ORIGINAL ARTICLE

Management shock: analysis of knowledge of professionals involved with the "viva vida" program

Choque de gestão: análise do conhecimento dos profissionais envolvidos com o programa "viva vida"

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ABSTRACT

The Management Shock in Minas Gerais came to change the governmental model and boost more effective actions for the recovery and organization of the State. One of the structuring programs created in the health area was the "Viva Vida", which aims to reduce maternal and child mortality. This study analyzes the knowledge of professionals involved with the program. This was a qualitative, exploratory, and explanatory study comprising five subjects involved with research and active in the Program's coordination in the Secretary of Health of the State of Minas Gerais, Regional Health Management of Belo Horizonte, and in each level of health care: primary, secondary, and tertiary of the Unified Health System network. The data were obtained from interviews analyzed according to the method of Bardin. It was observed that respondents had experience in the practice related to the theme; however, not all demonstrated theoretical basis about the Viva Vida Program.

Key words: Public Administration; Organization and Administration; Planning; Health Public Policy.

RESUMO

O Choque de Gestão em Minas Gerais veio para mudar o modelo governamental e impulsionar ações mais eficazes para a recuperação e organização do estado. Um dos programas estruturadores criados na área da saúde foi o "Viva Vida", que visa à redução da mortalidade materno-infantil. Este trabalho analisa o conhecimento dos profissionais envolvidos com o programa. Trata-se de estudo qualitativo, exploratório e explicativo, contemplando cinco sujeitos de pesquisa atuantes na coordenação do Programa na Secretaria de Saúde do Estado de Minas Gerais, Gerência Regional de Saúde de Belo Horizonte e em cada nível de atenção à saúde: primária, secundária e terciária da rede do Sistema Único de Saúde. Os dados foram obtidos a partir de entrevistas analisadas segundo o método de Bardin. Observou-se que os entrevistados possuíam vivência da prática relacionada ao tema, entretanto, nem todos demonstraram embasamento teórico sobre o Programa Viva Vida.

Palavras-chave: *Administração Pública; Organização e Administração; Planejamento; Políticas Públicas de Saúde.*

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INTRODUCTION

The administrative reform in the State of Minas Gerais in administration management became necessary due to the annual financial deficit of 2.3 billion reais in the year 2003 inherited from previous governments. The public management strategy called "Management Shock" emerged as an attempt to contain the situation with

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the goal of changing the government model and driving actions considered effective for the State recovery and organization.[1]

The implementation of the Mineiro Plan of Integrated Development (PMDI) was another initiative considered innovative by the government of Minas Gerais articulating priority actions focused on results in the area of "healthy living" in the PMDI, aiming at universalizing access to primary health care, reducing infant and maternal mortality, increasing longevity in the adult population, increasing access to basic sanitation, and increasing efficiency in the distribution of services in the health care system.[2]

The structuring Viva Vida program is within the area of Healthy Living results and was implemented by the principle of equity, with a relative focus on microregions with high rates of infant and maternal mortality. It concentrates activities such as attention to family planning, pre-natal attention, attention to childbirth, puerperium, and children from zero to one year of age, encourages breastfeeding, monitors growth and development, performs neonatal screening, vaccination, and the control of diseases that are prevalent in childhood. This is a program of great impact in the life of the population using the Unified Health System (SUS).[3]

The relevance of this work takes place on the basis of the "Management Shock on Health" as being the instrument of direct influence on public policies for health, about the work of professionals who work in the SUS in the various levels of attention, in particular on infant mortality rates, which is a subject of fundamental importance for society because it reflects the population's quality of life.

In view of the importance of the Management Shock in the field of health in Minas Gerais, in structuring programs such as the Viva Vida Program, some concerns emerged about the understanding of professionals involved in the various levels of the process, its theoretical purpose, and the impact on its praxis and consequently SUS users. These concerns made the following guiding question relevant: "What is the extent of the knowledge of professionals involved in the Viva Vida Program in relation to results achieved in the attention to maternal and child health in Minas Gerais?"

