

Blessing in the Family Health Strategy: perspectives of nursing professionals**Benzedura na Estratégia Saúde da Família: perspectivas de profissionais da enfermagem****Benzedura en la Estrategia Salud de la Familia: perspectivas de profesionales de la enfermería****Received: 18/09/2019****Approved: 05/11/2020****Published: 17/02/2020****Janaína Aparecida Maia Silva¹****Luiza Maria de Assunção²****Leiner Resende Rodrigues³**

This is a quantiquitative, descriptive and exploratory research, which aims to characterize the nursing professionals and present their perspective on blessing along with the Family Health Strategy in a municipality of Minas Gerais state. Participants were 44 nursing professionals in the profile evaluation phase and blessing knowledge, applying seven audiorecorded interviews for a second phase of the study. It was found that 90.9% of the respondents are female and 56.9% white, 43.1% Catholic, 27.3% Kardecists and 68.2% make use of blessing. From the thematic analysis, two categories emerged: *Health and spiritual/religious practices; Relationships between blessing and health practices and care*. Blessing is perceived as an alternative in solving, hospitality and care.

Descriptors: Primary health care; Spirituality; Humanization of assistance.

Esta é uma pesquisa quantiquitativa de caráter descritivo e exploratório, que tem como objetivo caracterizar os profissionais de enfermagem e apresentar sua perspectiva sobre a benzedura junto à Estratégia Saúde da Família em município mineiro. Participaram 44 profissionais de enfermagem na fase de avaliação de perfil e conhecimento de benzedura, aplicando-se sete entrevistas audiogravadas para um segundo momento do estudo. Constatou-se que 90,9% dos informantes são do sexo feminino e 56,9% de cor branca, 43,1% católicos, 27,3 % kardecistas e % 68,2 usam a benzedura. Da análise temática emergiram duas categorias: *Saúde e práticas espirituais/religiosas; Relações entre benzedura e práticas de saúde e cuidado*. A benzedura é percebida como uma alternativa na resolutividade, na hospitalidade e atenção.

Descritores: Atenção primária à saúde; Espiritualidade; Humanização da assistência.

Esta es una investigación cuántica de carácter descriptivo y exploratorio, que tiene como objetivo caracterizar a los profesionales de enfermería y presentar su perspectiva sobre la benzedura junto a la Estrategia Salud de la Familia en municipio minero. Participaron 44 profesionales de enfermería en la fase de evaluación de perfil y conocimiento de benzedura y, se aplicó siete entrevistas audio grabadas para un segundo momento del estudio. Se constató que el 90,9% de los informadores son mujeres y el 56,9% de color blanco, el 43,1% católicos, el 27,3 % kardecistas y el 68,2 % usan la benzedura. Del análisis temático surgieron dos categorías: *Salud y prácticas espirituales/religiosas; Relaciones entre benzedura y prácticas de salud y cuidado*. La benzedura se percibe como una alternativa en la determinación, la hospitalidad y la atención.

Descritores: Atención primaria de salud; Espiritualidad; Humanización de la atención.

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INTRODUCTION

Recently, blessing has achieved legitimacy by the municipalities of some states in Brazil, as in the case of Paraná¹. Considering the gap that has been provided to traditional healers in these partnerships, and health public policies¹, it is necessary to search for more details on the different roles played by these agents with users, as well as checking the perspective of nursing professionals about the performance of this practice in the areas served by the Family Health.

The participation of blessing in health can be understood as a resource in the search for answers and attempts at restoration of physical and mental health. Despite the importance of biomedical knowledge, it has not proven competent in dealing with issues that encompass the totality of the human being².

This study aims to characterize the nursing professionals and present their perspective on blessing along with the Family Health Strategy in a city of Minas Gerais state.

METHOD

It is a quanti-qualitative, descriptive and exploratory study in a municipality of Triângulo Mineiro, Minas Gerais. This research integrates a larger study entitled "Blessing and SUS: spiritual/religious practices and perceptions of health workers, users and folk healers of areas attending the Family Health Strategy."

