

Grupos na Atenção Básica à Saúde: uma tipologia por finalidades a partir dos Cadernos de Atenção Básica à Saúde

Groups in Basic Health Care: a typology by purpose based on the Basic Health Care Notebooks

Raphael Curioni Raia, Yasmim Ferreira Pinheiro de Souza

Authorship

Metadata

RESUMO

O desenvolvimento de atividades coletivas se constitui como elemento importante no fazer da Atenção Básica à Saúde (AB). Desde formatos de agrupamento, como salas de espera, rodas de conversa e mutirões, até o uso de propostas grupais, tais práticas são comuns a esses espaços, sendo apresentadas como atividades a serem realizadas pelos profissionais da AB, de forma preventiva, promotora e reabilitadora, conforme estabelecido pela Política Nacional de Atenção Básica (PNAB). O objetivo deste trabalho é apresentar uma possibilidade de classificação por finalidades de grupos na AB a partir de pesquisa com os Cadernos de Atenção Básica (CAB) e documentos teóricos sobre propostas grupais. Tal tarefa foi construída a partir da pesquisa documental e da Análise de Conteúdo de Bardin dos 42 volumes dos CAB. Foi possível encontrar nove finalidades: pedagógica, terapêutica, psicoterápica, apoio/suporte, convivência, geração de renda, operativa, atividades físicas e racionalização do processo de trabalho. Os CAB definem um campo grupal em que há preponderância de formatos pedagógicos a serem indicados para a condução dos trabalhos, com as outras finalidades em segundo plano. Ainda: os CAB oferecem uma possibilidade de compreensão e concretude sobre possíveis finalidades grupais, além de um arcabouço teórico e técnico condizentes com os objetivos encontrados.

PALAVRAS-CHAVE: Atenção à Saúde. Atenção Primária à Saúde. Processos Grupais.

ABSTRACT

The development of collective activities constitutes an important element in the provision of Basic Health Care (BHC). From grouping formats such as waiting rooms, conversation circles and health campaign, to the use of group proposals, such practices are common to these spaces, being presented as activities to be carried out by BHC professionals, in a preventive, promoting and rehabilitative way by the National Basic Care Policy (PNAB). The objective of this work is to present a possibility of classifying groups by purpose in PC based on research using the Primary Care Notebooks (CAB) and theoretical documents on group proposals. This task was based on documentary research and Bardin's Content Analysis of the 42 volumes of the CAB. It was possible to find nine purposes: pedagogical, therapeutic, psychotherapeutic, support, coexistence, income generation, operative, physical activities and rationalization of the work process. The CAB define a group field in which there is a preponderance of pedagogical formats to be indicated for conducting work with other purposes in the background. Moreover: the CAB offer a possibility of understanding and concreteness about possible group purposes, in addition to a theoretical and technical framework aligned with the purposes found.

KEYWORDS: Delivery of Health Care. Primary Health Care. Group Processes.

INTRODUCTION

Primary Health Care (PHC), known as Basic Health Care (BHC) in Brazil, refers to a component of healthcare that is an integral component of the Unified Health System (SUS). In addition to being the gateway to the SUS and the first point of contact for citizens with the healthcare system, it aims to reorganize and take a leading role in healthcare for individuals and communities. It is estimated that approximately 90% of healthcare is provided through PHC. Its approach is guided by the prevention of risks and harm, health promotion, as well as treatment and rehabilitation, all mediated by democratic, participatory, and sanitary actions¹⁻⁴.

Based on the National Basic Health Care Policy (PNAB, from the Portuguese *Política Nacional da Atenção Básica*), the adopted BHC structure consists of, in priority order: Basic Health Units (UBS, from the Portuguese *Unidade Básica de Saúde*), the Family Health Strategy (ESF, from the Portuguese *Estratégia de Saúde da Família*), Fluvial Health Units (USF, from the Portuguese *Unidade de Saúde Fluvial*), the Family Health Strategy for Riverine Communities (ESFR, from the Portuguese *Estratégia de Saúde da Família Ribeirinha*), and Street Outreach Clinics. BHC teams are multidisciplinary, comprising professionals in nursing, medicine, dentistry (including oral health assistants), as well as nursing technicians. Within the ESF, community health agents (ACS, from the Portuguese *Agentes comunitários de Saúde*) are present, playing a vital role in integrating health units with citizens in specific territories within the ESF's health coverage area. The E-Multi, initially known as the Family Health Support Center (NASF, from the Portuguese *Núcleo de Apoio à Saúde da Família*) and later renamed the Expanded Family Health Center (Nasf, from the Portuguese *Núcleo Ampliado à Saúde da Família*), consists of teams of specialized professionals working in an integrated manner with the basic teams of BHC services. These teams may include psychologists, nutritionists, physical educators, physiotherapists, occupational therapists, social workers, cardiologists, psychiatrists, paediatricians, and many other professional formations and specialties^{3,5}.

