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Advancing primary care with social entrepreneurship in collective activities: findings from Brazil

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Abstract

Purpose: This study evaluates the collective activities of Health Units in a municipality of Rio Grande do Sul, Brazil, through the lens of social entrepreneurship. It aims to assess the alignment between community collective activities and social entrepreneurship principles, identifying challenges and opportunities in primary healthcare management.

Methodology: A qualitative Content Analysis approach, complemented by quantitative techniques, was employed. Semi-structured interviews were conducted with 22 Health Unit managers. Data were analyzed using thematic, frequency, and co-occurrence methods with IRaMuTeQ and NVivo 14 software. Additionally, Osgood's seven-point bipolar scale was applied to assess the perceived importance of collective activities.

Results: The findings reveal a strong link between collective activities and social entrepreneurship principles, particularly in proactive innovation, intersectoral collaboration, and community-driven initiatives. However, a gap exists between the perceived importance of these activities and their actual implementation due to resource constraints and structural barriers. The study refines social entrepreneurship indicators, adapting them to primary healthcare.

Practical/managerial implications: The results offer insights for policymakers, health departments, and healthcare managers, emphasizing the need for educational initiatives to develop social entrepreneurship competencies in primary healthcare. Strengthening these competencies can enhance the effectiveness and sustainability of collective activities.

Social implications: By improving collective activities through a social entrepreneurship approach, this study highlights potential benefits in health promotion, disease prevention, and overall community well-being. The research underscores the role of primary healthcare managers in fostering innovative solutions to address public health challenges, contributing to broader social transformation.

Keywords: Social entrepreneurship. Public entrepreneurship. Primary care. Public health.

1. Introduction

Social entrepreneurship can be defined as the field in which entrepreneurs tailor their activities to be directly tied to the ultimate goal of creating social value (Abu-Saifan, 2012). Moreover, social enterprises like to propose sustainable solutions to solve societal problems, thus combining the logic of different sectors (Margiono, Zolin & Chang, 2017). Academic research in social entrepreneurship is still at the infancy stage, once knowledge production within the field of business research is accelerating at a tremendous speed while at the same time remaining fragmented and interdisciplinary (Adro & Fernandes, 2022; Bacq & Janssen, 2011).

In this context, entrepreneurship has been explored in several areas of society, such as public health management. Public health entrepreneurship is the application of entrepreneurial skills to advance the public health mission, where its framework holds promise as an extension to traditional approaches for enhancing the reach and providing ways to sustain public health interventions, products, and services (Hatef, Sharfstein & Labrique, 2018; Jacobson *et al.*, 2015).

The healthcare sector is highly dynamic, with constant alterations in, for example, demographics, policies, stakeholders, and value chain, although it is also an area where operational changes and innovations are hard to introduce (Karali *et al.*, 2018), giving the professional health manager a place of increasing prominence in the practice of services provided and in academic research. Primary Health Care is the set of individual, familial, and collective health actions that encompass health promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care, and health surveillance (Mendes *et al.*, 2023). In Brazil's primary care, health managers assume several responsibilities, going through the physical structure of the Health Unit's (HU) facilities, the integration between teams, planning activities, monitoring indicators and agreed goals, and negotiating and mediating possible conflicts (Paiva *et al.*, 2018).

Among the responsibilities of primary care are the performance of collective activities. Collective activities are those of health education, group assistance/assessment, and social mobilization, with the objective of promoting, preventing, and educating the population on health (Ministério da Saúde, 2018). Examples of collective activities are walking groups, mothers, family planning, quit smoking groups, and neighborhood community gardens (Cerri *et al.*, 2017; Costa, 2016; Pierre & Clapis, 2010; Sauer *et al.*, 2018; Souza *et al.*, 2011). When analyzed from the perspective of social entrepreneurship in public health, collective activities promoted by HU can benefit from skills and methodologies commonly found in the field of knowledge of applied social sciences.

Despite growing research in the field of social entrepreneurship in public health, the gap that deeply investigates the role of primary care managers from this perspective remains open. Thus, this research aims to evaluate the collective activities of HU in a municipality in the state of Rio Grande do Sul, in Brazil, from the perspective of social entrepreneurship. This study employed a qualitative approach, supported by quantitative techniques, analyzing semi-structured interviews with 22 Health Unit managers. The results reveal alignment between collective activities and social entrepreneurship principles, though resource constraints limit implementation. Insights from this research support policymakers and healthcare managers in fostering innovative, community-driven health initiatives, enhancing public health impact.

2. Literature review

Innovative approaches that provide solutions to economic, political, and social challenges are vital, and social entrepreneurship seems to be an effective approach in developing countries (Rametse & Shah, 2012). Social enterprises' ability to achieve both a social and financial return (hybrid) is relevant to developed countries and, hence can be used to attain a sustainable solution to a social problem (Roy & Roy, 2010).

