



INTEGRATIVE AND COMPLEMENTARY PRACTICES IN PRIMARY HEALTH CARE¹

Fernanda Rodrigues Diniz*
Teila Ceolin**
Stefanie Griebeler Oliveira***
Diana Cecagno****
Sidneia Tessmer Casarin*****
Roberta Araújo Fonseca*****

ABSTRACT

Objective: to identify the integrative and complementary practices held by health professionals in Primary Health Care Units. **Method:** this is a study conducted from qualitative research in five Primary Health Care Units of Pelotas, municipality of Rio Grande do Sul, Brazil, between January and March 2020. The production of information occurred from interviews with a semi-structured script. The analysis was performed by means of the proposal in an operative way, in three stages: pre-analysis; data classification; reflection in search of interpretation and understanding of everything that was exposed. **Results:** the 16 participants were all women, aged between 33 and 59 years, nine of whom were nurses. The practices applied by professionals for the care of users were: Auriculotherapy, Art Therapy, Reiki and Medicinal Plants. The record is performed according to the organization of each Primary Health Care Units, and may occur in the Citizen's Electronic Medical Record, in the physical record, in a notebook used for registration and/or in a specific form. **Final considerations:** it is underlined the importance of integrative and complementary practices in primary care, due to the bond between professionals and users, expanding comprehensive care.

Keywords: Primary health care. Complementary therapies. Health personnel.

INTRODUCTION

Integrative and Complementary Practices (ICPs) include different therapeutic resources, also based on traditional and cultural knowledge that stimulate natural mechanisms as a way of preventing diseases and recovering health⁽¹⁾. They were implemented in the Brazilian Unified Health System (SUS, as per its Portuguese acronym) in 2006, through the National Policy on Integrative and Complementary Practices (PNPIC, as per its Portuguese acronym), with the purpose of preventing diseases and restoring health, with an emphasis on welcoming listening, on the development of the therapeutic bond and on the integration of the human being with the environment and with society⁽²⁾.

Currently, 29 ICPs are recognized by SUS:

Traditional Chinese Medicine, Acupuncture, Homeopathy, Social Thermalism/Crenotherapy, Art Therapy, Ayurveda, Biodanza, Circle Dance, Meditation, Music Therapy, Naturopathy, Osteopathy, Chiropractic, Reflex Therapy, Reiki, Shantala, Integrative Community Therapy, Yoga, Aromatherapy, Apitherapy, Bioenergetics, Family Constellation, Chromotherapy, Geotherapy, Hypnotherapy, Laying on of hands, Anthroposophical Medicine, Ozone Therapy and Flower Therapy⁽²⁾.

The insertion of these ICPs is encouraged so that it takes place, preferably, in Primary Health Care (PHC), since the Primary Health Care Units (PHCU) involve strategies for prevention, promotion, diagnosis, treatment, rehabilitation and health maintenance. The professionals who work in these units are able to identify and plan,

¹Extracted from the End-of-Course Paper "Integrative and Complementary Practices offered in the Primary Health Care Units of Pelotas", presented to the Nursing School, Federal University of Pelotas, RS, in the year 2020.

*Nurse. Federal University of Pelotas (UFPel), Pelotas, RS. E-mail: rodriguesdinizfernanda@gmail.com, ORCID iD: <https://orcid.org/0000-0001-6878-6917>

**Nurse. PhD in Sciences. Assistant Professor, Department of Public Health Nursing, Nursing School, UFPel, Pelotas, RS. E-mail: teila.ceolin@gmail.com, ORCID iD: <https://orcid.org/0000-0002-0410-6289>.

***Nurse. PhD in Nursing. Assistant Professor, Department of Public Health Nursing, Nursing School, UFPel, RS. E-mail: stefaniegriebeleroliveira@gmail.com, ORCID iD: <https://orcid.org/0000-0002-8672-6907>

****Nurse. PhD in Nursing. Assistant Professor, Department of Public Health Nursing, Nursing School, UFPel, Pelotas, RS. E-mail: cecagnod@yahoo.com.br, ORCID iD: <https://orcid.org/0000-0002-4208-3006>

*****Nurse. PhD in Nursing. Assistant Professor, Department of Public Health Nursing, Nursing School, UFPel, Pelotas, RS. E-mail: stcasarin@gmail.com Orcid: 0000-0001-8190-1318

*****Nursing Student. Nursing School, UFPel, Pelotas, RS. E-mail: robsarauiof@gmail.com, ORCID iD: <https://orcid.org/0000-0002-3124-509X>

according to the needs of the community, actions to promote such practices⁽³⁾. Even so, barriers in relation to adherence to ICPs in the PHC routine are observed, such as the limited offer of courses for ICP training, different places for the application of practical modules and lack of knowledge on the part of professionals about the topic⁽³⁻⁵⁾.

