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Tree as Metaphor: Reflections and Propositions of Community Health Workers on their Work in the Territory in the Context of Violence and COVID-19

Árvore como Metáfora: Reflexões e Proposições dos Agentes Comunitários de Saúde sobre seu Trabalho no Território no Contexto de Violência e COVID-19

El Árbol como Metáfora: Reflexiones y Proposiciones de los ACS sobre su Trabajo en el Territorio, en el Contexto de Violencia y COVID-19

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ABSTRACT

Objective: This study explores community health workers' (CHWs) perspectives on territorial violence and mental health during the COVID-19 pandemic. **Summary of data:** Data were grounded in participatory methodologies that fostered dialogue between researchers and CHWs. Data production involved the construction of metaphorical trees representing CHWs' perceptions regarding the research process, strengths, vulnerabilities, and future directions. These trees synthesized CHWs' knowledge, practices, and learning experiences, while also generating proposals to improve care through stronger integration with health management and healthcare delivery. Furthermore, they enabled the exchange of experiences and emotions among participants through qualified listening and collective discussion, considering the actual training needs of professionals facing challenging living contexts involving violence, COVID-19, mental health, and the production of healthcare. **Conclusion:** This report highlights three key aspects that warrant attention. First, it underscores CHWs' engagement with the feedback of research findings, including the validation of results by participants and the reinterpretation of these findings through collective discussion within their territories. Second, it emphasizes CHWs' active participation in identifying challenges and opportunities to address the issues raised by the study. Finally, it points to the need, identified by CHWs themselves, for training processes and support mechanisms aimed at developing actions and tools to strengthen their work processes in territories marked by the daily experience of violence.

Descriptors: Community Health Agents; Primary Health Care; Public Policy; Family Health Strategy.

RESUMO

Objetivo: *O estudo aborda a perspectiva dos agentes comunitários de saúde (ACS) sobre a violência nos territórios e a saúde mental, em tempos de covid-19.* ***Síntese dos dados:*** *Os dados foram ancorados em metodologias participativas, estimuladas pelo diálogo entre pesquisadores e ACS. A produção de tais dados consistiu na construção de árvores que representaram as impressões dos ACS sobre pesquisa, potencialidades, fragilidades e encaminhamento. Essas árvores expressaram, em síntese, o conhecimento, as ações e o aprendizado dos ACS, apontando propostas de melhoria do cuidado articuladas à gestão e à atenção à saúde. Além disso, possibilitaram a troca de experiências e sentimentos entre os participantes durante a escuta qualificada e o debate, considerando as reais necessidades de formação dos profissionais para o enfrentamento de contextos de vida desafiadores que envolvem violência, covid-19, saúde mental e produção do cuidado em saúde.* ***Conclusão:*** *O relato sinalizou três aspectos que são necessários registrar. O primeiro refere-se ao encontro dos ACS com a devolutiva dos resultados da pesquisa – a confirmação dos dados pelos sujeitos participantes e a ressignificação desses resultados no debate coletivo no âmbito de seus territórios. Outro aspecto relevante diz respeito à participação ativa dos ACS na identificação de desafios e potencialidades para o enfrentamento das questões levantadas na pesquisa. Por fim, o último aspecto refere-se à indicação, por parte dos ACS, de processos formativos e de suporte para desenvolvimento de ações e/ou ferramentas de apoio de seus processos de trabalho no território violento experienciado cotidianamente.*

Descritores: *Agente Comunitário de Saúde; Atenção Primária à Saúde; Política Pública; Estratégia Saúde da Família.*

