

The art of improvisation: the working process of administrators at a Federal University Hospital

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Abstract *The scope of this article is to analyze the working process of administrators at a Federal University Hospital (HUF). It includes research with a qualitative approach conducted through interviews with twelve administrators. The work process, the work tools and the human activity per se are understood to be under scrutiny. Work is acknowledged as a category that analyzes the management methods used by professional health workers. The HUFs are responsible for two social policies, namely education and health. The aim of the administrators' work is an organizational issue, and the administration tools used are bureaucratic and out-of-date for the current political context of hospital management. The most significant feature of this hospital administration is improvisation, which reduces the potential of the administrators in such a way that, instead of introducing innovative changes into their work process, they prefer to leave their jobs. Improvisation is caused by the production of sequential obstacles in management decision-making at this teaching hospital. In short, the transfer of administration at the HUF, from direct government administration by the University to the Brazilian Company of Hospital Services (EBSERH), was analyzed on the grounds that this would establish a "new" management model.*

Key words *Work, Health, Administration, Federal university hospital*

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Introduction

The aim of this article was to analyze the work process of administrators at the Federal University Hospital (HUF), so as to reveal aspects of how the hospital management operates politically and to provide an in-depth study about public health service administration. A decision was made to study the workplace process since it is understood to be an analyzing category of the operating modes of workers in the health service.

The working procedures of administrators at a Federal University Hospital reflect salient aspects about models of management. It is also relevant to study the political aspects of the work of administrators since this can help clarify questions that continue to remain hidden from the view of researchers, managers and other health care professionals.

The work process in the health service acquires particular characteristics and the actions of the workers show how the scope of their work can be transformed. Marx¹ describes work as the propulsion of the ways that man organizes and lives in society, which changes not only his nature, but also operates transformations in the man himself. This author conceptualizes the process of work, as a human activity in itself, that is to say, the object to which work and the tools used are applied. In any sector of production, the actions of the worker influence his work, which demonstrates intention, in order to produce the product conceived in the mind.

A significant characteristic of the capitalist production system is the social and technical division of labor. The organizational structures of work, especially those that emerged at the end of the twentieth century, were designed to impose greater control on production methods and on the worker, so as to introduce management methods designed to increase productivity². This form of organizing the division of labor also appears in models used by modern hospitals and has influenced the way management and other health professionals operate^{3,4}. However, this hospital features other specific characteristics, since the scope of its work is human health needs, so “the work of health services is based on an interchange between workers and between these and users, that is to say, a permanent flux between subjects, and these operative, political, communication, symbolic, subjective flows form an intricate network of relationships through which products related to healthcare gain material form and consumer attributes” [...]⁵.

Ensuring that health work functions requires the use of singular technologies: hard, hard-light and light technologies. The first refers to equipment and medication, among other things; hard-light technologies relate to structured clinical and epidemiological scientific knowledge; and light technologies mean techniques involving relationships – the ability to listen, the bond that exists between a professional and a user. Health work depends on a relationship between people and the creative actions of health workers that produce healthcare, and which can also create new arrangements in working procedures⁶.

Health work is not totally controllable due to the multiple needs of human life, and to respond to these requires a health worker to show initiative. Thus, in a hospital, professionals do not always abide by all the rules issued by their directors or management, as established by the Taylor/Ford model.

When analyzing hospital management from a micro-political perspective of living labor, Jorge⁷, identified a breakdown in communications, failures in the coordination process and health care management, but also identified the potential of health professionals to create new and different forms of practicing and managing health work.

Methodology

This is a study of a qualitative nature that aims to understand and value the meaning given by the research subjects to the case researched⁸. Individual interviews were used as a research technique by means of a semi-structured questionnaire⁹, prepared by the researchers. The interviews were conducted between September and October 2011, and recorded on a tape recorder before being transcribed onto Word. Content analysis, more precisely thematic analysis¹⁰, was used as the methodological strategy. The interviews were analyzed via a theoretical framework used in the area of social sciences in health, especially those related to issues of health work and management. The findings presented in this article are part of a research study for a Master's Dissertation in Collective Health, which analyzes the work procedures used by management at a HUF¹¹. This research project was approved by the Research Ethics Committee at the Centre for Health Sciences at the Federal University of Espirito Santo.

