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Factors that interfere with decision making in the face of resource shortages

Fatores que interferem na tomada de decisão frente à escassez de recursos

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ABSTRACT
This is an exploratory study with a qualitative approach using the narrative technique strategy with 25 health professionals, aiming to describe the factors that directly interfere in decision making in the face of resource scarcity. The study identified that the management processes, the organizational culture, the professionals' lack of understanding about the scope of the Emergency Care Unit, feelings of helplessness, lack of empowerment and discomfort in professional practice interfere with decision making. It is concluded that it is necessary to intervene through professional training, improvements in the management process and health monitoring for this professional.

Keywords: Health resource allocation. Decision-making. Resource management. Bioethics.

RESUMO
Este é um estudo exploratório, de abordagem qualitativa utilizando por estratégia a técnica da narrativa com 25 profissionais de saúde, com o objetivo de descrever os fatores que interferem diretamente na tomada de decisão frente à escassez de recursos. O estudo identificou que os processos de gestão, a cultura organizacional, a não compreensão por parte dos profissionais sobre a abrangência de atuação da Unidade de Pronto Atendimento, sentimentos de impotência, falta de empoderamento e desconforto na prática profissional interfere na tomada de decisão. Conclui-se então que é necessário intervir por meio da capacitação profissional, melhorias no processo de gestão e acompanhamento em saúde para este profissional.

Palavras-chave: Alocação de recursos em saúde. Tomada de decisões. Gestão de recursos. Bioética.

1 INTRODUCTION

The scarcity of health resources is associated with the increase in the cost of service to the user, aggravated by the growing demand for care from external causes, complications from chronic diseases, as well as the search for quick access to fast technology and medical specialties.[1,2]

In order to overcome this scenario, the Brazilian State has established that the management of the *Sistema Único de Saúde (SUS)* must act in a way agreed between the sectors, deepening the performance of each one through the epidemiological profile of the population.

It should also be guaranteed social control through which, there is an indication of how the practice should occur in management of committed resources, to make available health offer to users[3].

In this sense, *SUS* is in a challenging condition in an attempt to overcome the current scarcity scenario through regionalized and integrated networks, efficiently and effectively managing it's processes and resources. This scarcity in the public health system is compounded further by poor health financing and the non-reception of acute cases in primary health care (*Atenção Primária à Saúde - APS)* and insufficient entry doors in medium complexity[4].

The Emergency Care Unit *(Unidade de Pronto Atendimento – UPA)*, which acts as an intermediate between the Basic Health Unit *(Unidade Básica de Saúde – UBS)* and the hospitals that make up the Emergency Network *(Rede de Urgência e Emergência – RUE)*, seeks to endure

continuity of care through clinical intervention after patient recepton, and targeting according to clinical severity within the *RUE*[3].

Regarding the use of scarce resources available in the *UPA*, decision-making health professionals are at all times (from technical aspects such as severity, emergency, time of therapy and prognosis and not least moral judgments and moral dilemmas) making the individualized selection of people to receive the available resource.[1,5]

Thus, in choosing who is most vulnerable in the search for health care, the professional working amid the scarcity of resources in clinical practice, faces the dilemma of distributing the resource to unequal patients in their context health disease, and nevertheless ensuring fair allocation of resources with equity[6].

Given this scenario, the following concern arose: what factors directly interfere in decision making in the face of resource scarcity?

Thus, this study aim to describe the factors that directly affect decision making in the face of resource scarcity.

2 METHODOLOGICAL COURSES

This is an exploratory research with a qualitative approach using the narrative technique for data collection and analysis.

Gil[7] states that exploratory research aims to provide greater familiarity with the problem, in order to make it more explicit or to make hypotheses. In turn, the qualitative approach according to Minayo[8] is concerned with a level of reality that cannot be quantified, that is, it works with the universe of meanings, motives, aspirations, beliefs, values and attitudes.

The study scenario was an Emergency Care Unit *(UPA)* of the city of Belo Horizonte MG, inaugurated on December 29th, 2008 and fully operational on February 10th, 2009.

The *UPA*'s provides 24-hour assistance in clinical and minor adult surgical emergencies, attending approximately 300 people per day. The service is based on the clinical prioritization of the patient through risk-classified care, using the Manchester Protocol.

25 professionals, 10 nurses and 15 doctors, participated in this research who met the following inclusion criteria: work in the unit for at least one year performing their work activities in the morning, afternoon and/or evening, of both sexes, which among the functions exercised, there is the decision making function in the context of micro-allocation.[9]

This research excluded health professionals, decision makers, working in the *UPA* who were on vacation, leave for health treatment or maternity leave, or who did not want to participate in the research. There was no withdrawal by professionals who agreed to participate.

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The approach was determined by the request: "Report your experience on decision making in resource-scarce micro-allocation situations". Participants were identified by the letters 'DM' (Decision Maker) accompanied by an integer from one (01) to twenty-five (25) respectively. The interviews were audio recorded, transcribed and analyzed.

The study was approved by the respective Ethics and Research Committees under opinion number 54212116.0.0000.5149 and complied with the precepts of Brazilian Resolution 466/12, which establishes standards for research with human beings.

3 RESULTS AND DISCUSSION

In a scenario of scarcity of resources for health care, aggravated by the increasing demand for the service, decision making suffers direct interference in the management of resources that are generally scarce. The narratives demonstrate that there is a need for improvements in management and team processes to maximize resources, including changing organizational culture. Let's see:

> (...) I see that the issue of material management is not adequate either, so people often think that because it is a welfare, a heritage, something that is coming from SUS. (...) if one is going to spend more or less, one thinks it is not their problem ... poorly trained health professionals who do not see the need to save the material (...). TD 11.

