The Obstacles Encountered in the Construction of a Democratic and Participative Hospital Management Model

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Objectives: To evaluate the professional association-based management model in a public hospital in Rio de Janeiro, as well as its impact on micropolitics, especially in the nursing team. The professional association-based model is rooted in the physician’s association, nurses association and technician and aide associations working together to create management teams.

Methodology: Qualitative. The author interviewed 43 health care professionals: seventeen nurses, eighteen technicians and nursing aides, and eight doctors. The information analysis was performed through clustering verbal expressions of the interviewees in several thematic blocks, and then a cross reading was made of the common issues. The axis of reading was made based on the use of the concept of "noise".

Results: The article shows the results of the evaluation at all levels of a democratic and participatory association-based management model implemented in a public hospital for 10 years. The authors found within the various staff discourses the conceptualization of diverse "obstacles" to the implementation of the program. The coordinators of each unit, for example, argue that they have greater autonomy in decision-making in their units, but feel that lateral communication is not effective and that problems and issues that they could make decisions on are resolved by the management. Similarly, they denounce the authoritarian practices of many coordinators or managers as obstacles to the functioning of the "decentralized" model. The exercise of such control blocks the motivation and creativity of the team, two major goals of the collegial management model. The authors also found another obstacle to the model is the fact that doctors reject any form of internal or external control, and look at other professionals as "subordinates". This creates a tension in the micro-politics of the hospital, and continues the authoritarian practices that maintain the status quo. Finally, technicians and auxiliary nurses of the hospital, who are located at the lower levels of the scale of authority, say they have not to have experienced any change in the move from the traditional management model to the "democratic and participatory" model.

Conclusions: The authors postulate that the democratic and participatory model of hospital management exists more in formal speech than in practice.