The individuals who participated in this study worked as managers at the Cassiano Antonio Moraes University Hospital Division (HU-

CAM). The criterion used to choose those taking part in the survey was that they should have been in the same job for at least six months, including the period during which the interview took place. From a total of sixteen Divisions, there were thirteen managers currently employed, twelve of whom signed an Informed Consent Form and agreed to take part in the survey.

The venue for the study: the idiosyncrasies of the federal university hospital

This Hospital is part of the health service sector, though the way it operates is fairly unique because it centralizes a large number and a diverse section of professionals and users, as well as a broad range of medical and hospital supplies and equipment; it is known for the highly complex interventions it performs that impact human lives, generally when the health of the individuals involved is fairly debilitated.

The purpose of a modern hospital is to care for sick people. Many people depend on this care to save their lives or to improve their chances of survival. For this, they need medication, a diagnosis, information, a bath. This involves caring for human beings whose bodies have unique expectations and needs. Due to the high level of uncertainty and complexity of human life, it is essential that within the health services there is the time and the space for dialogue and collective negotiation about the work and care that is responsible for human life^{12,13}.

Unlike other hospitals, it is important here to highlight the nature of the HUF, which in Brazil combines two important social policies, namely education and health. Its mission is to facilitate teaching and research, and to prolong and assist human life¹¹. This mission means that hospital managers are involved in dealing with countless demands on a daily basis.

The HUF is responsible for training a high number of health professionals and for producing most of the research in the area of biomedicine on a national level; as well as participating in implementing health policy, which is aimed at intervening in the health-disease process of the population via the Unified Health System (SUS)¹⁴. There are a total of forty-six HUFs linked to Federal Universities which are consequently under the responsibility of the Ministry of Education (MEC) and the Ministry of Health (MS). Administering two areas of public policies, education and health, within the day-to-day management of a HUF, results in many tensions

and conflicts of interest between these two Ministries¹⁵.

This research was conducted at the Cassiano Antônio de Moraes University Hospital, which is part of the Federal University of Espírito Santo (UFES), and located in the State capital. This is the largest public health hospital in Espírito Santo (ES). The main building was constructed by the State in the 1940s, as the Getulio Vargas sanatorium, solely to treat patients with tuberculosis. In 1967, as the result of a strike called by medical students at the Federal University, this sanatorium was ceded and transformed into a HUF and Supplementary Organ of the UFES Chancellor's office, linked to the MEC and governed directly by the Public Administration¹⁶.

As part of their plan to provide human health care, the HUCAM is required to meet quantitative and qualitative goals, in order to receive funding to maintain its operation. Thus, a contract with defined goals is established with the local SUS administrator (State Secretariat of Health – SESA) by means of an Annual Operating Plan; which passes on the funding costs through the National Health Foundation (FNS), once the hospital has provided proof that it has met its targets^{15,17}.

This HUF is part of the SUS service network and is a center of reference for medium and high complexity treatments, especially in the area of bariatric surgery, high-risk pregnancy and cardiovascular diseases, renal replacement surgery, AIDS treatment, ophthalmology, kidney and cornea transplants, urology and diagnostics, as well as for developing research and assessing health technologies. The hospital provides an average of 16,000 consultations and 1,200 surgical procedures a month. It has admitted 10,000 patients a year, and carried out 15,000 emergency procedures and 385,000 clinical analysis laboratory tests. Its coverage goes beyond State limits¹¹.

With regards to the way their work is organized, at the highest organizational level of the HUCAM there is a Higher Deliberation Council and a Managing Director, and five Departments under him: Medical, Nursing, Administrative, Planning and Finances, and Teaching and Research. Attached to these, due to the specific characteristics of the area, there are seventy-two services/sectors, which encompass all the other employees. Each division is composed of two or as many as twelve services.

