



## Social representation of the Single Health System for primary care workers

### *Representação social do Sistema Único de Saúde para trabalhadores da atenção básica*

**Diogo Jacintho Barbosa<sup>1</sup>, Marcia Perreira Gomes<sup>2</sup>, Priscila Monique Ramalho Mendes<sup>3</sup>, Renata dos Santos Paz<sup>4</sup>, Gabriel Pruchiniak<sup>5</sup>, Alan Leandro França<sup>6</sup>**

<sup>1</sup>PhD in Nursing, Lecturer at Universidade Estácio de Sá; <sup>2</sup>Master in Nursing, Director of Nursing at IEISS, and Nurse at HFSE;

<sup>3</sup>Nursing Student Universidade Estácio de Sá; <sup>4</sup>Nursing Student Universidade UNIGAMA; <sup>5</sup>Nursing Student Universidade UNIGAMA; <sup>6</sup>Nursing Student Universidade UNIGAMA

**\*Corresponding author:** Diogo Jacintho Barbosa - *Email:* jacintho.enf@gmail.com

#### ABSTRACT

To identify and analyze the Social Representation of the Unified Health System (SUS) for Primary Health Care (PHC) workers. Qualitative research, with health and non-health professionals, over 18 years old, working in PHC for more than six months. Data collected through a sociodemographic questionnaire and a Free Word Recall Test, analyzed using the Social Representations Theory (SRT). Final sample 83 participants, mostly female, average age 47.1 years. Predominant professional categories Community Health Agents and Nursing Technicians. Free recall test revealed 28 different words, average frequency 4.10 times. Most cited words: reception, care, health, customer service, and rights, representing the TRS representational content of the SUS for health workers. These words are central to the social representation of the SUS. Suggesting that public policies should focus on strengthening reception and care, guaranteeing adequate resources for professionals to carry out their duties effectively.

**Keywords:** Primary Health Care; Health Personnel; Social Representation; Unified Health System.

#### RESUMO

Identificar e analisar Representação Social do Sistema Único de Saúde(SUS) para trabalhadores da Atenção Básica de Saúde (ABS). Pesquisa qualitativa, com profissionais de saúde e não-saúde, com mais de 18 anos, atuando na ABS há mais de seis meses. Dados coletados por questionário sociodemográfico e Teste de Evocação Livre de Palavras, analisados na Teoria das Representações Sociais(TRS). Amostra final 83 participantes, majoritariamente gênero feminino, média de idade 47,1 anos. Categorias profissionais predominantes Agentes Comunitários de Saúde e Técnicos Enfermagem. Teste de evocação livre revelou 28 palavras diferentes, frequência média 4,10 vezes. Palavras mais citadas acolhimento, cuidado, saúde, atendimento, atenção, direito. representando conteúdo representacional TRS do SUS para trabalhadores de Saúde. Essas palavras são centrais na representação social do SUS. Sugerindo que políticas públicas devem focar fortalecimento do acolhimento e cuidado, garantindo recursos adequados para que profissionais desempenhem suas funções com eficácia.

**Palavras-chave:** Atenção Primária à Saúde; Pessoal de Saúde; Representação Social; Sistema Único de Saúde.

## INTRODUCTION

Social representations are a complex phenomenon that permeates social interactions, influencing individuals' perceptions, values, and behavior relating to certain issues. They are socially constructed and shared, reflecting the experiences, beliefs, and values of a specific group relating to certain objects or phenomena<sup>1</sup>. One of the main objectives of the theory of social representations is to make familiar something that was previously unknown, making it possible to classify and name ideas and events. It is a way of interpreting and thinking about everyday reality, a form of knowledge of mental activity, in other words, a way of understanding the individual's reality in the place where things happen<sup>1,2</sup>.

In the Brazilian context, the Unified Health System (SUS) represents one of the main achievements in public health, being a model of a universal, comprehensive, and equitable health system. Created by the 1988 Constitution, the fundamental principles of the SUS are universal access, comprehensive care, equity, and social participation<sup>3</sup>. In the context of the SUS, the social representations of SUS workers are crucial, as they directly influence how they think and act, with direct implications for the quality of care provided to system users<sup>1,3</sup>.

