

COMPLEMENTARY AND INTEGRATIVE PRACTICES IN PRIMARY HEALTH CARE

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ABSTRACT: Objective: to analyze the knowledge and perceptions of nurses working in Primary Health Care in a municipality of Southeastern Goiás on Complementary and Integrative Practices. **Method:** a descriptive and exploratory study with a qualitative approach, with nurses who have been working for more than 6 months in Primary Health Care. Data was collected by semi-structured interviews in 2015 and submitted to thematic content analysis. **Results:** three categories emerged: I - Nurses' knowledge about Complementary and Integrative Health Practices, difficulty in conceptualizing these practices and perception as a complementary treatment; II - Challenges and difficulties in implementing Complementary and Integrative Health Practices in Primary Health Care; III - Complementary and Integrative Health Practices as a tool for self-care and promotion of quality of life. **Conclusion:** Training on the use of these practices as a resource of care is necessary at graduation and in continuing education.

DESCRIPTORS: Primary health care; Integral health care; Complementary therapies; Holistic health; Nursing.

PRÁTICAS INTEGRATIVAS COMPLEMENTARES NA ATENÇÃO PRIMÁRIA À SAÚDE

RESUMO: Objetivo: analisar o conhecimento e as percepções de enfermeiros que trabalham na Atenção Primária de um município do sudeste goiano sobre as Práticas Integrativas e Complementares. **Método:** estudo descritivo e exploratório com abordagem qualitativa, com enfermeiros que atuam há mais de 6 meses na Atenção Básica. Os dados foram coletados por entrevista semiestruturada, no ano de 2015 e submetidos à análise temática de conteúdo. **Resultados:** emergiram três categorias: I - Conhecimento das enfermeiras sobre as Práticas Integrativas e Complementares, dificuldade de conceituá-las e percepção como tratamento complementar; II - Desafios e dificuldades na implementação das Práticas Integrativas e Complementares na Atenção Primária à Saúde; III - As Práticas Integrativas e Complementares como uma ferramenta de autocuidado e promoção da qualidade de vida. **Conclusão:** Evidenciou-se a necessidade de capacitação na graduação e em educação permanente, para utilizar as práticas como recurso de cuidado.

DESCRIPTORIOS: Atenção primária à saúde; Atenção integral à saúde; Terapias complementares; Saúde holística; Enfermagem.

PRÁCTICAS INTEGRATIVAS COMPLEMENTARIAS EN LA ATENCIÓN PRIMARIA DE SALUD

RESUMEN: Objetivo: Analizar el conocimiento y las percepciones de enfermeros actuantes en la Atención Primaria de un municipio del sudeste de Goiás sobre las Prácticas Integrativas y Complementarias. **Método:** Estudio descriptivo y exploratorio, con abordaje cualitativo, realizado con enfermeros con más de 6 meses de actuación en Atención Primaria. Datos recolectados mediante entrevista semiestructurada durante 2015, sometidos a análisis temático de contenido. **Resultados:** Surgieron tres categorías: I – Conocimiento de las enfermeras sobre las Prácticas Integrativas y Complementarias, dificultades para conceptualizarlas y percepción como tratamiento complementario; II – Desafíos y dificultades en la implementación de las Prácticas Integrativas y Complementarias en la Atención Primaria de Salud; III – Prácticas Integrativas y Complementarias como herramienta para el autocuidado y la promoción de la calidad de vida. **Conclusión:** Se evidenció la necesidad de capacitación en el curso de grado y en educación continua para la utilización de las prácticas como recurso de cuidado.

DESCRIPTORIOS: Atención Primaria de Salud; Atención Integral de Salud; Terapias Complementarias; Salud Holística; Enfermería.

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● INTRODUCTION

The prevailing biomedical model considers the human body as a complex biological machine composed of different parts that based only on natural principles. The Complementary Integrative Practices oppose this conventional model, focusing on a holistic view of the individuals with mind, body and spirit, and not merely considered as an organism formed by isolated parts⁽¹⁾.

The Complementary and Integrative Practices (CIPs) are a group of therapies and products that are not part of traditional medical treatments. These practices are considered complementary when used together with conventional medicine, and are considered alternative when used in place of the conventional biomedical practice or when they replace a given technique of conventional medicine, and integrative when based on scientific assessments of efficacy and safety⁽¹⁻²⁾.

These practices seek to stimulate natural mechanisms of disease prevention and health promotion through effective and safe technologies, based on active listening, on the development of a therapeutic bond and on the integration of the human being with the environment and society⁽³⁻⁴⁾.

