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Competitiveness and Efficient Management in Health Organizations

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1. Introduction

It is common sense that the organizations are in facing an environment more and more dynamic and competitive, and that they are more and more searching for efficiency and effectiveness in its processes. Tachizawa, Cruz Júnior e Rocha (2006, p. 45) affirm that the current trend of the organizations isn't more the concern with the separately considered efficiency and effectiveness, but with the productivity, that is, the interaction and combination of the two factors. Thus, there is a productivity as "an economic concept that joins the marketing vision of effectiveness with the concern of operational income, that is the emphasis of the efficiency". It is the quality of the processes that will guarantee its productivity and consequent evolution and continuity.

To the importance of the productivity with quality Denton (1990, p. 15) calls it "qualitivity", a concept that tries to not dichotomize or to separate production and quality.

Organizations that dedicate themselves to the quality in services make it with focus on the quality instead of productivity or production standards. If they want to be well succeed on the effective service supply with quality, the organizations must stop to visualize quality and productivity as being mutually exclusive. It is necessary to define quality in terms of attendance to the expectations of the customers, and to use them as its performance standards.

For in such a way, continuous changes are necessary. Stacey (1995, P. 19) is categorical when he states that the organizations are more and more oriented to the ways of dealing with changes, and that the level of uncertainty put us in facing more and more ambiguous and confused situations, that need to be decided so that the organizations prosper. In this way, the organizational diagnosis appears as a tool of aid for the management of the changes, from the moment where it guides the organization on its current situation, completing a reading on the organizational reality, making it possible that it can be able to define strategies to achieve its objectives.

To continue existing, it is important to change, not only to change linearly, in a predicable and controllable, but creative, surprising, risky way. On the whole complex, coexist keeping apart structures and dynamic, as it is, for example, the process of mature ness and aging, functioning and fatigue, validity and passage. The price of the autonomy is to live dangerously (DEMO, 2002, p.17).

Denton (1990, p. 15) emphasizes that well-succeeded organizations are conscientious that the solutions for the problems begin by its definition and that the solutions are determined

by the form how the problems are defined. However, due to the fact of a company has a diagnosis it doesn't guarantee satisfactory results. There is a organizational complex dynamic in the way between the diagnosis and the organizational effectiveness. This presupposition comes from the awareness that equal diagnosis generate different results, which it evidences that other critical variable exist that influence the attainment of results.

Piana (2009), after research on scientific articles, grouped these critical variable in 14 generating factors of competitiveness in industrial organizations: information, flexibility, integration, cost, rapidity, quality, innovation, tidy production, ecological responsibility, customer's relationship, training, technology, trustworthiness, benchmarking. Those factors correspond to very important components inside of each production analysis category, because they are able to influence several aspects of the organization. Each factor forms a link between the established relationship. Is that relationships link that indicates the complexity of each organization.

Through the crossing of those factors with categories of analysis of operational environments, there was developed a tool of diagnose able to detect organizational problems and to indicate potentials of improvements to organizations, permitting the transformation in efficient systems, based in a complex vision. That tool, detects out of fragilities and strengths, considers improvements and perfection to the management.

2. Organizations, Systems and Complexity

The organizations, as social systems, are composed by people and its interactions. Lins (2007, P. 51 and 52) states that the understanding of the organization's context implies in the need to see them as social units that are closely linked to the processes that interact with the social life, economic, scientific, technological and politics. The organizations are formed by groups of people who join its abilities to reach objectives of diverse qualities. In short, its reason of being is to serve to these objectives, that are not static and nor separate, on the contrary, they are dynamic and they are in continuous evolution, interacting and adapting themselves to each context.

Organization's concept is related to the ideas of systems and order, in which the organization is the producer of complexity when it affirms itself as relationary disposal that binds, transforms, keeps or produces elements, events or relations. The organization "guarantees solidarity and relative solidity to the linking, creating possibilities of duration to the system, in face of the random disturbances", conceiving a circular reciprocity between interrelation, organization and system. "The organization, while relationary disposal, sends to the dynamic plan of the interaction" (SERVA, 1992, p. 28).

The organizations must be visualized as a set of parts that interact constantly searching an objective and in relation of interdependence with the external environment. In adopting the systemic approach one visualizes the organization as a open Macro system, in constant interaction with the environment, allowing a macroscopic vision of the organization, "starting point for the business-oriented establishment and management that correspond

efficiently to the new reality of strong competition and expectations in mutation of customers” (TACHIZAWA, CRUZ JÚNIOR, ROCHA, 2006, p. 43).

