

ORGANIZATIONAL CULTURE AND PLANNING CHARACTERISTICS IN HEALTH CENTERS

CULTURA ORGANIZACIONAL E CARACTERÍSTICAS DO PLANEJAMENTO EM CENTROS DE SAÚDE

CULTURA ORGANIZACIONAL Y CARACTERÍSTICAS DE LA PLANIFICACIÓN EN LOS CENTROS DE SALUD

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ABSTRACT

Objective: To characterize the influence of organizational culture on Health Center planning and contrasting results, according to health indicators. **Method:** Multiple case study, composed of four cases with contrasting results. Non-participant observation and semi-structured interviews were conducted with 25 health professionals, including coordinators of the Health Centers, senior professionals of the teams, supporters of the Sanitary District, and a professional from the Municipal Health Secretariat. As an analytical technique, we used a cross-synthesis of the data. **Results:** Collective work was one of the characteristics of the Health Centers with expressive results, and the coordinator's profile is a positive factor for the team. The cases with inexpressive results are marked by the lack of professionals and interpersonal problems. **Conclusion:** The organizational culture and the coordinator's profile directly influence the results achieved. The high demand for attendance is a common problem in the teams.

Descriptors: Health Management; Health Planning; Unified Health System; Primary Health Care; Family Health Strategy; Nursing.

RESUMO

Objetivo: caracterizar a influência da cultura organizacional no planejamento dos Centros de Saúde e resultados contrastantes, segundo os indicadores de saúde. **Método:** estudo de casos múltiplos, composto por quatro casos com resultados contrastantes. Realizaram-se observação não participante e entrevista semiestruturada com 25 profissionais de saúde, entre eles, coordenadores dos Centros de Saúde, profissionais de nível superior das equipes, apoiadores do Distrito Sanitário e um profissional da Secretaria Municipal de Saúde. Como técnica analítica, utilizou-se da síntese cruzada dos dados. **Resultados:** o trabalho coletivo foi uma das características dos Centros de Saúde com resultados expressivos, sendo o perfil do coordenador fator positivo para a equipe. Os casos com resultados inexpressivos são marcados pela carência de profissionais e problemas interpessoais. **Conclusão:** a cultura organizacional e o perfil do coordenador influenciam diretamente os resultados alcançados. A alta demanda de atendimentos é um problema comum às equipes.

Descritores: Gestão em Saúde; Planejamento em Saúde; Sistema Único de Saúde; Atenção Primária à Saúde; Estratégia Saúde da Família; Enfermagem.

RESUMEN

Objetivo: Caracterizar la influencia de la cultura organizacional en la planificación de los Centros de Salud y los resultados contrastados, según los indicadores de salud. **Método:** Estudio de casos múltiples, compuesto por cuatro casos con resultados contrastados. Se realizó una observación no participante y una entrevista semiestructurada con 25 profesionales de la salud, entre ellos, coordinadores de los Centros de Salud, profesionales de nivel superior de los equipos, apoderados del Distrito Sanitario y un profesional de la Secretaría Municipal de Salud. Como técnica de análisis, se utilizó la síntesis cruzada de datos. **Resultados:** El trabajo colectivo fue una de las características de los Centros de Salud con resultados expresivos, siendo el perfil del coordinador un factor positivo para el equipo. Los casos con resultados inexpresivos están marcados por la falta de profesionales y los problemas interpersonales. **Conclusión:** La cultura organizacional y el perfil del coordinador influyen directamente en los resultados obtenidos. La alta demanda de atención es un problema común en los equipos.

Descriptores: Gestión en Salud; Planificación en Salud; Sistema Único de Salud; Atención Primaria de Salud; Estrategia de Salud Familiar; Enfermería.

