

## THE QUALITY OF MANAGEMENT IN THE PUBLIC HOSPITAL SERVICE

Mario Sergio Santa Fé da Cruz<sup>1</sup>

### SUMMARY

The privatization of the management of public health centers and ideological positions have taken the place of scientific analysis in identifying the advantages and disadvantages of different forms of management. Despite having tried different formulas for two decades. Studies carried out do not show evidence that private management is more efficient than public management in the case of health services. The lack of information about the management models tried shows that there is a long way to advance in the rules of good governance within health systems, thus pointing out the precariousness of the current health system, and the deficiency in the training of professionals to manage services. of health. **Key words:** Management models. Health services. Private Management. Public Management.

### ABSTRACT

The privatization of the management of public health centers and ideological positions have taken the place of scientific analysis by identifying the advantages and disadvantages of different forms of management. Despite having tried different formulas for two decades. Studies conducted do not show evidence that private management is more efficient than public management in the case of health services. The lack of information on the models of management experienced shows that there is a long way to advance in the rules of good governance within the health systems, thus indicating the precariousness of the health system in force, and deficiency in the qualification of the professionals to manage the health services.

**Keywords:** Management models. Health services. Private Management. Public administration.

### 1. INTRODUCTION

During the last decades, raising quality to a strategic level has become an essential condition for successful operation in all fields of the economy, no production or service organization can avoid applying quality management tools and methods in a system level.

These systems developed in parallel with the change in the concept of quality and, in part, this change may have forced the evolution and application of various approaches and quality systems (SANTOS, 2006). There are numerous different definitions of quality; However, highlighting its essence, it can be said that quality means meeting all the expressed or latent demands of a customer. According to this definition, in essence, the number of various demands arising from services is the same as the number of

---

<sup>1</sup>INTEGRALIZE CORPORATION

your partners or customers. To meet specific customer demands, of course, a part of public service institutions must consider the fact that, when creating their quality management systems, most institutions perform authoritative functions.

In these cases, the legal basis and customer demands are not always fully met. It is clear that the clients' more extensive demands, stipulated by law, have priority in these cases; these are those specified by the creator of the law (CARNEIRO JUNIOR; ELIAS, 2006).

Speaking about issues of public service quality, you should not forget that the basic methods and techniques of hospital management evolved in connection with industrial production. When creating or developing your quality management systems, good results can be achieved with the appropriate adaptation of these methods and considering the special characteristics of the sector and the applying organization when applying them. The efficient application of modern quality management systems and methods is a critical requirement also in the case of public service institutions.

When it comes to the work of these organizations, the focus has shifted from official functions to service functions. In any case, the characteristics of official authority processes today also include service approach and consultancy, professional analysis, after all, support activities, as this means supporting the work of the clientele and achieving customer satisfaction, i.e. quality (CHEAP ; MENDES, 2007).

The following summarizes the efforts of some public service sectors related to the development of the hospital management system and their experience. Detailed analysis of these fields is well beyond the scope of this article, so I intend to address some elements of healthcare, public administration, and higher education quality efforts in the following aspects.

The healthcare industry operates in a complex environment that is influenced by numerous factors located in the internal and external environment. For this reason, senior management needs to develop specific skills needed to anticipate potential threats and program actions to lead care providers to achieve their goals.

It is expected that the achievement of such goals (which are in accordance with the mission of institutions) will result in a quality product. The incorporation of management tools is a key element in identifying not only an institution's performance, but also its external environment. Additionally, tools that allow

an organization evaluates and develops critical actions taken to improve operations, overcome threats and participate in existing opportunities.

The objective of this article is to analyze the literature on healthcare leadership and design a framework that synthesizes the literature and provides a clear “road map” of the main management areas present in the literature and their respective evidence, thus consolidating political lessons, practices and future research in the area of healthcare leadership.

## **2 MATERIAL AND METHODS**

From Marconi and Lakatos (2011), all research generally has two characteristics: a general objective that covers all the questions that will be investigated and completed and a more specific one, which covers the different types of studies and more in-depth investigations.

Necessarily, all research needs to be based on a theory, which is needed as a starting point for successful investigation. Research plans are different according to their purpose and method used to conceptualize the different data that will be analyzed. In order to have credibility, it is necessary to rely on facts already observed and, consequently, proven in the results of the research itself. (MARCONI; LAKATOS, 2011).

The method used in this research was bibliographical research, seeking to identify topics of interest, such as books, theses, articles and monographs already written. Primary data from company management reports were also used, in order to quantitatively prove the arguments that will constitute this job. The terms used in the research bases were “Hospital Management”, “Public Hospital Management”, “Public Hospital Management”. In this research context, the work problem was defined, which was classified as exploratory, where the objective was to provide the its end a solid conclusive argumentative basis, since the results came from the research design itself.