It is characteristic of PHC, especially in the development of activities carried out by Family Health teams (eSF, from the Portuguese *equipes de Saúde da Família*) within the ESF, the integration involvement and articulation of the community, enhancing the recognition of the creative and proactive capacities of individuals. In this context, by encouraging movements and initiatives within a population or a community in a specific territory, it reinforces the active role of these individuals in organizing the healthcare process⁵⁻⁷.

Some care tools or technologies can establish a connection between the ESF and the population, as well as citizen participation, leading to a potential scenario that transforms the conditions impacting health and its care. Included in the PNAB as a practice to be developed by the eSF, group activities provide a potential space for participatory collaboration with the population, which can identify and address local needs and demands, creating a bond between the eSF and the community. By doing so, groups can be developed, offering extremely promising possibilities for implementing a dialogical, participatory, and transformative work^{6,7}.

The term *group* suggests various notions to an interlocutor: a phenomenon related to collectivity,

representing a social thing, as well as the representation of categories or classifications, such as, for example, a grouping of medications of the same type. Furthermore, it can be understood as something carried out by technicians and/or professionals from diverse fields of expertise, when spaces are created involving some people with a certain common objective⁶⁻⁸.

When creating groups, certain objectives are established as important or prioritized in a way for development within a specific space. The various health scenarios within the SUS are configured as spaces where group-based proposals are commonly utilized, adapting to the characteristics of the type of work, the level of healthcare, as well as the local demands and health needs⁹.

Group-based proposals can be considered relevant and necessary actions in PHC, as they have the potential to promote health, prevent harm, and provide continued care, strengthening the bond among individuals, supported by healthcare professionals—connections with health units and workers—making it feasible to enhance adherence to healthcare practices^{6,10,11}. It is worth noting that, due to the characteristics of epidemiological transition, increased longevity and demographic transition in Brazil, preventive and health-promoting care emerges as a preference, given the higher prevalence/incidence of chronic diseases in the population^{11,12}.

Although groups are commonly used in PHC and other healthcare settings, there is a more *instinctive* characteristic in conducting group-based proposals rather than a broad classificatory knowledge of groups^{6,9}. Nevertheless, it is possible to consider some ways to classify groups, ranging from the public involved in the group to the type of action to be performed and many other diverse characteristics.

However, classification based on group purposes, that is, the goals or objectives for which groups are created, appears to be more effective than others. In this type of *taxonomy* or *typology*, groups are organized through a combination of methodological assumptions and organization aiming practice, presented as Therapeutic and Psychotherapeutic¹³. However, it is feasible to consider other possibilities, such as Pedagogical/Educational, Supportive, the previously mentioned Therapeutic and Psychotherapeutic, Pichon's Operative Groups, Socialization, Income Generation, Physical Activity and Rationalization of Work Processes^{6,7,14,15}. Contemplating a classification by purpose can serve as a facilitating element, optimizing the creation and management of group proposals in PHC and other healthcare settings.

There is significant debate regarding the ways groups are formed and conducted, as well as their possible intentions. Thus, it is relevant to consider a spectrum ranging from one end focused more on mediation and training—structured and lecture-like—to another approach that prioritizes the processes of the group members and the group itself, based on their needs and the outcomes of their interactions—less centred, placing less emphasis on the coordinator or technical professional who initiated the group process. Several authors and studies highlight the necessity of approaching groups as process-oriented as possible, suggesting that mediation or training methods are limited, as they fail to address subjectivities and reduce social participation^{6,7,15,16}.

The objective of the current study is to analyse the Primary Care Notebooks (CAB, from the Portuguese *Cadernos de Atenção Básica à Saúde*) concerning potential group proposals to be developed in PHC. The CAB comprise 42 technical documents designed to guide and support the work of eSF and

the Family Health Support Center (NASF, from the Portuguese *Núcleo de Apoio à Saúde da Família*) in addressing the various health conditions that can be managed in PHC. Consequently, all potential forms of group work were identified in the documents and analysed to determine the possible types or purposes of groups envisioned in the CAB for PHC activities.

