

CONTRIBUTIONS OF INTEGRATED COMMUNITY THERAPY IN HEALTH PROMOTION: INTEGRATIVE REVIEW

Contribuições da terapia comunitária integrativa na promoção da saúde: revisão integrativa

Contribuciones de la terapia comunitaria integrada en la promoción de la salud: revisión integral

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How to quote this article:

Silva BAB, Pereira FAR, Oliveira LFA, *et al.* CONTRIBUTIONS OF INTEGRATED COMMUNITY THERAPY IN HEALTH PROMOTION: INTEGRATIVE REVIEW. Rev Fun Care Online. 2021. Jan./Dec.; 13:843-848. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcf.v13.9238>

ABSTRACT

Objective: Identify the scientific evidence on the contributions of Integrative Community Therapy (TCI) in the health promotion of the population and university students. **Method:** this is an integrative review of the literature. The search was performed between 2009 and 2018 in the databases Pubmed/MEDLINE, CINAHL, LILACS and SCIELO. The articles included were submitted to classification of the level of evidence and to thematic analysis. **Results:** 191 articles were identified. Of these, 16 constituted the corpus of the review and involved the following themed categories: social representation and cultural resources in TCI; contributions of TCI in the constitution of support networks, individual empowerment and in the confrontation of emotional suffering and TCI in the promotion of health in university students. **Conclusion:** TCI provides significant contributions as a therapeutic tool in promoting health in different cultural and social contexts, however, it is noted that there is a shortage of research aimed at university students, which points out the need for further studies.

Descriptors: Complementary therapies, Health promotion, Population, Students, Universities.

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RESUMO

Objetivo: Identificar as evidências científicas sobre as contribuições da Terapia Comunitária Integrativa (TCI) na promoção da saúde da população e em estudantes universitários. **Método:** trata-se de uma revisão integrativa da literatura. A busca foi realizada entre 2009 a 2018 nas bases de dados *Pubmed/MEDLINE, CINAHL, LILACS e SCIELO*. Os artigos incluídos foram submetidos à classificação do nível de evidência e análise temática.

Resultados: foram identificados 191 artigos. Desses, 16 compuseram o *corpus* da revisão e envolveram as seguintes categorias temáticas: representação social e recursos culturais na TCI; contribuições da TCI na constituição de redes de apoio, empoderamento individual e enfrentamento do sofrimento emocional e TCI na promoção da saúde em estudantes universitários.

Conclusão: a TCI proporciona significativas contribuições como instrumento terapêutico na promoção da saúde em diferentes contextos culturais e sociais, contudo, nota-se que há escassez de pesquisas voltadas para estudantes universitários, o que aponta a necessidade de novos estudos.

Descritores: Terapias complementares, Promoção da saúde, População, Estudantes, Universidades.

RESUMEN

Objetivo: Identificar la evidencia científica sobre las contribuciones de la Terapia Comunitaria Integrativa (TCI) en la promoción de la salud de la población y los estudiantes universitarios. **Método:** esta es una revisión integradora de la literatura. La búsqueda se realizó entre 2009 y 2018 en las bases de datos *Pubmed / MEDLINE, CINAHL, LILACS y SCIELO*. Los artículos incluidos fueron sometidos a una clasificación del nivel de evidencia y al análisis temático. **Resultados:** fue identificado 191 artículos. De estos, 16 constituyeron el *corpus* de la revisión e involucraron las siguientes categorías temáticas: representación social y recursos culturales en el TCI; Contribuciones de TCI en la constitución de redes de apoyo, empoderamiento individual y en la confrontación del sufrimiento emocional y TCI en la promoción de la salud en estudiantes universitarios. **Conclusión:** la TCI proporciona importantes contribuciones como herramienta terapéutica para promover la salud en diferentes contextos culturales y sociales, sin embargo, se observa que hay una escasez de investigaciones dirigidas a estudiantes universitarios, lo que señala la necesidad de estudios adicionales.

Descriptores: Terapias complementarias, Promoción de la salud, Población, Estudiantes, Universidades.

