





The historical process of the work of community health workers in primary health care: an integrative review

O processo histórico do trabalho do agente comunitário de saúde na atenção primária à saúde: uma revisão integrativa

El proceso histórico del trabajo de los agentes de salud comunitarios en la atención primaria de salud: una revisión integradora

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Abstract

Introduction: Community Health Workers (CHWs) play an essential role in health promotion and disease prevention by establishing bonds with the community, integrating into the multiprofessional team, and strengthening the services offered by Primary Health Care (PHC). **Objective:** To learn about the history of the work of Community Health Workers. **Methods:** An integrative literature review was carried out using the Population, Concept, and Context (PCC) strategy; data analysis was performed using content analysis based on Bardin. Eleven publications from 2018 to 2023 composed the sample. **Results:** The main categories identified in the reviewed articles were the roles performed by CHWs in their work activities, the relationship and bond established with the community, and the difficulties faced in performing their professional duties. **Conclusions:** CHWs are fundamental to the operationalization of the Family Health Strategy (FHS), caring for the population in specific areas as part of a multidisciplinary team, with community bonds allowing an accurate assessment of local needs. However, changes in the National Primary Care Policy (PNAB) guidelines and challenges posed by the pandemic have considerably affected their activities in PHC, transforming the reality of the health system and the quality of care, and requiring legitimate discussions among management, workers, and social movements.

Keywords: Community health workers; Primary health care; Work.

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Resumo

Introdução: O Agente Comunitário de Saúde (ACS) desempenha um papel essencial na promoção da saúde e na prevenção de doenças ao estabelecer vínculos com a comunidade, integrando-se à equipe multiprofissional e fortalecendo os serviços oferecidos pela Atenção Primária à Saúde (APS). **Objetivo:** Conhecer o processo histórico do trabalho do ACS. **Métodos:** Realizou-se uma revisão integrativa da literatura, na qual utilizou-se a estratégia População, Conceito e Contexto (PCC); já para a análise de dados, utilizou-se a análise de conteúdo baseada em Bardin. Onze publicações compuseram a amostra entre os anos de 2018 a 2023. **Resultados:** O papel desempenhado pelos ACSs em suas atividades laborais, a relação e o vínculo estabelecidos entre eles e a comunidade, e as dificuldades enfrentadas no desempenho de seu papel profissional foram as categorias prevalentes encontradas nos artigos discutidos. **Conclusões:** O ACS é fundamental na operacionalização da Estratégia Saúde da Família (ESF), cuidando da população em áreas específicas como parte da equipe multidisciplinar, de modo que o vínculo com a comunidade permite um diagnóstico real das necessidades locais. Contudo, verifica-se que mudanças nas diretrizes da Política Nacional de Atenção Básica (PNAB) e desafios da pandemia afetaram, consideravelmente, suas atividades na APS, transformando a realidade do sistema de saúde e da qualidade do cuidado, e requerendo discussões legítimas entre gestão, trabalhadores e movimentos sociais.

Palavras-chave: Agentes comunitários de saúde; Atenção primária à saúde; Trabalho.

Resumen

Introducción: El Agente Comunitario de Salud (ACS) desempeña un papel esencial en la promoción de la salud y la prevención de enfermedades. Establece vínculos con la comunidad, se integra al equipo multiprofesional y fortalece los servicios ofrecidos por la Atención Primaria de Salud (APS). **Objetivo:** Conocer la historia del trabajo del Agente Comunitario de Salud. **Métodos:** Se realizó una revisión bibliográfica integradora, en la que se utilizó la estrategia Población, Concepto y Contexto (PCC), y para el análisis de datos se utilizó el análisis de contenido basado en Bardin, 11 publicaciones conformaron la muestra entre los años 2018 a 2023. **Resultados:** El rol que desempeñan los TSC en sus actividades laborales, la relación y vínculo que se establece entre el TSC y la comunidad, y las dificultades que enfrentan en el desempeño de su rol profesional, fueron las categorías prevalentes encontradas en los artículos analizados. **Conclusiones:** Los TSC son fundamentales para la operacionalización del SFS, atendiendo a la población en áreas específicas como parte de un equipo multidisciplinario, de modo que el vínculo con la comunidad permita un diagnóstico real de las necesidades locales. Sin embargo, los cambios en las directrices del PNAB y los desafíos de la pandemia han afectado considerablemente su actuación en la APS, transformando la realidad del sistema de salud y la calidad de la atención, exigiendo discusiones legítimas entre gestores, trabajadores y movimientos sociales.