The division manager should be a University employee and appointed by the managing director. He is responsible for: coordinating and su-

pervising division activities; promoting the integration of the different services involved and representing these with the hospital management; as well as holding monthly meetings with the service chiefs¹⁸. The division manager, since he is placed below the board of directors and above the service sector, is a middle manager.

The partial division of labor, based on principles envisaged for industrial production, was introduced over time and prevailed at the HUCAM. The work schedule was structured in such a way that it created a chasm, not only between areas of healthcare and administration, but also managed to fragment the services provided between these sectors. For instance, the maternal-infant services are separated from the pediatric services, and nephrology services are arranged in such a way that it appears these are unrelated to urology services.

This distance between services affects the quality of care given to users. Thus, “[...] in each clinic, ward or first-aid room they merely ‘tighten the screws’ in different parts of the human body. Technical specialization in public health has created teams who do not integrate. They are professionals who are insulated from one another, as if life was the junction of knowledge about different parts of the human body”¹⁹

If, on the one hand, the advent of different specializations in the field of health has increased the number of disciplines, it has also resulted in the loss of a broader understanding of human health demands and needs²⁰. In health services, the way work is organized and, above all, the way this has been broken down into sections, means that each professional category now has its own immediate boss. However, none of these are responsible for the process of comprehensive care of patients as a whole²¹.

This way of organizing work results in a breakdown in communications between health professionals. The absence of or reduced dialogue between professionals makes it difficult to produce caring actions for users, especially in a hospital atmosphere. According to Sodré¹⁹, major hospitals tend to manage work in a way that resembles methods conceived for large factories. Mass care, mass surgeries, patients being admitted and accounted for according to how much they cost in financial terms, rows of beds and sequential assistance with no time to stop.”

This shows that the organization of work at a hospital is still strongly influenced by the Taylor/Ford model, and by Fayolism in the way it is managed. Fayolism established a hierarchical structure of a company divided into service

sections, according to the work that is to be performed, under the supervision of a boss, which is aimed at increasing production^{22,23}.

These models were created to organize work within an industrial production environment. When these are adapted for the management of health services, especially in a hospital, it can be said that these represent a *health-factory* model. It is important to highlight the fact that the management model based on the Administration of Scientific Work was designed for the production of objects and pieces, namely lifeless objects, and is not suitable for health services, especially hospitals¹⁹.

In summary, the *health-factory* model is not suitable for hospital administration, since there is a gap between this type of workplace management model, the type of services provided by a hospital and the system that it intends to produce. In a hospital, this model creates communication problems between workers, and thereby gives rise to conflicts at work and delays in resolving demands.

However, in addition to vertical structures that involve the exercise of power, since a vertical work organization legitimizes the use of the power of command of some over others, there are still strongly ingrained power structures in professional corporations that operate within a hospital. And decisions are taken together with these corporations, so that the workers both encourage resistance to the changes proposed by the directors and bosses, as well as produce creative and unusual actions to keep the hospital functioning²⁴. However, professional corporations have power structures that reduce the decision-making powers of hospital management.

In this respect, it can be acknowledged that “a hospital is an institution where a wide range of disputes exist between highly-qualified professional groups who enjoy a high degree of autonomy in their work, and who are not subordinate to their immediate superiors or to a board of directors, as is the case of a classis Taylor/Ford model[...]”²⁵.

As was revealed in the statements given by the individuals who participated in this study, in many cases, HUCAM employees did not obey the decisions of their section administrators, which was perceived by them as a lack of respect for their authority as managers. However, due to the characteristics of workplace management of this university hospital, as well as the professional qualifications of the actors who work there, it was clear that they used their creativity, experience

and knowledge to provide assistance, to teach and to conduct research.

In the case of this HUF, the connection between workers, knowledge, power, conflicts and the desire for control versus autonomy, are predominant characteristics. “Perhaps there is only one choice when confronted by the minefield of power that a hospital represents, namely the way that power is used”²⁴. Multiple actors are present at a University Hospital (teachers, students, other health professionals, administrative service personnel and users), all of whom have needs, intentions, desires, rights and interests.

