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RESEARCH

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Práticas não convencionais em saúde por familiares e vínculos afetivos de pacientes críticos

Unconventional health practices by family and affective bonds of critic patients

Prácticas de salud no convencionales por el familia e vinculos afectivos de pacientes críticos

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ABSTRACT

Objective: To investigate the applicability of unconventional practices in health performed by visitors with affective bonds and/or family members of critically ill patients. **Methods:** A descriptive and quantitative study was carried out in care environments to critically ill patients from the Emergency and Trauma State's Hospital in the city of João Pessoa - Paraiba. The sample consisted of 100 families. Data were collected through semi-structured interviews and analyzed by the *Statistical Package for Social Sciences* software. Approved by the Research Ethics Committee under number 328.320. **Results:** It was observed applicability, knowledge and good acceptance in the use of some unconventional practices by family and by people with emotional bonds with critically ill patients. **Conclusion:** The unconventional practices provide comprehensive care to the individual, to the family and to affective bonds. Family and affective bonds convey a great reliability of these practices, recognizing them and integrating them is a key component to the influence of its use.

Descriptors: Complementary therapies, Critical care, Therapeutic actions.

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RESUMO

Objetivo: Averiguar a aplicabilidade das práticas não convencionais na saúde realizadas por visitantes com vínculos afetivos e/ou familiares de pacientes críticos. **Métodos:** Estudo descritivo, quantitativo, realizado nos ambientes de atendimento ao paciente crítico do Hospital Estadual de Emergência e Trauma, na cidade de João Pessoa – Paraíba. A amostra foi composta por 100 familiares. Os dados foram coletados por meio de entrevista semiestruturada e analisados pelo Software *Statistical Package for Social Sciences*. Aprovado pelo Comitê de Ética em Pesquisa, sob o número 328.320. **Resultados:** Observou-se aplicabilidade, conhecimento e boa aceitação na utilização de algumas práticas não convencionais, por familiares e por vínculos afetivos de pacientes críticos. **Conclusão:** As práticas não convencionais proporcionam um cuidado integral ao indivíduo, aos familiares e vínculos afetivos. Os familiares e vínculos afetivos transmitem uma grande confiabilidade destas práticas, reconhecendo-as e integrando-as como componente fundamental para a influência do seu uso.

Descritores: Terapias complementares, Cuidados críticos, Ações terapêuticas.

RESUMEN

Objetivo: Investigar la aplicabilidad de las prácticas no convencionales de salud por los visitantes con vínculos afectivos y/o familiares de pacientes en estado crítico. **Métodos:** Se realizó un estudio descriptivo y cuantitativo se llevó a cabo entorno de atención a pacientes críticos en el Hospital de Emergencia y Trauma del Estado en la ciudad de João Pessoa - Paraiba. La muestra estuvo conformada por 100 familias. Los datos fueron recolectados através de entrevistas semi-estructuradas y analizados por el software *Statistical Package for Social Sciences*. Aprobado por el Comité de Ética de la Investigación con el número 328.320. **Resultados:** Se observó aplicabilidad, conocimientos y buena aceptación en el uso de algunas prácticas no convencionales por la familia y los lazos emocionales de los pacientes críticos. **Conclusión:** Las prácticas no convencionales proporcionan una atención integral para el individuo, la familia y los lazos afectivos. Familia y lazos emocionales transmiten una gran fiabilidad de estas prácticas, el reconocimiento de ellos y su integración son como un componente clave de la influencia de su uso.

Descriptores: Terapias complementarias, Cuidados críticos, Acciones terapéuticas.

INTRODUCTION

Unconventional practices in health are therapeutic resources that seek to stimulate the natural and adaptive mechanisms of the human being, preventing disease, restoring and promoting health through safe and effective natural technologies, with an emphasis on a welcoming listening, on the development of the therapeutic relationship and the integration of the human being with the environment and society.[1]

The National Health Council, in February 2006, unanimously approved and consolidated the National Policy on Integrative and Complementary Practices (PNPIC) in the Unified Health System (SUS), published and regulated by Ministerial Decrees nº 971, on May 03 2006 and No. 1600 of 17 July 2006.[2]

Unconventional practices in health aim at non-pharmacological care, which has little or no side effects and involves the individual holistically. These practices can be used associated with conventional medicine, advancing in the context of promotion, prevention and rehabilitation of the biopsychosocial imbalance of human being, seeking a transformation of the pathological view of the individual.[3-4]

Although some non-conventional health practices are regulated, and widely disseminated, the shortage of its applicability in hospitals is observed, especially in highly complex sectors such as intensive care units (ICU), despite of being authorized and legitimized by the Health Ministry as practices that should be integrated into traditional therapies with the purpose of enabling a holistic care.