Palabras clave: Agentes comunitarios de salud; Atención primaria de salud; Trabajo.

INTRODUCTION

Community Health Workers (CHWs) play a critical role in health promotion and disease prevention by fostering community connections and exerting considerable influence on the healthcare process. As central members of the Family Health Strategy (FHS), CHWs integrate into multidisciplinary teams, thereby strengthening the services provided by Primary Health Care (PHC).¹

In PHC, CHWs play an essential role in developing health indicators and leading the implementation of care practices considered highly effective in preventing illness within the population. Their activities are primarily directed toward promoting health education, with the objective of improving quality of life.²

CHWs are key agents of social and political transformation within the community, carrying out continuous surveillance and serving as a channel of communication between the population and the PHC system. Among the responsibilities assigned, particular emphasis is placed on managing a designated area comprising no more than 750 individuals, defined according to demographic, epidemiological, and socioeconomic criteria.³

An important milestone in the management of care provided by these professionals was Ministerial Ordinance No. 2.488, issued on October 21, 2011, which established the National Primary Care Policy (*Política Nacional de Atenção Básica* – PNAB). This ordinance defined the responsibilities

of these professionals as an essential component of PHC, positioning the role as the main point of access for the population to the services offered by the Brazilian Unified Health System (*Sistema Único de Saúde* – SUS).⁴

This policy was later updated by Ministerial Ordinance No. 2.436/2017, introducing significant changes such as greater flexibility in the working hours of PHC professionals; a possible reduction in the number of CHWs within teams; and modifications to the duties of health professionals, which in turn required corresponding adjustments to care protocols.^{1,4}

For decades, the work of CHWs was regarded as essential to family health. However, the 2017 PNAB introduced a curative, biomedical, and hospital-centered management model — previously opposed by health movements — which diminished the CHW's capacity to identify the needs of the population. In addition, it permitted welfare-based interventions within the scope of these professionals' responsibilities, thereby undermining health education as a tool for prevention and health promotion.⁵

Understanding the historical trajectory of CHWs in PHC over nearly three decades is essential for improving public health policies and strengthening the services provided to the population. To this end, an integrative literature review was conducted to analyze and reflect on the changes and trends in CHW work, providing relevant insights for health professionals, managers, and researchers.

Recent research has examined the implications of changes in the role profile of CHWs, the daily routines of health teams, and the delivery of health care to the population. The 2017 PNAB, by consolidating concepts and reaffirming principles from earlier policies, has been the focus of extensive investigation.^{1,2,4}

This study therefore aimed to examine the historical development of CHW's activities, identifying the main characteristics and changes in their work, in order to provide relevant information on the challenges currently faced.

METHODS

Eligibility criteria

This study is an integrative literature review, characterized by the search, analysis, and synthesis of knowledge to address the guiding research question, with the objective of gathering, summarizing, and critically analyzing the available scientific evidence on the topic.⁶

The review was carried out in six stages:

1. Development of the topic and definition of the research question and objectives;
2. Definition of the search strategy, databases, and establishment of inclusion and exclusion criteria;
3. Literature search and creation of a database;
4. Categorization of studies and data extraction;
5. Analysis, interpretation, and discussion of results; and
6. Research synthesis.

The guiding research question was: “How has the work process of the Community Health Agent evolved in Brazil over the past six years?” This was structured according to the PCC acronym: Population = Community Health Agent; Concept = Work Process of the Community Health Agent; and Context = Brazil in the past six years.⁷

Using the Health Sciences Descriptors (*Descritores em Ciências da Saúde – DeCS*) platform, the terms “*Agente Comunitário de Saúde*,” “*Atenção Primária à Saúde*,” and “*Trabalho*” were identified as descriptors in Portuguese, with their English equivalents retrieved through the Medical Subject Headings (MeSH): “Community Health Workers,” “Primary Health Care,” and “Work.”

The following inclusion criteria were applied: national and/or international articles; published in Portuguese, Spanish, or English; original research articles and review studies; published within the last six years, from January 2018 to August 2023, following the publication of Ordinance No. 2.436/2017, which approved PNAB; and conducted within the Brazilian context. Exclusion criteria included articles unavailable in full text, experience reports, abstracts, theses, and dissertations.