In this context, working processes and the people who carry these out represent a collective pool of knowledge, and the relationships they establish will define the way they exercise their power over and in support of human life²⁶.

The singular nature of the working process of the administrators

The raw materials upon which the HUF administrators work to ensure that teaching, research and human healthcare are provided are the organizational elements¹¹. They are responsible for managing the purchase of supplies and medical-hospital equipment and resolving labor conflicts. They are also in charge of planning and implementing activities related to teaching, research and healthcare, as well as scheduling staff members and to cover work shifts, among other responsibilities.

Appropriate tools that function with these resources are essential for the performance of human activity per se. The main working tool that the HUF management uses is a memorandum. This is a bureaucratic tool, used to ensure public transparency. Due to the fact that it takes so much time to send a memorandum from one sector to another, not because of the distances involved between the sectors, but because it takes so long to make decisions – a problem inherent in public administration – is one of the reasons why hospital management is so slow. At the HUF, the important thing is to record all actions, which is done to protect the managers and other employees administratively and legally, even though, in practice, these records do not meet the demands of the users of the institution.

As a management tool, HUCAM’s strategic planning has been designed primarily to meet the bureaucratic requirements of the Ministry of Health, and actions are taken as situations arise, and decisions have been made on an *ad hoc* ba-

sis, because regular meetings have not been held between hospital managers. Using bureaucratic and out-of-date tools to administer a university hospital has only slowed down administrative proceedings even further.

Individuals taking part in our survey described the HUF as a Pandora’s Box, where different situations arise each day which they are expected to resolve. One of the main complaints heard referred to the lack of and/or inadequate number of certain types of medical-hospital equipment, as well as various criticisms about the inadequate physical, plumbing and electrical infrastructure at the hospital. In addition, the work rosters, for the twenty-four hours of the three hundred and sixty-five days of the year, have shown quite clearly that there are not enough civil servant staff members employed at the hospital, and/or that a considerable number of these are off sick. As a result, they require health treatment or have had their work load restricted, especially those working in the Nursing Division, where most of the health professionals from this institution work.

The fact that the hospital does not have enough staff members to fill the work rosters has resulted in the closure of wards and/or services. Data from July 2011, in respect of the HUF investigated in this study, show that, out of a total of three hundred and eleven beds, one hundred and ninety-two were not in use, which represents 35% of the total²⁷.

Two of the main reasons for this were mentioned: understaffing and lack of medical hospital equipment. Each bed not in use means that fewer patients can be admitted to the hospital. As well as jeopardizing healthcare assistance and teaching, in economic terms this also effects the terms of the hospital’s agreement on Performance Goals which, as a result, reduces the financial resources that the HUF can receive from the SUS.

It was noted that this situation creates tensions in the day-to-day working life of managers, making them feel uncertain and impotent, since they are not always able to resolve the demands of their work, in view of their limited powers of decision.

Conflicts arise at this HUP between users *vis-à-vis* the institution, caused in particular when services they expect to receive are not provided, such as medical appointments, hospital admittance or the issue of a pathological diagnostic report, for instance. Conflicts also arise between staff members and the institution, which are usu-

ally related to the organization of work schedules and inadequate working conditions. When the demands of users and staff members have been passed onto HUF management, and when there are delays in getting a response, they often go back to work under duress.

To ensure that a HUF can function, a vast amount of supplies, equipment and technology are required to meet the complex demands of the services it provides. In addition, efficient and finely tuned work schedules need to be organized to meet the administrative demands of the hospital, which is responsible for two social policies, namely health and education. Among the essential elements needed to put these policies into effect, staff members are of the greatest importance, since they represent the energy that enables the institution to operate and to ensure that the necessary management and health care tasks are performed^{6,28}.

