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RESEARCH

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KNOWLEDGE AND IMPLEMENTATION OF INTEGRATIVE AND COMPLEMENTARY PRACTICES BY PRIMARY CARE NURSES

Conhecimento e implementação das práticas integrativas e complementares pelos enfermeiros da atenção básica

Conocimiento e implementación de las prácticas integrativas y complementarias por los enfermeros de la atención básica

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ABSTRACT

Objective: The study's purpose has been to identify the understanding and implementation of integrative and complementary practices by primary care nurses. **Methods:** It is a descriptive research with a qualitative approach that counted with the participation of 19 primary care nurses. This study took place in the municipality of *Mossoró* located in the *Rio Grande do Norte State*, being approved by the Research Ethics Committee under the Legal Opinion No. 2.113.411. **Results:** The following four categories were identified: nurses' knowledge regarding integrative practices; failure to implement integrative and complementary practices in nursing care; implementation of integrative and complementary practices in nursing care; and, the professional practices are important for health care. **Conclusion:** The knowledge concerning the national policy for integrative and complementary practices, the variability and the purpose of such practices is still limited. Bearing this in mind, the solution for such understanding and deficient implementation would be through teaching, being it during either graduation or professional life.

Descriptors: Complementary therapies, primary health care, nursing care, integrality in health, knowledge.

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RESUMO

Objetivo: Identificar o conhecimento e a aplicação das práticas integrativas e complementares pelos enfermeiros da atenção básica. **Métodos:** É uma pesquisa descritiva de abordagem qualitativa envolvendo 19 enfermeiros da atenção básica do município de Mossoró situado no estado do Rio Grande do Norte, aprovada pelo comitê de ética e pesquisa sob o parecer 2.113.411. **Resultados:** Identificou-sequatro categorias: conhecimento dos enfermeiros sobre práticas integrativas; a não implementação das práticas integrativas e complementares na assistência do enfermeiro; implementação das práticas integrativas e complementares na assistência do enfermeiro; e as práticas são importantes para o cuidado em saúde. **Conclusão:** O conhecimento sobre a politica nacional de práticas integrativas e complementares, a variabilidade e a finalidade de tais práticas ainda se apresenta limitado, a solução para o conhecimento e implementação deficitários seria o ensino, seja ele na graduação ou na vida profissional.

Descritores: Terapias complementares; Atenção primária à saúde; Cuidados de enfermagem; Integralidade em saúde; Conhecimento.

RESUMÉN

Objetivo: Identificar el conocimiento e implementación de las prácticas integrativas y complementarias por los enfermeros de la atención básica. **Métodos:** Es una investigación descriptiva de abordaje cualitativo involucrando a 19 enfermeras de la atención básica del municipio de Mossoró, localizado en el estado de Rio Grande do Norte, aprobado por el comité de ética e investigación bajo la opinión 2.111.411. **Resultados:** Se identificaron cuatro categorías: conocimiento de enfermeros sobre prácticas integrativas; la no implementación de prácticas integrativas y complementarias en cuidados de enfermería; implementación de prácticas integradoras y complementarias en cuidados; y prácticas de enfermería son importantes para la atención de salud. **Conclusión:** El conocimiento sobre la política nacional de prácticas integrativas y complementarias, la variabilidad y el propósito de las mismas todavía está limitado, de esa forma, la solución sería la enseñanza.

Descriptores: Terapias complementarias; Atención primaria de salud; Atención de enfermeira; Integralidad em salud; Conocimiento.

INTRODUCTION

In 1910 the biomedical model appeared, which still prevails nowadays, characterized by being focused on the disease and the hospital environment and acting only on the affected body part, with healing as a priority. Other health models were developed with the purpose of adapting to the population's health demand.[1] Therefore, the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System] advocates the importance and supports actions that guarantee comprehensive care and health promotion, with the subjects participating in policies and services, characterizing the social health production model.[2]

When it comes to actions that guarantee comprehensive care and health promotion, Integrative and Complementary Practices (ICPs) appear, having a national context starting in 1985 when there was an agreement for homeopathy to be made available on the public network.[3]

In 2006, the Ordinance No. 971/2006 was elaborated, which discusses the National Policy for Integrative and Complementary Practices (NPICPs), in which it acts in the prevention of diseases, in the promotion, recovery, and maintenance of health.[3] Recently, in 2017, within the scope of national, the Ordinance No. 849 and the Ordinance No. 145 were put in force, the first addresses the inclusion in the NPICPs of 14 new procedures and the second incorporated seven practices into the list of the *SUS* procedures.[4,5]

At the State level, *Rio Grande do Norte (RN)* State is considered the sixth Brazilian State to join the NPICPs. The year 2011 was of great importance for this adherence process, as there was a Seminar whose objective was to discuss the proposal for a State Policy of Integrative and Complementary Practices at the SUS from the *RN* State; there was also the 88th Meeting of the *RN* State Health Council where such State Proposal was presented and the Legal Opinion of the *RN* State Health Council was approved.[6]

Given the aforementioned framework, the study guiding question was formulated: What is the knowledge of primary care nurses regarding the National Policy for Integrative and Complementary Practices?

