

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i63p5376-5389>

The importance of nurses in integrative and complementary practices in the unique health system

La importancia de las enfermeras en las prácticas integrativas y complementarias del sistema único de salud

A importância do enfermeiro nas práticas integrativas e complementares no sistema único de saúde

ABSTRACT

Integrative and Complementary Practices (PICS) rescue the different knowledge related to health care and happen concurrently with care practices. Objective: To reveal the importance of nurses in integrative and complementary practices in the Unified Health System Method: Integrative literature review carried out by crossing the descriptors standardized by the MESH ("Complementary Therapies", "Primare Health Care" and "Public Health Nursing") and their analogues in Portuguese (DeCS) and Spanish in the Medline, Cinahl and Lilacs databases. The selection process of the articles considered the PRISMA recommendations and the articles were classified according to the level of evidence using the American AHRQ framework. Result: 282 articles were found, of which five addressed the proposed theme and were selected for the sample. Conclusion: PICS favor greater interaction between nurse-patient and, through the construction of new knowledge, develop formidable strategies to face existing health problems.

DESCRIPTORS: Complementary Therapies. Primary Health Care. Public Health Nursing.

RESUMEN

Las Prácticas Integrativas y Complementarias (PICS) rescatan los diferentes conocimientos relacionados con el cuidado de la salud y suceden de manera concurrente con las prácticas asistenciales. Objetivo: Revelar la importancia del enfermero en las prácticas integradoras y complementarias en el Sistema Único de Salud. Método: Revisión integrativa de la literatura realizada cruzando los descriptores estandarizados por el MESH ("Terapias complementarias", "Atención primaria de salud" y "Enfermería de salud pública") y sus análogos en portugués (DeCS) y español en las bases de datos Medline, Cinahl y Lilacs. El proceso de selección de los artículos consideró las recomendaciones de PRISMA y los artículos se clasificaron según el nivel de evidencia utilizando el marco estadounidense AHRQ. Resultado: Se encontraron 282 artículos, de los cuales cinco abordaron la temática propuesta y fueron seleccionados para la muestra. Conclusión: Los PICS favorecen una mayor interacción enfermera-paciente y, mediante la construcción de nuevos conocimientos, desarrollan formidables estrategias para enfrentar los problemas de salud existentes.

DESCRIPTORES: Terapias complementarias. Atención Primaria de Salud Enfermería de Salud Pública.

RESUMO

As Práticas Integrativas e Complementares (PICS) resgatam os diferentes saberes relacionados ao cuidar em saúde e acontecem de forma concomitante às práticas assistenciais. Objetivo: Desvelar a importância do enfermeiro nas práticas integrativas e complementares no Sistema Único de Saúde Método: Revisão integrativa da literatura realizada através do cruzamento dos descritores padronizados pelo MESH ("Complementary Therapies", "Primare Health Care" e "Public Health Nursing") e seus análogos em Português (DeCS) e em espanhol nas Bases de dados da Medline, Cinahl e Lilacs. O processo de seleção dos artigos considerou as recomendações PRISMA e os artigos foram classificados quanto ao nível de evidências através referencial americano AHRQ. Resultado: Foram encontrados 282 artigos, dentre os quais cinco abordaram o tema proposto e foram selecionados para amostra. Conclusão: As PICS favorecem uma maior interação entre enfermeiro-paciente e através da construção de novos saberes desenvolvem estratégias formidáveis de enfrentamento aos problemas de saúde existente.

DESCRITORES: Terapias Complementares. Atenção primária à Saúde. Enfermagem em Saúde Pública.

RECEIVED ON: 11/24/2020 APPROVED ON: 01/07/2021



Jadson Rodrigo de Freitas

Nursing student. Maurício de Nassau Caruaru University, PE.

ORCID: 0000-0002-9913-2104

Alexsandro José da Silva

Nursing student. Maurício de Nassau Caruaru University, PE.
ORCID: 0000-0001-5315-2575

José Almir Alves da Silva

Nurse. Graduate student *latu sensu* in Collective Health at Faculdade Dom Alberto.
ORCID: 0000-0002-8640-9290

Jorge Rosemberg Bezerra Ramos

Nurse. Specialist in cardiology and hemodynamics from the Albert Einstein Israelite Institute of Teaching and Research (IIEP).
ORCID: 0000-0001-8628-7417

Fernanda da Mata Vasconcelos Silva

PhD student in nursing. Master in Nursing from the Federal University of Pernambuco (UFPE).
ORCID: 0000-0001-5465-9714