Primary health care was chosen as the level of care for the study, as it plays a crucial role within the SUS and is considered the gateway to the health system. In this context, the Family Health Strategy stands out, which aims to promote health integrally, through multi-professional teams that work with families in their territories. The Family Clinic (FC), as the primary care units in the municipality of Rio de Janeiro are called, aims to focus on preventive actions, health promotion, and early diagnosis of diseases<sup>4</sup>. The FC is a type of health unit that has emerged as an evolution of the Family Health Strategy (ESF), with an even more comprehensive and integrated approach. According to the Ministry of Health, the ESF seeks to reorganize basic care in the country according to the principles of the SUS. It is considered a strategy to expand, qualify, and consolidate primary care. This approach favors the reorientation of work processes, increasing

the potential to deepen the principles, guidelines, and foundations of primary care. In addition, it aims to increase the effectiveness and impact on the health of people and communities, offering a significant cost-effectiveness ratio<sup>5</sup>.

Understanding the social representations of SUS workers is of the utmost importance, as these representations directly influence the practice and quality of the health services offered to the population, since workers, as well as users of the health system, make up the practical components of the SUS. Bringing in the real world, the day-to-day practice of professionals and users is fundamental for solving the problems encountered in health care and for improving the care provided to individuals<sup>6</sup>.

Knowing the perceptions, beliefs, and values of health professionals relating to the health system makes it possible to identify challenges, potential, and opportunities for improvement, contributing to strengthening and improving the SUS<sup>3,5</sup>. Furthermore, this understanding makes it possible to bring workers and the population closer together, fostering a relationship of trust and partnership in the quest to promote health and quality of life.

Based on these premises, this article aimed to Identify and Analyze the Social Representation of the Unified Health System for Primary Care workers.

## METHODS

This is a qualitative study carried out with workers at a mixed health unit (Polyclinic and Family Clinic) located in the northern part of the city of Rio de Janeiro. The data was collected by the researcher in charge at the health unit. The study participants were approached before starting their working day or during their lunch break.

Participants in the study were people who worked in this unit, regardless of whether they were health professionals or not. Inclusion criteria were: age 18 or over, working in primary care for more than 6 months, and willing to take part in the study voluntarily. Individuals who did not meet these criteria were excluded from the study. All the participants in the study filled in the

Informed Consent Form (ICF) and also received a copy of the document signed by the researcher responsible for the study.

Data was collected using a structured sociodemographic questionnaire to characterize the subjects, comprising the following data: gender, age, and professional category. After the sociodemographic questionnaire, the Free Word Evocation Test was administered. After hearing an inducing term, which in this study was SUS, the participants had to say up to 5 words that readily came to mind.

The data from the sociodemographic questionnaire was analyzed using simple descriptive statistics with the help of Excel 2017 software. The data from the Free Word Evocation Test was transcribed and organized into tables and graphs to facilitate the visualization of the results and the identification of the social representations of the SUS, and analyzed based on the Theory of Social Representations.

The article was submitted to and approved by the research ethics committee of Universidade Estácio de Sá under CAAE number: 73230823.1.0000.5284, according to Resolution No. 510 (of April 7, 2016) of the National Health Council.

## RESULTS

The final sample of this study consisted of 83 participants, all of whom were primary care professionals in the municipality of Rio de Janeiro. Assessing the gender of the workers, it was possible to see that 54 (65.1%) were females and 29 (34.9%) males. The age range of the study participants varied from 19 to 73 years, with an average age of 47.1 years. Table 1 shows the distribution of study participants by professional category.

**Table 1.** Distribution of study participants by professional category. Rio de Janeiro. Brazil. 2024.

| Professional Category      | n  | %      |
|----------------------------|----|--------|
| Administrative             | 10 | 12.05  |
| Community Health Agent     | 24 | 28.92  |
| Nursing Assistant          | 5  | 6.02   |
| General Services Assistant | 16 | 19.28  |
| Nurse                      | 6  | 7.23   |
| Nursing Technician         | 20 | 24.10  |
| Pharmacy Technician        | 1  | 1.20   |
| Laboratory Technician      | 1  | 1.20   |
| Total                      | 83 | 100.00 |

The Free Word Evocation Test was applied and returned 28 different words, with a frequency of 115 times, evoked by the

participants when they heard the inducing term SUS read by the researcher, to represent these words, we present figure 1.



