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INTERVENING FACTORS OF INTEGRATIVE AND COMPLEMENTARY PRACTICES IN PRIMARY HEALTH CARE BY NURSES

FATORES INTERVENIENTES DAS PRÁTICAS INTEGRATIVAS E COMPLEMENTARES EM SAÚDE NA ATENÇÃO BÁSICA PELOS ENFERMEIROS

FACTORES INTERVINIENTES DE LAS PRÁCTICAS INTEGRADORAS Y COMPLEMENTARIAS EN SALUD EN LA ATENCIÓN PRIMARIA POR LOS ENFERMEROS

ABSTRACT

Objective: to analyze the intervening factors in the realization of integrative and complementary practices in Primary Health Care by nurses. **Method:** this is a descriptive study with a qualitative approach carried out with 14 primary care nurses from the city of Cajazeiras, Paraíba. Semi-structured interviews were used for data collection, after approval by the Ethics and Research Committee. The Discourse of the Collective Subject was used to organize and analyze the results. **Results:** professional motivation and positive embracement of patients were identified as facilitating factors, and lack of interest of managers was identified as an obstacle to the accomplishment of Integrative and Complementary Practices in Primary Health Care. **Conclusion:** educational interventions for both professionals and users of health services are necessary, as well as for managers, explaining the value of these practices and thus conquering transformations in this scenario.

Keywords: Complementary Therapies; Nursing care; Primary Health Care.

RESUMO

Objetivo: analisar os fatores intervenientes na realização das práticas integrativas e complementares em saúde na Atenção Básica pelos enfermeiros. **Método:** trata-se de estudo descritivo com abordagem qualitativa realizado com 14 enfermeiros da Atenção Básica do município de Cajazeiras, Paraíba. Para a coleta de dados, foi utilizada entrevista semiestruturada, após a aprovação do Comitê de Ética e Pesquisa. Utilizou-se do Discurso do Sujeito Coletivo para organização e análise dos resultados. **Resultados:** identificaram-se a motivação profissional e recepção positiva dos pacientes como fatores facilitadores e o desinteresse dos gestores como obstáculo para a realização das Práticas Integrativas e Complementares em Saúde na atenção básica. **Conclusão:** é necessário que exista intervenção

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educativa tanto para os profissionais e população usuária dos serviços de saúde quanto para os gestores, explanando a valorização dessas práticas e assim conquistando transformações nesse cenário de atuação.
Descritores: Terapias Complementares; Cuidados de Enfermagem; Atenção Primária à Saúde.

RESUMEN

Objetivo: Analizar los factores intervinientes en la ejecución de las prácticas integradoras y complementarias en salud en la Atención Primaria por los enfermeros. **Método:** Se trata de un estudio descriptivo con enfoque cualitativo conducido con 14 enfermeros de la Atención Primaria del ayuntamiento de Cajazeiras, Paraíba. Para la recolección de datos, se utilizó una entrevista semiestructurada, después de la aprobación del Comité de Ética e Investigación. Se utilizó del Discurso del Sujeto Colectivo para organización y análisis de los resultados. **Resultados:** Se identificó la motivación profesional y la recepción positiva de los pacientes como factores facilitadores, mientras que el desinterés de los gestores surgió como obstáculo para la ejecución de las Prácticas Integradoras y Complementarias en Salud en la atención primaria. **Conclusión:** Se hace necesario llevar a cabo una intervención educativa tanto para los profesionales y la población usuaria de los servicios de salud como para los gestores, explicando la valorización de esas prácticas y así conquistando transformaciones en ese escenario de actuación.
Descriptores: Terapias Complementarias. Atención de Enfermería. Atención Primaria de Salud.

INTRODUCTION

Comprehensiveness and the search for more humanized practices in health services are becoming indispensable for care, and this way Integrative and Complementary Practices in Health (ICPH)[1] broaden the conceptions of the population about their own health, increasing the availability of access for individuals and community participation. It is important to highlight nurses as actors of great importance for education and assistance in the provision of these forms of care.

These practices involve a holistic approach through safe and effective technologies, with priority to welcoming listening, to stimulate the promotion and recovery of health and the prevention of diseases through natural mechanisms, providing a broad view of human care with a focus on self-care.[1]

ICPH can be used in several care spaces, but their applicability becomes more effective in Primary Care (PC), where users exercise their autonomy more widely.[2]

Thus, PC nurses have the challenge of carrying out care actions based on professional-user-community relationships, with dialogue, listening, humanization and respect. With this, the implementation of nursing care gains an important meaning, since nurses' actions are not restricted to technical activities, but they are rather able

to experience different social and cultural realities, and identify health needs, being able to carry out their practices according to the place of work.[3]

However, it is noted that nurses still experience conflicts in their practice, as they still seek the concretization of the detachment from the care fragmented by the biomedical model and seek an approximation with the holistic model.[4]

Despite of it, the importance and effectiveness of carrying out ICPH have been confirmed over the years through scientific research recognized at the national and international level.[5] Furthermore, in 2006 a first ordinance was published offering services and products of traditional Chinese medicine/acupuncture, homeopathy, medicinal plants and phytotherapy, social thermalism/crenotherapy, and anthroposophic medicine[6], and the new art practices included in 2017 and 2018, such as art therapy, ayurvedic therapy, biodance, dance, meditation, music therapy, naturopathy, osteopathy, chiropractic, reflexotherapy, reiki, shantala massage therapy, integrative community therapy, yoga, aromatherapy, apitherapy, bioenergetics, family constellation, chromotherapy, hypnotherapy, hand imposition, ozonotherapy, and floral therapy[7-8], demonstrating the potential of these practices if used in routine health services.

