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Organizational management by processes in the local health system

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The study presents the alternative experience of applying the two theoretical management models that the Ministry of Health of Ecuador proposes, facilitating the analysis of information, its relevance, the technical support of the teams, the management of costs and finances in the exercise of healthcare and organizational climate. The methodology applied was quantitative in relation to global performance indicators and qualitative to assess the level of district organizational climate. This study uses as research techniques, the analysis of indicators, participant observation, open interviews, and discussion groups, which generate the following reports: baseline and epistemology of the local health system. The study concludes that the local system of ministerial health, compromises of managerial dyslexia that would cause organizational dysfunction, due to the practice of two models of management not necessarily complementary, that is, the classic vertical bureaucratic system and the process management model that obeys a participatory system by objectives. However, the application of this last model improves the organizational climate and coverage results.

Conclusion: The local health system compromises of a managerial dyslexia that causes organizational dysfunction, due to the practice of two management models that are not necessarily complementary, that is, the classic bureaucratic system and the process management model that obeys a participatory system by objectives. The management vision is focused almost exclusively on the search for efficacy and efficiency, disregarding the importance of the conception of an appropriate organizational climate that generates confidence and productivity in the local health system. The fragile use of health and financial information, produced by the vertical management system, in the analysis, reflection and decision-making at the local level, hinders the process of continuous learning of the health organization. The development of long-term processes of training and continuous training in management is essential for the coordination staff at all levels, empowering learning from real scenarios, in the daily practice of management that the local system of health produces. It is recommended that these processes be designed and implemented at a regional or national level, taking into account the particularities of each of the local systems, seeking the pertinence of the decisions and actions in each specific context. The segmentation of the health system, conceived as the coexistence of subsystems with different financing, compartmentalized, that cover diverse segments of the population, generally according to their capacity to pay (IESS, private sector, insurers) requires establishing complementarity and synergy to avoid duplicating actions and generate unnecessary bureaucratic expenses such as the cost-covering program among state health institutions. Similarly, the fragmentation of the local health system, that is, the coexistence of several units or establishments that are not integrated into the health care network, that is, the private sector with aims and non-profits, which in certain spaces, work in parallel with the national health system.

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