

**People management in public and private hospital care****Gestão de pessoas na atenção hospitalar pública e privada****Gestión de personas en la asistencia hospitalaria pública y privada**

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**Objective:** to identify characteristics of the people management model used in hospitals. **Methods:** a case study developed in the first semester of 2024 in three hospitals, of which two were private and one was public, in the interior of the state of Mato Grosso, MT, Brazil, through semi-structured individual interviews with key informants. Data interpretation was done through thematic analysis. **Results:** four people managers were interviewed. From these interviews, three categories emerged: *People management in hospitals*; *Weakness of the people management model*; and *Required skills and perceived challenges*. The focus was on the roles of infrastructure management with deficiencies of function requirements, difficulties in aligning recruitment and selection by skills, with the process being easier in the private sector. Empathy and humanization were pointed out in one hospital as the pillar of selection. A management model was not clear in private hospitals. A plurality of forms of bonds was perceived in the public hospital. Of the required skills, knowledge about management and the ability to deal with people were mentioned. The challenges lie in the selection process and the acceptance of professionals for employment, in addition to conflict management and the relationship between public and private labor markets. **Conclusion:** the area of human resources management in hospital organizations needs to reflect on its role with employees, as it is directly involved in the quality of services provided.

**Descriptors:** Personnel Management; Personnel Administration, Hospital; Personnel, Hospital; Health Care Facilities, Manpower, and Services.

**Objetivo:** identificar características do modelo de gestão de pessoas utilizado em hospitais. **Método:** estudo de caso desenvolvido no primeiro semestre de 2024 em três hospitais, sendo dois privados e um público no interior de Mato Grosso. Utilizou-se através de informantes-chave a entrevista individual semiestruturada. A interpretação dos dados se deu por análise temática. **Resultados:** Quatro gestores de pessoas foram entrevistados e emergiram três categorias: *Gestão de pessoas no hospital*; *Fragilidade do modelo de gestão de pessoas*; e *Competências requeridas e desafios percebidos*. O enfoque centrou-se nos papéis da administração da infraestrutura com incompletude que as funções requerem, dificuldades de alinhamento do recrutamento e seleção por competências, sendo mais fácil o processo no âmbito privado. Empatia e humanização foi apontada em um hospital como pilar da seleção. Não ficou claro um modelo de gestão nos hospitais privados. Percebe-se pluralidade de formas de vínculos no hospital público. Das competências requeridas mencionou-se o conhecimento sobre gestão e habilidade em lidar com pessoas. Os desafios estão no processo de seleção e a adesão dos profissionais ao emprego, além da gestão de conflitos e a relação do mercado de trabalho público e privado. **Conclusão:** a área de gestão de pessoas nas organizações hospitalares necessita de reflexão acerca de seu papel junto aos colaboradores, pois está diretamente envolvida na qualidade dos serviços prestados.

**Descritores:** Gestão de Recursos Humanos; Administração de Recursos Humanos em Hospitais; Recursos Humanos em Hospital; Instituições de Saúde, Recursos Humanos e Serviços.

**Objetivo:** identificar las características del modelo de gestión de personas utilizado en los hospitales. **Método:** estudio de caso realizado en el primer semestre de 2024 en tres hospitales, dos privados y uno público del interior de Mato Grosso, MT, Brasil. Se utilizaron entrevistas individuales semiestructuradas con informantes clave. Los datos se interpretaron mediante análisis temático. **Resultados:** Se entrevistó a cuatro gestores de personas y surgieron tres categorías: *Gestión de personas en el hospital*; *Puntos débiles del modelo de gestión de personas*; y *Competencias necesarias y retos percibidos*. La atención se centró en las funciones de gestión de infraestructuras, con el carácter incompleto que requieren las funciones, las dificultades para alinear el reclutamiento y la selección por competencias, siendo el proceso más fácil en el ámbito privado. En un hospital se mencionó la empatía y la humanización como pilar de la selección. No se observó un modelo de gestión claro en los hospitales privados. En los hospitales públicos existe una pluralidad de formas de relación laboral. Entre las aptitudes requeridas estaban el conocimiento de la gestión y la capacidad para tratar con la gente. Los retos residen en el proceso de selección y el compromiso de los profesionales con el trabajo, así como la gestión de conflictos y la relación entre los mercados de trabajo público y privado. **Conclusión:** el área de gestión de personas en las organizaciones hospitalarias debe reflexionar sobre su papel con los empleados, ya que está directamente implicada en la calidad de los servicios prestados.