OBJECTIVE

To analyze the knowledge of professionals involved in the preparation and execution of the Viva Vida program about its theoretical and practical concepts and its potential impacts on their daily working life.

METHODOLOGY

This was a qualitative study with an descriptive exploratory character to identify little-known social processes and allow the construction of new approaches, revision, and the creation of new concepts and categories during the investigative process.[4]

The study was conducted in different scenarios, enabling the broadest possible observation of the Viva Vida program, from its preparation to its implementation in the various levels of health care involving: the Secretary of Health for the State of Minas Gerais (SES-MG), Regional Health Management of Belo Horizonte (GRS/BH), Health Center (CS), and medium and high complexity hospitals.

The research subjects were selected from a sample of convenience: one medical professional involved in the coordination of the Viva Vida program in the SES/MG, one nurse from GRS/BH, and one nurse who is active in each level of health care: primary, secondary, and tertiary.

The data were collected used semi-structured interviews guided by the objectives of the study. This method was chosen to facilitate the approach and ensure that hypotheses and assumptions were covered during this process.[4]

All interviews were transcribed verbatim to provide an increased understanding of the content of messages. Subsequently, they were subjected to the content analysis technique of Bardin described as "a set of communication analysis in order to obtain systematic procedures and objectives of description of messages' contents, indicators (quantitative or not) that allow the inference of knowledge about the conditions of production/reception of these messages".[4,5]

The content analysis allows the researcher greater freedom for the interpretation of data. This technique allows the evaluation and description of the respondents' message contents.[5] The obtained material was encoded after the systematic reading of interviews' transcripts, which led to the transformation of data in text, systematically processed and grouped in units, allowing achieving the representation of the content.[5] All respondents were coded with the letter "E" and one number corresponding to the order in which the interviews took place; E1, E2, E3, E4, and E5 referred

to the professionals from SES-MG; GRS-BH; and primary, secondary, and tertiary attention, respectively.

The next step was the categorization of the content of messages, constituting an operation of classification of elements gathering groups under a generic title. This grouping was carried out in accordance with the common characteristics of elements, with each category combining the selected analysis material, reflecting the intentions of investigations, and corresponding to the characteristics of messages.

The categorization process brought together the information in a condensed form.[5] The categories were created according to the questions directed to the respondents during data collection and defined in four categories:

- understanding about Management Shock;
- the impact of Management Shock on health;
- knowledge of professionals about the Viva Vida Program;
- perception of respondents about the impact of the Viva Vida program on the health of SUS users.

The last step of the content analysis was the processing of obtained results through the interpretation and support from the technical segment for validation. In this analysis, the inference of knowledge concerning production conditions led to deduce rationally the knowledge of the message sender or its environment.[5]

The study was submitted to the approval of the Ethics Committee of the UNA University Center on June 22, 2011 and approved on July 6, 2011 under opinion n° 0046.0.391.000-11. The guidelines from Resolution 196/96 from the National Health Council were followed, which establishes the criteria for research involving human beings. All respondents signed a volunteer informed consent that supports and guarantees anonymity, the absence of burden, clarifications, and the right to withdraw at any time during the study.

RESULTS AND DISCUSSION

Understanding Management Shock

The new public management, known as managing by results, defends the flexibility of means and orientation of the organization and public agents. Therefore, Antonio Anastasia, the Governor of the State of Minas Gerais, defined the Management Shock policy as a set of quick-impact measures to definitely modify the default behavior of the current administration, pursuing an efficient, effective, and efficacious management.[6] Such similarity can be observed in the speech of E1, who has experienced the pre- and post-shock management with the new model.

