy no advantage as the staff in the HROs do since the health information the HSCs “sell” tends not to be considered as essential goods for many people.

In this sense, the HSCs and the HROs are pursuing a citizen-centred service, but the exact “client relationships” of the two services vary from each other. To put citizens first, the HSCs are to influence the mindset and behaviour of people in regard to *their long-term interest*, e.g., no smoking and to do more workouts. It may work against people’s current preference and utility. The officials in the HSCs in fact play the role of social marketers to foster social changes (Andresen, 1995). For the HROs, to put citizens first is to try to develop services to meet people’s *self-perceived immediate demands*.

### **Performance Regime of the HSCs and HROs**

According to Colin Talbot (2008), a performance regime contains two elements: 1) the institutional context of performance steering and 2) the nature of actual performance

interventions. The institutional context of performance steering in Taiwan mainly works as a vertical chain of “principal-agent” relationship starting from the central government and various functional policy-making agencies to local governments, and then to various executive agencies at the bottom. But the chain is not simply one straight line through from the top. First of all, the two cases in this paper are grass-root executive agencies. The HSCs are immediately supervised by the Department of Health of Taipei City. But the HSCs are functionally directed by the Department of Health under the Executive Yuan (a central-level agency), which contains certain affiliated sub-agencies that may assign tasks to the HSCs, such as the Bureau of Health Promotion, the Centre for Disease Control, and the Food and Drug Administration. The Bureau of Health Promotion (BHP) is the source of the major tasks of the HSCs. The HROs in Taipei City are immediately supervised by the DCA of the city. They are functionally directed by the Department of Household Registration under the Ministry of Interior. In addition, the National Immigration Agency under the same ministry also assigns some tasks to the HROs as part of the business of the HROs is concerned with handling affairs related to foreign residents.

In addition to the above functional lines of management, there is a unique overseeing agency to take charge of the performance management policy in Taiwan, the Research, Development and Evaluation Commission (RDEC) under the Executive Yuan, which works on the evaluation of the performance and service quality of government agencies. As a directly administered city, Taipei City further has its own city-level RDEC to take charge of the policies concerned.

For the actual performance interventions, it is usual practice for the government in Taiwan to impose performance targets on executive agencies to ensure the accomplishment of assigned tasks. Most of the tasks assigned by supervisory agencies are accomplished by specific performance indicators. There is no exception for the two cases in this paper. Comparative league tables are further applied to some specific tasks, sometimes with a bonus awarded to top performers. This is especially apparent in the case of the HSCs where a performance bonus is

used as an incentive mechanism.<sup>1</sup> In addition, the RDEC under the Executive Yuan has launched its own award scheme to encourage improvement in the quality of government services since 2008. In response to the national scheme, the city government devised a sub-scheme through its RDEC, Scheme of Enhancement of Government Service Quality (SEGSQ), to involve most affiliated agencies in the performance evaluation so as to recommend candidates to the national scheme selected from among the best performers in the city. Different from the functional performance measurement, the performance evaluation focuses on the general quality of service, composed of six dimensions: *image of agency*, *service process*, *client relationship*, *information availability*, *on-line service provision* and *service innovation* (see Table 2). The HSCs and HROs are also involved in the scheme as frontline service providers.

**Table 2: Dimensions and indicators of evaluation by the SEGSQ**

<i>Dimensions</i>	<i>Indicators</i>
image of agency (25%)	Convenience of service area; friendliness and professionalism of service (field assessment 15%; telephone etiquette test 10%)
service process (20%)	Accessibility and efficiency of service process (10%)
	Transparency of service process (10%)
client relationship (15%)	Client satisfaction (10%)
	Feedback effectiveness and response rate to clients' opinions and grievances (5%)
information availability (15%)	Availability of statute, policy and service information (3%)
	Availability of service programme and publication information (2%)
	Information accuracy (5%)
	Adequacy and friendliness of information searching (5%)
on-line service provision (10%)	Expandability of on-line services
service innovation	Innovativeness of services (8%)

<sup>1</sup> The bonus is not in the form of cash, but tokens that can be used to buy goods from specific retailers.