According to Froes and Neto (2002), traditional entrepreneurship is driven by an individual perspective, focusing on market demands and profit maximization as its primary measure of success. It seeks to satisfy customer needs while expanding business potential. In contrast, social entrepreneurship adopts a collective perspective, prioritizing community welfare by producing goods and services aimed at addressing social issues. Rather than measuring success through financial profit, social entrepreneurship evaluates its impact based on social improvements, particularly by respecting and empowering individuals in socially vulnerable situations. Despite the interest in the area, research on social entrepreneurship in Brazil is still scarce (Passos *et al.*, 2016), highlighting the importance and need for studies such as this one.

In their research, Dacin *et al.* (2010) identify that among so many configurations of social entrepreneurship, these are generally centered on four key aspects: the distinct characteristics of social entrepreneurs, the spheres of operation, the processes and resources used and the outcomes associated with social entrepreneurship. Vieira *et al.* (2023) used concepts such as those presented by Dacin *et al.* (2010), to propose and validate with specialists a framework with the elements of measurement of social entrepreneurship for developing countries.

Indicators were proposed for social entrepreneurship at the individual level, including aspects inherent to the behavior of the social entrepreneur, and indicators at the organizational level, encompassing elements related to the processes and results of social entrepreneurship (Vieira *et al.*, 2023). Although it makes progress

in reducing the gap on the subject, the framework of social entrepreneurship in developing countries is social and hybrid business. Thus, it does not enter into specific merits to deal with social entrepreneurship in fields such as public health, where the context may represent different indicators.

Aiming to deepen the literature on this subject still underexplored, Mendes *et al.* (2022), after a systematic integrative review, arrived at a consensus on the main concepts brought by the optimal of public health to the field of social entrepreneurship:

> 1. Search for actions with sustainable social impact instead of immediate and punctual actions; 2. Social entrepreneurship fills a gap that the government cannot supply otherwise; 3. Assume a proactive attitude of innovation; 4. The actions include intersectoral collaborations, with companies, unions, non-governmental and governmental organizations; 5. The vision of problems and challenges as opportunities; 6. Communication, collaboration, and trust are factors that make it possible to overcome many obstacles; 7. Use of network (other health service providers, individual service users, and the community) to carry out new projects; 8. The desire to listen to the user and experts, as well as collaborate with authorities accelerate the process of developing activities; 9. The action of well-being improvement is defined by community factors; 10. Events such as the Covid-19 pandemic encourage the adaptation and innovation of activities to address these situations; 11. Actions have risk and cost-benefit analyses; 12. Expanded view of health (holistic) and well-being (Mendes et al., 2022, pp. 194–195).

Notable examples from Mendes *et al.* (2022) are the use of collaborative networks among healthcare service providers, users, and the community to enable new projects. This type of connection was essential in the development of the Vent-I non-invasive ventilator during the COVID-19 pandemic, where hospitals, universities, and the Indonesian government collaborated to accelerate its production and distribution (Hidayat *et al.,* 2020). Furthermore, the ability to quickly adapt to emerging challenges is a fundamental pillar of social entrepreneurship, as evidenced by the creation of free digital platforms to facilitate communication and technology transfer among different stakeholders during the pandemic (Ibáñez *et al.*, 2022). Another relevant aspect is the expanded vision of health, which considers not only disease treatment but also population well-being, exemplified by the Health Conversion Foundations in the United States, which develop customized programs based on local needs (Heinze *et al.*, 2016).

Another key aspect of social entrepreneurship in public health is the pursuit of sustainable social impact rather than immediate and isolated actions, as highlighted by Ramani *et al.* (2017) and Chandra and Shang (2019). This long-term perspective is evident in initiatives such as community-based healthcare projects that prioritize continuous education and preventive measures over short-term interventions. Additionally, the proactive approach to innovation plays a crucial role in addressing public health challenges. For instance, social entrepreneurs in the pharmaceutical sector have expanded the role of community pharmacists, turning them into essential healthcare providers who bridge the gap between underserved populations and medical services (D'Souza & Scahill, 2020).

These examples demonstrate how social entrepreneurship in public health can operate innovatively and collaboratively to meet demands and generate lasting social impact. Objectives, principles, and common characteristics between social entrepreneurship and public health could be evidenced, as well as their forms of interaction in the reports of primary studies analyzed, being positive the impact of social entrepreneurial actions on public health (Mendes *et al.*, 2022). Thus, based on the literature evaluated, the elements cited by Vieira *et al.* (2023) and Mendes *et al.* (2023) were used to ground the methodology of this research as described below.

3. Methodology

This study is a Content Analysis (CA) (Bardin, 2011; Nascimento et al., 2021; Oliveira et al., 2016) research, predominantly qualitative with the use, however, of some quantitative techniques. CA can be defined as a group of techniques for analyzing communication that uses systematic procedures and description of objectives for message content, consisting of three stages: *(i)* pre-analysis, *(ii)* exploration of the material, and *(iii)* treatment of results, or inference and interpretation (Bardin, 2011).