> *It was defined, at the time, as an integrated set of public policies oriented towards the development to resolve this serious problem of this financial deficit. […] and management shock then, had three great pillars, the first was achieving fiscal balance. The other was working in the pursuit of revenue generation. Moreover, the third was the quality of management. (E1)*

That is confirmed in the speech:

> *The management shock is a state policy where is […] a way to rationalize resources to apply them in the best way possible (E2).*

> *We understand that it was a program made by the Government of Minas Gerais to impact public spending; this is what they told us, that they would bring several modifications in multiple instances of the government and not only in health, but education is, is… …financing policy… that is, it would be the reduction of public expenditure (E5).*

The speeches of E3 and E4 lack an in-depth knowledge about the government policy, translating the words of the speech based on deduction and not on the previous knowledge acquired on the subject:

> *Well, I believe that management shock is a great strategy, optimization of resources, being them financial, human, or material (E3).*

> *Well, I understand that it is a governmental action, with the benefit of improving the quality of life of the population (E4).*

As for Management Shock, E1 reports the creation of SEPLAG implemented in the second stage of the shock, a results-based management.

> *There was a reduction of secretaries, in terms of number, targeting an economic aspect, and the SEPLAG was created, right, Secretary of Planning and Management, which is the body in charge, at the time it would be the body responsible for coordinating this management shock (E1).*

THE IMPACT OF MANAGEMENT SHOCK IN HEALTH

The Management Shock, in its second moment, centralized its focus on the construction of management by results. For this, sectors would go through the process of restructuring goals and regularization of financial resources to work the actions. In order to reform the governmental policy, the "State for Results" was created, implementing the Mineiro Integrated Development Plan (PMDI). The planning was focused on today, "where we are" and tomorrow, "where we want to be." The goal, to make "Minas Gerais the best state to live until the year 2023", based on fiscal quality and innovation in public management.[7,8]

One of the areas of concentration for results was the SES-MG in order to help Minas Gerais to become the best state to live in, more and better. This goal agrees with the PMDI, responsible for the formulation, regulation, and fomentation of health policies in the mineiro state, ensuring the SUS principles.[2]

The health actions were included in the "Healthy Living" result area of the PMDI aiming at universalizing access to primary health care, reducing infant and maternal mortality, increasing adult population longevity, increasing access to basic sanitation, and improving the efficiency in the distribution of services within the health care system.[2]

The interviews show the subjects' reports on the impact of these changes on their work:

> *I have no doubt because it is what I already went ahead and said, is… we worked with much difficulty because the proposal that we had was taken to a technical team, the technical team that believed they needed to do those things… management shock wanted things to be planned, followed up, then discussed with us what we were doing with difficulty, is, needing fundraising outside, in institutions. (E1).*

E1 complements what the authors Neves[7] and Marini and Martins[8] reference:

> *It is the conception of reform that has been translated; it was made the so-called Mineiro Integrated Development Plan… the PMDI with government long-term strategies. […] the vision of the future is that we had Minas Gerais as the best state to live in the year 2020, and then it was reworked and went on to be the year 2023 (E1).*

On the speeches of E2, E3, and E4, the causal impact of management shock was noted directly affecting the process of work of health professionals in the public service in the State. However, the speech of E2 shows confusion in articulating the words:

> *This strategy of resource rationalization and adaptation at the time that you use these resources that were being poorly-administered and applied in population assistance, right, to improve the quality of care for the population (E2).*

> *Yes, I think it was a service improvement strategy because it passes through a diagnosis, a planning, and from the moment you have a diagnosis and plan, and understand what are the necessary resources, where these resources are available, where to apply these resources, in accordance with the needs I think it will for sure improve the assistance, right? (E3).*

> *It was certainly a positive strategy, which reached high benefits that culminated in the change and profile of health in our population (E4).*

The speech of E5 is characterized by the experience that the subject had from his academic training to market integration, learning about various sectors in the area of health such as primary, secondary, and tertiary. According to E5, management by results is a positive point to achieve the objective in the process of work:

> *So, we started working with goals and I think that, that is what the great revolution of management shock is because: from the moment that you work with goals, you work with charges, and then you work with service structures so that the charges achieve that expected result (E5).*