In 2006, the Ministry of Health implemented the National Policy on Integrative and Complementary Practices (PNPIC) in the Unified Health System (SUS), consolidated by Ordinance no 971 of 03/05/06 and 1.600 of July 17, 2006, and that seeks to incorporate these practices in Primary Health Care. Its guidelines are focused on prevention, promotion and recovery of individuals' health through humanized and comprehensive care. Moreover, the adoption of the PNPIC proposes to strengthen popular participation in the implementation of CIPs, as this participation facilitates the dissemination of new ideas⁽⁴⁾.

An ordinance of the Ministry of Health published on March 27, 2017 included other types of complementary and integrative practices in the National Policy of Integrative and Complementary Practices (PNPIC), increasing the access of the population to art therapy, Ayurveda, biodance, circular dance, meditation, music therapy, naturopathy, osteopathy, chiropractic, reflexotherapy, reiki, integrative community therapy and yoga⁽⁵⁾.

Another benefit of the ICPs is that it reduces expenses due to their low cost of implementation, combining therapeutic efficiency greater or equal to other treatments, with economic viability, which is valuable for the public health system⁽⁶⁾.

According to Rogers's theory of unitary human beings, a person is a unified whole having its own distinct characteristics specific to the whole, and that can't be predicted from knowledge of the parts. These characteristics are based on the concepts of integrality, resonance and happiness, besides operating with concepts of energy fields as open systems in permanent exchange^(3,7).

Given the key contribution of Rogers' thinking to the nursing practice, providing also guidance on nursing care at the CIPs, the present study aimed to analyze the knowledge and perceptions of nurses who work in PHC facilities of a city in the southeastern state of Goiás on Complementary and Integrative Practices.

● METHOD

This is a descriptive and exploratory study with a qualitative approach with ten nurses in the Family Health Strategy (FHS), in city in southeastern Goiás, conducted between August and December 2015. The local population is approximately 98.737, and in 2015, 42.16% of the city's population was covered by 11 FHS teams⁽⁸⁾. The inclusion criteria were nurses working in FHS units for more than 6 (six) months. Considering the objectives of the study, no exclusion criteria were established.

Interviews were used for data collection, through the application of a semi-structured questionnaire on the nurses' knowledge about complementary and integrative practices and their use in professional

practice. The professionals were invited to participate in the study by telephone, and a meeting was scheduled with those who agreed to participate.

The interviews, conducted by duly trained researchers, were performed at the nurses' workplace in a reserved room, recorded and transcribed in full.

Thematic content analysis proposed by Bardin was used in data analysis. According to the author⁽⁹⁾, thematic analysis is aimed to identify the nuclei of meaning that compose the communication and whose frequency was significant for the analytical object targeted.

To theorize and analyze the data, the National Policy on Complementary Integrative Practices (PNPIC) of the Ministry of Health was used. The study was approved by the Research Ethics Committee of Universidade Federal de Goiás, under statement no 1.064,655/2015. To ensure the anonymity of the participants these were identified by codes (names of flowers typical of the Cerrado), as follows: Turnera, Ipê, Polygala, Caliantra do cerrado, Juá, Lavoisiera, Orquídea, Flamboyant, Urtiga and Lobeira.

● RESULTS

Ten (10) nurses working in 10 (ten) units of the FHS strategy of the municipality were interviewed, since 1 (one) professional did not accept to participate in the study.

Regarding the characterization of nurses, 100% were female, seven (70%) declared themselves as brown, two (20%) declared themselves as white, and one (10%) declared themselves as black. The mean age was 32.7 years and 9.6 years after university education. As to religion, seven (70%) reported being Catholic, two (20%) evangelicals and one (10%) had another faith.

Regarding the answers to the questions posed, five (50%) of the nurses reported knowing what the CIPs are; 10 (100%) acknowledged the importance of these practices, citing at least one health benefit; 10 (100%) said they were not aware of a FHS unit that offered these practices to the population; five (50%) reported using or knowing someone who used CIPs; 10 (100%) believe that the CIPs benefit the patients; four (40%) reported that the community has considerable knowledge about the practices; seven (70%) reported that the community is interested in the CIPs; eight (80%) expressed their willingness in learning more about these practices.

According to the nurses, the most comprehensive CIPs known and used by the community and by these professionals in PHC were acupuncture, phytotherapy, homeopathy, chromotherapy, shiatsu, self-massage (Do-In) and yoga, with acupuncture being the practice mentioned by most respondents.