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INTRODUCTION

Planning is a tool used in many public and private health care institutions that seeks to change an unsatisfactory situation or solve health problems. The development of this process requires a set of theoretical, practical, and organizational knowledge to program actions and achieve objectives. The professionals involved in planning must observe the context in which they operate and plan actions that promote the growth of the institution by obtaining better results. The objective is to offer health care to the population with higher quality, aiming at the well-being of individuals and the integrity of health actions.¹⁻²

The Unified Health System has different levels and sectors of health care, organized in an articulated manner among units, programs, and services. These aim to guarantee health care to the community under its responsibility. Primary Health Care constitutes the first level of care, and is ordered as the system's preferential entrance door, through the production of actions and services that seek to promote, prevent, and treat health. It receives people at all stages of the life cycle, with the care of elective and spontaneous demands in the Health Centers.³⁻⁴

At the operational level, such as the Health Centers, planning contributes to the rationalization of actions that have the purpose of improving the health situation of individuals. The organization of this system involves the different professionals of the Family Health Strategy, such as doctors, nurses, nursing technicians or assistants, and community health agents. The professionals who have greater governability and involvement with the programmed actions are involved in the planning.³⁻⁴

De forma geral, as organizações de saúde são complexas, abrigam diversos serviços e profissionais com competências distintas e vários processos ocorrendo diariamente, necessitando de abordagem holística. O desempenho de qualquer organização depende muito da força de trabalho existente. Uma gestão adequada, geralmente, implica o alcance de melhores resultados, inclusive no setor da saúde, cujos resultados referem-se à qualidade dos cuidados prestados à população.⁵

In this sense, Health Centers can be understood as a space where people possess, develop, and share values and norms that guide the conduct and behavior of these individuals. They are also characterized by different problems conditioned by the social bonds that they establish over time.⁵

Organizational culture can be defined as the set of basic assumptions belonging to a society during the period of interaction with the internal and external environment. These assumptions are repeated behaviors of the group, shared among the members at a given time. New members are gradually socialized and inserted into the environment as the collective norms and values become habitual.⁶

It is significant to consider that planning can be influenced by the norms and customs of the institution. Organizational culture is one of the factors that interferes in the way health teams carry out activities, among them, the process of planning health actions.

Even though the same planning model is used throughout the health care network in the municipality of this study, many Health Centers have discrepant results, presenting indicators far above or below the agreed upon goals. Knowing the reasons why Health Centers achieve better results can help those Health Centers with lower results to pay attention to their organizational culture and propose improvements. In the quest to understand the similarities and inequalities among the Health Centers, the professionals have the possibility to qualify the work process and, consequently, the care practice. Thus, the question is: how are the organizational culture and the characteristics related to planning configured in Health Centers with contrasting results, according to the health indicators? From this, the objective was to characterize the influence of organizational culture on the planning of Health Centers and on the contrasting results, according to the health indicators.

METHOD

Qualitative study, with multiple case methodological approach. The case study is a method that investigates contemporary phenomena in depth, allowing the researcher to obtain the characteristics of real-life events, especially when there is no control over the actions and behavior of individuals.⁷

The research was developed in the capital of Santa Catarina, Brazil. It started with the search and analysis of official documents, such as ordinances, resolutions, legislation, books, protocols, and the existing literature, to help corroborate the evidence from other sources of information.

Participants in this research included the coordinators of the selected Health Centers, senior professionals from the Family Health Strategy teams of these Health Centers, the supporters of the Sanitary District of the corresponding Health Centers, and a professional from the Municipal Health Secretariat who worked in the Health Planning Directorate, totaling twenty-five subjects.

Data collection occurred between March and May 2017, through the following sources of evidence: documentary and bibliographic research, semi-structured interview, and non-participant observation during team meetings. After conducting and transcribing the interviews, the content was analyzed and

progressively organized into categories referring to the themes that emerged, seeking similarities and discrepancies among the data collected.

The interviews were guided by a semi-structured script composed of two parts. The first part contained data to identify and characterize the participants, such as name, age, gender, contacts, year of graduation, post-graduation courses, etc. The second part of the instrument had questions about the type of planning adopted by the Health Center, its influence on the results achieved, characterization of the organizational culture and interaction of the professionals who worked at the Health Center.

