

ORIGINAL ARTICLE

INCLUSION OF NURSES IN ACUPUNCTURE PRACTICE IN SANTA CATARINA (1997-2015)*

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ABSTRACT

Objective: identify the inclusion of nurses in acupuncture practice in Santa Catarina (1997-2015).

Method: qualitative, historical-social research, using the thematic oral history technique, based on Eliot Freidson's sociology of the professions. The participants were 20 acupuncturist nurses. To select the participants, the Santa Catarina Regional Nursing Council and acupuncture training schools in the South of Brazil were contacted and the snowball technique was applied.

Results: the nurses chose the specialization out of empathy, desire to practice and wanting to make changes in other people's lives. The qualification permitted the strategic use of the knowledge and innovating ideals for differentiated care. As for the choice of the training school, they paid attention to institutional recognition and personal facilities.

Conclusion: Brazilian nursing has been developing a specialized body of knowledge, guaranteeing its autonomy, expertise and professional credentialism. This study will contribute to the scenario the nurse has conquered and to all researchers working in relation to this theme.

DESCRIPTORS: Acupuncture; Nursing; Nursing History; Professional Choice; Sociology.

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INSERÇÃO DAS ENFERMEIRAS NA PRÁTICA DE ACUPUNTURA EM SANTA CATARINA (1997-2015)

RESUMO

Objetivo: identificar a inserção das enfermeiras na prática de acupuntura em Santa Catarina (1997-2015).

Método: pesquisa qualitativa histórico-social, utilizando técnica da história oral temática, fundamentada na sociologia das profissões de Eliot Freidson. Participaram 20 enfermeiros acupunturistas. Para seleção realizou-se contato com o Conselho Regional de Enfermagem de Santa Catarina, com Escolas de formação em Acupuntura do Sul do Brasil e a técnica snowball.

Resultados: as enfermeiras escolheram a especialização por empatia, vontade de atuação e o querer provocar mudanças na vida de outras pessoas. O aperfeiçoamento permitiu utilizar estrategicamente os conhecimentos e inovando ideais para um atendimento diferenciado. Quanto à escolha da escola de formação, estavam atentas ao reconhecimento institucional e às facilidades pessoais.

Conclusão: a enfermagem brasileira vem fundamentando um corpo de conhecimento especializado, assegurando sua autonomia, expertise e credencialismo profissional. Este estudo contribuirá ao cenário conquistado pela enfermeira e com todos os pesquisadores que se relacionam com este tema.

DESCRITORES: Acupuntura; Enfermagem; História da Enfermagem; Escolha da Profissão; Sociologia.

INCLUSIÓN DE LAS ENFERMERAS EN LA PRÁCTICA DE ACUPUNTURA EN SANTA CATARINA (1997-2015)

RESUMEN:

Objetivo: identificar la inclusión de las enfermeras en la práctica de acupuntura en Santa Catarina (1997-2015).

Método: investigación cualitativa histórico-social, utilizando la técnica de la historia oral temática, fundamentada en la sociología de las profesiones de Eliot Freidson. Participaron 20 enfermeros acupunturistas. Para la selección fueron contactados el Consejo Regional de Enfermería de Santa Catarina, Escuelas de formación en Acupuntura del Sur de Brasil y fue aplicada la técnica snowball.

Resultados: las enfermeras eligieron la especialización por empatía, deseo de actuación y porque quieren provocar cambios en la vida de otras personas. El perfeccionamiento permitió utilizar estratégicamente los conocimientos e innovando ideales para una atención diferenciada. Respecto a la elección de la escuela de formación, se atentaron al reconocimiento institucional y a las facilidades personales.

Conclusión: la enfermería brasileña viene desarrollando un cuerpo de conocimiento especializado, garantizando su autonomía, experiencia y credencialismo profesional. Este estudio contribuirá al escenario conquistado por la enfermera y con todos los investigadores relacionados a este tema.

DESCRIPTORES: Acupuntura; Enfermería; Historia de la Enfermería; Elección de la Profesión; Sociología.

INTRODUCTION

Acupuncture is an integrative and complementary practice, based on the Taoist philosophy that originated about 1,500 b.C. In this theory, the dynamic interaction between people and their development, health and wellbeing are influenced by the environment they are inserted in⁽¹⁻²⁾. In the East, acupuncture practitioners are technical professionals, oriental physicians and physicians educated in the West but specialized in Traditional Chinese Medicine (TCM). Its regulation is currently under development in many country, so that the profile of skilled professionals for its practice varies⁽³⁾. In Brazil, acupuncture is formally accepted as a specialty by different categories of health professionals, including: nurse, psychologist, physiotherapist, naturologist, dentist and physician⁽⁴⁾.