Bearing in mind this perspective, the research aims to identify the understanding and implementation of integrative and complementary practices by primary care nurses. Making it relevant to society, since it brings NPICPs professionals together and contributes to qualified care, furthermore, it supports the development of future research in this line of reasoning, in which they are still in small quantities.

METHODS

This is a descriptive research with a qualitative approach that counted with the participation of primary care nurses. This study took place in the municipality of *Mossoró* located in the *Rio Grande do Norte* State. Registered nurses working in the Family Health Team (FHT) who were present at the nurses' meeting at the time of data collection were included in the research, and nurses who were on vacation, sick leave or who worked in administrative or management functions in the FHT were excluded from the research.

The meetings take place on the first Thursday of each month in order to carry out the permanent education of the professionals, generally, 15 registered nurses attended each meeting.

Data collection took place through a questionnaire, the first part was composed of questions that characterized the research subjects and the second part, by questions that intended to meet the objectives of the study.

This step took place after authorization by the Research Ethics Committee from the *Universidade do Estado do Rio Grande do Norte (UERN)* under the Legal Opinion No. 2.113.411 and took place as follows: before starting the nurses' meeting, it was explained the objective of the research and the way in which data collection would take place, as well as, briefly exemplifying the types of integrative practices; each participant was invited to read the Informed Consent Form (ICF) and sign if they agreed to participate.

After signing the ICF, participants were given a questionnaire to answer and then returned to the researcher. The questionnaire was identified with the same number by which the ICF was listed. The collected data were transcribed and analyzed using the Bardin's content analysis technique.[7]

As it is a research carried out with human beings, ethical principles were observed, which are addressed by the National Commission for Ethics in Research upon the Resolution No. 466/12 from the Ministry of Health.[8]

The participants had the security of anonymity, as well as the confidentiality of confidential data before the publication of the results, since their names were represented by the letter "N" representing the word nurse, followed by the Arabic number.

RESULTS

When analyzing the speeches of the participants, four categories were identified: nurses' knowledge regarding integrative practices; failure to implement integrative and complementary practices in nursing care; implementation of integrative and complementary practices in nursing care; and, the professional practices are important for health care. The category nurses' knowledge regarding integrative practices is divided into two subcategories: professionals who know integrative and complementary practices and professionals who have limited knowledge about such practices; and the last category, the professional practices are important for health care, subdivided into the subcategory aspects of comprehensive care.

DISCUSSION

Subjects' characterization

Nineteen nurses within the age group from 20 to 70 years old participated of this research. The gender of the participants was unanimously female, which can be justified by the persistence of the correlation historically constructed between nursing care and the figure of the woman, originated when the care provided to the population in church charities was carried out by women.[9]

Most of the participants had more than 10 years of academic training, with the exception of one nurse, which justifies the divergence with the data for the years 2014 and 2016 provided by the National Institute of Educational Studies and Research Anísio Teixeira: within two years 68 new higher education institutions in nursing were opened and consequently the number of graduates increased by 5,376 new graduates.[10]

Concerning the professional experience time, there was convergence with the literature in which the majority of professionals, 17 (89.47%) participants have been working in the service for more than 10 years. The amount of length of service in nursing is directly proportional to the exposure of risk factors to their health status, direct contact with patients, excessive activities and functions, and others, make the professional vulnerable to physical illnesses and mental.[9]

Nurses' knowledge regarding integrative practices

When asked: "What did the participants know about integrative and complementary practices" it was evident that those who completed college in the last 16 years provided a definition closer to that used in the literature. Thus, two categories are evident: professionals who know integrative and complementary practices and professionals who have limited knowledge about such practices.