Organizations are systems directed for common objectives. To Agostinho (2003, p. 15) in any perspectives the main task of the administrator is to determine the route for the system, through directive actions, in accordance with the interest of the individuals that it represents. However, due to the great number of existing relations in the organizations, it becomes impossible to know the results of all the interactions and possible combinations, what makes it difficult and also disables a planning and total control.

This interaction produces complexity, in greater or minor degree. To Luhmann, complexity is the possible amount of elements inside of a system, its relations and the relations between these relations. In this direction, the environment around always will be more complex than the system, and the system has the function to reduce this complexity through the selectivity, since no system can become related with its around of equal for equal (RODRÍGUEZ, ARNOLD, 1991, p. 92).

To the recent system's theory the central paradigm the relationship “system and environment around”. The concepts of function and functional analyses do not refer themselves to a system as long as one mass which is being preserved, and yes a relationship between system and the environment around it (LUHMANN, 2005, P. 176). Going from studies of the biological systems of Ludwig von Bertalanffy, the systems theory has a different vision of the one from the theory of the reductionism, where the whole can be

decomposed in parts to be studied and then understood: To the systems theory, the system is a set of coordinated parts and that forma whole complex. (NEVES; NEVES, 2006, p.06).

In the development of the systems theory, the analysis of the difference between elements and relations, enriching it with the concept of complexity which is the one “that better expresses the experience of problems of the new systemic research”. The complexity is defined “when in an interrelated set of elements it isn’t possible that each element relates itself at any point with all excessively, due to visible limitations to the capacity to interconnect them”. In this process it is necessary to occur selection: “the complexity means obligation to the selection, obligation to the selection means contingency and contingency means risk” (LUHMANN, 1990).

The complexity comprises the totality of the possible events and circumstances. In this direction, something is complex when it involves more than a circumstance. While growing the possibilities, also grows the number of relations between the elements, and consequently, the complexity. “The system defines itself by its difference in relation to the environment around” (NEVES, NEVES, 2006, P. 192). So, the system is a result of the reduction from complexity, through the distinction between what it is system and what is around it, which occurs when the system starts to be selective.

Kunzler (2004, p. 125) underlines that the entire environment presents to the system innumerable possibilities. From these possibilities it appears much more others, what increases the clutter and the contingency. To make the environment to become less complex, the system selects only some possibilities that make sense for it, in accordance

with the function that it performs, then, if it selected all of them, would enter in collapse. The system needs to simplify the complexity so it can survive in the environment. While the system diminishes the complexity of the environment, its internal complexity increases as well, because the number of possibilities inside of it becomes bigger, and it can also provoke its self differentiation in subsystems.

The system that faces a complex environment does not have an invariant structure. It becomes essential condition to the organization to face the complexity that the system transform itself internally, creating subsystems and to become more complex, what to Kunzler (2004, p. 125) it means the system evolution. The author affirms that each subsystem created within the system has its own around of, and that the differentiation of the system is not the decomposition of all in parts, but the differentiation of differences system/ around of. Is the proper system that modifies itself with the intention to survive in the environment, and not an external agent. The participation of the environment in this change is the irritation that, as the tolerance of the system, can take it to change its structures. Neves e Neves (2006, p. 193) stand out that the system decomposes itself in subsystems and elements, and that there are not elements without relationary connections nor relations without elements do not exist.

The balance and the survival of the systems start to consist in a problem and define itself in a narrow relationship with the conditions offered by the environment. In this relationship, the systems are exposed to the disturbances proceeding from around that they must be compensated in its interior. In this new paradigmatic perspective it is possible to understand the internal relations in terms of adequacy. The viability of the systems defines itself by its

adaptation capacity. The search for the adaptation can lead, also, the structural changes, for example, increasing its internal variety in more complex environments, what it becomes the changeable structure (RODRÍGUEZ, ARNOLD, 1991, p. 91).

All system evolves to survive to the complexity of the environment, that constantly creates new possibilities of unexpected form. Luhmann remembers that, although many things in the society are planned, this does not guarantee that the effect occur as it was determined. Therefore, Kunzler (2004, p. 126) concludes that the system evolves when deviates from the planning, when one does not react in the same way, when it is not happened again. Neves e Neves (2006, P. 192) affirm that the evolution elapses from the process of operational closing of the system in relation to around to produce its proper elements (autopsies) and the consequent construction of the proper complexity of the system.