The nurses offer an incomparable approach for the inclusion of acupuncture and other complementary practices at the health centers where they act. In 1997, the Federal Nursing Council (COFEN), recognized acupuncture as a specialty as well through Resolution No. 197. In 2008, through COFEN Resolution No. 326/2008, nurses were authorized to autonomously use acupuncture in their professional conduct⁽⁵⁾ and Resolution 585/2018 entitles nurses to perform acupuncture practices⁽⁶⁾. The nurses' activities in acupuncture also rest on the Federal Health Department's Integrative and Complementary Practice Policy, created in 2006, which recommends acupuncture as a treatment for different health problems; and on the creation of the Family Health Support Centers, allowing the nurse to apply this technique safe, effective and autonomously⁽⁴⁾.

Considering acupuncture as a knowledge area and important practice for the professional identify of Nursing, this study is based on Eliot Freidson's sociology of the professions, who appoints three factors that narrate the ideal type of professionalization, autonomy, expertise and qualification credentials regarding one's own work⁽⁷⁾.

The objective of this study is to identify the nurses' inclusion in acupuncture practice in Santa Catarina between 1997 and 2015. This historical excerpt from 1997 to 2015 is justified by the recognition of acupuncture practice for nurses, based on COFEN Resolution No. 197/1997 and finishing with the update of the National Policy of Integrative and Complementary Practices in 2015⁽⁴⁾.

METHOD

Qualitative research with a historical-social approach, using historical sources on the past and under the researcher's responsibility to construct and register a new information source⁽⁸⁾.

To select the oral sources, the Santa Catarina Regional Nursing Council (COREN) was contacted to identify the nurse specialists in acupuncture. Another way to capture the sources were the acupuncture training schools, the first of which was named "School X", located in Florianópolis, and the second "School Y", headquartered in Paraná with branches in Santa Catarina (SC). The choice of the schools is justified because School X is the reference school in the state and because School Y has branches in SC and is the school where one of the researchers in this study graduated. We used the snowball method until the saturation point of the sample.

The inclusion criteria were nurses who obtained the specialist degree between 1997 and 2015 and worked in the area. The methodological strategy used to collect the oral data was Thematic Oral History⁽⁹⁾. The Oral History followed a strict set of procedures to constitute the narratives: interviews; recording; transcreation; validation and analysis⁽⁹⁾. For the data collection, the professionals were initially contacted by por e-mail.

Then, they were invited to participate in the research and to sign the Informed Consent

Form. Ten face-to-face interviews were held at a place prearranged with the participants and ten via WhatsApp audio, between March and May 2018. All interviews were recorded using a digital recorder. For the sake of data reliability and validity, the interviews were approved using the Interview Assignment Form (IAF).

The oral sources of the research were 20 nurses specialized in acupuncture. As this study is focused on the nurses' inclusion in acupuncture practice, we chose to preserve the professionals' anonymity, identifying them by means of acupuncture points.

For the sake of the data analysis, the thematic analysis method was used⁽¹⁰⁾, as well as the hermeneutical and dialectical methods. In this method, the interviewees' discourse is presented in its context for the sake of a better understanding. The data were discussed in the light of Eliot Freidson's Sociology of the Professions. The data were analyzed, compared and grouped by content similarity, giving rise to three thematic categories: Acupuncture, the awakening of the choice; From Nurse to Acupuncturist; The Training School: choice criteria.

This research received approval from the Ethics Committee for Research Involving Human Beings at the Federal University of Santa Catarina on March 26th 2018, ethics committee opinion No. 2.562.782.

RESULTS

The results are presented in three thematic categories. In the category "Acupuncture, the awakening of the choice", some participants approached the acupuncture area since their undergraduate program. Others gained interest as patients, yet others due to their profession/work and under the influence of other professionals and relatives. In the category "From nurse to acupuncturist", the participants gained motivation to take the specialization in search of innovation in treatment, professional autonomy and to enhance their knowledge. In the category "The training school: choice criteria", some participants chose the school based on practicality and the indication of other professionals; others made this choice considering the school's concept, the teaching staff and the dynamics the teaching institution offers.