According to Oliveira *et al.* (2016), as she summarizes the three stages of CA:

> 1. Pre-analysis involves: defining the objectives of the content analysis, selecting the material according to its relevance in relation to the goal, reading the material to be

> analyzed, and organizing the material for analysis. [...]. 2. The exploration stage involves defining the unit of analysis, i.e. the smallest part of the content in which an element can be identified, that is, the portion of text to which the code is associated. The unit of analysis can be a word, paragraph or theme. Besides the unit of analysis, the codes must also be defined. The codes may arise from reading the text, [...] but may also be defined based on the literature, known as constructed code, or a combination of these two types. [...]. 3. In the last step, known as treatment and interpretation, the content is coded, considering the rules defined in the exploration stage, and inferences can be drawn from it (Oliveira *et al.*, 2016, pp. 74-76).

The role of interpreting social reality gives the content analysis method an important role as an analysis tool in qualitative research in applied social sciences, once it is presented as a useful tool for the interpretation of the perceptions of social actors while greater concern with the process to the detriment of the results or product (Câmara, 2013; Silva *et al.*, 2005). Based on these characteristics, AC was the descriptive methodology chosen for this research. Its descriptive connotation is in line with what Gil (2017) puts it since it aims to describe characteristics and raise the opinions, attitudes, and beliefs of a population, deepening a phenomenon already observed in some exploratory research, seeking characteristics and models that best describe them.

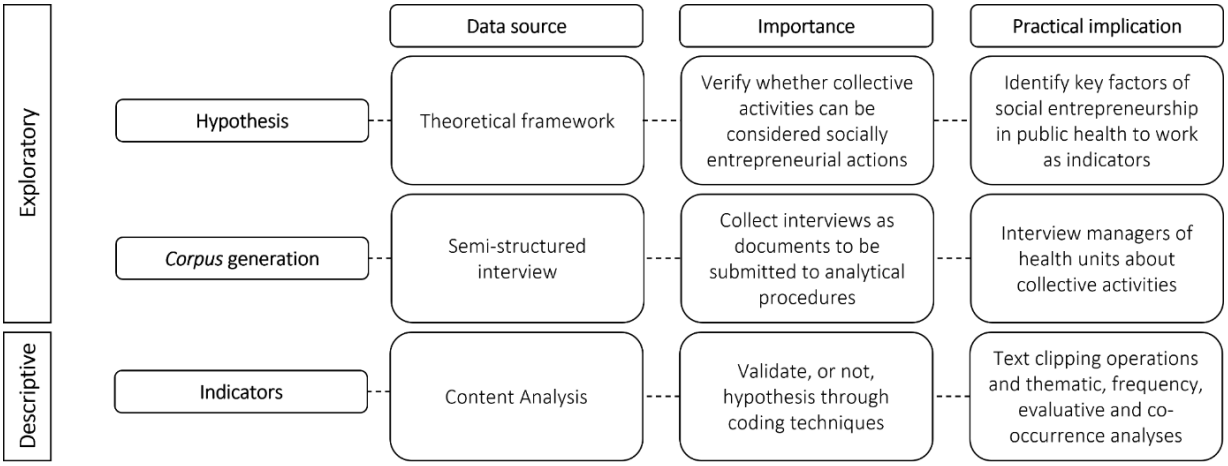
In order to generate material for the analysis (*corpus*), a semi-structured interview was carried out. The semi-structured interview is a method of research commonly used in social sciences, is considered an exploratory method generally based on a guide, and is typically focused on the main topic that provides a general pattern, enabling a researcher to go deep for a discovery (Magaldi & Berler, 2020; Ruslin *et al.*, 2022). The questions are presented in Table 1 and were generated from the theoretical concepts raised by Mendes *et al.* (2023) already presented since they were developed specifically for the context of social entrepreneurship in primary public health care. They were adapted, however, for the context of collective activities, addressing the variables of this research indirectly, in order to verify the affinity

Table 1. Questions presented and key social entrepreneurship in public health aspects.

Question	Key aspects and indicators
1. What are the objectives of group activities?	1. Search for actions with sustainable social impact instead of immediate and punctual actions
2. Why is there a need to develop collective activities?	2. Social entrepreneurship fills a gap that the government cannot supply otherwise
3. What is needed to carry out collective activities?	3. Assume a proactive attitude of innovation
4. How does the emergence and definition of a collective activity occur?	4. The action of improvement of well-being is defined by factors of the community
5. What obstacles can be encountered and how can they be overcome?	5. The vision of problems and challenges like opportunities 6. Communication, collaboration, and trust are factors that make it possible to overcome many obstacles
6. Which agents participate in collective activities (internal or external to the HU)?	7. Use of network (other health service providers, individual service users, and the community) to carry out new projects 8. The desire to listen to the user and experts, as well as collaborate with authorities accelerate the process of developing activities 9. The actions include intersectoral collaborations, with companies, unions, non-governmental and governmental organizations
7. How do events like the pandemic interfere with collective activities?	10. Events such as the Covid-19 pandemic encourage the adaptation and innovation of activities to address these situations
8. Are there any plans for group activities? If so, what is taken into account?	11. Actions have risk analysis and cost-benefit
9. What attitudes does a HU demonstrate when carrying out collective activities?	12. Expanded view of health (holistic) and well-being

Source: elaborated by the authors (2025).