(15%)	Service sustainability and benchmarking (3%)
	Effectiveness of services (4%)

Speaking overall, the HSCs and the HROs face two sources of performance pressure. One comes from the measurement of *ex ante* functional performance targets; the other comes from the *ex post* performance evaluation by the SEGSQ. The formal performance regimes of the HSCs and HROs are basically the same. However, there is still much room left for the two systems to exercise discretion in using these leverages. The HSCs and the HROs with their supervisory agencies use different strategies to manoeuvre these leverages and thus develop their own performance complexities. The public health agencies incorporate the SEGSQ into their business performance measurement. The civil affairs agencies combine the two leverages loosely and place more emphasis on the SEGSQ as a tool to steer the HROs. This difference can be justified by examining the details of their business functions and concrete performance interventions.

### **Performance Complexity of the HSCs: Generating Instrumental Performers**

Although the functions of the HSCs were trimmed down in 2005, the scope of their service has been growing with regard to the functions of health promotion and disease prevention. The case management division now handles: 1) development of healthcare networks; 2) maternal, child and adolescent healthcare; 3) household health services; 4) community mental healthcare; 5) healthcare for minority groups; 6) adult and elderly healthcare. The health promotion division handles: 1) tobacco hazards control; 2) prevention of cancer and chronic diseases; 3) healthcare planning; 4) community health; 5) health education; 6) health consultations and referrals. The HSCs are assigned to be an all-encompassing *promotora* (community health worker) (to a certain extent beyond the community healthcare).

In the case management division, for example, officers are assigned to identify cases in need of special attention, such as elderly persons with dementia or persons with the

“three-hypers” (i.e. hyperglycemia, hyperlipemia and hypertension), families with members with mental disorders, and new immigrants (usually an disadvantaged social group) who have baby care problems. The officers in the division need to pay regular visits to these cases, give them healthcare advice, and refer them to hospitals if necessary. The officers also need to organize various health talks in communities to deliver health messages. In the health promotion division, officers are assigned to conduct various disease control programs, especially for five common cancers: cervical, breast, oral cavity, colorectal and liver, offering screening tests for those social groups at most risk. The division also needs to promote various health-related ideas, like anti-smoking, doing more workouts, consuming more vegetables, etc.

The service items of the HSCs have accumulated following the imposition of new policy measures. One recent policy focus is the development of long-term care services for people with a [chronic illness](#) or [disability](#), and the HSCs need to help develop and train voluntary *promotoras* to join the services. The policy of promoting breastfeeding means that the HSCs need to help promote the establishment of breastfeeding rooms in workplaces. In response to growing labour health problems, the HSCs are assigned to promote a health workplace program, by encouraging enterprises to adopt certain health policies in their workplaces, like a no-smoking office, stress management, adequate workouts during office hours, etc. There is one major key policy each year. Anti-smoking was the major focus in 2010, so an anti-smoking campaign was organized to encourage cigarette smokers to quit smoking and so the HSCs were heavily pushed to raise the figure of the total number of people signing up for quitting smoking. Losing weight is the focus in 2011. Then the HSCs are being pushed to raise the figure of weight cutting participants.

The delivery of all the above service or policy items is steered by corresponding top-down performance indicators. In 2009, the list contained totally 31 indicators that were further divided into 80 sub-indicators. In 2010, the number of indicators surged to 42 with 103 sub-indicators. The indicators are imposed on each HSC with precise quantitative targets where different

degrees of target achievement are accorded with different scores. The aggregate score becomes the result of a comprehensive performance assessment (CPA).

The targets can be generally categorized into three types. The first is an absolute-number target, e.g. how many client visits per month, how many health talks given per year. The second is an absolute-number target of “new” clients or program participants, e.g. the number of new breastfeeding rooms in workplaces, the number of people signing up for quitting smoking. The third is a ratio target, e.g. the proportion of females between the age of 30~69 receiving a pap smear test (for screening for cervical cancer), the proportion of successful referrals of clients for long-term care. The above targets can be a function of process, output or intermediate outcome. The growing awareness of health messages through health talks can be considered a process function. The increase in the number of breastfeeding rooms can be considered an output function. More females receiving a pap smear test represents an intermediate outcome function, as the test is the most effective way to protect against cervical cancer in advance.

League tables for certain indicators are applied to all 12 HSCs, and the performance competition is further spurred by the granting of performance awards. For key policies, such as cutting weight in 2011, each HSC is asked to report the figure of participants weekly.<sup>2</sup> Therefore, the HSCs in turn focus more on these policies and spurs the staff on to meet or even surpass the assigned targets. The SEGSQ is another field of performance competition. One significant dimension of the scheme, as noted above, is to evaluate the “service innovation” and thus each HSC is encouraged to devise proposals for service innovation each year, but it is not compulsory. However, due to the heavy workload of the HSCs, each HSC tends to develop only one proposal for service innovation and the proposal tends to combine existing performance indicators.<sup>3</sup> This practice is usually intended to make existing services more convenient, acceptable and accessible rather than to develop new services. For example, in order to raise the

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<sup>2</sup> Interview with a frontline officer of an HSC (14 March, 2011).

