

Integrative nursing in the Brazilian northeast: introduction, potential, and challenges

Enfermagem integrativa no nordeste Brasileiro: inserção, potencialidades e desafios

Enfermería integradora en el nordeste Brasileño: inserción, potencialidades y desafíos



Maria Jussiany Gonçalves de Abrantes^a

Carla Kalline Alves Cartaxo Freitas^b

Laura Dayane Gois Bispo^c

Thaiane Santana Santos^d

Diéssica Roggia Piexak^{e,f}

Andreia Freire de Menezes^g

Leonardo Yung dos Santos Maciel^h

Daniela Dallegraveⁱ

How to cite this article:

Abrantes MJG, Cartaxo Freitas CKA, Bispo LDG, Santos TS, Piexak DR, Menezes AF, et al. Integrative nursing in the Brazilian northeast: implementation, potential, and challenges. Rev Gaúcha Enferm. 2024;45:e20230205. <https://doi.org/10.1590/1983-1447.2024.20230205.en>

ABSTRACT

Objective: to describe the introduction, potential, and challenges experienced by nurses in the provision of Integrative and Complementary Health Practices in the northeast of Brazil.

Method: A qualitative study conducted from June to December 2022 with 15 northeastern nurses qualified in Integrative and Complementary Practices. The data were produced through individual online interviews and submitted to content analysis.

Results: 15 nurses participated, and 23 integrative practices were cited, with a predominance of auriculotherapy, greater introduction in primary care and private nursing offices, highlighting labor and personal benefits. Their potential includes technical qualification for the practice and interest in continuing education. The hospital-centric view of professionals, the low diffusion on the theme in teaching, as well as the difficulty in pricing procedures and in developing clinical reasoning in other medical rationalities were cited as the main challenges.

Conclusion: Despite the challenges still faced, northeastern nurses are offering integrative practices to complement user care.

Descriptors: Complementary Therapies; Nursing; Holistic Health; Public Health.

RESUMO

Objetivo: descrever a inserção, as potencialidades e os desafios vivenciados pelos enfermeiros na oferta das Práticas Integrativas e Complementares em Saúde na região Nordeste do Brasil.

Método: estudo qualitativo, realizado de junho a dezembro de 2022 com 15 enfermeiros nordestinos habilitados em Práticas Integrativas e Complementares. Os dados foram produzidos por meio de entrevistas individuais online e submetidos à análise de conteúdo.

Resultados: Participaram 15 enfermeiros e 23 práticas integrativas foram citadas, com predomínio da auriculoterapia, com maior inserção na atenção primária e nos consultórios privados de enfermagem, ressaltando benefícios laborais e pessoais. Algumas das potencialidades incluem a habilitação técnica para a prática e o interesse na realização da educação continuada. A visão hospitalocêntrica dos profissionais, a baixa difusão sobre a temática no ensino, a dificuldade em precificar os procedimentos e em desenvolver raciocínio clínico em outras racionalidades médicas foram citados como os principais desafios.

Conclusão: Apesar dos desafios ainda enfrentados, os enfermeiros nordestinos estão ofertando as práticas integrativas, visando complementar os cuidados aos usuários.

Descritores: Terapias Complementares; Enfermagem; Saúde Holística; Saúde Pública.

RESUMEN

Objetivo: describir la inserción, las potencialidades y los desafíos experimentados por los enfermeros en la oferta de Práticas Integrativas y Complementarias en Salud en la región noreste de Brasil.

Método: estudio cualitativo, realizado de junio a diciembre de 2022 con 15 enfermeros del noreste calificados en Práticas Integrativas y complementarias. Los datos se produjeron por medio de entrevistas individuales en línea y se sometieron a análisis de contenido.

Resultados: Participaron 15 enfermeros y se citaron 23 prácticas integrativas, con predominio de la auriculoterapia, con mayor inserción en la atención primaria y en consultorios privados de enfermería, destacando beneficios laborales y personales. Algunas de las potencialidades incluyen la calificación técnica para la práctica y el interés en la educación continua. La visión hospitalocéntrica de los profesionales, la baja difusión del tema en la enseñanza, la dificultad en la fijación de precios de los procedimientos y en el desarrollo del razonamiento clínico en otras racionalidades médicas se citaron como los principales desafíos.

Conclusión: A pesar de los desafíos enfrentados, enfermeros del noreste ofrecen prácticas integradoras, con el objetivo de complementar la atención a los usuarios.

Descriptores: Terapias Complementarias; Enfermería; Salud Holística; Salud Pública.

^a Universidade Federal de Sergipe (UFS), Programa de Pós-Graduação em Enfermagem (PPGEN), Aracaju, Sergipe, Brasil.

^b Universidade Federal de Sergipe (UFS), Departamento de Enfermagem de Lagarto, Lagarto, Sergipe, Brasil.

^c Universidade Federal de Sergipe (UFS), Programa de Residência Multiprofissional em Saúde, Aracaju, Sergipe, Brasil.

^d Universidade Federal de Sergipe (UFS), Pós-Graduação em Ciências Aplicadas da Saúde (PPGCAS), Lagarto, Sergipe, Brasil.

^e Universidade Federal do Rio Grande (FURG), Escola de Enfermagem, Rio Grande, Rio Grande do Sul, Brasil.