THE KNOWLEDGE OF HEALTH PROFESSIONALS ABOUT THE VIVA VIDA PROGRAM

Released in 2003, the Viva Vida Program aimed at the promotion and integration of health care to optimize the reduction of infant and maternal mortality in the State of Minas Gerais. It operates in three strategic lines: the structuring of the health care network for woman and child, the qualification of this network, and the construction of the social mobilization process.[9]

Some of the actions for the organization and systematization of the program were the development and deployment of the Guides-Lines for prenatal, childbirth, and puerperium care; distribution of materials and equipment; and conducting training of approximately 15,000 professionals that make up the Viva Vida Network.[9]

The respondents' speeches show a certain degree of insight about the Viva Vida exemplified with the quotes that follow.

> *The Viva Vida Network […] has been mirrored in the national project, the national program for the reduction of maternal and child mortality. […] initially it started with investments in primary care […] improving the infrastructure of units through minimum equipment needed to provide quality assistance […] also in maternity wards they received a financial contribution to improving their infrastructure, […] later came the question of training, creation of protocols, right, where the assistance based on protocols and guide-lines is systematized (E2).*

E1, by being directly involved in the state management, it demonstrates assurance in the achieved results, especially about reducing the neonatal mortality rate as well as the relationships in the levels of health care:

> *The reduction in infant mortality has been falling progressively […] which is attracting attention in the State of Minas Gerais, it is the component that is harder to fall, which is this neonatal component, […] it is showing a slope, that is, it brings us a vision that was very invested this time. […] It is too complicated […] all sectors are involved with the reduction in mortality of both mother and child (E1).*

As stated by E1, all levels of attention (primary, secondary, and tertiary) are involved in the goal of reducing infant and maternal mortality. This view is shared by E5:

> *It is a project that came to structure the assistance to women, newborns, and toddlers. […] it managed to reach the three most important instances that we have, in the service of attention to women's health, that is, is the primary network, with its capacity for prevention and health promotion […] and then, childbirth and puerperium enter the tertiary attention. […] the way it is linked to the primary, secondary, and tertiary has worked. […] this structuring and linking to one woman, […] she is embraced in the primary care, receives treatment in the secondary, and then go back to the primary for follow up (E5).*

From the production and dissemination of knowledge, incorporation of notions of family health as a link in the progressive care that considers the organization, integrality, and resolution of health care processes, the management of social control is represented by the network of health care that allows management to articulate tackling the geopolitical problems of each health team.[10]

Although qualified, many professionals in the health care network are unaware of the program according to its nomenclature; however, they effectively perform the actions. They realize the goal of the program's actions in general as part of its mission based on municipal protocols but without a direct binding with state management. This is demonstrated in the speech of E3:

> *I do not know what this Viva Vida Network is… […] I understand that […] it is a State strategy, I do not know if the municipality has this same terminology […] we work according to the protocols, huh, I think that in the State they have the guide-lines […] but when there is a project that structures, that is, making all to work the same way, […] that aligns this working process of service, […] it adds value, quality. (E3)*

Despite the healthcare experience in women's, children's, and newborn's health, E4 has shown little knowledge about the program, however, he is rather positive in regards to the form of interaction in the healthcare network and the constant need for improvement in the care:

> *My vision is very positive towards this strategy network, right, in order to improve the health of our population. […] thinking about care as if the other was part of us […] so we are inserted in this action of caring, we have to improve increasingly our care (E4).*

THE PERCEPTION OF RESPONDENTS ABOUT THE IMPACT OF THE VIVA VIDA PROGRAM ON THE HEALTH OF SUS USERS

The primary objective of the Viva Vida Program has been achieved because more than 34% reduction in early neonatal mortality and decline in the ma-

ternal mortality ratio from 38.31 in 2002 to 25.93 per 100,000 live births in 2007 have been observed. That translates into an effective improvement in health systems and services, suggesting that the strategies adopted by the SES-MG have been successful.[11]

The speeches of E1 and E2 reinforce the objectives and results of the Viva Vida Program and show knowledge about the topic, noting its contribution to maternal and child mortality reduction based on the performance of various levels of health care.