Currently, according to the Municipal Secretary of Health of Uberaba (SMSU) 3, there are 51 family health teams that are distributed in three health districts (DS) of urban and rural areas, with 87 nursing professionals. Nursing professionals on sick leave were excluded. Professionals who performed the function at the facility for at least one year were included.

For this study, data were collected in the three health districts in urban areas and in the countryside. A total of 44 nursing professionals were surveyed, who, at first, answered the questionnaire of sociodemographic characteristics and identification of blessing practices and by seven nursing professionals (nurses or nursing technician) of seven family health teams that, subsequently, were interviewed, which allowed exploitation of the perspective of professionals about the practice of blessing. These were defined by a lot made with use of Excel program. Data collection was conducted from October 2016 to January 2017. The variables relating to the characterization of the FHS informants were: gender, color, function, religion, use of blessing practice.

With regard to the questionnaires, data were tabulated. The results were obtained using descriptive statistics and operations presented in table form.

The proposal of theoretical saturation followed^{4,5}. From this perspective, the collection of new interviews was suspended when the collected data showed redundant or repetitive. Regarding the interviews, it was carried out the thematic analysis of data⁶, from which categories were identified. These emerged from the processing of information when reading and analyzing the material and, therefore, they have not been defined in an a priori way.

This study was approved by the Research Ethics Committee of the Federal University of Triângulo Mineiro, under opinion No. 1774886. In order to protect confidentiality, respondents were identified by a letter followed by a number. The insertion of the participants took place after clarification of the proposed study, and after signing the Informed Consent, following the precepts established by Resolution 466/12 of 12/12/2012, of the Ministry of Health⁷.

RESULTS

Sociodemographic profile of nursing professionals

Of the professionals who answered the questionnaire, 90.9% are female, 56.9% have white skin, followed by brown with 29.5%, with greater participation of nurses (88.7%) in completing the structured questionnaires (Table 1).

It was found that 43.1% of the respondents are bound to the Catholic religion, followed by Kardecist religion (27.3%), and the others with adherence to other religions (Table 1).

Table 1. Participants according to sociodemographic variables. Uberaba, Minas Gerais, 2017.

Sociodemographic variables		Number	Percentage %
Sex	Female	40	90.9%
	Male	04	9.1%
Color	White	25	56.9%
	Black	03	5.8%
	Yellow	02	4.5%
	Brown	13	29.5%
	No statement	01	2.3%
Occupation	Nurse	39	88.7%
	Nursing technician	05	11.3%
Religion	Agnostic	01	2.3%
	Candomblé	01	2.3%
	Catholic	19	43.1%
	Evangelical	03	6.8%
	Islamic	01	2.3%
	Kardecist	12	27.3%
	Kardecist and Umbanda	02	4.5%
	Umbanda	01	2.3%
	Not informed	01	2.3%
	No religion	03	6.8%
Total		44	100.0%

Of the professionals surveyed, 68.2% have used blessing (Table 2), with most of them being Catholics and Kardecists.

Table 2. Practitioners in accordance with the use of blessing. Uberaba, Minas Gerais, 2017.

Use of practice among professionals	Amount	Percentage
Yes	30	68.2%
No	11	25.0%
Not informed	03	6.8%
Total	44	100.0%

Thematic analysis

In this stage, seven nurses participated, being two of DS I; two working in the DS II, two of the DS III and one in the countryside.

From the analysis of the collected material, two thematic categories emerged: "*Health and spiritual/religious practices*" (I); "*Relationships between blessing and health practices and care*" (II), (Chart 1).

The category "*Health and spiritual/religious practices*" has two subcategories: "*Dilemmas of the interface between health and spiritual/religious practices*" (1); "*Benefits of the interface between health and spiritual/religious practices*" (2) (Chart 1). From the category "*Relationships between blessing and health practices and care*" the following subcategories emerged: "*Opposition*" (3); "*Approximation*" (4) (Chart 1).

Chart 1. Thematic categories and subcategories on the use of blessing by nursing professionals. Uberaba, Minas Gerais, 2017.