INTRODUCTION

In the development of Nursing through the search for own knowledge, there was the advent of nursing theories, as the maximum of knowledge. Its focus includes support in other areas of knowledge and seeks to characterize or explain some phenomenon, referring to interrelated concepts, statements, propositions and definitions that can be deduced, tested and verified.¹⁻²

Nursing theories are sources that support clinical care practices. They have evidence to validate certain activities and act to justify, affirm and promote comprehensive and humanized care.

Each nursing theory is developed with a particular purpose and relevance, so that they can be flexible to the

different contexts of nursing practice.

In this context, in view of the existence of several nursing theories, there is the Roy Adaptation Model (MAR), which contributes to the nursing care implemented for patients who, due to some stimulus, need coping mechanisms for the nursing process. adaptation.

In the clinical practice of nurses, the possibility of implementing a nursing theory occurs through the Nursing Process (NP), which acts as an instrument that guides professional nursing care and the documentation of their professional practice, which enables organize and prioritize patient care and keep the focus on what's important.³

MAR has a guide for its implementation guided by the Nursing Process, which is simultaneous and continuous and constitutes an approach to solve problems. Thus, considering that each person deals differently with changes in their health status, it is emphasized that it is the nurse's responsibility to help people adapt to these changes.⁴

In view of the flexibility of the use of theories in different nursing contexts, their implementation in the face of people with Cardiovascular Disease (CVD), it is necessary, since the patient presents an illness of this nature, he needs specific care with the purpose to improve their clinical situation, so that they return to their activities as early as possible, also helping to reduce recurrences. In this regard, actions aimed at the patient's cardiovascular rehabilitation are considered as an important end of clinical nursing care.

Therefore, cardiovascular rehabilitation (CVR) is considered to be "a set of activities necessary to ensure that people with cardiovascular diseases have optimal physical, mental and social conditions, which will allow them to occupy as normal a place as possible in society."⁵

In this sense, a relevant practice in the care of people in CVR is the identification of empirical indicators (IE). The SIs represent the specific, observable and measurable concepts of a phenomenon.⁶ It is justified to know the SIs so that the data collection is more focused, which facilitates and enables the planning of nursing care.

Given this, we sought to identify, in the scientific literature, the empirical indicators of cardiovascular rehabilitation, organized according to the adaptive modes of the Roy Adaptation Model.

METHODS

This is an integrative review, whose method allows the analysis of multiple studies and, thus, the synthesis of them, contributing to draw general conclusions about a particular theme. It was developed in six stages: formulation of the research question; establishment of criteria for sampling; categorization of studies; evaluation of studies; interpretation of results and synthesis of knowledge.⁷

The guiding question of the integrative review was: "What is the scientific evidence on the contributions of Integrative Community Therapy in promoting the health

of the population and in university students?”

For the search of the data, the Descriptors in Health Sciences (DeCS) were defined: “complementary therapies”, “health promotion”, “population”, “students”, “universities”, using the respective terms in Portuguese, English and Spanish. Also the Medical Subject Headings (MeSH) descriptors: “complementary therapies”, “health promotion”, “population”, “students”, “universities”. To broaden the search for articles, the keyword “integrative community therapy” was used. The descriptors were combined using the boolean operator AND.

Data were searched from September 2018 to January 2019 in the databases: National Library of Medicine (PUBMED / MEDLINE), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Latin American and Caribbean Literature in Health Sciences (LILACS) and Scientific Electronic Library Online (SCIELO).

In the LILACS and SCIELO databases, the electronic search was performed in all three languages and PUBMED and CINAHL in English only. Inclusion criteria were articles available online published from 2009 to 2018. Articles of the editorial type, review and duplicates, letters to the editor, reviews, theses and dissertations were excluded.

In order to fulfill the third stage of the integrative review, the data to be collected from each study were established: name of the authors, year of publication of the article, country and state of origin, type of research, objective and conclusion. Then, the included studies were submitted to classification by level of evidence⁸ and thematic analysis.⁹ Finally, we proceeded to the synthesis of the material found and the respective discussion.