<sup>3</sup> Interview with officers of the Department of Health of Taipei City (8 July, 2011).

figure for the number of individuals who take the screening test for cervical cancer, an HSC introduced “home service delivery” to facilitate the acceptability and accessibility of the service for females.<sup>4</sup> One should sense that the SEGSQ is not high on the HSCs’ list of priorities and is used as a vehicle for meeting performance targets.

The performance indicators for the HSCs are established by supervisory agencies, mostly from the BHP, in line with the public health policies concerned. The BHP collects public health statistical data and regularly conducts various social surveys to collect data concerning health conditions, knowledge, attitudes and behaviours of people in order to identify health problems in Taiwan with references to the standards offered by the World Health Organization, and then formulate policies to tackle those problems identified (probably thus followed by new performance indicators imposed). The surveys also help the health authority to evaluate the performance of health promotion policies. The making of the public health promotion policy looks quite evidence-based, but such a process of policy learning is confined to the central level decision-making body. There is no participation of frontline executive agencies in the process.<sup>5</sup> The HSCs are only supposed to be “instrumental performers” to achieve imposed targets effectively and efficiently (see Figure 1). The staff of the HSCs are only engaged in single-loop learning to improve strategies to meet intended targets, which can be called “instrumental learning” (Argyris & Schön, 1996).

### **Performance Complexity of the HROs: Generating Performing Learners**

In contrast to the HSCs, the core business of the HROs looks stagnant. Top-down numerical performance indicators are also applied to all HROs, but the list of indicators is far shorter. The list is divided into five dimensions of indicators: household business, nationality business, population statistics, household information and service to the public. In 2010, it

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<sup>4</sup> Provided by a frontline officer of an HSC in an interview (14 March, 2011).

<sup>5</sup> Interview with a former officer of the BHP (5 May, 2011).

contained 18 indicators, totally that were further divided into 38 sub-indicators. Most indicators are concerned with the administrative process, measuring timeliness, accuracy and efficiency in the processing of applications and data management. Due to the indoor-oriented nature of the HRO's services, the spatial arrangement of the service area was taken into account — provision of facilities for the disabled, and lavatory and drinking water available for the public are on the list. The SEGSQ-related “service improvement and innovation” is also on the list, but as in the case of the HSCs, it only accounts for only an insignificant share of the CPA. This does not mean that the SEGSQ is not significant for the HSCs, because this indicator in the CPA only measures the quantity, not quality, of the initiatives.

The top-down quantitative performance control of the core business of the HROs looks no different from that of the HSCs. However, due to the different service characteristics of the HROs, it is easier to control the performance of routine administrative functions and in fact meeting those quantitative targets is considered a must or a minimum requirement for all HROs. The performance differences between the HROs in this regard are not wide, especially for those on the top ranks. In fact, the DCA does not disclose the CPA ranking of the 12 HROs to their staff. That means no overt league table is not taken as a vehicle to spur a performance competition among the HROs.<sup>6</sup> The narrow performance gap among the HROs reflects a phenomenon of “measurement degradation” (Talbot, 2005) or “performance paradox” (Van Thiel & Leeuw, 2002). Performance indicators run down over time in the sense that they are no longer able to discriminate between good and bad performers. Ironically, measurement degradation offers an opportunity to the HROs to shift their emphasis to the qualitative performance evaluation, i.e., the SEGSQ, whereas the performance competition in quantitative terms remains effective for the HSCs.

The SEGSQ is an evaluation scheme with more interpretative aspects conducted by the RDEC with non-official external evaluators. As noted above, the evaluation, consisting as it

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<sup>6</sup> Interview with a senior officer of the DCA (15 August, 2011).

does of six dimensions concerning quality management, seems to be better able to assess the parts of the services offered by the HROs which cannot be measured by quantitative performance indicators. The DCA in Taipei City assigns the SEGSQ to being a major battlefield for performance competition among the HROs and has further organized an “innovative proposal contest” for all agencies under the DCA since 2005 to spur the innovativeness among its staff.<sup>7</sup>