Search and selection of studies

The descriptors were combined using the Boolean operator “AND” to create the search strategies applied in the selected databases, including PubMed (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), Scopus, ScienceDirect, and Scientific Electronic Library Online (SciELO), as detailed in Chart 1. Additionally, the reference lists of the selected articles were reviewed to identify other potentially relevant studies.

The study selection process was carried out in stages. First, searches were performed in the relevant databases, followed by the removal of duplicates using Rayyan software. Titles containing at least one of the predefined descriptors were then selected. Subsequently, relevant abstracts were evaluated, and finally, full texts were reviewed and selected according to the established eligibility criteria.

The search strategy was applied between August 15 and 24, 2023. Following the application of language and timeframe filters, full-text articles were included, as summarized in Chart 1.

The identified articles were initially screened by evaluating their titles and subsequently imported into Rayyan Web (<http://rayyan.qcri.org>) for the second stage of evaluation.

In this second stage, which involved assessing the publications’ adherence to the inclusion criteria, the researcher screened the articles by reading the abstracts and subsequently categorizing each article.

The included studies were organized in Microsoft Excel, version 2022, with the following information recorded for each study: database, author, year of publication, title, objective, study design, data collection location, and main results.

Chart 1. Strings used in the databases and search strategies adopted in the research.

Database	Search strategy	Initial results	Filters applied
PubMed	((“Community Health Workers” [Mesh]) AND “Primary Health Care” [Mesh]) AND “Work” [Mesh]	13	8
Lilacs	“Agente comunitário de saúde” AND “Atenção primária à saúde” AND Trabalho	206	73
Scopus	“Community Health Workers” AND “Primary Health Care” AND Work	57	25
ScienceDirect	“Community Health Workers” AND “Primary Health Care” AND Work	1.505	475
SciELO	“Community Health Workers” AND “Primary Health Care” AND Work	179	80
Total		1.960	661

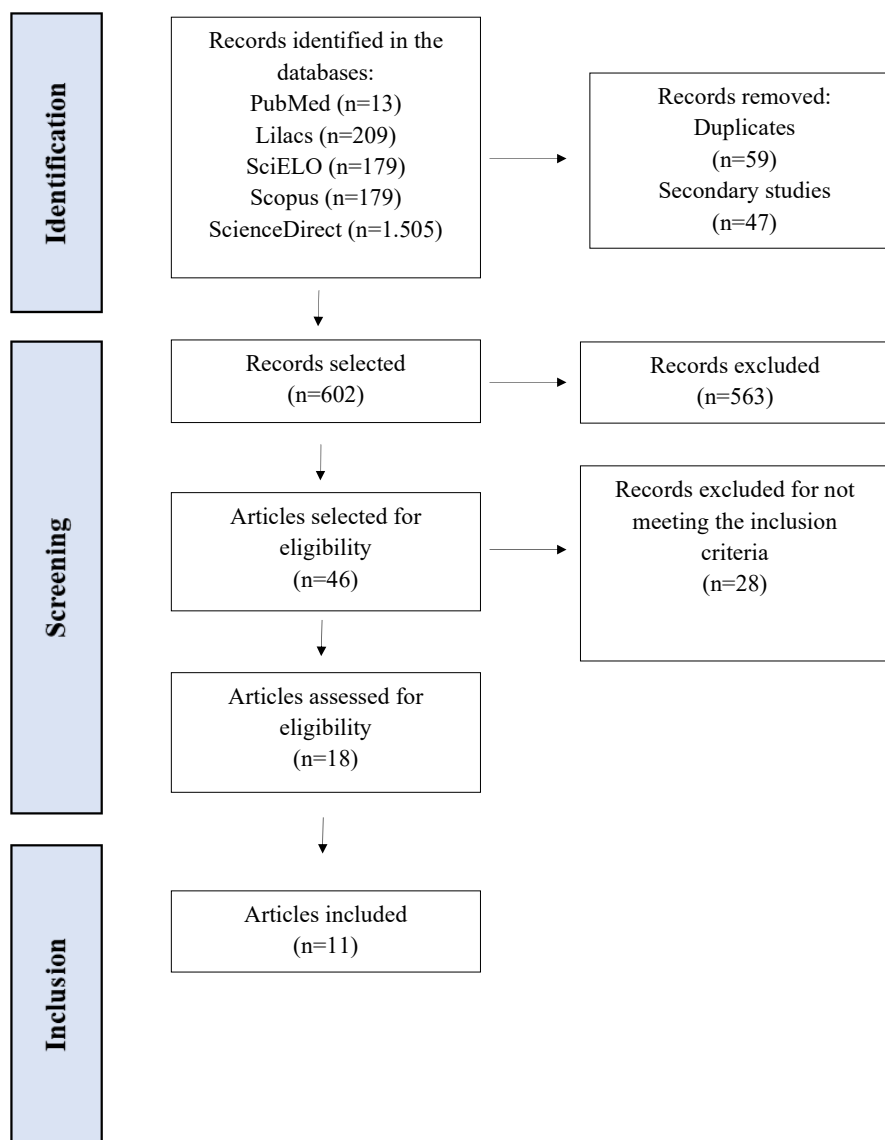
Source: Prepared by the author.