^f Escola Superior de Enfermagem de Coimbra (ESENFC), Coimbra, Portugal.

^g Universidade Federal de Sergipe (UFS), Departamento de Enfermagem, Aracaju, Sergipe, Brasil.

^h Universidade Federal de Sergipe (UFS), Departamento de Fisioterapia de Lagarto, Lagarto, Sergipe, Brasil.

ⁱ Universidade Federal do Rio Grande do Sul (UFRGS), Departamento de Assistência e Orientação Profissional da Escola de Enfermagem e de Saúde Coletiva, Porto Alegre, RS, Brasil.

■ INTRODUCTION

Integrative nursing, using Integrative and Complementary Health Practices (PICS) in the work routine, has the potential to meet different health demands. This increases the ability to deal with the demands of patients as well as the autonomy of nurses in their consultations⁽¹⁾. PICS stand out as a driver of holistic care, providing satisfaction to patients and nurses, in addition to the opportunity for autonomy and expansion of the field of nursing by implementing comprehensive health care, as recommended by the Unified Health System (SUS)⁽²⁾.

The dissemination of PICS around the world has been uneven, even though their presence is still growing, with homeopathy as the most common practice⁽³⁾. The access to these practices is still largely unregulated, owing to the lack of knowledge of health users, which encourages a curative model that is adapted to the culture of the country⁽⁴⁾. However, the use of these practices has been growing in some countries. In Denmark, for example, there has been an exponential growth in the use of PICS, with their prevalence increasing from 23.2% (1987) to 56.2% (2021), especially in the female public⁽⁵⁾.

In Brazil, the use of PICS in the SUS is guaranteed by law, through the National Policy of Integrative and Complementary Practices (PNPIC). This policy ensures comprehensive care, recognizing the importance and effectiveness of these practices to solve health problems⁽⁶⁾. It also ensures the incorporation of such practices in all health services, in addition to implementing strategies for professional development and the dissemination of PICS in society. However, the hospital-centric culture and the lack of supplies/practitioners are among the greatest challenges for the homogeneous implementation of these practices in the country⁽⁷⁾.

Although PICS are predominantly offered in primary care⁽²⁾, their dissemination throughout the different regions of Brazil is not egalitarian, neither in the public nor in the private sector. This is why it is essential to investigate the implementation of these practices in nursing. Only 26.7% of Brazilian municipalities offer PICS, and 70.8% of them offer it in primary care, with acupuncture and herbal medicine as the most common⁽⁸⁾. Regarding the dissemination of PICS, there are regional differences. In the Southeast, their presence in SUS is more prevalent (32.3%), although still insufficient to meet the populations' demands⁽⁹⁾.

In the Northeast, there is also an imbalance between the supply of PICS and populational demand⁽¹⁰⁾. In Bahia, PICS are not widespread in Primary Health Care (PHC) due to the

lack of knowledge of professionals about these practices, which impacts their institutional availability and generates repressed demand, hindering the problem-solving capabilities of the PHC⁽¹⁰⁾. As a result, if administrations are to provide complementary therapies, strategies to promote continuing education and the articulation of material resources are paramount, as they contribute to the problem-solving capabilities of health services and to provide more humanized and efficient care, which is a requirement of the quality management of Health Services⁽¹¹⁾.

Previous research shows challenges to the application of PICS in hospital care, due to characteristics inherent to the biomedical model that is pervasive in academic and professional training. As the focus changed from beliefs on supernatural powers to ideas related to the Renaissance and, later, to the effects of the technical-scientific revolution, the perspective according to which man is the center of the universe and there should be harmony in his interaction with the whole was pushed to the wayside⁽¹²⁾.

Considering how difficult it is to offer PICS in Brazil and, consequently, in the Brazilian northeast, this study aims to analyze the introduction, the potential, and the challenges experienced by nurses in the supply of PICS in that region of the country.

It is extremely relevant to have an epidemiological outlook regarding the provision of these services. This contributes for the implementation of strategies to disseminate and, later, to increase problem-solving capabilities in health. This study is innovative, since it is the first to analyze such variables in northeastern Brazil.

This investigation analyzes a vast database, working with similar data sets at a national level. As this is a regional analysis, studies were separated according to characteristics of the five geographical regions of the country, considering the operational structure of the SUS, carried out by the Family Health Strategy, regarding the identification of territorial needs.

■ METHOD

This is a qualitative study following the guidelines of the checklist *Consolidated Criteria for Reporting Qualitative Research* (COREQ). It is also part of a national multicentric project. Virtual interviews with nurses from northeastern Brazil, conducted from June to December 2022 were selected specifically for this study. As Brazil is a country of continental dimensions, regional studies are necessary in order to account for possible environmental, cultural, and labor differences, which is also true for the context of introducing PICS and

evaluating the potential and challenges experienced by nurses who carry out these practices.

The database of the national multicenter project includes quantitative and qualitative data provided by nurses from all over the country, who were invited to participate in a virtual environment. This national project was advertised on social media, institutional websites, and directly to representatives of the category. To increase its outreach, emails were sent to potential participants with an invitation to participate in the survey. The research was advertised using an announcement and a standardized text, containing information regarding the institutions involved, objectives, and future prospects.