**Descriptor:** Administración de Personal; Administración de Personal en Hospitales; Personal de Hospital; Instalaciones para Atención de Salud, Recursos Humanos y Servicios.

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## INTRODUCTION

**T**he concept of 'Models' in administration refers to notions that can help to understand how to act in a given reality<sup>1</sup>. From this perspective, people management in an organization is characterized as a set of policies and practices that allow the reconciliation of expectations of both administration and the wider public<sup>2</sup>.

Workforce induction policies seek to qualify the efficiency of the health system's response. Advances in technology, social changes and the way of working relationships summarize important transformations in the area of people management and consolidate it as a strong object of research in administration. In Health, the incorporation of this discussion in relation to people management models is still a field to be explored with regard to management of change, knowledge and skills in hospital organizations<sup>3</sup>.

It is important to recognize that, in Brazil, hospitals are part of a health care network that makes up the organizational structure of the national health system, creating a strong space for employability. People management in a hospital unit comprises the framework of policies, standards, activities and procedures that support the analysis of personnel needs capable of conducting resource planning through recruitment, selection, training/qualification to support the defense of organizational well-being designed in specific attributions to achieve institutional goals<sup>4</sup>.

To effectively provide care, a hospital unit relies on various professions, particularly the contributions of doctors, nursing staff, maintenance, engineering, and security personnel. This collaboration demands diverse efforts, including intellectual, emotional, and physical contributions. Each role requires specific skills, which are shown through knowledge, abilities, and actions tailored to the position's complexity, influencing the corresponding remuneration.<sup>5</sup>

People management is responsible for monitoring the performance of professionals for the functions for which they were hired, while providing opportunities for investment in training processes to qualify this resource, if necessary. In this sense, quality assurance processes for care delivery incorporate a rigorous analysis of the performance of human resources<sup>6</sup>.

Nowadays, people management is particularly important, as it significantly influences work processes and achieves better outcomes, given employees the main 'resource' in hospital environments<sup>7,8</sup>.

In hospitals, it is also possible to incorporate the analysis of the functions of the people management area presented in four roles: human resources strategy management,

transformational change management, company infrastructure management and employee contribution management<sup>9</sup>.

The administration of people management strategies considers the performance of those involved and their participation in defining strategies, no longer restricted to a small group, but in the search to expand the actors involved in the planning and execution process, which involves participating in the elaboration of strategies for the related area, in planning the organization's workforce to monitor the company's performance from a strategic perspective, as if using the Balanced Scorecard (BSC)<sup>9</sup>.

In infrastructure management, the people manager assumes their tacit role to be efficient in the functions that are their responsibility, from recruitment and selection, remuneration, benefits plan, performance management, job and salary plan, training, coordination with universities, information and control systems, all of which are considered in an integrated and systemic manner<sup>9</sup>.

In managing employee contributions, the people manager is responsible for capturing the satisfaction of professionals at work and the processes that lead to motivation in the face of labor demands, that is, they are the conductor between administrative management in an organizational communication process to align its scope through the recognition of the functions of people management in delivering the result<sup>9</sup>, which in the case of hospital care will always be the assistance provided.

In managing organizational and transformational change, the people manager needs to be aware of the incorporation of technology, the transition of knowledge and institutional education for the exchange of knowledge for rapid adaptation, knowing how to control the conflicts generated in these change processes<sup>9</sup>.

A limitation in the field of people management in hospital units has been to understand it as an expense, this not only happens in the area of people management, but also from the point of view of the number of professionals to manage and provide care. This logic of understanding people management as an expense recorded significant numerical reduction of adequate personnel to offer the best quality in management and care<sup>10</sup>.

