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Challenges of dimensioning the workforce to the conformation of the health care network

Desafíos del dimensionamiento de la fuerza de trabajo para conformar la red de atención de la salud

Desafios do dimensionamento da força de trabalho para a conformação da rede de atenção à saúde

ABSTRACT
Objective: This article aims to identify and analyze the challenges posed to the dimensioning of the workforce for the conformation of the Health Care Network (RAS), from the perspective of the organizational arrangements produced in the Unified Health System (SUS), over the years in Brazil. Method: This is a theoretical essay, supported by documentary analysis and non-systematic review of the literature, the regulations and publications of the Ministry of Health, academic and scientific materials. Results: Reveals that several ways of identifying workforce needs are described, however, a method that considers the composition of the RAS and/or regional indicators as parameters in the workforce sizing calculations has not been identified. Conclusion: It is imperative to expand research, disseminate more practical experiences on the subject and develop methodologies for sizing the workforce that consider the systemic integration of RAS services, health needs and the territory.
DESCRIPTORS: Human resources management; Health management; Regionalization; Organizational Downsizing.

RESUMEN
Objetivo: Este artículo tiene como objetivo identificar y analizar los retos planteados para el dimensionamiento de la fuerza de trabajo para la conformación de la Red de Atención Médica (RAS), desde la perspectiva de los arreglos organizativos producidos en el Sistema Unificado de Salud (SUS), a lo largo de los años en Brasil. Método: Se trata de un ensayo teórico, apoyado en análisis documentales y revisión no sistemática de la literatura, los reglamentos y publicaciones del Ministerio de Salud, materiales académicos y científicos. Resultados: Revela que se describen varias formas de identificar las necesidades de la fuerza de trabajo, sin embargo, no se ha identificado un método que considera la composición de los indicadores RAS y/o regionales como parámetros en los cálculos de tamaño de la fuerza de trabajo. Conclusión: Es imperativo ampliar la investigación, difundir experiencias más prácticas sobre el tema y desarrollar metodologías para dimensionar la fuerza de trabajo que consideren la integración sistémica de los servicios RAS, las necesidades de salud y el territorio.
DESCRIPTORES: Gestión de recursos humanos; Gestión de la salud; Regionalización; Reducción de tamaño organizacional.

RESUMO
Objetivo: Este artigo visa identificar e analisar os desafios postos ao dimensionamento da força de trabalho para a conformação da Rede de Atenção à Saúde (RAS), na perspectiva dos arranjos organizativos produzidos no Sistema Único de Saúde (SUS), ao longo dos anos no Brasil. Método: Trata-se de ensaio teórico, sustentado por análise documental e revisão não sistemática da literatura, as normativas e publicações do Ministério da Saúde, materiais acadêmicos e científicos. Resultado: Revela que diversas formas de identificação das necessidades de força de trabalho estão descritas, no entanto, não foi identificado um método que considere a composição da RAS e/ou indicadores regionais como parâmetros nos cálculos de dimensionamento da força de trabalho. Conclusão: É imperativo ampliar pesquisas, divulgar mais experiências práticas sobre o tema e desenvolver metodologias de dimensionamento da força de trabalho que considerem a integração sistêmica dos serviços da RAS, as necessidades de saúde e o território.
DESCRITORES: Administração de recursos humanos; Gestão em saúde; Regionalização; Downsizing Organizacional.

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INTRODUCTION

Despite the difficulties and weaknesses, the Unified Health System (SUS) has made important achievements and progress since its creation. It is considered the largest public and universal health system in the world. Although the conquests, the advances and the expressive results of SUS are undeniable, after more than three decades of its implantation, problems of underfunding, management, infrastructure, lack of planning, disorganization of health care networks still prevail, medical health model hegemonic and disease-centered, high number of specialized and hospital treatments, among others. [1-2]

The development of the Health Care Network (Rede de Atenção à Saúde - RAS), based on the regionalization guideline, is proposed as a strategy for organizing and qualifying the care provided, which, by restructuring the system, improves health policy and consolidates SUS. [3]

On the other hand, the construction of health care networks represents a challenge of great complexity, involving a series of issues, ranging from the design of the networks themselves - including the definition of the different social equipment and health services that compose it, different functions, purposes, modes of organization, operation, forms of articulation and coordination of the actions developed, among others - up to the mechanisms of structuring and managing health care. [4] In this perspective, Albuquerque and Viana, when conducting a research on the 'perspectives of the region and networks in Brazilian health policy', concluded that the induction of regionalization and the formation of networks were guided by different interests and conceptions, occurring out of tune in the country, the perspective of the RAS being the most recent aspect of the alignment of SUS with international guidelines. [5]