In Pelotas, municipality located in Rio Grande do Sul – RS, according to the National Registry of Health Facilities, in January 2021, only one registered service was found providing some of the mentioned ICPs.

One of the main challenges for the insertion of ICPs in health services is the recognition of the policy regarding the objectives and guidelines recommended by them, their practices and their wide range of procedures, as well as the understanding of the actions to be carried out in line with the needs of services and users, both on the part of managers and health professionals. Moreover, other challenges consist of the fragility of publications about the use of ICPs in RS as part of the care provided in health services and the lack of studies in the municipality of Pelotas showing the benefits of practices in public health, in addition to the lack of training and qualification for professionals^(6,7).

There are surveys on the theme of integrative and complementary practices in primary care, with emphasis on those based on bibliography and documents^(4,8). An investigation⁽⁴⁾ presented the situation of integrative and complementary practices in Brazilian primary health care, their problems and coping strategies; another⁽⁸⁾ discussed ICPs and social medicalization.

Another exploratory study⁽⁹⁾ investigated the offer of ICPs in the state of Pará and found an increased supply of ICPs in Primary Health Care after the publication of Ordinance of the Brazilian Ministry of Health – MS nº 849/2017, despite being pointed out that investments need to be made.

In light of the foregoing, this research is relevant for identifying the ICPs offered in primary care, characterizing the professionals who offer them, the organization of services, in addition to the records and the inexistence of funding. The research had as its guiding question: “What are the Integrative and Complementary Practices held by health

professionals in Primary Health Care Units?”. Given the presented context, this work has the objective of identifying the integrative and complementary practices held by health professionals in Primary Health Care Units.

METHODOLOGY

This is a qualitative and descriptive-exploratory research⁽¹⁰⁾. The production of information took place in the municipality of Pelotas in Rio Grande do Sul – RS, southern region of Brazil, in five Primary Health Care Units (PHCU), from January to March 2020. This municipality has 51 PHCU, 38 in the urban area and 13 in the rural area. It had the participation of 16 health professionals who work in five PHCU with Family Health Strategy (FHS), four in the urban area and one in the rural area, who hold at least one integrative and complementary practice as a form of care.

Initially, with the help of a reference professional in integrative and complementary practices of the Municipal Health Department, the PHCU in the municipality that held some ICP service were identified. After contacting the first participant who accepted to participate in the study, the others were included using the snowball technique⁽¹¹⁾, and each one was asked to indicate other professionals, but some names were repeated. In addition to being indicated for participation in the study, the professional should work in a PHCU and practice some ICP in care. All nominees were invited. Nonetheless, two indicated people were excluded because, despite having training, they did not work with ICPs. Two other exclusions occurred due to lack of time compatible with the researcher and for not having been located.

The semi-structured interview took place by means of prior appointment with the participant, at the PHCU where she worked, in a private room, ensuring privacy. The script included: identification; time working at PHCU; knowledge, training, exercise and organization about ICPs. The interviews lasted between 5 and 11 minutes, were recorded and then transcribed.

Subsequently, data were sorted and classified by thematic groups based on the questions asked during the semi-structured interview. Data analysis occurred by means of the proposal in an

operative way, in three stages (pre-analysis; data classification; reflection in search of interpretation and understanding of everything that was exposed)⁽¹⁰⁾.

The study complied with the ethical precepts of Resolution nº 466/12 of the National Health Council/Ministry of Health. The project was approved by the Research Ethics Committee of the Nursing School of the Federal University of Pelotas (Opinion nº 4.020.685). All participants signed the Free and Informed Consent Form (FICF). In order to maintain anonymity and confidentiality, the participants are identified by fictitious names in the presentation of the results, chosen by them, followed by their profession and age.

RESULTS AND DISCUSSION

Characterization of participants and training in integrative and complementary practices

Participants were aged between 33 and 59 years and all were women. Most with higher education training, nine nurses, five community health workers, one nutritionist and one social worker (Chart 1). All participants work in PHCU with Family Health Strategy (FHS), 15 in urban FHS and one in rural FHS.

Such data correspond to the reality of another study carried out on the training of health professionals in ICPs in the metropolitan region of Goiânia, where, among the interviewees, six were nurses, two social workers, two nutritionists and one community health worker, 90% were female, most had higher education, as found in this research, but the age ranged from 31 to 40 years⁽¹²⁾.