The critical patient is one under a high degree of health endangerment, it shows changes in some of its physiological functions and, hence, a dependence on equipment, specific care and allopathic, homeopathic and/or herbal medicines, treatment aimed at the stabilyzation of the clinical state.[5]

The Collegiate Board Resolution (RDC) nº 26 of May 11, 2012, which establishes the minimum requirements of operation for the intensive care units, determines that the existence of family within this sector depends on the rules in force in the Institution, however, the inclusion of the family in the therapeutic process is part of the care. Clarifying to the family the real health condition of its loved one evidences that every human being needs ties, friendly relations and respectful coexistence, in a way that the affective dimension should be seen as one of the pillars for the patients recovery.[6]

Therefore, it is right to consider that ICU and other sectors in-patients, have a holistic care, in which the look of professional contemplates the sick individual as a biopsychosocial and spiritual being.[7]

Given the above it can be noted that the non-conventional health practices enable integral care to the family and the affective bonds, it can be developed by health professionals and visitors, as long as they are advised on safe practice, which can bring beneficial results as this therapy acts systemically in the body. Based on this assumption an urge to investigate the knowledge of family and affective bonds on unconventional practices and their applicability in the intensive care unit came up.

Thus, this research aims to investigate the applicability of unconventional practices in health performed by visitors with emotional bonds and/or family members of critically ill patients.

METHOD

This is a descriptive study with a quantitative approach. In the quantitative universe one must observe objectivity, systematization and quantification of concepts highlighted in communication. There is also the valorization of observation and appreciation of the phenomena in order to clarify, modify and/or support answers and ideas.[8]

The survey was conducted in care environments to critically ill patients from the Emergency and Trauma State's Hospital in the city of João Pessoa - Paraiba, during the month of July 2013.

The target audience was constituted by family and affective bonds of critical patients chosen from the inclusion criteria, namely: be family related or have affective bond with critically ill patients hospitalized; be at least 18 years old; be alphabetized and accept to freely participate in the research. Through the established criteria, we estimated a sample of 100 family and affective bonds of critical patients, which was pondered and deliberately extracted during visits of shifts in the period of data collection.

For data collected a questionnaire structured in two parts was used. The first corresponded to the characterization of the participants and in the second part, the identification of the objectives of the study by the quantifying of the data. To facilitate the analysis, the data were entered into an Excel for Windows spreadsheet and transported to the Statistical Package for Social Sciences (SPSS) 22.0, which enabled the statistical analysis.

In accordance with the requirements established by Resolution 466/12 of the National Health Council that governs the practice of research with human beings, the present study[9] was submitted to the Research Ethics Committee of the Alcides Carneiro University Hospital of the Federal University of Campina Grande, initiating After its authorization under Opinion nº 328.320.

In line with the requirements established by Resolution 466/12 of the National Health Council that guides the practice of human research, the present study[9] was submitted to the Ethics Committee at University Hospital Alcides Carneiro at the Federal University of Campina Grande, and it started after its approval in the Resolution nº 328,320.

RESULTS AND DISCUSSIONS

For a fair presentation of the results, the data were arranged in tables and Charts. Initially, the research participants were identified from Table 1, the objectives of the study were later revealed displayed in Charts.

The socio-demographic data (gender, age, marital status, education level, occupation and relationship to the critically ill patients) are shown in Table 1.