The quantitative questionnaire was made available on a virtual platform. In one of its final questions, it asked whether the participant would be interested in participating in the qualitative stage. To do so, they had to be trained in PICS. In case of an affirmative answer, they were required to fill in their contact information. The 34 potential participants who showed interest to answer the qualitative stage were sent, via e-mail and/or WhatsApp, an invitation to participate, which explained the objectives of the qualitative stage of the research. They were contacted a maximum of three times. The online interview with those who accepted participating was scheduled according to their availability. The participants were selected by convenience sampling. This stage only included nurses with training in PICS, who expressed interest in participating in the virtual interview and confirmed availability for scheduling. 15 participants were interviewed. During the data collection stage, it was not possible to schedule 35 of the 50 potential participants even after three attempts, although they had shown interest in participating beforehand. The quantitative and qualitative data collection instruments had three stages: a review of the questionnaire by four experts for language adequacy; a pilot questionnaire including six participants from the five regions of the country; and a pilot interview script, with one participant, for adjustments regarding accuracy, understanding, and fitness of the method.

The online interviews were conducted with 15 nurses from the northeast of Brazil during May and June 2022. The interviews were recorded using the platform mconf, with a tutorial about the procedures and a semi-structured interview script. The script contained nine questions and a notepad for note-taking during the interviews, which was provided by the University where the study was conducted. The interview lasted for approximately one hour. These interviews were conducted by graduate nurses, under the supervision

of nursing professors and the support of undergraduate nursing students. A entrevista foi agendada previamente com o participante, mediante contato via e-mail ou telefônico/WhatsApp, sendo estes os meios de contato prévio entre participantes e entrevistadores. No interview had to be repeated. The recordings were fully transcribed with the aid of a transcription software. Then, they were reviewed by one of the researchers and sent to the researcher coordinating the study, under a grant from the Universidade Federal do Rio Grande do Sul – UFRGS, for data storage and protection purposes. Transcripts were not sent back to participants for possible comments or corrections.

The following information was collected through the questions of the semistructured interview: training in PICS, what motivated them to train in this topic, work routine associated with PICS, time of dedication to the PICS, possible changes in work and personal activities related to PICS, qualification to work with PICS, and possible applications of PICS in nursing. To ensure anonymity in the presentation of results, participants were identified as ENF A, ENF B, ENF C, etc.

Bardin's content analysis was used to analyze the data⁽¹³⁾. It is a systematic and detailed approach to analyzing textual data, requiring the following steps: 1. Data transcription: all interviews were transcribed in Microsoft Word, using an automatic transcription tool; the results of the transcription were reviewed by a researcher, and the notes made by the interviewer during the the virtual interview were registered. 2. Pre-analysis: after the transcription, a pre-analysis was performed. In this stage, the interviews were read for an initial understanding of the content and for the identification of recurring ideas or themes. 3. Exploration of written and audio material: this step involved further exploration of the interview material, including identifying patterns, salient points, contradictions, or relevant insights. 4. Categorization and treatment of results: data was treated and grouped into different categories or classes based on their similarity or relationship. In this research, six classes were identified. 5. The six classes identified were:

- Training and motivation for training;
- Work routine as it relates to PICS;
- Influences on the personal life and work practice of nurses;
- Qualification and possible applications by the nurse;
- Possibilities regarding teaching and the offer of PICS;
- Challenges to the implementation of PICS.

Each class represents a category that emerged from the data collected during the interviews and gathers a group of elements with common features⁽¹³⁾. These steps formed a structured process to analyze the qualitative data and extract meaningful insights, which were used to reach the goals of this investigation.

This research was approved by the Ethics Committee of the Universidade Federal do Rio Grande do Sul, under opinion No.5,296,893 (CAAE-43306921.6.0000.5347). The Informed Consent Form was signed prior to the interviews and confirmed verbally during them.

■ RESULTS

Fifteen nurses from the northeastern states participated in the study, 11 of whom were female (73%). Two nurses were from Paraíba (13%); two from Bahia (13%); two from Pernambuco (13%); two from Rio Grande do Norte (13%); two from Ceará (13%); two from Maranhão (13%); and three from Sergipe (20%).

Category 1 – Training and motivation for training

Regarding the training of nurses in PICS, 23 different integrative practices were mentioned by the 15 participants: four had training in aromatherapy, five in acupuncture, four in auriculotherapy, one in *Ayurveda*, two in access bars, one in ear candling, one in family constellation, two in chromotherapy, three in phytotherapy, one in Bach flower remedies, one in hypnosis, one in homeopathy, three in massage therapy, one in meditation, one in reflexology, nine in reiki, one in community integrative therapy, one in thetahealing, one in multidimensional therapy, one in respiration therapy, one in cupping therapy, and two in *Yoga*. It is noteworthy that some of these practices are not related to the PNPIc but were identified by the participants as part of this group of practices.