Figure 1. Research design



Source: elaborated by the authors (2025).

of collective actions and managers of HU with the theoretical concepts of social entrepreneurship in public health.

According to Bardin (2011), pre-analysis has three missions: the choice of documents to be submitted for analysis, the formulation of hypotheses and/or objectives, and the elaboration of indicators that support the final interpretation, not necessarily in this order. The research design can be seen in Figure 1.

In the corpus, thematic, frequency, evaluative, and co-occurrence analyzes were carried out. According to Bardin (2011):

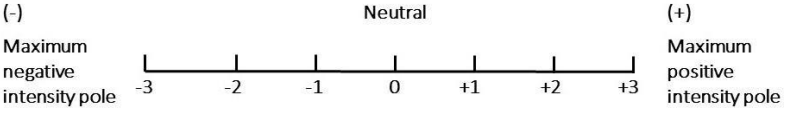
> The thematic analysis consists of discovering the nuclei of meaning that make up the communication and whose presence, or frequency of pairing, can mean something for the analytical objective. [...] the frequency reveals the importance of a recording unit according to the frequency of appearance, assuming that all items have the same value. [...] in the evaluative analysis, the weighting of the frequency translates a quantitative or qualitative character, which can be favorable, unfavorable, or neutral. [...] co-occurrence is the simultaneous presence of two or more registration units in a context unit (Bardin, 2011, pp. 131-138).

The interviews were conducted in person throughout the first semester of 2023 and were analyzed using the IRaMuTeQ and NVivo 14 after transcribing the recordings. The evaluative analysis will follow the model proposed by Osgood (1959) and have seven-point bipolar scales for the pre-established indicators, as shown in Figure 2. The analysis of Osgood's evaluative assertion takes advantage of knowledge from social psychology about the notion of attitude (Minioli, 2011 apud Bardin, 2011), also analyzing the general profile of the responses, that is, the set of frequencies for each element.

The sample included managers of HU located in the Teaching Assistance District (DDA) of the Federal University of Health Sciences of Porto Alegre (UFCSPA), the university through which this project is being carried out, in a municipality in Rio Grande do Sul, Brazil. A sample of 29 managers was invited to participate, with contact being made via email and telephone, and interviews conducted in person. The research was approved by the ethics committees of the University and the municipal health department, under the registration number CAAE 58404522.6.3001.5338.

Before starting the interview, the participants were presented with the Informed Consent Form, signed in two copies, having been informed of the objectives, risks, and benefits of the research, agreeing with the recording, in addition, to contact in case of complaint and having the right to interrupt the process at any time without any negative impact. In the following section, the research results are presented and discussed.

Figure 2. Osgood seven-point bipolar scale



Source: Adapted from Bardin (2011).

4. Results and discussion

The sample included managers of HU located in the Teaching Assistance District (DDA) of UFCSPA, from a total sample of 29 managers, 22 (±76%) agreed to participate in the research, which is the number of interviews analyzed. The interviews were carried out in the HU in the months of December 2022 and January 2023, at a time agreed between the interviewer and the interviewee so that it did not interfere with the activities performed by the manager, following Resolution No. 580, of March 22, 2018, of the National Health Council.

4.1 Thematic analysis

In possession of the analysis corpus, themes were analyzed based on affinity with the 12 aspects guided by the interview script. For each aspect, the nuclei of meaning were ordered, constituting the beginning of the textual description. The interpretation considered the apprehended meanings, the dialogue with the literature, and the other constructions developed in the previous stages. Through the core meaning of the answers, certain indicators were united into one, namely: 1 and 12, 3 and 5, 4 and 8, and 7 and 9.

Below, each indicator and its core meanings are presented. Fictitious names were used with the excerpt of the speeches that most portray the theme.

Search for actions with sustainable social impact, with an expanded view of (holistic) health and well-being

With the population, activities such as smoking, pregnant women, walking, hypertensive and diabetic groups are mentioned. The broad sense of health beyond the disease is observed, as exemplified in the following excerpt:

> [...] *it's not just treating with medicine,* [...] *the practices of physical exercise, the conversation circles with the staff of the groups are also essential for the body, mind, and soul.* (Margarida)

Regarding HU employees, only one report brought actions such as relaxation practices, while most carry out collective actions in meetings to align the flow and discuss the case.

Social entrepreneurship fills a gap that the government cannot supply otherwise

The interviewed managers' report that they perceive the need of the population and understand their role in the health system as the institution that must provide collective activity services, not identifying another type of place that would be failing to fulfill its role. The only example of a government institution that is included in the planning and implementation of collective activities are universities. These, however, are seen as partners, not having direct responsibility for carrying out the actions. A possible motivator for the emergence of socially entrepreneurial characteristics in the actions carried out is the lack of financial support from the government. As an example of altruistic action by the HU teams, managers' report the use of their own resources for the acquisition of materials, since they do not receive financial support for this purpose, even considering a basic activity of the HU.