Developing innovative services including on-line service provision, among the six dimensions of the SEGSQ, acts as the cutting edge in the evaluation. When it is voluntary for the HSCs to devise innovative services and they usually assign one official to take charge of the job, but such is not the case in the HROs. In their CPA, five proposals need to be submitted, with approval for all of them, per year to obtain a full score for “service improvement and innovation.” Hence, the officials of the HROs are forced to figure out a variety of new ideas to improve their service, which are derived from their frontline work experience (i.e., responsiveness to citizens). The service improvements or innovations proposed by the HROs can be divided into two categories. The first are those of self-performed initiatives, where the HSCs execute the proposals themselves; the second are those of cross-agency services, where the initiatives are related to the services of other functional agencies. The former can be carried out without the necessary approval of any higher authorities; the latter has to be officially approved before execution, as it is concerned with cross-agency collaboration.

As an example of a self-performed initiative, for example, an HRO in Taipei initiates a document translation service to citizens who need English official documents for various purposes. As an example of a cross-agency service, an HRO proposes a plan to collaborate with the Mortuary Service Office to streamline the process of the registration of deaths by allowing online access to the data bank of the Mortuary Service Office, so that it is more convenient for people to register deaths and also paper-free. The HROs are expanding their functions to a

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<sup>7</sup> Interviews with a senior officer of the DCA (15 August, 2011) and with a director of an HRO (6 July, 2011).

certain extent by the implementation of such initiatives.<sup>8</sup>

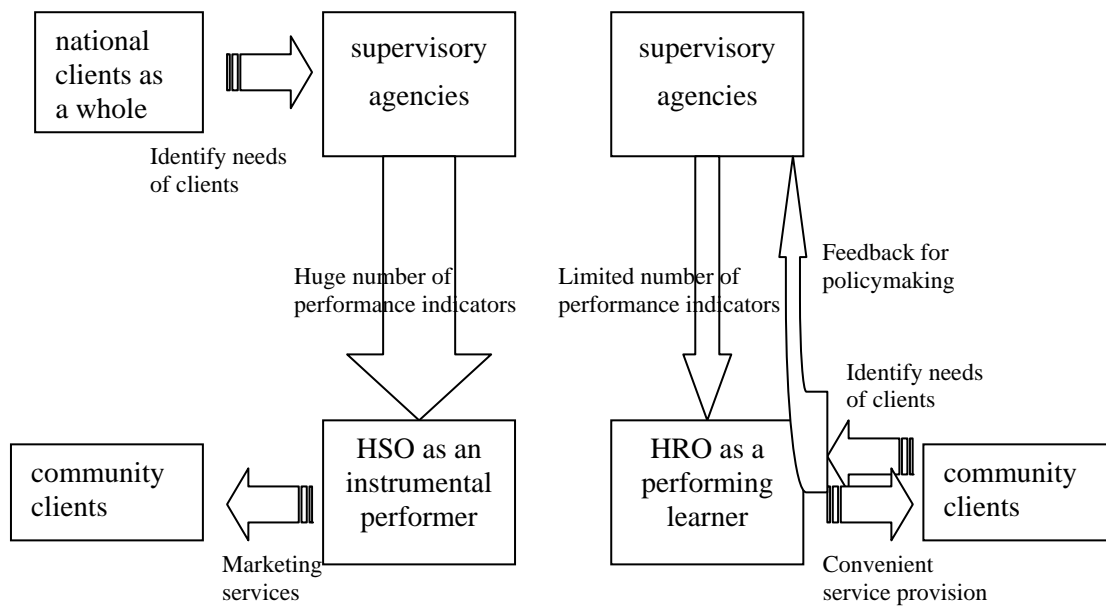


Figure 1: Policy and Service Delivery Mechanism of the HSC and the HRO

Under the push for continuous improvement, the operational style of the HROs is being transformed from that of the traditional “shopkeeper business model” into a “bricks-and-clicks model,” with increasing use of on-line platforms to offer an integrated one-stop service. It should be noted that the various service improvements and innovations by the HROs, to a certain extent, are a process of bottom-up policy making. And they allow benchmark learning for other HROs, so diffusing “best” practices nationwide. At the same time, it also allows for variations in the services provided by the different HROs, which may be more tailor-made for specific communities. The HROs are “performing learners” (see Figure 1), engaged in double-loop learning that not only shapes the strategies used in the delivery of services but also redefines the value and function of the HROs themselves (Argyris & Schön, 1996). In the sense of the public sector management, the HROs are engaged in “policy learning.”