[...] I have a postgraduate degree in herbal medicine and a postgraduate degree in clinical hypnosis, but considering free courses, in addition to hypnosis, I studied auriculotherapy. (ENF-A)

[...] I am a [level] two Reiki practitioner. I trained in family constellation and finished a specialization in acupuncture. (ENF-E)

[...] I finished courses in Reiki level one, two, and three. After that, I trained in acupuncture – a traditional Chinese medicine – homeopathy, breathing therapy, yoga, ayurvedic massage, joint muscle reprogramming, family systemic

constellation, acupuncture, phytotherapy, cupping, and auriculotherapy. (ENF-F)

Massage therapy, aromatherapy, chromotherapy, and ear candling. (ENF-H)

Yoga and multidimensional therapy. (ENF-M)

Regarding the reasons for training in these practices, stood out curiosity about the subject; beliefs in the beneficial effects of PICS on health; attempting to solve personal problems; encouragement from colleagues and teachers; the possibility of providing comprehensive care; using of PICS in childhood; self-care; and having had contact with PICS since graduation.

[...] Actually, what led me to the PICS was mostly curiosity. I attended an auriculotherapy course and, when I went to the in-person part of the course, the teacher was very good, he was able to diagnose a colleague of ours, who was a test subject, by analyzing his external ear. He said, straight away: look, you have an ankle problem. I was like: What do you mean? How did he look at her ear and say the girl had a problem? I was convinced right there. I thought it was impressive. (ENF-A)

First, because I believe in the effect of integrative practices. Also, it started for a more personal reason. I suffer from chronic pain, and so I decided to learn Reiki to apply to myself. (ENF-C)

I wanted it to be different, to have something beyond the medication. Something that has a more integral effect. At the time, I had had contact with these practices in an optional discipline at university. I thought it was really cool. And then this course appeared...my friend told me about it. So I said, I'm going to do it. After that, I started practicing. I wanted to change that type of biomedical care, bring something more than medication use to it (ENF-D).

In university, even before that, I always had this inclination. I have always meditated, since I was a child. So, I was already sensitized to it. I also had contact with these practices at university, and at my internship. This made it easier for me to search for training and implement it in my professional practice. (ENF-F)

Category 02 – Work routine as it relates to PICS

Nurses work with PICS in direct assistance and academia, conducting scientific research, university extensions, nursing consultations in primary care and private offices, philanthropy, actions in establishments associated with SUS, continuing

education about PICS in SUS, and others. From a personal perspective, voluntary care for colleagues and family members stand out, encouraging mental health care strategies in institutions. It is worth highlighting the existence of philanthropy in hospital services. In these cases, only professionals have access to these practices, which are not systematic, not official in the institution, and often under-registered.

[...] Even though I am a professional, I try to attend the private patients just as I attend SUS. (ENF-A)
I treat patients in the primary care unit and in the hospital. I started to do it with colleagues, through actions for occupational health. (ENF-D)
[...] Since I am in academia, at a Federal University, I treat colleagues, friends, students and the like. (ENF-E)
I implement the PICS in my work routine, which is the management of the health department, in addition to private offices. (ENF-G)

With regard to the time spent conducting PICS in work activities, all nurses had introduced some practices in their work processes. They worked from one to six hours a day with the PICS; from four to twenty hours a week; with two or three days a month of exclusive dedication to the PICS. This led to a variable percentage.

Two or three days a month. (ENF-B)
[...] One hour a day (ENF-D)
My work is 100% integrative practices (PICS). (ENF-F)
[...] 10% of the week on average (ENF-G)
[...] on average, only 4 hours per week (ENF-L)

Category 03 – Influences on the personal life and work practice of nurses

The PICS are introduced to the work environment, promoting benefits for patients, users, and intermediaries. The nursing routine established also brings personal benefits for nurses and their respective co-workers. Thus, the following stand out as the main reasons for PICS use: integral consultation, the satisfaction of the professional and of the patient/user/intermediary with the consultation, as well as the resolution of health problems and the use of PICS as a self-care strategy. This data is summarized in Chart 1.

[...] Your perspective about care becomes broader. You start listening more than talking. It is very good, especially for the user. What I noticed was that the consultations took longer, because we listened more. I wanted to delve deeper into issues that I did not pay the attention I should before. These are psycho-emotional issues, for example. It is about a bond, a relationship of empathy with the patient. (ENF-A)
In all opportunities and experiences where I introduced the practice of PICS in my work, it helped the well-being of people. So I think it's a transformation on both sides, professional and patient. (ENF-C)
Seeing the satisfaction of a patient and changes in their lifestyle is what encourages me the most to continue my work, not to mention the possibility of having more work [financial perspective]. (ENF-D)
The PICS improved my social skills and emotional control. (ENF-F)

Chart 1 – Systematization of the benefits of PICS in the professional and personal practice of nurses as reported by study participants. Aracaju, Sergipe, Brazil, 2024.

Benefits in the workplace	Benefits in personal life
Increasing the bond between professional and patient / user / intermediary; Broader understanding of caring and care; Holistic and integrative consultations; Empathy; Greater of knowledge about health demands; Impact on workers' health; Improvement of labor quality; Possibility of extra workload (financial improvement); Satisfaction on the part of workers and patient/user/intermediaries.	More therapeutic possibilities; Self-care; Self-knowledge; Professional autonomy; Caring for friends and family; Improvement of social skills; Satisfaction.

Source: the authors (2024).

We see satisfaction and improvements in the quality of life as a whole, both in my life and in that of the patients. Everyone who comes to me has a positive response. (ENF-H)

Category 04 – Qualification and possible applications by the nurse

Participants reported receiving and applying the PICS in the regular routine of care and education in primary care. This included consultations related to specific groups, such as the hiperdia ("hyperday", targeted at people with hypertension and diabetes), prenatal care, mental health, public demand, etc. This data is summarized in Chart 2.