THEMATIC CATEGORY	SUBCATEGORY
I. Health and spiritual/religious practices	<i>1. Dilemmas of the interface between health and spiritual/religious practices</i>
	<i>2. Benefits of the interface between health and spiritual/religious practices</i>
II. Relationships between blessing and health practices and care	<i>1. Opposition</i>
	<i>2. Approximation</i>

Health and spiritual/religious practices

Dilemmas of the interface between health and spiritual/religious practices

According to the interviewees, there is a deficiency about teaching in spiritual/religious practices and this lack hinders work and intervention team to the community. After obtaining data on spiritual/religious practices, by mapping the area of operation, they do not know how to act. It is, thus, highlighted the need for this training among professionals:

We have no training to deal with spiritual/religious issues brought by patients. That's what I said, it has to be something that comes to health because I think it has a lot of questions/problems and it has to be something worked/discussed/shared. I think people are unaware (E5).

Although you do the survey: many folk healers, they go to another topic. So, I think it needs more deepening. We have no capacity to welcome the spiritual/religious demands of the users. I think it lacks information/training. Especially in this area in which we do not even discuss in team (E2).

It is pointed out that the team does not establish communication on the spiritual/religious aspects that manifest on the area of operation, indicating that such a subject is not shared among professionals. There is no training or preparation to deal with issues involving religion (E2, E4, E6). During the academic training, the focus is on pathophysiology. Cultural, social and religious issues are little or almost never addressed. Therefore, to address these issues, the professionals use knowledge and personal opinions:

Unless Dr. ... I liked and even recommended, the others I do not see any comments of them speaking something. Not everybody realize issues related to spirituality/religiosity. Here, it's rarity those who have a religion. Those who talk about the subject (E3).

There is little communication between medical knowledge and spiritual wisdom. There is, but very little. It is not yet widespread. In my academic background there was no spiritual/religious aspects. No one talked about that there. At least to talk a little or for the professional to respect. He does not believe in that, he will not spread, he does not want to say anything about that, but he has to respect, at least. Having an experience to be able to respect (E6).

There is lack of, I think, information/training. Especially in this area in which we do not even discuss as a team. Although you do the survey: many healers, one already goes to another topic. So, I think it needs more deepening. I think it should be practiced / discussed among the team, have more training in this regard, further guidance (E2).

There is not much training, training/capacity building, something like a scientific power that says you can be fit and well founded. I have never, in college/course, had anything on these practices. And, sometimes what one has as knowledge about religiosity comes from raising; from the old ones, someone in the family who believed and passes to us. It comes from generations, I think (E4).

Because of the training focused on biological aspects, professionals do not talk and find irrelevant to discuss guidelines related to spiritual/religious practices, so as not to position themselves on the subject:

Generally, health professionals do not position themselves on issues related to religion/spirituality (E5).

Moreover, spiritual/religious practices can lead to the abandonment of drugs, extreme reliability of the religious leaders, the limiting sectarianism. Thus, it is recommended religion with no exaggeration, otherwise it may harm.

I think some religions sometimes can indeed influence to stop medication (E1).

Because they also saw people of some religions that cannot treat themselves, in case they leave the drug treatment, to do only what God, the church believe are talking about. Then I think it becomes harmful. I think religion can help, but sometimes may harm. It depends on the person, of fanaticism. It has to be on balance. Anything in excess (E5). Narrow-minded person, you see very closed/conservative religious, you see that it is limiting a person financially and in other aspects. Socially too. I think some religions limit people socially. That causes a person to suffering (E6).

Benefits of the interface between health and spiritual/religious practices

On the one hand, it was pointed out that spiritual/religious practices can bring inexplicable healing, provide a feeling of relief, help with self-esteem, in positive thinking (E1), strengthening (E1), improving the process of health and disease:

It's like I said the question of faith. I've experienced, because I have a few years of nursing, cases that you wonder how, why. So sometimes you have a tumor/ very serious disease and a surgery is scheduled and the person seeks her religion and it was found even with tests, that it disappeared. In a short period (E2).

