Reflections on co-managing investigative praxis in the context of a health emergency

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Abstract *This article deals with the interest of the scientific field in systematizing the co--management investigative praxis, in a health emergency scenario, based on the analysis of a research with a multicentric qualitative approach, using the framework of the Support Research and the analysis of critical hermeneutics. As a result, it was identified that the creation of a map guide contributed as a guiding document, aiming at organizing different techniques for the organization and formation of field researchers, as well as an instrument of data analysis. The training of researchers for the theoretical framework of Support Research, as well as their co-management and involvement in the different stages of research, proved to be a differential for the production of subjects and collectives with investigative praxis, allowing a dialogic exchange between coordinators and researchers and regular sharing of the results. It is concluded that the way in which the methodology was proposed, allowed the expansion of the reflective capacity and understanding of reality, contributing to the formation of researchers as active and critical subjects in the process of data collection, analysis and discussion, encouraging sensitive and attentive actions while seeking to identify the particularities of each context.*
Key words *Qualitative research, Pandemic, Hermeneutics*

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Introduction

The context of the COVID-19 pandemic aroused interest in the scientific field aiming to innovate, expand and systematize strategies for investigating major health disasters in challenging scenarios. During the pandemic, it was possible to verify that this context was an appropriate time for reflections, not only on new practices established in services, but also on ways of researching in the context of a health emergency.

For Deslandes and Coutinho[1], the sanitary social distancing measures adopted due to pandemic scenario brought impasses to social research and its future, driving the greater use of digital environments. Virtual interviews, electronic questionnaires and web surveys were widely used during this period[2], and qualitative research, which did not use these resources, faced difficulties due to the unforeseen epidemiological scenario.

Despite the need to comply with social isolation measures, some studies chose to carry out qualitative research with in-person data collection, due to the objectives and methodological choices, and this was the case of the multicentric investigation "Strategies for approaching subjective and social aspects in Primary Care in the context of the Pandemic", conducted by the group of researchers from UNICAMP, FIOCRUZ and Instituto de Saúde de São Paulo.

Minayo[3] states that the act of research, especially in the health field, constitute a specific social praxis, a process in which the investigated social phenomena have the researchers themselves operating while being agents. Therefore, the idea of scientificity of social research is characterized by high abstraction and goes against the models and norms commonly observed in a positivist logic of science. This does not mean that doing and thinking about science, when it concerns social phenomena, should not start from certain principles. In this sense, it alerts us to the fact that the object of social sciences is a historical one, marked by specificities, temporariness and dynamism.

The complex nature of social reality, according to the author, requires the use of an appropriate methodology, seeking theoretical reconstruction that comprehends its meaning. Therefore, one of the possible directions of scientific work is the creation of theories, principles and methods appropriate to the singular investigated object. The other direction concerns the invention and ratification of special investigative strategies, which allows us to move in different directions.

Therefore, this article does not propose to present a new theoretical framework, but to contribute to the reflection on co-managing the investigative praxis in the context of a health emergency, using the support research framework[4], which values the component of dialogical listening to subjects and considers the implication of researchers, in this case given the intense coexistence with the pandemic phenomenon. Another aspect of research support is the promotion of shared management of as much of the investigative praxis process as possible. Aiming to contribute to these reflections, part of the results and processes of the abovementioned multicentric qualitative research will be presented, which sought to reaffirm the act of research as a craft, the analysis of scientific praxis and social subjects based on their historical and cultural process[3-9]. It is thus understood the need to carry out a critical hermeneutic analysis of the research methodological framework, identifying concepts and techniques used in this process.

Method

The option of associating oneself with the framework of critical hermeneutics[10], also called dialectical-hermeneutic criticism, allows, in addition to designating the interpretation and understanding of human works, transposing the metadiscursive reflection, based on the language related to reality itself, proposing to base an emancipatory interpretation of facts, using the movement of criticism as a reconstructive element of discourses and their practical meaning. We understand that critical hermeneutics is based on a distancing that, from the practical interests of reconstructing social life, dialectically explores the values denied or hidden in the communication processes that generate the interpreted discourses[11-13].

Aiming at contributing to the research methodology, a Map Guide[14] was created, which was used as a guiding document, aiming at organizing different techniques for the preparation and training of field researchers and also as an instrument of analysis for the data generated by the research.