> *These are practices that, as the name implies, complement traditional care (medical and nursing consultation) with a scientific basis (acupuncture), as well as those of popular knowledge (folk healer).* (N2)

The term used in naming these practices varies from country to country, for instance, in Brazil doctors call it alternative medicine, however, not all conventional therapies can be substituted; another term used is that of complementary medicine, which in turn can be confused with exams that will assist in the diagnosis, thus, health councils use the term integrative medicine; and conclusively, NPICPs names integrative and complementary practices.[11]

ICPs is the set of therapeutic practices and actions that are not present in biomedicine, are those that naturally seek to prevent diseases and recover health, taking into account the health-disease process as a whole.[12] Going against the thought of N12:

> *They are actions or practices used to help alleviating illnesses or relieving pain.* (N12)

Considering the N12's speech, it should be clarified that the practices discussed here go beyond pain relief or disease mitigation, unlike the biomedical model, they take the individual holistically; aim to establish a relationship between the therapist and the patient, as it helps in the care process; they integrate the individual with the environment and with society; aim to promote change in lifestyle, making the human being active in their care plan, in other words, seeking to reduce the use of medications and the dependence on professionals.[13,14]

Another understanding that differs from the literature is the N7's response in which she conceptualizes ICPs as follows:

> *Any and all alternative practices that add up to health practices.* (N7)

The therapies used have their use and the search for knowledge about their safety and efficacy stimulated since the Alma-Ata Declaration by the World Health Organization (WHO). Furthermore, in 2004, at the 2nd National Conference on Science, Technology, and Innovations in Health, Natural Medicine and Complementary Practices, were added as a strategic research niche within the National Agenda of Research Priorities, thus, it is noticed that there it is any and all alternative practices, the use of these practices has a scientific basis.[3,4]

A good part of the participants cite a definition that is not complete, at least similar to that of the Ordinance No. 971 from May 3rd, 2006, and with what the literature makes available, however, it is still not satisfactory in view of the amount of time that these practices are both studied and used. This leads us to reflect on whether such practices are being discussed in the academic education of these professionals.[11]

Considering the 19 interviewees, only 6 (31.57%) said they heard at least something about integrative and complementary practices during graduation:

> *I heard only in general, that we had to see how the community employed popular health practices because it could be wrong. We had to respect this practice, but always encouraging the medical model, so that patients did not leave the medical treatment.* (N2)

N2 has finished graduation in 2003, in other words, after the 8th National Health Conference (1986), which guided in its final report the "introduction of alternative health care practices within the scope of health services"; after the 10th National Health Conference (1996), whose final report approved that phytotherapy, acupuncture, and homeopathy, including alternative therapies and popular practices, were part of the SUS; and after the 11th National Health Conference (2000), which recommended the use of unconventional practices, acupuncture and homeopathy in primary care.[15]

Even after all these advances, it was still stressed that popular practices were incorrect and the biomedical model of health care continued to be encouraged, a model that neglects comprehensive care, focusing on symptoms; it is mechanistic, invasive and materialistic.[11]

Thus, the tendency of N2 is to reproduce in their professional performance what was seen during their academic training, even disregarding other forms of knowledge, especially the popular ones based on experiences, beliefs, and superstitions, but which are devalued by most higher education institutions, which should mediate between theory and everyday life, in this case, there is a disagreement between the reality of the population and the education provided during graduation.[16,17]

As a consequence of limited knowledge or not due to the precariousness of academic education and/or permanent education, the research showed two categories: one formed by professionals who use practices in their assistance and the other by professionals who do not use practices in their assistance.

Failure to implement integrative and complementary practices in nursing care

> *No, in fact, the theme is poorly developed, which generates a lack of information as well as a lack of structure prevents us from developing them.* (N1)

> *No, because I lack more guidance on how to do it.* (N10)

Considering the statements of N1 and N10, it appears that professionals need training and incentives from management, so that they do not act in a technical way, reproducing the biomedical model that predominates in public health services, since these professionals they are inserted in a medium of uncertainty and lack of clarity in public policies related to these practices, and when they have the knowledge and willingness to promote care differently from the conventional model, they end up finding the lack of organization of the networks as an obstacle health, with regard to the demands for services, policy of inputs and necessary materials, as well as the lack of support from other professionals.[18]

N1 in addition to citing the deficient knowledge in this theme also cites the lack of necessary structure for development. Aiming only at sufficient expenses to reorganize the services, with training of professionals inserted in the network and inclusion of new professionals, procedures and supplies; and aiming only for short-term benefits, forgetting the medium and long-term benefits (disease prevention and health promotion), managers end up postponing the insertion of ICPs in health services, preferring to remain in the conventional model.[18]

Nevertheless, it is important to emphasize, once again, that the training in this theme is necessary so that the nursing professional can meet the needs of their patients through solutions different from the conventional, having as reference the knowledge of the population served by it, involving them in the care process, valuing their culture and recognizing the history of that community. Because, in the search for holistic assistance, the population has been using the ICPs even more.[17,19-21]

Implementation of integrative and complementary practices in nursing care

Despite the small number, when the answer was yes for the use of ICPs in care practices, the guidance for the use of herbal medicines predominated:

> *Yes, sitz bath with cashew bark to treat inflammation.* (N13)

> *Yes, in part: teas in case of diarrhea, tonsillitis...* (N16)

Even inserted in a context and time when the use of allopathic medicines has become commonplace, they guide other ways of caring, such as the use of plants and other natural products, based on popular beliefs and religious rituals, passed on by family members. So, the ICPs implemented during the health care provided by the participating nurses are based only on cultural experiences and not on scientific knowledge and cultural experiences.