There are some physicians who say: "This patient here has nothing, her problem is more spiritual." I do not know, sometimes a folk healer or a religion can work (E3).

It would help a lot to associate health and religiosity. I even play with the girls because here there are all sorts of religion and sometimes, some people come and you see that the person is experiencing something I cannot explain. The person is not right. That there is need of a religion (E6).

I think that religion can help in self-esteem, the person to find a way sometimes and this will help in everything (E1). I think it is faith.. If a person believes that it will be better to her, if one believes it can help in the health and disease process (E5).

Behavioral changes resulting from a religion can significantly impact the health of the individual. Some examples are: the walk to the church; leisure provided; social involvement related to practices they perform in support of religious community. These are contributions in changing behavior, which, in turn, have a positive impact on the medicalization process:

It is usually a matter of habit to change. Changing eating habits, practice a physical activity, a leisure, attending a religion, all of this will bring well-being to people and improve their quality of life (E5).

A volunteer work, a religion, I believe it will improve depression, medicines and by improving self-esteem it will also improve everything and will reduce medication (E1).

Nurses reported that blessing contributes in the process of demedicalization by having natural herbs that help, it is stated that, depending on the illness, it can help a lot. However, it warns to the fact that in certain diseases its exclusive use may be harmful to the user:

So faith, whatever .. There are some herbs, natural medicine that help (E3). I think that ... Blessing or home remedy has not proven it will work, that will solve it. In some cases, blessing can help, but not all of them. We always have to guide them not to abandon the medical care (E3).

I think that when you have faith, a belief, I think sometimes it is not just go to the doctor's as well. I think there are also other means of people believe in an herb and other alternatives. I think sometimes you are trying a treatment and it is not working and all of a sudden there is another way that works. Another option (E4).

Hospitality and respect for the spiritual/religious aspects of the users were highlighted by professionals, who welcome the user so that he does not abandon treatment, bring him closer to the team guiding him and asking him about the alternative treatments he uses, in order to listen to him carefully, never opposed to their religious values and always guiding. It is necessary to know how to act at the time of emergence of this kind of demand, also taking into account all the necessary guidelines, by putting into practice respect for religious diversity of the community served:

I think it is always bring the patient close for us to guide and evaluate. As much as sometimes she believes ,that she has faith it will be good, I always guide them not to abandon us here, too(E4).

We embraces everything. Some addicted individuals come here, talks to us, we attend them, be it a prostitute or homosexual. We encompass and embrace all of them with no problem. We listen to everyone. Regardless of you being spiritualist / Catholic. The person sits and talks, I will attend what she needs. If she is spiritualist that time I'll be spiritualist; if she is an evangelical, I'll be an evangelical. It's the way that the person arrives (E7).

They are health professionals. They are active. So if they do not provide good treatment, it does not help at all. They have to do their part, regardless of the person, where he/she is from (E6).

I think you have to respect every religion. We respect. I think that a human being has to respect the other in every way. Especially when it comes to religion. When someone follows what he thinks is good for him. And we cannot intervene in it, no. And respect the person's belief. We do all the guidelines, respecting the individual (E2).

As we work in the family strategy, we go on visits, will the houses and then we find various religions, and then the service is normal for everyone. There is no difference (E1).

Relations between blessing and health practices and care ***Opposition***

The opposition between religious knowledge and medical knowledge was well marked in the speeches of nurses with their positions 1) intervention on practices that do not present

legitimacy before biomedical knowledge and 2) guidance for not to abandon medical treatment and medications. Both positions illustrate the imposition of the biomedical model of other health practices and care.

It is believed that the blessing itself does not bring risks to the user, but the use of herbs can cause complications. Thus, it is necessary to evaluate and advise on the "risks and benefits" of such use:

We speak this way: "You can go there, use". Then we also have to assess what the person recommended and is using. Suddenly it is something that we see that is not right, will not be good, will not help in the treatment, then the role is to guide the person of the risks and benefits (E2).

