

WORKING GROUP IN PUBLIC MENTAL HEALTH SERVICE: A CASE STUDY

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This article describes work organization in a public mental health service and compares with literature, specially socio-technical work organization and work organization for health care. Mental health care organizations need to work with unexpected situations and give individualized care for patients. This service emphasizes operations management variables such as intangibility; variability and simultaneity, what makes the case study interesting to investigate service operations management conditions. To verify the functioning of this staff it is observed three principal elements that compose the work organization model: assignment, coordination and control. The element assignment for a health organization is understood by events treatment. It concludes that the organization requires cross-functional, collaborative and multi-profession teams to deal with the constant appearing of events.

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Palavras-chaves: Work Organization, Service Operations, Mental Health Services

1. Introduction

The work in health organizations has developed to new organizational arrangements, as team work and matrix support that improves the construction of better environments to achieve efficiency in the new logic of health treatment. (CAMPOS, 2007).

Similar arrangements can be found in the productive sector and the analysis of the evolution of the models in so different environments could reveal aspects that otherwise would not appear.

The matrix support in health requires medical specialists to provide support to teams of professionals in charge of giving primary attention to population. It is complementary to hierarchic systems that include reference and counter reference mechanisms, protocols and regulation centers (CAMPOS, 2007). The matrix support intends to offer specialized assistance to population and technical-pedagogical support to the reference teams, who has the responsibility to conduct an individual, family or community case and aims to increase the possibilities to construct a link between professionals and users (CAMPOS, 2007).

Matrix support and reference team congregate at once the linking capacity with user, through which the organization is able to know the user and to understand his needs, acquiring the ability to develop specialized knowledge, as in matrix structure used in professional services (MINTZBERG, 1989).

The reference team and the creation of specialties in matrix support consider that no specialist, isolate, can assure a complete approach. This organization intends not only to assure major efficacy and efficiency in health work but invest in the construction of the user's autonomy. Its utilization as a concrete and daily instrument supposes a certain degree of renovation or transformation in the way the health services are organized and are working. This denotes the existence of difficulties and obstacles to surpass in the health work reorganization and it is starting from those guidelines that this analysis defined the field for research.

This article describes work organization in a public mental health service and compares with literature, specially socio-technical work organization and work organization for health care. The cases analyzed are the starting point to discuss team work, knowledge development and relationship with client-user in services with high intangibility of results and high participation of client-users.

2. Mental Health Care as a service operation process

The service studied, CAPS – Butantã, is a public unity specialized in mental health for the population of Butantã district. The health model it is based on assumes that the mental health service must be territorial and the patient is the centre of operations, not diseases neither professional tasks.

The service concept of CAPS can be defined as:

to offer assistance to the population of the region through clinical care and

to produce social inclusion of the users through access to work, leisure, culture, civil rights and reinforcement of the familiar and communitarian links.

Being a service, it offers a change in the conditions of activity of the user. The user is the element that triggers the operational system, as an input not directly controlled by management. As the user takes part of the process it is needed that resources be available on time and amount necessary to attend the demand. Besides, the result of this service is extremely intangible. As Bowen and Ford (Bowen and Ford, 2002) very clearly expounded, the intangibility of services results implies in some difficulties of operation management, which requires specific systems to:

Assessing service organization: organizational effectiveness and organizational efficiency must be subjectively assessed.

Defining service production strategy, which comprises defining quality level and managing capacity and demand: for this type of service, the user has scarce knowledge about the process, so, although several authors (Bowen and Ford, 2002, Hart, Heskett and Sasser, 2000, Parasuraman, Zeithaml and Berry, 1988) argue that the user should evaluate quality level of services, in this case they can evaluate the process (if the reception was nice, if the house was clean) but not the core service they need - the service is evaluated only by peers. As for managing service capacity and demand, because service cannot be stored, it is not possible to “use inventoried products to match capacity with demand or to smooth capacity utilization by producing for inventory” (BOWEN & FORD, 2002, pp. 455). Therefore, capacity should vary with demand fluctuation. As the service is continuous and long-term, it should be easier to manage, but if there aren't enough service unities, the demand can't be attended.

Managing co-production process: production process must accommodate user co-production; production setting must accommodate user co-production; production employees must accommodate user as co-producers; management must manage users as co-producers.

Mental Health services should have a management system prepared to deal with these situations, because of its stark intangibility, variability and simultaneity. In many aspects, operations management in CAPS is similar to palliative care, as described by Davison (2005), for whom, uncertainty directs all attempts to provide care in this type of service. The author seeks to understand organization configuration of palliative care and identified it fits Mintzberg's (1989) missionary and innovative configurations. The work is described as individualized care for patients and their personally based support systems, using cross-functional, collaborative, multidisciplinary teams that include the patient and patient-based carers.

In CAPS – Butantã, the user participates actively in the process, detailing the specifications of service process; therefore, the service should be flexible. It is difficult to standardize the processes, which requires that the frontline creates new operational process in each situation, and control is not strict. It is also a characteristic of this kind of service the long term professional-user relationship; however, hardly the client-user will be able to assess the service quality, because he doesn't have enough knowledge of process – that's exactly what he is looking for, in service.