**Figure 1.** Word Cloud

Source: The authors. The Word Cloud was built based on the users' evocations.

Based on the free recall test, it is possible to observe the frequency with which the words were mentioned, to understand the Social Representation of a fact for a given group, in the case of this study, to understand the

representation of the SUS for professionals working in Primary Care. The frequency and words mentioned by the participants can be seen in Table 2.

**Table 2.** Distribution of the words mentioned by the study participants by frequency and percentage. Rio de Janeiro. Brazil. 2024

| Word             | Frequency | %     |
|------------------|-----------|-------|
| Reception        | 16        | 13.91 |
| Good             | 2         | 1.74  |
| Care             | 14        | 12.17 |
| Great            | 1         | 0.87  |
| Plan             | 19        | 16.52 |
| Customer Service | 8         | 6.96  |
| Aid              | 3         | 2.61  |
| Access           | 2         | 1.74  |
| Affective        | 2         | 1.74  |
| Help             | 2         | 1.74  |
| Love             | 3         | 2.61  |
| Primary Care     | 4         | 3.48  |
| Constitution     | 2         | 1.74  |
| Companion        | 2         | 1.74  |
| Difficult        | 3         | 2.61  |
| Rights           | 5         | 4.35  |
| Team             | 2         | 1.74  |
| Free of Charge   | 3         | 2.61  |
| Humanization     | 2         | 1.74  |
| Place            | 3         | 2.61  |

|                |            |               |
|----------------|------------|---------------|
| Need           | 2          | 1.74          |
| More or Less   | 2          | 1.74          |
| Investment     | 2          | 1.74          |
| Life           | 2          | 1.74          |
| Responsibility | 2          | 1.74          |
| Respect        | 3          | 2.61          |
| Precaution     | 2          | 1.74          |
| <b>Total</b>   | <b>115</b> | <b>100.00</b> |

The average frequency with which the words were mentioned was 4.10 times. Therefore, a selection was made of all the words that were mentioned 4 times or more to make up the representations of the SUS for the study participants. In this way, the representation will be made up of the words: Reception mentioned 16 times, Care 14 times, Great 4 times, Health 19 times, Customer Service 8 times, Primary Care 4 times, and Rights 5 times.

## DISCUSSION

This study set out to investigate the representational content of the social representation of the SUS for primary care workers. It was observed that 65.1% of the participants were female and 34.9% male, with an age range between 19 and 73 years and an average age of 47.1 years. The participants were divided into various professional categories, as shown in Table 1, where Community Health Workers (28.92%) and Nursing Technicians (24.10%) stand out. Using the Free Word Evocation Test, the researchers identified 28 different words evoked 115 times by the participants when they heard the inducing term SUS. The analysis of the frequency of the words mentioned made it possible to understand the social representation of the SUS among primary care professionals. The most frequent words, mentioned four times or more, included "Reception" (16 times), "Customer Service" (8 times), "Primary Care" (4 times), "Care" (14 times), "Rights" (5 times), "Great" (4 times), and "Health" (19 times).

From a gender perspective, we can see women as possessing a natural vocation, as an

expression of maternal love, as marks of the socially constructed female stereotype, and this is one of the main reasons why professions associated with care and assistance are configured as veritable female ghettos<sup>7</sup>. This was confirmed in our study since female professionals accounted for 65.1% of the study participants compared to 34.9% of males. Analyzing the professional category of the study participants, Community Health Workers stood out with 28.92% of the subjects. Community health agents (CHAs) are selected professionals who live in the communities where they work, as defined by the World Health Organization (WHO). They are responsible for carrying out health activities according to the standards set by health systems. CHWs are essential in primary health care (PHC), playing a crucial role in promoting and maintaining healthy behaviors, especially in areas with a shortage of professionals or where access to health services is hampered by limited supply or unequal distribution between rich and poor populations<sup>8</sup>, the number of CHWs overlapping with other professional categories is still justified given the minimum number of these professionals per family health team<sup>9</sup>.