**HSC as a Paternal Social Marketeer v.s. HRO as a Convenient Service Provider: Which**

<sup>8</sup> The two cases are provided by a junior officer of an HRO.

## **One is More Citizen-centred?**

It is always argued that the function of government is far different from that of the private sector, but we are still able to look for many government functions where they would be suitable to adopt a business-like management. The two government agencies reviewed in this paper are endeavouring to offer better services to the public, spurred by competitive performance mechanisms. Performance competition matters. However, two different performance complexities are derived from the same performance regime. One tends to be quantitative and more adhering to performance-target measurement; the other tends to be qualitative and more adhering to performance evaluation. Both service systems as a whole are hastening citizen-centred policies but with different mechanisms. The pattern of organizational learning is the crux of the matter. This study finds that even though performance information is used for “learning” already, so as to trigger citizen-centred performance improvements, there are other variables to determine the learning effects. Which agency in a service system plays the learner? An executive agency or a supervisory agency? What kind of learning does it carry out? Instrumental learning or policy learning?

The public health policy is still considered being concerned with highly professional issues in that experts rather than the general public are supposed to be the ones to identify social needs. In this case, the function of the identification is further centralized in top level experts. The street-level public health bureaucrats in the HSCs only specialize in “instrumental learning” to develop marketing skills to promote top-down imposed measures. This “instrumental” role is further strengthened by proliferating performance indicators produced by new policies and measures formulated under the policy learning by policymaking agencies (e.g. BHP). As a consequence, the performance complexity tends to be of a top-down numerical performance measurement, and upwards rather than outwards accountability is enhanced. To be sure, such a kind of social marketing does involve elements of “paternalism” (Brenkert, 2002), but we



cannot deny the fact that the services offered by such a “paternal social marketer” are driven by a mode of a citizen-centered approach.

By contrast, the citizen-oriented nature of the function of the HROs is quite straightforward. But it is surprising for such a routine-oriented agency to pursue continuous improvements. Interestingly, it is the routine nature of the HROs, which leads to “measurement degradation,” that contributes to another kind of performance complexity that puts more emphasis on improvements in quality. Even though the complexity is still a top-down function, it is fostering a performance culture rather than a measurement culture. The performance culture strengthens outwards accountability and direct responsiveness to citizens. Different from the HSCs, the HROs are to satisfy the immediate needs of their clients, especially in the provision of “service convenience,” namely time and effort saved in having access a service (Berry et al., 2002). It is undeniable that the services offered by such a “convenient service provider” are driven by a mode of a citizen-centred approach.

One should note that the HSCs are expanding their services and are shaping the nature of the services, as what the HROs are doing. The HSCs also adopt the notion of “service convenience” in their social marketing. There is no doubt that they are working for continuous performance improvements as advocated by Van Dooren et al. (2010). But if we take difference in the policy and service delivery mechanisms of the HSCs and HROs into consideration, there are variations in their exact operations. The HSCs are alienated from the policy learning that is undertaken by their supervisory agencies and the learning is working in response to the nation as a whole. By contrast, the HROs not only provide services but also give policy feedback to the whole service system. The policy learning occurs in the level of the HROs, so the learning is working in response to specific community-level demands (Figure 1). It is worth noting the implication and wisdom behind such a participative policymaking by street-level bureaucrats in contrast to “distancing” data processing evidence-based policymaking. Is it more desirable and more citizen-centred to transplant the mode of the grass root wisdom of the practice in the

HROs into the HSCs? Further research is warranted for this issue. But it is quite clear that the existing uniform top-down performance indicator set for the HSCs, albeit varied target requirement in different places, limits the discretion of frontline officers to flexibly provide tailor-made services.

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# NECoPA

## Northeast Conference on Public Administration

John Jay College of Criminal Justice  
City University of New York  
445 West 59th Street at Tenth Avenue  
New York, NY 10019

Dear Bennis So,

Congratulations! Your proposal for the 2nd annual Northeast Conference on Public Administration has been accepted for presentation. We are looking forward to having you on campus this fall, and have included information on registration in a separate file.

On the conference website, you will find a sample of hotels at various price ranges. The John Jay College Campus is a couple of blocks from the Columbus Circle subway stop (the #1 Train). Most of these hotels are located within the Columbus Circle and Times Square areas. The Columbus Circle area is within walking distance of the John Jay College Campus. The Times Square area is a short subway/bus ride from Columbus Circle. And of course, a wide variety of hotels in various interesting neighborhoods are accessible by subway and bus.