Based on data analyzes, three categories were structured related to knowledge and perception of nurses on this subject were structured, as follows:

I - Nurses' knowledge about CIPs, difficulty in conceptualizing them and perception of these practices as a complementary treatment

When questioned about the concept and denomination of the CIPs, the nurses revealed a superficial knowledge about the practices, since many did not know how to define them, to name them and to describe their benefits:

I don't know what is it, not by this designation. (Turnera)

More or less, I can say that I have a superficial knowledge (Polygala)

I need greater clarification, because it's been a long time since I left college, and things are changing a lot. (Lavoisiera)

Maybe we've heard of it, but we don't know what is it about. (Flamboyant)

I don't know very well; I've read something about it, but I cannot say much about it. (Lobeira)

Regarding nurses' knowledge on the CIPs, it was also found that these professionals perceive the tools as complementary techniques to be used together with conventional treatments:

These practices will complement the patient's medical treatment. (Caliandra do cerrado)

I know they are practical to complement the treatment of the patient, and also that they serve to improve their quality of life [...] I believe they can enhance the results of treatments (Juá)

It is a matter of improving treatment, adherence [...]; allied to the right treatment, will only bring good benefits. (Urtiga)

Some nurses reported that the ICP therapy alone is not sufficient as it only mitigates the symptoms and that many users keep using the traditional treatment. However, some users adhered entirely to the CIP therapy giving up the conventional pharmacological treatment, as shown in the following speech:

I think that this treatment alone is ineffective because it only mitigates the symptoms, not curing the disease [...] Many people continue to use the medication, and others want to stop taking the medication, because they feel better and think the tea alone will do. (Flamboyant)

II - Challenges and difficulties in the implementation of CIPs in PHC

The participants pointed to challenges related to the public management of the implementation of the CIPs at the SUS, citing technical recommendations made by the Ministry of Health, according to which, implementation of the service at the SUS would be unfeasible:

Last week we received information materials from the Ministry of Health on these practices, on phytotherapy.. but we need space to grow the plants, etc... So, apparently we lack the necessary infrastructure for this project here. (Orquídea)

Some nurses said that the theoretical content on ICPs was not addressed during graduation, which makes it more difficult to include such practices in the care provided to the community:

[...]I graduated in Nursing about 10 years ago; the curriculum has changed over these years. So if knowledge on the subject is still scarce today, I think it was even scarcer at that time. (Polygala)

I think that if [the CIP] were approached as a mandatory discipline and a prerequisite subject, providing internship opportunities, et.. [...] they would be very, very important. (Orquídea)

I didn't have much contact with the subject during graduation [...] If I had greater access to the subject, it would be much easier to work with the community, especially in health education actions. (Lobeira)

Health professionals face numerous difficulties regarding the concrete implementation of CIPs at the SUSs, as previously mentioned. However, raising awareness and training health professionals is considered essential for an effective dissemination of this knowledge by the respondents, as evidenced by the following statement:

I think there are a lot of problems here [...] If we attached greater importance to the CIPs and if these practices were taught as a subject in college, they would have more credibility and value. Things should be much better. (Lavoisiera)

The prevalence of the biomedical model in the training and daily care is also described as a complicating factor, as follows:

These therapies were addressed when we were in college, but since we are supposed to implement healing practices in our routine as rehabilitation professionals, we end up not implementing those complementary practices in situations where they were applicable (Orquídea)

III - CIPs in PHC as a tool for self-care and promotion of quality of life

In this category, when asked about the desire to implement these practices at the SUS, the nurses said that this would be very important, particularly to the improvement of the quality of life of the population, either by making them aware of the importance of not taking medications when they are not needed, or as new care tools.

Well, these practices were already incorporated to the SUS, though not in this city. Because I think it would be important for the patient; these practices would contribute to improve the patient's physical and mental health. (Caliandra do cerrado)

[...] These practices could support and complement the treatment of patients at the SUS, and also improve their quality of life. (Juá)

I think these practices are very beneficial because people get too dependent on medications, feel depressed.. so, if they can take a course on the importance of drinking some teas, this could improve their quality of life... (Ipê)

● DISCUSSION

The results showed that the respondents had little knowledge about the CIPs. This knowledge can be considered superficial because of misconceptions, which can generate difficulties in the professional-users relationship or with colleagues that implement these tools⁽¹⁰⁻¹¹⁾.

Many practitioners with an academic background influenced by the biomedical model of healing tradition do not take advantage of new practices/alternatives to meet the needs of their clients and users. This model often prioritizes the use of technology and the segmentation of care, ignoring other health strategies such as the CIP that value the subject's empowerment and more natural forms of treatment⁽¹²⁾.

To add other therapeutic practices to the currently available resources, it is necessary to strengthen health promotion actions related to the CIPs, promoting public policies targeted to the specific needs of the community⁽¹³⁾.

The respondents cited practices that complement the conventional treatment and also listed the most comprehensive CIPs that are known and used by the community and implemented by them in PHC, as follows: acupuncture, phytotherapy, homeopathy, chromotherapy, shiatsu, self-massage (Do-In) and yoga, with acupuncture being mentioned by 100% of the respondents. All these practices are regulated by PNPIC and ordinances 849/2017 and 145/2017 of the Ministry of Health⁽⁴⁻⁵⁾.