In view of the above, there is a need to invest in studies on people management in hospital care, from the perspective of the functions of this sector, and due to the lack of analyses in the hospital organization. In the context of this research, it was decided to conduct some questions: *How does people management take place in hospitals that are practice settings for higher education institutions? Which functions in the area of people management are contemplated in the management model? Which aspects are considered challenging among the*

*different public and private segments in people management?* Thus, this study aims to identify characteristics of the people management model in hospitals.

## METHODS

This is a case study using descriptive, exploratory research with a qualitative approach that followed the international protocol Consolidated Criteria for Reporting Qualitative Research (COREQ)<sup>11</sup>.

The study was conducted in a city in the state of Mato Grosso, Brazil. There are three hospitals in this city, two of which are private with beds affiliated with Unified Health System - SUS (*Sistema Único de Saúde*) and one is public. Invitations were sent to the hospital directors, who approved the research in their establishments, and forwarded the invitation to the Human Resources department of each institution. The invitation described the credentials of the Higher Education Institution (HEI) and the group of researchers, the objectives of the research and the proposal for sharing the findings. This selection is justified by convenience, since this is the focus of the research. The inclusion criteria were: having been in the position for at least one year; being the director of hospital care and/or the human resources area. The exclusion criteria were: managers who were on leave for any reason during data collection.

To collect data, a semi-structured individual interview was used, consisting of two parts: one related to professional characterization and the other asking the interviewee, based on situations experienced in their daily management, to report how people management works in their organization, their profile for this role and how the recruitment and selection process works.

The script was submitted to pre-testing. Participants were contacted via email and phone call. After the invitation, after attesting their acceptance via email and sending the signed Free and Informed Consent Form (FICF), the interview was scheduled, on a digital platform (WhatsApp, Google Meet or Zoom) and time indicated by the participant. The collection strategy through the digital platform was requested by all participants.

The interviews lasted an average of 50 minutes, and were conducted by two assistant researchers, scientific initiation scholarship holders, trained by the researcher in charge with expertise in data collection, in the first half of 2024. The material was transcribed by the assistant researchers and checked by the researcher in charge. The interviewees were identified by the letter E, followed by an Arabic numeral, according to the increasing chronological order of the interviews.

The material was transcribed in full. To interpret the data, we chose to use thematic analysis, which identifies, analyzes and reports the patterns (themes) in the data; organizes and describes its data set in detail and, through its theoretical freedom, provides a useful and flexible research tool that can potentially provide a rich, detailed and complex report<sup>12</sup>.

The material analyzed was discussed based on the reference of the functions of the human resources management area with a focus on infrastructure administration activities<sup>9</sup>, which presents traditional aspects of the role of the human resources manager in hospital institutions. The study complied with the ethical aspects regulated by the National Health Council and is part of a matrix project to analyze the context of patient safety in the health services network of the state of Mato Grosso, approved by the Research Ethics Committee of the proposing institution, whose protocol of the Certificate of Presentation of Ethical Appreciation (CAAE) was: 73770123.5.0000.5166. The participant was guaranteed information, the possibility of participating/abandoning the research and anonymity in the treatment of the information obtained, respecting all ethical aspects.

## RESULTS

In the three hospitals surveyed, six professionals were eligible, but two of them were not interested, so four key informants agreed to participate in the research. Regarding the profile, three were female, all between 35 and 45 years old; one had a degree in Physical Therapy and Public Health, one in Psychology, one in Business Administration and one in Human Resources. All had more than one specialization, with the most mentioned areas being: three in Public Management and two in Hospital Administration. In terms of time spent working, three had worked in the area of people management in the organization for more than three years.

The *corpus* of the analysis resulted in three categories and six subcategories: *People management in hospitals* (*Employees involved in people management in organizations/Desired profile in recruitment/Selection process*); *Weakness of the people management model* (*Much more of a hiring model than a people management model*); and *Required skills and perceived challenges* (*Perceived skills/Perceived challenges*) presented in Chart 1 with the main excerpts from the statements.