Acupuncture, the awakening of the choice

The nurses' approach to the acupuncture specialty provoked historical changes in their professional practice. Professional choices were made and contributed to the conquest of a specialty practices by the nurse, which used to be considered medical and not multiprofessional. The results appoint the acupuncturist nurses' approach of and affinity with the area in some situations: in their undergraduate program; upon personal, family influence; experience as a patient and their work at the time, characterized in the following statements:

In undergraduate education, I already felt affinity with the practice classes [...] I finished the undergraduate program and subsequently entered the graduate program (in acupuncture). (Er Men)

[...] During the undergraduate program I worked as a trainee in the Integrated Health Care Program, which offered treatment using alternative practices instead of medication. (Jing Men)

Since 1993, in undergraduate education, when I took an extracurricular training in the alternative practice outpatient clinic and fell in love with the area. (Ju Que)

My mother has been an acupuncturist for many years. When she started teaching at the

acupuncture outpatient clinic of an acupuncture school, in another state, I was younger and sometimes I accompanied her, so I felt kind of charmed by what she told me about the patients. What it could be, what it was, how they would feel or reacted afterwards. I saw the patient trawling and walking out, it was magical. I grew up watching this and I liked it a lot and when I entered the nursing area, it was an option I could work in that too so this passion already comes from home. (Ting Hui)

Although the teacher is not the sole responsible for quality education, (s)he is one of the main agents for this education to take form and make a difference, establishing a good relationship with his/her students and permitting a stimulating and favorable learning environment.

As from 1990, when I got to know the work of the Chrystal Seed in Gravatal and I started to like the holistic area. I took a training there and then the specialization course in acupuncture in São Paulo. (Tai Chong)

My history in acupuncture started in 2003, when I met a teacher who inspired me to take the specialization. (Yún Mén)

Countless factors are determinant in the professional choice, including the personal influence, from society and from the family.

My initial interest in the field of Chinese medicine was as a patient. Then I took great interest because of the results achieved. (Da Ling)

In 2007, my soon took a treatment, not with acupuncture but with related areas. In 2008, I looked for information on the course and enrolled. (Zhang Men)

The need to get treatment and satisfaction with the benefits of the therapy suggest a new opportunity for treatment and a new specialty. They appoint new knowledge, as well as extra income, one's own space and, once again, the autonomy to perform one's function with proper preparation and independently in the chosen profession.

I was already working with medicinal plants. I wanted to offer something more to the population that used medicinal plants. I fell in love with the practices, at the time it was still called alternative medicine. (Tài báí)

I have always liked the integrative practices. When I started working with pastoral health care the SUS did not exist. We did not have access to a basic pharmacy at the primary health care service, there was no organized system. People did not have money, so they used plants. I started to take interest in this other area of integrative practices, that's when I took the acupuncture specialization program after the phytotherapy program. (Tài Xi)

To the extent that we take interest in everything surrounding us at work, countless opportunities emerge and we start to arouse affinities with different activity areas.

From Nurse to Acupuncturist

The specialty permits the strategic use of knowledge from the activity area. Knowledge permits innovating, creating, finding different solutions, discovering the cause of the problems and using that discovery to enhance the growth of a particular business for the sake of professional growth and for the common good, aiming to provide other beings with attention and care. The approach of the acupuncture area took place in three situations: Innovation in treatment; Professional autonomy and Knowledge expansion, characterized in the following statements:

To be able to offer another therapeutic alternative to the patient, beyond allopathic medicine. (Er Men)

The main reason was to work with health and not only with disease. With the preventive

part, looking at the patient as a whole, observing the physical, psychological, social aspects of his emotion, his energy. (Shen Feng)

I sought the specialization to reduce the medication use and guarantee my autonomy. (Tài Xi)

Knowledge is the most precious good the human being can acquire. It gains strategic importance when it can be put in practice effectively in the activities developed and when that knowledge is used for instruction and transmission to other people. Strategic knowledge permits proactive and assertive action, besides serving as a reference point no matter where life puts us. In a way, whether as an optional or compulsory course, the National Policy of Integrative and Complementary Practices (PNPICS) has been included in the curricular matrix of undergraduate programs and has been growing in recent years, opening room for scientific research.

The Training School: choice criteria

The specialization or lato sensu graduation program complements the professional's general view with technical knowledge or vice-versa. Correctly choosing the graduate program also depends on the clarity of the professional objectives. The criteria for choosing the training school were due to: Convenience; Indication; Well-rated school with Oriental teachers; Dynamics of the teaching institution.

