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Forum Theater: a methodology for the work process of Community Health Workers*

Teatro Fórum: uma metodologia para o processo de trabalho dos agentes comunitários de saúde

Teatro Foro: una metodología para el proceso de trabajo de los agentes comunitarios de salud

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Abstract

Objective: to present Forum Theater as a methodology of Permanent Health Education (PHE) for the work process of Community Health Workers (CHWs), based on their perceptions of the daily routine of services and the use of theatrical techniques to address reality. **Method:** descriptive, qualitative research conducted in 2019 with 10 CHWs in Rio de Janeiro. Forum Theater and semi-structured interviews were applied, along with thematic analysis. **Results:** CHW identified the complexity of their work processes and reported on the development of actions: Welcoming, registration, and follow-up of families. Forum Theater was a methodology for qualifying their work processes through in-service training with a problematizing characteristic. **Conclusion:** Forum Theater is appropriate for the development of PHE with CHWs, as it enables participatory spaces, listening, and collective analysis of everyday problems, envisioning social transformations.

Descriptors: Community Health Workers; Primary Health Care; Communication; Education, Continuing; Work

Resumo

Objetivo: apresentar o Teatro Fórum como uma metodologia de Educação Permanente em Saúde (EPS) para o processo de trabalho dos Agentes Comunitários de Saúde (ACS), a partir das suas percepções sobre o cotidiano dos serviços e da utilização da técnica teatral para a abordagem da realidade. **Método:** pesquisa descritiva, qualitativa, realizada em 2019, com 10 ACS, no Rio de Janeiro. Aplicaram-se o Teatro Fórum e entrevistas semiestruturadas, e a análise temática. **Resultados:** ACS identificaram a complexidade de seus processos de trabalho e

relataram o desenvolvimento das ações: acolhimento, registros e seguimento das famílias. O Teatro Fórum foi uma metodologia para qualificar seus processos de trabalho, por meio da formação em serviço, com característica problematizadora. **Conclusão:** o Teatro Fórum é apropriado no desenvolvimento da EPS junto aos ACS, pois possibilita espaços participativos, escuta e análise coletiva dos problemas do cotidiano, vislumbra transformações sociais.
Descritores: Agentes Comunitários de Saúde; Atenção Primária à Saúde; Comunicação; Educação Continuada; Trabalho

Resumen

Objetivo: presentar el Teatro Foro como una metodología de Educación Permanente en Salud (EPS) para el proceso de trabajo de los Agentes Comunitarios de Salud (ACS), a partir de sus percepciones sobre el día a día de los servicios y el uso de la técnica teatral para abordar la realidad. **Método**: investigación descriptiva y cualitativa, realizada en 2019, con 10 ACS, en Río de Janeiro. Se aplicaron el Teatro Foro y entrevistas semiestructuradas, así como el análisis temático. **Resultados**: los ACS identificaron la complejidad de sus procesos de trabajo e informaron sobre el desarrollo de las acciones: acogida, registros y seguimiento de las familias. El Teatro Foro fue una metodología para cualificar sus procesos de trabajo, a través de la formación en el servicio, con características problematizadoras. **Conclusión**: el Teatro Foro es adecuado para el desarrollo de la EPS junto con los ACS, ya que permite espacios participativos, la escucha y el análisis colectivo de los problemas cotidianos, y vislumbra transformaciones sociales.
Descriptores: Agentes Comunitarios de Salud; Atención Primaria de Salud; Comunicación; Educación Continua; Trabajo

Introduction

Building participatory, innovative spaces for listening and collective analysis of everyday problems in services is a challenge for Public Health Policies and one of the main objectives of the Permanent Health Education Policy (PHE).[1]

In order to improve the work of Community Health Workers (CHW), it is necessary to invest in problematic in-service training so that changes can be made in work processes, quality of care, and the territory. To this end, such changes are considered PHE actions.