*He used Barbatimão (*Stryphnodendron adstringens*) and blessed. But it got worse. He used to make this tea and bathed the wound with that plant and it was getting worse. I always guide. There is no problem in blessing. The problem is when one uses any herb/plant and it is harming (E5).*

With respect to the use of herbs, blessing is placed in an inferior position and submission to medical science. This is due to the lack of approval by the scientific community that disregards a real effectiveness of this practice for before the user's disease.

By knowing the use of blessing practices, the professionals guide users about the need for concomitant use or suspension if there are interactions or adverse reactions by the use of herbs, teas and baths. The search for the doctor is always placed in the foreground. In this sense, the use of blessing brings no danger to the user's health, since the patient seeks medical care to alleviate the grievances and not to abandon the medicine:

Sometimes one knows some home remedies that work, But, it cannot be just it. And that is what I say: you want to use, you want to do, do it! But, it is not all. Because there are people drinking a tea that is good for pressure, he only takes the tea, does not take the medicine for pressure. I always guide them like this: in this case, uses both, but medical always have to remain. We always have to guide medical treatment, for them not to abandon health care (E3).

Both things, one allied to another, sometimes she believes in something and wants to stop taking the drugs, but I say, always guide not to abandon. Stay with both. So I say: "Never abandon medical treatment to other practices" (E4).

I say that they can be going blessing but they have to do medical treatment. Then, sometimes when they are using some herbs, asks to avoid. But, if you see it is getting better, that it is not damaging that injury. (E5).

Undergoing treatment correctly and having blessing, the drug treatment cannot be abandoned (E1).

When the nurses were asked about a possible partnership with folk healers, they reported there is discrimination by health professionals, which would hinder this joint action, generating a resistance to work and talk about these practices:

There are many professionals who think it is bullshit, that do not believe. There are professionals who do not have an open mind (E4).

It would be important to bring this issue to family health team. Perhaps a discussion, maybe discuss it in the Council meeting because there are many people who do not know it and many of them have prejudice (E5).

They do not believe much, no. They do not take it too seriously. In general, professionals with whom we talk do not believe in folk healers, no. They have a certain resistance on the practical (E2).

Respondents pointed out that there is opposition between the religious and medical knowledge. This would occur due to disbelief of professionals; shame in taking a belief to colleagues; reductionist view that only scientific knowledge is valid. Although there is no communication between knowledge:

As much as he believes, but the other does not believe, he will not open up; he will also be ashamed to be able to assume that he accepts/agrees (E7).

Many professionals do not believe it. They studied for that, for that training/treatment and they think it is everything (E4).

Doctors do not believe much. In general (E1).

Approximation

One believes to be having a change in the current care, in which professionals are more receptive to other therapeutic practices and approach to them. It is pointed out that, although the professionals do not hold discussions about religion with users, it is of utmost importance in a secular country and with strong religious diversity such as Brazil, that it is within the team discussion agenda, since this issue has not been exposed at the academy. They emphasize the importance of partnership with the folk healer. Considering the real possibility that the user does not fail to frequent it, this partnership would aim to guide him and the folk healer about

the necessary precautions and possible risks when using untested and not scientifically recognized practice:

Here, doctors have always been very ... nowadays they are more open to other knowledge. (E3).

I do not know if in your academic training you had this [religiosity/spirituality training]. I did not have in mine (E6). I think the partnership would be important even to increase this number of people, which nowadays is very little. Of folk healers. I think that regulating blessing would be important in the sense of folk healers to have this orientation, this understanding (E2).

There are several positions favorable to blessing. Informants realize that in the pursuit of blessing there are diverse factors: from the attempt to solve problems for which there are no effective means of intervention, such as serious illness to the hospitality/attention that you do not often find in hospital care. It is sought to help improving and is then seen as a major force in resolving issues that are beyond rationality and scientific qualifications:

Most often they seek folk healers because of some illness. More physical illness (E6).

If one believes that blessing will help improvement, she does, it is cultural (E5).

I believe it is seeking a greater force for every problem, every situation (E3).