Table 1 – Absolute and percentage distribution of sociodemographic data of family and affective bonds of critically ill patients. João Pessoa/PB, 2013

Variable	Categories	*N*	%
Sex	Male	34	34
	Female	66	66
Age group	18 – 30 years	23	23
	31 – 40	22	22
	41 -60	45	45
	> 60 years	10	
Marital status	Single	28	28
	Married	50	50
	Widower	03	3
	Others	19	19
Education level	Incomplet Elementary school	42	42
	Complet Elementary school	10	10
	Incomplet Highschool	07	7
	Complet Highschool	30	30
	Incomplet Undergraduet	05	5
	Complet Undergraduet	06	
Occupation	Farmer	13	13
	Retired	09	9
	Autonomus	07	7
	House keeper	02	2
	House wife	29	29
	Public worker	03	3
	Others	37	37
Family relation	Father	04	4
	Mother	04	4
	Child	19	19
	Sibling	15	15
	Grandfather/mother	02	2
	Uncle/Ant	04	4
	Cousin	03	3
	Nephew/niece	04	4
	Friend	08	8
	Others	37	37

Source: Research data, 2013.

According to Table 1 a predominance of females (66%) is found, composing the age group between 41-60 years old (45%). Corroborating this characterization, the Brazilian Institute of Geography and Statistics (IBGE) said that in Brazil there are more women than men, circa 51.5 % of the population is made up of the female sex.[10]

With regard to marital status, there was a greater representation of people with legally established bonds (50%). According to the census 2010, the stable union obtained a considerable increase of about 54.5% over the year 2000.[11]

The level of education shows that 42 (42%) of the participants had not completed Elementary School, followed by Complete High School (30%). With regard to occupation, the variable *Others* (37%) gathered a higher percentage comprising: driver, painter, mason, merchant, pastor, security guard, machine operator, computer technician, landscape artist, waiter, nursing assistant. These occupations confirm the level of education found.

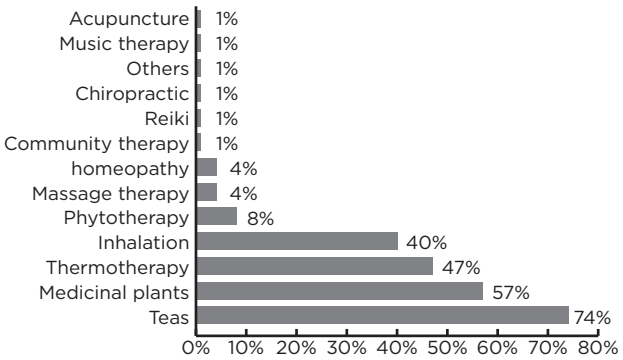
According to the National Education Plan, the variation of the occupation rate is directly related to the educational level of the individuals parents, while the non- occupancy rate is inversely related.[12] In recent years, there have been significant changes in labor relations. In 2012, 84.8% of Brazilian workers were in the private sector, and of these, 82.4% had a formal contract. The latter Chart represents an increase of 10.5 percentage points (pp) compared to 2003, when the percentage of registered workers was 71.9%.[13]

In line with the data presented, one can infer that the level of education and type of profession found is directly linked to the knowledge of popular practices and complementary therapies in health. This statement is justified by the fact that the lower the educational level, the greater the affinity for complementary therapies and the analogy to popular practices in health, due to the difficult to access allopathic therapy. Contrary to this, the higher levels of education are directly correlated to the biomedical model. However, there has been noticed an increase in the use of alternative therapies by the public with larger incomes.[1]

To the degree of kindship to the patient, we can observe that the greatest predominance of answering is – others (37%) – that was represented by: brother(sister)-in-law, husband (wife), mother-in-law, father-in-law, boyfriend and grandson (daughter). In critic environments there is a great importance of interaction between family to the patients. This may be seen as a form of humanization of the assistance that strengthens bonds. Even if we realize this importance, it's important to emphasize the necessity of restrict the amount of visitors, and the hours to visit, 'cause of the potential risk of infections.[14]

On the category family relation with the patient, it is observed that the highest prevalence is in response – Other (37%) – which was represented by: sibling, spouse, parent, offspring, boyfriend//girlfriend and grandson/ granddaughter. In critical environments this moment of interaction between the family and/or affective bond is crucial for patients, and also for these visitors. This interaction can be seen as a form of assistance humanization and strengthening of ties. However, despite of its importance, it is worth noting that there is a need to restrict the number of hours and visitors, due to the fact that critical environments have increased risk of infections.[14]

Chart 1 - Participants percentage distribution, according to the use of non-conventional health practices. João Pessoa/ PB, 2013*



Source: Research data, 2013.