For the construction and maintenance of the RAS, it is necessary to train, regulate and adequately provide workers who are able to collaborate with each other to jointly produce the health envisioned by this form of system organization. Therefore, the institutional capacity to shape the care networks that effect the expected model changes also depends on the planning and dimensioning of the workforce that ensures the incorporation of professionals in an adequate number and with competence, commitment and incentives to do so. [3]

In this sense, it is worth questioning whether the dimensioning of the workforce is consistent with these needs of the SAN. The objective of this article is to identify and analyze the challenges posed to the dimensioning of the workforce for the formation of the Health Care Network, in the perspective of the organizational arrangements produced in SUS, over the years in Brazil.

METHOD

This is a theoretical essay, supported by documentary analysis and non-systematic literature review. The regulations and publications of the Ministry of Health, as well as academic and scientific materials, were analyzed considering the regionalization guidelines and networks and the authors' reflections on the implications of this care model for the dimensioning of the health workforce.

RESULTS AND DISCUSSION

The health care model in force in Brazil, marked by the fragmentation of health actions and services, with a focus on curative actions and organized based on supply, has been insufficient to cope with health challenges. Overcoming this context requires a process of organization of the health system that redirects its actions and services, in the development of the RAS, to have an impact on the population's health indicators. [3] It is up to the State to evaluate this scenario and plan the itineraries for managing work and education that mobilize the necessary changes, since ordering the training of human resources in health is an important responsibility of SUS. [6]

Historically the management of the health workforce in Brazil has maintained old problems mainly related to the care model that does not prioritize the needs of the population. Education

management issues are at the center of the discussion agenda, while work management remains secondary, limiting workforce planning. [7] The maintenance of these problems indicates, in addition to the relevance of these discussions to the management of the system, the complexity of the management of the health workforce and the difficulties of national coordination to overcome, over time, the hegemonic model, considering the diversity of actions and autonomy in the three SUS management spheres. [8]

The "development of methodologies and parameters to measure the needs of professionals and specialists, at all levels of training, for the health system" came to figure among the lines of the axis of work management and health education in the 'National Health Agenda Health Research Priorities' in 2008. 9 (56) Years later, a document from the federal government, which intended to complement this agenda, listed investigations on "Profile and composition of multiprofessional teams in different types of health care networks, including professionals for management, monitoring and evaluation activities" and " Provision and establishment of health professionals in Brazil ", as strategic research to the health system aligned with the priority activities of the" Project for Training and Quality Improvement of the Health Care Network "and the Ministry of Health (MH) respectively. 10 (23 e 57) However, the most recent research priority agenda of the Ministry of Health brings "the analysis of the relationship between productivity and the bonds of SUS health professionals" as the only one related to work, while other six lines of research in the area of work management and education refer to the training of workers, and none of them mention the formation of networks or health needs. [11] (19)

For some authors, it is possible to identify, throughout history, the absence of the State in important issues to the management of the workforce, which include the training and distribution of workers in SUS according to the needs and rights of the population. 7 On the other hand, we cannot deny that some MH initiatives play an important role in inducing labor management policies in the country. A literature review points out that six, of the twenty-two studies found on the subject, cited the importance of the Secretariat of Labor. Management of Work and Health Education. [8]

With this, it is expected that the dimensioning of the workforce considers technical-scientific criteria related to the professions and health needs, in addition to guaranteeing the political aspect in planning, reflecting a composition in line with the care model and the formation of networks proposed by SUS.

The planning of the health workforce aims to find a balance between the composition, distribution and number of workers so that the health system results in better levels of health for the populations. [12] With this, it is expected that the dimensioning of the workforce considers technical-scientific criteria related to the professions and health needs, in addition to guaranteeing the political aspect in planning, reflecting a composition in line with the care model and the formation of networks proposed by SUS.