Preferred reporting items for systematic reviews and meta-analyses (PRISMA) were used to present the selection of articles and the composition of the integrative review corpus.¹⁰

RESULTS AND DISCUSSION

The final research sample consisted of 16 articles, after reading the titles and abstracts and applying the inclusion and exclusion criteria. Database search results are shown in **Figure 1**.

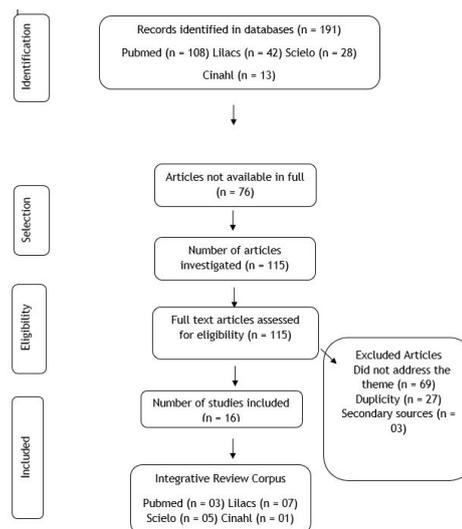


Figure 1 - Database search results. Alfenas, MG, Brazil, 2019.

Tables 1 and **2** show the characterization of the articles included in the review according to the authors, year of publication, country and state of origin, type of research, objective and conclusion.

Chart 1 - Characterization of the articles included in the study according to the name of the authors, year of publication, country and state of origin and type of research. Alfenas, MG, Brazil, 2019

Nº	Authors	Year published	Country and state of origin	Type of research
1	Lemes AG, Nascimento VF, Rocha EM, Moura AAM, Luis MAV, Macedo JQ.	2017	Brasil (MT)	Qualitative Documentary
2	Matos ML, Carvalho MAP, Pascoal FFS, Silva ER, Ferreira Filha MO, Souza GP et al.	2017	Brasil (PB)	Qualitative Content analysis
3	Moura SG, Ferreira Filha MO, Moreira ASP, Simpson CA, Tura LFR, Silva AO.	2017	Brasil (PB)	Qualitative Theory of Social Representations
4	Miranda NACG, Berardinelli LMM, Sabóia VM, Brito IS, Santos RS.	2016	Brasil (RJ)	Qualitative Content analysis
5	Melo OS, Ribeiro LRR, Costa ALRC, Urel DR.	2015	Brasil (MT)	Qualitative Thematic Analysis
6	Nunes PC, Saraiva AM, Moura SG, Silva PMC, Correio MOFF, Correio STTB.	2015	Brasil (PB)	Qualitative Content analysis
7	Braga LAV, Dias MD, Ferreira Filha MO, Moraes MN, Araruna MHM, Rocha IA.	2013	Brasil (PB)	Qualitative Oral History
8	Carvalho MAP, Dias MD, Miranda FAN, Ferreira Filha MO.	2013	Brasil (PB)	Qualitative Oral History
9	Rocha IA, Sá ANP, Braga LAV, Ferreira Filha MO, Dias MD.	2013	Brasil (PB)	Qualitative Documentary
10	Cisneiros VGF, Oliveira MLS, Amaral GMC, Cunha DM, Silva MRF.	2012	Brasil (PE)	Qualitative Content analysis
11	Ferreira Filha MO, Sá ANP, Rocha IA, Silva VCL, Souto CMRM, Dias MD.	2012	Brasil (PB)	Qualitative Content analysis
12	Jataí JM, Silva LMS.	2012	Brasil (CE)	Descriptive Experience Report
13	Sá ANP, Rocha IA, Moraes MN, Braga LAV, Ferreira Filha MO, Dias MD.	2012	Brasil (PB)	Qualitative Content analysis
14	Silva GTS, Costa ALRC, Buzeli CP, Maruyama AS, Ribeiro RLR.	2012	Brasil (MT)	Qualitative Intervention Research
15	Oliveira DST, Ferreira Filha MO.	2011	Brasil (PB)	Qualitative Speech analysis
16	Souza GML, Silva PMC, Azevedo EB, Ferreira Filha MO, Silva VCL, Espinola LL.	2011	Brasil (PB)	Qualitative Content analysis

Chart 2 - Characterization of the included articles according to the objective and conclusion of the study. Alfenas, MG, Brazil, 2019.