Chart 1. Contextualizing the research participants. Pelotas/RS, 2020.

Nickname	Age	Academic training and year of completion	Professional performance at PHCU	Time working at PHCU	ICPs held at PHCU	ICPs in which you have training
Margarida 1	33	Studying Philosophy for	Community Health Workers	5 years	Reiki	Reiki, Holistic Therapy, Aromatherapy, Chromotherapy
Rosa	39	Did not finish Law school	Community Health Workers	4 years	Reiki	Reiki and Gnosis
Emília	39	Nutrition (2001)	Nutritionist	2 years	Auriculotherapy	Auriculotherapy, Moxibustion Therapy, Aromatherapy
Violeta	38	Nursing (2006)	Nurse	5 years	Auriculotherapy and Reiki	Auriculotherapy and Reiki
Tina	59	Social Service (1990)	Social Worker	6 years	Auriculotherapy	Auriculotherapy
Lívia	39	Nursing (2003)	Nurse	11 years	Auriculotherapy	Auriculotherapy
Tulipa	45	Nursing (1996)	Nurse	17 years	Auriculotherapy	Auriculotherapy and Reiki
Nora	51	Philosophy (2006)	Community Health Workers	6 years	Reiki	Reiki
Azaleia	44	----	Community Health Workers	3 years	Reiki	Reiki
Maria 1	41	Studying for Social Service	Community Health Workers	2 years	Reiki	Reiki
Flor	51	Nursing (1998)	Nurse	4 years	Auriculotherapy and Reiki	Auriculotherapy and Reiki
Esmeralda	48	Nursing (2011)	Nurse	4 years	Art Therapy	Art therapy
Lola	51	Nursing (2002)	Nurse	5 years	Auriculotherapy	Auriculotherapy
Margarida 2	45	Nursing (2010)	Nurse	2 years	Medicinal plants	Medicinal plants
Lucinda	39	Nursing (2006)	Nurse	15 days	Auriculotherapy and Reiki	Auriculotherapy and Reiki
Maria 2	53	Nursing (1992)	Nurse	17 years	Auriculotherapy	Auriculotherapy and Reiki

The participants learned about ICPs through different sources of knowledge: encouragement from the Municipal Health Department (SMS, as per its Portuguese acronym), other professional colleagues, self-interest (books, Internet, among others), with their family members and with the

Nursing School (NS) of the Federal University of Pelotas (UFPe), which has an Extension Project (EP) “Integrative and Complementary Practices in the Health Care Network” (PIC-RAS, as per its Portuguese acronym).

It was here at the unit [...] the manager of Rede Bem Cuidar, together with V. (name of a colleague who works at PHCU), prepared a project “Couldn’t we do holistic therapy in the unit to help patients?” [...] (**Rosa, community health worker, 39 years**).

I had known it for a long time, I had just never taken the course, but Reiki had already been applied to me several times [...] and because I felt a great improvement when I did [...] (**Azaleia, community health worker, 44 years**).

I already had a previous interest [...] and it was offered by SUS, I received a ‘whats’ in a group, I signed up and went to do it in 2018, for my interest [...] (**Flor, nurse, 51 years**).

Through the teacher (name, NS), I knew, when I started at the health center, through them (**Esmeralda, nurse, 48 years**).

I got to know the practices, some of them, after my undergraduate course [...] when I was working [...] that my end-of-course paper, from the specialization in family health, I did on phytotherapy. Therefore, from that moment on, I started to get interested and learn more about these practices [...] (**Lola, nurse, 41 years**).

[...] so, as my grandmother already made the famous teas and when the nursing group entered the unit (referring to the EP of the NS), with seasoned salt and the other herbs, I started to find out more (**Margarida 2, nurse, 45 years**).

I got to know ICPs when I was taking my master’s degree and I had a colleague who was studying for auriculotherapy in Santa Catarina and he gave us this knowledge [...] (**Maria 2, nurse, 53 years**).

It is possible to observe that some professionals already knew about ICPs before undergoing specific training on them. The interest in developing the practices was also motivated because the PHCU where some participants develop their activities are a practical field for academics from the Nursing School, and they develop some ICPs as a practice of care, and also due to the recognition of the effectiveness of these practices.

PNPIC justifies the insertion of ICPs with the health professionals of FHS, being prioritized in this space because these professionals are perceived as constant promoters of health in SUS⁽⁴⁾.