The health work process takes place in the daily encounter in the service milieu, which is permeated by emotions, subjectivities, and singularities.[2] These subjectivities are concretely expressed through ideas, spreadsheets, protocols, manuals, care, bonds, negotiations, and conflicts, which have repercussions on care, management, and access to health.[3]

With regard to the production of care by CHWs in the Family Health Strategy (FHS), these workers are self-governing in the sense that they have the possibility to decide what to do and how to do it. This flexibility, to act on an instituting coherence of

care provision, is anchored in living work. However, such possibilities for decision-making and choice do not mean that CHWs are free in the sense of liberty.[2]

The way services are organized, for example, can directly or indirectly influence the CHW's work process. Conflicts within the team, tensions in the territory, the logic of scientific medical knowledge (commanded by dead labor expressed by capital and technology), and disputes over the supremacy of care production are among the factors that most interfere with the decisions and choices of these workers. CHWs, in the exercise of their practice, therefore reveal themselves to be provocative actors in the exchange between popular knowledge and knowledge considered scientific.

The knowledge, lores and practices that guide the CHW's health work are centered on health surveillance, actions to control risks to certain diseases, and programmatic actions for specific groups, such as hypertensive patients, diabetics, children, and pregnant women. Although they involve prevention, control, and health protection, their activities make use of creativity, solidarity, and welcoming.[4]

The discussion about the CHWs' work process can be conducted through PHE, a powerful strategy for promoting learning based on the workers' own analyses. Therefore, it is considered that conducting research that problematizes, in an unconventional way, the situations experienced by CHWs with the population and the territory is important for producing reflections and stimulating positive changes in health practices.

Considering this relevance, our study borrows the Forum Theater technique, part of the Theater of the Oppressed developed by Augusto Boal,[5] as a methodology to problematize the work processes of CHWs in two teams of the FHS of a Municipal Health Center in the northern zone of the city of Rio de Janeiro, Rio de Janeiro (RJ).

This approach was based on the understanding that PHE and Forum Theater aim at social transformations in everyday life. Different connections can be created between the Theater of the Oppressed and the work processes in a basic unit, allowing for inventiveness in arrangements, considering the dialogue between social actors in a given scenario. This dialogue should be enhanced from a critical perspective of reinvention, change, and innovation in the work process.[6]

Considering the above, this study aims to present Forum Theater as a HPS

methodology for the work process of CHWs, based on their perceptions of the daily routine of services and the use of theatrical techniques in addressing reality.

Forum Theater and its use with CHWs from two FHS teams in Rio de Janeiro

The Theater of the Oppressed was founded by Brazilian theater scholar Augusto Boal. It consists of an artistic and pedagogical proposal aimed at determining the performance, debate, reflection, and transformation of individuals and processes that are related through scenic action.[5]

Theatrical techniques are called Forum Theater, image theater, invisible theater, newspaper theater, rainbow of desire, legislative theater, and direct actions.[5,7] These have distinct characteristics and can be used in different circumstances.

The Forum Theater technique consists of presenting a play containing a problem for which a solution is sought. The presentation develops until the moment of "crisis," when the protagonist must make a decision. The scene is interrupted, and the audience is asked what should be done to resolve the problem in question.

Each "spect-actor" participates with a suggestion, and the actors on stage improvise the scene, one by one, until all suggestions are exhausted. Until then, the stage is dominated by the "owners," the actors. However, for Boal, it is possible to involve the audience in the action.[8]

The technique requires that the scene to be presented be based on facts and, to a certain extent, involve conflicts between the oppressed and the oppressors. It is hoped that the staging of the conflict will stimulate the search for a solution. To this end, the "spect-actors" are invited to enter and interfere in the scene to propose other outcomes.

In Forum Theater, there is no conventional script, as the actions are improvised, which can foster debate on public issues, stimulate the creativity of those involved, and encourage the team to propose alternatives to service issues, always from the perspective of transformation.

In this study, it was adopted to encourage discussion of the work processes and daily lives of the agents. The target audience consisted of the professionals themselves, and the resources necessary for its application in health services

involved a space for staging, the CHWs to act as actors and spectators, and a professional who acted as a joker.

In applying Forum Theater as PHE methodology for CHWs, it is necessary to consider the existence of certain elements: a joker (a properly trained mediator); actors/spectators (the CHWs themselves); the selection of the topic to be discussed; and the conclusion of the staging.

