




# The Role of Mid-Level Burocracy in the Local Implementation of PMAQ-AB: A Study with Basic Healthcare Unit Directors in the Municipality of Natal/RN

*O papel da burocracia de médio escalão na implementação local do PMAQ-AB:  
Um estudo com diretores de UBS do Município de Natal/RN*

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**Abstract:** The objective of this article is to analyze how mid-level bureaucrats, in the processes of interaction with street-level bureaucracy, influence the local implementation of a national health policy. To this end, the implementation of the *Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica* (PMAQ-AB) was taken as a study object and, through the application of qualitative methodological techniques, the study was conducted in the city of Natal/RN. The global results showed that mid-level bureaucrats, in the figure of BHU directors, have a determining role in transmitting and translating what was previously formulated in the policy's normative design for implementing agents at the front, represented by the members of the primary care teams working in the BHU. In addition, it was identified that the way in which this transmission and translation of the normative design occurs, as well as the attitude in promoting transmission and translation, is variant and conditioned by technical, cognitive and political-relational aspects related to the profile of the director from BHU.

**Keywords:** Mid-level bureaucrats; Implementation; PMAQ-AB; BHU directors; Street-level bureaucrats.

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**Resumo:** O objetivo deste artigo é analisar de que forma os burocratas de médio escalão, nos processos de interação com a burocracia de nível de rua, influenciam na implementação local de uma política nacional de saúde. Para isso, tomou-se como objeto de estudo a implementação do Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica (PMAQ-AB) e, por meio da aplicação de técnicas metodológicas qualitativas, foi conduzido o estudo no município de Natal/RN. Os resultados globais demonstraram que os burocratas de médio escalão, na figura dos(as) diretores(as) das UBS, têm um papel determinante em transmitir e traduzir o que foi previamente formulado no desenho normativo da política para os agentes implementadores na ponta, representados pelos integrantes das equipes da atenção básica que atuam nas UBS. Além disso, identificou-se que a forma como se dá essa transmissão e tradução do desenho normativo, bem como a atitude em promover transmissão e tradução é variante e condicionada por aspectos técnicos, cognitivas e político-relacionais referentes ao perfil do(a) diretor(a) da UBS.

**Palavras-chave:** Burocratas de médio escalão; Implementação; PMAQ-AB; Diretores de UBS; Burocratas de nível de rua.

## **1. Introduction**

Studies on the role of the state bureaucracy in the implementation of national public policies have been important to understand how the different results of public policies take place even in similar contexts, from the discussions widely disseminated on an international scale that classify the bureaucracy in three categories: high level bureaucrats, mid-level bureaucrats and street-level bureaucrats.

However, despite the efforts made by the academy in this field, there is a lack of theoretical approaches that encompass mid-level bureaucrats (Lotta, Pires & Oliveira, 2014). In this sense, this study is part of this thematic universe and aims to analyze, from their visions, perceptions, practices and senses, how mid-level bureaucrats, in the processes of interaction with street level bureaucrats, influence the local implementation of *Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica* (PMAQ-AB), based on the analysis of the case of basic healthcare units directors in the city of Natal/RN in Brazil.

The PMAQ-AB was created by the *Ministério da Saúde* (ministry of public health), through Ordinance No. 1,654 of July 19, 2011 and complemented by Ordinance No. 1,645 of 2015, with the goal of securing the enhancement of access to healthcare, from “[...]a quality standard comparable nationally, regionally and locally in such a way to enable greater transparency and effectiveness of government action towards basic healthcare all over Brazil” (Brasil, 2015, p.2).

In short, it is a program that aims to establish a set of procedures for the management of basic healthcare units (BHU) and the methods of healthcare provision, integrating different actors to strengthen the operation and quality of national basic care. The central point of its execution involves basic care teams, made of physicians, nurses, community healthcare agents, etc., together with the BHU administration committing to implement practices and reach certain results, so that, when well evaluated, the teams can be rewarded with salary bonuses.

Given this setting, the PMAQ-AB presents itself as a complex public policy, that needs governance and coordination not only among the three government levels (federal, state and local), but also among the whole chain of actors involved in the level of local management, for it includes almost every layer of government bureaucracy, from high-level to those on the forefront. Thus, bureaucrats are a fundamental asset for the effective implementation of the PMAQ-AB.

Since this program materializes itself heavily at BHUs, it is necessary to highlight a key player, which is the basic healthcare unit director. In this sense, the BHU director fits in the theoretical typology of mid-level bureaucrat (MLB), which characterizes itself as a player present on intermediate positions of local government and that works as a link between the top and the bottom of bureaucracy.

In the context of PMAQ-AB, there are several MLB involved, either working with action planning at local healthcare offices or at regional coordinating bodies, up until BHU directors. Then, BHU managers stand out for managing the organization that provides the service directly, interacting with another type of bureaucrat also fundamental in the implementation of the PMAQ-AB, which is the “street-level” bureaucrat (physicians, nurses, community healthcare agents, etc.), or, the employee that deals directly with the public offering the services (Lipsky, 1980). Considering that that in the context of the PMAQ-AB, BHU directors stand out, compared to other MLBs, for interacting directly and daily with street-level bureaucrats, it is relevant analyzing the role, ideas, motivations and ways of interacting from those players, and how those components are relevant to their influence on the process of public policy implementation.