A bibliographic review study⁽¹³⁾ provokes

reflection on the importance of health professionals, especially nurses, in terms of mastering ICPs and using them in the care process. The lack of knowledge also makes professionals less active in relation to ICPs, highlighting the importance of constant qualification, which enables the empowerment of this new care strategy, which can provide the other with the opportunity to expand his/her own autonomy in favor of his/her health⁽¹⁴⁾. Furthermore, the idea about the importance of carrying out joint actions in favor of promoting the health of users is defended, so that they can overcome the challenges that arise in the daily work of teams.

Some participants stated that their practice with ICPs refers to family teachings and to the interaction with academics and professors of the undergraduate nursing course. Corroborating these findings, a study⁽¹⁵⁾ conducted in a university center, with nursing students, in a city in the Brazilian Northeast, revealed that the teaching-learning process and the applicability of ICPs in health services are on the rise, both in terms of exercise and of acceptability. Accordingly, this practice needs to be incorporated early in the academic training of professionals, so that skills are developed and improved.

In addition to being a possibility of caring for people, ICPs strengthen the professional-user relationship, as they allow autonomy in terms of prevention, promotion or treatment to be chosen according to the need.

ICPs had greater visibility after the establishment of PNPIC. However, there are weaknesses such as, for example, the lack of knowledge on the part of professionals about these practices so that there is the necessary training to hold them, as well as their use and their benefits for the population. In addition, the professional categories that can develop such practices are still poorly known and there is a lack of information during training on these therapies and their purposes, preventing the real improvement of professionals⁽¹⁶⁾.

Although it has a policy that supports training and professional practice, there is still little provision for these resources both in health services and in the training of professionals:

In fact, I already have several, right [...] I'm finishing my holistic therapist course [...], I'm a Reiki minister, I have relaxing massage, I have reflexology, chromotherapy [...] we recently did one of the chakras, and I'm doing it out of curiosity. Gnosis has here in Pelotas now and it's new [...]. I started doing things like radiesthesia, auriculotherapy, reflexology [...] (**Margarida 1, community health worker, 33 years**).

I only have Reiki and auriculo, but the rest, so I do a lot of research [...] I should have auriculotherapy for about six months and Reiki for a year (**Rosa, community health worker, 39 years**).

Auriculo, moxibustion [...] and aromatherapy. I started auriculo last year, in April, then moxibustion was in September and aromatherapy was more recent, I think it was in December (**Emília, nutritionist, 39 years**).

I'm one of the students of medicinal herbs, just a short time ago [...] they are the ones I like the most, I identify with the most (**Margarida 2, nurse, 45 years**).

According to the statements, it is clear that the ICPs applied in PHCU by the professionals were: Auriculotherapy, Art Therapy, Reiki and Medicinal Plants. The participants mentioned other practices, with which they have training, such as: Holistic Therapy, Relaxing Massage, Reflexology, Chromotherapy, Radiesthesia, Gnosis, Moxibustion and Aromatherapy.

Several professionals have years of experience with some ICPs, others started approximately a year ago, mainly with Reiki, due to the SMS stimulus, which aroused interest in these professionals. According to the reports, despite the encouragement of municipal management for professionals to carry out training, there is no provision of material for carrying them out.

The ICPs held in the health services of this research differ from the study conducted⁽⁴⁾ in Primary Care, where body practices, medicinal plants, acupuncture and homeopathy were mentioned. In another investigation⁽¹²⁾, which was conducted in the metropolitan region of Goiânia, the professionals had training in Auriculotherapy, followed by Reiki, Community Therapy, Art Therapy, Phytotherapy, Shantala and Acupuncture, corroborating the research.

The Federal University of Santa Catarina (UFSC, as per its Portuguese acronym), since 2016, stimulated and financed by the Ministry of Health, teaches a blended course of Auriculotherapy to train higher-level professionals working in PHC. The course has 80 class hours, divided into two stages: the first takes place at a distance (EaD), with 75 class hours, structured in five sequential modules; and the second is face-to-face, held in a meeting with a 5-hour practical class⁽¹⁷⁾.

Some professionals reported applying Reiki, but they also like to receive it. This fact is in line with a study⁽¹⁸⁾ conducted with nurses working in FHS in the north of Rio Grande do Sul, who received Reiki application, showing that the use of this therapy improved the quality of life, balancing the physical, the mental, the emotional and the spiritual aspects of these professionals, reflecting the importance of nurses having this care tool at their disposal.

Research carried out regarding the use of Reiki in PHC, in SUS, found that it has grown in the last seven years among physicians, nurses and dental surgeons. In addition, other professionals apply the technique in different health services, contributing towards the improvement of the quality of life of patients⁽¹⁹⁾.

