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Ombudsmen in health care: case study of a municipal health ombudsman

ABSTRACT

OBJECTIVE: To analyze the role of a Municipal Health Ombudsman and its contribution to the public health management from the perspective of the public health system users and the municipal health counselors.

METHODS: Qualitative research approach using the case study, descriptive and transversal methods. The unit of analysis was a Municipal Health Ombudsman, in the state of Minas Gerais, Southeastern Brazil, between May and August 2010. The study was observational in nature and data were collected through interviews with two groups of stakeholders: users and municipal health counselors. We interviewed 44 Brazilian Unified Health System users who had made direct use of the Municipal Health Ombudsman and all 20 municipal health counselors. The data obtained were analyzed based on three issues: (1) nature of the data obtained; (2) discussion of subsidies to qualify the ombudsman's functioning as a management tool; (3) proposals for actions to improve democratic management in the area of public health.

RESULTS: The complaints to the ombudsman denoted difficulties in access to health care services running the risk of their being perceived as shortcuts to gaining accessibility, disregarding the principle of social justice. The role of the ombudsman has the citizens' approval. Users reported the following main functions of the ombudsman: to support the resolution of health problems, to listen and to clarify issues regarding Brazilian Unified Health System operations and procedures. Information was emphasized by health counselors as an instrument of power and access to the rights of Brazilian Unified Health System users. They highlighted that the ombudsman has the role of ensuring justice to foster an effective health policy, besides playing an important mediating role between the board of the municipal health system, its managers and citizens. Furthermore, the ombudsman was shown to have an execution role that transcends its regular functions.

CONCLUSIONS: The study found that the ombudsman is a key management tool in monitoring the health care system. Therefore, the establishment of the ombudsman is an advance in the field of democratic management. Nevertheless, there are challenges to be overcome in order to improve ombudsman contribution to the execution of health policies and representing citizens in ensuring their rights to health care.

DESCRIPTORS: Patient Advocacy. Consumer Participation. Patient Rights. Public Health. Unified Health System. Qualitative Research. Case Studies.

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INTRODUCTION

The constitution of the Brazilian Unified Health System (SUS) is marked by popular participation.^a Its consolidation is directly related to the governors' capacity to manage it democratically, with popular control and participation in defining and managing health policies. Developing public health ombudsmen is a social control tool and plays a principal role in controlling the functioning of the public administration, denouncing any failures and spreading the principles of fairness among the citizens.^b

Ombudsmen are characterized as "instruments of State visibility, democratic spaces for popular participation and administration tools, based on ethical and constitutional principles of the public administration and of the Unified Health System".^c They are gradually being established in other nations, such as the United States and in various European countries, aiming at assuring patients' rights.^{2,3,6} The ombudsmen's activities can improve the quality of health care services when they are appropriately established in the management system.^{4,9}

The aim of this study was to analyze the role played by ombudsmen and their contribution to public health care management according to health care system users and municipal health counselors.

METHODS

The study was based on exploratory, qualitative research. The unit of analysis was the Health Secretary Ombudsman in a municipality in the state of Minas Gerais, Southeastern Brazil, in 2010. The municipality studied has been structuring their health care system since 1990 by the Municipal Health Department. It adopted the Family Health Care Strategy (ESF) as an organizing element of health care activities, providing the population with 100% of coverage in the period in question. With a population of approximately 35 thousand inhabitants,^d the municipality has what is considered to be a well-structured health care network, potentially solving problems according to the care network diagnostic created by the Municipal Health Care Plan.^e The municipality is also pioneering in the area of social control, and the first Municipal Health Conference took place in 1996.

The Municipal Health Council was established in 1996, according to Municipal Law 886/96. It is composed of

20 titular counselors and their respective deputies, ten users, five workers and five managers/service providers of the municipal healthcare system.

The Municipal Health Ombudsman was established in 2009. At this time, the team contained three professionals: one responsible for managing the information, and two responsible for dealing directly with citizens.

The Health Council and the Ombudsman belong to the administrative structure of the Municipal Health Department and are social control mechanisms of public health policy.

The field research adopted a cross-sectional case study method, and data were collected between May and August 2010 using structured interviews. Bibliographic and documental searches were also used as sources of data in the result analysis.

The sample was composed of two groups. The first was formed of users who had accessed the ombudsman to express themselves concerning the dynamics of the municipal health care system. The second group included counselors, civil society representatives, health care workers and SUS managers and service providers, responsible for formulating and monitoring health care policy. The users group was particularly interested in access and quality of care provided by the SUS and the health counselors are characterized as part of the system.