## **3 RESULTS AND DISCUSSION**

It is disheartening to see how, despite the time that has passed since the first attempts at the new and varied forms of management that exist, the time during which some of them

lost along the way, while others maintained or even expanded their presence in the health system, systematic evaluations of their results are not available and are useful to policymakers when designing future organizational and management strategies.

There is practically no evidence for the case regarding the degree to which the managerial and formal privatization strategies (in the area of direct management) and the various modes of functional privatization (indirect management) achieved the objectives that motivated their implementation (PACHECO et al; 2016).

In relation to innovations in direct management, experiences inspired by managerialism seem to find, at least partially, an endorsement in evaluations based on the opinions of users and professionals (RODRIGUES, 2014).

Last managers, as well as public hospitals, consider clinical institutes enhancing value concepts such as delegation of authority, incentives, continuity of care and customer orientation, among others.

The clinical management model implemented in Asturias was, in turn, evaluated as effective and efficient based on surveys of citizen satisfaction and leadership and teamwork.

Total Managerial Quality (TQM), as a new management model, changed the focus from product or service analysis to the design of the quality system and influences organizational culture, as changes in attitudes and behaviors are necessary to compromise performance, self-control and process improvement (PACHECO et al; 2016).

In any case, it must be clarified in this regard that the evidence is not conclusive and is largely based on opinion polls and not solid evaluations. Of the other experiences in the field of management and organization of health services, empirical evidence in the form of evaluations of their results is conspicuous by its absence, with few exceptions.

However, the multiplicity of legal forms adopted by hospital care providers, the differences in hospital models (high technology, reference, municipality, etc.) make it difficult to draw conclusions about the differential efficiency between forms of hospital care (PACHECO et al; 2016).

Another important problem identified in the literature is the real lack of risk transfer to the private sector, which distorts the incentives of the contractual agreement. Proof of this is

It has not been uncommon in the UK to extend concessions when agreed term benefits have not been obtained and to renegotiate financing terms.

In any case, it should be noted that public health centers do not have a standard way of dealing with adjustments made by State powers, due to the serious global financial crisis that has affected the entire planet. From this perspective, such centers, public and philanthropic hospitals, in addition to other health institutions, currently have as a common characteristic the heavy debts that are recurrently outstanding due to the most diverse contracts for the provision of services and pharmaceutical products, in addition to the technologies that must be used for the respective health areas that each institution needs to provide.

Higher education institutions began to systematically apply quality management systems during the last decade, and this enabled newly trained professionals to apply new administrative methodologies, obtaining positive and favorable results for the institutions.

In Brazil, the term "Health Crisis" is common in the news, due to the context of lack of investment and inefficient consumption of resources, when not diverted. This scenario reaffirms the need for management models, such as GQT, which improves the application of resources and increases productivity and customer satisfaction.

TQM has been honored by many authors, but also criticized by others. However, successful practices with the implementation of this model, some of which as a whole, are already present in the healthcare scenario in Brazil.

Assessment, through the use of care quality indicators, such as the GQT tool, has been adopted by hospital management to measure team performance and establish goals and strategies for continuous improvement, with a view to the quality and safety of care.

From the systemic use of the principles and the TQM tool, the hospital manager has the possibility of analyzing the structure, the process and the result of care and looking at the causes of privatization and failures. Through teaching strategies, it is possible to develop people technically speaking, promoting greater customer satisfaction.

Furthermore, the use of TQM meets the interest of hospital managers in measuring the quality of care, as the efficiency and effectiveness of hospital management directly affects the costs of care, due to the large amount of inputs and procedures involved in the processes developed by the team. . For the principles of TQM to be successfully incorporated into Brazilian health institutions, investments are needed in

management training. In the Brazilian context, it is possible to observe a tendency to reinforce this strategy by linking financing to the indication and achievement goals.

The importance of the hospital management professional in this process is relevant to the fact that most health actions, in a hospital, have direct involvement of the health team. From the analysis of database material, it is possible to observe the importance of the studies developed, mainly because we observed a description of the improvement of results in the implementation of this management model in negotiation.

Brazil's insertion in hospital management with a focus on quality has occurred since 1980, although it was only noticed in the 1990s, considering that the discussion about the context of health policies in the country expanded, and due to the lack of financial resources and increase in products and services costs, compared to the full spend on health (BARBOSA; 2007).

The adoption of TQM in health institutes was also influenced by pressure from the government, industries, customers and technological evolution of medicines (PACHECO et al; 2016).