To define the intentional sample, a detailed analysis of the historical series from 2012 to 2016 of health indicators that are monitored by the Municipal Health Department was performed, referring to the annual self-assessment of the Health Centers, in order to analyze the health situation, determine goals, and obtain results, such as number of medical consultations per inhabitant/year; percentage of the population served in all services; percentage of nursing consultations; percentage of medical consultations; rates of live births of mothers with at least seven prenatal consultations, among others. This information is available on the website of the Municipal Health Department.⁸

After analyzing the indicators referring to the 49 Health Centers, the two Health Centers that obtained the most expressive results (Health Center A and B) and the two Health Centers with the least expressive results (C and D) were chosen, since the four Health Centers belonged to different Health Districts. The purpose of this intentional sample was to study the planning process of each Health Center as an isolated case and to perform cross-synthesis, looking for similarities and contrasts.

Cross-synthesis of multiple cases was used as an analytical technique, in which the individual cases are conducted as a pre-designed part of the same case study. The analysis began by structuring the data in tables to organize the information. Each Health Center was analyzed individually, considering characteristics and particularities. The next step was to identify similarities and contrasts in the four case studies, considering the themes that emerged in the data collection. The findings of all the individual cases were totaled and analyzed by cross-synthesis of the cases.⁷

The subjects involved in this research were identified according to the Health Center studied, being the letter "A" for the first case, "B" for the second, "C" for the third, and "D" for the fourth, followed by related ascending numbering (A1, A2, A3), in order to guarantee the confidentiality of the information and the anonymity of the participants.

In the first meeting with the participants, the research proposal was presented, along with the reading of the Informed Consent Form (ICF). The right to free participation in the study was assured, and the data collected only after verbalized authorization and the participants' signature on the ICF.

The research was conducted respecting the ethical precepts involved in research with human beings, being approved by the Research Ethics Committee of the Federal University of Santa Catarina, according to nº 1,721,219/2016 and Certificate of Presentation for Ethical Appreciation 59118816,5,0000,0121.

RESULTS

The results that portray the characteristics of the planning developed in each Health Center are presented, following with the organizational culture of the cases studied.

According to the participants of Health Center A, the work culture was based on the collective, they emphasized that they did not do anything alone, everything was decided collegially. Most people liked to work as a team and helped each other a lot, sharing successes and difficulties. They tried to preserve their way of working because they recognized its success.

We don't work alone; I don't decide anything by myself. In fact, we work in a collegiate way, not having a collegiate. The team's communication skills are very great. If it is something very urgent, I talk individually with each one to see what their position is. If it is something more serious that has more time to decide, we wait for the meeting. (A1)

For the professionals at this Health Center, the strengths were interaction and communication. Most professionals were interested in serving the population well and offering qualified access to health services. Although they also had occasional difficulties, they were supportive professionals and managed to establish potential communication to solve possible problems.

In the team, the interaction is very good! We even joke that there are not two teams, in reality, it is one big team. Everybody has a wonderful relationship, there are few noises, because it is a team of many people. But we have no problem working together to receive criticism, the communication is very clear. (A5)

For one participant, one of the positive points was having the team with the appropriate number of professionals for the population, as well as having professionals with specific training to work in Primary Care. One participant pointed out that the professionals at this Health Center have the culture of planning rooted in the work process, they like to work in groups and believe that this is the only way to achieve better results. For him, the undergraduate and residency students are important for helping the health teams in this process, bringing new ideas and knowledge.

"Having a complete team, with two family doctors, everyone thinking together, everyone with training in the area, nursing residents, medical residents, undergraduate students, I think all this adds up to justify the good results. I think this must be prioritized in the planning, to try to match the populations with the teams, within what is recommended to do a good job". (A4)

Similarly, it also happened in Health Center B, in which one interviewee reported that it was very rewarding to work there, because the work was developed as a team and all colleagues helped each other. For him, the nursing staff was very receptive, providing union and stimulating collective work.

"Here everyone helps each other, here we have a real teamwork, it is very rewarding. I think that the nurses are very receptive to this. They were always very receptive, always very united at work and among themselves" (B1).

According to the speeches, the professionals felt at ease to expose doubts or weaknesses and ask their colleagues for help. The reduced number of professionals made the contact closer, which was a positive factor that favored the team. The professionals at this Health Center respected each other and were always open to dialogue. This facilitated the development of group action planning.