Therefore, this paper is divided into five sections: the first one being this introduction, the second, in which we seek to discuss the theoretical assumptions on the execution of public policy and mid-level bureaucracy, the third, where the method applied

to this study is presented, the fourth, which describes the results, and at last the fifth, containing the closing remarks.

## **2. Literature review**

The first studies on the implementation of public policy contributed to break from the paradigm of implementation seen as a process of automatic execution subsequent to policy formulation, that is, a mere sequence of events, in which it was understood that by outlining certain types of policy, certain results would be automatically achieved (Pressman & Wildavsky, 1973; Dalfior, Lima & Andrade, 2015; Pires, 2016). This shift took place mostly due to the transition of understanding, in which the implementation process, formerly seen as a black box between elaboration and assessment, started then getting analytical attention and being regarded as a complex and interactive process (Hill, 2005; Hill & Hupe, 2002).

Taking those assumptions into consideration, it is possible to say that the study field on implementation is based on questions about certain public policies, in given context and condition, succeeding or not. Thus, specialized literature points out two hegemonic approaches of analysis (Lima & D'ascenzi, 2013; Hill, 2005), being those the *top-down* and *bottom-up* approaches.

In the *top-down* approach, the process of formulation is taken into consideration, recognized that implementers are policy enforcers under a strict vision, in which they must implement it sequentially, exactly the same as its elaboration and there is also an emphasis on formal institutions and how the materialization of public policy is mediated and structured by these (Lima & D'ascenzi, 2013; Lotta, Pires & Oliveira, 2014). In case there is disparity between what was previously established under the norms and what is effectively implemented, those changes are regarded as detours that may end up affecting the expected results (Pressman & Wildavsky, 1973).

In the *bottom-up* approach, the implementing players are the focus and the process of implementation as continuous and interactive is defended. In this perspective, implementers are also decision makers that modify the policies (Hill, 2005). This vision considers that these actors possess relative autonomy, that can be used both for making modifications to the public policy, correcting possible elaboration flaws, as well as intensifying the adverse effects originating from difficulties in computing of information and intake of real elaborated goals (Lotta, 2014).

If *top-down* studies focus on high-level bureaucrats and *bottom-up* studies focus on street-level bureaucrats (Oliveira & Abrucio, 2018), there is an absence of approaches that include mid-level bureaucrats, since those are put aside in both approaches (Page, 2007; Lotta, Pires & Oliveira, 2014). From this standpoint, MLBs can be defined as players that occupy a mid-level position in the management of public policy, performing different roles and tasks, from the ones closer to the top to the ones with a high level of decision authority, besides being articulated and having a high capability of influencing decisions (Lotta, Pires & Oliveira, 2014; Cavalcante, Lotta & Yamada, 2018b).

Oliveira and Abrucio (2018) define, briefly, MLBs as public officials that possess leadership and control over level-street bureaucracy, but don't integrate the high-level government, exemplified by the case of hospital directors and school principals. Lotta, Pires and Oliveira (2014), however, point out that mid-level positions occupied by MLBs can be the ones of managing, coordinating, supervising or administrating.

Given the definitions, the assumption of diversity is the trademark of analyses about MLBs (Lotta, Pires & Oliveira, 2014; Cavalcante, Lotta & Yamada, 2018b; Cavalcante, Lotta & Yamada, 2018; Cavalcante, Camões & Knopp, 2015). However, some features that distinguish the MLBs' practices must be highlighted. At first, it is needed to say that MLBs are not different among themselves only because of their positions within the structure of the State, but also for being actors that differ in several aspects, such as, profile, education, experience, working philosophy etc. (Cavalcante, Lotta & Yamada, 2018).

Another relevant feature is pointed out by Oliveira & Abrucio (2018), regarding MLBs not having the power to determine which are the general guidelines and the services provided by public organizations that they manage and not even acting to directly provide the services, as for instance, physicians, nurses and teachers do. Besides, the authors also indicate that MLBs distinguish for having great autonomy controlling the available resources to implement public policies. This autonomy feature also makes us think about another characteristic of MLBs, which is the one regarding criteria and personal judgement displayed by those players to make certain decisions, in everyday working situations that are not predicted by the norms, that is, the execution of discretionary power (Lipsky, 1980; Lotta & Santiago, 2017).

The same way Lipsky has pointed out about street-level bureaucrats, discretion also turns MLBs into policy makers in the implementation process, for, according to Page

& Jenkins (2005), all the players involved with the government are decision makers, regardless of the level on which they find themselves, whether being the political, high, mid and street-level bureaucrats. Therefore, according to the authors, it is possible to think that all of them possess some sort of discretion.

Thus, for falling in mid-level positions within the State bureaucratic body, MLBs also have characteristics that are decisive for the results of public policies. One of those characteristics refers to their capability of influencing decisions, since MLBs are players with a key role also in transforming decisions and objectives within programs carried out. It is also fundamental, the role of these bureaucrats as a link between the formulation and implementation stages, also connecting the needs of a policy or service target audience to the priorities raised by high-level bureaucrats (Pires, 2012; Cavalcante, Lotta & Yamada, 2018b; Oliveira & Abrucio, 2018).

In the face of the absence of consolidated theories to analyze MLBs' production of public policies, Lotta, Pires & Oliveira (2014) present as alternative three approaches that enable investigating how and under which circumstances MLBs influence decision-making in the public bodies that provide and implement services. Being those the structural, individual action and relational approaches.