According to the Experts area, there are basically two points of view on TQM: the first would be a new management model and work structure, consistently used as flexible, specialization, and the second would be that the structure given by the TQM should just be a new version of old theories (MELO; ALMEIDA, 2014).

Despite criticism about the use of models based on "hard classical and health" administrative theories, the service industry added to a product or not, plays a prominent role in this new management model, due to inherited quality (BASU et al; 2012).

The concerns of a product are generally the same, and so the services offered become a competitive factor and, therefore, it would be essential to evaluate their quality (BASU et al; 2012).

Care in hospital management has always been focused on quality issues, since the times of Florence Nightingale. Currently, in the globalized world, care management is developing as a profession with an approach to quality of care through the evaluation and control of components of the structure, process and outcome of care (PACHECO et al; 2016).

Faced with a growing concern with the quality of care (a conception of quality as a patient's right, and considering the TQM philosophy as

assumption to design, control and improve processes, fundamental topics for excellence in care), this study aims to: carry out a comprehensive review of the integrative hospital management literature to identify the available evidence on TQM in the context of care management hospital between 2000 and 2011 (BASU et al; 2012).

A study of this nature shows its importance when considering the decision-making process based on evidence, since from its development it is believed that it is possible to draw the attention of the hospital management professional to the potential improvement in the management of care, attention to health, which this model provides, and highlights the importance of the professional during the process (PACHECO et al; 2016).

It is expected with the development of this study that the instinctive or unnoticed use of TQM values and tools can be replaced by the intention of adopting a management model focused on process control.

## **FINAL CONSIDERATIONS**

This integrative review provided scientific evidence on successful experiences when using the principles and tools of Total Quality Management, confirming its applicability in the health area and mainly in the management of care in a hospital.

Based on the findings, the importance of hospital management professionals with a focus on quality in this context was highlighted, reinforcing the need to perceive this professional as capable of making strategic decisions about the institution. Efficient hospital management philosophies, models and methods have always taken into account the culture and organizational conditions of the organization, as well as its tasks.

The leader of the organization has a fundamental role in this; Without leadership commitment, it can only operate formal quality management systems that do not support real solutions. It may not be your goal to do too many things to expect one: neglecting quality and disregarding the demands of your internal customers.

Based on the evidence on the relationship between managerial approach and hospital quality management care management, it is possible to conclude that efforts must be made to overcome initial resistance to the adoption of models originally developed for business or industrial management in the health sector. The search for excellence and effectiveness is essential with regard to the current complexity of processes and technologies existing in institutions

hospitals, combined with the lack of resources and increased demand for health care. A health government that does not advance in these aspects will not be able to involve the rest of the professionals and civil society in the complex task of advancing the solvency of the health system.

Unjustified and poorly communicated policies put professionals at risk and citizen dissatisfaction with the public health system and its representatives. But, above all, intelligent decisions must prevail, previously informed by available scientific and technical knowledge, and involving the participation of professionals and citizens in their preparation and discussion process.

## REFERENCES

COCKROACH, LRB; MENDES, JDV **Social Health Organizations: the successful experience of public health management in the State of São Paulo.** São Paulo: State Department of Health; 2007.

BARBOSA, PR **State foundations as strategies for new public models of hospital management.** Curitiba: ENSP/FIOCRUZ; 2007. **SESA/SEAP hospital management forum.** Available at: [http://www.fenam.org.br/download/arquivos/\\_356.PPT](http://www.fenam.org.br/download/arquivos/_356.PPT). accessed 13 nov. 2018.

BASU, S; ANDREWS, J; KISHORE, S; PANJABI, R; STUCKLER, D. **Comparative performance of private and public healthcare systems in low- and middle-income countries: a systematic review.** PLoS Med 2012.

CARNEIRO, JN; ELIAS, PEM Public control and equity in access to hospitals under non-state public management. **Rev Public Health** 2006.

LAKATOS, IN; MARCONI, M. de A. **Fundamentals of scientific methodology.** 5. ed. São Paulo: Atlas, 2011.

MELO, TBN; ALMEIDA, MR Public-private partnership: private management in university hospitals in Rio Grande do Norte. **Santa Catarina Public Health Magazine** 2014.

PACHECO, HF; et al. Social organizations as a health care management model in Pernambuco, Brazil: managers' perception. **Interface** (Botucatu, Online) 2016.

RODRIGUES, CT; SPAGNUOLO RS Social Health Organizations: potentialities and limits in public management. **Rev Eletrônica Enferm** 2014.

SANTOS, L. **From state reform to federal hospital management reform: some considerations.** [S.l.]:[sn];2006. Available at: <http://www.fundacaoestatal.com.br/020.pdf> . Accessed: 13 Nov. 2018.