The World Health Organization points out that health workers embody the guidelines of a health system, they are "the human link that connects knowledge to health action". [13] (17) They are the ones that make the services feasible and implement the projects, and it is their actions that, fundamentally, produce the improvements in the health conditions and quality of life of the populations. [12,14] In this sense, one of the work management activities assigned to municipal, state and federal SUS managers is to quantify the workforce needed to implement their health plans. [14] This activity of predicting the quantity and composition of the teams necessary for the development of health care is called the dimensioning of the workforce and precedes the provision of personnel. [15]

The dimensioning of the workforce systematically and continuously evaluates the needs of the workforce, resulting in the appropriate number of people to perform the activities according to the planning, which must be aligned with the strategic objectives and human resources policies of the institution. [16] It can take multiple forms, delineated between processes focused on hard technologies, with approaches based on norms and standard procedures, or more focused on the caring dimension of health needs, based on creative and shared processes. [17]

A study carried out in 2005, estimated the dimensioning of the workforce of doctors based on the offer or absence

of health services, assuming its intrinsic relationship with the availability of professionals. [18] A decade later, Machado and Dal Poz would point out that these team calculation approaches, based on the equations between professionals and installed capacity or ratio of professionals by population, despite being widely used, prove to be insufficient to adapt the workforce to epidemiological differences. and social or future demands for provision and training. [19]

A review of mathematical models used for the projection of the workforce found a small number of publications and six different staff sizing methods, without homogeneity between them, therefore, they were unable to make inferences about the most suitable for application in health. Thus, the authors point out the urgency of more comprehensive research to strengthen evidence that can support decision making in the face of different models of personnel estimation specific to the sector. [15]

A recent systematic review points out that countries commonly employ methodologies for dimensioning the workforce that calculate the need for personnel by planning a standard team according to the type of service and the amount of care offered, as per normative or only through professional ratios per population. The authors emphasize that the scarcity of models and methodologies that take into account and that understand local variables makes effective workforce management impossible. [19]

As noted, the scientific literature points to a scarcity of Brazilian studies that consider more than one professional category in the dimensioning of the workforce, with the majority being directed to nursing and all methodologies dedicated to planning the needs of workers at specific health units. [19] Even so, a review of nationally awarded experiences for being innovative highlights that the majority covered all the professional categories that comprised the dimensioned service. Still, even when only one type of service was considered, it was not isolated, bringing more comprehensive concepts that would indicate the incorporation of the network and care line logic. [17]

Regarding the references for dimensioning, the most used are policies and ordinances, such as the National Primary Care Policy, and parameters of professional councils, with the National Nursing Council Resolution being the most cited. [17,19] However, national references remain fragmented in specific policies and ordinances with regard to the workforce parameters, limited to the indication of a minimum team to qualify each service. Despite the publication of the Notebook of Assistance Parameters, in 2015, overcoming controversial and limitations of the parameters of the past decade, there is no reference to integrated workforce planning in it or in its 2017 version. [20-21]

The use of parameters limited to regulations and based on uniprofessionality demonstrates that we still need to move forward in identifying others that better express teamwork in response to the needs of regional and integrated networks and add meaning to the use of mathematical models.

In addition, Machado and Dal Poz emphasize that a dimensioning of the health workforce is urgent, in all its levels of care, which can be efficient and effective in responding to the demands arising from demographic and epidemiological transitions. [19] Epidemiological and social data monitored by health information systems can be powerful indicators for identifying health needs, breaking the logic of exclusive use of service usage indicators.

Various ways of identifying workforce needs are described, pointing out important advances that go beyond the simple plan to replenish the workforce of an existing service. However, planning the workforce according to the health policies in force in the country would require a broader look at the regions and networks.

The dimensioning of the workforce, as well as other issues related to work management and health education in SUS, is a complex process, especially due to the size of the challenge of articulating networks constituted by different public spheres that, despite the responsibilities and regional territories common, do not share the planning of this force.

Although the sizing methodologies that involve more than one professional category or that contemplate the set of RAS services are scarce, from the point of view of scientific literature, in the daily routine of SUS, there are movements to change these practices. This transformation is reflected in the expansion of the workforce, with emphasis on multiprofessionality, and in the conceptions of the network and line of care that permeate innovative dimensioning experiences in Brazilian municipalities and states. [17, 22] On the other hand, no method that considers the composition of RAS and/or regional indicators as parameters in the calculations of dimensioning the workforce has been identified.

CONCLUSION

Overcoming models of planning and dimensioning the workforce limited to minimum teams, professional/inhabitant relationships or estimates of service use seems to be directly related to the challenge of implementing the regionalized network care model and with a focus on the population's health needs.

Probably, there will not be a single planning model ideal for all possible configurations for the RAS, in the different territories, nor parameters of needs of static professionals that will not need to be revised over time, according to the needs of the population. However, it is imperative to expand research, disseminate more practical experiences on the topic and develop methodologies for dimensioning the workforce that consider the systemic integration of the RAS services, health needs and the territory. ■

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