Data analysis

Extracted data were analyzed using an inductive approach, which enables broader conclusions to be drawn by inferring general ideas from specific observational data. Bardin's content analysis method was employed — consisting of three stages: preliminary analysis, material exploration, and processing and interpretation of results.⁸

The final manuscript of this review adhered to the PRISMA 2020 checklist, aimed at supporting systematic reviewers in transparently presenting the rationale for conducting the review, the methods employed, and the results obtained.⁹⁻¹¹

Figure 1 illustrates the process of identifying, screening, determining eligibility, and including publications based on the consulted databases. Initially, 1,960 publications were identified. After removing



Source: Prepared by the author (2024).

Figure 1. Flowchart of the selection of publications included in the present review. Senhor do Bonfim (BA), 2024.

duplicates and applying the inclusion and exclusion criteria, 18 publications remained. Following full-text review, 11 publications were ultimately included in the sample.

The publications were classified according to levels of evidence, organized hierarchically by the Agency for Healthcare Research and Quality (AHRQ) based on the research design, that is, the methodological approach used to conduct each study.

This categorization occurs in six levels, namely:

Level 1: meta-analysis of multiple controlled studies;

Level 2: experimental studies;

Level 3: quasi-experimental studies, non-randomized studies, time series, or case-control studies;

Level 4: non-experimental, descriptive, correlational, qualitative studies, or case studies;

Level 5: case reports or systematically obtained data of verifiable quality, or program evaluation data;

Level 6: opinions of authorities and experts.^{12,13}

Given that the methodology was limited to the use of published data, submission to a Research Ethics Committee was not required. Nevertheless, ethical and legal standards were upheld, and the study did not involve human participants at any stage.

RESULTS

Based on the search strategy employed in this review, eight articles were retrieved from the SciELO database and three from Scopus. The 11 articles included were published in national and international journals affiliated with higher education institutions, highlighting their significance in the production of scientific knowledge on the topic.

With respect to the year of publication, 2021 and 2022 had the highest number of articles, with three published in each year. In 2018, two publications were recorded, while in other years (2019, 2020, and 2023), one publication was selected for each year.

Concerning the geographic distribution of the studies, the highest number of publications was from the South region (4), followed by the Northeast (3), Southeast (2), and North (1) regions. No publications were identified from the Central-West region, and one study included had a national scope.

Four articles were classified at level 3 of evidence, corresponding to quasi-experimental studies; six were at level 4, representing non-experimental/qualitative descriptive studies, and one was at level 5, originating from a case study.

The available evidence on the work of CHWs, derived from the final sample of 11 articles, was synthesized according to title, year, journal, author, methods, central findings, and level of evidence, as presented in Chart 2¹⁴⁻²⁴.

Based on the primary findings reported by the authors of the selected articles, three categories were defined for the analysis and discussion of the topic. The studies were grouped accordingly to address the objective of the present review, as summarized in Chart 3¹⁴⁻²⁴.

DISCUSSION

The analysis was organized into three main categories. The first focused on the characteristics of the CHW's work and examined the role they play in their professional activities. The second category

Chart 2. Description of the articles included in the integrative literature review, according to title, journal, author/year, method, region, central ideas, and level of evidence, regarding the work of Community Health Workers, 2024.