In any realistic approach of the organizational analysis it must be left of the principle that the organizations are many at the same time. This multiplicity of realities generates complexity even so, administrators and organizational theoreticians frequent try to annul it, assuming that the organizations are always rational phenomena that they need to be understood in function of objectives and goals, what it harms a true realistic analysis strong. For Morgan (1996, p. 327), “in case that somebody really desires to understand the organizations are more intelligent to leave of the premise of that the organizations are complex, ambiguous and paradoxical”. The approach of the organizational analysis developed by Morgan believes that the real challenge is to learn to deal with this complexity. When trying to understand a organizational situation is necessary to be capable to face these different potentially paradoxical meanings, identifying them through some

criterion of analysis, even so always looking for to keep an integration and Inter-relationship sense that is essential.

Silva e Rebelo (2007, p. 14) consider that the complexity inserts in the organizational analysis a new look at the organizational systems, assisting in the understanding of the phenomena in an amplified way. This implies in breaching with the rational vision of the present in many processes of intervention for inserting a more organic, systemic perspective and nonlinear reality, what causes the development of a sensitivity able to understand the interrelation between the events and its implications to the organization that can generate order or clutter. The interaction between agents causes to observe the organizational system from a net of relationships, where the exchange promotes the raising of standards that turn the system unique adaptative and complex. “The theory of the complexity, thus, inserts a new form to glimpse the organizational system” (SILVA, REBELO, 2007, p. 14).

3. Organizations of health services: characteristics and complexity

In Brazil, the health is a constitutional law guaranteed the all citizen. Article 196 of the Brazilian Constitution of 1988 says “the health is a right of all and obligation of the State, guaranteed by social politics and economic that aim the reduction of illness risk, and other problem to the universal access and egalitarian to actions and services to its promotion, protection and recovery” (Santa Catarina, 2002, p. 19).

To guarantee this right it was implanted the Only Health System (SUS), a system formed by some institutions of the three levels of government (Union, States and Cities), and by contracted private and convened sector, forming one same body of attendance to the health. It is one of the biggest public systems of health of the world and encloses from the simple ambulatory attendance to the organs transplant agencies. This is health system of all the Brazilians, by which is guaranteed the integral, universal and gratuitous access for all the population (BRAZIL, 2010a).

The SUS is a new organizational and politic formularization to the reorientation of the health services and action in Brazil. The decentralization, the integral attendance and the popular participation are lines of direction of the SUS. To legitimize the constitutional law to the health, the establishment of the SUS must obey the following organizational principles: (i) universality of the access to the services of health in all the assistance levels; (II) completeness of the assistance; (III) preservation of the autonomy of the person in the defense of its physical and moral integrity; (IV) assistance equality; (v) right to the information; (vi) spreading of information on the potential of the health services and its use for the user; (vii) use of the epidemiology for the establishment of priorities, the allocation of resources and the programmatic orientation; (viii) participation of the community; (ix) politician-administrative decentralization; (x) integration, in executive level, of the actions of health, environment and basic sanitation; (xi) conjugation of financial, technological, material and human resources of the Union, the States, the Federal District and the Cities, in the rendering of services of assistance to the health of the population; (xi) capacity of resolution of the services in all the assistance levels; (xiii) organization of the public

services in order to prevent the duplicity of means to the same objectives (VERDI, COELHO, 2005, p. 60-63).

Verdi e Coelho (2005, p. 73) emphasize that currently the biggest challenges of the SUS are the structure of a new model of attention to the health that, to the sights of the Ethical Principles of the Universality, Equity and Completeness, improve the attention's quality, increase the net resolution of basic health units and its role of entry door of the SUS and guarantee the access to the services of medium and high cost/complexity, in order, to surpass the existing inequalities of access.

Nets of health's attention is understood the services horizontal organization that allows to give to a continuous attention to a certain population, on the right time, in the certain place, with right cost and with right quality. The Health Attention's nets of SUS must be structuralized according to the basic principles of health service's organization and in a dialectic relation between them, answering with efficiency and effectiveness to the acute and chronic problems of the population's health. Conceiving the Attention to the Health as a net, it must be substituted the idea of hierarchy for oligarchy, since there is not hierarchy within the levels of attention to health: all are equally important to the system's objectives (BRAZIL, 2007b, p. 255).

