(RESEARCH ARTICLE)

Health management models and their impacts on organizational behaviors of human resources in the hospital setting

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Abstract

Hospital organizations are characterized by their complexity and are different from other examples of organizations, especially because they have a healthcare objective, putting profit returns in second place. During the execution of their peculiar activities, hospital organizations incorporate activities from various professional sectors, employing multidisciplinary teams composed of nurses, pharmacists, and doctors, among others. It is understood that managing people directly impacts the results of the healthcare sector because, just like in any other enterprise, success will only become a reality through well-done teamwork. This research presents a qualitative approach and, in terms of objectives, is distinguished as exploratory and descriptive research based on a careful literature review. The overall objective of the study was based on a bibliographic analysis of the impact of management models on the functioning of human resources management in the hospital setting of the Unified Health System (SUS). It is concluded that for the development of human resource management projects in health, there needs to be articulation and approximation of the SUS human resource management structure with training institutions for the sharing, responsibility in conducting, monitoring, and evaluating professional training projects, fulfilling the constitutional mandate that consecrates this partnership.

Keywords: Hospital organizations; Management models; Health human resources; Healthcare

1. Introduction

Hospital organizations are characterized by their complexity and differ from other organizations, especially because they have a care objective, putting profit returns in the background. During the execution of their peculiar activities, hospital organizations incorporate activities from various professional sectors, employing multidisciplinary teams composed of nurses, pharmacists, and doctors, among others.

Considering the wide division and specialization of multidisciplinary labor activities developed in hospitals, one of the greatest challenges of hospital management is to maintain a simultaneous and balanced functioning of all these services. To this end, the hospital organization needs to develop administrative methodologies to ensure the organization of its actions, seeking to ensure quality in the care provided in an economical and viable way [1].

It is known that people management directly impacts the results of the health sector because, like any other enterprise, success will only become a reality through good teamwork.

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Thus, by offering patients excellent care, there is a great possibility of achieving a good financial balance for the hospital or clinic. The role of the manager is of great importance to achieving good results. They need to align their strategic vision with their technical knowledge to encourage teams to achieve established goals without pressuring them.

According to Pinto (2007), classical management models have as main characteristics the establishment of a standard for products, the particularization resulting from the division of labor, the synchronization between time and production, maximization, and centralization [2].

The latter occurs when the act of deciding is concentrated in only one manager. It is possible to affirm that centralization promotes the command and planning of decisive moments in the daily life of hospitals because, when carried out, implementation is conducted under direct supervision. However, the manager who centralizes all commands loses the global vision of their institution, causing a considerable loss of important strategic activities [3].

In this context, current management models have gained a place in the organizational environment with specific positions, such as Participatory Administration, which considers employees' engagement in decision-making actions.

According to the fundamentals of this conduct, the engagement of members of various hierarchical levels contributed to an increase in the quality of decisions and, above all, to the motivation of those involved in these actions, causing an improvement in the organizational climate [4].

Moreover, entering the hospital context, Lorenzetti et al. (2014) ensure that the administrative process in the hospital environment is characterized by low adherence to a different management example from the traditional one, where there is still a valorization of centralization and austerity regarding the hierarchical framework [5].

Thus, the promotion of new models, based on the active cooperation of multidisciplinary teams, regarding health management, is still a persistent challenge. In order to remedy these weak points, it becomes imperative that hospital institutions invest in quality, which is responsible for adding value to the work developed.

The degree of quality of each institution is associated with the culture of the management model adopted, which has implications for the level of engagement of its agents and the degree of satisfaction of those assisted. Thus, quality in the environment of hospital organizations will only be favored when the participation of agents responsible for planning labor activities is taken into account [6].

For hospital organizations that wish to employ better strategies to ensure quality and humanization in medical-hospital services, a joint effort of the Human Resources (HR) area and the general management of hospital companies will be necessary, in which a reliable understanding of the definition of health clients will be necessary, which includes not only sick patients but also their families [7].

This research presents, in terms of its nature, a qualitative approach, and in relation to its objectives, it is distinguished as an exploratory and descriptive research based on a rigorous literature review. The general objective of the study was focused on the bibliographic analysis of the impact of management models on the functioning of human resources management in the hospital context of the Unified Health System (SUS).

This article was organized into four topics. The first topic is the introduction where the objectives of this research were highlighted. The second topic indicated the methodological procedures employed in the development of the research. In the third topic, a discussion was elaborated, substantiated by an analysis of the results of the literature review. In the fourth and final topic, the concluding remarks of the article were presented.

2. Material and methods

This research is characterized, based on its nature, as a qualitative study, which, according to Minayo (2011), observes specific issues that conceive a degree of reality that, instead of being quantified, can be analyzed by the researcher, also presenting the bias of exploring varied positions on the researched theme. Regarding its objectives, this is an exploratory and descriptive study based on a meticulous literature review [8].

According to Dorsa (2021, p. 01), "The literature review is fundamental to the writing of a scientific text, regardless of its genre: a thesis, a dissertation, a project, or the writing of a scientific review article"[9].