Nonetheless, the practices are not restricted to the use of medicinal plants and herbal medicines. As we saw earlier, in the year 2017, two ordinances were in put in force: the Ordinance No. 849, in which, 14 new procedures were included in the National Policy for Integrative and

Complementary Practices and the Ordinance No. 145 which incorporated 7 practices in the *SUS* procedures list, then showing their growing acceptance and variability in the health system.[4,5,22]

The professional practices are important for health care

As we saw in the previous category, such practices are still poorly implemented, but when questioning their importance for improving health and care, all participants recognized them as necessary for assistance. Sometimes it is evident that the participants believe that ICPs is a strategy to put into practice comprehensive care, highlighting the subcategory: aspects of comprehensive care.

> *Very important, as it expands care, not only limiting the issue of medication (dressing), showing the patient other forms of caring.* (N2)

> *The importance is that the user is taken on its integrally and not only the disease process.* (N13)

It is explicit in the speeches the opening to other forms of care that are not limited to the current care model, the biomedical. However, academic education focused on the disease and its treatment; the lack of skills that address other forms of care, as it was noticeable in the statements; the working conditions, as well as the various functions that the nurse performs in the service, be they administrative (service organization, planning, and control of the team's work), educational and assistance, which make it difficult to establish a link between professional and users; they end up promoting the reproduction of conventional care, thus justifying the perpetuation of this model until the present time.[23,24]

Each professional addresses the importance of ICPs that if put together during assistance, they would promote comprehensive care:

> *As I said before, improving the patient's quality of life.* (N5)

> *It is important for us to recover the customs and culture of the communities.* (N16)

> *The importance of offering the patient practices with scientific evidence of a positive response in promoting health and preventing diseases, improving the quality of life of users and reducing the use of drugs/medicines that have their side effects.* (N19)

Approaching the individual in its entirety is a way to achieve the goals of the FHT, and thus break with the biomedicine paradigm. Integrality is a doctrinal principle of the SUS, present in the 1988 Brazilian Constitution, in which it values the autonomy, the context of life, the health needs and the individuality of the subjects.[19]

Nevertheless, comprehensiveness is not restricted to just assisting the individual as a whole, it also establishes guidelines for the organization of Health Care Networks within the scope of the *SUS*, articulating primary care with other levels of health care, so that the needs of the subjects are effectively and efficiently cared for, overcoming the fragmentation of care and management. This way, the integrality does not depend on the implementation of ICPs, they are necessary for comprehensive care, but they are not sufficient.[25]

Then, a formula for comprehensive care comes along showing the following components: comprehensive care in which the subjects' needs are taken into account; daily care practices; and articulation of primary care with other levels of health care (Intersectoriality); the implementation of this formula depends on the involvement of health professionals, patients and managers, reaching results of a caring model that differs from the biomedical one. In turn, the ICPs are included in the first component, comprehensive care, which can be implemented by professionals and managers.[19,23]

CONCLUSION

It is possible to state that the objectives listed here were achieved, since, through the speeches, there were identified the enthusiasm of the participants and the recognition of the importance of the insertion of ICPs in the assistance, so that the individual can be fully assisted and consequently promote health; nonetheless, it was evident that the knowledge about the NPICPs, regarding the variability and purpose of such practices, is still limited, which contributes to a deficient implementation and without scientific basis.

This research took place in a difficult way due to the following two reasons: the time interval between the nurses' meetings, which was monthly, and sometimes bi-monthly; and the small number of nurses who were present at these meetings. Moreover, the meetings were comprised by the same professionals in most cases.

Hence, the key point in solving the deficient knowledge and implementation would be through teaching in the form of permanent education, being it during either graduation or professional life. Acquiring knowledge concerning such practices would bring them closer to nurses, encouraging them to seek new information, thus relaxing the paradigm of a single form of knowledge (scientific) and modifying their care practice; they would contribute to the decision-making process of health service managers and help the community to modify their life habits, performing self-care. However, for knowledge to be disseminated from academic circles, there is a need to increase the number of researches on this topic, mainly addressing popular health experience.

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