Appreciating the individual's whole dimension and taking in consideration the uniqueness in the development process of their illness and their health, the National Policy on Integrative and Complementary Practices (PNPIC) contributes to consolidate the attention to health through an integrative perspective, in which the individual requires the interaction of actions and services existing in SUS.

The expansion process in the use of non-conventional health practices comes in parallel with scientific and technological progress of modern Western medicine, arousing the interest of users, researchers, professionals and managers of health services.[14]

It is noted that the health non-conventional practices most commonly used were teas (74%), followed by the use of medicinal plants (57%). In an ethnobotanical survey on the use of aromatic herbs, culinary and medicinal plants in a community of Rondonia, tea was the most recurret.[15]

The use of tea is an antique practice, which over the years was being suppressed by manufactured drugs, yet many of these drugs have medicinal plants as raw material. The popular practice of teas is not extinguished, because their transmission, to the present day, is made from generation to generation within the family, constituting empirical knowledge.[16] A survey on the use of complementary therapies performed with cancer patients showed that 82% of the respondents used teas and herbal therapies on a large scale. Therefore, the high acceptance rate and use of these therapies can be observed.[17]

It is understood by medicinal plant, the one with active ingredients that act bringing benefits to health. When these properties are isolated from plants and industrialized the phytotherapic is produced. Therefore, teas and phytotherapics represent one of the methods of use of the properties of medicinal plants.[18]

The use of medicinal plants has been widespread in Brazil and other countries, such as Spain, representing the European continent. According to the World Health Organization (WHO), 80% of the population makes use of

popular medicine for the relief or cure of diseases, boosting the search for scientific knowledge on the action mechanisms of the plant's chemical particularities, in addition to discovering its possible toxic effects and drug interactions, in order to make its use safer.[19]

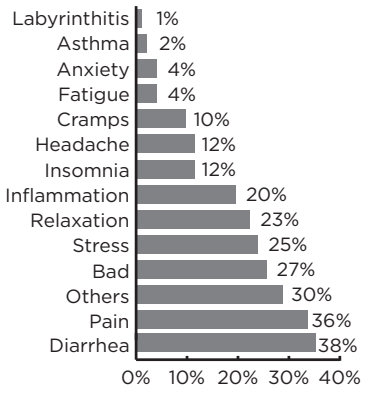
The alternative and complementary medicine is allusive to all the popular and therapeutic practices that do not belong to the traditions of a country and are not integrated into the dominant health care system. Therefore, some alternative therapies are considered new only to the usual medicine of most Western countries, as they can be routine and recurring in certain societies and cultures.[20]

In post-modernity many factors have contributed to the expansion of the use of medicinal plants as a resource, including: the high cost of manufactured drugs, difficult access of the population to health care and the tendency to use natural products. It is believed that the care provided by means of medicinal plants is beneficial to human health, as long as the user has prior knowledge of their effects, risks and benefits.[21]

A study on the contributions of phytotherapy to the quality of life has shown that the advantages of phytotherapy have been highlighted at the expense of the disadvantages, being used by the users due to its effectiveness, low cost, reduction of side effects and the stimulus to the acquisition of health habits.[22]

A study on the contributions of herbal medicine to the quality of life has shown that the herbal medicine advantages stood out over the disadvantages, being used due to its effectiveness, low cost, reduced side effects and because it stimulates the acquisition healthy life habits.[22]

Chart 2 - Participants percentage distribution, according to the purpose of use of non-conventional health practices. João Pessoa/PB, 2013



Source: Research data, 2013.

It can be noted that the most representative purposes are concentrated in acute cases such as diarrhea (38%) and pain (36%). In chronic cases, the most relevant purposes are directed to stress (25%) and insomnia (12%). It is necessary to emphasize that the variable "other" corresponds to acute cases of fever; healing; amebiasis; the flu; cough and hypertensive crisis.