In relation to the production of empirical data, the research used some collection strategies, such as participant observation, field diary, in-depth interviews and survey and analysis of official documents. And as an analysis strategy, narratives[6], interpretative grids and context anal-

ysis were developed, that is, widely consolidated techniques.

It should be noted that the research supporting the present study was approved by the Research Ethics Committee of UNICAMP CAAE number 40699120.2.0000.5404 and the three co-participating municipalities.

The three fields and the various research subjects

The research included intense fieldwork, to carry out participant observation and in-depth interviews, with users and workers from Primary Health Care (PHC) units in the cities of Campinas/SP, Rio de Janeiro/RJ, and São Paulo/SP. The choice of these municipalities was due to the location of the researchers' institutions.

The investigation took place in 12 Basic Health Units (BHUs), 4 BHUs in each of the cities, located in neighborhoods and slums characterized by high social vulnerability, places where urbanization occurred without planning and with precarious basic sanitation conditions. These municipalities have historically shown different constructions and experiences in the implementation of the Brazilian Unified Health System (*Sistema Único de Saúde* – SUS)[15-17] and management of the pandemic, demanding an analysis of the context of PHC and the regulations of the work process in the health emergency. Therefore, a multicenter group was created with 21 participants, including the 12 researchers from the territories of these services.

It is noteworthy that in the municipality of Rio de Janeiro, with the exception of the others, the expansion of PHC is more recent, starting in 2009 and more present in slums with the characteristic of territories affected by urban violence. Campinas shows the PHC management model through direct administration, with statutory employees. In São Paulo and Rio, PHC management is predominantly carried out by Social Health Organizations.

When the research started the empirical phase, the epidemiological scenario in Brazil was not favorable to entry into the territories. Therefore, it was decided, as a priority measure, that all researchers be vaccinated against COVID-19, as well as the provision of Personal Protective Equipment, such as white coats, masks and alcohol gel. Nonetheless, the context determined changes in the planned schedule and a delay in entering the BHUs, which was only possible at the end of July 2021. Added to this were possible

illnesses among the interviewees and researchers due to COVID-19, in addition to the scenario of violence observed in some locations in the city of Rio de Janeiro, delaying the first observations in two units.

For the composition of the team of field researchers, prior experience with PHC, public health and research practices was taken into account, aiming to create a group of researcher-supporters with familiarity with and knowledge of the field. The involvement[18] of researchers in the field of research – also subjects when facing the pandemic – raised the possibility for interviewees to discuss certain topics with peers, to speak and be heard by other workers included in the PHC network, who were affected by the same problems experienced in that scenario, allowing greater quality in the process of creation, analysis and interpretation of the narratives.

Moreover, before the start of the empirical phase, remote meetings were held, in synchronous mode, to train researchers in scientific methodologies, using the Paideia method[19] – the theoretical reference of the study - and in research support, as well as for the collective construction of the carrying out of interviews and participant observation. The training included the participation of authors and specialists in the references used by the research, with affinities to the defined methodological tools, such as the construction and analysis of narratives.

In the aforementioned multicentric research, we sought to identify the relationship between PHC users and workers with health and the SUS, during the pandemic, based on the perspective and understanding of these individuals. For that purpose, 50 workers and 47 users were interviewed. The inclusion criteria comprised: being a PHC professional with at least one year of experience in the territories; and adult users enrolled in the defined BHUs, who exhibited psychosocial aspects and impacts on health care, such as psychological distress with or without a defined diagnosis, difficulty in carrying out self-care, intensified use of medication, among others. In the case of users, priority was also given to women who were heads of the family, activists, people with precarious employment and income ties, and people who identify as black, person with disability and LGBTQIAP+. According to Chart 1, as depicted ahead.

The initial selection of participants was made during participant observation at the recommendation of unit managers and key informants who also contributed to defining the context, sharing

Chart 1. Distribution of interviewees by research field, professional categories and users.