"Sometimes, with a larger team, the contact is more distant. Here, as it is a smaller unit, everyone is always in contact" (B1).

In contrast, the professionals at Health Center C reported different weaknesses at the site. According to one interviewee, initially people worked together, but with the emergence of difficulties, such as the insufficient number of human resources, there was work overload and distancing of workers. Another participant reported that the professionals worked in a more individualized way, and the lack of commitment to assume responsibilities and develop activities was a big problem in this Health Center.

This interviewee also related his departure from the Health Center to the overload generated by the scarcity of human resources and interpersonal problems with other colleagues.

“There is no commitment. Nobody wants to take responsibility anymore, and then it is difficult to plan like this. I always say that I never called them a team, I call them employees, because for me, they are not a team” (C2).

In Health Center D, the interviewees believed that people had different work processes, the teams were very distinct, not articulated among themselves, and that the professional profile interfered in the organizational culture. For them, each team had its own way of working, being very individual.

“They are two very distinct teams, they don't articulate with each other, each team has its own way of working, one doesn't interfere in the other, they are very individual, I think this ends up complicating things. It ends up interfering in the implementation of the planning actions, or anything else that happens. Each one ends up seeing only their own side” (D6).

The participants of Health Center A felt the need to have more time to plan and develop activities, because they mentioned that the high demand for care hindered this process. For them, many activities were still performed without planning, they occurred in the daily routine of "putting out the fire". They were immediate actions, but they happened without previous planning, and that would be valued if the team could set aside more time for planning.

"I still believe that we still need to advance a lot in these planning issues, because I see that many things still occur very much in 'putting out the fire', in the most immediate things, without prior planning" (A6).

According to the speeches of Health Center B, one of the biggest difficulties encountered was the lack of human resources and, consequently, job shifts. When stipulating goals and tracing objectives that could bring benefits to the Health Center, the team could not execute the action plan, for not having an adequate number of professionals to divide the tasks.

“There is the issue of staffing, lack of human resources. Suddenly, the nurse who should be attending is covering the nursing technician, who is covering the pharmacy! How do you spend a higher level professional to do an activity that does not need to be her, but the problem is that there is no one to do this” (B3).

A professional from Health Center C claimed that his departure from the institution was related to the wear and tear he suffered due to the shortage of human resources. He said that the Health Center had a good physical structure to receive an additional health team but did not have enough professionals to provide adequate care to the community and develop good planning. According to some speeches, many activities, and sectors inside the health center, such as pharmacy, vaccine room, and reception, were compromised by the professionals' function deviation, or by the absence of a person to work in this sector. Several programmed actions were not carried out because there were not an adequate number of professionals for the great demand of services.

“The team can't work with just one nurse or just one doctor. It needs all the professionals together, we have the meetings, we do the planning, but we can't always follow through. It is very difficult to follow the planning. We do the planning, but we can't develop the actions to reach the objectives” (C3).

For the participants of Health Center D, the planning meetings should be directed to health actions, but there was no one to address this issue and motivate the other professionals. Another negative point was the absence of professionals during the weekly meetings, not all of them could be present, due to the great demand for care. Planning was forgotten, because there was no one who had the profile and encouraged the team to develop the actions.

“I also realize that we are swallowed by demand. In the team meetings that would be the proper time to be seeing the planning, but not everyone is present. If there isn't a person who likes it, to be talking about it and bringing it back, it doesn't work. The problem is that this (planning) is never seen again” (D3).

According to the speeches of the professionals from Health Center A, the coordinator's characteristics helped them to work as a team and to develop differentiated care for the population. The professionals pointed out that the biggest challenge was to make the two teams work as one, because they believed that collective work benefits both the team and the population because it is of higher quality.

In the view of the professionals from Health Center B, the coordinator had a leadership profile and sensibility to work as a team. He was sensible in his decisions, open to dialog, and encouraged the team.