The structural approach seeks to understand the bureaucrat's practices as a byproduct generated by the organizational structure in which this player is located and by the norms that govern their practice, as well as those that regulate the operation of the public body in which the bureaucrat works. There is, consequently, in this approach, an emphasis on formal norms. Reflecting upon MLBs through the norms, together with other analytical tools enable figuring the manner in which the working coordination of these employees and their behavior before abstract regulating instruments take place.

The norms, which theoretically, also have an applicability of guaranteeing impartiality in the operation of bureaucracies (Peters, 2001), may also result in turning points for public policies. In case they are too broad, vague and inaccurate in details, they will ultimately leave the definition of how the bureaucrat must act as a public official, under personal and subjective criteria from the bureaucrat itself (Page, 2007; Page & Jenkins, 2005), or, when norms are too rigid with a conflicting nature between control and performance, they may also result in the bureaucrat seeking undesirable freedoms on the part of the bureaucrat, before the statutes and hierarchical structure (Peters, 2001; Meier & O'Toole, 2006; Lipsky, 1980).

In addition to the emphasis on formal statutes, there are possibilities of further developing MLBs actions from the individual action approach. This approach is aimed at understanding how MLBs practices are a result of rational calculations of possible rewards and sanctions from individual actions and decisions. In short, it is an approach that acknowledges that bureaucrats follow an agency logic (Peters, 2001), in which they tend to behave in search of larger budgets and resources for their organizations, even if these resources exceed what is necessary for providing the services (Lotta, Pires & Oliveira, 2014).

Still according to this logic, there is a notion that MLBs also have several individual objectives, such as power, income, stability, prestige, working excellence, pride in serving the general public and that these objectives many times derive from contextual factors, which may constrain or encourage certain behaviors (Cavalcante, Lotta & Yamada, 2018a). In terms of analysis, it is an approach that can be used based on assumptions of public choice theories and the principal-agent problem (Lotta, Pires & Oliveira, 2014; Cavalcante, Lotta & Yamada, 2018a), the verification of contrasting goals and interests between bureaucracies and elected political players, or between bureaucracies and citizens. However, the individual action approach enables us to understand other sides of the MLB, such as their motivations, the initiative and leadership of these players, besides their potential to take political action in the production of public policy (Lotta, Pires & Oliveira, 2014).

The third and last approach, the relational one, overcomes some deficiencies of the individual action approach in the understanding of MLBs' practices in face of complex social webs. It is an approach that emphasizes the social relations of MLBs with the surrounding actors, regarding their cognitive and emotional responsibilities in the activities of transmitting and sharing of information between the top and the bottom in the management of public policies. This approach acknowledges that the MLB is an interactive and centralizing information actor, who has the role of seeking to reconcile the different perspectives between the higher and lower levels of government bureaucracy (Lotta, Pires & Oliveira, 2014; Cavalcante, Lotta & Yamada, 2018a; Huising & Silbey, 2011). By this logic, understanding the importance of MLBs' role in the process of implementation from a perspective of social relations becomes more and more important, especially in the current context, where public policies are characterized by complex

implementation arrangements, many times involving more than one level of government, or even actors who are not part of the government at all (Hill & Hupe, 2002).

In scenarios where there is significant distancing between the formulating and implementing agents, MLBs are characterized by the relational approach as fundamentally important tools for their possibilities of encouraging cooperation among subordinates, regulating the behavior of street-level bureaucrats so they follow the public policy rules, in addition to also being able to translate or readapt the rules to the local context of the managed organizations (Lotta, Pires & Oliveira, 2014).

### **3. Methodological procedures**

This study is based on a qualitative methodological perspective and follows an exploratory approach, based on the case study method. Concerning the collection of data, the semi-structured interview was used as a technique. These interviews were conducted with eight BHU directors, aiming to obtain qualitative data on the directors' careers, their motivations, the way they understood and internalized the PMAQ-AB and also about the planning of activities, the delegation of orders and how they assessed the employees' performance at the BHU.