RESUMEN

Objetivo: *El estudio aborda la perspectiva de los Agentes Comunitarios de Salud (ACS) sobre la violencia en los territorios y la salud mental en tiempos de COVID-19.* ***Síntesis de los datos:*** *Los datos se sustentaron en metodologías participativas, estimuladas por el diálogo entre investigadores y ACS. La producción de dichos datos consistió en la construcción de árboles que representaron las percepciones de los ACS sobre la investigación, las potencialidades, las fragilidades y los encaminamientos. Estos árboles expresaron, de manera sintética, el conocimiento, las acciones y el aprendizaje de los ACS, señalando propuestas de mejora del cuidado articuladas con la gestión y la atención en salud. Además, posibilitaron el intercambio de experiencias y sentimientos entre los participantes durante la escucha cualificada y el debate, considerando las necesidades reales de formación de los profesionales para afrontar contextos de vida desafiantes que involucran violencia, COVID-19, salud mental y producción del cuidado en salud.* ***Conclusión:*** *El relato señaló tres aspectos que es necesario registrar. El primero se refiere al encuentro de los ACS con la devolución de los resultados de la investigación: la confirmación de los datos por parte de los sujetos participantes y la resignificación de dichos resultados en el debate colectivo dentro de sus territorios. Otro aspecto relevante se relaciona con la buena participación de los ACS en la identificación de desafíos y potencialidades para afrontar las cuestiones planteadas en la investigación. Finalmente, el último aspecto se refiere a la indicación, por parte de los ACS, de procesos formativos y de apoyo para el desarrollo de acciones y/o herramientas de soporte para sus procesos de trabajo en el territorio violento experimentado cotidianamente.*

Descriptores: *Agente Comunitario de Salud; Atención Primaria de Salud; Política Pública; Estrategia de Salud de la Familia.*

INTRODUCTION

The daily work of community health workers (CHWs) is shaped by the construction of meanings and practices grounded in the interactions and relationships established with the population living within a given territory. This territory is understood not only as a geographical area but also as a social space — a setting of experiences and subjectivities where health practices are enacted and materialized[1].

In Brazil, CHWs constitute a regulated professional category[2] and comprise approximately 282,000 health professionals[3]. Their practices involve strengthening ties between families and local health units, thereby enhancing access to healthcare services. In this context, their work is centered on conducting home visits, during which they are responsible for collecting information on the living and health conditions of individuals and families[4,5,6].

In their daily work, CHWs encounter challenges that predate the COVID-19 pandemic, such as violence and the complexities of the territories in which they operate[5,7]. Addressing these factors requires interventions that extend beyond the scope of routine practices. Moreover, they generate tensions and repercussions that may affect both the work and the health of these professionals.

Therefore, the development of studies that contribute to a deeper understanding of these issues is particularly relevant. Such efforts may also support Permanent Health Education (PHE), with the aim of improving work processes, particularly in vulnerable territories and in contexts of limited governance capacity to intervene in multifaceted problems such as violence. In this regard, knowledge should be shared among participants, promoting a better understanding of concrete realities and fostering the collective development of interventions capable of transforming them[8,9].

Within the framework of the study entitled “Impacts of Violence on the Work and Mental Health of Community Health Workers,” conducted in the city of Fortaleza, state of Ceará, an opportunity for reflection on the preliminary

findings was created with CHWs in order to stimulate dialogue regarding the results, as well as to identify themes and content necessary for the development of educational resources on violence. These resources should be aligned with the daily realities of CHWs, incorporating the appreciation of healthcare work and the identification and management of violence in the territories, while strengthening intersectoral collaboration with the education, social assistance, and public safety sectors. Furthermore, such resources should promote healthcare actions, particularly those related to mental health and psychosocial support, for health professionals (including CHWs) and other sectors affected by urban violence. These initiatives should be grounded in dialogical methodologies and in the critical reflection on lived work experiences.

Thus, this study addresses the perspectives of CHWs regarding violence in the territories and mental health within the context of the COVID-19 pandemic.

DATA SYNTHESIS

This qualitative report[10] focuses on a collective construction process developed through a dialogical and participatory approach grounded in an analytical-critical perspective on reflections concerning lived realities.

Data were collected during an in-person workshop held in September 2022 as part of a study investigating violence, COVID-19, work processes, and the mental health of CHWs in eight municipalities in Northeastern Brazil. The workshop aimed to disseminate the partial findings of the quantitative phase of the study and to provide a space for qualified listening regarding the learning needs of CHWs.