Managing staff members should be one of a hospital's most important attributions. However the HUF is presently understaffed and under-qualified. According to MEC figures, only 51.17% of staff members at the forty-six HUDs are civil servants employed under the Single Legal Regime (RJU), while the others are hired through other types of contracts²⁹. In the case of HUCAN, only nine-hundred and thirty staff members are registered under the RJU, which equals 51.98% of active staff members; all the others (48.02%) are linked to different outsourced companies and/or on loan from federal, state or municipal government organs¹¹.

Using outsourced companies to make up the numbers of staff needed at the hospital, is one of the signs of HUCAM's improvised system of management. This has been taking place gradually and with the permission of the state. Outsourcing staff members is one aspect of the intentional system of improvisation used by the federal government, aimed to eliminate the civil service entry exam and the need to hire civil servants and, thereby create a situation which makes it possible to gradually transfer the running of these public teaching and human healthcare institutions to private sector companies.

Contracting outsourced companies creates an enormous financial burden for the hospital itself, because it has to cover these expenses. In the case of HUCAM, most of the available resources, which are raised by meeting the goals agreed with the SUS and, which should be used to purchase supplies and material needed for the hospital's work, have been used to pay outsourced com-

panies. This "redirection" of how resources are spent, is yet another aspect of the current improvised regime at the HUF. As a result, the resources which are already limited to buy supplies are reduced even further. As this is a teaching hospital, some of the supplies are needed in large quantities, for example, surgical gloves and caps; and the medications used are generally very expensive, due to the types of diseases treated and the long periods of treatment given to inpatients.

The MEC itself acknowledges that payments made to outsourced companies are responsible for the increase in the outstanding debt of forty-six HUFs which, in 2008, had risen to over four hundred and twenty-five million Brazilian reais²⁹. In effect, these types of contract do not resolve the problem of staff shortages. In addition to this, out-sourcing is not the best way to form a team of staff members, since trying to resolve the problem described here, through contracts with outsourced companies, has merely given rise to other types of improvisation and instability at the HUF.

The individuals involved in this research describe how the different employment channels used by HUCAM have also led to several conflicts in the workplace, due to the differences in labor rights (working hours, salary, vacations, among others). Furthermore, managers have been expected to deal with these conflicts, so as to create an impression of supposedly harmonious working relationships. According to Machado³⁰, such conflicts interfere in the work process and affect the health of employees. In addition, having different employment relationships also helps to fragment the quest to establish labor rights.

It is important to highlight that contracting core-activity workers through companies outsourced by the public sector, is considered illegal by the Federal Audit Court (TCU). Since this is a Federal Government Organ attached to the MEC, holding civil service exams to recruit staff must be authorized by the Ministry of Planning, Budget & Management (MPOG) and by the MEC. Due to the repeated demands of the TCU, the HUF signed a Conduct Adjustment Declaration which, among other items, requires that the position of staff members becomes regularized, terms which the University and the HUF itself agreed to comply with by August 2013.

The system of improvisation involving staff members at the HUF also negatively affects the quality of teaching since, according to the statements of individuals taking part in this survey, it was found that the medical residency courses

run the risk of closing down their activities due to the lack of professional medical staff qualified to train the residents at master's/doctorate level. Although the HUF has tried several times to contract these professionals via outsourced companies, this was not a viable option.

Allegedly, this was not possible due to the lack of professionals with the necessary levels of qualification and who were willing to accept the salaries offered by such companies, which they consider to be below market value. This is another factor that makes the work of managers so difficult, and one for which the resident doctors have demanded answers. This is a matter that goes beyond management decision-making, since the only way to settle this issue is to hold civil service exams.

The data presented here illustrate the most significant features of the HUCAM's administration process, which is based on improvisation, with all the unpredictably and inadequacies that this entails. This also shows the difficulties that managers and other members of staff have to deal with in their daily work. These are factors that directly affect management-staff, the quality of teaching and the services provided to users at the hospital.

