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POSTER ABSTRACT

Interprofessional work and intersectionality of gender, race, and profession in Primary Health Care: perspectives of health professionals and service users

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Background: The study addresses interprofessional work in Primary Health Care (PHC) from an intersectional perspective, considering how markers of gender, race/ethnicity, and profession/occupation differences influence relationships between health professionals and the quality of care provided to service users. Although interprofessional work is recognized for improving care, expanding access, enhancing patient safety, and promoting equity, structural inequalities related to the social division of labor, asymmetries in technical and scientific authority, and difficulties in consolidating collaborative practices within teams still persist.

Based on the references of interprofessional work, the health work process, and intersectionality, the objective of this study is to understand the relationships between interprofessional work and the articulation of social markers of difference, identifying whether they result in inequalities of gender, race/ethnicity, and profession/occupation in PHC services and their repercussions on the conceptions of professionals and users about health care.

Approach: This was a qualitative interpretative study, of the multiple case study type. Four Basic Health Units were selected in a metropolitan municipality in the state of São Paulo, Brazil. Participants included health professionals and service users. The study was developed in three phases: (1) documentary analysis of public policies related to PHC; (2) fieldwork with direct observation of the teams' daily work, recorded in a field diary; and (3) semi-structured interviews with health professionals and service users, audio recorded and transcribed in full. The data will be analyzed in three stages: documentary analysis; reflective thematic analysis of field records from observation and interviews; triangulation of the results of the documentary analysis, observation, and interviews will be performed to identify convergences and divergences. NVivo software will assist in organizing the data.

Results: Preliminary results of the PHC policy at the national and municipal levels reveal conceptual inaccuracies regarding interprofessional work, which is used as equivalent to

interdisciplinary and transdisciplinary work, but with emphasis on the composition of teams and activities of each professional category. Initial analyses of observations and interviews indicate that markers of gender, race/ethnicity, and profession/occupation express inequalities among workers in terms of working conditions, continuing education, social recognition, and cultural authority. Gender and race/ethnicity inequalities are also observed among users in terms of access to and provision of integrated care centered on health needs. The reports show that social markers influence power relations within teams and between professionals and users in the care experience.

Implications: This study contributes to the advancement of interprofessional work in PHC by identifying that social markers shape team interactions and user care. It provides evidence of the structural barriers that hinder integrated care in work contexts with gender and race/ethnicity inequalities among workers, as well as in the relationships between users and professionals.

The latter point to the centrality of physicians' actions and the subordination of other professional categories, recognized as physician assistants. This scenario compromises collaboration and shared decision-making with the participation of users, families, and communities. The study highlights the importance of continuous professional development that integrates intersectionality and interprofessional competencies as key elements for the development of integrated care.