Rio de Janeiro-RJ			Campinas-SP			São Paulo-SP		
Professional category	N	Users N	Professional category	N	Users N	Professional category	N	Users N
Family and community medicine	2	17	Family and community medicine	2	14	Family and community medicine	1	16
Physical education - NASF	2		Nursing assistant	2		Physical therapist - NASF	1	
Community health agent	5		Community health agent	1		Community health agent	5	
Dentistry	3		Pediatric medicine - NASF	1		Medicine - CNAR	1	
Social assistance	1		Nursing technician	2		Nursing	2	
Social agent -CNAR	1		Administrative technician	1		Social assistance	1	
Nursing	2		Medicine	3		Medicine	1	
Nursing - CNAR	1		Nursing	3		Dentistry	1	
Social assistance - NASF	1		Social assistance - NASF	1		Speech therapy - NASF	1	
			Psychology - NASF	1				
Total	19	17	Total	17	14	Total	15	16

Source: Authors, 2023.

information about the territories and unit organization. At the second moment, using the snowball[20] sampling technique, managers nominated workers, and these nominated users, according to the pre-defined profile.

The characteristics of this research, and the large volume of information and empirical material collected, both in participant observation and in the 97 in-depth interviews, constituted an important baseline for analysis, a fertile ground for the production of future research.

Results and discussion

We started from the support research framework, which aims to build knowledge on the part of all those involved - undoing the subject-object dichotomy present in many studies – in which researchers and participants have an active stance towards the investigation. Support research also operates with the threefold purpose of: expanding the understanding of a topic, carrying out an institutional[21] and power relations analysis and allowing people to think of themselves as singular agents of this social network, promoting the autonomy and protagonism of the subjects.

Throughout the investigation, weekly meetings were held with the regional coordinators of each field, together with the researchers, to monitor and evaluate the study, for supervision, support, discussions and shared constructions regarding different aspects, such as data production, approach to interviews, use of research and analysis instruments. Additionally, once a month, meetings were held with teams from the three research fields to make methodological decisions in relation to the study and sharing of the data collection and analysis process, identifying differences and similarities in each context. These meetings took place in a virtual environment, but without impairment to their objectives. Regarding this aspect, it is important to highlight that the use of technology facilitated spaces for the exchange and collective construction between three fields located in different cities, optimizing time and costs.

To better organize the research design, a document called Map Guide was created, aiming at systematizing and integrating the objectives and analytical strategies to support the team of researchers. This material was also presented as a script for the interviews, suggesting context-sensitive topics, such as grief, loss and uncertainties

about health care practices. This guide was prepared based on the theoretical framework and indicated possible analysis categories to be used in the interpretation of the produced narratives.

We understand that this document approaches the conceptual map proposal through the theoretical principle of meaningful learning[22], which considers the need to know the subjects' previous ideas and structure of meanings with the purpose of establishing interrelated learning. As the new knowledge is constructed, the pre-existing concepts experience progressive differentiation and, when two or more concepts are significantly related, an integrative reconciliation occurs[23].

This guide was presented as an important resource for the creation of the argumentative nuclei that ordered the production and interpretation of the narratives based on the in-depth interviews, processes that will be described below, thus aiming to expand the interpretive and analytical capacity of the researchers on the empirical material.

Thus, the Map Guide was presented as a complementary alternative for the systematization and appropriation by researchers of the research design, integrating objectives, methodological and theoretical references in a dialogical way between the researcher, understood as the supporter, and the researched subject. It facilitated the construction of spaces to welcome and listen to the difficult moments professionals and users experienced during the pandemic, producing a binding and therapeutic dimension, as shown in the following excerpts from the narratives:

Over the 10 years that I have been here, you were the first one who sat down to do research and who wanted to listen, not only to the employees, but also wanted to talk to the users. This is already a huge gain.

Ah, thank you, it was wonderful, very good, it did me a lot of good to talk, I needed to talk. I hope it helps your research as it helped me.

There was the expectation that the researcher, in this case identified as a supporter-researcher, would be able to carry out qualified listening and observation of the research subjects and their context based on the SUS and PHC care and management models, thus providing offers and interventions, institutional and community projects, being one of the differentiators of this proposal. However, due to the unstable epidemiological scenario in which the research was carried out and the identification of a new variant of the virus, it was not possible to make offers based on the topics emerging from the narratives, aiming

to increase the capacity of workers and users for analysis and intervention. under the social and subjective aspects experienced during the pandemic.

On the other hand, it was possible to observe that the critical context of uncertainty about the "ways of living"[24] experienced by workers and users, demanded a change in practices, posture and new choices in the face of everyday life impasses. It can be observed that in the absence of collective spaces (team meetings, user groups, etc.), the researcher-supporter's listening became the offer itself. Topics such as loss, insecurity, grief, institutional and urban violence, and moral harassment emerged during the interviews. The adoption of in-depth interviews centered on free speech seems to have facilitated the emergence of topics related to everyday experiences, creating the possibility of dialogue about experiences and reflections in the midst of the pandemic, characterizing a type of positive side effect of intervention. One example was the report of a community health worker about the death of her mother in the health unit where she worked.