A level is not more or less important than the other, since the attention to the health in Brazil, by law, must be integral. This ordinance has for objective to improve the programming and the planning of the actions and services of the SUS. The levels of attention to the health are (BRAZIL, 2009, p. 43, 37, 207):

Basic attention: includes a set of individual or collective actions, that involves the health promotion, the prevention of illnesses, the diagnosis, the treatment and the whitewashing of the patients, which is responsibility of the municipal management. It is the point of preferential contact of the SUS users and its first contact, carried through by the basic health's specialties, which are: medical clinic, pediatrics, obstetrics, gynecology, including the emergencies of these areas. It also fits to the basic attention to proceed to the users transfer to be attended by average and high complexity. An efficient basic attention guarantees resolution of about 80% of the population's health problems. Its priority program is the Family Health Strategy.

Average Complexity's Attention: composed by action and services aiming to attend the main health problems and appeals of the population, whose practical clinic demands availability of specialized professionals and the use of technological resources of diagnostic and therapeutically support. The average attention was instituted by the Decree nº 4,726 in 2003, that approved the regimental structure of the Health Department. The manager must adopt criteria for the regionalized organization of the actions of average complexity, considering the need of qualification and specialization of the professionals for the development of the actions; the epidemiologic and socio demographic data of its city; the correspondence between the practical clinic and diagnostic's resolute capacity and therapeutically capacity; the complexity and the cost of the equipments; the recommendable including for each type of service; economies of scale and methods and techniques required for the accomplishment of the actions.

Attention of High Complexity: it is about a set of procedures that, in the context of the SUS, involves high technology and high cost, objectifying to provide to the population access to qualified services, integrating them to all levels of health's attention. The main areas that compose the high complexity of the SUS are organized in "nets". The procedures of the high complexity are related in the SUS table, which its majority is in the System of Hospital Information of the SUS, and are also in small number in the System of Ambulatory Information, but with extremely high financial impact, as it is the case of the procedures of dialysis, the chemotherapy, the x-ray and the hemoterapy.

The Urgencies Attention National Politics is in the average complexity attention's net. There is an increasing demand for the urgency services and emergency, due to the increase of the accidents, the urban violence and to the insufficient net's structure, what it generated an overload of these services. This has a strong impact on the SUS, either in the increase of the expenses with hospital internments, assistance in UTI and high taxes of hospital permanence of patients with this profile (BRAZIL, 2007a, p. 119).

To minimize that effect and to guarantee the completeness of the access to health, among others actions, the Health Department instituted the Units of Pronto Attendance (UPA), which are structures of intermediate complexity between the Basic Units of Health and the hospital urgency doors, as a form to improve the attendance of urgency and emergency to the population. The UPA are integrant of the component pre-hospital component and must be implanted strategically in places for the configuration of the urgency attention nets, with shelter and classification of risk, in compliance with the Urgencies Attention National Politics (BRAZIL, 2010b).

The UPA are classified in three different levels, according with the population of the region to be covered, the installed capacity (physical area, number of available beds, human resources and daily capacity of medical attendance). For the implantation of each level there was established financial incentive of investment beyond the monthly administration fees. The investment of the Health Department in Units of Ready Attendance was of R\$ 512.600.000, 00 in 2009, and at the end of 2010 it will totalize R\$ 989,9 million. The goal is that until the final of 2010 the population can count with 500 Units of Ready Attendance in the country (BRAZIL, 2010b).

In the city of Florianópolis there are two Units of Ready Attendance functioning, one in the south and another one in the north of the Island, and one third unit was approved. Each one of the UPA offers attendance of urgency and emergency with risk to the life in Medical Clinic, Pediatrics, surgery and dentistry, including small surgical procedures, stabilization of patients with death risk and comment, examinations of ray X and laboratory. In each turn of 12 hours two physicians act, two pediatrics, a general surgeon and a dentist. The UPA are prepared to take care of emergency situations when it has risk to the life and cases of average high urgency of//low complexities (FLORIANÓPOLIS, 2010).

The UPA South, located in the south of the Island of Santa Catarina, is characterized as UPA Port II, as it attends a population situated within 100.001 and 200.000 inhabitants. It owns a team composed by 15 general physicians, 06 surgeons, 09 pediatrics, 10 dentists, 16 nurses, 33 nursing technicians, 02 deontology, 11 assistant technicians in radiology, 02 social assistants, 01 Pharmaceutics, 05 administrative ambulance drivers and 09

administrative professionals. There are 06 beds of adult observation and 5 Kids observation's beds, and attends an average of 300 patients per day (BRAZIL, 2010c).

As unit of spontaneous demand, the patients arrive in their own vehicles or by the ambulances from the SAMU and vehicles from the Fire Brigade. These have priority and enter by the emergency, going direct to the attendance. Once the other users arrive in the UNIT, they make a file with the administrative staff, providing their personal information, number of SUS card (in case they have) and they report briefly the reason of the searching for the service.