[...] I use it to place dressings in which the patient feels a lot of pain, when they are still very sensible and feel everything. In these cases I used hypnosis. I used hypnotic anesthesia and the patient could do the dressing without it and with zero pain. When the patient arrives with a complaint, even pain if it is pain. I have treated some patients with trypanophobia, which is the fear of needles. When they need to be punctured, you can use hypnosis to deal with that too. Not to mention hypnobirth, which is amazing for women who want to have a child, but not to feel the pain of a vaginal delivery. I often

prescribe phytotherapy for hypertensive and diabetic patients and auriculotherapy for anxious and depressive patients. (ENF-A)

[...] As I said, If you are a professional who works in the community, the integrative therapy circle is wonderful. The circular dance is very good... If you work with people who are going to have surgery or, like me, if you work with breastfeeding, you can apply Reiki or music therapy. Depending on how the person is doing, aromatherapy. (ENF-C)

In prenatal care, we can work on lower back pain with auriculotherapy, acupuncture, or foot reflexology. You can work on the symptoms of the feet, and edemas of the lower limbs. In palliative care, patients get less nauseous, it can lower the blood pressure of hypertensive patients, as well as in groups of smokers and more. As for Bach flower therapy, it could be used in mental health groups. Phytotherapy is also useful for palliative care assistance. Additionally, auriculotherapy is useful for pain relief in patients, especially patients with chronic pain, emotional or not. (ENF-D)

[...] herbal resources can also be used in children, alongside conventional treatments. Music therapy could easily be introduced to hospitals, to promote the relaxation of tense patients, or those with intense pain. (ENF-G)

Chart 2 – Systematization of the reasons for the use of PICS in primary care, as reported by the study participants. Aracaju, Sergipe, Brazil, 2024.

Integrative Practice	Main purpose reported by study participants
Auriculotherapy	Acute and chronic pain, anxiety and depressive disorders.
Aromatherapy	Prenatal symptoms and promotion of well-being in nursing consultations.
Acupuncture	Prenatal symptoms (low back pain, nausea, edema, and similar issues).
Hypnosis	Dressings, acute pain, trypanophobia, and hypnobirths.
Phytotherapy	Palliative care, hypertension, and diabetes mellitus.
Bach floral remedies and music therapy	Mental health.
Reiki	Anxiety relief prior to surgical procedures and breastfeeding.
Foot Reflexology	Edema and other circulation problems.

Source: the authors (2024).

[...] I would do a foot bath and they would get out light and calm. I used to massage the pregnant woman, conduct a lymphatic drainage, and they left as other people. I would serve tea in the waiting room. This is another thing we did that helped people feel embraced. (ENF-I)

Category 05 – Possibilities regarding teaching and the offer of PICS

PICS work demands show that it is difficult to achieve clinical reasoning in different medical rationalities, since the educational profile of nurses is based on Western Health. Therefore, nurses advocate the need for training to work with any PICS, some believing it should be mandatory, others that it should be optional.

[...] Should be presented to all health professionals. I think that even if integrative practices cannot contribute, they will not make things worse. [...] I would not say that everyone should do PICS training, because it is a very personal decision, but I would argue that it should be offered and the experience in one or more practices should be provided. (ENF-E)

I think so. It would be interesting to have it, even if it is not general. The nurse should be able to have it as part of their training if they chose to. (ENF-G)

I think you need to give people the opportunity to know and then, yes, choose to train or not. (ENF-H)

[...] Yes, disciplines should be offered, so that students could experience them during their training, and have that be a possibility. (ENF-I)

Participants also emphasized that educational institutions and nursing councils needed to provide more legal support. As a result, the increase in the knowledge of PICS since graduation fosters earlier contact with these practices, as well as their future implementation in health services, in addition to encouraging permanent and continuing education. Finally, the legal support of the nursing councils guarantees the execution of the PICS as an exercise of the profession, in order to guarantee greater safety to nurses.

[...] it would be very important if the Nursing Council took on a more active role, so the use of PICS within nursing could be formalized, in addition to the providing training in PICS at University. (ENF-A)

[...] If the Ministry of Health invested more, encouraged their use, went to the municipalities, invested, fostered and gave information to these professionals, the PICS would be much better known. (ENF-E)

Category 06 – Challenges to the implementation of PICS.

The challenges mentioned for the professional practice of PICS were: the pricing of the procedures; the need for support from the administration of institutions; the hierarchy of a Western perspective influencing health professionals; the labeling of PICS as an additional service; and the exhaustion of hospital work.

[...] Management needs to value PICS both in the hospital and in primary care, because they are practices that can be applied anywhere. (ENF-D)

[...] Hospital workers do not apply PICS because they see them as too much work, they feel overwhelmed. (ENF-L)

[...] Yesterday I met with a colleague, I told her “come to my house, I want to pay you for auriculotherapy” and she but “I don’t even know how to price because I never charged for it”. (ENF-M)

[...] I think it is really difficult to determine a price, the integrative practices end up being a giveaway. (ENF-O)

■ DISCUSSION

According to our observations regarding the introduction of PICS in the Northeast of Brazil, nursing practices are notoriously more present in primary care, despite an increasing number of private practices, according to reports from the participants. The growth of enterprises related to PICS is beneficial for the expansion of access, although an increased availability via SUS is also necessary to make them more accessible to the public, regardless of socioeconomic factors⁽¹⁴⁾.