This statement points to the organizational culture model within the aforementioned public health system, where scarcity in professional practice makes it difficult to make resources available for care, further aggravated by waste and inadequate use of available resources. Thus, it is observed that these professionals lack the quality management of how the resources will be distributed, the clear definition of the instruments that quantitatively support the material expenses for the proper functioning of the *RUE*[10].

Moreover, it is important to highlight that professionals demonstrate not understanding the scope of *UPA*'s performance within the *RUE*. In this way, many of the professional dissatisfaction is caused by expecting from the service what is not a legal assignment.

> [...] Like I already told you, sometimes there is a lack of ultrasound in the service, no tomography, right, sometimes there is a lack of specific medication for that patient and here we do not have this feature, although we have such care [...] a CT scan… a Doppler exam… at ease there is no way we are giving greater support to that patient. (DT 20).

The Ministry of Health characterizes the *UPA* as an intermediate service, with cares for acute cases of clinical nature, surgical or trauma demands for stabilization and subsequent referral to the hospital network if necessary cost as mentioned by the interviewee.[11] Considering that the resource

that should not be made available by that service was very lacking, something very important was emphasized by the participants' narrative: the various feelings that guide the practice of decision making in the scenario of resource scarcity.

> There are times when we should pass the responsibility to the other, right ... It's too bad to reach a person and say that you have nothing else to do, right, you always want to have a plan B [...] uncomfortable, right, because I would prefer someone else to be responsible for that [...]. (TD 07).
> I feel helpless. There are times when I can't handle it. I think, what can I do ?, [...]. (TD 02).

Feelings of powerlessness, lack of empowerment and discomfort in professional practice translate into a moral dilemma for decision making, which can affect the resolvability of the demand presented through power relations and determinants of work motivation in the act of deciding[12].In a broader context, the existential condition of the decision maker must be guided by ethical issues and these take into account many factors such as: academic background for decision making in a scarcity scenario; cultural conditions in which all actors are inserted; and the organizational political factors[13].

Note the following narrative:

> [...] the doctor gave me a medication ... a serotherapy that was half serum, half ABD. So I said, how am I going to do this in closed system? Oh the technician: no, we do it, we cut it. I said but this, you are not doing this in closed system, this goes to the patient's vein. We have to think that, but at the same time I had no idea how to do it in a closed system. Then it gets very complicated. (TD 02).

Understanding the precepts of bioethics and the relationships established in the context of health disease is therefore necessary for the decision-maker acting in the public health system, which must guarantee universality, comprehensive care with equity, guided by beneficence, non-maleficence, autonomy and fairness in the allocation of these resources[14,15].

However, in urgency and emergency services, justice is one of the biggest challenges, as it implies choosing who will receive the resource based on the prioritization criteria listed by the professional[16].

In a context of social inequality, these professionals, who are surrounded by different feelings, moral and ethical responsibilities, report the prioritization through risk classification as a criterion for selecting patients, as a way of providing opportunities without discriminating or marginalizing the demands presented by users.

> (...) decision-making is usually made according to the severity of the patient to try to maintain a hemodynamic clinical stability so that he can achieve a timely transfer and have the appropriate treatment. (DT 22).

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> (...) I use the Manchester protocol that will give me the priority of the patient the priority Clinical right, priority for care there at the first moment ... is ... is the protocol that will give me the priority, I do not prioritize because I want to, I prioritize according to the protocol. (TD20).

However, this challenge of better decision-making is not addressed during academic education, according to the participants' reports, which contradicts one of the purposes of higher education. This refers to stimulating the student to know, since his academic formation process, the social context of his area of activity through a reciprocal relationship between health professional and user in the practical field[17].

> I think it's more with the day to day that we get this preparation really. I think in my undergraduate that was the basics. Now when we live the situation every day, we learn. (TD 01).
> I think in general, college she does not prepare, you learn in everyday life. I see that ... there is ... after I entered the market that I could see it, it leaves much to be desired today, we don't have enough practice, we don't have theory, so we really learn things on a daily basis…… it is with colleagues, (…) with what has been happening on a daily basis, the college does not give you much information for that. (TD 03).

Thus, the professional practice of decision makers in the Emergency Care Unit targeted by this study is permeated by several factors that directly interfere with decision making and consequently weaken care and professional performance in front of the population.

In summary, this study shows that the factors that directly interfere in decision making in the face of resource scarcity, according to the interviewees' statements, are: the need for improvements in management processes and teams to maximize resources through change of organizational culture; the waste and misuse of available resources; and the lack of understanding of the scope of *UPA*'s performance within the *RUE*; feelings of helplessness, lack of empowerment and discomfort in professional practice; deficient academic education in the practice of assertive decision making.

Thus, it is suggested that intervention actions be implemented in the service scenario of this study, such as continuing educational activities, planning workshops designed to better understand the function of the service and rational means of using available resources, discussion circles for sharing information. Experiences and stimulate reflection on the principles of bioethics. These activities should address aspects related to the mental health of workers, the quality of care and ensuring the safety of the actors involved.

4 FINAL CONSIDERATIONS

It is necessary, in view of the notes, a planning and consequent implementation of a quality management that achieves improvements in the processes of distribution of available resources, with

the participation of all in the construction of strategies that maximize the use and avoid waste of materials.

It is also suggested that the unit managers include in this planning the health of the worker and the encouragement of the continuing education of all professionals. Thus, in the medium and long term, an effective cultural and organizational climate change can be achieved to maximize the assistance in the emergency service.

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