Nurses' speeches explain that blessing plays a key role in the health/disease process, as it provides power to the user, a self-help, a shelter amid the storms of life, as well as good energy and good vibes. However, for blessing to take effect it must be done with charity and humility by the folk healer. Users give credibility to folk healers who do their work like that:

So if he believes that will treat/ heal/help, I think it's a helpful role, indeed. Of self-help, one's own help. I believe very much in blessings when you do there for charity. Not those blessings that sometimes is charged. These I no longer have much credibility. But when you see that the person is humble/simple/good, that he does it for charity, then I have faith (E2).

I think we pretty much believe the good fluid. I believe it, I think it will work, it will be good, it gives me good energy (E4).

The reports show that the care provided by health professionals are devoid of attention and hospitality, they mechanize care to avoid engagement with the user and to make a quick care. Rather, it is necessary to further investigate the patient's history and listen to him:

I think the doctor today, most of them do not listen to the patient. He thinks he is right and that the patient has no reason. The doctor knows and the patient has no opinion (E1).

So he does not want to know the patient's history, he wants to get rid of him. I think it depends a lot of listening, to search more to get the diagnosis. Sometimes listening is more important than medication (E4).

I know other doctors because I have worked in UPA, in another health facility. I am talking in general: they will attend, will ask what the patient pain is, where the pain is, they will treat it there and they are not going to ask with whom he lives, who his family is, who the relative/neighbor is, if he has a dog, or not. They want to know nothing about that (E6).

From the nurses' speech, occasionally, the effect of faith in people's lives emerges. The belief/faith in something that will be good and/or make feeling better, helps the user in the health/disease process.

I have an ointment that is corticosteroids. And the patient had a wound. To his injury, it makes no sense th prescription of this ointment. Prescribe the ointment, then, but it is good for nothing. Tell him it works, if he believes it is good, it will work. If the person believes I, it will work. (E6).

In the case of blessing, besides strengthening, it provides plausible answers to issues that arise in people's lives from an early age:

I was raised, when I was young, with blessing. My mother used to take me (E2).

I have great faith/belief. I think there is a lot that influences us too. I remember my mother measuring my little brother because he had childhood diarrhea (vento virado in Portuguese), with this measuring showing difference (E4).

The favorable positioning emerges also the question of resolubility. From the perspective of the deponents, sometimes users seek for an alternative form of treatment because they believe it is more effective than medicine, for failing to consult with an expert. In one way or another, it is noticed that the demand is for effective solution to the disease:

Sometimes first, one seeks other means before having medical attention. Sometimes, some people believe more in a blessing, than the doctor (E2).

In the case of health, there are some doctors that are no available, one goes to a healer, takes a 'garrafada' and the person is better. There are a lot of people here reporting it (E3).

There is a patient here in the street, who is evangelical, and the pastor said that God was going to heal her. She stopped making/taking medications - she is diabetic and hypertensive - to listen to the opinion of the community agent/doctor (E5).

Because users say and we see, since they come here to have a consultation, they have allergies: "It's just an allergy, rub this." They do not even buy the drug; she goes on healer, has three, four blessings there becomes better (E7).

I think that even because of the difficulty of getting an appointment specialist/medication she makes this option (E4).

The favorable position to blessing arises upon the issue of comprehensive treatment. The need to realize the subject in its entirety emerges in the interviews, which exposes the importance of treating the individual holistically, thus, providing a "better health process":

It is a set and people have this culture of only using medicine. Only medicine will solve. And I think it must be a comprehensive improvement. Because from the time one becomes better, one has a better health process because he/she is being seeing holistically, on the whole. In general (E5).

Throughout the interview, the professionals pointed out the importance of a partnership with the healers for the hospitable reception of the public, the proximity to the community and the reduction in drugs consumption. The blessing, in this sense, is a specific community method that helps people in difficult times:

When it comes to community I think it is valid because inside here, we do not get something with the patient and sometimes the community can get something different from you as a professional may not ... so I think that in a program as the Family Health that has to be as a team, both health center (Postinho) and the community (E3)

Sometimes giving a caress,, an affection or even, let us suppose, a blessing, will be more positive than the medication itself (E4).