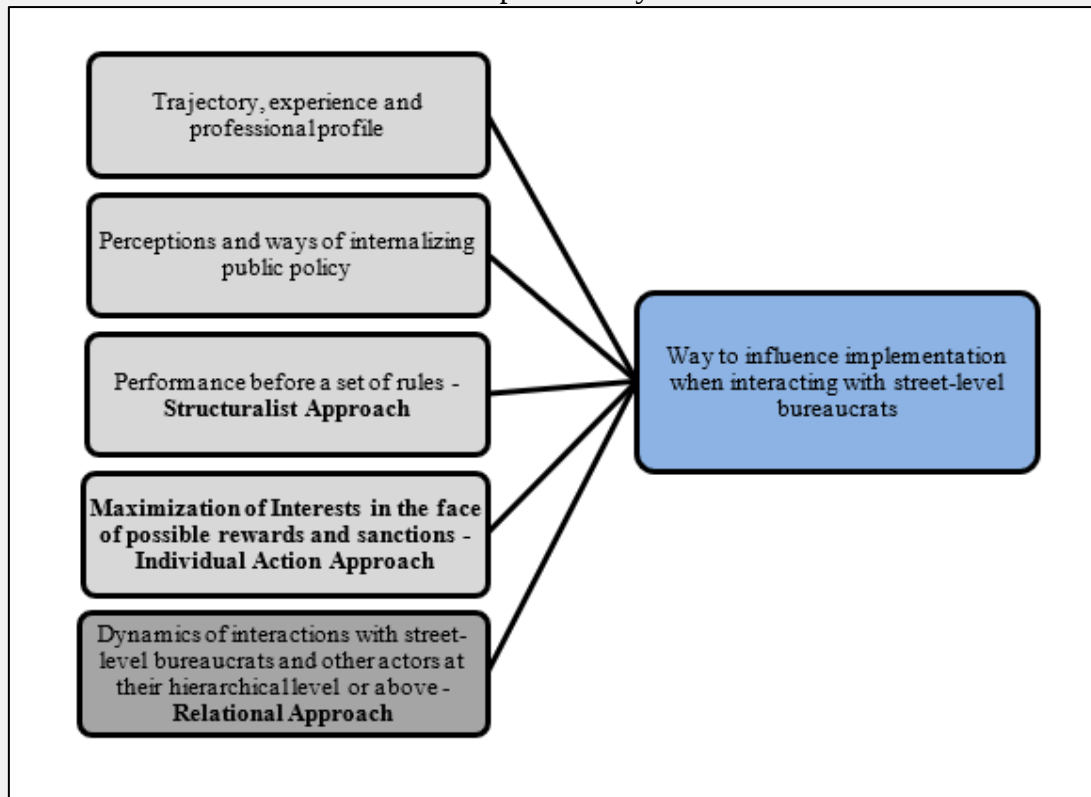
Thus, from a total of thirty-three BHUs included in the PMAQ-AB in Natal, RN, the choice for the eight interviewees was based on two criteria: 1) the regional question, in which we prioritized to interview BHU directors from the four areas of the county, totalling two interviews from the South District, two from the North District I, one from the North District II, one from the East District and two from the West District and 2) the team performance ranking from each BHU to appear in the certificates of the program's third cycle and released by the MS, in which we prioritized interviewing directors whose BHUs had contrasting performances.

The script used for the interviews, in addition to having a total of thirteen questions, was based upon the analytical model proposed, based on the principles found in the literature, about the performance of MLBs. Hence, this model, which can be seen in Picture 1, directed the questions to five dimensions, that deal with: 1) the aspects related to the directors' professional profiles and careers, 2) their perception and ways of internalizing the public policy, 3) the directors' performances before a set of rules and norms, 4) the maximization of their own interests in the face of possible rewards and sanctions resulting from the public policy, and at last, 5) the dynamics of interaction with



street-level bureaucrats and other players above the hierarchical level as the focus dimension of this study.

Picture 1: Proposed analytical model



Source: Own elaboration, based on Lotta, Pires and Oliveira (2014), Page and Jenkins (2005), Page (2007); Peters (2001), Cavalcante, Lotta and Yamada (2018), Lipsky (1980), Huising and Silbey (2011).

The interviews were held throughout twenty-eight days between the months of June and July in 2019 and had an average length of sixteen minutes and forty-two seconds. By the end of the data collection process, the interviews totalled two hours, ten minutes and fifty-two seconds, and after being transcribed resulted in a total of thirty-nine pages. It is important to highlight that data analysis was carried out based on the model described previously in Picture 1, but according to the paper's objective, the dimension regarding the relational approach ended up having more prominence. Therefore, the multidimensional observation of the model allowed to characterize some nuance in the way BHU directors influence the implementation process of the PMAQ-AB by interacting, overall, with street-level bureaucrats.

The set of interviews, once structured in textual corpus format (Bauer, 2002; Bauer & Aarts, 2002) for each analytical dimension, was explored through the technique of content analysis (Bardin, 2002; Bauer, 2002). This analysis besides being based on the

proposed analytical model's dimensions also followed the steps suggested by Bardin (2002), which are: 1) pre-analysis; 2) material exploration and processing of results; 3) inference and interpretation.

At last, it should also be said that the analysis of the content was supported by the IRAMUTEQ<sup>4</sup> software, which made possible, based on the process of textual statistics, to generate the similarities of the interviewees' statements, that is, the identification of occurrence, as well as connections and associations between words in a given textual corpus. From the five dimensions constituting our analytical model, only two did not generate any similarities, which were dimension 1, that deals only with objective data, such as education, age, job experience, etc., and dimension 2, where the specific corpus did not show itself as representative in the analysis (58% of the text segments used) and we chose to use the word cloud technique, in order to present the main elements described in the interviewees' statements.

#### **4. Research results**

In order to illustrate the BHU's directors' profile involved in the research, Table 1 has the function of presenting some of the interviewees' characteristics. Firstly, the information presented demonstrates there is a diversity of profiles expressed on gender, age, education, working experience in the healthcare field and working experience as a director. Although not being representative, inside the universe of directors who work within the PMAQ at a regional or national level, this introductory data becomes relevant for indicating accordance with what was pointed out in the theoretical framework, about MLBs being diverse, including in terms of professional profile and experience (Cavalcante, Lotta & Yamada, 2018).

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<sup>4</sup> Abbreviation for *R Interface for the Multidimensional Analyzes of Textes et de Questionnaires*.

**Table 1:** Profile of the BHU directors interviewed

Director	Sex	Age	Formation area	Total time working as a health worker	Total time as BHU director	Time working as director of the current BHU
D1	M	40	Advertising	16 years	2 years	4 months
D2	F	62	Accounting	30 years	20 years	3 years
D3	M	42	Administration	21 years	6 months	6 months
D4	M	48	Pedagogy	15 years	3 years	2 years
D5	M	46	Public Management	Not answered	3 years	3 years
D6	M	43	Public Management	11 years	1 year	1 year
D7	F	60	Administration	6 years	5 years	5 years
D8	M	56	Administration	33 years	21 years	2 years

Source: Own elaboration, based on research data.