No.	Reference	Title	Journal	Method	Region of Brazil	Central ideas	Level of evidence
01	França et al. ¹⁴	Characteristics of the community health agent's work in the COVID-19 pandemic in municipalities of Northeastern Brazil	Science & Public Health	Qualitative study	Northeast	Scarcity in working conditions and in the characteristics of the work carried out by CHWs.	4
02	Nepomuceno et al. ¹⁵	The work of community Health Workers in light of communities of Practice theory	Science & Public Health	Qualitative study	Northeast	CHWs' participation in the FHS is marked by community engagement.	4
03	Lima et al. ¹⁶	The work process for community health agents: contributions to care in remote rural territories in Amazonia, Brazil	Public Health Notebooks	Qualitative study	North	The scope of practices and qualification for the work.	4
04	Lopes et al. ¹⁷	The workload of the community health agent: research and assistance in the perspective of convergent-care.	Text and Context Nursing	Qualitative study	South	CHWs experience intense physical overload, cognitive demands, and mental strain.	4
05	Barros e Cecílio ¹⁸	Between the 'great politics' and the self-government of Community Health Agents: the challenges of micropolitics in Primary Health Care	Health Debate	Qualitative study	Southeast	It has been shown that CHWs have become "multi-purpose workers."	4
06	Nunes et al. ¹⁹	Between suffering and health: considerations about the Community Health Agent's work	APS Magazine	Qualitative study	South	Role of CHWs; relationship with the health team; and the suffering of CHWs.	4
07	Broch et al. ²⁰	Social determinants of health and community health agent work	Rev Esc Enferm USP	Qualitative study	South	CHWs' work and the social determinants of health.	4
08	Nóbrega et al. ²¹	The changes in work process of community health agent in Brazil during the COVID-19 pandemic	Journal of Medical and Biological Sciences	Quantitative study	Brazil	Amid the COVID-19 pandemic, prevention and health promotion actions were the most affected.	3

Continue...

Chart 2. Continuation.

No.	Reference	Title	Journal	Method	Region of Brazil	Central ideas	Level of evidence
09	Faria et al. ²²	Occupational stress, work engagement and coping strategies in Community Health Workers.	Rene Magazine	Quantitative study	Southeast	A high percentage of professionals experience significant occupational stress.	3
10	Barreto et al. ²³	Complexity and potentiality of the Community Health Workers' labor in contemporary Brazil	Health Debate Magazine	Quantitative and qualitative study	Northeast	The scope of CHWs' practices is complex and comprehensive, including the coordination of public policies in the territory.	3
11	Martins e Carbonai ²⁴	Between bond and distance: challenges in the performance of Community Health Workers	Brazilian Journal of Social Sciences	Qualitative study	South	CHWs are an important link between vulnerable populations and the health system.	3

CHW: Community Health Worker; FHS: Family Health Strategy.

Source: Prepared by the author.

Chart 3. Description of the articles according to the categories of analysis and discussion of the theme.

Categories	Title	Reference
1. Characteristics of the work of CHWs.	Characteristics of the work of community health agents during the COVID-19 pandemic in municipalities of Northeast Brazil.	França et al. ¹⁴
	The work process of community health workers: Contributions to care in remote rural territories of the Amazon, Brazil.	Lima et al. ¹⁶
	Workloads of community health workers: Research and assistance from a convergent-assistance perspective.	Lopes et al. ¹⁷
	Changes in the work process of Community Health Workers in Brazil during the COVID-19 pandemic.	Nóbrega et al. ²¹
2. The relationship established between CHWs and the community.	Complexity and potential of the work of community health workers in contemporary Brazil.	Barreto et al. ²³
	Between bonding and distancing: challenges in the work of Community Health Workers.	Martins e Carbonai ²⁴
3. Difficulties faced by CHWs in performing their professional role.	The work of Community Health Workers in light of the Communities of Practice Theory.	Nepomuceno et al. ¹⁵
	Between 'high politics' and the self-governance of Community Health Workers: challenges of the micropolitics of primary care.	Barros e Cecílio ¹⁸
	Between suffering and health: considerations on the work of Community Health Workers.	Nunes et al. ¹⁹
	Occupational stress, work engagement and coping strategies in Community Health Workers.	Faria et al. ²²
	Social determinants of health and the work of community health workers.	Broch et al. ²⁰

Source: Prepared by the author.

explored the relationships and bonds established between CHWs and the community, while the third addressed the challenges CHWs encounter in performing their duties, classifying the various aspects that comprise their work.

Category 1: Characteristics of the Community Health Worker's work

The work of CHWs is fundamental for promoting health within the communities they serve. Several studies emphasize the characteristics of this work, highlighting both their formal responsibilities and the challenges encountered in daily practice.