Initially, the quantitative findings from the study conducted in Fortaleza, Ceará, were presented. The activity involved 142 CHWs selected by municipal management from all territories within the city. According to data extracted from the e-Gestor platform, in January 2022 there were 2,172 CHWs in Fortaleza (https://relatorioaps.saude.gov.br/cobertura/acs). The 142 CHWs were divided into groups of 17 to 20 participants distributed across eight rooms. Each group was supported by facilitators responsible for conducting the activities according to a previously developed guide. Within each group, participants designated a coordinator and a rapporteur to guide the discussions and document the experience through a tree-building activity.

The strategy adopted was a conversation circle, as it promotes dialogical participation and horizontal relationships among participants by decentralizing the role of the instructor and encouraging individuals engaged in the knowledge-production process to reflect upon their own historical and social conditions. This approach created opportunities for participants to express ways of life, reconstruct knowledge, generate new meanings, and reframe practices, with the aim of confronting adverse factors and transforming reality[11].

At the beginning of the activity, participants were provided with a sheet containing the drawing of a tree (Figure 1). The objective was to collectively construct, by the end of the workshop, a large tree of impressions based on the following guiding questions: What impressions were left by the research findings presented? (tree roots); What challenges exist for improving the current situation, and what strengths can I contribute? (tree trunk); What suggestions can be offered to enable CHWs to better address these challenges? (tree canopy).

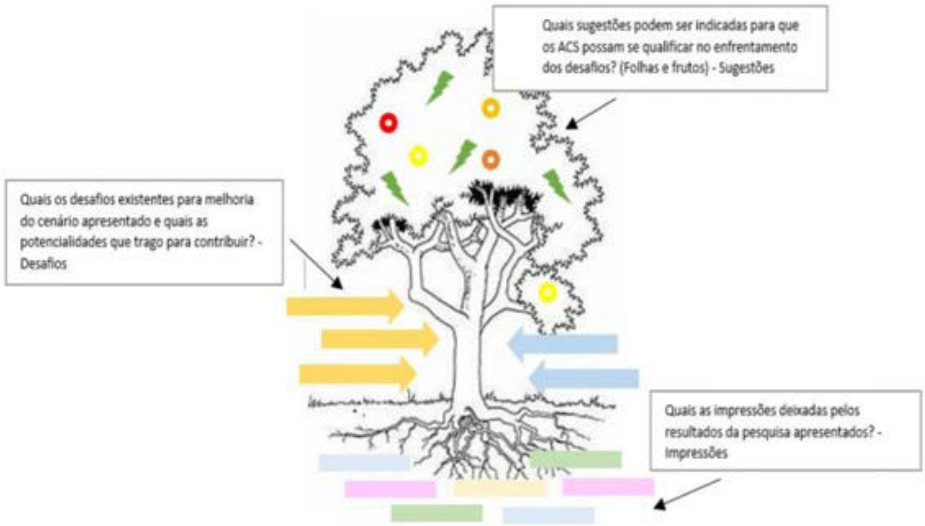

Figure 1. Schematic process for constructing the collective tree developed with community health workers in Fortaleza, Ceará, Brazil, 2022.

The choice of the "tree" format to represent this activity was based on the use of tree diagrams as problem-solving tools[12]. Such diagrams are regarded as simple graphical representations of hierarchies of problems, possibilities, or actions arising from causal relationships[13]. The hierarchy of dependencies is represented in the form of a tree that defines the sequence of influences among issues (roots, trunk, and branches) highlighting the foundation of broader issues and the factors considered most relevant and decisive for future developments[12].

To assemble the collective tree, CHWs received colored cards of various shapes, including rectangular cards and cards shaped like leaves and fruits. For each guiding question, CHWs could contribute between one and five entries in the form of keywords. Subsequently, each tree was photographed (Figure 2) to create a database containing the keywords used in the construction of the trees, which ultimately served as the basis for generating a single integrated tree.