In a more specific way, Table 1 shows that, when it comes to education, all interviewees have a university degree, although not necessarily in the correlated area in which they work. Despite the predominance of management-oriented education such as business management and public administration, there is relative diversity in the areas of training, for example, from marketing to public administration, and surprisingly none of the directors has a degree in the healthcare field.

Regarding working experience all the directors interviewed have a significant background in the healthcare field, despite generally having fewer years of experience as BHU directors. This data reveals itself as an interesting finding, for indicating that the interviewees had already taken other positions before working as BHU directors, either as street-level bureaucrats, in cases where they were previously named as healthcare community agents, or in cases where they were named to hold other management positions, in the cases of those who were MLBs, in different roles. Therefore, this type of career path makes us think that, in conceptual, cognitive and behavioral terms, directors end up incorporating and entrenching attributes, skills and previous values related to the positions previously held, traits that can then affect the way a UBS is managed, as well as generating implications on the internalization of a public policy such as the PMAQ-AB.



From the word "PMAQ" expressive ramifications arise regarding how these directors understand the program. Despite related terms such as "improvement ", "improve" and "good ", the views of the interviewees on the PMAQ-AB generally highlight negative factors. The words, branched, "lack", "input" and "equipment", for instance, indicate structural challenges associated with working at BHUs, as well as situations where there are less material resources to perform basic care tasks, such that, corroborating these perceptions, there is, from the significant term "guess" the relationship between "hard" and "reality". It is also worth mentioning the branched term "make up", used, within the context of the interviews, to refer to a possible inefficiency, not detected in the PMAQ-AB assessments.

From the term "BHU", on the other hand, there are branches of words that characterize, in part, the ecosystem of actions and players interacting with the director or the BHU, as an organization, in the context of the PMAQ-AB. The words "management" and "bigger" are indicative of the perceived role of higher levels in coordinating actions and promoting strategies. In the same sense, from the significant term "pattern", the relationship between "process" and "health secretary" (health department) is observed. Words such as "positive" and "incentive" can indicate the perceived impacts that the PMAQ-AB has generated in BHUs. Ultimately, the word "assessment" has at the extreme of its branch the "BHU team", thus demonstrating that the directors are aware that the performance of street-level bureaucrats is important in the program's implementation.

The similarity analysis carried out makes us think that these types of perceptions on how directors internalize the PMAQ-AB are possibly shaped by the influence of political, social and organizational factors inherent to management in public healthcare and by structural problems of the communities where these BHUs are located. Because of its complex and dependent nature on multiple interactions, the directors may also identify certain obstacles to the effective implementation of the program to the higher level of management, that is, at the level of sanitary district, local health department or even at the level of local, state and federal governments. Because it is a public policy with considerable complexity, the directors interviewed showed expectations of greater support from the higher levels, either in terms of resources for implementing actions, or even in terms of better guidance and skill training. This view is justified by the possibilities of information asymmetry among the various levels of players involved, given the complexity of the PMAQ.

#### 4.2. Structuralist approach

The analysis based on the structuralist approach allowed an understanding of how the directors interviewed react to the norms and guidelines set by the PMAQ-AB. As mentioned in the methodological section of this paper, the word cloud was employed as an analysis technique, unlike other analytical categories, where similarity analysis was used. Thus, Picture 3 portrays the word cloud that encompasses the main elements encompassed in the interviewees' statements on this particular topic.

**Picture 3:** Word cloud:  
BHU directors' perceptions of rules, in the context of PMAQ-AB



**Source:** Own elaboration, based on research data.

According to Picture 3, the terms that stand out in the word cloud are: "think", "rule", "BHU" and "BHU director." In general, from what was observed in the interviews, the BHU directors, within their daily reality when implementing the PMAQ-AB, face constant dilemma between choosing: 1) depending, according to the context and situation, on a greater normative ordering for decision making, following rules contained in the formulation of the PMAQ-AB, or 2) in the case of emergency situations, or even those where there is a considerable margin for discretion due to the absence of specific program rules for certain situations, they choose to have more autonomy in their decision making.

The statements show that resources and organizational conditions available to perform basic care activities are factors that influence the interviewees' perception. In this