> *I consider that the Viva Vida has contributed, it is not responsible, it is cause and effect, but it has contributed to reducing infant and maternal mortality in the sense that it has been descending, right? Its proposal is that, acting at various points and pursuing that goal, I think, the program contributes to that (E1).*

> *Yes, as I put it, the real goal of this program is to reduce maternal and child mortality is improving the quality of care. Today, we see a glaring reduction in child mortality, it is… today around 14%, right, of infant mortality, which in early 2000, right, was much higher and also thinking about the improvement in the quality of assistance to pregnant women and puerperae, there was also a reduction, not as high as the child reduction, but in relation to maternal mortality! It is the organization of services, the structuring of the organization of services in the various levels of attention towards assistance (E2).*

In the speech of E3, a differentiated analysis is observed when questioned about the perception of the program's impact on the life of users:

> *With this issue of alignment of conducts, right, with the protocols, I realize that it has improved a lot from the moment that we have a rationale, a support for this service, to such assistance, a defined flow of service, of forwarding huh, it well defined what primary care, secondary care, and tertiary care is, thus, the professional in this area, in this network, when having a structure, huh, that makes it easier and the user only wins (E3).*

According to E3, the proper structuring of the service flow in the three levels of health care, primary, secondary, and tertiary, added to the alignment of conducts through the guide-lines and is a facilitator for the work because it guides the flow of care and provides support for the conduct of professionals involved with child and maternal attention. Therefore, a positive impact is observed in users because they benefit from improved quality of care.

The guide-lines were based on scientific evidence, with the aim of standardizing the processes, promoting the improvement of the quality of health systems and services, and thus, confirming what E3 mentions in his speech.[11]

E4 reflects some lack of knowledge on the subject. When asked about the impact of this program on the health of SUS users, he wanders: *"I believe we can improve a lot if you think that the benefit of this network is to improve the quality of our assistance"* (E4).

E5 realizes the positive impact of the Viva Vida program on the health of users, reporting that it reaches the people who need health; however, it does not specify how users benefit:

> *I think that it impacts, yes! […] I think for us to be able to structure, achieve the goals, we need to reach the population and then you can reach the people who need health. So, this directly impacts the user. I wanted also to say that I think the user himself has understood this today. The positive impact of these actions on his health! (E5).*

It is likely that some of this lack of knowledge shown in the speeches of E4 and E5 relates to the deficiency in searching for updated knowledge. The search for knowledge must be continuous, and man must be active in the construction of his knowledge, taking charge of his education, looking for ways that lead to growth and improve his capacity.[12]

FINAL CONSIDERATIONS

According to the perception of respondents, the Management Shock strategies, geared in particular to the Viva Vida Structuring Program, brought notable benefits for professionals and users.

Some of the professionals who participated in the elaboration, who have experienced or sought knowledge, demonstrated mastery and clarity in their responses, others showed misinformation about the program and current management in healthcare. This shows that the knowledge about the theme is rather heterogeneous and inconsistent in the sense that a few dominate the subject, and others have only a vague notion.

The program strategy, from structure to execution, is not effectively passed to professionals in the

primary, secondary, and tertiary levels. Therefore, it is noted that even with this lack of communication, the actions included in the program are carried out. Such observation can be proven by the favorable indexes of infant and maternal mortality reduction as a result of the program and other municipal, state, and federal actions that contribute to that end.

This analysis underscores the importance of further research on the subject, need for continuous improvement in the health system, importance of professional qualification, as well as creation of an effective link between central management and direct assistance. This study contributes to the improvement of assistance to women and newborns in compliance with the Federal Constitution of 1988: "health is a right of all and a duty of the State".

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