METHODOLOGY

Documentary research was conducted ¹⁷ focusing on the Primary Care Notebooks, a normative and reference material supporting PHC, produced by the Ministry of Health. Forty-two editions were collected and analysed. Following the documentary research, content analysis was employed ¹⁸, allowing for the resolution of uncertainties and enriching the reading process. Content analysis is considered a flexible and adaptable tool aimed at inferring knowledge. In this method, the organization involves the pre-analysis of the subject, the exploration and treatment of the obtained material, and the inference and interpretation of results. On organization, it requires delimiting the scope, the enumeration, classification, and aggregation, which results in the establishment of categories.

Through the coding of the term group, the PDF documents were analysed, whenever a term appeared, it was categorized as referring to a social phenomenon, understood as a form of classification or ordination, lastly, by establishment a group proposal, with only the latter being within the study's scope. Once again, more specific categories were then established for group types, resulting in the identification of nine different purposes for group usage: 1 - Pedagogical, 2 - Therapeutic, 3 - Psychotherapeutic, 4 - Assistance /support, 5 - Socialization, 6 - Income generation, 7 - Operative, 8 - Physical activities, 9 - Rationalization of work processes.

RESULTS AND DISCUSSION

From the content analysis of the documents, it was possible to identify and establish some end purposes for group proposals as the main or most significant ones presented by the authors in these technical normative writings. Thus, nine categories will be presented that summarize a way to structure and implement groups, aligned with a theoretical framework and an objective toward which these proposals are directed.

The pedagogical or educational-informative purpose represents the majority of the focus in the CAB. From this perspective, groups are characterized by being created to share and provide information to and with patients. The goal is understood to be increasing their knowledge about various aspects of health and citizenship, with potential outcomes including greater autonomy in self-care, probable adherence and engagement in treatments, and enabling shared care with healthcare professionals (co-responsibility)^{6,7,12,13}.

The groups are generally designed for chronic diseases such as hypertension, diabetes, chronic obstructive pulmonary diseases, dietary issues related to potential future chronic illnesses, and smoking cessation. In a few instances, there are pedagogical or educational-informative groups that discuss human

rights and citizenship issues. This aligns with the ongoing reflections of some authors aiming for less professional-centred formats and health-knowledge-centric approaches, criticizing such models and suggesting more horizontal and participatory methods. However, since the guides are authored by various individuals, some groups are presented in a verticalized, biocentric manner, focusing on health professionals, resembling classes or lectures^{6,7,9}.

Educational actions in groups can be identified in topics such as the human right to adequate food and nutrition¹⁹, where educational dimensions are approached within three frameworks: a more biologist perspective, one focused on access to food and its availability in the region, and another addressing the local food reality and the role of the health team. Thus, there is a bias more focused on biological notions and less on participation or processual construction with the participants, even evolving into an educational or pedagogical approach that involves working with the group members. In this regard, there is work within the dimension of social rights and the construction of healthcare based on information and exchanges that enable a better quality of life.

Another possibility points to educational groups during the gestational monitoring process, even during the gravid-puerperal period. Such group action is widely used as a resource for exchanges and access to information that may be considered important during pregnancy. Doubts and questions are encouraged, creating an important space from an educational/pedagogical and support perspective. More significant risk situations, such as, for example, the abusive use of psychoactive substances, may bring about the need and occasional use of groups to think about and work on more protective methods for pregnant individuals²⁰.

One found approach was the psychotherapeutic purpose, aimed at conducting groups that can use basic concepts of psychology through the presence of professionals from this field. Thus, groups are designed using various approaches such as cognitive therapy, behavioural therapy, psychoanalysis, existential-humanist approaches, and others. Work is done with individual issues shared in the group and mediated or facilitated by psychology professionals^{6,7}. The role of this professional within a group perspective is significant and relevant, considering that the therapist helps facilitate the sharing of experiences between individuals, fostering an environment of interaction and support²¹. In this process, the central goal is to bring perceptions from each individual about themselves, enhancing the process of greater self-knowledge and better management of their life. In this proposal, it is also worth highlighting the psychopedagogical impact within the group, which allows for changes not only individually but also relationally and group-wise²².

Another found purpose was the therapeutic one, in which the main characteristic is the conduction of a therapeutic process in a group. It is distinguished from the psychotherapeutic purpose by not addressing subjective and existential issues: here, care is managed with the group. It can be thought that, in practice, this type of purpose is often presented close to a pedagogical purpose, in which there is an opportunity to present information in a group that may assist in the care process, as well as exchange among patients. Thus, groups for wound care, auriculotherapy, hypertension, diabetes, and others more are conducted collectively^{6,7,12,13}.