In the category *People management in hospitals*, it is clear that the human resources area contributes to recruitment and selection in all three hospitals. Regarding the public institution, it was possible to identify two spaces (E3), one directly linked to the hospital, responsible for monitoring the employees involving documentary aspects for the provision of the service, and others that manage the local health system, linked to the Health Department, which is

responsible for the recruitment and selection processes. In the two private hospitals, the people management service is responsible for the entire recruitment and selection process (E1, E2).

In recruitment, when it is time to reflect on the desired profile and the strategies for selection, the method in the public hospital is carried out through a selection process or competition, which do not include interview stages. This was mentioned as a limiting factor for discussing the alignment of the competency profile (E4). In both private hospitals, contact with the coordinators of the professional areas was mentioned (E1, E2).

Regarding the profile, one hospital emphatically states that the search is for a professional who has the ability to demonstrate humanization during care, that knowledge and skills are shaped after insertion in the sector, but empathy is mandatory (E2), while in the other, the search is for knowledge linked to the specific area of work, mainly related to pharmacology and medication care; however, it mentions that experience is not a determining factor for hiring, considering the manifestation of interest in belonging to the professional staff of that institution (E1).

In the selection process, the public hospital uses tests, a competition or selection process and classification upon presentation of the title test, mentioning that the idea of seeking a profile based on competence aligned with the mission, vision and values is not contemplated (E4). Only one private hospital mentioned that the medical team has a selection process with the Human Resources department (E2). All the others prepared specificities for this category, namely, the public due to the filling of vacancies in the selection processes, which may, in exceptional cases, occur directly hiring due to the fact that a vacancy was not filled in the selection process (E4); and the selection by the management of the clinical staff with mention of specific criteria analyzed for the doctor's admission to the hospital (E1).

In the category *Weaknesses of the people management model*, a plurality of links can be seen in public hospital care, effective employees, contractors, through a selection process or commissioned position, and the inclusion of professionals through an outsourced company, stating that there is no homogeneity in the management model and in the proposals that are managed regarding the functions of the people management area and its limitations regarding the retention and engagement of the professional at the time of admission, mainly through a selection process (E3, E4). In both private hospitals, a people management model was mentioned, with consultancy for its implementation, but it was not possible to capture whether this model continues to be used to guide people management (E1), and the structure of employee functions in the institution to carry out performance evaluations and support training processes, especially for the nursing team (E2).

In the category *Required skills and perceived challenges*, the following competencies are mentioned: knowledge about management (E1), ability to deal with people (E2, E3), patience to carry out analysis and better follow the selection process (E3), responsibility with flexibility and respect for standards, with greater emphasis in the public sector (E4). The presence of a professional psychologist is desirable (E2), although in none of these three hospitals has this type of professional in their human resource staff.

As for the challenges for people management, we can note the concern in the selection process (E2), the low acceptance of professionals regarding the job (E1), having to deal with conflicts (E4) and the absorption relationship of the public service as a choice for the professionals' work (E1).

**Chart 1.** Categories, subcategories and main excerpts of participants' speech regarding people management in three hospitals, Mato Grosso, Brazil, 2024.