The joker, who acts as a mediator, plays a preliminary role, dealing with political, cultural, aesthetic, and artistic issues. Professional training is required for the role of joker. However, it is worth noting that it is also possible to carry out such actions through other arrangements: through the training of community leaders who can become jokers in Theater of the Oppressed training centers; and through the establishment of partnerships with jokers for the development of projects and actions.[9]

Regarding the choice of the topic to be discussed, this should be chosen by the professionals themselves. The conclusion, in turn, should promote dialogue between the subjects and envision the transformation of the problematic reality.

The performances in this study were held on August 20 and September 5 in a room at a Municipal Health Center in the city of Rio de Janeiro, RJ. The plays lasted an average of 60 minutes and included the participation of all 10 CHWs linked to the two FHS teams. The plays addressed the following themes: the planning and organization of home visits, the division of labor between the CHWs and the other team members, the fact that the CHWs did not feel "heard" or "belonging" to the team, and the fact that they knew the territory and users better than the other professionals. The joker was the principal investigator herself, a nurse who trained at a Theater of the Oppressed school in the city of Rio de Janeiro, RJ. The conclusion was the repositioning of the CHWs alongside the other team members.

Method

This was a descriptive study with a qualitative approach,[10] in which the quality and transparency of the writing were verified by the *Consolidated Criteria for Reporting Qualitative Research* (COREQ) checklist.[11]

The study was conducted in two FHS teams at a Municipal Health Center located

in the northern zone of the municipality of Rio de Janeiro, RJ, belonging to the Programmatic Area Health Coordination (CAP) 3.1.

The inclusion criteria were defined as all professionals working as CHWs in these two FHS teams (n=10). Although those who were on sick leave and/or vacation during data collection were excluded, all possible CHWs participated, with no refusals or withdrawals. The invitation to participate was made by the principal investigator at the end of a team meeting, when the objectives and procedures to be adopted in the study were presented.

Data collection was carried out between August and September 2019, at the participants' workplace, through interviews with a semi-structured script. This script consisted of two parts: the first containing questions that allowed us to learn about the professionals' profiles; and the second with questions related to the work process, daily routine, and HPA actions in the FHS, including the Forum Theater, previously performed. The interview script was tested with a CHW from another basic health unit.

At the time of the interview, only the principal investigator and the respondent were present. The conversations, with an average duration of 25 minutes, were recorded with the aid of a digital recorder. Personal notes from the field diary, taken at the end of each interview, made it possible to relive the research situations, contributing to the interpretation of the findings.

Data analysis, based on the principles of the National Policy for Permanent Education, was performed through thematic analysis. The transcription of the statements was carried out by the principal investigator, without the use of software. In this process, priority was given to preserving the original meaning of the statements, as attributed by the participants. After careful reading of the text corpus, two theoretical thematic categories were defined: CHW work configurations and the Forum Theater proposal: a PHE methodology for CHW. These categories were defined prior to the interviews, serving as a guide for the analysis of the statements and facilitating their grouping by units of meaning.

To preserve the identity of the participants, alphanumeric coding was used, namely: CHW - 01, CHW - 02, CHW - 03 (...), where “CHW” is the abbreviation for Community Health Worker, followed by sequential numbering. They did not provide

feedback on the transcripts, but were informed of the study results through the presentation of the research report.

The study was cleared by the Research Ethics Committee of the Hospital [censored for blind evaluation purposes], of the University [censored for blind evaluation purposes], under Certificate of Ethical Review Presentation (CAAE) [censored for blind evaluation purposes] on April 30, 2019, and by the Municipal Secretariat of Rio de Janeiro, under CAAE [censored for blind evaluation purposes] on May 31, 2019, in accordance with the ethical precepts established by Resolution No. 466/2012 of the National Health Council.

Results

The survey included the participation of 10 CHWs, predominantly women and young people (aged 26 to 58), equivalent to 80%. The same percentage (80%) reported having a high school education. Of these, 37.5% had incomplete higher education. Among the participants, 70% reported having technical training: 28.57% had technical training in CHWs, and 57.14% had technical training in nursing, radiology, and autopsy.

Regarding the length of time working as a CHW, 50% had been working for one to five years, and 40% had been working for more than ten years. The predominant family income was one to two minimum wages, corresponding to 70% of respondents.