Strategies that work with chronic diseases or life conditions that may lead to these chronicities or

illnesses, or those that are antagonistic to the previous ones, aimed at promoting ways of self-care and life management that may bring more quality stand out. Smoking cessation is configured as a space in which therapeutic groups are developed, with group members being monitored in the process of quitting dependence²³. This format addresses educational or pedagogical perspectives but focuses on a therapeutic purpose applied in a group, with care being developed. Another possible dimension of a therapeutic group could be an Integrative and Complementary Practice (PIC, from the Portuguese *Prática Integrativa e Complementar*), the auriculotherapy, where groups are formed to develop care from this therapeutic approach²⁴.

The concept of using Pichon Rivière's operational groups¹⁵ is commonly presented in the notebooks as a way to break the verticalized learning or pedagogical perspective. Thus, the group proposals with an operational purpose use the theoretical assumption of the Argentine psychiatrist and psychoanalyst, being conceived as a process of exchanging experiences and belonging within a group, which can bring participants an awareness of their own skills and autonomy to perform tasks within the group – as a testing space – and seek to apply changes or understandings outside the group, referred to as "project" by Pichon. The author envisions a dialectical learning process, where the presence and possibility of testing different roles within the group or critically reflecting on one's functions in the world is one of the most important elements of this process. Therefore, the goal is not therapeutic or psychotherapeutic at first, but rather, at the end, when the person is able to contemplate their own autonomy or civic capacity and begins to implement such aspects in their life¹³. In this type of group, there is a closure around a specific theme to be worked on throughout the meetings, always purposeful, where participants resolve or think about a task related to the group's theme.

This type of format is commonly presented in the Basic Care Notebooks as a more participatory and process-oriented model, being an alternative to more verticalized formats centred on healthcare professionals^{6,7,9}. The possibility of developing exchanges of experience and building autonomy, based on self-knowledge promoted by a greater understanding of each individual's potential for action, suggests a milestone in the group process for later application in daily life, which Pichon called a "project"¹⁵. This dimension of group experience, with subsequent application by the participants in their lives, is presented in an experience report about an operational group with women in situations of social vulnerability in a municipality in the state of São Paulo²⁵. The participants' sufferings and what they saw as important elements to be shared were raised; later, strategies were formed, new potential roles were reinforced, new ways of thinking and acting were rehearsed, and thus, actions began to be taken beyond the group.

In some passages of the notebooks, there is the presence of a concept of group proposals that can provide support or social assistance. Classically, such models would be closer to what is understood as self-help. However, the notion of this purpose is expanded when we understand that people participating in these groups need some form of social support or a network of assistance that can help them or lift them out of their vulnerability. Alcoholics Anonymous and Narcotics Anonymous embody this purpose: people with similar experiences who can offer support to others in situations of similar vulnerability, helping them feel supported and exchange experiences in these spaces. Thus, being in a group with healthcare professionals is akin to having a support network, people to rely on when

needed^{6,7,12,13}.

Such groups are commonly referred to as self-help groups. In this terminology, emphasis is placed on a process of helping oneself and, consequently, helping others. However, thinking of support suggests a broader condition that encompasses the development of the group's dynamics in a very participatory and processual manner. Something is created beyond the group and beyond individual and collective help. Thinking of the group as support is meaningful²⁶. This group format is widely used in situations of abusive and harmful use, whether of psychoactive substances or other possible forms of addiction²⁷. Furthermore, formats for people in certain vulnerability or crisis moments can be extremely significant, such as in groups for pregnant individuals²⁰ and women²⁵ in vulnerable situations, as well as other demands where the support and help network will be important in a process of restoring autonomy and quality of life.

The perspective of coexistence as a fundamental element for quality of life arises significantly within the potential of groups. Thus, often, the organization of groups can be related to the need to develop a way of living together among other people. It is directly referred to in a group that works on how to relate to others and its communal perspective, being conceived as a coexistence group, usually preceded by a cooperative form in which income generation is established. However, the condition of establishing income is not exclusively part of this process or another, and may be the very purpose of the proposal itself, which is to propose an activity that can organize production and sales of something^{6,7,9}.

Coexistence or living-together spaces are important settings for providing leisure, for example, for the elderly, and consequently, offering environments for socialization or community engagement. Considering this, these individuals are creating a space outside their homes, interacting, and doing something of interest, leisure, and satisfaction. This space carries significant weight in terms of experience (or re-signification), as well as valuing the skills that each participant can bring to the group, such as exchanging stories, solving problems, and being with others. There is a strong connection to improvement in health conditions, adherence to health spaces, and the enhancement of mental health²⁸. These spaces can be transformed into income-generating settings; however, it is not only under these conditions that more cooperative forms of association are established. There is also the possibility of linking income-generating groups as a way to reduce the unequal landscape of income access and the division of labour based on gender, or at least create a channel for some women to earn income²⁹. The same strategy is commonly used in other spaces with populations that may be outside the route to access work and income, such as in Psychosocial Care Centers, for example³⁰.