He has got that pain, "I think I need to have a blessing. I have got this pain." He goes there, has a blessing and did not take the medication (E6).

DISCUSSION

The fact of having more nurses responding to questionnaires is explained by the instrumental application context where these professionals were taking before the nursing technicians and community health workers (CHWs) who, in turn, felt more comfortable on passing the questionnaire to the nurses. Apparently, this situation came true as a matter of respect to the scale of power within the health unit, featuring a hierarchy in the nursing context⁸.

As this research, which identified the predominance of Catholics, accompanied by Kardecists, it has been found in other studies that the Catholic religion still holds most of the adhesions followed by kardecists⁹⁻¹¹. Despite this prevalence, one can see that other religions are present, confirming the Brazilian religious diversity¹².

The highest incidence of Catholic and Kardecist professionals, including those who used blessing, may be a reflection of their own professed beliefs by the healers. The rites of blessing mix popular knowledge and religiosity¹³. Many healers claim to be Catholic, but receive strong influences of African-Brazilian religions and indigenous rituals¹³.

Deficiency in relation to the training and qualification of spiritual/religious practices indicates the extreme importance of the implementation of this theme in nursing teaching¹⁴.

The failure to establish communication among the professionals of the nursing team, associated with their lack of training to deal with the theme related to spirituality/religiosity, are highlighted. A survey found that professionals do not address spirituality/religiosity in the workplace because during their graduation courses in universities they were not prepared, treating this issue as optional¹⁵. In another study with nurses, they reported they do not have enough knowledge to make an approach to spirituality/religiosity; this fact is due to the little emphasis dispensed with this theme in undergraduate courses, overlooking this need¹⁴.

The guidelines linked to spiritual/religious aspects are seen as irrelevant. Although there is the search for a model more focused on health promotion, the reality of health services is still influenced by the traditional paradigm of the clinical biomedical model focused on the disease¹⁶. Currently, however, this reality has taken another way¹⁷. On one hand, in Brazil, several universities have introduced the study of spirituality in the curriculum and, on the other hand, have opened service centers and research focused on the issue of spirituality¹⁷.

The religious sectarianism and its implications for health are raised against the exaggerated attachment to a religious practice and abandonment of medical treatment. Religiosity brings relief to the user, providing sense of comfort, helping in the overall health, but religious fanaticism can affect the individual's health^{15,18,19}.

Issues such as relief, self-esteem, positive thinking, strengthening arise in relation to the interface between health and spiritual/religious practices. These provide strengthening of the subject to face the disease process, in addition to contribute significantly to therapy^{18,19}.

Behavioral changes related to religious bond are identified. From the moment in which the subject uses popular/religious therapies, he starts following guidelines that change his routine, such as special diets, ways of feeling and thinking that facilitate healing, in addition to offerings prayers and food, or material donations to the deities that provide the recovery of the user²⁰.

The blessing contribution in demedicalization process is an important fact. A study carried out with 30 professionals in six Family Strategy Unit Health of Rio Grande/RS demonstrated that the use of medicinal plants is a strong care therapeutic option, considering that its use comes from ancient knowledge and contributes to demedicalization. The biggest step to implementing this knowledge in the service units in conventional health is the preparation and training of professionals in this service²¹.

The hospitality and respect for the religious/spiritual aspects appear as key issues. In a survey with family health physicians and from the community of different nationalities, it was found that the approach of spirituality in caring provides the creation and strengthening of the bond between the doctor and the user. Thus, in the case of a well-oriented user, spiritual practices can assist in bringing therapeutic benefits²². In this sense, the professional showing respect and awareness for the user spirituality will build a relationship of trust and achieve their greater adherence to care proposed by the professional¹⁵.

The opposition between religious and biomedical knowledge is evidenced by the demand of nursing professionals regarding guidance on risks and benefits of using herbs. This attitude points to a necessary intervention on the use of other health practices and care than that supported by the biomedical power. A work carried out with nurses in Crato/EC showed that the conduct of respectability to the beliefs of the subject should be adopted at the beginning of the work with the community. At the same time, there must be health education among these popular practices, which may have consequences to the users²³.