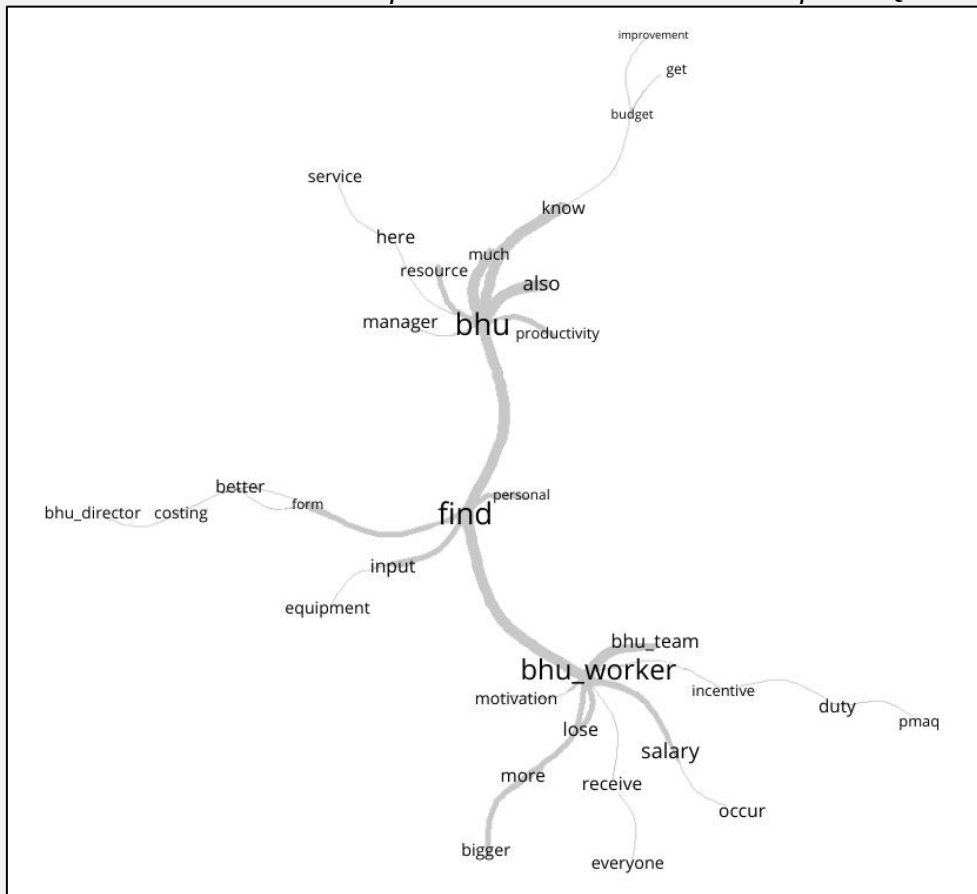
sense, directors may consider that if there were an appropriate infrastructure to implement the PMAQ-AB at BHUs, the manager's autonomy would not be so crucial, but that, in a context of lack of resources, they may demand greater flexibility to adapt and better serve the population.

Together with these factors, the ambiguity between preferring more or less rules for their work, or, more or less autonomy, may arise from issues of career path and profile, where, for example, less experienced directors may seek to follow, more strictly, what they value as standards, while, the more experienced ones may choose to have more autonomy because they know better the management specifics of a BHU and also have a deeper knowledge of their roles and responsibilities. Issues such as the relationship with high-level management can also weigh heavily in this regard, particularly the need for BHU directors to be advised on what is decided at the highest government level.

#### *4.3. Individual action approach*

The individual action approach assesses the bureaucrats' motivations, considering that the MLBs seek to maximize the resources of the organizations they manage, as well as the conditions that concern the bureaucrat's own interests, when they seek more resources, more recognition, more decision-making power, etc. Hence, for the analysis with the BHU directors, PMAQ-AB implementers, we have, from Picture 4, the similarity analysis of the textual corpus specific to this analytical category.

**Picture 4:** Similarity analysis:  
*Motivations and interests of BHU directors in the context of PMAQ-AB*



**Source:** Own elaboration, based on research data.

In the context of the interviews, the interviewees' responses revolved around the wage increase matter targeted at basic care teams well appraised during a PMAQ-AB cycle. Picture 4 shows that, in the similarity analysis carried out, there are three more prominent words, which are: "find", "BHU" and "BHU worker".

The term "find" indicates directors' preferences and branches into expressions such as "input" and "equipment". Along the same lines, there is another branch with the words "form", "better", "costing" and "BHU director". That is, there is a clear preference from directors to also allocate more resources to the managed BHU.

From the word "BHU" there are some ramifications that suggest the positive impacts generated by the PMAQ-AB in the organization, from wage increases, as for example with the word "productivity", as well as the relationship between the words "improvement" and "get", at the ends of the significant term "know". In these ramifications, words such as "budget" and "resource" may indicate that these positive aspects derive from this financial dimension, present in the PMAQ-AB.