The users group was represented by 44 interviewees. Having made a report to the ombudsmen in person between May and August 2010 was the criterion for inclusion and having made it by telephone, letter or internet was the criterion for exclusion. There were 46 records made in person, of which 2 users refused to participate in the study, stating they had no time to fill out the questionnaire. Thus, the sample included 95.6% of Health Care Ombudsman users. The group of counselors included all registered members ($n = 20$). Inclusion criteria was being a titular counselor in the management in force at the time of the study (2009 to 2011) and deputies were excluded, as they did not play and active role in the Council. Therefore, the group of counselors included 100% of registered counselors.

The questionnaires applied to each group were different and comprised two principal elements: closed questions,

^a Brasil. Lei nº 8142 de 28 de dezembro de 1990. Dispõe sobre a participação da comunidade na gestão do Sistema Único de Saúde (SUS) e sobre as transferências intergovernamentais de recursos financeiros na área da saúde e dá outras providências. [cited 2014 Jan 8]. Available from: http://www.planalto.gov.br/ccivil_03/leis/l8142.htm

^b Spinetti SR. A ouvidoria nos três níveis de gestão da saúde [tese de doutorado]. São Paulo: Faculdade de Saúde Pública da USP; 2007.

^c Ministério da Saúde, Secretaria de Gestão Estratégica e Participativa, Departamento de Ouvidoria Geral do SUS. Falando de ouvidoria: experiências e reflexões. Brasília (DF); 2010.

^d Instituto Brasileiro de Geografia e Estatística. Cidades: informações sobre os municípios brasileiros. [cited 2010 Mar 13]. Available from: <http://cidades.ibge.gov.br/xtras/home.php>

^e Secretaria Municipal de Saúde de Brumadinho. Plano Municipal de Saúde 2010-2013. Brumadinho, 2013.

to characterize the interview's profile; open ended questions, to obtain the interviewee's perceptions. The use of open-ended questions with users aimed to analyze how they perceived the ombudsman's contribution to health care management, as well as their knowledge of the role of the ombudsman and how it works. In addition to the questions described above the questionnaire applied to counselors aimed to verify the relationship between the ombudsman and the health care council.

The data collected were analyzed considering the nature of the records, helping to qualify how the ombudsman functions as a management tool and proposing actions to improve democratic management in the health care field.

All of the interviewees signed a consent form. The research project was approved by the Research Ethics Committee, *Universidade Federal de São Paulo* (CEP-EPM/UNIFESP – 1353/08).

RESULTS

The majority of the users (61.4%) reported learning about the ombudsman from Health Department employees; 34.1% from neighbors, friends or relatives and 4.5% through the Health Council.

The Table characterizes users understanding of the role of the ombudsman. Interviewees reported 65 activities, which were grouped, by similarity, into seven categories: resolving users' health care needs; receiving health care system users; providing information about the health care system; mediate between society and SUS management; receive and investigate claims and complaints; receive suggestions and compliments; monitor the functioning of health care policies.

Health counselors stated that the task of the ombudsman was to guarantee fairness in executing health policies. According to one of the counselors:

“The ombudsman is to correct distortions, principally linked to inequalities in the SUS, and to promote equality”. (Counselor E)

The counselors stated the ombudsman had an executive character which it does not usually have. One of them stated as much in the field research:

“The ombudsman's role is to indicate paths, to help administer the municipal SUS”. (Counselor I)

Some things highlighted by the counselors were: the ombudsman mediates between the health council, citizens and health care system management. They

also identified its significant role in mediating conflicts reported to it.

The following statements were collected in the interviews:

“The ombudsman listens to both sides of the story and tries to mediate in the best way to resolve the issue, in a two-way communication (user and service), informing the management about users' concerns and expectations so that health policies can be better directed towards them”. (Counselor A)

“The ombudsman is a communication channel enabling mediation and seeking balance between citizen and SUS health care services”. (Counselor D)

“The ombudsman should be a body in which everyone can trust, it should be a haven and help mediate in conflicts between users of the system, or between SUS workers and managers”. (Counselor L)

The counselors consider that the citizen should dialogue with health care unit employees and seek to help from the Health Care Council before going to the ombudsman.

As regards motives for accessing the ombudsman, two counselors used it to obtain information and others in order to: make suggestions on the health care system functioning; obtain good service; resolve problems regarding managing people and regarding the Family Health Care Strategy.