The pandemic is very difficult, because there are some who do not believe in it, who don't take it seriously. A lot of people died here and as someone who lives here, I can say: it really is chaos. Right at the beginning of the pandemic, in April 2020, everyone at home caught the coronavirus, me, my son – who was two years old at the time -, my sister, my father - the only asymptomatic one –, as well as my mother, who came to die here at the BHU. So it was and it is being very difficult.

Here, it is worth briefly discussing the concept of implication, originating from French institutionalism[25]. Analyzing the researcher's involvement means explaining the subject's conscious and unconscious desires in relation to the object of knowledge, their emotional and libidinal ties, their points of interest and association[18,26] with PHC and SUS. Therefore, the implication for the research field means the impossibility of having a position of scientific neutrality by the researcher - and of a research group - in relation to the study. This reflective perspective was used by the researchers at all stages of the process, contributing to the formation of bonds and the establishment of a welcoming space between the participants, opening up a field of protected dialogue.

In the data collection stage, different strategies were used, recognizing that in the case of qualitative research, what we often call data are not always "so data", that is, there must be the capacity to reinterpret the empirical production.

For instance, research that uses the cartography method, which states that the data are collected, something similar to the collection of "reports that it [the interview] cultivates"[27].

As previously mentioned and considering the characteristics and premises of the supporting research, the information was produced through participant observation, field diaries, assessment of official documents and resulting from in-depth interviews with professionals and users, which in some cases were carried out in more of one session.

The number of interviewees was justified according to the concept of saturation[3-28], which in the case of this qualitative investigation, the criteria adopted were repetition of the speech, the research objectives and the ability to support sensitive topics such as grief, loss, crying and silence, both for the interviewee and the interviewer.

The use of participant observation[29] allowed researchers to experience the routine of services and their assigned territories, but with planned limitations, considering the new configurations of work processes brought about by the health emergency context. The immersion based on these observations allowed expanding the understanding of the pandemic phenomenon in the territories, improving the empirical material production.

The option for in-depth interviews encouraged participants to speak freely, so that the subjective experience of the interviewee's perception of the COVID-19 pandemic would emerge, thus characterizing the triggering topic. Throughout the interview, the researcher, when necessary, made interventions that promoted reflection on the thematic axes defined in the research, such as "relationship with SUS", "understanding of the self and self-care", "ties and affection", "changes occurring in the context of the pandemic", "power relations", among others that emerged.

During the interviews, aspects such as personal presentation, global behavior, changes in body posture, gesticulations, facial mimicry, laughter and crying[30] were valued, considering the diversity of language expressions, which allowed appreciating the subjective aspects, aiming to qualify the analysis and interpretation of narratives. The location for the interviews was chosen by the participants, taking into account the concern about the environment so that it was a calm one, favoring a welcoming atmosphere for free speech. Most of them were carried out in BHUs, but also in parks, churches, homes and residents' associations.
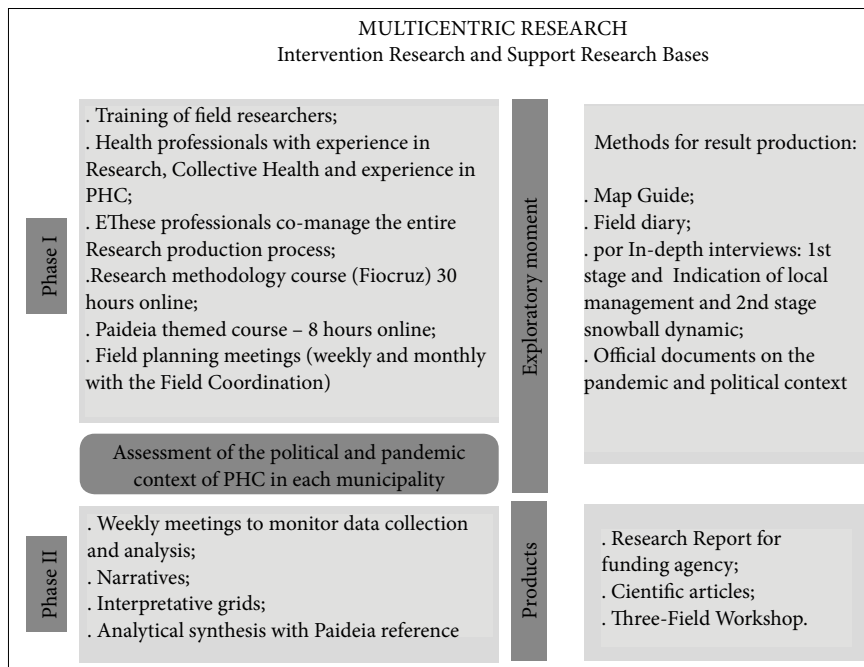
Using the Paideia[31] technique as reference, one of the objectives at the time of the interview was to raise the subjects' critical and reflective capacity, expanding their understanding of reality and fostering the capacity for intervention in the context of the pandemic and, more broadly, in SUS. The questions raised during the conversation, as far as possible, were based on the construction of a dialogical meeting space, in which the participants' perceptions and opinions were put into analysis at the time of the interview, using the meeting not only for data collection, but also as an opportunity to produce joint reflections and construct a shared interpretation. Figure 1 demonstrates the process that involved the praxis of preparing the research, based on the Paideia framework.