The analyses conducted in this survey corroborate the literature dealing with the day-to-day life of public sector managers of major hospitals, where many of the obstacles that arise are: "[...] of all types: political, institutional, material, management, inter-subjective, which require enormous efforts to resolve, since it is literally like 'swimming against the tide' [...]" bearing in mind that [...] the current scenario is one of low governability, due to factors both outside and within the hospital³¹.

Working in management was described by individuals participating in this survey, as mainly involving a lack of motivation with the work process and with the HUF management model per se, because these created a variety of different obstacles. This situation is caused by the Hospital's inadequate lines of internal communication, which results in a breakdown in communications, as well as the limited powers of decision-making which lead to low levels of governability and problem-solving, which are caused mainly by difficulties inherent to public administration.

With regards to working in hospital management, this now required the use of a toolkit "[...]" that contains the knowledge already produced to administer structured processes that are able to

incorporate any knowledge in order to take appropriate action to resolve on-going situations, which always arise at times of great uncertainty³⁶. This reaffirms the importance of individual managerial experience, as well as technological and administrative knowledge, to administer a HUF.

Merhy⁶ believes in applying new management arrangements, but acknowledges that whatever the organizational arrangement may be there is no way of eliminating the tense territory that is inherent to the public health service. It is worth highlighting that "[...] the hospital institution has embraced modernity as a mechanism to solve health problems [...]"¹⁹. It is recognized that "problem-solving" is inherent to health service work. This is a challenge facing different health-care professionals: social assistants, nurses, psychologists, nutritionists, among others who work in a hospital institution and not only limited to managers.

In hospitals there are not always ready answers and this means constantly dealing with imprecise situations, though they require adequate solutions. Areas of work not covered by the rulings established under the Institutional by-laws, and by other regulations and norms, create situations where managers are required to intervene and provide creative or improvised solutions³².

Participants in this study mentioned that, when they took over the job of manager, this involved two main issues: one was related to their responsibilities for the lives of hospital users and, the other was in respect to themselves as members of staff. As a manager, they are required to fulfill certain duties, established by law, related to the use of public funds and, if these are not discharged properly, will result in administrative and legal actions.

With regards to their decision-making powers to acquire material and equipment, the managers are bound by Law No. 8.666/93 – which establishes laws for public tenders and public administration contracts³³. This Law, which was created to ensure the transparency of public service, also helps to limit the decision-making powers of HUF administrators. In this context, participants in our survey reported that the time needed to respond to the immediate needs of a patient and the time involved in the process of issuing a public tender to acquire the necessary equipment, supplies or medication, were entirely incompatible, and caused by all the bureaucratic red tape involved in meeting the requirements established by this Law.

There is a wide gap between the pressing needs of public hospital users and the strict terms of this Law. It has to be acknowledged that this law was designed for the purpose of protecting public funds, and in this respect it fulfills its objectives. However, the pressing needs of public health service users are not always adequately met, and the health workers, especially the managers, are always held responsible for this.

It is important to stress that the impact of a decision taken in a hospital environment can save a person's life or leave them to suffer and even to die. In the event that ethical precepts that regulate health services are not respected, if this is proven, this constitutes an illegal act will lead to administrative and criminal proceedings for the health worker involved. It can be appreciated that, when confronted with given situations, managers may feel uncertain about the right decision to take, not only because this may lead to potential legal proceedings, but also because this involves a person's life and naturally this affects them as human beings.

Hospital management operates on the basis of a time factor "[...] a time that is impossible to mark chronologically. The time needed to take a decision. That instant in which a human life is lost or that instant when a new life is born [...]"³⁴. It is obvious that the job of a manager, as regards decision-making, requires agility, precision and an understanding of legal issues. The main guideline to understand the complexity of the decision-making process in a modern hospital is to recognize the uniqueness of the purpose of their work, namely human health needs, that require urgent decisions and interventions through the use of light, light-heavy and/or heavy technologies⁶.

At the HUCAM time is of the essence, life arrives, remains or is lost, and the managers are responsible for human life. The decision-making process they have at hand is one of the features of this situation, which involves highly complex and variable situations and, in their day-to-day work, they are often called upon to use their creative skills to make improvised arrangements to solve unusual situations. Similar data was found in other research studies on the work of managers at major hospitals^{32,34}.