Following, the user is received by the nursing team, that proceeds a selection in which the vital signals are verified while the patient reports its problem in the most detailed way. This information is inserted in the information's system of the health's net of the city hall of Florianopolis, where the professional can also analyze the patient's description through the health net. After this selection the user is classified in accordance with the scale of risk of the Health Department (BRAZIL, 2004, P. 27):

- Red: priority zero. This is an emergency, and the attendance must be immediate.
- Yellow: priority 1. This is an urgency, and the attendance shouldn't exceed 15 minutes.
- Green: priority 2. This is a not very urgent priority, in which the attendance must occur within 30 minutes.

- Blue: priority 3. This is low complexity consults and the attendance must occur by arrival order, after other levels have been attended, without maximum time of waiting. Levels to have been taken care, without maximum time of wait.

In accordance with the risk's classification carried out by the nursing team, the patient is directed for clinical, surgical, pediatric or deontological medical attendance, according to each case. The medical attendance will determine the next procedures, that can vary from oral or intravenous verbal medication, observation of clinical evolution, clinical and laboratories examinations, transference to an hospital of reference, or another procedure that the doctor considers to be convenient.

4. Categories of analysis and factors of competitiveness in systems of services

As a complex system, the structures and the processes inside of an organization of health services are in such a way linked that the functioning of a component intervenes all with the set and the final result. To evaluate the quality of the health services, the Health department created the Process of Hospital Accreditation, a method of diagnosis through the consensus, rationalization and ordinance of the Rendering Organizations of Hospital Services e, mainly, of permanent education of its professionals. In this process a sector or department is not evaluated separately, but all the set (BRAZIL, 2001, p. 15).

The accreditation process occurs when the services rendering health organization asks for it to the accreditation institution that collects the necessary information and formulates a proposal, which will have to be accepted by the services rendering health organization.

After they sign the contract the evaluator, the evaluator-leader and an evaluation team is indicated. The evaluator is a qualified professional able to do the evaluations of the Accreditation Process. The evaluator leader is responsible, to the Accreditation Institution, for all the phases of the evaluation process, with authority to make decisions referring to the process coordination. The evaluator's team must be composed by, at least, three members, one doctor, a nurse and an administrator; each team must have an evaluator-leader (BRAZIL, 2001, p. 16).

After the accreditation process, the organization will be classified in one of the three levels, as the Brazilian Manual of Accreditation (2001):

Level 1 - the institution is called "credited", and the basic principle of this level of accreditation is the security, what can be evaluated by the structure presented by the institution;

Level 2 - in this in case, the denomination "Is full credited", having as principle the organization, what can be evaluated through the used processes (and presented by the institution contracted for the Accreditation);

Level 3 - In this level, the institution is to be called "credited with Excellency", in which the principle is the Excellency in management, what it can be evaluated through its results.

By requesting the Accreditation the health organization of course tends to be fit in level one. However, the organization must work and looking for level three, through planning and improvement projects, in order to become an excellent organization.

However, the Process of Accreditation is an instrument based on check-list that evaluates the organization through the method “possess” or “it doesn’t possess”. This method does not evaluate the health organization in a systemic way, since it doesn’t consider system x spill. For Luhmann (1997a, p. 41) spill is from the understandings of the relation system x spill that the system auto-structure itself or it organizes to answer the complexity. It isn’t the case to bring the concrete fact existed in the spill with inside the system, but it consider it when analyzing system, what the Accreditation Process doesn’t make.

This type of evaluation that doesn’t consider the systemic relation limits the instrument, as it is necessary to evaluate the standards query, and also it is necessary that analyze the spill of each health’s organization, due to the fact that this spill strongly affects the System. Demo (2002, p. 17) states that in the non linear complexity, pulses the relation itself between the whole and the parts, done in the same time of relative autonomy and strong dependency. The non linearity implies in balance and disequilibrium, since the security of something closed coincides with death.

Another point that limits the accreditation instrument is that it doesn’t make possible to the system the attainment of improvement ideas. When evaluating as “yes” or “no” the answers are in such a way closed that they do not contemplate to the system to question or to think about solutions. Although Luhmann (1997b, P. 53) states that the system is closed operationally in its process of internalization of the complexity (selection), creation of subsystems and modification of direction with regard to its environment around, it underlines that the environment around participates of this process when irritating the system, which leads it to a auto produce. The proper irritation is part of the system.