INTRODUCTION

The Unified Health System (SUS - Sistema Único de Saúde) is the model adopted in Brazil that gives the population universal and comprehensive access. It aims at quality of life through health promotion, prevention and recovery actions. Together with the Ministry of Health (MH), it develops a service of greater systemic complexity to guarantee social inclusion through new methods and techniques.¹

At the First International Conference on Primary Health Care (Alma Ata) held in Russia in 1978, the first recommendations for the implementation of integrative and complementary practices to practices carried out by traditional medicine were discussed. However, in Brazil, this movement only gained strength after the Eighth National Health Conference (1986). In 2003, the MS instituted the National Policy for Natural Medicine and Complementary Practices (PMNPC - Política Nacional de Medicina Natural e Práticas Complementares) in SUS and Ordinance No. 971 of 2006/MS brings the current text of the New National Policy for Integrative and Complementary Practices (PNPIC - Política Nacional de Práticas Integrativas e Complementares).²

The decentralization and popular participation guidelines inherent to SUS authorize states and municipalities to have greater autonomy in defining their strategies and actions aimed at health, thus

making it possible to implement pioneering experiences such as Integrative and Complementary Practices in health.² The decentralization and popular participation guidelines inherent to SUS authorize states and municipalities to have greater autonomy in defining their strategies and actions aimed at health, thus making it possible to implement pioneering experiences such as Integrative and Complementary Practices in health.³

Traditional Chinese Medicine/Acupuncture, Homeopathies, Phytotherapies, Crenotherapies, Thermalism and Anthroposophy applied to health were the first PICs implemented in Brazil. In 2007, there were already fourteen new practices developed within the scope of SUS: Art Therapy, Ayurveda, Biodanza, Circular Dance, Meditation, Music Therapy, Naturopathy, Osteopathy, Chiropractic, Reflexotherapy, Reiki, Shantala, Integrative Community Therapy Yoga, and in 2018 there were ten more new practices: Aromatherapy Apitherapy, Floral Therapies, Therapists and Family Constellators, Bioenergetics, Laying Hands Chromotherapy, Geotherapy, Hypnotherapy and Ozone Therapy.⁴

Currently, SUS offers 29 practices to the population, free of charge, seeking new approaches that encourage users in a natural way to prevent diseases, promoting optimal health recovery and preventing injuries.⁵

PICs are reaffirmed as a nurse's specialty through COFEN Resolution No.

581 of 2018, allowing them to tour therapies in Public Health, Child and Adolescent Health, Adult Health (Men's Health and Women's Health, Men's Health) Elderly, Urgency and Emergency), ensuring the confidence and support of these professionals to work in this scenario, as well as to develop research in the area of ICPs in general.⁶

This advance can be understood as an expression of a movement that identifies itself with new ways of learning to learn and practice in health, since the integrative and complementary practices in health are characterized by interdisciplinary plurality and by their own languages, which in general are opposed to the technical view of health that prevails in the current health context.⁷

The association of integrative and complementary practices with conventional medicine has been gaining many followers among nurses in primary health care.⁸ However, they need to have technical-scientific support to serve the user holistically, understanding the drug interactions and the adverse effects that can emerge secondary to the use of such practice.⁹

These professionals focus on health, not disease. They seek to clarify to individuals the need to develop such alternative therapeutic techniques combined with conservative/drug treatment.¹⁰ However, in clinical practice, the structure of fractional scientific knowledge postponed by Nightingale still predominates to the detriment of a professional-community-

-support network, figuring, in this sense, an excessively technical condition for the health professional.¹¹

It is known, therefore, that the incorporation of this model of (re) thinking nursing practice is seen as fundamental in the contemporary context. Due to the lack of knowledge of their contributions to the process of reestablishing health, there is still a distorted perception among PICS in nursing, and this fact may contribute to the disinterest of several health professionals in the use of such resources.⁹

In view of these circumstances, the relevance of this study is to reveal the importance of nurses in integrative and complementary practices in the Unified Health System, probing their professional capacity to develop such practices with autonomy, in accordance with the National Policy of Integrative and Complementary Practices - PNPIC.

METHOD

The study used the integrative literature review as a research method. Based on evidence-based practice, this type of review seeks to solve the problems through the results found in the most relevant scientific publications. It will involve the following

steps: definition of the research problem, research in scientific databases and databases, critical assessment of the evidence found and discussion of the results obtained. Such practice encourages health care based on scientific knowledge.¹²

To survey the guiding question, the PICO strategy was used (P - Population: Patients assisted by SUS; I - Intervention: Integrative and Complementary Health Practices; C - Comparison: not applicable; O - Outcome: Importance of Nurses in ICPs in SUS).¹³ This strategy based on the segmentation of the hypothesis, aims to collect data in a systematic way.¹³ Thus, the following guiding question of the research was stipulated: "What is the importance of nurses in integrative and complementary practices in the Unified Health System?"