These practices should complement other treatments or be integrated with the conventional model, in order to reduce costs, encourage actions targeted to the prevention of injuries and maintenance of health through effective and safe technologies that promote active listening, the formation of a therapeutic bond and a healthy connection of the individual with the environment and society, in accordance with the PNPIC⁽¹⁴⁻¹⁵⁾.

Practitioners who implement these practices perceive the individual as a whole (mind/ body/spirit), focusing on health rather than illness. They also explain to the users that such tools should be used concomitantly with the conventional drug treatment, not in the place of the pharmacological resource⁽¹⁴⁾. Such observations were made by many respondents.

The respondents also reported the challenges for the implementation of CIPs in primary health care, such as lack of physical structure and professional training. However, despite the valuable and relevant techniques used in the CIPs, there is lack of specialized professionals, since only a few undergraduate courses in the health area offer disciplines in this field, limiting the potential contribution of the CIPs to the services provided to the population assisted by the SUS⁽¹⁶⁾.

Thus, the knowledge acquired by most students is usually obtained by empirical knowledge. In the case of Nursing, many students also ignore the legal endorsements of the Federal Nursing Council (CO-FEN) and the PNPIC regarding the implementation of the CIPs⁽¹⁷⁾.

According to some studies, most health professionals deem necessary to include elective or mandatory disciplines related to the CIPs during graduation, as they would give students access to new forms of care and assistance. However, only a few professionals think these disciplines should be mandatory⁽¹⁸⁾.

One of the guidelines of the PNPIC highlights the importance of qualified professionals for the implementation of these practices in PHC, together with the community, since this would strengthen therapeutic links, increasing community adherence to these new treatments⁽⁴⁾.

The findings of this study corroborate the literature demonstrating that nurses believe and report that the CIPs provide better quality of life for users and are important for promoting health. Recent studies have demonstrated the efficacy of acupuncture and other CIPs in the treatment of physiological dysfunctions such as temporomandibular disorders, psychological diseases, osteoarthritis, trigeminal neuralgia, gastric diseases, migraine, muscle hypotonia, hemiplegia and even obesity⁽¹⁸⁾.

In a study with 64 individuals who had chronic pain and started a treatment that involved four CIPs (yoga, chiropractic, acupuncture and massage) over a three-month period, the participants reported better well-being, acceptance and decreased pain, greater awareness of the need for continued commitment to their own care, self-control, and were more motivated to seek effective coping strategies⁽¹⁹⁾.

The incorporation of the CIPs into PHC contributes significantly to the humanization of care. Humanized care ensures the control of individuals over their own health, providing strategies for self-care and for the care of the community, because the users become the main responsible for the process of health production and delivery of integral care. The CIPs make communication between all these elements possible⁽¹⁵⁾, and also reinforces the link with health professionals, as described by some nurses who reported that the community wants to obtain more knowledge about the referred practices.

The respondents' statements revealed the existence of a biased view about CIPs, as well as lack of knowledge of their contribution to the healing process. This may explain the lack of interest of several health professionals in the use of such resources⁽¹⁸⁾. However, the Ministry of Health has been encouraging the training and dissemination of these practices in Primary Health Care. Data from the second cycle of the National Program for Improving Access and Quality in Primary Care (PMAQ) that assessed more than 30 thousand PHC teams in Brazil, in 2016, demonstrated that the 14 practices included in ordinance no. 849/2017 are offered in health services throughout the country⁽²⁰⁾.

Given the low availability of CIPs in PHC in the city where the study was conducted, it is necessary to disseminate knowledge about these practices among health professionals to increase confidence in their effectiveness. One limitation of this study is that interviews were made only with nursing professionals. It would also be interesting to collect information on the knowledge and perceptions of local managers and users of the service, in order to devise health programs and actions targeted to the specific needs of the population.

● CONCLUSION

The nurses participating in the study were aware of some CIPs such as acupuncture, phytotherapy, yoga, chromotherapy, shiatsu and Do-In, with acupuncture being the prac0

tice most mentioned by them. The professionals also described the referred practices as complementary to conventional treatment and said that many professionals are not aware of many CIPs, not even of their designations, because these practices were not taught to them. The respondents also said they were not updated on the subject. Another difficulty is the lack of a physical structure and qualified human resources to implement these practices in the workplaces of the nurses.

It is evident that nurses lack information about the CIPs, their use, their benefits, as well as on the regulations of the Federal Nursing Council and the Ministry of Health that authorize and encourage the use of such practices in PHC and other levels of care, especially with regard to health promotion and disease prevention.

One strategy that could be employed to change this scenario is the restructuring of the curriculum components of health courses, particularly nursing courses, with the establishment of these practices as mandatory disciplines and/or by offering internship opportunities in the fields of the CIPs to train health professionals to use these resources in healthcare scenarios. Including the CIPs among the topics discussed in continuing health education programs, in order to update the professionals' knowledge on such practices would also be desirable.

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