Sanches (2009, p. 40) states that a production system consists of a series of inter-relations that unchain an addition of processes and operations that allows the elaboration of a product (well or service). He considers that the productions management is a system formed by subsystems that represent it, and named these subsystems categories of analysis, composed by events and specific actions that influence direct or indirectly and with determined intensity the results of another subsystem.

When subdividing the system in categories of analysis one has the increase of the complexity, what allows that the system can absorb and to answer the complexity of the environment where it is inserted. These categories are in such a way linked that, when acting in one, the others consequently will be affected. Sanches (2009) demonstrated the interconnection of the categories of analysis based in the model of professor Chris Voss, from the London Business School and of the consultant of IBM, Philip Hanson about the good practices of the manufacturer production.. Hanson and Voss (1995) developed a research internationally recognized, named *Best Practices in European Manufacturing Sites*. These consultants compared the best that has been made in the world on productions management to improve the performance of the European companies through comparison.

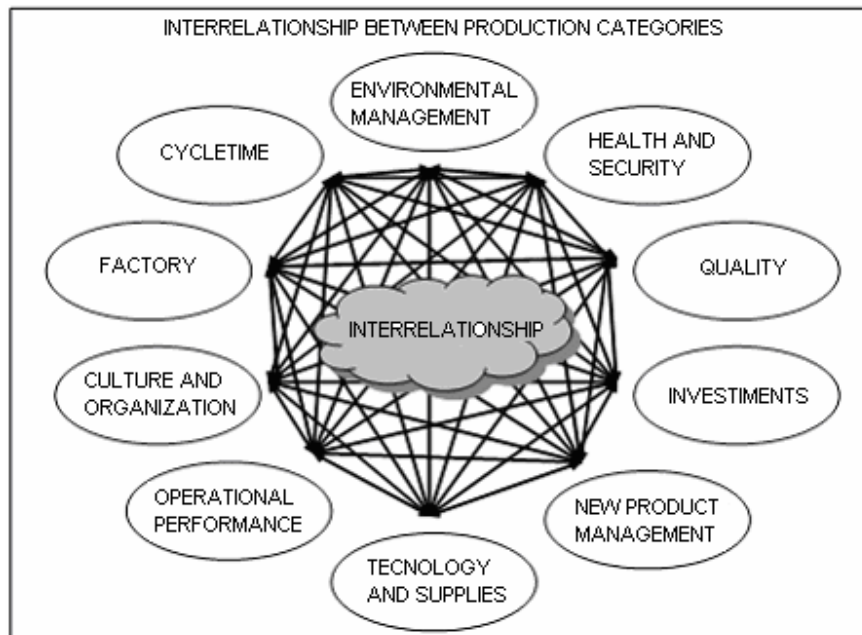


Figure 1 – The complex interrelationship of Production
Source: SANCHES (2009, p. 42).

Opting for the representation of the system in subsystems (or categories of analysis), Sanches (2009, p. 46) evidences that these categories are not isolated inside of the system, having component critics that affect all the production's chain, what means to say that there are components inside of a subsystem that answer to the system as a whole. To these critical components Sanches (2009) gave the name of factors.

Piana (2009), after research on Brazilian scientific articles, identified 14 factors that must be worked out so that the organization becomes competitive. These factors presented themselves in two blocks that interrelated between practices and results, as the chart below:

PRACTICES	RESULTS
Dry Production	Flexibility
Information	Cost
Technology	Rapidity
Responsibility	Quality
Training	Reliability
Customer relationship	Innovation (results from practices)
Integration (of the company to the operations environment)	
Benchmarking	

Chart 1 – Practices and Results

Source: PIANA (2009, p. 59).

Both groups confer performance to the organization. The practical refer to the attitudes, efforts or abilities to it that generate the result characteristics, that is, those able to provide direct competitiveness to the organization. The way as the practical are applied configures the adopted efforts, the means to achieve the results - flexibility, innovation, quality, reliability, rapidity, cost (PIANA, 2009, p. 59).

All these aspects are linked. As a complex net, when intervening in a factor all the others will be affected (positively or negative). Not only the practical are linked to the results, but also it is verified the relation practical x practical and result x result. This interaction needs to be considered when generating diagnostics and projects of improvement (PIANA, 2009).

5. A proposal of diagnosis and improvement of processes in organizations of health services

So that the organizations improve its processes Morgan (1996, p. 328) suggests two basic steps. The first one proposes the production of one reading-diagnosis of the organization.