<b>Category</b> <i>People management in hospitals</i>
<b>Subcategory:</b> <i>Employees involved in people management in organizations</i>
<i>"The city government has a specific health human resources department to handle selection, hiring, admissions, etc. Here, at this hospital, we also have a department, but the processes are handled by the city government. Here, there are two administrative staff members who handle all the documentation for the staff." E3</i>
<i>"I am responsible for the entire recruitment and selection process, hiring process, interviews and development of tools for human resources, job and salary plans, job registration and performance evaluation, organizational climate analysis, climate and conflict resolution. I am also responsible for the personnel department." E2.</i>
<i>"I manage the selection process here." E1</i>
<b>Subcategory:</b> <i>Desired profile in recruitment</i>
<i>"I contact the coordinator, and he tells me what profile he is looking for, but in general, the profile is more focused on the human side, on the employee's competence, whether they will be able to deliver the type of performance that we are looking for. We seek humanization, with the knowledge that the employee has that, we can eliminate some characteristics, some flaws that they have during the merger. Empathy and humanization, which we need nowadays, for this employee to bring this welcoming trait to us. We need people who are truly empathetic, who are truly humanized, who are truly supportive, because we deal with people who are sick!" E2</i>
<i>"Look more for knowledge and skills. The issue of production and medications or knowledge that the employee has, the issue of leadership, as well as specific knowledge of procedures that should be adopted for medication schedules, whether they know how to correctly use the medication, what can or cannot be mixed, part of pharmacology. We don't think about hiring because they have a lot of experience in the area. So we take into consideration where the person has been since they started working. One criterion is the person's behavior, their willingness to really be interested in the job." E1</i>
<i>"Here, we do it through selection processes and competitive exams. We usually open a selection process with the vacancies we need to fill. The tests are done and the entire process is carried out by a committee of permanent employees or outsourced through a company. This has not been done to date. All selection processes are carried out by municipal employees who understand the reality there and end up being part of the committee." E4</i>
<b>Subcategory:</b> <i>Selection process</i>
<i>"Currently, it is done through an objective test, both through a competitive exam and a selection process, followed by a qualifying score based on qualifications. In the selection process, I do not search for a profile of skills that are aligned with the institution's mission, vision and values, because according to our legislation, we do not hire directly. So we do not have this type of hiring". E4</i>
<i>"The selection of the medical team is done by the hospital directors themselves, who are the doctors, so it is done by each doctor. They do not go through HR, they go through their hiring process. It is different, right? So I cannot tell you how it is done or on what basis, but one thing I know is that they look closely at the issue of specialization. They know what specialization that doctor has, what levels of specialization they have had, the area they have dedicated themselves to, so they take this very much into consideration". E1</i>
<i>"In the medical and nursing areas, it follows a standard with me, and I consult the coordinators. As for the administrative part, we are able to conduct a different interview, especially because we can apply questionnaires</i>



to measure the employee's knowledge, especially because it is a questionnaire focused on more administrative processes. Unlike the nursing area, which is very technical, which we would not be able to apply". E2

"The only difference we have today in some cases are specific cases of specialties that are usually offered in selection processes and competitions and do not come. For example, a cardiology specialist, an orthopedics specialist is more difficult to find a candidate. The candidate is usually not very interested. So, we end up making a direct emergency hiring supported by law, which is the only direct hiring that can be done" E3.

"Sometimes it is their first job here in the health area, but they have worked very well in other places, so this will not make them a bad health professional, on the contrary. Responsibility, sometimes we try to find out about their previous job or I usually call and ask for a reference. The reference resúmes, I ask for a reference or I find out, so-and-so worked in another hospital, we always have contact with all the other hospitals here, we call, ask, do you remember so-and-so, right? And we always have this feedback". E1

**Category: Weakness of the people management model**

**Subcategory: Much more of a hiring model than a people management model**

"We have several hiring models here at the hospital. We have permanent employees through public examinations, there are employees who are hired through a selection process, and there are commissioned employees who are appointed by the secretary or the mayor. We are also working on outsourcing through bidding processes. Each one has their own particularities. Permanent employees are usually the oldest ones, who we say have a longer-term, selective contract, which in my humble opinion, is the type of process that has been giving us the hardest time here in several functions, especially because it is difficult to hire them. Sometimes you can't find the right person, you hire them and they don't take the job, or they have some problem that prevents them from working and you cannot hire them. Commissioned employees are usually more for management positions, advisory positions, coordination positions, those kinds of things. And the model we like working with the most at the moment is outsourcing, which gives us greater flexibility in terms of actually selecting the type of employee profile we want to hire. And there is also the issue of flexibility, if you are changing if the server does not meet the demand, does not meet the goals, etc." E3

"In fact, today we have two scenarios. Today we have permanent servers, who are hired through a public exam. We have hiring through a selection process, which when there is no longer anyone from a public exam to call or someone has legal absences under our law, we call them through the selection process. And today we also have the situation within the municipal hospital, which is the surgical center and the ICU, which are direct contracts, that is, it is an outsourced company that provides the services there. So this part ends up being the analysis of resúmes by the company. So we have these three situations today." E4.