The operation model applied at CAPS – Butantã handles the service characteristics of intangibility, variability and simultaneity through multifunctional teams and autonomy of professionals in care of users. The user participates actively during the elaboration of the

therapeutic project, when he chooses how will be the treatment and the activities they will perform in the institution.

It is a long term relationship between professional and user and it is important to the user to be familiarized with all the personal who gives support due to the need of mutual trust during the treatment.

Other characteristic that could be noted is that at CAPS – Butantã all team works in front office. All the personal working at CAPS – Butantã has contact with users and that's why all should have a previous training to deal with them.

Mintzberg and Quinn (1998) highlights that for professional services activity's coordination is achieved through workers hard training, in the service or in school; it is foreseen that once prepared, professionals will adjust their activities without supervisors intervention or procedures defined by professionals outside the work, reducing the importance of control and planning. The main supervision activity turns to be the conflicts resolution.

In other hand, Mintzberg proposes that the tasks on this kind of service are specialized and the professionals act isolated in their specialties. This kind of organization can't explain the working of CAPS – Butantã. The model closer to the reality of this object is the work in semi-autonomous group.

3. Work in semi-autonomous Group

Through the structural analyses proposed by Mintzberg (1989) for this kind of organization we can notice that CAPS – Butantã doesn't fit aspects pointed by the model, mainly in the aspect of the isolated working of professionals. It could be observed that the professionals exchange constantly information to evaluate users behavior, shaping their work as team working and more specifically as auto managed teams as described by Salerno (1999).

To this author, to verify the functioning of the group, three elements were observed: task, coordination and control. An auto managed team has the daily responsibility to manage themselves and the work they are performing. "Normally the self managed team members take care of their functional attributions planning and programming the work, decide about matters related to production and take care of problems. In this teams, workers work with a minimal direct supervision"(Wellins, Byham e Wilson, 1994:2006). Though Salerno (1999) denotes that this definition is vague, because it doesn't show the group autonomy, it is yet a good definition to our object of study.

In this definition it is visible that group's autonomy related to tasks performed by them is fundamental. The autonomy concept is described by Marx (1996) as "capacity of a group/ individual to project, decide and implement rhythm alterations', methods of internal allocation and control of production activities, given a technical organizational display where this group/individual acts" and the author also proposes that the autonomy is sized and can be presented in different scales. The following aspects should be appraised to understand work organization in socio technical conception:

Organization and production management

Share the work

Interrupt the production

Define the production flow

Define/Redefine the production sequence

- Deal with production targets
- Define performance rates
- Start maintenance
- Reject non conforming raw material
- Be responsible for at least the first level maintenance
- Take over interface relations

Human Resources Management

- Plan training scale, vacations
- Meet outside production when necessary
- Take part in new member selection and in the promotion of actual members
- Team and team members evaluation
- Frequency control and authorize absence (presence management)
- Define and orient own professional goals

Items of General Management

- Management of budget
- To influence in business direction and strategy
- To influence in operational planning

Table 1 – Autonomy in semi autonomous groups (adapted of Marx, 1996)

Summarizing, the working in semi autonomous groups, according to Salerno (1999), supposes that “the group is not totally autonomous, because it is inserted in a major organization that imposes restrictions. There is no prescription of how the work should be performed since the technical standards and the technical precedence relations related to the transforming process itself are accomplished, as there is no individual tasks attribution”.

4. Methods

This article reports a research in a healthcare organization for Mental Health (LANCMAN, 2008) where the study was based and verifies the functioning of the work group, observing three elements: assignment, coordination and control. Data were collected using semi-structured interviews with professionals inside the organization.

This study suggests that in the Brazilian public model of mental health care, the way of work is resemble to semi-autonomous groups structure, but there are a lot of points in this case that don't fit in this structure. The group is formed by 22 professionals, with different disciplines background: medicine, nursing, social work, psychology, occupational therapy, pharmaceuticals and administration. The entry of these professionals in this group is by public examination, they are qualified and their capacities are acquired by on-the-job training (case studies, experience changes and others). The intense and informal communication among professionals increases the capacity of a generalist point of view.

5. Results

The CAPS structure is composed by a multidisciplinary group encompassing: medicine, nursing, social work, psychology, occupational therapy, pharmaceuticals and administration. In this environment people is the main aim of attention, not their illness. The service's result is the knowledge of the user's afflictions. Often, there is no cure for the illness. The care is

individualized for each user, providing the satisfaction of his needs to achieve the results; the team has knowledge and flexibility, handling with uncertainties during process; the working environment minded to continuous and flexible learning.

The kind of grouping most similar to the CAPS – Butantã is the working in semi autonomous groups, which has as main definition to be “a group that assumes complete responsibility for the production of a product or line of products. This group should not assume predetermined fixed tasks for each component, and the supervision should not interfere in the way the group self distributes the tasks. It is supervision’s responsibility to link each group and environment.” (Herbst, 1974:58 apud Silva & Graydon, 2005).