The second requires a critical evaluation of the meaning and the importance of the founded situations. From that point the organization's complexity can be explored, in the descriptive way, as well as, in the prescriptive one. Being thus, the diagnosis is a basic requisite basic to the production of improvements in the organizations.

To Kisil and Pupo (1998, p. 24) the organizational diagnosis is composed of four basic parts: (1) to formulate the hypothesis or problem can simply to get started with a commentary of the type "the things are not flowing so well as it used to happen" or "why the results of such action are under of the expectations? "; (2) to raise information can include existing document analysis, comment of the routines fulfilled by the human resources or interviews and colloquies with people who relates itself with the organization. Studies of organization and methods can be useful instruments to know processes and its impacts on the results; (3) analysis of the information generally includes the comparison with some type of standard and operational procedure idealized by the responsible team for the diagnosis (4) the comparison based on the harvested information suggests the future actions. These actions are the required steps to lead the organization from the current state to the idealized future state.

Morgan (1996, p. 344) stands out that the secret is to learn how to establish a dialogue with the situation, allowing that it is understood through diverse points of view. To him, the only way to reach to balanced diagnosis is to let the questionings arise, transforming the critical evaluation into a way of thinking, linking theory and practice to deal with the complex and the paradoxes nature of the organizational life in a very realistic perspective.

Through the systemic thought and the Theory of the Complexity a project was developed whose objective is the creation of a diagnosis tool going from the key idea of the complexity, that is, from the interaction, a tool that searches to contemplate a systemic vision of the productive process, as well as providing to the organizations an instrument of management's improvement, able to detect potentials of improvements to the organizations and to transform them into efficient systems (SILVEIRA et al, 2009, p.7).

This tool is supported in the interrelation of the categories of analysis. Comparing the tool with a system, the factors are the reference, that is, the entrance of the system; the relations between the categories are the plant, that represents the action of the factors in the organization, represented for the relations between the categories of analysis; e the improvement ideas are the exit of the system, that must constantly be fed by feedback of the productive process.

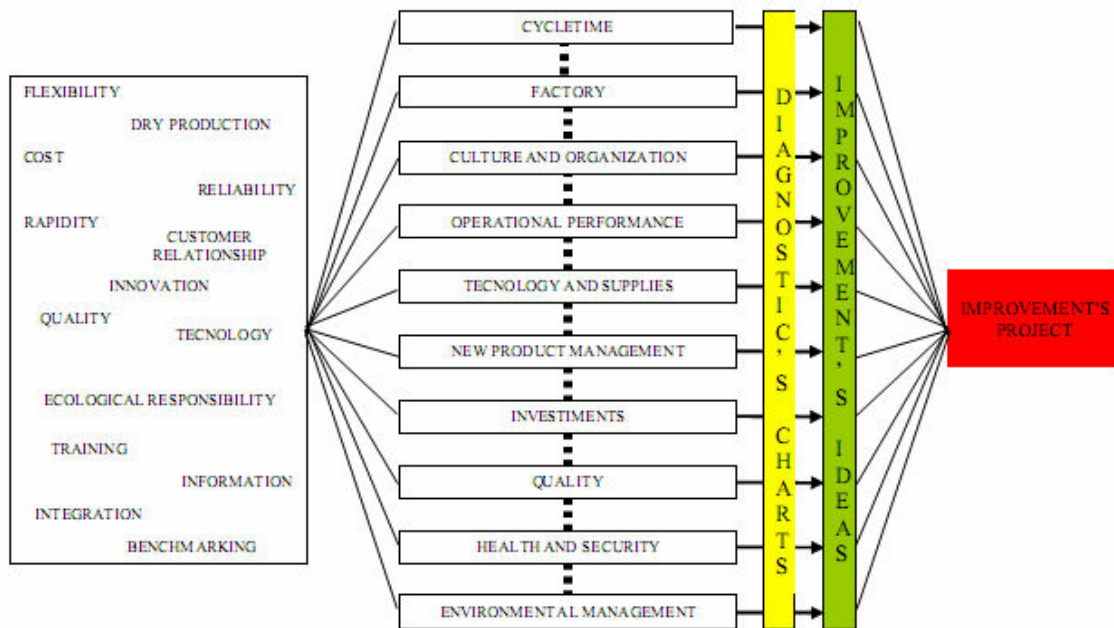


Figure 2 – Tools schema
 Source: elaborated by the authors.