The opposition appears as reality from the moment the search by the health professional is placed in the foreground. A study with ten healers in the cities of São Paulo and Minas Gerais points out that the submission of unofficial healing practices to the biomedical model is due to modernization and advancement of science and a formal health system that is neglecting the popular care systems²⁴.

The resistance of health professionals to establish a partnership with the healers would have a bond with their reductionist, fragmented and biologicist training. The lack of communication among the professionals leads to fragmented care and prevalence of preconceptions before the spiritual/religious practices, restricting them only to religious leaders¹⁵.

The fear of discussing about the spiritual/religious practices with the user indicates the need for training for a more effective approach to decrease the risk of user's double interpretation and discrimination by professionals¹⁵.

The rapprochement between religious and medical knowledge is seen as a possibility. The validation and redemption of popular knowledge (use of herbs, teas, blessing, and others) provides a reconciliation between health professionals and people who have mastered the knowledge of this culture. Moreover, these features can be understood as a measure of self-care and autonomy of the users who are often marginalised²⁵.

The search for blessing is guided by diverse reasons. Healers are sought to solve financial, marital, health and spiritual issues²⁴.

Blessing is characterized by its relationship with the charity and humility. Donation/charity present in the healers' office is grounded in humanistic values that bring effective treatment. By means of services provided, they receive recognition and status before the community²⁶

One notes the lack of involvement and attention by the professional towards the user. Most of the care made by healers in their homes and in direct contact with the user is revealed as a communication easy to understand, that brings comfort and feeling of welcome. Usually, the opposite occurs in attendance at official health practices where there is the distance and lack of readable and understandable communication, which takes the user to seek ways to provide that care²⁶.

The effects of faith in the individuals' lives is also highlighted. A study carried out with a staff of palliative cancer care in Southern Brazil has shown that, through spirituality, it is possible to provide comfort, as well as the strengthening of positive thinking, bringing beneficial results to the user²⁷.

One points out the plausibility related to blessing. Religiosity and popular therapists have an important meaning within the health-illness care, because in some cases they provide answers to questions that are inexplicable to the biomedical model²⁸.

Resolubility associated with blessing is another issue that emerges. Among the participants in a study carried out in Goiânia-GO, it was found that most users of popular practices believe in their effectiveness and makes use of them to solve health problems, seeking them even before the doctor or the health service. Religious practices involve a welcome that helps the user and his family to overcome the experiences of suffering, surpassing the solutions offered by the formal health system²⁸.

Integrality is an aspect combined with blessing. A research conducted in the city of Caraúbas/RN reveals that professional practice must recognize that the individual goes beyond physiological aspects, including biopsychosocial and spiritual dimensions, thus, expanding and improving the therapeutic modalities that best meet the needs of the users²⁶.

There is a tendency to little receptive treatment and excessive medicalization. These events may occur depending on the demands that come to the service be different from the routine and organization of work²⁹. Based on this assumption, the healer that is inserted into the users' reality facilitates the search for another approach than the drug.

CONCLUSION

The analysis of sociodemographic data revealed a professional profile of nursing that has been historically constituted: female and white. It also showed the predominance of professional supporters of Catholicism and spiritualism, who used blessing most.

It is perceived resistance to blessing due to reductionist/biologist training, that despises the cultural, social and religious issues. Nevertheless, it is perceived as practice focused both on resolubility and hospitality/attention, often disregarded in health services.

The small number of respondent nurses limited this study. This fact was due to the impossibility of continuing the initially established contact with nursing professionals who had completed a structured questionnaire, due to the dismissal context of contract termination and replacement by permanent professionals, carried out by the municipal council.

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CONTRIBUTIONS

Janaína Aparecida Maia Silva and **Luiza Maria Assunção** participated in design, collection and data analysis, writing and review. **Leiner Resende Rodrigues** collaborated to design, collection and data analysis and review.

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