Nº	Study goal	Outcome
1	Analyze the ICD records, regarding the listed problems and the strategies adopted to cope with the chemical dependence.	It was concluded that ICT promotes health and well-being to people through socialization and sharing of their stories, being an important tool focused on complementary care for individuals with drug dependence.
2	Understand the meaning of ICT in the lives of students participating in the extension project: "The flowering of self: ICT in the Psychosocial Care Center".	TCI has provided a source of support for improving students' lives, as well as providing the opportunity to build and strengthen bonds between staff, the community, and teachers.
3	Know the social representations of the elderly in relation to ICT.	The ICT constituted a support network for the elderly, in which there is a sense of belonging to a group and the empowerment of participants through their insertion in circles.
4	To analyze the ICT model for the empowerment of people living with fibromyalgia and to discuss the impact of this interdisciplinary intervention on the health-disease and self-care process.	The ICT has proved to be an instrument of interdisciplinary practice that allows building solidarity networks of care. Generated shared knowledge, listening and reflection to drive personal and family challenges.
5	Understand the repercussions of ICT on chronic kidney disease patients during hemodialysis session.	ICT was a practice for care, as it provides the opportunity to express feelings, promote reflection on the disease, treat and strengthen it to cope with its difficulties.
6	To know the repercussions of ICT among university students of nursing.	Therapy is an effective care practice that values health promotion, promotes bonds and has positive repercussions on students' lives.
7	Know resilient stories of women attending ICT wheels.	The stories support the perception that women are able to overcome suffering through the exercise of resilience.
8	Analyze the contributions of ICT considering the behavioral changes of users of a Psychosocial Care Center.	The use of ICT is related to the proposals of inclusion and psychosocial rehabilitation of its participants.
9	Identify the problems presented by ICT users and the strategies they use to cope with situations that cause emotional distress.	ICT is a space where relationships built convey emotional support, strengthen bonds, and reduce social exclusion.

2012 was the year with the highest number of publications with five articles (33.3%), followed by 2017 and 2013, with three articles published each year (20%). In 2011 and 2015 were two articles (13.3%) and in 2016 only one publication (6.7%). Of the 16 studies included, 13 (81.2%) were published in journals in the area of nursing knowledge, with authors as nurses. In two articles (12.5%) the authors consisted of nurses and doctors and, in one article (6.3%), nurses and psychologists.

Regarding the country of origin, the 16 articles included (100%) were published in Brazil, 12 (75%) in the Northeast, three (18.7%) in the Midwest and one (6.3%) in the Southeast region. Research conducted on ICT by the academic community remains limited in the region of origin of this therapeutic practice. Nevertheless, ICT as a social fact in Brazil is expanding, attracting the attention of researchers, academics, health professionals and managers.¹¹

All studies were classified with level VI characterized as evidence derived from a single descriptive or qualitative study, which represents low level of evidence.⁸ Thematic analysis⁹ of the studies led to three categories: *Social representation and cultural resources in ICT*; *ICT contributions to support networks, individual empowerment and coping with emotional distress*; and *ICT in health promotion in college students*.

Social representation and cultural resources at ICT

Culture and cultural resources such as music, dynamics, prayers, sayings enrich the ICT by allowing the participant to recognize himself as someone who is part of a society and

to realize its importance within it. This recognition causes suffering to be mitigated in the face of life's difficulties.^{12,13}

These features allow the individual to seek their essence, rediscover their beliefs, regain their ability to cope with problems, and stimulate interaction among participants in the ICT wheels, which are excellent means to ensure successful therapy.^{12,13}

In a study with the elderly about social representations about ICT, it was found that they see it as a space for sharing and solving problems. They also define it as a space for establishing friendships where people know each other and each other, share feelings, and help each other.¹⁴

It is known that the exchange of experiences is very important to face an unexpected situation, regardless of age, and that is only possible through social relations. Given this, ICT is a method of mutual support group, enriched with some cultural resources present in the community in which it operates.¹⁴

ICT contributions to support networks, individual empowerment and coping with emotional distress