> *Of personal value, it is usually mine. This is something for the unit to work, right? In a way, there should be a subsidy for us to be able to do this. But we try to provide as much material and food as we can, such as cardboard, thermos, coffee, and tea.* (Lis)

> [...] *we always make coffee for them [group of pregnant women], but since we don't earn any money in this regard, it ends up being the team, right?* (Violeta)

Assume a proactive attitude of innovation, seeing challenges as opportunities

The innovative measures that were observed did not emerge from favorable circumstances, but rather from exigent needs. For example, the lack of physical space in the HU to carry out collective activities was solved by some teams by holding meetings in community places, such as church halls, southern tradition centers (CTG), and condominiums.

> *In this unit, we use the CTG from the community association, so I also depend on it being available, I ask the president of the association, but we manage to do it smoothly.* (Camélia)

The limited availability of time for meetings is overcome through the utilization of communication applications, such as WhatsApp. While this approach may suffice for certain aspects, it has been reported to have adverse effects in other domains.

> *And the meetings would be very important, at least once a week. Because it doesn't exist, there's no way you can align processes, align, plan, without a meeting, right? Often the information is on WhatsApp. He came to help us, we play there and follow along, but it's not the same thing. Often the team meeting,*

> *everyone together, everyone has a better understanding, right? But then we fight as best we can, right?* (Rosa)

The social improvement action is defined based on community factors

Six influencing factors were identified in defining the actions to be carried out, namely: *(i)* perceptions of HU employees, demand from *(ii)* local councils (from the population), *(iii)* schools and *(iv)* companies in which activities are made, from *(v)* Municipal Health Department and through *(vi)* goals and indicators. Of these, only continuing education proposals coming from SMS are aimed at employees. As an example of talking about the importance of community participation, is quoted:

> *But as they [the local council formed by members of the community] are leaders, they end up always being sought after and they look for us too. They come to the HU, they come to listen to our demands and they also bring their demands.* (Calêndula)

Although some managers report the use of targets and indicators as a basis for deciding on activities, this practice is also seen as negative, since the indicators used may not include activities that aim at health in a holistic way.

> *I think the biggest issue is time versus goal, you know it's "Well, I need to accomplish a certain goal". So I have to take care of this here as a priority, right? I think this is a difficulty that we have like this. For sure.* (Cravo)

Communication, collaboration, and trust are factors that make it possible to overcome many obstacles

While the aspects of communication and trust were closely related to the role of the community agent, emphasizing their relevance in primary care, collaboration was related to universities in actions for the community and with SMS in education activities for the teams.

> *Most of our collective activities are carried out by students.* [...] *they plan, carry out almost the entire workload in schools. So they manage to do all the delivery of what is proposed. And most of the team always participates together* [...]. *The university is very close for these issues. So there is already a whole organization, a system, right? I think that a student is always good because it gives us that new gas for the job.* (Dália)

In addition to these three, another aspect was highlighted, namely motivation, an aspect related to the resilience of the collaborators to carry out collective activities despite the challenges encountered.

> *The team brings ideas. Just yesterday, the doctor who runs the group sent me a message, "ah, I'm thinking of doing an activity now at the end of the year, there in the quilombo, what do you think and such. We might be thinking..." So they are the ones who are motivated to do it, you know, I think that as they assist the patients, they also see it, you know, the needs, the ideas emerge.* (Íris)

Use of a network with actors from the 4th helix to carry out new projects

Other primary care services such as Centro de Referência de Assistência Social (CRAS) and Centros de Atenção Psicossocial (CAPS) were mentioned only as support for specific actions, only for cases of some specific patients. Despite this, actors from the 4 helixes could be identified, with greater or lesser participation in collective activities. While some companies participated only by requesting actions such as vaccination, another is frequently mentioned as providing educational activities for employees, such as SMS (representative of the government helix). In another helix, universities are also involved, since their students often support the development of activities in schools in the respective territories of the HU.

Society, finally, is present through support in the formulation, dissemination, and participation of collective activities. Self-employed professionals are also reported as a source of volunteer work in, for example, biodanza classes for the population and manicure services for employees on Women's Day.

> *We did an action aimed at Women's Day, for beautification* [...]. *We set it up, we brought SESC, it was a manicure, a pedicure. It was something like that was very rewarding for the children, for the mothers.* (Gerânio)

> *The biodanza group has 2 teachers who, if I'm not mistaken, are not on duty, they are volunteers.* [...] *So, they identified themselves there and help.* (Jasmin)

Events such as the Covid-19 pandemic encourage the adaptation and innovation of activities to address these situations

As the only form of opportunity for new actions identified in the midst of the pandemic context, managers' report incentives for actions in the waiting room. The use of the time in which patients were waiting to be seen so that speeches and educational materials were

made by HU professionals. Other difficulties were reported, without, however, the presentation of possible resolutions through entrepreneurial or innovative actions, such as the loss of physical space in the units, the decrease in human resources due to leaving or focusing on assistive care activities, and the cultural change of patients to immediate actions.