Among the authors who contributed the most to this research are Pierantoni et al. (2008), Santini et al. (2017), Porto and Granetto (2020), and Rodrigues and Barbosa (2021).

During the selection of research sources that underpinned this study, we sought to blend positions from older research with those of more recent studies. To do so, we always observed the relevance, quality of material, and applicability to the topic at hand.

The main sources that were investigated can be classified as books, scientific articles, periodicals, newspapers, and scientific journals. These sources were divided into two categories: current reading and reference reading.

In scientific methodology, it is understood that a good theoretical foundation is an acceptable basis for analyzing the investigated bibliographic data and elaborating the present study, going beyond what reality simply shows us.

Therefore, mastering the authors that were researched positively contributed to the development of our creativity, since through their scientific contributions, it was possible to understand everything that has been produced of importance about the studied theme and the advances made regarding it.

3. Literature Review

The expansion, enlargement of health systems, and complexity of care have reinforced the importance of more efficient management of the quality of care. In this context, different techniques and tools frequently used in the industrial sector have been adapted to the healthcare sector. Among these methods or tools, a focus on quality is particularly prominent.

With the growing complexity of healthcare systems and the increasing demand for high-quality care, there has been a need for more efficient management of the quality of care. To address this need, various techniques and tools used in the industrial sector have been adapted to the healthcare sector. One of the most prominent methods for improving the quality of care is the use of a quality management system (QMS) [15].

A QMS is a set of policies, procedures, and processes that are put in place to ensure that healthcare organizations consistently provide high-quality care. It involves the use of various tools and techniques such as continuous quality improvement (CQI), total quality management (TQM), and Six Sigma [16].

CQI is an ongoing process of identifying areas for improvement and implementing changes to improve the quality of care. TQM is a comprehensive approach to quality management that involves all aspects of an organization, including leadership, employees, and processes. Six Sigma is a data-driven approach to quality management that focuses on reducing defects and variability in processes.

By implementing a QMS and using these tools and techniques, healthcare organizations can improve the quality of care they provide, reduce costs, increase efficiency, and enhance patient satisfaction. It also helps healthcare providers to monitor and measure their performance, identify areas for improvement, and implement changes to improve patient outcomes [17].

In recent decades, the Brazilian healthcare sector has undergone a constant transformation, seeking different ways to achieve the decentralization of health policies proposed by the Unified Health System (SUS). Such a change is directly related to a shift in focus, both in the management process and in the patient care process.

It's exactly what it stands for Campos (2017, p. 50):

In recent decades, the Brazilian healthcare sector has undergone a constant transformation, seeking different ways to achieve the decentralization of health policies proposed by the Unified Health System (SUS). Such a change is directly related to a shift in focus, both in the management process and in the patient care process. While historically the Brazilian healthcare system was characterized by a centralized model, with a hierarchical and bureaucratic structure, in recent years there has been a movement towards greater participation and engagement of different stakeholders, including patients, healthcare professionals, and community organizations. This has been accompanied by a shift towards a more integrated approach to healthcare delivery, with a focus on primary care and preventative measures, rather than solely on specialized care. This transformation has not been without its challenges, including issues related

to financing, infrastructure, and workforce shortages, but it represents an important step towards a more equitable and sustainable healthcare system in Brazil [10].

Thus, the specificity of healthcare work, such as its collective, multidisciplinary, relational, and interactive character among professionals and between professionals and users, makes the team play a strategic role in SUS to achieve its principles and guidelines [11].

However, according to Cunha and Cunha (1998), the proposal of SUS for universalization and decentralization of health, although it has radically modified the care process in the country, has added complexity to the healthcare system, both in the operationalization of care and in the relationships between the spheres of power in the country. These complexities that have arisen in the operationalization of SUS since its implementation have brought difficulties in structuring the HR area in SUS [12].

The management of healthcare work, which fundamentally integrates the field of healthcare HR (RHS), began to take place in the 1990s, when there was flexibility in labor relations. This is because increasing levels of flexibility coexisted with the speeches of the Sanitary Reform about the emergency of a revalued work in SUS, where autonomy and participation prevailed [13].

It is known that hospitals are organizations whose activities are quite complex, heterogeneous, and permeated by multiple interests, with a critical place in the provision of health services. They consist of a space that builds professional identities with high social acceptance. In the hospital structure, special attention must be paid to HR management, allowing professionals long-term training to satisfactorily respond to people weakened by illness and to family members suffering from pain [14].

In many countries, social healthcare organizations are responsible for managing public hospitals. As a result, these organizations become responsible for people management within the hospital setting.

Managing people in this context can be challenging due to the complex nature of hospitals as social organizations. Hospitals are complex because they require coordination between different aspects of their operations, including patient care and administrative management. These different dimensions have well-defined and convergent goals, but may not always align when it comes to implementing the means to achieve those goals.

The complexity of hospitals can create gaps in the management of people that can weaken both the care and management dimensions of the organization. For example, if the hospital administration does not provide sufficient resources for training and professional development, this can lead to staff burnout and lower quality of care for patients. Conversely, if the care dimension is not adequately aligned with the administrative dimension, this can result in inefficiencies and financial waste.