It was identified that, for about one-third of the respondents, the decision to become a CHW, considering one more response per participant, involved factors such as: job opportunity, possibility of improving quality of life, and proximity to home and family. However, 30% of the participants were unaware of the work, 10% reported an affinity for the proposal, and the same percentage identified an opportunity to help families.

There was an understanding that the CHW "is someone inserted in the community," who identifies with the culture, language, and customs of the population, important aspects for the practices required of their category.

In the participants' view, the CHW represents the link between the community and the health service, strengthening and valuing health actions. Performing this function allows them to guide their daily routine, taking advantage of small benefits such as flexible hours and proximity to their place of residence. Working close to home

was perceived as advantageous, especially for women, who represent the majority of CHWs. This situation made it possible to combine family care with professional duties.

Regarding the category “CHW work configurations,” the interviewees divided their workday into three basic activities: welcoming; entering records into the electronic medical record; and following up on the planning of home visits (including care pathways and the delivery of internal or external consultations):

> *I wait until around 9 a.m. for everyone to start waking up, if it's Monday, a little longer, and then I go out, cover the area, grab my schedule because I need to notify so-and-so about their appointment, make a plan, and go out. Sometimes we plan something, but when we get there, it's not always what we expect. (CHW - 04)*
>
> *We talk about some cases, plan the route, and always go out together or in pairs, most of the time. (CHW - 05)*
>
> *I usually arrive, we have a cup of coffee, we check the system for appointments scheduled for the next day, go to people's homes to deliver things, sometimes it's a registration for someone who has just moved to the area, a SISREG, a prescription that someone left to be filled and didn't come to pick up. Our routine is mostly on the street. (CHW - 07)*
>
> *I arrive here; I usually write down everything I'm going to do during the day. Of course, there are things that come up, but I try to follow a schedule, both for monitoring children and the elderly, a little each day, and I monitor people with high blood pressure, diabetes, pregnant women, and children's health. Then I see if there are any SISREG registrations, any referrals to be delivered, and we deliver them, but the priority is to follow the lines of care. (CHW - 08)*

The duties of CHWs are characterized by the exercise of health prevention and promotion activities, and home visits (HV) were the activity most frequently cited by the research participants:

> *Um, home visits, of course, guidance, actively seeking out other cases, being the gateway to mediate this and provide solutions.* (CHW - 01)

In addition to HV, CHWs mentioned that, in their daily work, they perform activities such as: active search, guidance, supervised medication administration, matrix support, filling out forms, promotion and prevention actions, and welcoming, these being the most developed.

Still on the category "CHW work configurations," participants reported that there are moments of case discussion and planning for action with other team members. However, it was pointed out that conflicts in the territory affect participation in collective team activities.

The CHWs also emphasized that they do not always participate in team meetings due to their heavy workload and a lack of understanding of the importance of this participation. Even though they understand team meetings as a space for service management, important for planning, establishing guidelines, and decision-making, there were reports that they do not feel "heard" or "belonging" to the team.

Regarding the category "The Forum Theater proposal: a PHE methodology for CHWs," it was found that CHWs perceived theater as a space for continuing education, as they were able to glimpse their daily work and exchange ideas with colleagues more intensely, when compared to team meetings—the main PHE device in services, traditionally intended for case discussion, daily problem-solving, and service planning.

Unlike what happens in team meetings, CHWs reported feeling very comfortable in the theater, as it was a strategy that brought them closer to the reality of the service. In addition, the technique broadened the scope of participation and promoted reflections with the potential to change work processes:

> *Theater increases interaction with other CHWs as we get to know each other better. (CHW - 03)*
>
> *As theater works with reality, with experience, with what has been lived, it helps to transform the service and improve care. (CHW - 06)*
>
> *It seems that in theater, gestures become more noticeable and make us reflect more on our work. (CHW - 02)*

Discussion

The CHW plays a fundamental role in the Family Health team, as they are the initial connection between the team's work and the user, receiving and forwarding the individual and collective demands of the community. Among their duties, they

are responsible for carrying out activities to promote health, prevent disease, and monitor health through home visits and educational activities to be implemented with families in their coverage area.[12]

The committed work of the CHW, which is far from mechanical, is facilitated by their insertion into the same culture and coexistence with the families they accompany. The creativity of these professionals in mobilizing families for health promotion activities, encouraging mothers to attend prenatal and childcare services, vaccinating children, and promoting breastfeeding/oral rehydration therapy has contributed to a reduction in infant mortality after the first week of life throughout Brazil. These actions strikingly illustrate the potential of CHWs in health promotion.