The uniqueness of a manager's working process is due to the fact that management is continually subject to tensions that arise within the institution as a whole, as a result of the constant demands of users, the limited management tools at their disposal, the precarious working condi-

tions of a public hospital, and above all their limited decision-making powers³¹.

On a national level, this situation has been interpreted by the federal government as a management problem. As a result, in 2010, the National Program for Restructuring Federal University Hospitals (REHUF) was established and incorporated into the SUS³⁵.

REHUF envisages that the Ministry of Education, the Ministry of Health and the Ministry of Planning, Budget & Management will set up an agreement to reach annual goals in health care, management, teaching, research and extension activities. They also aim to adapt and modernize the physical structure and technological center, as well as restructure the workforce, and to improve activities developed with the use of advanced technology. In order to make significant changes to funding, this will, by the year 2012, be progressively shared equally between the Ministries of Education and Health³⁵.

In order to manage the HUF, the federal government introduced Law No 12.550/11 to create the Brazilian Hospital Services Company (EBSERH). This is a private legal entity, linked to the Ministry of Education and Culture, which is under the Consolidated Labor Laws (CLT) labor regime and has its headquarters in Brasília³⁶.

The creation of the EBSERH resulted from the State Reform project of 1995, supported by the then Minister of State Administration and Reform (MARE). Thus, the federal government "places its trust in the EBSERH which, in essence, is to resolve all management problems at university hospitals [...]"³⁷. This company was presented as being the best and only alternative for the HUF, that is to say, the sole option to keep it in operation, to receive funding from the federal government and to reorganize its members of staff. This forced the Universities to enter into a contractual agreement with the EBSERH to manage Federal University Hospitals. In June 2014, of the total of forty-six HUFs, twenty-three had formally transferred their administration to the EBSERH³⁸. Even so, [...] the administrative transfer [...] to the EBSERH created a chasm between the hospital and the University; it did nothing to resolve the different types of employment relationships that exist at University Hospitals; it weakened social participation in the institutions and was more interested in billing than in teaching and health care³⁸.

It is a fact that the revitalization proposed for the HUF is centered on guidelines for management reforms that aim to prepare them to

survive the vagaries of the market, ignoring, to a certain extent, that the effectiveness of these two social policies, namely education and health care, are part of the complex interplay of economic, cultural, political and social interests.

Thus, the conclusion drawn is that it is no new and innovative model of management. The fact is that it is a continuation of the ongoing practice of establishing healthcare models that are at odds with what was innovative, namely the SUS. Models which focus on management soundness prioritize management criteria, placing them at a level of importance above the effectiveness of economic and social policies, and financial standards tend to be even more influential than the institutional mission itself, which ensures the materialization of fundamental rights for the preservation of life.³⁸

It is important to stress that the main challenge that the forty-six HUFs need to tackle is not the market, but rather developing teaching, research and human life healthcare assistance, based on principles of universality, equity and social inclusion. In summary, this involves implementing education to train professional health workers for the SUS, and to provide healthcare to citizens as part of their right to life, instead of treating them like clients.

It is equally important to think about the implantation of the EBSEH and to analyze if its purpose reflects a real desire to implement teaching, extension, research and healthcare assistance in accordance with the needs of the Brazilian people, as well as to allow the social control of SUS. In addition to this, it is necessary to ensure that the management tools used are aimed at democratizing working relationships at teaching hospitals.

Final considerations

The working process of management has been influenced by the organization of work at the HUF. The way work schedules have been set up creates communication barriers between the different professional bodies, which hampers the visibility of the hospital as a whole and restricts the collective actions of managers and other members of staff. When there is no interaction between managers, the tendency is to reproduce bureaucratic forms of working. Managing the workplace in the Division is characterized by having to deal with incidents that need to be dealt with on an ad hoc basis and are unplanned.