Among the participants, five had more than one training in ICP, but they did not use it in the service for different reasons, such as: not having higher education, as recommended by some practices; due to the lack of investment by the municipality to obtain materials for holding the ICPs; and to enable other team professionals to hold ICPs, sharing the practices carried out among the members.

[...] Today, for now, we are only with Reiki, because I still don't have a higher education. I already have the auriculotherapy course, but for MS, you have to have a college degree [...] (**Margarida 1, community health worker**).

[...] We were going to manage the auriculo and the other colleagues (CHW) with Reiki, a division, also because today and with the existing demand, I can't handle doing Reiki, auriculo and plus the nursing demand, not today, in the current model [...]. As the girls (other professionals in the team) also have training and there are several, also to give space to other people, not to center everything on the nurse. I think that other

professional groups also have to master these ICPs (**Tulipa, nurse**).

[...] because the Secretariat (SMS) doesn't provide material. Thus, as for aromatherapy, the materials are very expensive, moxabustion too [...]. Therefore, auriculo ends up being the cheapest material we can buy, without involving the secretary (**Emília, nutritionist**).

It is noticed that these professionals are interested in holding different ICPs and believe in their effectiveness, but they do not work in the service for different reasons. Despite the low cost for the purchase of materials, such as auriculotherapy items, it is necessary to acquire them with our own resources, since the municipality does not make them available for the daily practice.

It is important to highlight the personal interest of professionals in seeking training in ICPs, because they like it, because of the good acceptance by users and due to the fact that they contribute to expanding the bond between professionals and users.

Concerning the organization and offer of integrative and complementary practices in the network

The organization of the offer of ICPs occurs by means of the reservation of shifts destined exclusively for this activity and with scheduling:

We have two shifts in the unit that are intended for these practices [...]. In the afternoon, when we do the auriculo group [...], we prefer to join them in groups [...]. And Reiki [...] in the morning, which is the quietest shift in the unit [...] (**Violeta, nurse, 38 years**).

There is an agenda, there is a group that we do, about fifteen people, it's weekly, so we do around six sessions, and we discharge them, or keep the person, as needed, because there is a lot of demand. Therefore, we, more or less, put a rule like this to be able to do it in everyone, we're asking them to be people from the area, to be able to serve people from our area, but there are many people from outside the area who look for it, depending on the case, because we always do the initial interview, depending on the case, we fit, right [...] (**Lívia, nurse, 39 years**).

[...] we started in the groups, because they are people who have been with us for a long time,

especially the group with chronic diseases, right. Afterwards, my colleague and I opened an agenda [...] thus, in the groups at the unit [...]. Agenda and in the groups that develop, ok? As in smoking [...] (**Tulipa, nurse, 45 years**).

The practices were made available in the groups, mainly from HiperDia, for the time being [...] (**Nora, community health worker, 51 years**).

I don't have an agenda yet, but the mental health group is a group that I work a lot with them, right [...] (**Flor, nurse, 51 years**).

It is observed that professionals who develop practices of Auriculotherapy, Art Therapy and Medicinal Plants chose to hold them in therapeutic groups at PHCU, such as mental health, people with hypertension and diabetes, besides smokers. Those who use Reiki as therapy chose to serve the users individually in a specific room, in order to ensure greater comfort and privacy.

The benefits of applying Reiki in therapeutic groups were highlighted in a study conducted in the northern region of Rio Grande do Sul⁽²⁰⁾. Another investigation conducted in the same region of the state showed that the effects of applying Reiki in patients with systemic arterial hypertension were: relaxation, body and mind rest, pain relief, release of repressed emotions and daily overloads, silence, tranquility and moments of meditation, providing physical and mental benefits, but without significant change in blood pressure levels caused by hypertension⁽²¹⁾.

In a study that analyzed 22 articles, Auriculotherapy was effective in 92% of them, being used mostly for therapeutic purposes against stress, anxiety and depression. Most evaluations were carried out by means of Stress Symptoms List (SSL), State-Trait Anxiety Inventory (STAI) and Hamilton Anxiety and Depression Scale⁽²²⁾. In addition, Auriculotherapy has been shown to have a strong influence on creating a bond between the therapist and the user, contributing to a holistic view of the individual⁽²³⁾.

In this way, it is believed that ICPs can be applied collectively, in groups or individually, according to the needs of each user, and joint planning by the health team is essential to make such practices viable.

The registrations are carried out in different ways, according to the organization of each PHCU:

We have a record (notebook used for registration), made per day. Today, a session started, then I write down how many came here, if there was an exceptional case for us to report, so, even if something ever happens, which has never happened until today, I have the support of the Secretariat (SMS). I type it in the e-SUS system, and I have my file that I write down what they say, I put it in the records and type it in the e-SUS, because we always have to have support [...] (**Margarida 1, community health worker, 33 years**).