If we add up the three categories of nurses participating in the study, namely: Nurse (5), Technician (20), and Nursing Assistant (6), we can see their importance to the health team. Nursing professionals play a vital role in the ESF, they are responsible for a wide range of activities, including health promotion, disease prevention, assistance to patients with chronic and acute conditions, in addition to providing community health education. Their work is essential for the integrity and continuity of care, providing humanized, patient-centered customer service. In addition, nurses coordinate the work of

community health agents, carry out home visits, develop epidemiological surveillance actions, and take part in vaccination campaigns, making a significant contribution to improving health indicators and reducing inequalities in access to health services<sup>10</sup>.

The representational content of the Social Representations of the SUS is made up of the following elements: reception, care, health, customer service, primary care, and rights, given that these were the words most cited by the study participants during the free recall test.

The words "reception" and "care" are associated with the social representation of the SUS for workers, reflecting the essence of the principles that guide the provision of health services in Brazil. Welcoming is understood as the ability to receive the patient integrally, considering not only their physical needs but also their emotional and social ones<sup>11</sup>. This involves a humanized approach, where health professionals offer active listening, understanding, and empathy, creating an environment of trust and security for users of the system. It is a fundamental element in ensuring that each individual feels valued and respected, regardless of their socioeconomic status<sup>12</sup>.

Care, in turn, is intrinsically linked to the daily practice of SUS professionals and is a concrete expression of their commitment to the health and well-being of the population. Caring implies offering quality services, based on scientific evidence and adapted to the needs of each patient. In this context, care is extended beyond clinical aspects to include prevention, health promotion, and rehabilitation<sup>13</sup>. Care is seen as an opportunity to make a difference in people's lives, promoting equity and ensuring that everyone has access to the resources they need for a healthy life.

The integration of reception and care into the social representation of the SUS by its workers reinforces its mission to be inclusive and accessible. These concepts are essential for building a public health service that is sensitive to the needs of the population and committed to social justice. By valuing reception and care, professionals strengthen users' trust in the SUS, fostering a relationship of partnership and collaboration. This integrated approach is

fundamental to success, as it ensures that customer service is not only effective but also humane and compassionate, reflecting the fundamental values of a health system focused on collective well-being.

SUS workers associate the words "health" and "customer service" with their social representation, as these words encapsulate the system's mission and main objectives since health can be defined as a state of complete physical, mental, and social well-being and not just the absence of disease<sup>14</sup>. Health promotion is seen as a universal right, reflecting a commitment to equity and comprehensive care<sup>15</sup>. Professionals work to ensure that all citizens have access to health services that promote and maintain this state of well-being, regardless of their socioeconomic status or geographical location<sup>16</sup>.

The word "customer service" is directly related to daily practice and is a concrete manifestation of the health service offered to the population. SUS customer service is characterized by the constant search for quality and efficiency, with a focus on humanization and patient-centered care. Workers see in customer service an opportunity to interact directly with users, providing personalized care that meets the specific needs of each individual. This focus on customer service reflects the dedication of professionals to offer an accessible and inclusive service, where each person is treated with dignity and respect, consolidating users' trust and satisfaction with the public health system<sup>17</sup>.

The words "primary care" and "rights" reflect the fundamental values and objectives of the SUS. "Primary care" symbolizes the comprehensive and continuous care that health professionals offer patients, going beyond the treatment of illnesses to include health promotion and disease prevention. It is characterized by active listening, empathy, and personalized customer service, ensuring that each patient receives care tailored to their specific needs. Providing primary care means creating a bond of trust and respect with users, which is essential for effective and humanized care<sup>18</sup>.

On the other hand, "rights" is a central word in the social representation of the SUS, reflecting the principle that health is a fundamental right for all citizens. The Brazilian

Constitution guarantees universal and equal access to health services. SUS professionals see their work as a mission to ensure that this right is effectively fulfilled, regardless of socio-economic factors, race, or geographical location. By valuing the right to health, it seeks to guarantee social justice and equity, fighting inequalities and promoting an inclusive and accessible health system for all.

Even though they are not directly part of the SUS health team, the general service assistants who took part in the study represented a total of 19.28% of the total number of participants in the study and, because they work in primary care, they end up sharing and quoting the same words as the health professionals in the social representation of the SUS. This is because they experience daily the values and principles that underpin the public health system in Brazil. By ensuring the cleanliness, organization, and safety of health facilities, they contribute to the reception and care that is essential for providing quality health services<sup>19</sup>. Their presence and work ensure an environment conducive to health promotion and disease prevention, directly aligned with the objectives of the SUS.