Autonomy in CAPS – Butantã is limited by CAPS rules (issued by Health Ministry and implemented by Municipality). They also have restrictions mainly in financial resources, what difficult internal improving projects and even routine processes. There were also obstacles in getting material for the several work shops offered in CAPS – Butantã, workers emphasize the bad adequacy of working place and the condition of material utilized is precarious. Inside the group there were different grades of autonomy related to the hierarchic level and to the activities performed by each professional. There were technical standards and precedent relations in health area that should be respected, as for instance, only doctors should prescribe medicines.

The management, as the highest hierarchical level, performs the directing tasks, that according to Zarifian (2001) are:

- The explanation of strategic reasons.
- The support assessment: when a problem occurs overcoming the individual competence, the person involved should quickly consult a most competent person.
- The “animation”, which is divided in two procedures:
 - The first one relates to learn animation techniques.
 - The second procedure is associated to the stimulation of practice that favors the communication.
- Management of interaction with others services and occupations and with users: be the contact point of the organization in interactions with others entities taking the collective responsibility in its name.
- Implication in the animation in the competence management: the direction has the function of managing of the competence of the subordinates, with all technical and administrative implications that it causes.

Inside CAPS – Butantã, it could be noted that management runs alone the clearing of strategic implications, animation and implication of animation in the competences management. But the tasks of support evaluation and interactions management with other services and occupation and with users are performed by several professional that works in CAPS – Butantã which is a characteristic of the high grade of autonomy of the group.

As the interpretation and the implementation of the working polices depends on the CAPS management, this function is fundamental to determine the boundaries under which the group will work as semi autonomous, it’s dynamics and even the final result of the service.

It's helped by administrative sectors (management assistant, administrative assistant, operational agent), that perform support functions as well as pharmacy and subcontracted services (cleaning, security and catering). Those services support the organization so that the productive process flows. Usually, support functions have no direct contact with productive process or with service users. In this case however it could be noted that those people are also in the front line of performed service. So, they should be trained to get the knowledge to deal with possible events, in the sense defined by Zarifian (2001).¹

The professionals of CAPS – Butantã handle with events most of the time when they are contacting their patients, because during the treatment, the patient has not predictable reactions, which needs one action to border the situation.

The workers must be fast to control the events so that the process returns to normal. The faster the control cycle of events, the best it is for other patients and workers. Working in group is important in this process – when a patient needs help, professionals close to him should have autonomy to control the situation and should be aware of the abilities needed during the process, even when they are not responsible for the patient. This configuration gives the most critical characteristic of the semi autonomous group to the CAPS.

Multi-ability is one of the main characteristics of the work in semi autonomous groups – it gives flexibility to the process, because the workers can solve unexpected situations inside the group, without consulting specialists; besides, the workers will know the result of the work as a whole, making it easy to check errors during process, which increases efficiency and quality of productive process. And in the organization studied beyond the knowledge of the others work there is also the respect and appraise of the tasks performed by different professionals. All professionals linked to internal activities in CAPS – Butantã must know the actual situation of users and treatment prescribed, so that, in an emergence, any one can act. Because of that, different forms of coordination are used, specially the mutual adjustment. One of the most important ways of coordination is informal talks between professionals. Because of the exchange of experience and abilities, there is transference of knowledge on the situation of each user, so that anyone can contribute to the treatment.

6. Discussion and Conclusion

This study suggests that in the Brazilian public model of mental health care, the way of work is resemble to semi-autonomous groups structure, but there are a lot of points in this case that don't fit in this structure.

To verify the functioning of this staff, three elements of organizational model were analyzed: assignment, coordination and control.

Assignment for a health organization is understood by events treatment. According to Zarifian (1998) event is something not totally predictable. The analyzed group deals with high complexity situations and events are routine work for them. The work coordination is accomplished by communication, predominantly cognitive. The work control escapes of the semi-autonomous groups conditions, so there weren't verified indicators to evaluate the performance, not even productivity indicators (typical tool of work control from the classic work organization model).

Although the similarity between the semi-autonomous groups and the model found at CAPS – Butantã is verified, it isn't possible to affirm that it had the intention, because the implantation process wasn't accompanied.

Comparing with literature of work organization and health services organization (DAVISON, 2005, SILVA and DAVISON, 2005) it seems that when the concept of service emphasizes the patient as centre of care, the organization configuration changes and some aspects appears to gain importance:

- Workers will be grouped in multidisciplinary teams;
- Tasks require collaborative efforts;
- Clear values and mission of the organization are important to obtain work coordination;
- Self control of tasks will be performed by professionals.

Although it is already observed in health organizations, the subject deserves more study to identify the organization configuration and the limitation of this configuration.

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ⁱ An event is defined by Zarifian (2001) as something not totally predictable, not even, sometimes, probable, that cannot be reduced to a fact of the objective world, since members of a social world make an event from a fact when they give to this fact enough importance.