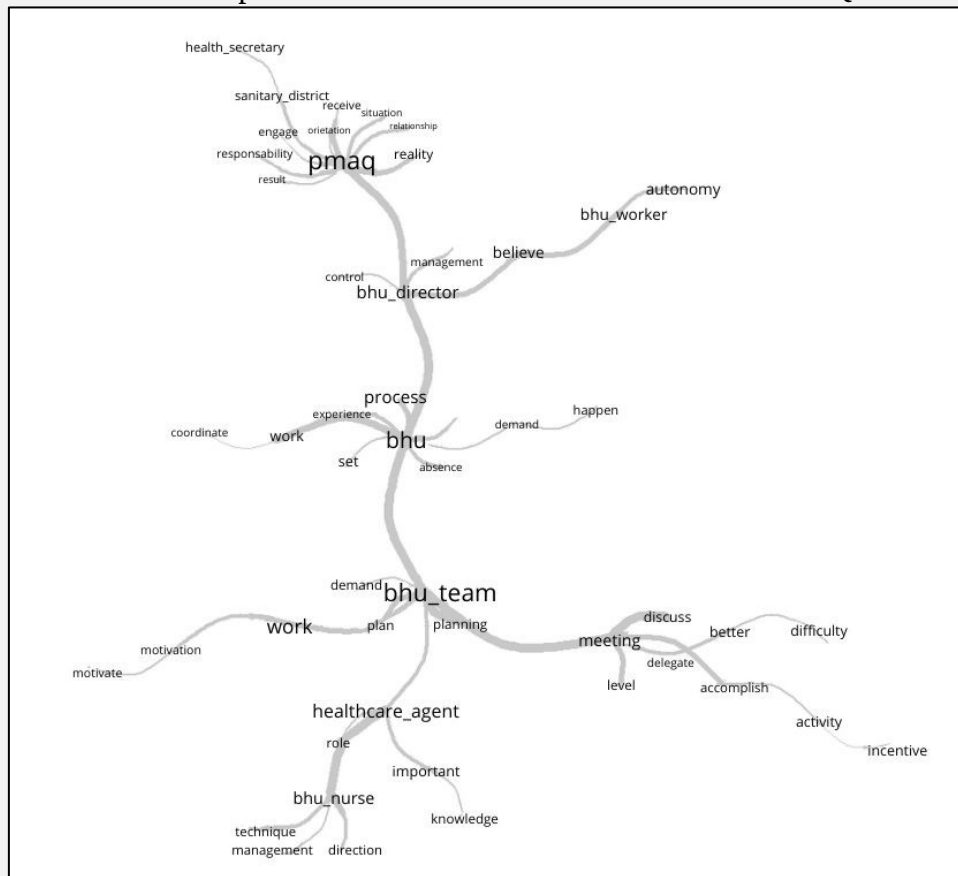
Finally, from the expression "BHU worker", words such as "incentive" and "motivate" branch out, showing that wage increases play an important role in promoting better performance from the staff that makes up the BHU basic care teams. Another point that deserves attention is the branched terms "receive" and "everyone". Together with the branched terms "salary" and "occur," these words, in the context of the interviews, indicate an apparent dissatisfaction of the directors with the program, for not being included in the financial incentive. This arrangement implies difficulties in self-identification of the director as an implementing agent of the PMAQ-AB and a member of the BHU team, resulting, therefore, in the absence of motivation to carry out planning and coordination actions of the teams that directly impact public policy results, mainly because it is assumed that the director exercises the function of translating and transmitting the PMAQ-AB principles and guidelines to the other team members.

Considering what is presented in Picture 4, it can be inferred that the interviewees have motivations that fit the assumptions of the individual action approach through two points of view, the first being a self-interested rational calculation, and the second as a utilitarian rational calculation. Regarding the self-interested rational calculation, the directors show concerns for not receiving salary increases resulting from their performance in the implementation of PMAQ-AB, as occurs with other employees who are part of the BHU teams. As far as the utilitarian rational calculation is concerned, it can be seen that, since they are not included, there is a preference on the part of the directors to use the resources from the program, both to fund the UBS as well as to supplement the salaries of the BHU workers.

#### *4.4. Relational approach*

With the relational approach, the focus is now on the forms and elements that characterize the MLBs' interactions. It should be said, however, that the elements highlighted in the other analytical categories matter and can be influential to the ways in which the BHU directors, as MLBs, interact with the actors around them. In other words, it is understood that the way in which the MLBs deal with norms and guidelines, their background and profile, their conceptions and their relationship with street-level and high-level bureaucrats are interconnected issues. In the light of these observations, we analyzed the statements of those interviewed that addressed the issues related to the directors. The result of this analysis can be seen in Picture 5.

**Picture 5:** Similarity analysis:  
Relational aspects of BHU directors in the context of PMAQ-AB



**Source:** Own elaboration, based on research data.

From Picture 5, we note that from the similarity analysis, four words are highlighted: "PMAQ", "BHU team", "BHU" and "BHU director", however, it is also necessary to highlight the significant terms "meeting" and "healthcare agent", branched from the term "BHU team" and with great importance in the interviewees' statements.

With the word "BHU", terms such as "process", "absence", "experience", "happen", "work" and "demand" are related, terms that complement, in a way, the directors' views on the program, already presented in the specific analytical category for this purpose.

On the other hand, the word "PMAQ" has branched out the words "health secretary" and "sanitary district", which indicate, in a close relationship with the words "orientation", "relationship" and "responsibility", that the directors deem necessary for constant interactions with higher levels in management, which is understandable, from the point of view that for directors to translate the normative design of public policy into action by their employees, members of the basic care teams, there must be a channel of

communication between BHU management and the higher levels, as well as with the upper mid-level.

For the expression "BHU director", of its ramifications, we are firstly struck by the term "control" in which, in the context of the interviews, it was presented as an attribute of the directors' profile, in which they had the perception of control over the performance of their BHU workers. On the other hand, the term "control" clashes with the branch where there is a relationship between the words "believe", "BHU worker" and "autonomy". That is, although the directors claim that they have control over their employees in the BHU management, it is suggested that, contradictorily, these subordinate street-level bureaucrats have considerable margin for discretion in the exercise of their activities, according to the level of autonomy given to them. This aspect of the relational issue is particularly important because of its possible implications for the implementation management of the PMAQ-AB, conducted by the BHU directors. Considering that it is the role of the directors to regulate, at the local level, the actions of the basic care team members, it is possible to conclude that the institutional incentives placed in the PMAQ-AB may not be enough to induce this type of stance.

Finally, the term "BHU team" is one among the highlighted terms, where there are greater ramifications in the graph. At this point, the word "meeting", one of its ramifications, associated with other words such as "discuss", "delegate", "accomplish", "activity", "incentive" and "difficulty", indicates how the planning of the PMAQ-AB actions is built within the BHUs. Of the ramifications, another one that deserves to be highlighted is the one that arises from the expression "healthcare agent" (community healthcare agent). First of all, the "healthcare agent" appears in the statements associated with elements of expertise, as seen in the association with the words "important" and "knowledge," especially because the community healthcare agent is the closest bureaucrat to the citizen in the provision of public healthcare services.