The analysis of the configurations of CHW work in this study made it possible to identify that these professionals act in two main ways: one, as health promoters, permanent educators, and workers in defense of life, who understand the health-disease process; and the other, with a focus on providing assistance to communities. These two roles highlight the broader perspective of the work performed and point to the need for constant improvement of their actions.

PHE is an important tool for qualifying the actions of CHWs, in addition to providing objective conditions for meaningful learning, based on collective discussions and reflective processes of concrete situations arising from everyday work.[13]

According to the National Primary Care Policy, the CHW work process must be community-based, always contextualized and consistent with reality, taking into account local problems, requiring planning of their actions. [14] However, the conditions of the territory and the needs of the users being monitored constantly change the previously planned activities, requiring relationship and adaptation skills.

Although working in the same territory as their residence may facilitate aspects of the CHW's life, their work is fraught with challenges. Establishing trust between the agent and the family is necessary, and without this bond, the work will not be successful. In this regard, it is understood that health work presupposes dialogue and interaction between individuals and depends on the potential of the encounters that take place,

with power shifts and changes in attitude occurring in the daily work process. It is understood that it is in this space that the possibilities for transformation and invention of other ways of doing things are constructed.[12]

The way of providing healthcare in the FHS is structured around integrated and shared teamwork. In this process, the CHW can act as a popular educator, since they are directly linked to the culture, living conditions, and history of the community.[15] To this end, it is necessary to value the exchange of experiences and expand the critical analysis of facts through shared training.[12]

The CHW must not only be an intermediary and task executor, but also a coordinator and developer of mechanisms that seek to improve access to and quality of health services. In this process, both the team's commitment to their work and managerial support are necessary for the CHW to feel like a member of the team. Even under the most difficult working conditions, both from a structural and occupational safety point of view, it is always possible to improve and transform them.

The proposal to hold Forum Theater in health services aims to contribute to this transformation, in order to offer different spaces that problematize the daily work processes of CHWs.

In the Theater of the Oppressed proposal, the playful and the political are related and allow for experiential learning possibilities, in which the division of roles between actor and spectator allows everyone involved to actively participate in the scenes and even transform them.[5]

It is composed of different techniques, which emerged as responses to the effective demands of reality, creating a union that increases its transformative power as it expands, since the horizon of this methodology is not only the knowledge of reality, but its modification.[9]

The Theater of the Oppressed method is anchored in two fundamental principles: first, the transformation of the passive spectator, recipient, depositary, into a “spect-actor,” that is, the main character of the dramatic action, subject, creator, transformer; second, that all lived situations must be transformed in the theatrical space, as in a rehearsal for changing reality, not only reflecting on the past, but also looking to the future.[9]

The Theater of the Oppressed can contribute to the work process of the CHW as a methodology at the service of PHE. The practice of the proposed games and exercises aims to work in the social field, promote interaction, and foster knowledge of the other through touch, expressions, signs, and gestures. It also aims to portray themes of reality and work with oppressed groups that are on the margins of society. To this end, it is considered essential to operate from lived experience.[8]

This image of reality, which results in the creation of a metaphor, triggers different feelings for those who watch and those who participate in the performance. It is something inexplicable, indescribable, just like the characterization of the act. There are no words. It seems that gestures become more perceptible and make us reflect on their importance in representing what sometimes cannot be expressed in words.