"We set up a people management model, some time ago, there was a consulting company, a kind of mentoring for the hospital, a model to follow. We have a manual of standards and routines, and within this manual there is the entire process for how each sector should work, right, let's put it like that." E1

"Here we have a manual that outlines the functions of all employees, respecting the principles of their professional practice and what we understand to be incorporated into the practice of this hospital. These functions become a guide for evaluating the employee and also to guide the educational processes that we propose to improve the quality of care. Today, we work more focused on qualification in the area of nursing." E2

**Category: Required skills and perceived challenges**

**Subcategory: Perceived skills**

"Look, it's important to have some knowledge of management, right? It's extremely important to have this knowledge." E1

"A person who in human resources management or who has some skill in the people process." E2

"Skills in the people process require a lot of patience, you need to be able to do a more elaborate profile analysis, measure a lot of things in the analysis. I believe that would already be essential to hold the position." E3

"Responsibility. I think we have to be very flexible when dealing with people, because it's not easy to be aware of the law, because in the public sector we have to be very aware of the law, of impartiality, to try to treat everyone equally." E4.

"Some organizations give preference to psychologists, even so that you can do a more elaborate profile analysis." E2

**Subcategory: Perceived challenges**

"We end up making some mistakes, because it can't be 100% accurate, since it's an assessment, but we can measure a lot of things in this analysis, but today it's not focused on psychology." E2

"Look at my assessment of the hiring scenario in hospital care, it's very negative. People want to get a job, but in a sense they don't want to work. For example, I've had a job opening since October for a kitchen assistant here in our kitchen, and we still haven't been able to hire anyone. People send in their resúmes, come to the selection process or some even pass, but then when they're called, they don't want to, they give up." E1

"The agencies set up for the SUS end up encompassing a large mass of hires, so private hospitals and clinics end up being very dependent on this workforce and we often can't recruit quality people." E2

"Most of the HR management in healthcare is more about conflict management." E4



## DISCUSSION

The material analyzed showed that the actions of people management in the three hospitals are crucial to infrastructure management. In this analytical dimension, there was no mention of remuneration, benefits plan, performance management, job and salary plan, proximity to the university in the corporate proposal, or the information and control system. This absence may have been due to the still present approach that people management has more responsibilities in recruitment, selection, and training processes, functions that were strongly mentioned, while only one hospital mentioning training processes.

Regarding the number of people involved in people management, it is possible to contextualize how low the investment in this sector is, as in all three scenarios, the number of employees involved in people management is limited to the scope of the functions that fall to them, which may justify the failure to mention the other three functions in the area of people management (human resources strategy management, transformational change management, and employee contribution management).

The recruitment process for professionals can be internal, external or mixed, and each of these methods offers advantages and disadvantages<sup>13</sup>. All three hospitals had external recruitment, which is considered the most expensive and time-consuming, but has the advantage of bringing desired skills to the staff and being a coordinating factor for the growth of the organization<sup>13</sup>. The institution determines the type of recruitment, and it must evaluate the advantages and disadvantages of each one. However, it is important to be clear at this time about the skills expected of each professional.

It was not possible to identify the desired skills, understood as the set of knowledge, skills, and attitudes, in any of the hospitals. This discussion did not happen in the public hospital, leaving the responsibility to the professionals who prepare the tests, both for the public exam and the selection process. In both private hospitals, their strategy is seeking the coordinator of the professional category to be selected to verify the profile. In one hospital, it was clear that the candidate's demonstration of empathy and humanization in the selection process is unquestionably considered a factor in the selection process.

There is a strong movement to commit people management to a policy of humanization of care<sup>14</sup>, with the proposal of making it a core aspect to the organization's mission, vision and values. Humanization is closer to socio-affective competence, which was recognized as an important strategic space in discussions about the need for change in professional training processes, becoming a recommendation for the choice of pedagogical methods and techniques that can rescue socio-affective competences, supported by theoretical foundations, capable of

leading in action a conduct based on humanism and ethics, as a policy for care and management. Adopting humanization as one of the criteria in the selection processes demonstrates the importance of structuring the desired profile in recruitment<sup>15</sup>.