It is clear that the main focus of attention on health systems in developing countries such as Brazil, are acute problems. Acute conditions can cause chronic conditions and these may have periods of acute exacerbations. When chronicity occurs the biomedical model does not offer results considered effective; thus favoring other therapeutic modalities that complement the treatment so that stability can be achieved.[4]

The ethnobotanical survey also revealed that the most cited purposes for the use of these plants by the population in the Princess Village community in the state of Rondônia were the flu and colds with 44 citations and diarrhea with 27 citations.[15]

According to the International Association for the Study of Pain (IASP), pain can be defined as an unpleasant sensory and emotional experience. Due to the pain association with various diseases, adverse effects and intolerances caused by analgesic drugs, more and more patients turn to alternative therapies as a useful tool for the relief of acute and chronicle pain.[4]

Chronic conditions constitute a threat to the organic, personal, social and family functioning of the individual, which requires special attention. Thus, the chronicity directly affects the quality of life of people affected by this condition, they should seek new habits in order to incorporate them into their life process.[4]

There was a significant improvement with 24% reduction in the stress levels in a group of students treated with aromatherapy, consisting in the use of essential oils. It is believed that this result is attributed to the emotional effects via the olfactory bulb and and a depressesion of the central nervous system.[23]

Reaffirming the data presented in this study, the scientific literature shows an exponential increase in the use of non-conventional health practices for the treatment of various acute and chronic diseases, among these we can highlight cancer.[14]

Thus, the use of non-conventional practices in health is directly related to physical and emotional pain relief, and it also promotes increased quality of life.[24] In this context, the use of medicinal plants and teas is pointed out as valuable for the treatment of colds, general pain, cough, nasal congestion, insomnia, nausea, heartburn, cirrhosis and high pressure.[25]

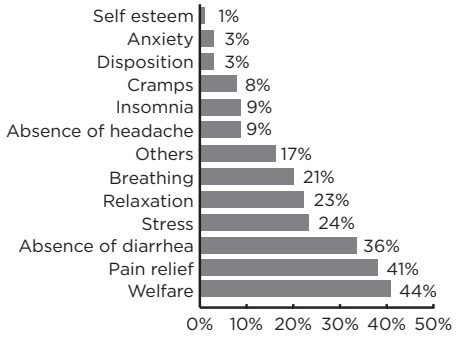
In post-modern world, unconventional therapies in health are a constant because of the found difficulty to treat and solve some health problems with traditional medicine and due to the fact that individuals opt for treatments of lower cost and easy purchase. In view of this, individuals try to seek support in non-traditional practices to resolve or mitigate health problems.[26]

Disenchantment with the biomedical model or with conventional medicine leads many people to seek alternative forms of treatment in the health field. The alternative model

of medicine is understood as the polar opposite of the biomedical model, because while biomedicine invests to develop the diagnostic dimension and to deepen the biological explanation, mainly with quantitative data, alternative medicine turns to the dimension of the therapeutics, focusing on the problems explained by lifestyle and environmental theories.[27]

The disenchantment with the biomedical model or with conventional medicine leads many people to seek alternative forms of treatment in the health field. The alternative model of medicine is understood as the opposite pole of the biomedical model, because while biomedicine invests to develop the diagnostic dimension and deepen biological explanation, especially with quantitative data, alternative medicine turns to the therapeutic dimension, focusing on problems explained by theories regarding lifestyle and environment.[27]

Chart 3- Percentage distribution of participants, according to the benefits of the use of non-conventional practices. João Pessoa/PB, 2013



Source: Research data, 2013.

Among the benefits observed, the most frequent were: welfare (44%) and pain relief (41%). Analyzing the variable others (17%) - one can note greater evidence in: decrease in blood pressure, better healing and the absence of fever.

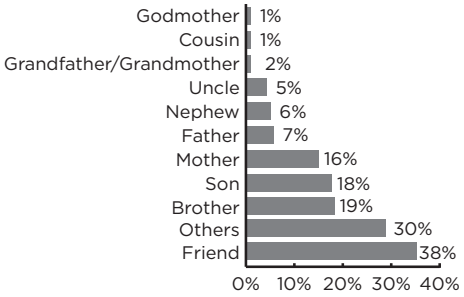
The offered treatments focus on mind, body and spirit, providing a sense of well -being to individuals. Thus, the use of these practices has proved important for the harmony of physical, mental and spiritual repercussions, as well as in the recovery and response to treatment of various infermities.[28]

The use of Reiki therapy provides a reduction in diastolic blood pressure levels and symptoms of the Bournot syndrome in nurses; while there is an increase in levels of Immunoglobulin A.[29] Continually, it is pointed out that meditation and floral therapy, induce decreased anxiety, stress, lack of attention, improving the quality of life and contributing to the increase of affection, attention capacity, good humor and confidence.[30]