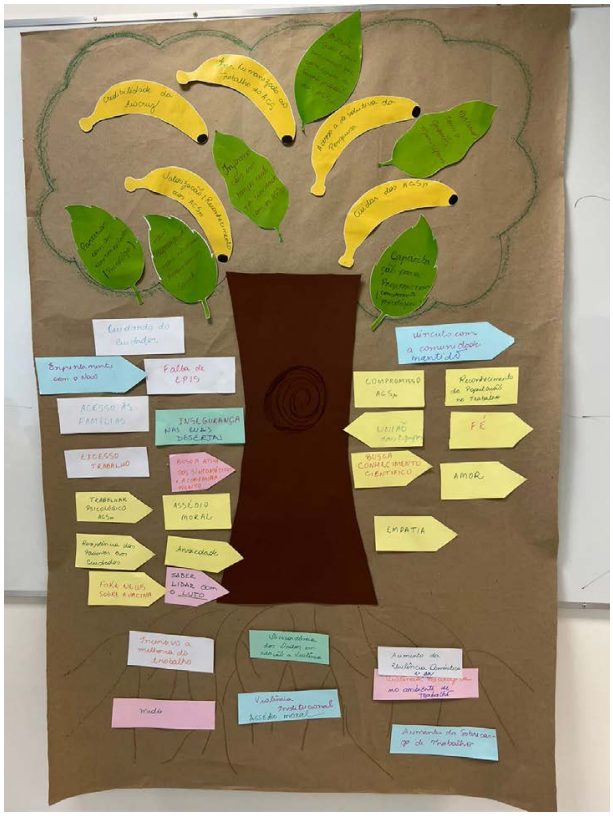

Figure 2. Photographic example of the collective tree constructed with community health workers in Fortaleza, Ceará, Brazil, 2022.

In the analytical and interpretative process of organizing the keywords into a database, the following steps were undertaken: a) comprehensive reading to understand the meaning of each keyword and identify its specific features; b) thematic identification and categorization; c) recognition and critical examination of explicit and implicit ideas within the participants' discourses; d) exploration of broader and underlying meanings embedded in the participants' accounts; e) dialogue among the identified and problematized ideas; and f) development of a synthetic and interpretative database, seeking to articulate the study objective, empirical findings, and the adopted theoretical framework[14].

To facilitate the operationalization of the keywords, the "Tag Cloud" technique was employed. This technique has been used as a qualitative data analysis tool in the health field and is based on the set of words that compose some text. It is characterized as a graphical, visual representation that displays the frequency and relevance of words according to their occurrence in the analyzed text[15,16,17,18].

The construction of the Tag Cloud consists of using different font sizes and styles according to the frequency with which words appear in the analyzed text. For this purpose, the free online software WordArt (https://wordart.com/) was used. Subsequently, the Word Clouds generated for each section of the tree were combined using the print layout module of QGIS 3.10, an open-source software package. This procedure enabled the integration of the Word Clouds into a tree-shaped format(Figure 3).

Qualified listening was the primary strategy adopted during the workshop. This tool makes it possible to gather information about individuals and contexts; thus, listening may be understood as the sensitivity to attend to what is communicated through verbal and nonverbal forms of expression[19]. All forms of discourse were valued, with due respect for differences and individual particularities.

Through the conversation circles, CHWs felt welcomed and reinforced the findings of the study. In summary, they deepened discussions about the realities experienced in their daily work and recorded these reflections on the trees through words representing their experiences, concerns, and suggestions for addressing the identified problems(Figure 3).

Figure 3. Final tree constructed with community health workers in Fortaleza, Ceará, Brazil, 2022.

The empirical categories derived from each guiding question of the conversation circles are presented below.

CHWs and their encounter with the research findings

As CHWs shared their perceptions of the study findings, a rich tapestry of emotions emerged, involving recollections of lived experiences and significant symbolic reflections on their work during the COVID-19 pandemic. Notably, the welcoming environment created through music and the horizontality fostered by the conversation circles may have contributed to an atmosphere of trust in which participants felt comfortable expressing their feelings openly.

In this context, the presentation of the research findings became a space for expression and meaning-making among CHWs, enabling the sharing of experiences related to COVID-19, violence, mental health, and work processes. The findings were perceived as impactful, discouraging, realistic, and frustrating. CHWs recognized their lived realities in the data presented and, to some extent, reported feelings of helplessness and unpreparedness when confronted with complex issues such as violence, COVID-19, and mental health.

The work of CHWs is closely intertwined with life in territories and communities. Consequently, they live alongside the challenges affecting these territories, including violence, and, by the very nature of their work, establish relationships with individuals and families[3,4,5,6]. Social problems within these communities appear to increase work-related mental health demands. For CHWs, living and working in the same territory means sharing the same problems, which makes their role particularly challenging[1,20,21,22].