Also, note that there will be pre-conference tours (Thursday, October 27) of the World Trade Center Site and the 9/11 Memorial. Check the NECoPA website for more information.

Please take a moment to register for the conference.

More information is available on the NECoPA website, with more information being added as it becomes available:

<http://spaa.newark.rutgers.edu/home/conferences/necopa2011.html>

We look forward to seeing you on campus in October.

Sincerely,

Jeanne-Marie Col, Ph.D.

NECoPA 2011 Conference Chair

[jmcol446@gmail.com](mailto:jmcol446@gmail.com)

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Jeanne-Marie Col

Associate Professor  
Public Management and  
Emergency Management  
John Jay College  
City University of New York

# 國科會補助計畫衍生研發成果推廣資料表

日期:2011/12/19

國科會補助計畫	計畫名稱: 我國政府機關績效管理行為之研究: 績效的定義過程與行為互動
	計畫主持人: 蘇偉業
	計畫編號: 99-2410-H-004-232- 學門領域: 公共行政
無研發成果推廣資料	

99 年度專題研究計畫研究成果彙整表

計畫主持人：蘇偉業		計畫編號：99-2410-H-004-232-					
計畫名稱：我國政府機關績效管理行為之研究：績效的定義過程與行為互動							
成果項目		量化			單位	備註（質化說明：如數個計畫共同成果、成果列為該期刊之封面故事...等）	
		實際已達成數（被接受或已發表）	預期總達成數（含實際已達成數）	本計畫實際貢獻百分比			
國內	論文著作	期刊論文	1	1	100%	篇	刊登於 ' ' 策略評論 ' ' ,
		研究報告/技術報告	0	0	100%		
		研討會論文	0	0	100%		
		專書	0	0	100%		
	專利	申請中件數	0	0	100%	件	
		已獲得件數	0	0	100%		
	技術移轉	件數	0	0	100%	件	
		權利金	0	0	100%	千元	
	參與計畫人力（本國籍）	碩士生	2	2	100%	人次	
		博士生	0	0	0%		
博士後研究員		0	0	0%			
專任助理		0	0	0%			
國外	論文著作	期刊論文	1	1	100%	篇	即將刊登於 Australian Journal of Public Administration
		研究報告/技術報告	0	0	0%		
	研討會論文	2	2	100%	the China-Australia Public Management Dialogue, Guangzhou, School of Government, Sun Yat-sen University, 16-17 June, 2011.		

							of Criminal Justice
		專書	0	0	0%	章/本	
	專利	申請中件數	0	0	0%	件	
		已獲得件數	0	0	0%		
	技術移轉	件數	0	0	0%	件	
		權利金	0	0	0%	千元	
	參與計畫人力 (外國籍)	碩士生	0	0	0%	人次	
		博士生	0	0	0%		
		博士後研究員	0	0	0%		
		專任助理	0	0	0%		

其他成果 (無法以量化表達之成果如辦理學術活動、獲得獎項、重要國際合作、研究成果國際影響力及其他協助產業技術發展之具體效益事項等，請以文字敘述填列。)	無						
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	成果項目	量化	名稱或內容性質簡述
科教處計畫加填項目	測驗工具(含質性與量性)	0	
	課程/模組	0	
	電腦及網路系統或工具	0	
	教材	0	
	舉辦之活動/競賽	0	
	研討會/工作坊	0	
	電子報、網站	0	
	計畫成果推廣之參與(閱聽)人數	0	



# 國科會補助專題研究計畫成果報告自評表

請就研究內容與原計畫相符程度、達成預期目標情況、研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）、是否適合在學術期刊發表或申請專利、主要發現或其他有關價值等，作一綜合評估。

1. 請就研究內容與原計畫相符程度、達成預期目標情況作一綜合評估

達成目標

未達成目標（請說明，以 100 字為限）

實驗失敗

因故實驗中斷

其他原因

說明：

2. 研究成果在學術期刊發表或申請專利等情形：

論文： 已發表  未發表之文稿  撰寫中  無

專利： 已獲得  申請中  無

技轉： 已技轉  洽談中  無

其他：（以 100 字為限）

3. 請依學術成就、技術創新、社會影響等方面，評估研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）（以 500 字為限）

本研究從微觀角度深入分析我國績效體系(performance regime)對本研究的兩類個案機關(衛生及戶政)之績效行為影響，是我國首次的相關研究。本研究提出績效複合體(performance complexity)概念來理解不同的績效管理工具組合所產生的效應，並以組織學習理論作為這效應的中介變數。