[...] in the electronic way, we register because it counts as groups, so we register in the PEC tool (**Azaleia, community health worker, 44 years**).

We register in the e-SUS system, there is a minute book (notebook used for registration) where we record everything done [...] and register the number of participants in the e-SUS system, and the professionals who are at that moment there, number of people [...] (**Esmeralda, nurse, 48 years**).

It is done in the e-SUS system, we also use a form that was developed by the auriculotherapy group that works in the city [...] (**Lola, nurse, 41 years**).

They were made in the patient's medical record [...] in the e-SUS system [...] on an agenda [...] (**Lucinda, nurse, 39 years**).

The participants recorded the ICPs developed at the PHCU in the Citizen's Electronic Medical Record (PEC, as per its Portuguese acronym), in the patient's physical record, in a notebook used for registration and in a specific form for each ICP.

In the case of Reiki and Auriculotherapy, there is a form for evolution, which was designed by the group of SMS professionals who offer ICPs. As for the groups, as is the case of art therapy, the registration of the participants and what was developed is carried out. These notes, in addition to showing the evolution and the history of each patient, serve as evidence about the performed activity and the participants'

perception. The information helps the team in the evaluation and monitoring of users, as well as can be used as research material.

It is understood that the registration is an integral part of the team's work process, as it establishes communication among professionals and between them and the users. This is because, in addition to providing information about the health and assistance provided to the user, it can be used for teaching purposes, research, audits, legal processes and an important way of evaluating and monitoring the quality of the process. It is worth emphasizing that it is extremely important that these data are recorded properly and clearly⁽²⁴⁾.

For the municipalities, evaluation and monitoring occur by choice of managers, who can establish their own methods of operationalizing the actions, in order to obtain results⁽²⁵⁾.

FINAL CONSIDERATIONS

The research has contributed to highlighting the importance of ICPs in primary care for the expansion of comprehensive care, since they are a set of therapeutic activities and actions also based on traditional knowledge, coming from different cultures, by means of the principles of welcoming listening, development of the bond and interaction of human beings with the sociocultural context, expanding care practices performed by professionals and promoting comprehensive care for human beings.

Furthermore, the objective of this study was encompassed, since the integrative and complementary practices developed in the Primary Health Care Units of the municipality of Pelotas were identified, which are carried out, for the most part, by nurses. It was also verified the organization of services, records and lack of funding for carrying out ICPs. Further studies are needed in the municipality of Pelotas and in the rest of the country to investigate benefits to users who use these practices in health care.

PRÁTICAS INTEGRATIVAS E COMPLEMENTARES NA ATENÇÃO PRIMÁRIA À SAÚDE

RESUMO

Objetivo: identificar as práticas integrativas e complementares realizadas pelos profissionais da saúde nas Unidades Básicas de Saúde. **Método:** trata-se de um estudo realizado a partir de uma pesquisa qualitativa em

cinco Unidades Básicas de Saúde de Pelotas, município do Rio Grande do Sul, Brasil, entre janeiro e março de 2020. A produção de informações ocorreu a partir de entrevistas com roteiro semiestruturado. A análise foi realizada por meio da proposta de maneira operativa, em três etapas: pré-análise; classificação dos dados; reflexão em busca da interpretação e compreensão de tudo o que foi exposto. **Resultados:** as 16 participantes eram todas mulheres, com idade entre 33 e 59 anos, sendo nove enfermeiras. As práticas aplicadas pelas profissionais para o cuidado aos usuários eram: Auriculoterapia, Arteterapia, Reiki e Plantas Medicinais. O registro é realizado conforme a organização de cada Unidade Básica de Saúde, podendo ocorrer no Prontuário Eletrônico do Cidadão, no prontuário físico, em um caderno utilizado para o registro e/ou em ficha específica. **Considerações finais:** ressalta-se a importância das práticas integrativas e complementares na atenção primária, devido ao vínculo entre profissionais e usuários, ampliando o cuidado integral.

Palavras-chave: Atenção primária de saúde. Terapias complementares. Pessoal de saúde.