As for hospital care, the most common were sporadic philanthropic activities involving co-workers. Nurses mentioned little support from management as a challenge for this type of work in hospitals, which is in accordance with literature⁽¹⁵⁾. Literature has already shown benefits of introducing PICS to hospitals, including the reduction and rehabilitation of chronic and acute pain, the management of side effects of cancer treatments, and the management of symptoms of the coronavirus disease^(16–18).

PICS are low-cost options unknown in society, and philanthropy is a culture in health professional practices. Pricing the procedures was a challenge cited by the nursing teams. The federal Nursing Council (COFEN) recommends prices from R\$ 40.00 to R\$ 150.00 per PICS procedure, providing a guidance regarding prices⁽¹⁹⁾. The lack of knowledge about PICS and their legal regulation contributes to this challenge⁽¹⁰⁾.

This distance between the theoretical and practical aspects of PICS is related to difficulties of access in both

regular and continuing education. This interferes with the scientific basis for offering PICS in consultations, impacting access and therapeutic adherence by users. The offer of courses about PICS in undergraduate studies, associated with the commitment of management with these practices in the services, is proportional to the increase in qualified professionals, ensuring the application of PICS in different work sectors, including academia, care, or management⁽²⁾.

As for the incentive to train, the most common were curiosity about the topic, belief in the beneficial effects of PICS for health, the solving of personal problems, encouragement from professional colleagues and professors, and the possibility of providing integral care, all of which are consistent with literature⁽²⁾.

According to reports from the participants of this study, the encouragement and contact with PICS during graduation was rare. Nevertheless, motivation and personal experiences led these participants to attempt to increase their knowledge about the subject. A similar result was found in a survey conducted with health sciences students from Saudi Arabia. In this study, despite the little formal knowledge they acquired, these students maintained a positive attitude towards the practices, both in terms of their safety and their effectiveness⁽²⁰⁾.

The opportunity to carry out an expanded consultation was also emphasized, leading to professional and patient satisfaction by breaking the hospital-centric model and increasing clinical reasoning in health, which has a positive effect and a low cost, as this study showed. An expanded case history, associated with extensive care to the underlying cause of the pathology, helps to ensure that the care provided is comprehensive, and to disseminate a holistic culture in health⁽²¹⁾.

The nurses emphasized why they use the PICS daily in primary care. In this study, PICS showed potential in the following aspects: nurses were qualified to apply the PICS; they showed interest in continuing education about the subject; professionals and users adhered to these practices and requested them; and the cost for their introduction is low. Finally, there is no agreement in literature concerning the potential of the PICS in the health institutions. Although their potential is known, the introduction of PICS is still scarce, preventing access and the cultural implementation in society^(22,23).

Therefore, support from the management of health care networks is necessary. The same is true for support from professional councils, since the work of the PICS is a multidisciplinary activity. COFEN was the first council to provide legal support for the use of PICS as nursing specialties, through Resolution nº 581/2018^(24,25), which is still in force. Thus, teaching and constant contact with

the legal aspects of the profession should be promoted by the category.

The perspective of professionals in the category also influenced the offer of PICS. The main challenges we found for the professional practice of PICS include the hierarchy of the Western perspective promoted by health workers, especially in the case of professionals from hospitals; the perception of PICS as an extra service; and the exhaustion provoked by hospital work, in accordance with literature⁽¹²⁾. It is noteworthy that the perception of PICS as extra services varied depending on the region surveyed in the national multicentric project, which may be a reason for future research in the Northeast.

A limitation of this article is related to the fact that data collection was only carried out in the Northeast, but there were no interviews with participants from the states of Alagoas and Piauí, despite efforts to find participants and schedule interviews with them, which may have compromised the analysis of the region. However, the data saturation in this research reflects reality, when we consider literature.

Brazilian health policy uses a specific nomenclature, which is not followed or regulated in other countries. Thus, the comparison of PICS at the international level can be compromised. This can lead to the conclusion that Brazil can be an international model to promote the legal aspects for the regulation of PICS and, consequently, for integrative nursing practices, especially considering the breadth of the Unified Health System, with its National Policy for Integrative and Complementary Practices, and the impactful performance of nurses in primary care.

■ CONCLUSION

Regarding the introduction of PICS in the Brazilian northeast, they are applied in primary care and by nursing entrepreneurs. In the Northeast, the potential for the dissemination of PICS includes technical qualifications for the practice, the interest in continuing education, and refresher courses on the topic, adherence by professionals and users, requests from users, and the low cost of PICS implementation.

The main challenges mentioned by participants included the lack of knowledge about the pricing of procedures, little dialogue with the administration of the institutions, the hierarchy of the Western perspective among health professionals, and the labeling of PICS as an extra element to the service.

Future studies should be conducted to analyze the main challenges found and provide support to the implementation of the PICS. Comparative studies could be conducted to advocate for the clinical applicability of PICS, in association with lower healthcare costs, which would be an improvement to Brazilian public health.