> *Was it during the pandemic when many collective things were restricted, right? So this culture was lost a lot and a counterpoint was built to the culture of immediacy, of health as a cure for my acute issue and that's it* [...]. *They don't want to wait, they don't want to schedule* [...], *and this was intensified in the pandemic, this cultural knot.* (Lavanda)

Due to the scarce number of reports in which the pandemic represented an opportunity for new actions, this indication was removed from the key factors.

Actions have risk analysis and cost-benefit

Due to the low number of professionals working in HU, assistance demands become a priority instead of collective activities. Thus, the risk and cost-benefit are calculated by evaluating the displacement of professionals for collective activities to the detriment of assistance.

> *These issues of time and the number of people in the unit are obstacles. It has happened that I had to suspend an activity because I needed two nurses and another technician helping in another room* [...]. (Lírio)

Table 2 presents the new proposal of key elements of social entrepreneurship in primary care, after compiling the results of the interviews.

The results of the Osgood seven-degree bipolar scale and average number of group activities per HU are presented below.

4.2 Osgood's seven-degree bipolar scale

For each answer about the importance of carrying out collective activities, an intensity value was given according to Osgood's seven-degree bipolar scale. The coding for each expression was: neutral (0 points), important (1 point), very important (2 points), and fundamental / essential / extremely important / extremely important / super important (3 points). This is a semantic differential technique used to measure the perceived importance of a topic according to the interviewer's response. Responses were coded allowing a quantitative assessment of perceptions. The analysis compared the perceived importance of these activities with the actual number of initiatives undertaken by HU, highlighting discrepancies between intention and execution.

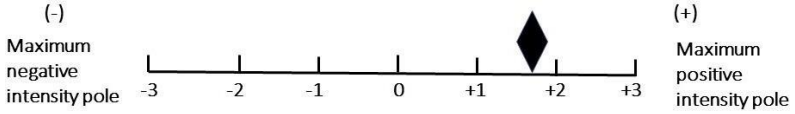
By averaging the responses, the study identified trends in prioritization, showing a stronger focus on community-oriented actions while internal employee-directed initiatives received less emphasis. Figure 3 below represents the profile that translates the set of scales made, with an average of ≅2.7 presented as the final result.

Table 2. New proposal for key elements of social entrepreneurship in primary care

Key aspects
1. Search for actions with sustainable social impact (education, prevention, and promotion), with an expanded view of (holistic) health and well-being
2. Entrepreneurial characteristics emerge in health units because they are the public reference for collective activities
3. Assume a proactive attitude of resilience, seeking ways to overcome challenges
4. The welfare improvement action is defined based on community factors
5. Communication, collaboration, trust, and motivation are factors present in socially entrepreneurial actions
6. Use of a network with actors from the 4th helix to carry out new projects
7. Activities include risk analysis on the displacement time of professionals

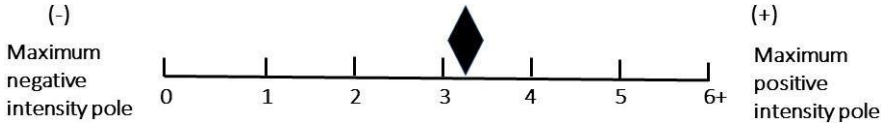
Source: elaborated by the authors (2025).

Figure 3. Osgood 7 degree bipolar scale profile



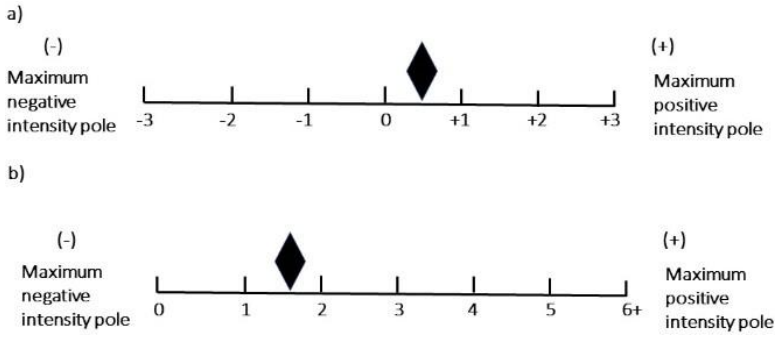
Source: elaborated by the authors (2025).

Figure 4. Average number of actions taken by Health Units



Source: elaborated by the authors (2025).

Figure 5. *(a)* Osgood 7-degree bipolar scale profile and *(b)* average number of actions taken by Health Units



Source: elaborated by the authors (2025).

Despite the positive perception of collective actions between "important" and "very important", when observing the average of actions carried out by HU (≅3.2), present in Figure 4, it is noted that this is below this perception, indicating that managers would like to take more actions, but do not do so due to the challenges already reported in the interview. Of the activities carried out, the most significant number of actions carried out in schools stands out: anthropometric assessment, updating of the vaccination record, and oral health.