“He (coordinator) has this tact, this 'feeling' to deal with people, so, he is a very sensible person, this is important. There is nothing authoritarian about him, he is always ready to talk, he is a very open person, I think this also helps in this environment. There are bad moments, but he is a kind of unanimous point here, because he manages to be affectionate and do the discussions the way he should” (B4).

According to the reports of the interviewees in Health Center C, the profiles of the last two coordinators were opposite, which caused disunity in the team and a series of interpersonal problems. They believed in the influence of the work process developed by the professionals who held this position.

“I think that they were very divided, they were very "square", and now they are starting to try. I think that the change again of the coordination is in this attempt to bring them a little closer, because they all have potentials, but they are lost” (C6).

According to the interviewees from Health Center D, the coordinator's profile and the knowledge he/she possesses influence the planning developed in the institution, as well as the dual function of reconciling care and management work interferes in the work developed and, mainly, in the results achieved.

DISCUSSION

The results of this case study contribute to the processes of improving health planning practices in Primary Care, with implications for the training of professionals, capable of leading these processes in the services. They promote the organizational culture of teams that meet the health needs of the enrolled population and achieve results that also qualify the relationships and working conditions.

In cases with expressive results, the satisfaction of belonging to the Health Center and the pleasure of developing integrated work with the multidisciplinary team are factors frequently pointed out.

Satisfaction in the work environment is an indicator of workers' well-being and quality of life, directly reflecting the quality of the service provided. Similarly, a study concluded that well-being at work had an impact on the evaluation of the quality of the organization and the services provided by a public municipal health system. When the individual has quality in his professional life, his satisfaction is leveraged, improving the work environment, the daily activities and, consequently, benefiting the care provided to the patient.⁹

The teamwork structure configured by the Family Health Strategy requires articulation among different professionals and, especially, the development of collective and collaborative practices. Communication among team members must be well established and free of restrictions, focused on the care network that aims at quality and integrality. The success of this practice requires collective-based approaches focused on close collaboration between the different areas of the Family Health Strategy, to satisfy users, the team, and the institution.^{4;10}

The Health Centers count on the presence of undergraduate, medical residency, and multi-professional students. According to the participants, the students bring many benefits to the health institution by contributing with new ideas and knowledge. Teaching-service integration is a great challenge in many places. On one hand, there are teachers and students eager to gain more knowledge in the internship fields, and on the other, there are institutions lacking professionals and in need of manpower. A study points out that, despite the difficulties encountered, in terms of preparing the practice settings to receive the students, the presence of students is a stimulus for the professionals to keep themselves updated and face new challenges. This partnership reflects in raising the quality of academic teaching and the assistance offered by the health service to the community.¹¹

Primary Health Care requires from the teams the practice of preventive care, agility in the transfer of information, and the construction of bonds among the team professionals and between them and the population. It is also necessary to have affinity with the principles of the Family Health Strategy, the ability to deal with the complexity of the health/disease process, and to respect the necessary articulation of the multi-professional practice. However, some factors, such as structural limitations in the services, lack of human resources, and inadequate training, can interfere in this system, causing overload to the worker and, consequently, limiting the scope of promotional actions and integrality in Primary Care.^{2;12}

It is possible to find in many healthcare institutions a lack of rapport and companionship among professionals. Other common weaknesses are related to problems of disrespect, miscommunication, and indifference among coworkers. Corroborating the findings of this research, interpersonal problems are the ones that most interfere in the development of work activities, stemming from the difficulty of working as a team and from individualized work processes. The lack of harmony among team members contributes to a fragmented health care, mischaracterizing the idea of what the work process should be in the Family Health Strategy.^{2;12}

The development of satisfactory teamwork can generate significant gains in the safety and quality of care offered to patients. Therefore, it is necessary that managers adopt initiatives that enable a positive, integrated, and collaborative atmosphere, helping group work. Mutual trust and free communication among professionals are necessary.^{2;4}

The demand for health care is not always compatible with the physical structure, human resources, and materials available in Primary Health Care, causing internal problems in health institutions. Other factors also make the organization of the teams unfeasible, intensifying the workload and, consequently, increasing the demand for care, such as poor management of these resources, lack of qualified professionals, problems in the reference and counter-reference service, absence of teamwork, and insufficient number of community health workers.¹²