Thus, the study was based on the following guiding question: what factors intervene in the realization of integrative and complementary practices in Primary Health Care by nurses?

This study presents the relevance of contributing to the recognition of factors that facilitate and hinder the implementation of ICPH in the scenario of PC, so as to find ways to intervene in the necessary changes to enable professionals, particularly nurses, to include these practices in their routine. Thus, the objective was to analyze the intervening factors in the realization of integrative and complementary practices in Primary Health Care by nurses.

METHOD

The study in question is descriptive in nature and has a qualitative approach. It was carried out in the Primary Care of the municipality of Cajazeiras, in the state of Paraíba. This city is part of the 4th Macroregion of Health and the 9th Regional Health Management Unit of Paraíba, currently presenting 19 Primary Health Care Units, composed of 23 registered Family Health Teams.

The participants of this study were 14 nurses who compose the 23 Family Health Teams of the municipality of Cajazeiras. The inclusion criterion used was to work for more than twelve months as a Primary Care nurse, understanding that this is the minimum time to establish a link with the dynamics of this care scenario. The exclusion criteria were: being on vacations, sick leave, or removed from service.

Data collection was performed through semi-structured interviews, which occurred between May and June of 2017, individually, in a reserved place in the Basic Health Units. After written authorization, the interviews were recorded and listened several times for better understanding of the speeches and correct analysis of the information before its transcription.

After collecting, sorting and organizing the data generated on the basis of semi-structured interviews, the Discourse of the Collective Subject (DCS), a method that allows the representation of thought of a given collectivity, was used as methodological process to analyze the data.

The DCS proposes the sum of ideas, in a non-numerical way, that when methodologically operationalized express the thought of a given group through a discourse. The DCS is understood as a project of organization and tabulation of qualitative information of a verbal nature, obtained from statements, which basically analyzes the verbal material collected to extract Central Ideas (CI) from it and the corresponding Key Expressions (KE). Such statements will compose the raw material, in the form of one or several synthetic speeches in the first person singular, or rather, in the first (collective) person singular, in which, at the same time that the presence of the individual in the discourse is evidenced, it makes a collective reference, since this individual speaks in the name of the collectivity.[9]

The research was initiated after approval of the project by the Research Ethics Committee (REC) of the Federal University of Campina Grande (UFCG), campus of Cajazeiras, under Opinion nº 2,012,802. Participation of interviewees in the research happened only after their signature of the Informed Consent Term (ICT), prepared in two copies and signed by the participant and the researcher in charge. In compliance with Resolution 510/2016 of the Ministry of Health, ethical and legal components are present at all stages of the research, confirming to the participants the secrecy and privacy of the information that was collected, ensuring its use for scientific and academic purposes.

RESULTS

Two Central Ideas (CIs) were identified and will be exposed and analyzed with their respective DCS.

In the first one, the nurses report the professional motivation due to the feasibility aiming at health promotion. Also, with a succinct discourse, they reveal the acceptance of patients in adhering to new health care therapies, as factors that facilitate the realization of ICPH.

The DCS of this category was produced with the participation of seven nurses, as described below:

Central-Idea 01 - Professional motivation and positive embracement of patients as facilitating factors in the accomplishment of Integrative and Complementary Practices.

DCS 01- That facilitate our work, let us say, our disposition, as professionals, of wanting to improve more and more the service provided and reduce the problems of our users; the integration of the team, maybe this is the facilitating factor for this policy to work in primary care. The disposition we have here to work is impressive; we love to work, so when something like that comes up for us it's very good. Also the receptivity of the patients, do you understand? It causes something positive for both the unit and the patients because they understand the language of phytotherapy more than the drug language when we use drugs. So when we enter in their culture, we see greater acceptance.

In the second CI, the DCS demonstrates that the greatest difficulty in achieving ICPH is the lack of interest of managers. The DCS was constructed upon the participation of six nurses:

Central-Idea 02 - Disinterest of managers as an obstacle to the realization of Integrative and Complementary Practices in Primary Care.

DSC 02- The problem here is the lack of interest on the part of the managers. They are still unaware of these practices or if they know they do not bring them to those who can apply them, that is, we here in the family health team, something that may cause difficulty also is the understanding of the managers, but really what causes difficulty is the lack of investment from the government spheres, we do not have the appropriate physical space for this, neither incentive. The training that we should have, we do not have due to lack of investment. I believe there is no training for the coordination team and consequently there is no training for us either.