With employees, the perception of the importance of carrying out collective activities decreases to ≅0.5 on the Osgood intensity scale. This fact is reflected in the number of actions carried out for this public: ≅1.6 in the average of the HU.

In most cases, actions such as meetings to discuss clinical cases, new flows, and processes are the only activities carried out. Second, continuing education actions increase the average. Finally, actions such as musical performances, moments of relaxation, and meditation are configured as a minority of actions. The scales can be seen in Figure 5.

It is inferred, therefore, that the challenges are overcome and energy is allocated primarily to carrying out actions with the community, while employees are usually offered actions aimed at the maintenance and internal processes of the HU.

Next, the results of the co-occurrence analysis are presented, as the last round of the content analysis was carried out.

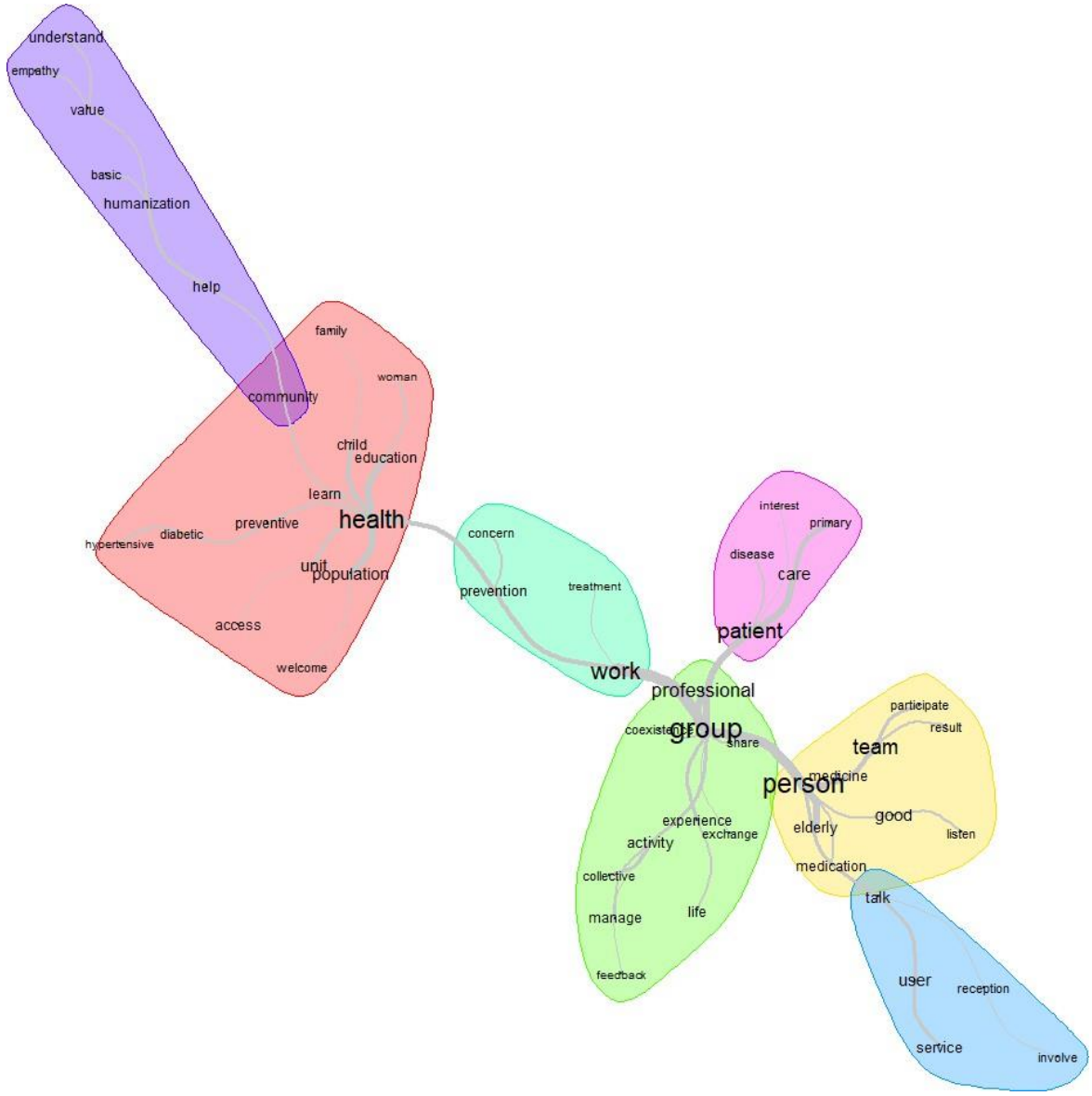
4.3 Similarity analysis by co-occurrence

To carry out the analysis, the IRaMuTeQ software was used with similarity analysis by co-occurrence with vertex text proportional to the frequency in chi-square. The connection intensity can be verified by the thickness of the line that connects it with the other words. By Figure 6, it is possible to verify the occurrence of a semantic range of words, in which the main one is "group", constituting the core.