The functions attributed to the ombudsman most highlighted by the health counselors emphasized the task of receiving and listening to citizens.

For them, the ombudsman produces reports that help the Health Council in its search to improve for the users and that both, council and ombudsman, are mechanisms of popular participation and monitoring public administration.

DISCUSSION

Analysis of the nature of the statements confirmed the trend observed by analyzing managerial reported of other specialist ombudsmen,^{f,g,h} in which the quantity of complaints was higher than any other type of statement. The study design did not consider analysis of statement content, which could be done in future studies.

In this study, according to the majority of users interviewed, the main function of the ombudsman is directly related to listening to complaints, seeking solutions for the problems reported and explaining SUS functioning.

^fMinistério da Saúde, Fundação Oswaldo Cruz. Relatório de atividades da Ouvidoria Geral da Fiocruz. Rio de Janeiro; 2010.

^gMinistério da Saúde, Agência Nacional de Saúde Suplementar. Relatório de atividades da Ouvidoria ANS. Brasília (DF); 2007.

^hMinistério da Saúde, Agência Nacional de Vigilância Sanitária. 90º relatório mensal da Ouvidoria Anvisa. Brasília (DF); 2009.

Table. Functions of the Municipal Health Ombudsman mentioned by users in the Municipal Health Department of State of Minas Gerais, May to August 2010.

Function	n	%
Resolve users' health care needs	23	35.4
Receive health care system users	14	21.6
Provide information on the health care system	8	12.3
Mediate between society and management	8	12.3
Receive and deal with claims and complaints	6	9.2
Receive suggestions and compliments	3	4.6
Monitor the functioning of health policies	3	4.6
Total	65	100.0

Based on the study by Pereira,⁷ it is possible to state that users see the health ombudsman as a channel to amplify their voice and ensure their right to opine on public policies.

The users interviewed were clear on the role played by the ombudsman. As with the counselors, the principal functions attributed to the ombudsman coincide with those related to legal competencies described by the SUS General Ombudsman Department,¹ especially: receiving users, mediating the relationship between users and the health care institution and requiring responses and actions. Regarding mediation, there was divergence between those who discussed the topic. According to Volpi et al,⁸ the lack of consensus is due to there being no specific legislation or training for ombudsman in their complex task. Antunes¹ reinforces the role of mediator which ombudsmen play when they receive statements and pass them on to the responsible sectors so that the appropriate measures can be taken to improve service to users.

The service users attributed the function of monitoring the functioning of political policies to the ombudsman. The health counselors highlighted how it drew up managerial reports to assist in management decision making and support the Health Council in its monitoring role. These issues are in line with the conclusions of Vêras¹ that health care managers should have the ombudsman as an ally in carrying out its health care service management activities. The Ministry of Health^c reinforces the concept of the ombudsman as a management tool and an instrument of State visibility. In addition, Vilanova^k states that the ombudsman plays an important role as an internal critic of public administration, providing elements to realize the constituent principles which order the actions of public bodies.

The Municipal Health Ombudsman has the following principal attributes: to listen, to propose and monitor actions. The attribute of listening is associated with the role of receiving claims in the form of criticism, suggestions, compliments and consultations. The attribute of proposing actions is related to the proactive role of contributing to improving services (and/or products) provided by the institution. The attribute of accompanying actions is related to the role of social control, especially in public institutions.

According to the guidelines provided by the Ministry of Health, the function of proposing actions is clear, especially in emergency situations or in cases in which it is necessary to mediate in conflicts.

Likewise, Vêras^f states that the interviewees identified a principal function of the health ombudsman to be "listening to and solving users' problems". Confirming the view of health counselors, the users emphasized the function of providing information on the health care system. The Ministry of Health reinforced that the ombudsman's activities are inseparable from information.^c

Moraes¹ argues that "health care information is becoming a strategic space, fundamental in the dispute between administrative models and, consequently, of organization of information in health care".

Pereira⁷ establishes three types of ombudsmen: inefficient, bureaucratic and effective. Inefficient ombudsmen are those which receive statements, involve users and workers in a qualification process but do not manage to change undesirable situations within the institution. The bureaucratic ombudsman is characterized by collecting in statements, in the sense of "placating institutional problems". An effective

¹Ministério da Saúde. Política Nacional de Gestão Estratégica e Participativa no SUS. Brasília (DF): 2009.