These professionals often interact with patients and their families, absorbing and reproducing the values of care and the right to health. This direct and continuous interaction with the healthcare environment and users allows them to understand and appreciate the importance of humanized and equitable customer service. By observing and participating in the day-to-day running of health units, they internalize the importance of welcoming and caring, as well as the view that health is everyone's right<sup>20</sup>.

For primary health care workers, the words "reception", "care", "health", "customer service", "primary care", and "right" are central to their social representation of the SUS. Reception and customer service reflect humanization and empathy in the service, which are essential for guaranteeing patients' integral health. Continuous and personalized care ensures that each individual receives the necessary care, respecting their universal right to health, as advocated by the Brazilian Constitution. These

values form the basis of our work, promoting an inclusive and equitable SUS.

## CONCLUSION

Considering the social representations of health professionals within the Unified Health System, we observed a significant predominance of women, reflecting a historical trend associated with the perception that professions linked to care and assistance are eminently feminine. The majority presence of Community Health Agents reinforces the importance of these professionals in primary care, playing a vital role in health promotion and disease prevention, especially in poor or hard-to-reach communities.

Nursing professionals, including nurses, technicians, and assistants, showed significant participation in the study, highlighting its relevance to the family health team. Its work covers a wide range of activities, from health promotion to monitoring patients with chronic conditions, standing out for its comprehensive and humanized care. These professionals play a key role in coordinating health teams, helping to improve health indicators, and reducing inequalities in access to health services.

Given the social representations of SUS workers, it is possible to identify the centrality of terms such as reception, care, health, customer service, primary care, and rights. These words reflect not only concepts but also fundamental values and principles that guide the practice and mission of the SUS. The emphasis on the humanization, integrality, equity, and universality of care reinforces the system's commitment to the well-being and health of the entire Brazilian population. Thus, understanding and valuing these social representations is essential to strengthening the SUS, and promoting a health system that is inclusive, accessible, and committed to the rights and needs of every citizen.

It is important to note, however, that this study has some limitations, which must be taken into account when interpreting its results. Firstly, the research was conducted in only one mixed health unit, which may limit the generalization of the findings to other realities and contexts.

Furthermore, the exclusive focus on primary care may not fully reflect the social representations of health professionals at other levels of care in the SUS.

Therefore, further and more comprehensive research is needed to explore the social representations of SUS workers in greater depth. The results of the research suggest several directions for future research in the context of the SUS. Longitudinal studies could investigate the evolution of social representations among workers over time and in response to political and structural changes. Research into the impact of training programs focused on welcoming and caring could assess how these initiatives influence the quality of customer service and the satisfaction of both patients and professionals. Exploring the social representations of the SUS among different demographic groups, such as gender, age, and geographic regions, can reveal disparities and help direct more inclusive and equitable policies.

#### ACKNOWLEDGEMENTS

Teaching Production Program -  
Universidade Estácio de Sá (UNESA-RJ) -  
2024/2025.