PRÁCTICAS INTEGRADORAS Y COMPLEMENTARIAS EN LA ATENCIÓN PRIMARIA DE SALUD

RESUMEN

Objetivo: identificar las prácticas integradoras y complementarias realizadas por los profesionales de la salud en las Unidades Básicas de Salud. **Método:** se trata de un estudio realizado a partir de una investigación cualitativa en cinco Unidades Básicas de Salud de Pelotas, municipio de Rio Grande do Sul, Brasil, entre enero y marzo de 2020. La producción de informaciones se produjo a partir de entrevistas con guion semiestruturado. El análisis fue realizado por medio de la propuesta de manera operativa, en tres etapas: preanálisis; clasificación de los datos; reflexión en busca de la interpretación y comprensión de todo lo que fue expuesto. **Resultados:** las 16 participantes eran todas mujeres, con edad entre 33 y 59 años, siendo nueve enfermeras. Las prácticas aplicadas por las profesionales para el cuidado a los usuarios eran: Auriculoterapia, Arteterapia, Reiki y Plantas Medicinales. El registro es realizado conforme la organización de cada Unidad Básica de Salud, pudiendo ocurrir en el Registro Médico Electrónico del Ciudadano, en el Registro Médico físico, en un cuaderno utilizado para el registro y/o en ficha específica. **Consideraciones finales:** se resalta la importancia de las prácticas integradoras y complementarias en la atención primaria, debido al vínculo entre profesionales y usuarios, ampliando el cuidado integral.

Palabras clave: Atención primaria de salud. Terapias complementarias. Personal de salud.

REFERENCES

1. Telesi Junior E. Práticas integrativas e complementares em saúde, uma nova eficácia para o SUS. *Estud. Av.* 2016; 30(86): 99-112. DOI: <https://doi.org/10.1590/S0103-40142016.00100007>
2. Brasil. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. Política Nacional de Práticas Integrativas e Complementares no SUS. Brasília: Ministério da Saúde, 2021. Disponível em: <https://aps.saude.gov.br/ape/pics>
3. Andrade LP, Morais KCS, Silva CP, Tavares FM. Percepção dos profissionais das unidades básicas de saúde sobre as práticas integrativas e complementares. *Id on line. Revista de Psicologia.* 2018; 12(42): 718-27. DOI: <https://doi.org/10.14295/online.v12i42.1483>
4. Tesser CD, Sousa IC, Nascimento MC. práticas integrativas e complementares na atenção primária à saúde brasileira. *Saúde em debate.* 2018; 42(1): 147-88. DOI: <https://doi.org/10.1590/0103-11042018s112>
5. Fischborn AF, Machado J, Fagundes NC, Pereira NM. A Política das práticas integrativas e complementares no SUS: o relato da implementação em uma unidade de ensino e serviço de saúde. *Cinergis.* 2016; 17(4): 358-63. DOI: <http://dx.doi.org/10.17058/cinergis.v17i0.8149>
6. Dacal MDPO, Silva IS. Impactos das práticas integrativas e complementares na saúde dos pacientes crônicos. *Saúde em debate.* 2019; 42(118): 724-35. DOI: <https://doi.org/10.1590/0103-1104201811815>
7. Nascimento MVN, Oliveira IF. As Práticas Integrativas e Complementares grupais e sua inserção nos serviços de saúde da atenção básica. *Estud. Psicol.* 2016; 21(3): 272-81. DOI: <https://doi.org/10.5935/1678-4669.20160026>
8. Tesser CD, Dallegre D. Práticas integrativas e complementares e medicalização social: indefinições, riscos e potências na atenção primária à saúde. *Cad. Saúde Pública, Sér. Ens.* 2020; 36(9): e00231519. DOI: <https://doi.org/10.1590/0102-311X00231519>
9. Moreira MP, Silva MVS, Sena LWP. Caracterização das práticas integrativas e complementares na atenção primária a saúde no estado do Pará. *Revista Eletrônica Acervo Saúde.* 2021; 13(3): 1-9. DOI: <https://doi.org/10.25248/REAS.e6792.2021>
10. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14ª ed. São Paulo: Hucitec; 2014.
11. Taylor SJ, Bogdan R. Introducción a los métodos cualitativos de investigación. 14ª ed. Barcelona: Paidós; 2013.
12. Silva PHB, Barros LCN, Barros NF, Teixeira RAG, Oliveira ESF. Professional training in integrative and complementary practices: the meanings attributed by primary health care workers. *Ciênc. Saúde Colet.* 2021; 26(2): 399-408. DOI: <https://doi.org/10.1590/1413-81232021262.40732020>
13. Almeida JR, Vianini MCS, Silva DM, Meneghin RA, Souza GD, Resende MA. O enfermeiro frente às práticas integrativas e complementares em saúde na estratégia de saúde da família. *Revista Eletrônica Acervo Saúde.* 2018; 18: e77. DOI: <https://doi.org/10.25248/reas.e77.2019>
14. Xavier SM, Fernandes MNB, Silva PH, Arruda LP, Batista ESJ. Strategies to promote the safety of diabetic users in the family health strategy. *Ciênc., Cuid. Saúde.* 2020; 19(7): e50319. DOI: <https://doi.org/10.4025/ciencuidsaude.v19i0.50319>
15. Calado RSF, Silva AAOB, Oliveira DAL, Silva GAM, Silva JCB, Silva LCD, et al. Teaching of integrative and complementary practices in nursing graduation ensino das práticas integrativas e complementares na formação em