The high number of patients seen daily hinders the planning process, and professionals do not have much time to plan activities. These are immediate actions, which occur without prior planning, but which would be valued if the team could make more time available for planning. To change the reality of this assistance, it is necessary to reorganize the assistance and the daily activities, allowing a less overloaded workday and greater effectiveness in the work process.²

Many workers in health institutions reveal that they suffer from function deviations to develop certain administrative activities, such as scheduling appointments and exams, checking the stock of office and medical-hospital supplies, due to the scarcity of human resources, resulting in many activities not being performed. A study points out that when employees perform functions different from those for which they were hired, this hurts the labor principles, because it results in the hiring of unsuitable labor for the function¹³. Situations such as these overload the worker and reduce the time available to perform activities related to the professional occupation within the service, besides allowing the opening of a space of indeterminations and uncertainties, without clear definition of competencies, abilities, and knowledge.¹²

Leadership skills, well-established communication, and the ability to deal with conflicts are pointed out as essential and inherent characteristics of a manager. Health professionals who occupy leadership positions must offer support to their colleagues by identifying their colleagues' potential, facilitating teamwork, and motivating the group to achieve good results. In the health sector, coordination is a middle activity for the execution of the work, and the care provided to the population is the final objective. Task management ensures rationality to the institution, establishing the organization of the means to achieve the desired ends.¹⁴⁻¹⁵ To meet the needs of complex systems such as health institutions, it is necessary to stimulate new forms of leadership, taking advantage of the potential of health professionals and stimulating new competencies through collaborative relationships and continuing education.^{2;12}

In different health care institutions, it is common to find nurses with difficulty in articulating the managerial work process with care activities. They accumulate several tasks that overload their work and require much time from daily care.¹²

Authors point out that many nurses believe that management is more related to the management of the unit and, consequently, to a distancing from care activities, because most of the time is spent managing the unit¹⁶. Research shows that planning and team meetings are effective opportunities to organize care and management activities and demands, improving the articulation of care and management work¹⁷. In this sense, it is essential that the professional seeks to organize time, to plan daily activities to execute them more efficiently.

The ability to work in teams and manage people is indispensable to the manager in Primary Care and requires the use of elements or skills that are essential for effective management, such as the ability to delegate tasks, motivate, and lead. To do so, one must visualize the human being, the environment, and the integration of diverse knowledge. The objective is to determine alternatives to facilitate the achievement of the proposed objectives through an integrated and collaborative work process.^{10,18}

The absence of specific health planning and management indicators was considered one of the main limitations of the study. Thus, it is suggested that the management bodies and professionals reflect on the importance of developing specific indicators, so that we can monitor the situation of health institutions belonging to the Unified Health System, regarding the planning of health actions.

CONCLUSION

Teamwork and the integration of professionals in meeting the health needs of the population favored the Health Centers with expressive results. The teams were able to overcome the difficulties because they had a coordinator with leadership ability and an organizational culture solidified in collaboration and in the principles of the Family Health Strategy. On the other hand, the different problems rooted in the Health Centers, with inexpressive results, compromised the development of the work, reflecting results not consistent with what is expected in Primary Health Care.

The organizational culture has a strong influence on the results achieved by the health teams, as well as on the quality of the service provided to the population. The organization of work, the customs, and beliefs, as well as the ways of relating are attributes that interfere in the work developed, reflecting in the achievement of goals and in the type of care provided to the population. The better the team is integrated, the better its performance will be.

The relevance of this study is highlighted in the performance of nurses in Primary Care, considering the interface between organizational culture and the achievement of goals. When health teams become aware of cases or contexts in which there is success in achieving goals, they could modify their daily routine and incorporate successful actions, so that they can qualify their practice and achieve better results.

CONTRIBUTIONS

All Authors participated sufficiently in the intellectual content, data analysis and interpretation, and article writing, as defined by the authorship criteria of the International Committee of Medical Journal Editors.

CONFLITO DE INTERESSES

Nothing to declare.

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