Overall, CHWs reported feeling valued “by and through the research” and highlighted as a distinguishing feature the study’s sensitivity in prioritizing listening to their experiences regarding work processes developed within the

territories. The importance of CHWs in responding to COVID-19 was emphasized, particularly in monitoring activities, health promotion, disease prevention, and health education efforts[5,23]. The study findings also revealed a concentration of CHWs' activities and actions within Family Health Units on bureaucratic tasks, a phenomenon that has likewise been observed in other studies[5,24].

Prior to the pandemic, studies reported additional functions performed by CHWs, such as working at health unit reception desks[25,26,27] and scheduling medical appointments[27,28]. Although the study was conducted across multiple settings, the findings revealed recurring problems, violence being one of the most prominent. Furthermore, different forms of violence were mentioned, including domestic violence, workplace harassment, psychological violence, and institutional violence, as well as the association between drug use and violence, which was perceived as having intensified during the COVID-19 pandemic.

Violence within the territories was found to permeate the work of CHWs, generating numerous complications and repercussions. Within this context, participants reported experiencing fear and anxiety. The risk of infection resulting from workplace exposure, combined with precarious working conditions, work overload, stress, and violence itself, contributes to mental health problems among these professionals[29,30].

Thus, work and life within the territories are deeply intertwined and affect well-being, occupational health, professional performance, and the quality of services provided to the population[3,31]. According to the study findings, both the realities of CHWs' work and violence shaped the provision of healthcare during the COVID-19 pandemic. Previous studies have also highlighted the relationship between violence in large urban centers and organized crime and drug trafficking[6,21,32,33].

CHWs identified poor management, inadequate infrastructure, excessive bureaucracy, and the need for greater empathy within teams as important aspects to be considered in interpreting the findings. Working conditions during the pandemic were associated with increased risk of viral exposure[29,34], underscoring the need for greater investments, ranging from the provision of adequate working conditions to enhanced professional training and qualification.

Strengths and challenges in the work process of CHWs

Participants' statements revealed key ideas that were grouped into two major categories: strengths and challenges. Studies addressing the strengths of health actions and services often refer to their potential, possibilities, or conditions that enable actions or events to occur in ways that improve healthcare delivery[4,35,36]. Such studies also commonly identify challenges and weaknesses, pointing to procedures and actions needed to support the reorientation of services, whether related to infrastructure or work processes.

Based on the words expressed by CHWs, the following strengths were identified: empathy, bonding, listening, access, training, appreciation, support, and work. Additional elements associated with these expressions included creativity, resilience, persistence, respect, trust, lived experiences within the territory, solidarity, and team cohesion.

Empathy and bonding emerged as both strengths and challenges faced by CHWs in their daily efforts to address violence in population healthcare, as well as in their own work processes and mental health. Similarly, listening, support, appreciation, and professional training were identified as favorable conditions for work processes involving situations of violence[35].

These findings reinforce the relevance of CHWs' work in strengthening territories due to their close relationship with the community. Their role is also essential because of the attentive and caring nature of their work, which strengthens social bonds and supports Family Health teams[4].

The personal experiences of professionals working within the Brazilian Unified Health System (SUS), as well as their identification with service practices, have also been identified as strengths[36]. Welcoming practices, ease of access and participation, flexibility, appreciation of existing knowledge, collaborative activities, and teamwork, for example, were recognized as elements that contribute to the improvement of healthcare practices.

Regarding the challenges faced by CHWs in their daily work, violence and its numerous manifestations and connections with territorial realities were particularly prominent. Participants reported feelings of insecurity, communication barriers, difficulties in accessing services, weaknesses in intersectoral collaboration, limitations in care and support networks, and challenges in teamwork. Furthermore, the implications of broader social issues for violence became evident. Excessive bureaucracy was mentioned by more than one group and may be associated with communication difficulties and structural deficiencies in the workplace.