When I sought a specialization course in acupuncture, school X was my first option, because it is here in Florianópolis. (Yún Mén)

It was an acknowledged school in Curitiba, with a highly qualified teaching staff, most teachers came from São Paulo and owned clinics. And the easy access, the opportunity to take the course at weekends. (Da líng)

The choice was basically a matter of indication, a teacher had already graduated at this school so she indicated the place. (Shen Feng)

The first course was not actually the specialization degree in acupuncture, but the main theme was acupuncture, it offered all alternative techniques and modalities and that was very good for me because I learned from many people. The choice was due to the teachers being oriental. (Tài Yan)

I chose school Y because it offered the course in Florianópolis, Curitiba and Itajaí. If I had to replace one weekend per month and if I was unable to do it that weekend in Florianópolis, I could do the replacement in Itajaí or Curitiba. School X offered me great ease to replace classes, it didn't affect my family life at any time. I could take the course while taking care of my husband, children, and my social life. That was one of the main reasons, this freedom, the dynamics offered, to end the course in different places". (Shén Mén)

Several factors were decisive in the choice of the training institution. The choice of the institution should be cautious and knowledge-based, as this specialty is recognized and regulated by the regulatory and supervisory entities of the Nursing profession, with a view to professional practice.

DISCUSSION

There has been considerable debate in Brazil on the implementation of Integrative and Complementary Practices in the public health systems. In Brazil, the National Integrative and Complementary Practice Policy has already added acupuncture in the Unified Health System, figuring discretely in primary health care services⁽¹¹⁾.

Eliot Freidson explains the search for knowledge as a search for professional power. According to Freidson, to achieve social recognition, the professions seek specialized knowledge in higher education and the consequent autonomy of their work process, aiming to hold professional power over an occupation⁽¹²⁾.

One of the motives in this study that made the professionals seek the specialization was the search for knowledge and professional power to guarantee autonomy. Autonomy is the ability of self-government by one's own means, it is the mastery of a profession to control its work, but guaranteed by society.

Professional autonomy is a specificity that grants power to the profession, which reaches its status when it performs its activities under the protection of society and state control⁽⁷⁾. This autonomy is highlighted in the category from Nurse to Acupuncturist, in which the participants emphasize the desire and satisfaction with regard to getting the specialization and conquering this autonomy granted by this nursing area⁽¹³⁾.

Countless ethical and legal inquiries arise in nursing with regard to the practice of acupuncture. Acupuncture, which the Federal Council of Medicine argues to be a medical specialty, was accepted as a specialty in the sphere of other health profession categories' Councils in Brazil. It has been practiced by acupuncture practitioners trained abroad, by professionals trained in free courses in Brazil, by acupuncture technicians and acupuncture specialists, bringing about ethical-legal dilemmas concerning who is entitled or not to practice this treatment⁽¹⁴⁾.

The nurse needs to be a presence in the regulation process of the acupuncture profession and its practice as a specialty, or will be subject to distancing from the acupuncture practice. Nursing acts in different scenarios in which each demands professional autonomy of knowledge, skill and attitude in health care provision and figures as an autonomous profession in this context⁽⁷⁾. Acupuncture is a therapy that permits nurses' autonomous action. It is an opportunity for nurses to overcome barriers and face new opportunities for the profession⁽¹⁴⁾.

The search to accomplish family expectations to the detriment of personal interests can influence the decision and the construction of the different professional roles and models⁽¹⁵⁾. The family factors play an important role in the impregnation process of the ruling ideology. Childhood contact with the mother specialized in acupuncture favored the interest in following the same path, despite different professions, which gave room for multiple professions and is in line with the autonomy in the practice of nurse specialists.

Freidson acknowledges expertise and the search for knowledge as an instrument of professional power. According to this author, the development of expertise is fundamental to establish authority in the coordination of a profession's work division⁽¹²⁾. Nursing's inclusion and identity will take place through the construction of the political, ethical, scientific identity, expressing the responsible and autonomous engagement of this professional⁽¹⁶⁾.

In this study, acknowledged expertise is identified as a distinctive factor in the profession of acupuncturist nurses, granting not only knowledge to the interviewed nurses, but also decision-making power within the profession through the specialization they adopted. The possibility to grant differentiated care, using an ancient technique in recent times, something that is innovative, practical and safe.

The link between therapist and patient in the use of complementary techniques, as well as this professional's premediated and spontaneous presence, can offer considerable benefits for the patient's wellbeing⁽¹⁷⁾. The possibility to include knowledge coming from acupuncture gave rise to discussions that suggest a great potential as a pedagogical tool for clinical simulation. Thus, complementary techniques contribute to the pedagogical practices of simulated clinical teaching in undergraduate nursing education⁽¹⁸⁾.