The concept of competencies was introduced in 1973 by David McClelland, who proposed that a person's individual characteristics enhances their performance. These characteristics complement attitudes in the work environment, which involves mobilizing, integrating, transferring knowledge, resources and skills that add economic value to the organization and social value to the individual<sup>16,17</sup>.

In hospitals, given their complexity due to the relationship between different professionals from both the Health sector and other areas, in addition to their different levels of training, it is worth investing in recognizing organizational competencies. Organizational competencies are defined by the professional's ability to perform so that the organization achieves its goals, while sharing personal competencies with the team makes organizational competencies effective, which are projected by the organization's mission, vision and values<sup>18</sup>.

When outlining a potential hire, the people management team can list, based on what is expectations of professional competencies, the job description and establish parameters for the selection process. This knowledge is supported by seven key aspects: actions, resource mobilization, communication, learning, engagement, responsibility, and a strategic vision for guidance.<sup>16</sup> Also, it is important to consider the positioning of professional representative bodies, which in Brazil set action parameters for their respective categories. This context encourages hospital people managers to engage in effective negotiations not only with their professionals but also with training institutions and regulatory bodies.

It is possible to adopt the competency management as a people management model, since knowledge of tools, instruments and their methodological processes establishes a strategic vision by defining the formulation of the organizational strategy, objectives and indicators at the corporate level aligned with the goals to outline the expected performance<sup>17</sup>.

A study carried out in hospitals in the Northeastern region of Brazil, which sought to identify guidelines to support the implementation of innovations in hospital organizations, revealed that this implementation is associated with team management, the participation of professionals in the processes – participatory management, the proximity of managers to their subordinates, as well as the investment made in both improving the environment and training professionals<sup>20</sup>.

Therefore, establishing professional interaction based on trust, professional appreciation, good communication strategies, active participation of social actors in work

processes as well as in decision-making, reverberates in quantitative and qualitative results consistent with the organizational and personal objectives of the participants<sup>21</sup>.

Also, research conducted to identify the possible impacts of the organizational climate on hospital management pointed out several factors that can influence professionals' perception of the organizational climate, including human resources policy and leadership, as factors that can influence the organizational climate, satisfaction and motivation of professionals for work<sup>22</sup>.

However, in hospital management, positions are occupied by people who are not qualified for the area, since the allocation prioritizes contact and knowledge among peers. The people manager assumes the managerial responsibility for the cooperation of people in the organization to achieve organizational and individual directions; thus, they must seek the best use of the potential of human capabilities in favor of the organization. In a certain way, leadership is a skill that must be present, based on the mutual trust of its employees and the commitment to the talents identified in the daily production of activities<sup>15</sup>.

Emerging challenges are posed in the analysis of people management in hospital units, since factors such as: on-call regime; precarious forms of hiring; number of contracts of professionals; and the absence of career plans favor dissatisfaction.

When analyzing the challenges of people management in a post-pandemic world, it is apparent that managers will need to incorporate new analyses into their practice in view of the trends of administrative and professional changes, such as: more connection; unprecedented automation; lower transaction costs; and demographic changes, which require changes to the old management that was based on rules, hierarchy, bureaucracy and control, seen as no longer effective in the contemporary scenario of people management<sup>23</sup>.

## CONCLUSION

This study revealed aspects of people management and those involved in it through the construction of categories, namely: people management, which presents the structure of people management institutions, which varies depending on the type of institution – whether public or private. It is characterized by the minimum number of professionals; and also reveals the strategies adopted for the recruitment and selection of personnel, as well as the professional profile desired by the institutions, including tests, competitions and selection processes.

There are weaknesses in the people management model, as multiple relationships and outsourcing are factors impact the adoption of it, revealing faults in the scenarios studied. Also, desirable attributes of the manager were listed, among them ability to deal with people,

patience and flexibility, as well as the relevance of the participation of a psychologist in management. Challenges mentioned include difficulties in filling available vacancies and conflicts.

As a limitation, it is pointed out that the study interviewed those responsible for people management in the three scenarios, but did not delve into daily functions or map the work from the perspective of monitoring the routine of professionals, who may perform functions that are intrinsic to people management, but because they do not have specificity with the area, they may not recognize their importance for administrative functions.

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