Tea therapy has been shown to be effective in treatments for agitation and intestinal colic. It is also important to highlight that individuals who use unconventional health practices do not care about the scientific nature of the resources used to treat the diseases, but with the effectiveness of these therapies.[31]

Therapy with teas has been proven effective in treatments for agitation and intestinal cramps. It is also worth highlighting that individuals using non-conventional health practices do not care about the scientific nature of the resources used in the treatment of the disease, but the effectiveness of these therapetics.[31]

Chart 4 - Percentage distribution of participants according to the recommendation of non-conventional health practices. João Pessoa/PB, 2013



Source: Research data, 2013.

The family is currently being recognized as an important solid and educator institution that influences individuals, especially with regard to healthy habits, where one can see the close relationship between parents and children in the spread of these non-conventional practices. However, it is emphasized that common sense is still widely respected by the popultion.[16]

Chart 4 shows the uses and recommendations of survey participants on non-conventional health practices, with emphasis on the indications especially among friends (38%), others (30%) composed of: neighs, village members, students, spouse, and sibling.

Most of the information on these forms of therapies are given by family and friends, there is, affective bonds. People say they started the use complementary of alternative therapies before acquiring the disease, because these unconventional methods have already being practiced and accepted by their predecessors.[30]

A survey on popular practices of teenage mothers in caring for their children revealed that 82% of respondents used herbs and medicinal teas associated with conventional treatments. This occurs due to the fact that their family and friends have already used and approved this therapy in their lives, indicating its use.[31]

The indication of the popular practices and complementary and integrative therapies occurs through the idealistic model of communication. The act of communicating has a commitment to the truth of things and the quest to unveil the essence of the topic under discussion. The communicator respects the public as a rational being able to analyze, criticize and evaluate the transmitted message, instead of accepting it passively.[32]

As it is a line of knowledge and care extremely multiple and distinct, able to articulate a large growing number of therapeutic methods, light technologies, eastern philosophies and religious practices, a knowledge and a special attention is required of the health team.[33]

The role of the nurse is featured within this context, taking in consideration that it has a mission as an educator, a communicating agent and a propagator of the appropriate forms of use of non-conventional health practices. However, one can still notice a lack of preparation of health professionals and a weak planning in the implementation of alternative therapies in all health care levels, often caused by the devaluation of this resource by the administration, making it necessary to implement programs that enforce these therapies and promote the training in light technologies.[34]

CONCLUSION

Among the non-conventional health practices some are recognized and authorized by the Ministry of Health as practices that should be integrated into the traditional health therapies. These therapies are directly related to socio-cultural issues, when interconnected, they aim to provide a holistic care to the individual.

The applicability and broad knowledge of some unconventional practices, either by family members or by affective bonds of critically ill patients has been noticed. But with all this recognition is not visible to the applicability and satisfactory diffusion of these therapies during the study environment.

Regarding the applicability of non-conventional health practices, it can be noted that these are more present when it involves socio-cultural issues. Good acceptance in the practical use of these therapies can be observed because they were considered therapeutic with purpose and benefits proven.

Currently family and affective bonds are recognized as fundamental artifact in education and influence of non-conventional practices in health, because they possess a credibility value to the individual through life-shared experience and according to the bond between them.

Thus, it is clear that these practices could be applied to patients in critical environments, such as those built for palliative care. Considering this statement, one identifies the importance of integration of curricular components in the syllabus of health area courses, particularly in the disciplines of hospital-centered approach.

Therefore, the importance of the contributions of this study are clear for it reveals that it is possible to apply the unconventional practices in an environment considered unusual for this therapeutic model as well as shows their benefits. When it comes to alternative therapies, one correlates them to primary levels of health care. Through this exposure, we sought to reassert the scientific findings showing that the application of non-conventional practices in all health care levels is possible, and that this therapy when used properly and safely, adds to the evolution of the framework of the clinical patient because it acts holistically and reflects benefits.

It appears that more studies, especially intervention ones, must be developed to strengthen the evidence found in this study and scientific literature. It is worth noting the relevance of previous guidance on safe ways of use, dosage, indications and side effects, especially with regard to herbal medicines, in addition to offering continuing education to professionals that will spread knowledge about the benefits and the importance of incorporating this treatment to the offered assistance.

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