Seeking not to reduce the analyses to the data produced in the interviews and aiming at providing complementary information to understand the researched phenomenon, the interviewers relied on the preparation of field diaries, in order to describe and identify ways of organizing services, territories of BHU operation, the points of interest of the participants' observations, and above all the circumstances and impressions of the interviews. Confronting what is said with what is seen, discourses with practices, also confronting the work of research with the underlying implications that accompany the act of research, "is the moment of reflection on and with what has been experienced, revealing the unsaid and presupposing the non-neutrality of the researcher in the research process"[32] (p. 1303).

For Lourau[18], one of the functions of the field diary is to serve as a device that provokes, based on the examination of their writings, the analysis of the researcher's involvement. Therefore, it was observed that the involvement of the supporting researchers qualified different phases of the study, such as the characterization of the fields, context analysis and discussion of results, since the experiences of the professional field of activity reverberated in the investigative praxis.

To construct the narratives, the interviews were initially transcribed and associated with the field diaries produced by the researcher. Subsequently, the narratives were validated by the interviewees themselves based on the joint reading of the produced texts, where interviewees were given the opportunity to change any part, if they so wished, as well as by the group of researchers through collective reading, making this stage a hermeneutic moment, with intervention effects.

Therefore, shared narratives can be conceived as a process of mediation between what

MULTICENTRIC RESEARCH
Intervention Research and Support Research Bases

Phase I
. Training of field researchers;
. Health professionals with experience in Research, Collective Health and experience in PHC;
. EThese professionals co-manage the entire Research production process;
. Research methodology course (Fiocruz) 30 hours online;
. Paideia themed course – 8 hours online;
. Field planning meetings (weekly and monthly with the Field Coordination)

Assessment of the political and pandemic context of PHC in each municipality

Phase II
. Weekly meetings to monitor data collection and analysis;
. Narratives;
. Interpretative grids;
. Analytical synthesis with Paideia reference

Exploratory moment
Methods for result production:
. Map Guide;
. Field diary;
. por In-depth interviews: 1st stage and Indication of local management and 2nd stage snowball dynamic;
. Official documents on the pandemic and political context

Products
. Research Report for funding agency;
. Cientific articles;
. Three-Field Workshop.

Figure 1. Praxis process of research creation based on the Paideia framework.

Source: Authors.

is experienced and the possibility of inscribing it in the social context, inserting the subjective experience into a political field[6]. Thus, the narrative has its value in the research undertaking because it operates as a mediator between living experience and discourse, linking explanation to understanding[10].

Narratives are not "data"; they require the creation of a "narrativizing look" that establishes the articulation between the different fragments in circulation. In the case of our research, the fragments emerged from observations and interviews, whether in-depth or in conversations with key informants, always in relation to the structures and other social relationships of these subjects.

For Onocko-Campos and Furtado[7], narratives outside their scheme traditionally linked to ethnographic studies, in which they take on a more descriptive and chronologically arranged character, can contribute to qualitative research in Collective Health. For this purpose, one must take narratives as a porous communication device that includes new perspectives, within participatory designs.