Their responsibilities encompass activities conducted within the community, including monitoring the community's health status, providing preventive guidance, collecting relevant public health information, facilitating tests and specialized consultations, and identifying emerging needs. In addition to these tasks, CHWs operate in situations of risk and vulnerability, offering support to families to ensure access to health services.²⁵

Home visits constitute one of the primary activities of CHWs, serving as a crucial link between health services and community members.²⁶ These visits are recognized as essential for objectives ranging from citizen registration to direct care and the provision of vital health-related information.

However, it is important to note that, as observed by Nóbrega et al.,²¹ there has been a reduction in home visits over time, which warrants attention from health managers and raises concerns regarding the effectiveness and reach of the services provided.

Although visits prioritize monitoring of priority groups established by the Ministry of Health, such as children under 2 years of age, pregnant women, postpartum women, hypertensive patients, diabetics, and bedridden or homebound people, the daily reality of these professionals reveals diverse and complex demands, which often exceed the limits of programmatic actions, leading to non-compliance with visits.²⁷

A study conducted by Katzen et al.²⁸ in South Africa emphasized the importance of home visits for identifying individuals in vulnerable situations. For example, the study identified mothers who had attended fewer than four prenatal appointments, had not adhered to the recommended period of exclusive breastfeeding, or were victims of domestic violence. These findings underscore gaps in care and highlight the necessity of ongoing, scheduled home visits by CHWs.

This reality exposes CHWs to a wide range of demands across the health system, often encompassing complex social and family issues. Such situations, which are frequently inadequately addressed — at the institutional level — and extend beyond established programmatic guidelines, underscore the significance of CHWs' comprehensive work within the community context.^{23,27,28}

The study conducted by Lopes et al.¹⁷ provides important insights into the challenges encountered by CHWs in their daily work. Continuous exposure within the community, precarious working conditions, often inadequate health facility infrastructure, risk of violence, and workplace pressures collectively contribute to burnout and heightened vulnerability among these professionals.

In addition to physical issues, CHWs face challenges related to a lack of recognition and appreciation for their work, as well as deficient technical training. The lack of adequate working conditions, such as personal protective equipment and logistical support, also compromises the effectiveness and well-being of CHWs.¹⁷

A study conducted in the Southern region of Brazil supports the findings of this review by highlighting a mischaracterization of the CHWs' role. This is attributed to insecurity and the scarcity of public facilities — such as educational, recreational, and cultural resources — which can restrict community activities to health facilities and limit the participation of users facing mobility and access challenges.²⁰

Additional challenges include difficulties in expanding primary care in the country, particularly due to precarious infrastructure that hampers the organization of services from an interprofessional perspective. Furthermore, critical weaknesses within the care networks, especially at the primary care level, exacerbate these challenges.²⁰

Studies by Lopes et al.¹⁷ and Broch et al.²⁰ support previous findings, emphasizing the physical, cognitive, and psychological burdens faced by CHWs in their daily work. Exposure to adverse conditions, including infectious diseases, solar radiation, and accident risks, combined with constant productivity demands, creates a challenging work environment that increases susceptibility to illness and, consequently, may compromise the quality of care.

Productivity demands imposed by managers, coupled with inadequate working conditions, contribute to increased burnout among CHWs. The lack of recognition and excessive pressure to meet targets further intensify the stress experienced by these professionals. Additionally, shortcomings in the CHW training process are a cause for concern, given the complex nature of their work in addressing the population's diverse needs.¹⁷

The increasing complexity of CHWs' work involves the need to implement health promotion and surveillance activities across all areas and stages of the users' life cycle. This must take into account the evolving epidemiological landscape, including the persistence and resurgence of diseases, and necessitates ongoing professional education.²³

It is essential to reassess the training provided to these professionals, given the breadth of their role. The professionalization of CHWs requires an approach tailored to the local context in which they operate. This approach is warranted by the significant influence of cultural factors on various aspects of people's lives, which inevitably extends to the health of CHWs.¹⁹

In this context, the technical training for CHWs, offered by the National Council of Municipal Health Secretariats (*Conselho Nacional de Secretarias Municipais de Saúde – Conasems*), aims to develop the knowledge and skills necessary to enhance performance in PHC territories. The program seeks to strengthen the professionals' "know-how" by integrating knowledge and practical skills, thereby expanding the capacity and quality of CHW work.^{29,30}

It is important to note that during the COVID-19 pandemic, the work of CHWs was reorganized, presenting new challenges and requiring adjustments within the health system.^{14,21} The study by Fernandez et al.²⁷ further underscores the difficulties faced by CHWs, ranging from physical and mental risks to uncertainties regarding their post-pandemic responsibilities, and highlights the need to consider the weakening of the previously established PHC care model.