Given the critical role that hospitals play in providing healthcare to communities, it is essential to ensure that people management is effectively coordinated within these complex social organizations. This requires a holistic approach that takes into account the unique challenges and demands of hospital operations, and that seeks to align the care and management dimensions in pursuit of common goals.

Added to this are the technology and all the inputs present in a hospital routine, the extensive legal and regulatory apparatus that delimits both the performance of health professionals (through, for example, professional councils and other instances of representation) and the nature of the procedures performed, as well as the form of organization and distribution of different health services that directly influence the performance of hospital institutions [15].

In Brazil, until 2003, the HR area was responsible for general coordination at three levels of the Ministry of Health (MS). Since that year, with the creation of the Secretariat of Labor Management and Education in Health (SGTES), in a series of measures for the restructuring of the ministry that occupies the top level, the relevance in the field of HR in formulating the National Health Policy is reaffirmed [16].

The SGTES was created with the challenge of addressing existing problems and defining policies in the field of labor management and education for the effective performance of the Unified Health System (SUS) in an articulated manner with the federal instances managing the system. However, despite the secretariats experimenting with redesigns of their operational mechanisms to enable the establishment of SUS and an effective service delivery model in the country, the modifications from a centralized management format to a decentralized pattern with technical capacity in physical,

organizational, and HR terms require a lengthy process, which in the case of healthcare is relatively recent and ongoing [16].

In the 1990s, the process of decentralization began to be standardized and institutionalized, with deepening of municipalization, which determined profound changes in the structure of labor relations and the municipalities' accountability for hiring and managing professionals to meet the multiple objectives and goals of the sectoral reform project [16].

There may be several reasons and other variables that can interfere with the structuring and institutionalization of organizational conditions for the exercise of certain HR management tasks. However, the recent trajectory of the decentralization process of the public health policy certainly contributes to explaining the high incidence of HR offices present in the Health Secretariats' structures [16].

In general, the HR offices of the secretariats, especially those of the capitals, have been putting into practice instruments from the agenda of the health labor and education management policy, although there are significant variations in the scope and extent of this implementation [16].

In recent years, there has been a growing trend towards innovations in management processes, which aim to streamline and optimize business operations while placing a greater emphasis on the value of human capital. This includes the horizontalization of management functions, which involves breaking down traditional hierarchical structures and empowering employees to take on greater responsibility and decision-making authority.

Another important trend in this area is the renaming and resignifying of HR management as person management, which seeks to "humanize" the function and emphasize the importance of valuing and investing in employees as individuals, rather than treating them as mere resources. This approach aims to foster a more positive and supportive work culture, which can in turn lead to improved quality, productivity, and competitiveness.

However, despite these positive developments, there is also a growing recognition that employment no longer plays the same role in building social and class identities as it once did. As the nature of work has become more flexible and transient, and as the traditional structures of social and economic inequality have shifted, people are increasingly looking beyond their jobs for sources of identity and fulfillment.

Overall, while these management innovations have brought many benefits in terms of creating more democratic and supportive work environments, it is important to recognize the broader social and economic changes that are shaping the way we think about work and employment in the contemporary world.

For Porto and Granetto (2020, p. 03), people management is of vital importance for the effective functioning of the hospital institution, and organization and dedication are the foundation for achieving health objectives. Thus, it is necessary for managers to promote periodic training to update employees on the current moment, so that the principles and objectives of the health area can be achieved [17].

Another issue is that the adoption of proposals for career progression is short-term, which makes it difficult for the organizational conduct applied by HR, as the class has lost the possibility of maintaining identity and the capacity for organization and collective action [16].

4. Conclusion

The movement observed in the field of HR management in the Brazilian Unified Health System (SUS) has been taking on more visible contours in health policies, although progress and setbacks can be identified.

Thus, although new forms of production are not yet capable of breaking with this fact, in the field of health it is possible to observe the search for the creation of collective management spaces. In this sense, this research reveals that, considering the time elapsed in the organization of the health system in a decentralized manner and the timid allocative capacity of investments in the area, a redesign of the field is observed with potentialities to break political insulation and occupy a strategic role in the decision-making process of health management.

It should be highlighted that this study indicates that management mechanisms in the field of HR in the health sector are still processes under construction, which polarize conflicting and controversial issues. They constitute challenges still under construction and raise a series of reflections on managerial models for HR in the health sector.

It is concluded, therefore, that for the development of management projects in the field of HR in the health sector, there must be articulation and approximation of the HR management structure of SUS with the training institutions for sharing, responsibility in conducting, monitoring, and evaluating professional training projects, enforcing the constitutional mandate that consecrates this partnership.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors assure that there is no conflict of interest with the publication of the manuscript or an institution or product mentioned in the manuscript and/or important for the result of the presented study.

Statement of informed consent

The present study did not involve people in a case study or similar research, having only restricted itself to a literature review.

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