Reflection is due on how to teach and learn and on the human relationships established in this process. In the undergraduate course, the start of the academic

identity construction process, information, values, beliefs, expectations are confirmed or transformed, broadening the knowledge field. The teacher-student relationship is related to the creation of a bond, trust and admiration, seeking to improve the teaching-learning work, exchange experiences and reach the objective by choosing this specialty.

The subject complementary therapies has been included in undergraduate course curricula throughout the country over the years. In a study on undergraduate Nursing students' knowledge on complementary therapies, at a public and private institution, it was verified that both offer a specific subject in this area, as an optional and compulsory course, respectively. In the same study, the students recommend the use of complementary therapies more, acupuncture being the second best known, and the most forgotten aspect in the teaching-learning process of this discipline is related to the legal aspects of the specialization in this area for nursing⁽¹⁹⁾.

In a quantitative study that showed the supply of subjects and courses on Integrative and Complementary Practices at six public higher education institutions in the State of Rio de Janeiro, in 2014, the following variables were identified on their respective sites and secretariat: higher education institutions, health subarea, teaching level (undergraduate and graduate), subthemes of Integrative and Complementary Practices (Homeopathy, Acupuncture, Meditation etc.), format (compulsory, elective or optional) and content (informative or training)⁽²⁰⁾.

Acupuncture in nursing care is the object of interest and discussion between experts and specialists and the number of active professionals and scientific productions is still small when compared to the true potential of professional practice. A specific body of knowledge is needed between nursing and acupuncture, with a view to strengthening professionals' actions within the PNPICS proposal, expanding their activity area in an autonomous, safe and solid manner, towards professional recognition and satisfaction.

The acupuncturist nurse relates to the expertise Freidson refers to. The study reveals the need to transform the therapeutics from medicalization to complementary practices. Thus, the quality of nursing care stands out.

When considering the entities that support the nurse specialist, another professionalization factor is at stake, credentialism, which according to Freidson is a set of formal rules and regulations embodied in laws or regulations and resolutions linked to political institutions, professional associations and educational organizations, "As it determines the political, legal and interprofessional structure, which establish the general limits in the framework of which the professionals can practice their activity"^(7:105).

Credentialism is a stronghold of expertise and is emphasized through a title or credential, achieved through training and certification strategies determined by associations. This presupposes professional regulation by law and the activity of the Professional Councils⁽¹⁴⁾.

Both COFEN and the Regional Nursing Councils have supported the nurses since the first resolution in 1997. Since then, they have struggled for every conquest of the acupuncturist nurses, relentlessly debating on perspectives and proposals for the organization of the care activities in the Integrative and Complementary Health Practices. At the start of 2018, COFEN started to trigger the regulation of Integrative and Complementary Nursing Practices together with the Federal Health Department and with other Brazilian nursing organizations⁽²¹⁾.

We increasingly need to tighten the bonds with our councils and fight for a better future for our profession and its specialties. The nursing specialization in Acupuncture is acknowledged and certified by the State as a National Integrative and Complementary Practice Policy in the Unified Health System, being regulated at the teaching institutions, provided that they hold the recognition by the Federal Education Department as a graduate program and comply with the required hour load. Concerning the limitations, the large number of professionals not included in the research stands out. Despite having reached

data saturation, other important characteristics of this specialty may exist.

FINAL CONSIDERATIONS

The motivations that made the nurses specialized in acupuncture in Santa Catarina seek and choose the specialization discussed here, besides empathy, were their desire to act in the area chosen, their willingness to change their clients' perspective and, to the same extent, the autonomy the specialization granted, as the decision making depends exclusively on the professional. The choices entailed satisfaction and wellbeing. They were judicious in their decision to take the course and their choice of the training school, taking into account the status of the institution, the teaching staff and the location, which was another important criterion in the choice.

The professionals' search for differentiated knowledge guaranteed expertise, leading to a differentiated performance. The lack of historical studies on acupuncturist nurses is also highlighted.

The autonomy, expertise and credentialism that self-regulate Nursing as a profession accomplished the fundamental movement towards the mastery of the work spaces within a comprehensive and multiprofessional care concept.

This study has achieved its objective, describing how acupuncture reached Santa Catarina being practiced by nurses. As a potential, the strengthening of a new specialty in nursing stands out. Its regulation and inclusion in public policies will strengthen Freidson's expertise, autonomy and credentialism.

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