The Theater of the Oppressed can be implemented through the creation of Theater of the Oppressed Groups (GTO), which bring individuals together in periodic meetings to discuss their interpersonal and social problems. Examples include the "GTO Pirei na Cena," formed by users of the Jurujuba Psychiatric Hospital and their families in Niterói-RJ, and the "GTO Marias do Brasil," formed by domestic workers in Rio de Janeiro-RJ.[9]

In the Forum Theater technique, specifically, the actors perform and the audience can influence the performance. Although it encourages popular participation in the performances, the staging can trigger the beginning of a reflection on the need to change certain behaviors, situations, or systems, presenting a solution to the conflict from a perspective of social transformation.[16]

Considering that Forum Theater provokes drifts in people, it has the potential to promote the social transformation of CHWs in health services. With regard to awareness, it is observed that the possibility of understanding oneself and the world around them through theater occurs because theater, through the practice of theatrical techniques, stimulates discussion and problematization of everyday issues, with the main objective of reflecting on power relations.

Forum Theater enables CHWs to define their perceptions of their work, which encourages dialogue with the aim of seeking alternatives to their lived reality. Conflicting experiences should be the basis for expanding the effectiveness of this dialogue,

provoking a production capable of conveying their anxieties and needs. When this production is the result of everyday life and problematization, understanding of the social context gains potential and value.

In the health field of CHWs, this technique will enable the selection of problems, their representation, and discussion, in order to represent the change in scenario, putting new possibilities into practice. Through it, it will be possible to rethink countless situations, problematizing and creating individual and collective coping strategies, in addition to encouraging CHWs to occupy spaces that until then, for them, used to be more distant, such as technical meetings.

Thus, alternative relational methodologies and new sensibilities, such as the Theater of the Oppressed itself, should be explored as dialogical devices that aim at the conscious formation of subjects and mediation with their social reality for individual and collective improvement.[9]

Based on the Forum Theater described in this study,[5,7] the following roadmap for applying the technique is suggested for health professionals who wish to experiment with it and apply it in their health units:

Choose the date of the activity through a meeting with those involved;

Set a time when the meeting can take place without interruptions;

Choose a welcoming environment where everyone feels comfortable expressing their feelings;

On the selected day, at the beginning of the proposal, list the problem to be staged. This may come from the daily activities of professionals (one or more categories, depending on the proposal);

Define who will be the actors (group 1) and the “spect-actors” (group 2);

Choose who will be the joker (who will lead the action): manager, nurse, or another professional who feels prepared;

Once the definition has been made, guide the actors (group 1) on the technique and how to conduct the scenes;

Instruct the “spect-actors”: when prompted to do something different, they should organize themselves and check what other possibilities there are for the action presented;

Define each person's role and act out the chosen problem clearly and objectively through theater;

At the end of the performance, ask the group (audience/"spect-actors") if they would have another idea, if they would do it differently;

At the ideal moment, group 2 intervenes. There is no need for everyone to participate, but the construction must be collective.

As for the limitations of the study, it is understood that the results cannot be generalized to other contexts that differ from those experienced by the participants, since the sample was composed of CHWs from two FHS teams belonging to the same territory.

Nevertheless, the study's contribution is highlighted by proposing an innovative methodology for working with health teams, emphasizing the adoption of Forum Theater as a methodology for addressing and problematizing the daily work processes of professionals.

Conclusion

This study made it possible to understand that the configurations of CHW work involved three major actions: Welcoming; medical record keeping; and family follow-up. These actions were carried out through home visits, active search, disease prevention, health promotion, health care support, and team meetings.

The complexity of the work process, due to the uncertainties of the encounters, the organization of the service, and conflicts in the territory, interferes with the achievement of positive results in access to and health care for the population, as well as the satisfaction and quality of life of workers.

The use of Forum Theater proved to be a very appropriate methodology for the development of PHE with CHWs, as it led to the creation of participatory spaces, listening, collective analysis of problems, and visualization of social transformations. Unlike what happens in team meetings, CHWs felt welcome and at ease in the theater, highlighting its potential to encourage participation, promote reflection, and change work processes.

It is envisaged that unconventional methodologies, such as the Theater of the Oppressed, will be adopted in health services so that CHWs can participate in the construction of solutions, even if temporary, to the impasses in their respective work processes. We continue to believe that HPS qualifies the work of CHWs, provided that it is capable of promoting rapprochement between those involved. Finally, it should be noted that the adoption of Forum Theater from the perspective of HPE is, above all, a methodology for transforming health professionals.

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