The relationship between the categories of analysis and the factors originated assertive which compose diagnosis pictures. Each picture refers to a relationship between two categories and contains around 5 assertive to be answered on Likert scale (from 1 to 5, being 1 for the worse scenario and 5 for the best scenario) by the integrants of the analyzed organization. The relationship is given by the score that each assertive receives, being classified in strong and weak relationship. Two scenarios, one very bad and another excellent, were elaborated to explain each assertive. Beyond the scenarios, there is for each assertive a field to 'improvement ideas' that the respondents must fill with their contributions (SILVEIRA et al, 2009, p. 8).

The intention of the assertive is the participation of the collaborators in the situations evaluation, awaking in them the creativity and the exteriorization of improvement ideas, in case they perceive this need. The tool proposes itself to, in the same time, to fortify the relationship between the categories of analyzis and to provide to the organization competitive advantage through people's evaluation who directly are related to the process (SILVEIRA et al, 2009, p. 8). Below follows the current model of the assertive:

Relationship FLEXIBILITY x CYCLE TIMES				
Assertive	Scenario 1	Scenario 5	Score	Improvements ideas
The organization is searching for smallest cycle times? Analyze the influence of cycle times over the flexibility	Cycle times (various stages of service) last long time or there aren't been reductions for the last two years. That provokes little service flexibility	There was considerable reduction on the attendance and service rendered time. The diverse stages had its methods improved. The adjusts to the change are faster.		

Chart 2 – Example of a Diagnostic Picture
Source: elaborated by the authors

The example above crosses the factor FLEXIBILITY with the category CYCLE TIME, understanding that the lesser the cycle time, the better/bigger the Flexibility. The increase of flexibility generates greater rapidity in the rendering of services, raising the concept of the service quality, providing a better competitiveness, beyond influencing positively also other result factors.

The assertive have the objective to cross the factors of practical with the result factors, leading to a diagnosis of the organization and the generation of improvement ideas. As the practical factors lead to the desired results by the organization, acting on them the organization tends to conquer improvements of performance and increase of the competitiveness.

By identifying the strong and weak relations there is a classification of improvement priority. The weak relations must be fortified, then, as SILVEIRA et al (2009, p. 10), explain, in accordance with the principles of the complexity, the more intense are the inter-relations, the greater will be the complexity of the system and, consequently, plus this system it will be able to adapt itself to the environment changes and achieve the performance improvement.

After the tool application an analysis is carried through in the improvement ideas, to elaborate projects that contemplate the main aspects that influence on the organization quality and productivity.

Because it foments the participation and the communication of the constituent organization's elements, this tool has as consequence the sprouting of questionings regarding the productive processes carried through. It is then that one of the basic principles of this tool is the problematic, able to generate (a) a diagnosis next to the reality and (b) improvement ideas resulting of people who are inserted in organization's context.

The actual proposal is to adapt this tool to an organization of health services. For this, it will be necessary the adaptation of de analysis categories. The following step is the research in scientific articles of the competitiveness factors for organizations of health services, in order to compare them with the factors found in the research carried through previously and to verify if there are specific factors for health. Owing this information, it will be developed a diagnostic tool and operations management improvements of health services organizations.

6. Final Considerations

The Theory of the Complexity has been used for the organizational analysis by diverse authors. Serva (1992, p. 35) believes that its use enriches the field of the administration, since the organizations are not clear phenomena, objective and simple. Silveira et al (2009, p. 11) conclude that it is possible to present alternative for the processes improvement in the organizations through the consideration of the complexity as a system of production, characterized for the great number of interactions between its elements.

With this thought it was developed a diagnostic tool and generation of improvement projects that contemplate this interrelation and the complexity of the organizations. However this tool was only tested in industrial organizations. The proposal of this study is the adaptation of this instrument for the organizations of services, with application in an organization of health services.

An instrument with these characteristics will allow the organization to evaluate its organizational reality through the participation of its members, generating a diagnosis able to help it in searching improvement and the desired quality. This evaluation also will lead to determine the improvement priorities, as well as it will invite the participants to collaborate for the process of improvement of the organization with its ideas and experiences.

Through assertive the relations between the categories of analysis and the factors of competitiveness can be analyzed, allowing the detention of critical points in the system's operations, always taking in consideration its relation with the around environment, what it differentiates this tool of the Hospital Accreditation Process, becoming it a tool that evaluates the organization with really systemic consistency.

This study is still in development, and the forecast for the presentation of the final version of the tool will be in November 2010. What can be already affirmed is that this instrument considers a problematic of the organization, leading it to think it and to dialogue on its processes, problems and solutions. This interaction between categories of analysis and the fact that the members of the organization are those who think and analyze about them produces cooperation able to contribute to the prosperity of the organizations.

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