A second emphasis on the character of community healthcare agents present in the interviewees' reports is the derived word "role", which has at the end of its branch the significant term "BHU nurse". The term "BHU nurse" draws attention to the relationship between the words "technique", "direction" and "management", a relationship that indicates that the role of community healthcare agents is mediated by the character of the nurse who works at the BHU. Thus, it is possible to conclude that the BHU directors, who, in the implementation of the public policy, have the role of managing and regulating

the performance of front-line workers, may end up delegating duties and transferring management responsibilities to other specific street-level bureaucrats.

Despite the statements about control and management role for the director of UBS while there is horizontality in the forms of planning of activities, similarities may suggest that the search for greater horizontality may stem from a different logic for the BHU director as MLB, because, due to their high degree of interaction and insertion in the daily lives of street-level bureaucrats, the BHU director may not end up seeing himself as a player above, in hierarchical terms, and act to a certain extent as a street-level bureaucrat as well, especially those who have a history of being players at the top. Thus, although the LMB are located in an intermediate position between the top and the street-level bureaucrats, in the case of BHU directors, a closer relationship with the street-level bureaucrats is evident as a result of the high degree of interaction daily life provided by the institutional design of the PMAQ-AB, which provides for actions designed and executed as a team.

At the same time, although BHU directors have the feeling of belonging to the team, they may not see themselves as responsible for coordinating the performance of street-level bureaucrats. In the statements of those interviewed, this role performed, by delegation, by the nurses who make up the basic care teams, in practical terms, represents that these street-level bureaucrats operate as MLBs, being responsible for delegating tasks, dealing with procedures and thinking of alternatives for the local context, having a discretion that is inherent to BHU managers.

Also thinking about the relationship between BHU directors and employees, if there is discouragement between both parties and this discouragement results in less commitment to achieving the objectives of the PMAQ-AB, the results tend to be negatively affected. Therefore, the director is an even more fundamental part in these scenarios where there is discouragement and misalignment of employees, particularly considering the high level of discretion of these street-level bureaucrats.

## **5. Conclusions**

This paper sought to shed light on the work of mid-level bureaucrats in the process of implementing the PMAQ-AB, based on a case study with BHU directors from the city of Natal, RN. The analyses developed allowed us to understand, in the first place, that the dimensions contained in the suggested analytical model are important to

understand the performance and role of the BHU director in this process. The study also allowed the understanding that analyses specifically aimed at elements of only one of these dimensions can say little about the ways in which BHU directors influence the implementation of the PMAQ-AB and which reasons lead them to influence in such ways, being necessary to conduct a multidimensional analysis, according to the attempt of this study.

Taking into account the objective of the PMAQ-AB, these variables, with different forms of manifestation in each BHU director, may imply, in the operation profiles of bureaucrats more or less involved with the implementation within the BHU. Therefore, negative effects on the results of the Program can be expected, bearing in mind that the actions of directors who distance themselves from the aspects formulated may result in the reproduction of inequalities of access and quality in basic attention, if we consider that the BMEs, as well as street-level bureaucrats, may cause changes in programs from the practice of discretion.

This set of factors added to elements such as the complexity of the institutional design, the governance arrangements of the PMAQ-AB and the existing regional inequalities in the country, point to difficulties in achieving the objective of the public policy, since the diversity of forms of action may result in different modes of implementation and consequently in results that reproduce existing inequalities. Over all, the analyses carried out here indicate that directors, in general, do very little to play their role as a link between the top and the bottom.

Associated to it, there are also two issues found in the analysis that deserve to be highlighted: 1) the issue of directors presenting little disposition, in general, of control and coordination of basic care teams, leaving this to the nurses, for example, while they prioritize getting involved with the more procedural aspects, regarding the BHU operation and 2) the fact that the BHU directors do not see themselves as an integrating part of public policy nor as an implementing agent of the PMAQ-AB.

The interviewees' statements also made it possible to draw conclusions on how bureaucrats' expectations, through their motivations, if not met, could lead to a reduction in leadership capacity in the implementation within the UBS, so that, because they are not granted the financial incentive provided for in the program, they could be placed aside from the daily implementation of the PMAQ-AB at the BHU. Therefore, the lack of motivation may end up generating the absence of effective planning, little demand for

results, and little mobilization for the BHU teams to see the PMAQ-AB beyond the wage increases that the program can bring.

These observations help to emphasize that a director who is not fully engaged in the implementation process, who does not internalize properly what is formulated, and who does not effectively translate and pass on the norms to workers, may end up generating unexpected and negative results for the public policy. This can result in scenarios in which street-level bureaucrats use their discretion in a way that impairs the implementation process.

However, it is also important to highlight that, since it aims at capturing more subjective aspects inherent to the interaction modes of MLBs, this paper presents limitations and requires further complementary research for a better understanding of the theme addressed. Among these limitations, it is worth mentioning the issue of sampling, which, as selected, does not allow for generalizations beyond the local level. Furthermore, the study did not capture the understanding of street-level bureaucrats about the process of interaction with the BHU managers, limiting itself only to the views of BHU directors. Even so, the contributions of this research open an interesting window for future studies on the performance of mid-level bureaucrats in the process of implementing public policies and their interaction with different hierarchical levels, especially to understand more about the BHU director within this bureaucracy model.

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