ICT has been considered as a therapeutic procedure with the purpose of promoting health in different disease conditions such as chemical dependents, chronic kidney patients, patients with fibromyalgia, people with family conflicts due to alcoholism, university students with mental disorders.^{12,15-23} Thus, ICT has contributed to reverse the illness of people and promote the health of social groups in basic health units, neighborhood associations, psychosocial care center, schools, and other community spaces.^{8,22}

The contributions of ICT in the constitution of a psychosocial support network in the community, based on life experiences, were reported in seven studies analyzed^{12,16-19,21,24}. According to Barreto¹, TCI promotes the building of solidarity bonds through a social support network, in which the community seeks to solve problems collectively.

Studies show that sharing spaces such as the ICT wheels assist in the resilience and empowerment process of individuals and families. In these spaces, the participant is encouraged to observe the other's experience, their ability to deal with suffering, anguish and limitations and to overcome them through the construction of solidarity bonds and appreciation of life experiences and social inclusion strategy.^{3, 12,15-20,24, 25}

The contribution of ICT in coping with suffering, overcoming difficulties and reducing stress has been reported in seven articles.^{12,15-18,21,24}

It is an important tool for the prevention of mental illness in a context of social vulnerability, since it promotes the sharing of pain and difficulties, the improvement of self-esteem, the search for overcoming and solutions of family and social conflicts, providing support to the group.²³

Thus, ICT can be considered an important factor of psychic balance, as it works both with people's suffering and

their potential.^{21,26} It is a low cost care tool that does not require large resources, but it represents resolubility and social relevance.^{18,23,24,27} Despite this, the literature shows the difficulties encountered by health professionals in performing ICT due to lack of training, little involvement of the team and lack of knowledge about what is this therapeutic practice and its scope.²⁸

ICT in health promotion in college students

The literature indicates high prevalence rates of common mental disorders in college students, such as anxiety and depression, and may be higher than those found in the general population. The students in the first and last grades have the most psychological distress.⁵

ICT wheels have been an important practice of health promotion and networking among students and therapists.²⁹ By participating in ICT wheels, college students alleviate anxieties, fears, anguishes, and sufferings through freedom of expression and sharing of feelings. The listening and life of each participant is valued.⁴

Study shows the effectiveness of ICT wheels among college students and their importance in valuing the life and potential of wheel members. Being away from their families, many young people find personal limitations and difficulty of adaptation imposed by university entrance.^{4,29} Thus, the ICT wheels proved to be a privileged context to support the student, because with it there is the appreciation of the individual and of their culture, improved self-esteem and self-confidence.^{27,30}

ICT is an effective intervention when it comes to the distressing everyday situations of college students. It acts as disease prevention and health promotion. In universities, ICT is intended for student health care, in which students promote mutual help and the exchange of experiences, listening to each other's experiences, helping everyone to become co-responsible for solving and facing their problems.^{27,30}

LIMITATION

Despite the judicious use of search methodology, a limitation found refers to articles published online not indexed in the selected databases, which may result in non-inclusion of studies on the problem.

CONCLUSION

ICT has been aligned with the current strong tendency of mental health to adopt models and practices of psychosocial care, aimed at coping with illness and with the purpose of reducing social exclusion.

The included articles resulted in low level of scientific evidence, which corroborates the need for research with greater strength of evidence on the subject. However, it

recognizes the enormous contribution of TCI in promoting the health of the population in different cultural and social spaces, in the search for individual and collective solutions to life's challenges, through the establishment of community support networks.

Nursing stood out in contributing to a greater development in research, gaining an important role in the evolution of ICT for health promotion in different social groups and different contexts of the health-disease process.

Although ICT presents itself as an excellent therapeutic instrument to be developed in the academic environment, it is suggested that further scientific research be carried out, using ICT to promote the health of university students throughout the course series.

ACKNOWLEDGMENT

The authors thank the Higher Education Personnel Improvement Coordination - Brazil (CAPES). Financing Code 001.

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Received on: 12/08/2019

Required Reviews: 16/10/2019

Approved on: 21/10/2020

Published on: 27/04/2021

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The authors claim to have no conflict of interest.