enfermagem. Revista de enfermagem UFPE on line. 2018; 12(1): 261-7. DOI: <https://doi.org/10.5205/1981-8963-v13i1a237094p261-267-2019>

16. Ruela LO, Moura CC, Gradim CVC, Stefanello J, Lunes DH, Prado RR. Implementation, access and use of integrative and complementary practices in the unified health system: a literature review. *Ciênc. Saúde Colet.* 2019; 24(11): 4239-50. DOI: <http://dx.doi.org/10.1590/1413-812320182411.06132018>

17. Tesser CD, Moré AOO, Santos MC, Silva EDC, Farias FTP, Botelho LJ. Auriculotherapy in primary health care: A large-scale educational experience in Brazil. *J Integr Med.* 2019; 17(4): 302-9. DOI: <https://doi.org/10.1016/j.joim.2019.03.007>

18. Freitag VL, Andrade A, Badke MR, Heck RM, Milbrath VM. Reiki therapy in Family Health Strategy: perceptions of nurses. *Revista de Pesquisa, Cuidado é Fundamental.* 2018; 10(1): 248-53. Doi: <http://dx.doi.org/10.9789/2175-5361.2018.v10i1.248-253>

19. Spezzia S, Spezzia S. O uso do reiki na assistência à saúde no sistema único de saúde. *Revista de Saúde Pública do Paraná.* 2018; 1(1): 108-15. DOI: <https://doi.org/10.32811/2595-4482.2018v1n1.49>

20. Freitag VL, Dalmolin IS, Badke MR, Andrade A. Benefits of reiki in older individuals with chronic pain. *Texto Contexto Enferm.* 2014; 23(4): 1032-40. DOI: <https://doi.org/10.1590/0104-07072014001850013>

21. Federizzi DS, Freitas GVL, Petroni S, Cosentino SF,

Dalmolin IS. Efeitos da aplicação do reiki no cuidado ao usuário com hipertensão arterial sistêmica. *Enferm. Atual.* 2019; 83(21): 16-23. Disponível em:

<https://revistaenfermagematual.com.br/index.php/revista/article/view/279/171>

22. Corrêa HP, Moura CDC, Azevedo C, Bernardes MFVG, Mata LRFDP, Chianca TCM. Effects of auriculotherapy on stress, anxiety and depression in adults and older adults: a systematic review. *Rev. Esc. Enferm. USP.* 2020; 54: e03626. DOI: <https://doi.org/10.1590/s1980-220x2019006703626>

23. Vilaça SPDO, Coutinho DJG. Auriculoterapia no tratamento da obesidade na Atenção Básica. *Revista Ibero-Americana de Humanidades, Ciência e Educação.* 2020; 6(8): 73-89. Disponível em:

<https://periodicorease.pro.br/rease/article/view/134/91>

24. Valente GSC, Maia DA. A gestão da informação em atenção básica de saúde e a qualidade dos registros de enfermagem. *Revista Investigación en Enfermería: Imagen y Desarrollo.* 2018; 20(2). Disponível em:

[https://revistas.javeriana.edu.co/files-articulos/IE/20-2%20\(2018-II\)/145256681004/145256681004_visior_jats.pdf](https://revistas.javeriana.edu.co/files-articulos/IE/20-2%20(2018-II)/145256681004/145256681004_visior_jats.pdf)

25. Habimorad PHL, Catarucci FM, Bruno VHT, Silva IB, Fernandes VC, Demarzo MMP, et al. Implementation of Brazil's National Policy on Complementary and Integrative Practices: strengths and weaknesses. *Ciênc. Saúde Colet.* 2020; 25(2): 395-405. DOI: <https://doi.org/10.1590/1413-81232020252.11332018>

Corresponding author: Teila Ceolin. Rua Gomes Carneiro, 01, Campus Porto, Universidade Federal de Pelotas, Pelotas, RS. CEP 96010-610. Tel.: (53) 91842-2222. E-mail: teila.ceolin@gmail.com

Submitted: 06/09/2021

Accepted: 03/03/2022