This category emphasized the characteristics of CHWs' work and the various challenges they have faced over time. The analysis illustrates the continuous changes in the environments in which they operate, underscoring the ongoing need for adaptation and the importance of continuous training to enable these professionals to respond effectively to recent transformations in the healthcare system.

Category 2: The relationship established between the Community Health Worker and the Community

The CHW plays a crucial role in establishing trust and reinforcing connections between the health team and the community they serve. Developing strong community bonds enables a deeper understanding of both individual and collective needs within the territory.³¹

The relationship between individuals and CHWs is a key factor in the effectiveness of health actions within the territory. Positive outcomes occur when CHWs listen attentively to people's needs, facilitating health interventions. Stronger bonds enhance freedom of expression and foster closer connections between CHWs and the community.³²

The significance of the bond established by the CHW stems from their responsiveness to the population's needs. To provide appropriate care, CHWs must possess prior knowledge encompassing both scientific understanding and local knowledge, enabling them to offer a safe and welcoming environment grounded in values of solidarity. This capacity allows CHWs to identify health needs that often remain invisible to traditional services, thereby delivering unique and tailored care to the community.²⁴

The responsibility of CHWs to engage deeply with the community, diagnosing vulnerabilities and addressing cultural issues by integrating local knowledge with scientific understanding, can only be fulfilled when bonding and dialogue are used as essential tools in their work.²⁴

The interaction of CHWs with the population is essential for identifying community needs. However, the structure of health care networks does not always align seamlessly with community diagnoses, which can hinder the resolution of health problems within the territory.²⁴

In many municipalities, individuals often lack direct access to the health system to voice their concerns and needs. Consequently, CHWs play a crucial role by acting as mediators between the community and the care network, helping to reduce barriers to accessing health services.²⁴

As agents of social and political transformation, maintaining connections with both the community and the health team under the regulation of federal, state, and municipal authorities, CHWs plays a pivotal role in delivering state-organized resources and knowledge to families in need. This facilitates not only the fostering of community solidarity but also access to social rights, including health and other aspects of social well-being.³³

Thus, the role of the CHW is to mediate between the interests and needs of the population and the health team through close community engagement. Effective interaction requires that CHWs possess a degree of political and economic autonomy from the state apparatus. Unfortunately, this condition is often unmet, leading to conflict and psychological and emotional strain.³³

Supporting this notion, studies indicate that living and working within the same community has contributed to health issues among CHWs. The lack of separation between professional and personal life amplifies the burden of community problems, resulting in burnout and misunderstandings within the community regarding the distinction between the CHW as a worker and the CHW as an individual.^{34,35}

Thus, by living in the same area in which they work, CHWs become vulnerable in their relationships with the community, highlighting the need to reconsider the bond as a work tool, a concept that has been strongly advocated by health movements from 1990 to the present.³⁵

Category 3: Difficulties faced by Community Health Workers in performing their professional role

Several challenges related to recent changes in the profession's regulations have been identified in the daily work of CHWs. Key issues include inadequate infrastructure in health units, regional vulnerabilities, and an extensive workload, which often compromise the quality of care.

The study by Lino et al.³⁶ identified inadequate infrastructure in health units as the primary barrier to CHWs' professional practice, particularly in areas that are difficult to access for individuals with mobility impairments. The geographic location and size of health services influence accessibility, which is essential for upholding the principles and guidelines of SUS.

Health units frequently fail to meet the physical infrastructure standards recommended by the Ministry of Health. In addition to shortages of supplies, the study highlighted deficiencies in the effective management of the FHS, which directly impact the quality of care provided to service users.³⁷

Also notable are deficiencies in technical training, inadequate workplace support, and exposure to violence, which are significant factors limiting the performance of CHWs in accordance with PNAB recommendations. Lifelong learning and participatory management are emphasized as key strategies for enhancing work effectiveness.²³

Contributing to a broader understanding of the challenges faced by CHWs, Nunes et al.¹⁹ found, through content analysis of field diaries and interviews, that CHWs experience distress related to social vulnerabilities, reflecting the demographic and socioeconomic characteristics of the territories in which they work.