^fVeras MMS. A satisfação dos usuários do SUS com o serviço de ouvidoria em saúde de Fortaleza, CE [dissertação de mestrado]. Fortaleza: Universidade Federal do Ceará; 2005.

^kVilanova MFV. Evolução das ouvidorias universitárias no contexto das ouvidorias brasileiras. In: Vismona EL, organizador. A ouvidoria brasileira: dez anos da Associação Brasileira de Ouvidores/Ombudsmen. São Paulo: Imprensa Oficial do Estado de São Paulo; 2005. p.91-102.

¹Moraes IHS. Informações em saúde: para andarilhos e argonautas de uma tecnocracia emancipadora [tese de doutorado]. Rio de Janeiro: Escola Nacional de Saúde Pública; 1998.

ombudsman develops strategies together with managers and workers in order to re-order public policies, according to the needs of the population.

In this study, we found characteristics of all three types mentioned by Pereira⁷ but with the greatest emphasis on the effective type. This characteristic is represented by the counselors' knowledge of reports produced by the ombudsman, which serve as instruments in supporting SUS management and in controlling public administration. Moreover, the statements followed a qualification procedure which began with receiving them, referring them to the appropriate technical area, analyzing the organ's response to the ombudsman team and getting back to the citizen on what was determined and the measures taken. The Municipal Health Ombudsman forms part of the SUS National Ombudsman System and uses an electronic system to record and monitor statements. These characteristics make the process of analysis and response more efficient.^m The most frequent form of access is in person, but internet access (available from the Prefecture website) reinforces the effective characteristic, as it brings transparency and quickness to processing the claims. All of the counselors stated that they had known the functions of the Health Ombudsman since its establishment, reaffirming this characteristic.

We sought to identify the moment in which citizen's decide to use the ombudsman to solve their health care claims. According to the health counselors, the ombudsman should be applied to secondly, as this reinforced the importance of dialogue between users and health care unit workers. This view is confirmed by other experiences, such as cases in the Prefecture of Rio de Janeiroⁿ and other specialist ombudsmen such as the National Civil Aviation Agency^o and the Paraíba Regional Labor Tribunal^p which indicate that the ombudsman is the second stage of dealing with the citizen. We found reports of users who went directly to the ombudsman to request appointments for procedures and/or consultations. In such situations, they were given guidance on the procedures and protocols for accessing the health care system. The ombudsman plays an important role in giving information about the health care network, explaining and guiding the population on gateways to the system for each case, as well as facilitating access to health care services. The interviewees identified providing information on the public health care system as a function of the ombudsman.

Improving democratic management through the ombudsman was perceived as a positive factor by the

interviewees. Social participation in the field of public health is a constitutional right and ombudsmen help make social control effective. As recommended by the Federal General Ombudsman, it should act to promote change and guarantee citizens' rights. The fact of the ombudsman being established indicates the administration becoming closer to health care system users. Users and counselors highlighted the role of the ombudsman in receiving and listening to claims seeking balance between citizen and services offered by the SUS. These issues are in concordance with what was stated by Antunes,¹ that the reformulation of article 37 of the Federal Constitution (including efficiency in the principles which rule Public Administration) indicated the valuing of the citizen in the sense of monitoring and controlling public policies. However, according to the author, in the Brazilian experience, ombudsmen are hierarchically subordinate to the executive powers, which may limit their activities.

The Health Ombudsman is defined by the Ministry of Health as an instrument of public management and social control to improve the quality and efficiency of services provided in the health care area.^c Our research shows that health care system users understand the Ombudsman as a management tool, especially when they report functions such as receiving suggestions, complaints, claims and managing the functioning of health policies. Our findings agree with the reference established by the Ministry of Health, which regulates the SUS National Ombudsman System. Lyra⁵ states that the population is eager for transparency in State functioning, such as mechanisms to prevent corruption and to increase morality and efficiency in public administration. Thus, receiving suggestions, complaints and claims through ombudsmen enables the citizen's voice to be amplified. Their perceptions of public administration are passed on to managers, who can transform them into effective tools to improve the efficiency of public administration.

Documental analysis allowed us to identify that the project of establishing the ombudsman was widely divulged. Consequently, partnerships and cooperation were established between the ombudsman, the health council, technical areas and workers in the Health Care Department. The greatest means of divulging information about the ombudsman were civil servants. This suggests that employees understand and believe in the work of the ombudsman and see it as an ally in trying to alter the health care system. Users who accessed

^m Ministério da Saúde, Secretaria de Gestão Estratégica e Participativa, Departamento de Ouvidoria Geral do SUS. Relatório gerencial. Brasília (DF); 2008.