Narratives would therefore be useful in research on health services, such as in the research presented herein, for the field of PHC, helping to answer questions related to everyday tensions and mediations: between what is said and what is done; between occasional events and structural issues; between individual subjects and collectives. It is about bringing beliefs and practices into the world of the text.

In Brazil, problems emerge whose experiences need to be narrated by the subjects who are affected directly or indirectly, providing support for the production of knowledge and comprehensive health care. AIDS and tuberculosis, violence, freedom deprivation, immigration, homelessness or the experience with COVID-19 are examples, among others, of social phenomena whose narratives provide a better understanding and the construction of knowledges and of care practices within the scope of SUS[33] (p. 43).

Therefore, the narratives produced by the investigation supported the construction of two interpretative grids per municipality, one for users and the other for professionals. Considering the proposal by Onocko-Campos[34], the main argu-

ments identified in each narrative were gathered in the grids – called argumentative nuclei – which in this case were articulated in analytical categories based on the objectives of the investigation, as well as those topics that were not foreseen, but that emerged and were understood as correlated to the objectives. Chart 2 below demonstrates the creation of the interpretative grid model used in the investigation.

After this stage, the two interpretative grids were grouped, allowing the analytical synthesis of the three municipalities, highlighting, among other aspects, the magnitudes, consensuses, disagreements and the experience of each city with the COVID-19 pandemic. Figure 2 shows the sequential stages of the processing of the empirical material, a method that supported the analysis and interpretation of the results.

Based on this sequence of steps, it was possible to organize the material as a synthetic text, so called by the authors, using the triangulation of methods[3], which considered the analysis of the interpretative grids of users and workers, the historical context, added to the analysis of the researchers' field diaries and documentary research.

About the research management

Another integral element of this investigative praxis was the choice of how to manage it, choosing to be participatory and shared among the entire team of researchers. This option resulted from the supporting theoretical framework Paideia[18], whose centrality is the practice of co-management, valuing the promotion of collective spaces, the recognition of the involved subjects and the increase in the coefficient of autonomy. Due to the pandemic context, the co-management process was unable to build collective dialogical spaces with workers, managers and users. In this

particular situation, the co-management of all stages was carried out with all agents involved in the research: scholarship holders, professors, master's degree students, doctoral degree students and volunteers linked to the SUS.

The co-management of the collective of researchers initially took place through their training, recognizing them as an integral part of the expanded research management team and not just as field interviewers. For that purpose, it was prioritized that this training should be transversal throughout the development of the investigation, based on scientific methodology content of a qualitative nature and the organization of institutional arrangements and devices for PHC, according to the Paideia framework.

The collective construction of all phases of the project gave the study a unique character, as field researchers were incorporated into the process of methodological construction, preparation for entering the field, participated in the analysis of interviews, creation of narratives, analysis, interpretation and completion up to the scientific dissemination. This way of doing research, based on a praxis where the implementation process goes hand in hand with collective reflection and construction, displaces the often passive place of defined positions within the study, such as researchers who go into the field only to collect data, others who are responsible for the first analyses of the results, the coordination that makes the syntheses and consideration, resulting in the fragmentation of the entire investigative practice. It can be said that these roles were interchangeable, and the different phases of the research were constructed and experienced collectively.
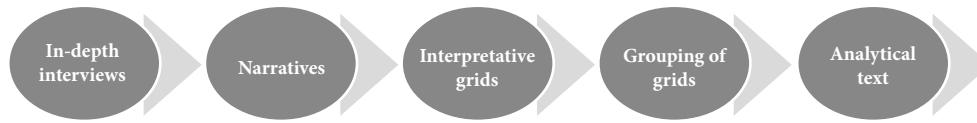
In this way, the co-management of this collective in the different decision-making and knowledge production stages that qualitative research requires, allowed greater appropriation and expanded understanding of the study.

Chart 2. Interpretative grid model used with the narratives.