In this context, the findings indicate that these vulnerabilities, combined with poor health conditions and limited access to basic social rights, contribute to high rates of violence and crime, which are further exacerbated by unemployment and social isolation. This environment leads to increased domestic violence and elevated homicide rates, generating social inequalities and exclusion that perpetuate or intensify violence in interpersonal relationships. These factors directly affect the work of CHWs operating in these communities.³⁸

However, health conditionalities, such as vaccination, nutritional monitoring, and prenatal care, which are integral to the FHS, can serve as opportunities to engage users more closely with health services. Moreover, these conditionalities highlight the need for intra- and intersectoral coordination, contributing to the reorganization of FHS activities and better addressing the health needs of the population.^{38,39}

Silva et al.¹ highlight in their study the changes introduced by the 2017 PNAB and their potential impacts on the work of health professionals, particularly the role of CHWs. The policy assigns new responsibilities to these professionals — which may compromise existing duties —, such as home visits, reducing the time available for family monitoring and potentially increasing overall workload.

In addition to their community-based responsibilities, CHWs are frequently assigned administrative tasks, reception duties, and general services. This combination of responsibilities, along with the high volume of home visits, not only overburdens CHWs but may also compromise the quality of care delivered to the population.⁵

This additional workload is perceived negatively by CHWs, as it consumes valuable time that could be devoted to direct community activities. For example, analyzing the social, economic, cultural, demographic, and epidemiological characteristics of the territory to identify priorities and develop strategic plans for family health teams is often not prioritized by local management.⁴⁰

In this context, productivity targets, which increase documentation requirements and contribute to the bureaucratization of tasks, adversely affect the execution of home visits, thereby impacting family care.⁴¹

Research by Broch et al.²⁰ confirms that CHWs face significant physical demands due to continuous community exposure, as well as cognitive demands from managing accumulated technical information and psychological strain arising from fragile interpersonal relationships — all of which contribute to work overload.

CHWs are exposed to adverse physical conditions, including intense summer heat, noise, vibrations, humidity, odors, dust, and poor ventilation in homes, as well as biological risks from microorganisms — increasing the incidence of illnesses such as influenza, tuberculosis, and other infections. These factors further exacerbate challenges and directly affect their professional performance over time.^{22,42}

During the COVID-19 pandemic, CHWs faced limited knowledge and increased exposure to the virus, highlighting the need to ensure health safety and prompting a comprehensive restructuring of their work environment and care protocols. These changes led to modifications in the care model provided by CHWs, aimed at reducing risks to professionals while protecting the community.^{14,43}

However, CHWs have faced multiple challenges related to work demands, including the need to adapt to changes shaped by historical, social, and political processes; enduring physical and psychological exhaustion; and a lack of professional recognition.⁴⁴

This category, therefore, faces challenges related to labor demands, highlighting the need for discussions on changes and adaptations in professional regulations to ensure that CHWs can provide high-quality care in accordance with the principles and guidelines of SUS.

CONCLUSION

The role of the CHW is essential, serving a central function in the delivery of PHC. As members of both the health team and the community, CHWs acquire in-depth knowledge of local needs through frequent contact with families, positioning them not only as a liaison but also as an agent of social and political transformation.

Over time, the work of CHWs has undergone significant changes, formalized by the PNAB, which have complicated their work processes and created challenges for both the health service and the community. These changes have notably affected the PHC model, influencing the quality of care delivered to the population.

The role of CHWs is to promote health within communities, despite facing numerous challenges such as precarious working conditions, lack of recognition, and insufficient support. Consequently, reformulating public policies and practices related to CHWs' work is essential.

This study contributed to the understanding and analysis of the historical evolution of CHW work, highlighting that their responsibilities are broad, complex, and indispensable to the effective functioning of the health system. In light of past, ongoing, and anticipated changes, there is a pressing need for further research to enhance the quality and value of care provided to the population.

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CONFLICT OF INTERESTS

Nothing to declare.

AUHTORS' CONTRIBUTIONS

JJS: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing. SGN: Writing – review & editing Investigation, Methodology, Funding acquisition, Resources, Software, Supervision, Validation, Visualization. ESA: Writing – review & editing, Investigation, Methodology. TAM: Writing – review & editing, Investigation, Methodology. AAC: Supervision, Validation, Visualization.

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