However, it turns out that we can find the two major ramifications in studies about life satisfaction. This result may show that researchers have expended more effort on research involving financial decision-making as a factor influencing the satisfaction of people's lives. We can also observe that the words connected with the nucleus are, in the main, coincident, for those found in greater prominence in the cloud of words.

From "group'', three main branches are identified: "work", "patient" and "person". From "work" other segments follow in "health" and "community", while "person" follows characteristics related to "talk". The main relationships with social entrepreneurship can be identified in certain segments. In the nucleus, "group", the terms professional, sharing, experience, activity, and management stand out, indicating the appreciation of group management with the

Figure 6. Similarity analysis by co-occurrence



Source: elaborated by the authors with IraMuTeQ (2025).

characteristics of sharing experiences in a professional, qualified way.

Another large subgroup, health, is associated with terms such as education, prevention, diabetes, hypertension, and community, which are therefore linked to help, humanization, values, empathy, and understanding. In these terms, values of social entrepreneurship are also highlighted, aimed at certain groups of chronic diseases and the community in general. Among the main key aspects present in Table 2 and identified by the co-occurrence analysis number 1, 2, 4, 5, and 7, which may suggest a hierarchy of social entrepreneurship factors more present in primary care.

In summary, the similarity analysis by co-occurrence highlights the central role of the term "group" in structuring discussions around group activities. The branching relationships observed, particularly those linked to work, health, and personal interactions, underscore the significance of professional experience sharing, community engagement, and healthcare education in this context. Moreover, the identification of key terms associated with chronic diseases and social values reinforces the relevance of social entrepreneurship in primary care settings. These findings suggest a structured hierarchy of influential factors, shedding light on the interconnections that shape research in this field.

5. Conclusion

Social entrepreneurship is gaining prominence in the literature and in practical actions due to its capacity for social transformation oriented towards results in the community, through projects that arise from the demands of society itself. In public health, social entrepreneurship helps advance its mission.

In primary care in Brazil, collective activities can be seen as socially entrepreneurial actions and, therefore, can benefit from knowledge and practices in this area, factors that justify carrying out this research, since the phenomenon of optimal social entrepreneurship is still underexplored in the literature. With the aim of verifying and deepening the concepts of social entrepreneurship in primary care, this study carried out several content analysis techniques whose analyzed corpus was constructed through semi-structured interviews with 22 HU managers in a city in Rio Grande do Sul, Brazil.

In the thematic analysis stage, key aspects of social entrepreneurship in public health were reviewed according to the literature and improved according to interview responses, bringing them closer to the local reality. Despite being modified, the indicators reinforce affinities between the areas of social entrepreneurship and collective activities carried out by HU in primary care.

In the second stage of content analysis, Osgood's 7-degree bipolar scale was used to identify the level of importance given to collective activities, the average share of actions per HU and to compare the difference between actions aimed at the community and at the collaborators. It was identified that the HU do not carry out actions in the same proportion that they consider important and, with the HU professionals, even fewer actions are carried out with health care objectives in an expanded way, limiting themselves, in most cases, to permanent education and meetings for process alignment.

In the third and last stage, the analysis of similarity by the co-occurrence of the interviews revealed and confirmed aspects of social entrepreneurship present in group activities. Despite not having a focus on public health, several aspects of the social entrepreneurship measurement model for developing countries by Vieira *et al*. (2023) can be observed, such as proactivity, seeking to generate social value, empathy, motivation, social support, use of resources aimed at socially entrepreneurial actions, the pursuit of social empowerment and social transformation.

Among the limitations of the present study, it could have had a greater number of respondents in order to obtain more generalizable results, as well as relate mangers' responses according to the specific context of the HU, considering factors such as population size and profile, size and type of team available. In future research, the social entrepreneurship measurement model for developing countries and its indicators, developed by Vieira *et al*. (2023), may be applied in the primary care context.

This research contributes to achieving three key Sustainable Development Goals (SDGs) set by the United Nations. Firstly, it aligns with SDG 3 – Good Health and Well-being, by promoting collective activities in primary healthcare that enhance disease prevention, health education, and overall community well-being. These activities strengthen public health interventions, fostering more sustainable and inclusive healthcare services. Secondly, it supports SDG 10 – Reduced Inequalities, as the findings highlight the role of social entrepreneurship in addressing disparities in healthcare access, particularly in vulnerable communities. The study underscores the importance of innovative, community-driven initiatives that empower local populations and bridge gaps in service provision. Lastly, it advances SDG 17 – Partnerships for the Goals, by emphasizing intersectoral collaborations between government institutions, universities, businesses, and civil society in the planning and implementation of health-related social initiatives. These partnerships enhance the sustainability of collective activities and facilitate knowledge exchange, ultimately improving healthcare delivery in primary care settings.

Policymakers, health departments, managers, and researchers may take advantage of the results of this work to formulate educational actions aimed at developing social entrepreneurship skills in HU managers. Thus, by working with health unit managers, it is expected that they become more able to carry out collective activities with the population and with HU employees, ultimately improving health aspects that go beyond the absence of disease, rather embracing quality of life.

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