Argumentative nucleus	Thematic axes or analytical categories	Argumentative development (narrative)
Social and Subjectivity Aspects during the pandemic: factors of production of subjectivity and health care	- Understanding oneself, one's problems and ways of functioning - Personal experiences and reflections - Beliefs and values (religiosity and faith) - Alienation, apathy. - Grief, loss and suffering, fear.	
Diseases associated with the pandemic/ Consequences of lack of assistance	- Impoverishment, exhaustion of health workers, mental health, intra-family violence, tuberculosis, diabetes, hypertension, cancer and post-covid sequelae (rehabilitation, etc.)	
Bond/affection: relationship with family, friends, other people identified as close	- Role in the health-disease-care process - Pattern changes during the pandemic	
Bond/affection: user-professional relationship - PHC/SUS	- Ties with work, with BHU/professionals, teamwork - Support - Assessment of the care offered by PHC: complaints	
Power relations (in the context of care relationships or in the social sphere)	- Power sharing and institutional violence - Perception of power asymmetries in relationships - Male chauvinism - Racism and Xenophobia - Gender - Coping possibilities	
Institutional democracy, Management and health care (emphasis on co-management devices)	- Work process (changes and innovations) and flow and organization (changes and innovations) - Co-management devices - Access and quality of care - Health Personnel and Training - Impacts of the pandemic and political context - Change of management, OSS - Health Personnel and Training - Impacts of the pandemic and political context - Change of management, OSS	
Relationship with SUS	- Access and quality of care - Impacts of the pandemic and political context - Trust in SUS - Health as a right	
Potentials and obstacles to creating an expanded clinic, shared in PHC	- Assessment, - Challenges and difficulties - Suggestions - Potentialities	
Social and community productions for health care and social activism Social organization of the territory	- Construction movements - Social participation - Communication - Health education - Organized collectives - Conflagrated violence - Health disobedience (not using masks, clandestine dances, social events in the territory, etc.)	
Post-pandemic social organization	- Future perspectives	

Source: Authors.

Figure 2. Sequential stages of the processing of the empirical material.

Source: Authors.

Final considerations

It is expected that this article will contribute to the reflection on qualitative research in the health field. The investment in going to the field, collecting in-person data and shared management in all phases of the study were characterized as major challenges, but which allowed coming into contact with social phenomena in their genesis. Such challenges illustrated the need to consider the dynamism and specificity of social research in the health field, as described by Minayo[3], in addition to being important characteristics of the investigative praxis and training of researchers.

Although researchers who were already, in some way, active in the public health network were selected, there was intense concern about the formation and monitoring of the group. In this sense, the co-manager way of carrying out research proved to be powerful for the production of Subjects and Collectives committed to investigative praxis. This commitment to co-management of research between the fields of the 3 municipalities allowed a dialogical exchange between the coordinators, researchers and regular sharing of results. There were also other collective spaces to expand the capacity for analysis and intervention, such as a workshop for developing scientific dissemination strategies.

The research group meetings were important to qualify and validate what was observed and collected, so that participant observation, field diary and in-depth interviews were not just sources of empirical evidence, thus advancing the theoretical construction and interpretation of the social field. In the same direction, the material called Map Guide showed to be a complementary alternative for the systematization and appropriation of the study design by the researchers,

given its capacity to systematize and integrate objectives, methodological and theoretical references in a dialogical way between the researcher and the researched subject.

From a co-management perspective, it is possible to recognize the subjects interviewed as participants and actors in the investigative praxis, given the positive adherence to the proposed methodological framework and the value of use that each meeting produced, despite the sensitive context of the pandemic. The narratives were presented as a central object of analysis and interpretation, and in this sense, the study participants constitute active subjects of the investigation process together with the researchers.

As a limitation of the study, the absence of the intervention phase in the BHUs, as initially planned, stands out. Part of this limitation occurred due to the socio-sanitary context, due to the rapid change in protocols and conduct recommendations within the units, which made it difficult to plan interventions with BHU managers. During this period, in addition to the reduction in co-management spaces among the team, there were changes in the work process, which, according to the interviewees themselves, constituted an overload for the team and made it impossible to plan other actions. Amidst this scenario, the researchers assessed that it would not be feasible to propose interventions, as they would require resources not available at the time.

Finally, the way in which the methodology was proposed allowed the expansion of the reflective capacity and understanding about reality, contributing to the formation of researchers as active and critical subjects in the process of data collection, analysis and discussion, encouraging sensitive and attentive actions, while also seeking to identify the particularities of each context.

Collaborations

AC Gutiérrez and GWS Campos: study concept, production and analysis of data, acquisition of funding, field investigation, methodology, research management, writing and final review of the manuscript. B Jandoso, MS Cunha, MP Mattos and ROL Silva: study concept, production and analysis of data, field investigation, methodology, research management, writing and final review of the manuscript.

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