This only helps to perpetuate the need for improvisation when taking decisions and means that many of the demands placed on managers are multiplied instead of being negotiated, dealt with and adequately resolved. As a result, these issues are ongoing and the object of complaints.

The working process of managers at the HUF represents a permanent series of demands, choices, decisions and actions. This involves a battle of conflicting forces, which continually influence management's decision-making process and work management. Managers only have limited decision-making powers and certain decisions depend on their superiors, due to the laws, decrees and Brazilian government policies related to the HUF. In addition, the corporative logic that is intrinsic to the professional classes at the hospital suppresses the decision-making powers of management.

The most marked feature of the HUF management investigated was improvisation. This is when decisions are taken by hospital management in response to immediate incidents, which shows the creativity used by managers when faced with unusual or unexpected situations, which are part of highly complex health services that provide care to alleviate human suffering. It was seen that management "improvisation" is not only common, but also very necessary to ensure that the university hospital continues to function.

As active individuals, who use their abilities and capacity to deal with the unusual and unexpected, to resolve situations peculiar to hospitals, they have exercised the art of improvisation in hospital management. It is in their daily working lives that managers really excel and show how they use their inventiveness and their experience to resolve complex situations.

The health workers are the most important element, since their "energy" is what makes a health establishment work, so the creative potential of all professionals who work at the HUCAM is acknowledged and valued. They take a leading role in performing their duties, even though they are immersed in a political and social situation that is adverse to the implementation of the social policies of education and health.

However, it is also important to mention, in particular, that the constant use of improvisation by managers in their daily activities can jeopardize the decision-making process in its planned and proactive form.

However, the challenge here is to show that the management of a highly complex service in the field of health cannot continue to function

fully if it is under the aegis of continually performed acts of improvisation. This produces sequential obstacles to the working process, involving decision-making that is mainly related to the area of management.

It was noted that, since managers are required to respond to questions related to the demands that arise in their working agendas, which contrasts to their limited powers to make decisions, means that helping the HUF to operate becomes an arduous task. This gives managers a feeling of uncertainty about their work in hospital management, and they described feeling a sense of frustration, guilt, failure, incompetence and lack of motivation about their work. The political potential of managers has been reduced to such a level that, rather than making innovative changes to their working processes, they prefer to leave their jobs.

It became clear that many of the managerial conflicts at this HUF are the result of omissions by the federal government, which allowed understaffing and, as a result, the outsourcing of its public service workforce; as well as the slow workings of the Public Administration, as regards purchasing supplies, equipment, carrying out renovations or constructing new buildings. On top of this, due to the level of the curriculum offered in the health area which provides professional training, there are specialists who are insufficiently prepared to deal with the management of a public health service and catering to human needs. To sum up, hospital management conflicts are, above all, a reflection of the fact that the SUS has not been able to fully implement its own guidelines, as advocated by the Brazilian Sanitary Reform movement.

At the moment, public management is the subject of privatized investments, both in the area of health funding, as well as in the proposal to establish the EBSEH, which talks about modernizing hospital management, but which uses goal-meeting parameters, which do not befit the qualitative work of services provided by a teaching hospital.

In 2013, the management of the HUCAN was also transferred, by contractual means, to the EBSEH. However, this represents the administrative transfer of the HUF, which until then was governed by direct public administration, to an indirect form of public administration³⁷.

By definition, a hospital is a complex institution and, when one is dealing with a HUF, the challenges involved, both in providing education as well as healthcare, are of even more vital importance. There is now a pressing need to broaden the theoretical benchmarks for analysis and create new public technologies for the public management of teaching hospitals. Among other measures, this requires the effective use of collective spaces for the democratic analysis and negotiation of healthcare work.

Management represents an indispensable pillar of Public Health. It is therefore important to ensure that the HUF administration is enhanced, bearing in mind the central position that the hospital holds in implementing health education policies. Finally, the message is that hospital administration should be understood as the production plan of a policy that cares for human life. In this respect, it needs to be practiced from the perspective of social justice.

Collaborations

D Littike and F Sodré participated equally in all stages of preparation of the article.

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