ⁿ Prefeitura da Cidade do Rio de Janeiro, Sistema de Ouvidoria. [cited 2012 Sept 21]. Available from: <http://www21.rio.rj.gov.br/siso/internet/ouvidoria.htm>

^o See, for example, the objectives of the National Civil Aviation Agency, Ombudsman. [cited 21 Sept 2012]. Available from: <http://www2.anac.gov.br/ouvidoria/index.asp>

^p Tribunal Regional do Trabalho – 13ª Região – Paraíba. Regulamento geral da Ouvidoria do TRT 13ª Região: Resolução Administrativa nº 117/2005. João Pessoa; 2005 [cited 2012 Sept 21]. Available from: www.trt13.jus.br/institucional/ouvidoria/regulamento-da-ouvidoria

the ombudsman also divulged its activities. Another study on public ombudsmen in a municipality in Rio de Janeiro¹ presented similar results and stated that the “principal method of divulgation and referral of users to the ombudsman service tended to be orally, from employees (...) as well as from users who had themselves used the ombudsman”.

The counselors stated that the ombudsman had an executive character. Findings in the literature indicate that ombudsmen act to recommend necessary adjustments in the effective functioning of Public Administration in Brazil. The Federal General Ombudsman⁴ carries the following report on the power of the ombudsman: “In Brazil, the ombudsman does not have the power to determine or reformulate decisions. Even where the citizen is the injured party, the ombudsman only has the power of argument pursued publicly”. The activity of the ombudsman is, therefore, limited to providing recommendations. It cannot make decisions or take corrective measures.

This research showed similarities between the ombudsman and the health council: they are mechanisms of popular participation and monitoring public administration. Public health system users should, then, participate in their management, presenting claims through the Health Ombudsman or in Health Council meetings to contribute to planning, executing and monitoring health policies (including economic and financial aspects) as recommended in Law 8142/90. We can synthesize ombudsman contributions to social

control of public policies as follows: receive statements and refer them to the correct area. The existence of the ombudsman is, in itself, a contribution to social control, as it acts as a thermometer to “assess the degree of the population’s satisfaction with health care services, according to SUS directives and principles”.⁴ According to Antunes,¹ the ombudsman, on collecting in statements, is a powerful instrument for “assessing user satisfactions and detecting the most common problems in local health care”.

Health ombudsmen can contribute to the proper functioning of the SUS and facilitate citizens’ access through divulging the health care network’s procedures and protocols. Establishing an ombudsman is an advance in the area of democratic management. However, there are many challenges to be overcome for ombudsman to really play this role. We can highlight effective execution and/or improvement in the following activities: providing support through general reports, to monitor quality and problem solving in health care; promoting coordination with the health council; promoting the divulgation of information on the functioning of the health care system; and monitoring the execution of actions to correct any irregularities identified.

Establishing ombudsmen specializing in health is a recent phenomenon in Brazil and academic output on the subject is still in its infancy. The data in this study may contribute to improving public health management in Brazilian municipalities, as well as contributing to and stimulating new investigations in this area.

⁴Ouvidoria Geral da União. Orientações para implantação de uma unidade de ouvidoria: rumo ao sistema participativo. 5.ed. Brasília (DF): Controladoria Geral da União; 2012.

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HIGHLIGHT

The public health care ombudsman is an important management tool and acts to monitor the functioning of the health care system. In Brazil, academic output on the topic is still incipient, and this study may contribute to improving health care management in Brazilian municipalities, as well as encouraging new research in the area.

This study analyzed the role of public health care ombudsmen and their contribution to public health administration according to two groups of stakeholders: health care system users and municipal health counselors.

The results show that the statements reported to the ombudsman indicate difficulties in accessing health care services and actions, with the risk of their being perceived as shortcuts to accessibility, ignoring the principle of social justice. The users stated that the main activities of the ombudsman were: helping to resolve health care problems and to listen and to explain SUS functioning. Municipal health counselors emphasized information as an instrument of power and access to users' rights. It is also noteworthy that the ombudsman plays important role in mediating between the Municipal Health Council, citizens and health care system managers.

It was identified that the following needed to take place or to be improved: offering support, by elaborating managerial reports, to monitoring the system's quality and ability to meet users' health care needs; promoting coordination with health counselors; promoting the divulgation of information on the workings of the health care system; and monitoring the execution of actions to correct any irregularities identified in developing health care policy.

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