REFERENCES

1. Malta BC, Malachias LB, Magalhães TA, Maia JS, Figueiredo LP. Práticas integrativas e complementares e suas aplicabilidades nos campos de formação e atuação do enfermeiro. *Rev Pub Saúde*. 2021;05:108. <https://doi.org/10.31533/pubsau5.108>
2. Azevedo C, Moura CC, Corrêa HP, Mata LRF, Chaves ÉCL, Chianca TCM. Práticas integrativas e complementares no âmbito da enfermagem: aspectos legais e panorama acadêmico-assistencial. *Esc Anna Nery*. 2019;23:2:e20180389. <https://doi.org/10.1590/2177-9465-ean-2018-0389>
3. Eardley S, Bishop FL, Prescott P, Cardini F, Brinkhaus B, Santos-Rey K, et al. CAM use in Europe – The patients' perspective. Part I: A systematic literature review of CAM prevalence in the EU. The Roadmap European CAM research [Internet]. 2012[cited 2022 Nov 05];4:1. Available from: http://camdoc.eu/Pdf/CAMBrella-WP4-part_1final.pdf
4. Fischer F, Lewith G, With CM, Linde K, Ammon KV, Cardini F, et al. A research roadmap for complementary and alternative medicine – what we need to know by 2020. *Res Complement Med*. 2014;21:02. <https://doi.org/10.1159/000360744>
5. Moller SR, Ekholm O, Cristensen AI. Trends in the use of complementary and alternative medicine between 1987 and 2021 in Denmark. *BMC Complement Med Ther*. 2024;24:23. <https://doi.org/10.1186/s12906-023-04327-8>
6. Ministério da Saúde (BR). Política Nacional de Práticas Integrativas e Complementares no SUS [Internet]. Brasília, 2006[cited 2022 Nov 05]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt0971_03_05_2006.html
7. Ferraz IS, Climaco LCC, Almeida JS, Aragão SA, Reis LA, Martins Filho IE. Expansión de las prácticas integrativas y complementarias en Brasil y el proceso de implantación en el Sistema Único de Salud. *Revenf*. 2020;8:1. <https://doi.org/10.15517/revenf.v0i38.37750>
8. Barbosa FES, Guimaraes MBL, Santos CR, Bezerra AFB, Tesser CD, Sousa IMC. Oferta de práticas integrativas e complementares em saúde na estratégia de saúde da família no Brasil. *Cad Saúde Pública*. 2019;36:01. <https://doi.org/10.1590/0102-311X00208818>
9. Valente MAR, Silva-Junior MF, Peres Neto J, Sousa MLR. Análise espacial da oferta das práticas integrativas e complementares na atenção primária do Brasil. *Saúde Desenvolv Hum*. 2022;10:01. <https://doi.org/10.18316/sdh.v10i1.8017>
10. Rios PSR, Novaes AL, Santos IB, Ribeiro MAJ, Barboni VGAV. Conhecimentos dos enfermeiros de um município baiano sobre as práticas integrativas e complementares em saúde. *Rev Enferm Contemp*. 2022; 11:01-08. <https://doi.org/10.17267/23173378rec.2022.e4476>
11. Mildemberg R, Paes MR, Santos BA, Dalbolin IS, Brusamarello T. Práticas Integrativas e complementares na atuação dos enfermeiros da Atenção Primária em Saúde. *Esc Anna Nery*. 2023;27:01. <https://doi.org/10.1590/2177-9465-EAN-2022-0074pt>
12. Melo SCC, Santana RG, Santos DC, Alvim NAV. Práticas Complementares em saúde e os desafios de sua aplicabilidade no hospital: visão de enfermeiros. *Ver Bras Enferm*. 2013;66:06. <https://doi.org/10.1590/S0034-71672013000600005>
13. Bardin L. 2011. Análise de conteúdo. São Paulo: Edições , 70.
14. Cordeiro SM, Barros VG, Souza TPB, Candido KAF, Garcia ESGF. Empreendedorismo Empresarial na Enfermagem: compartilhamento de experiências. *REVISIA*. 2021;10:02. <https://doi.org/10.36239/revisa.v10.nEsp2.p788a796>
15. Gontijo GPA, Ribeiro RP, Sete AS, Costa AS, Teixeira JS, Roquete FF, et al. Práticas Integrativas e Complementares: contribuições na qualidade de vida e trabalho. *Interfaces*. 2020;9:03. <https://doi.org/10.35699/2318-2326.2020.19453>
16. Carson JW, Treggiari MM, Mauer KM, Kirsch JR. Complementary and Alternative Medicine Services at Pain Treatment Clinics: a national survey of pain medicine specialists in the United States. *J Altern Complement Med* 2021;27(4):349–51. <https://doi.org/10.1089/acm.2020.0487>
17. Dawczak-Dębicka A, Kufel-Grabowska J, Bartoszkiewicz M, Perdyan A, Jassem J. Complementary and Alternative Therapies in Oncology. *Int J Environ Res Public Health* 2022;19(9):5071. <https://doi.org/10.3390/ijerph19095071>
18. Badakhsh M, Badakhsh M, Sarchahi Z, Doostkami M, Mir A, Bouya S. Complementary and alternative medicine therapies and COVID-19: a systematic review. *Rev Environ Health* 2021;36(3):443–50. <https://doi.org/10.1515/reveh-2021-0012>
19. Conselho Federal de Enfermagem (Cofen). Resolução nº 673/2021. Estabelece a unidade de referência de trabalho de enfermagem (URTE) [Internet]. 2021 [cited 2022 Nov 05]. Available from: <https://www.cofen.gov.br/resolucao-cofen-no-673-2021/>
20. Khan A, Ahmed ME, Aldarmahi A, Zaixi SF, Subahi AM, Shaikh AA. Awareness, Self-Use, Perceptions, Beliefs, and Attitudes toward Complementary and Alternative Medicines (CAM) among Health Professional Students in King Saud bin Abdulaziz University for Health Sciences Jeddah, Saudi Arabia. *Evidence-Based Complement Alternat Med*. 2020. <https://doi.org/10.1155/2020/7872819>
21. Santos LSF, Medeiros WRC, Shiraiishi R, Azevedo SF. As práticas integrativas e complementares em saúde na atenção primária em saúde: uma revisão integrativa. *Rev Eletrôn Acervo Saúde*. 2023;23:01. <https://doi.org/10.25248/reas.e11393.2023>
22. Ruela LO, Moura CC, Gradim CVC, Stefanello J, Lunnes DH, Prado RR. Implementação, acesso e uso das práticas integrativas e complementares no Sistema Único de Saúde: revisão de literatura. *Ciê Saúde Coletiva*. 2019;24:11. <https://doi.org/10.1590/1413-812320182411.06132018>
23. Aguiar J, Kanan LA, Masiero AV. Práticas Integrativas e Complementares na atenção básica em saúde: um estudo bibliométrico da produção brasileira. *Saúde Debate*. 2019;43:123. <https://doi.org/10.1590/0103-1104201912318>
24. Conselho Federal de Enfermagem (Cofen). Parecer da CPICS nº 11/2020 CPICS/COFEN [Internet]. 2020 [cited 2022 Nov 05]. Available from: <https://www.cofen.gov.br/parecer-de-comissao-n%e2%81%b0010-2020-cpics-cofen/>
25. Conselho Federal de Enfermagem (Cofen). Resolução nº 581/2018. Atualiza, no âmbito do Sistema Cofen/Conselhos Regionais de Enfermagem, os procedimentos para Registro de Títulos de Pós – Graduação Lato e Stricto Sensu concedido a Enfermeiros e aprova a lista das especialidades [Internet]. 2018 [cited 2023 Sep 05]. Available from: <https://www.cofen.gov.br/resolucao-cofen-no-581-2018/>