DISCUSSION

Observing the opening of nurses to ICPH, it is evident in the DCS 01 that they are willing to learn and give guidance on what these practices have to offer.

Corroborating this result, a study showed that of 70 professionals from a Basic Health Unit in the city of São Paulo who were interviewed, 94.3% were interested in ICPH and believed that the

community would be interested in these practices.[10]

In the same way another research found that the professionals of a Family Health Team also declared to be interested in the inclusion of ICPH in the health services, giving emphasis to PC. This study raised a question about the vision of the population regarding the insertion of ICPH in the daily routine of the BHU and obtained a positive response of acceptance, since, according to the reports, the use of these practices would broaden the care options[11].

When it is well accepted by all the actors involved, that is, professionals and users, ICPH start to be used on a daily basis, which can bring positive results in health, as well as greater adherence to treatment. A study carried out in Ethiopia showed this good adherence and association of ICPH with traditional treatments, in which 279 (67.8%) of the 412 patients who were affected by arterial hypertension also used complementary therapies for treatment.[12]

In São Paulo, many people in the community offer themselves as volunteers to help promoting body and meditation practices as well as the construction of vegetable gardens for planting and use of medicinal plants.[13]

This demonstrates that the articulation between popular knowledge and the use of new therapeutic options not only broadens the practices with a view to health promotion but also increases the quality of life of the population by inserting it into the production of its own care based on ICPH.

Contrary to these findings, a study carried out in Rio Grande do Norte found nurses' concerns about the receptivity of these practices because, according to them, the population presents the short-sighted habit of drug-based curative treatment[14], which can be linked to the biomedical model that also reverberates in the population's perception of what the therapeutic management of its care plan should be, overlapping and devaluing ICPH.

It is therefore necessary to raise the awareness, not only among health professionals but especially among the population as a whole, exposing and demystifying some of the prejudices and doubts that still surround ICPH, making them more and more used in health care settings in Brazil and especially in PC.

In the DCS 02, according to the participants, the main obstacle to the implementation of ICPH is the lack of support from managers. This is also believed to be due to a lack of knowledge of these practices, reflecting as lack of funding for such practices, and consequent lack of investments for training professionals.

Strengthening this information, researches show similar results, including

the devaluation on the part of managers, resulting in a precarious planning of ICPH, lack of adequate spaces, and insufficient number of qualified professionals as some of the obstacles to the implementation of ICPH.[15-16]

It is clear in the policy that addresses these practices that it is the responsibility of municipal management to build technical norms for their insertion in the municipal health network; establish budgetary and financial resources for the implementation of this policy; foster intersectoral articulation for their implementation and mechanisms for qualification of professionals of the local health system; designate management tools as well as indicators for the monitoring and evaluation of the impact of the implementation of the policy; and develop pharmaceutical assistance with herbal, phytotherapeutic and homeopathic plants[1]. However, there is still, according to the nurses' discourses, a huge distance between what happens in the care practice and what is recommended for management.

Lack of knowledge of managers generates mistrust, discredit and consequent lack of search for the implementation of these forms of treatment. In fact, some managers pose difficulties when some professionals try to use complementary treatment on their own.[17]

It was verified in a survey that most managers of the municipalities of the state of São Paulo were unaware of the practices, and although some knew it, they preferred not to invest on them because of the lack of financial definition for implementation of ICPH, besides the fear by the absence of guarantee of return.[18]

In an attempt to demystify the implementation of ICPH, a manual was created in 2018 with the purpose of proposing to managers a model of ICPH implementation plan, so as to facilitate the development of these care practices in their locality.[19]

In this way, it is observed that for the actual implementation of ICPH in the daily care provided by nurses in PC, there must be harmony among the subjects involved in the production of care, from the scenario of central decision-making, represented by sensitive managers informed about the positive impact of these practices on the local decision scenario, to the nurses themselves, who must be permanently prepared for the implementation of this form of care.

FINAL CONSIDERATIONS

The trajectory of this study had as general objective to analyze the intervening factors in the realization of integrative and complementary practices in Primary Health

Care by nurses. The focus was on this scenario because of the fact that it is the preferred for implementation of ICPH.

It was observed that the positive intervening factors were the motivation of professionals towards work and their openness to gain knowledge, as well as the acceptance of users to adopt different care practices such as ICPH.

Negative factors were identified, including the lack of interest of managers, lack of incentive and support to training, hindering the implementation of these practices in the daily routine of care, demonstrating how important is the support from management to apply these practices in the scenario of PC.

It is necessary to highlight that the results obtained in this research have limitations, since the study was developed in the PC of a municipality, thus preventing the universalization of the findings because of different knowledge sets, cultures and beliefs within a social context and forms of work of nurses in each locality.

Finally, it is believed that as this study exposed factors that facilitate and hinder the realization of ICPH in the scope of PC, it will allow reflections on the improvement in the conduct of the actions that lead to its implementation. It is suggested that new researches be developed in the area of ICPH, with emphasis on educational intervention for both professionals and users of health services, as well as for managers, explaining the value of ICPH and thus achieving transformations in this scenario.

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