These challenges emerge both at the level of service organization and infrastructure and in relation to the preparation of professionals for work within the SUS[36]. The findings reinforce the need for concrete actions in the daily work of CHWs, whether through greater support and appreciation of their practices or through the development and implementation of tools capable of assisting them in the challenging environments in which they work.

Suggestions for improving CHWs' work processes

The corpus of this category emerged from participants' statements and from the leaf- and fruit-shaped figures included in the trees constructed during each conversation circle, which were subsequently systematized to guide the next stages of the research.

With an emphasis on professional training, participants suggested seminars, courses, conflict mediation workshops, training workshops, case studies, lectures, the development of socioemotional competencies, ethics courses, and alternative therapies. Regarding mental health support for participants, the following strategies were highlighted: psychological counseling, group therapy, support groups, caregiver support initiatives, greater recognition of the professional category, expansion of support networks, empathy, and a more humanized perspective toward the work of CHWs.

Concerning support for work processes, participants pointed to the need for annual uniforms, workplace safety measures, expansion of health teams, increased investment, improved physical infrastructure, and the provision of electronic equipment. Finally, special emphasis was placed on the development of strategies to address violence.

Regarding the recommendation of educational initiatives, the training of health professionals has been identified as a priority for reorienting professional practice and is supported by the Brazilian National Policy for Permanent Health Education. This policy proposes that pedagogical actions should take place within the daily work environment and be shaped by the concrete relationships established in health services, with the aim of improving organizational, interinstitutional, and intersectoral practices within Primary Health Care (PHC) teams[4,37].

Thus, it is essential that participants in educational processes feel included from the very beginning of their development. Such inclusion involves identifying learning needs as well as ensuring the appropriate implementation and follow-up of the educational activities offered.

When reflecting on educational processes, it is important to understand how those involved think and act in order to strengthen reflection and critical awareness, recognizing themselves as active subjects. In this sense, it is through critically reflecting on present and past practices that future practices can be improved[8].

From this perspective, the conversation circles conducted with CHWs uphold these principles and may help guide future educational initiatives aimed at these professionals. It is believed that this approach can foster dialogical and participatory educational processes capable of producing meaningful change. Particular emphasis should be placed on the importance of training initiatives that emerge from the professionals' own interests and needs, positioning them as active agents in their learning process.

Such educational initiatives incorporate active learning methodologies. These methodologies promote autonomous and participatory learning while fostering the knowledge, skills, and attitudes necessary to intervene in contexts characterized by uncertainty and complexity — such as those encountered in the daily work of the participants in this study.

Accordingly, the proposal put forward by CHWs for training on violence within the territories was embraced by the researchers, municipal managers, and participants. This represents an important step toward the reframing and transformation of healthcare practices.

One limitation of this study was the absence of more extensive individual testimonies from the CHWs who participated in the workshop. Nevertheless, the process unfolded through collective discussion, listening, and reflection among participants. The trees were planted by many hands working together in solidarity and investing in the soil so that they could ultimately grow and flourish. Nourished through dialogue, they revealed meanings and understandings that contributed to a deeper comprehension of CHWs' work contexts, cultivating both present and future commitments to the defense of SUS.

The return of research findings to participants is a right established by Research Ethics Committee regulations. The roots of these trees are grounded in a PHC work process that extends beyond institutional boundaries, embracing everyday life and the affective relationships built among people. These are hands that learn through bonds of solidarity and unite around the planting of trees, nurturing the territories and envisioning their future fruition.

FINAL CONSIDERATIONS

This report highlights three key aspects that warrant emphasis. The first concerns CHWs' engagement with the feedback of the research findings, including the confirmation of the results by participants and the reinterpretation of these findings through collective discussions conducted within their territories. A second important aspect relates to the active participation of CHWs in identifying both challenges and strengths for addressing the issues raised by the study. Finally, the third aspect concerns CHWs' recommendations regarding educational processes and support

mechanisms aimed at developing actions and tools to strengthen their work processes in territories where violence is experienced on a daily basis.

From this perspective, the integrated, participatory, and meaningful involvement of CHWs in research increases the likelihood of achieving desirable and tangible transformations that strengthen the SUS within the context of PHC and across its multiple dimensions. Consequently, such transformations are ultimately reflected in improvements in population health indicators.

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