■ Acknowledgements:

This work was carried out with the support of the Coordination for the Improvement of Higher Education Personnel – Brazil (CAPES) – funding Code 001 and the National Council for Scientific and technological development (CNPq).

■ Authorship contribution:

Design: Daniela Dallegrave

Data selection: Maria Jussiany Gonçalves de Abrantes, Carla Kalline Alves Cartaxo Freitas, Diéssica Roggia Piexak, Daniela Dallegrave.

Formal analysis: Maria Jussiany Gonçalves De Abrantes, Carla Kalline Alves Cartaxo Freitas, Andreia Freire de Menezes, Leonardo Yung dos Santos Maciel, Diéssica Roggia Piexak, Daniela Dallegrave.

Funding acquisition: Maria Jussiany Gonçalves De Abrantes, Leonardo Yung dos Santos Maciel, Daniela Dallegrave.

Investigation: Maria Jussiany Gonçalves De Abrantes, Carla Kalline Alves Cartaxo Freitas, Laura Dayane Gois Bispo, Thaiane Santana Santos, Diéssica Roggia Piexak, Daniela Dallegrave.

Methodology: Diéssica Roggia Piexak, Daniela Dallegrave.

Project administration: Daniela Dallegrave.

Resources: Maria Jussiany Gonçalves de Abrantes, Daniela Dallegrave.

Supervision: Carla Kalline Alves Cartaxo Freitas, Andreia Freire de Menezes, Leonardo Yung dos Santos Maciel, Diéssica Roggia Piexak, Daniela Dallegrave.

Visualization: Maria Jussiany Gonçalves De Abrantes, Carla Kalline Alves Cartaxo Freitas, Laura Dayane Gois Bispo, Thaiane Santana Santos, Diéssica Roggia Piexak, Andreia Freire de Menezes, Leonardo Yung dos Santos Maciel, Daniela Dallegrave.

Writing-original draft: Maria Jussiany Gonçalves De Abrantes, Carla Kalline Alves Cartaxo Freitas, Laura Dayane Gois Bispo, Thaiane Santana Santos, Diéssica Roggia Piexak, Daniela Dallegrave.

Writing-review and editing: Maria Jussiany Gonçalves De Abrantes, Carla Kalline Alves Cartaxo Freitas, Laura Dayane Gois Bispo, Thaiane Santana Santos, Diéssica Roggia Piexak, Andreia Freire de Menezes, Leonardo Yung dos Santos Maciel, Daniela Dallegrave.

The authors declare there is no conflict of interest.

■ Corresponding author:

Maria Jussiany Gonçalves de Abrantes

E-mail: jussiany@gmail.com

Received: 09.22.2023

Approved: 04.08.2024

Associate editor:

Aline Marques Acosta

Editor-in-chief:

João Lucas Campos de Oliveira