#### REFERENCES

1. Rocha LF. The theory of social representations: a paradigm shift from the classic currents of psychological theories. *Psicol Ciênc Prof.* 2014;34(1):46-65. DOI: 10.1590/s1414-98932014000100005
2. Morera JAC, Padilha MI, Silva DGV da, Sapag J. Theoretical and methodological aspects of social representations. *Texto Contexto Enferm.* 2015;24(4):1157-65. DOI: 10.1590/0104-0707201500003440014
3. Hochman G. History, science, and public health. *Cien Saude Colet.* 2020;25(12):4715-21. DOI: 10.1590/1413-812320202512.17982020
4. Almeida PF de, Medina MG, Fausto MCR, Giovanella L, Bousquat A, Mendonça MHM de. Coordination of Care and Primary Health Care in the Unified Health System. *Saúde em Debate.* 2018;42(spe1):244-60. DOI: 10.1590/0103-11042018s116
5. Sousa MF de, Prado EA de J, Leles FAG, Andrade NF de, Marzola RF, Barros FPC de, et al. The potential of Primary Health Care in consolidating universal systems. *Saúde em Debate.* 2019;43(spe5):82-93. DOI: 10.1590/0103-11042019s507
6. Carvalho AM de P, Silva GA da, Rabello ET. Equity in the daily work of the SUS: social representations of Primary Health Care professionals. *Cad Saude Colet.* 2020;28(4):590-8. DOI: 10.1590/1414-462x202028040151
7. Pessoa MF, Vaz DV, Botassio DC. GENDER BIAS IN PROFESSIONAL CHOICE IN BRAZIL. *Cad Pesqui.* 2021;51:e08400. DOI: 10.1590/198053148400
8. Nepomuceno R de CA, Barreto IC de HC, Frota AC, Ribeiro KG, Ellery AEL, Loiola FA, et al. The work of Community Health Agents in the light of the Communities of Practice Theory. *Cien Saude Colet.* 2021;26(5):1637-46. DOI: 10.1590/1413-81232021265.04162021
9. Mélo LMB de D e., Albuquerque PC de, Santos RC dos, Felipe DA, Queirós AAL de. Community health workers: practices, legitimacy, and professional training in times of the Covid-19 pandemic in Brazil. *Interface.* 2021;25(suppl 1):e210306. DOI: 10.1590/interface.210306
10. Gleriano JS, Fabro GCR, Tomaz WB, Forster AC, Chaves LDP. Managing the work of family health teams. *Esc Anna Nery.* 2021;25(1):e20200093. DOI: 10.1590/2177-9465-ean-2020-0093
11. Melo MV da S, Forte FDS, Brito GEG, Pontes M de L de F, Pessoa TRRF. Reception in the



- Family Health Strategy: an analysis of its implementation in a large municipality in northeastern Brazil. *Interface*. 2022;26(suppl 1):e220358. DOI: 10.1590/interface.220358
12. Januário TGFM, Varela LD, Oliveira KN de S, Faustino R dos S, Pinto AGA. Listening to and valuing users: conceptions and practices in the management of care in the Family Health Strategy. *Cien Saude Colet*. 2023;28(8):2283-90. DOI: 10.1590/1413-81232023288.05952023
13. Condeles PC, Bracarense CF, Parreira BDM, Rezende MP, Chaves LDP, Goulart BF. Teamwork in the Family Health Strategy: professionals' perceptions. *Esc Anna Nery* [Internet]. 2019 [cited July 2, 2024];23(4):e20190096. Retrieved: <https://www.scielo.br/j/ean/a/KG5skhXWCKqRTHm9vyKJ7ZC/?lang=pt>
14. Silva MJ de S e., Schraiber LB, Mota A. THE POSSIBILITIES OF A CONCEPT OF HEALTH. *Trab Educ Saúde*. 2019;17(1):e0019320. DOI: 10.1590/1981-7746-sol00193
15. Spindola C dos S, Duarte LE, Maciel AMM, Sousa LA de. Integrative and complementary practices offered by professionals from the Expanded Family Health Center: reaffirming integral and holistic care. *Saúde Soc*. 2023;32(3):e210869pt. DOI: 10.1590/s0104-12902023210869pt
16. Giovanella L. Primary care or primary health care? *Cad Saude Publica*. 2018;34(8):e00029818. DOI: 10.1590/0102-311x00029818
17. Lage SRM, Almeida POP de, Lunardelli RSA. The thematic representation of information in Public Health in the context of keywords. *RDBCI Rev Digit Bibliotecon Ciênc Inf*. 2021;19:e021014. DOI: 10.20396/rdbci.v19i00.8665241
18. Teixeira RR. Humanization and Primary Health Care. *Cien Saude Colet*. 2005;10(3):585-97. DOI: 10.1590/s1413-81232005000300016
19. Petean E, Costa ALRC da, Ribeiro RLR. Repercussions of the hospital environment from the perspective of cleaning workers. *Trab Educ Saúde*. 2014;12(3):615-35. DOI: 10.1590/1981-7746-sip00005
20. Viegas SM da F, Nascimento LC do, Menezes C, Santos TR, Roquini GR, Tholl AD, et al. SUS-30 years: right and access in a day in the life of Primary Health Care. *Rev Bras Enferm*. 2021;74(2). DOI: 10.1590/0034-7167-2020-0656

Received: 12 june. 2024

Accepted: 07 july. 2024