Still with a certain social characteristic and the promotion of gatherings, the purpose of physical activities gains particularity due to its closer relationship with the establishment of group actions that can maintain health, prevent harm, and improve quality of life. Thus, they are closely related to the health and care process, in addition to fostering interaction and stimulating relationships among people, with the secondary aspect of maintaining mental health. These could be walking groups, physical practices, or Yoga, as well as other possible exercise practices or more structured activities like sports, such as football, volleyball, and others^{6,7,11,12}.

It is believed that physical inactivity may be related to about 80% of chronic diseases; therefore, practices of this type would be fundamental to assist in the process of maintaining health and preventing

diseases. Adhering to physical activities is extremely difficult – as important as it is for health – and group activities can be facilitators³¹. Moreover, they can be considered as highly significant forms of health-promoting actions. In this regard, improvements in life conditions and health are incorporated through the frequency and adherence to these activities³². The socialization perspective provided by groups is another element commonly addressed when considering the purpose of physical activity groups³³.

The purpose of rationalizing the work process is closely linked to using the group to reduce waiting lines and establish work with more people in less time. This purpose does not appear as a structured approach from the theoretical field or align with a specific health goal, but rather as a practice driven by large demands or other elements involved in management, structuring, professional working space, health access demands and offerings, and other aspects ranging from the professional's chair to the healthcare network of a given municipality. In this way, groups are designed to reduce waiting lines or minimize large service demands^{6,7,34}.

CONCLUSION

Using books and other documents that underpin the methodological and theoretical-practical perspective of groups in alignment with what is presented in the Primary Care Notebooks represent an opportunity and possibility to outline a typology or taxonomy of the purposes of group proposals in healthcare settings. This is relevant both for the pertinence of what is addressed in the notebooks and for the foundational content on the subject. Therefore, a classification of group forms is established based on purposes to be considered in specific situations, combining objectives, demands, and a group typology most relevant to this context, supported by a well-established methodological and theoretical-practical framework.

The educational, informative and pedagogical characteristic is predominant when considering groups in health, especially in BHC. However, nine possibilities are presented as main purposes when forming a group. These can be combined in a group proposal, even though one may be more prominent, with others acting as secondary or underlying purposes. Thus, thinking about purposes helps reflect on what is central in group creation and on the recognized demands that lead to the implementation of a group proposal, as well as assisting in providing guidance in the practical field and in the implementation of health actions. It is possible, therefore, to assume that other purposes may also be present in secondary, tertiary, and so on, forms in groups in action or yet to be proposed.

It is important to emphasize that thinking based on purposes is closely linked to objectives, audiences, demands, and other elements present in a given situation in a healthcare scenario. The way to put it into practice also involves a more or less participatory approach by the group members. Moving away from the empty notion that forming groups is simply about "gathering" people and bringing a methodological and theoretical-practical character can qualify and assist in the conduction of groups.

At times, collective formats can be understood as a way to address gaps and challenges within healthcare units, thus removing the perspective of a potential purpose tied to a theoretical-practical framework in favour of the role of "many in the same space at the same time." Such perspectives

encompass structural, technical, professional, and other issues.

Social participation emerges as a foundational element of the SUS itself and is highly significant in the possibility of health production and disease and harm prevention. Bringing what is important to the user points to a dynamic of communication and participation that can broaden health possibilities, whether through engagement, adherence, or the construction of health by the population, and not solely through the presumed technical knowledge of professionals in the field.




Breaking away from the naivety that creating groups is simply about bringing people together, ensuring the rigor of theories and pointing to a possibility of more qualified practical application, these spaces can provide quality of life through various ways of conduction.

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Authorship			
Name	Institutional affiliation	ORCID 	CV Lattes 
Raphael Curioni Raia	Centro Universitário Arthur Sá Earp Neto (UNIFASE)	0000-0001-7545-9826	http://lattes.cnpq.br/1601647182055840
Yasmim Ferreira Pinheiro de Souza	Centro Universitário Arthur Sá Earp Neto (UNIFASE)	0000-0003-4125-806X	http://lattes.cnpq.br/5036432485886228
Corresponding author	Raphael Curioni Raia  rapha.el.curioni@gmail.com		

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