The selection process of the articles considered the PRISMA recommendations.¹⁴ (Preferred Reporting Items for Systematic Reviews and MetaAnalyses) (Figure 1). The data survey took place in October 2020 in the Databases of Latin American and Caribbean Literature in Health Sciences (LILACS), in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and in the Medical Databases Literature Analysis and

Retrieval System Online (MEDLINE/PUBMED). Crossings of the descriptors standardized by the Medical Subject Heading (MESH) "Complementary Therapies", "Primare Health Care" and "Public Health Nursing" and their analogues in Portuguese (DeCS) and in Spanish were performed.

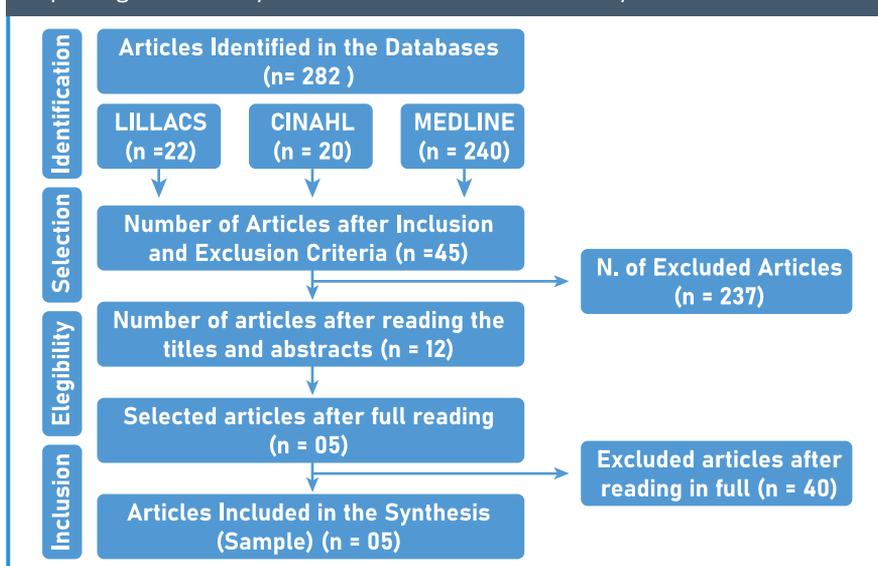
To define the information to be extracted from the selected articles and categorize the studies, a peer search was used, in order to provide greater credibility to the content of the analysis. The descriptors were compared in pairs and then in sequences combined with priority for the descriptor "Complementary Therapies", in order to standardize the crossings in the databases.

For the selection of articles, the following inclusion criteria were used: being an original article, published in Portuguese, English and Spanish, available in full and with a time frame of publication from the last five years (2015-2020). The following were excluded: theses, dissertations and monographs, editorials, case studies, integrative and systematic reviews, as well as repetitions of publication of studies in more than one database, as well as articles that answered the guiding question of the study.

The studies that comprised this review were classified according to evidence-based practice, being characterized hierarchically, using the American framework of the Agency for Healthcare Research and Quality (AHRQ) that considers the research design.¹⁵

It should be noted that the AHRQ classifies the quality of the evidence in six levels: level 1: meta-analysis of multiple controlled studies; level 2, individual study with experimental design; level 3, study with experimental design as study without randomization with single group pre and post-test, time series or case control; level 4, study with a non-experimental design such as descriptive correlational and qualitative research or case study; level 5, case reports or data obtained systematically, of verifiable quality or program evaluation data; level 6, opinion of reputable autho-

Figure 1: Flowchart of the study selection process – PRISMA (Preferred Reporting Items for Systematic Reviews and MetaAnalyses)¹⁴.



rities based on clinical competence or opinion of expert committees, including interpretations of information from information not based on research.¹⁵

After reading and rereading the selected articles, thematic categories were categorized in order to describe and classify the results, showing the knowledge produced on the proposed theme.

RESULTS

289 articles were found, of which five addressed the proposed theme and were selected to compose the final sample of this study. Medline covered 80% of the

number of articles (n=4), followed by Lillacs (20% - n=1). Cinahl did not present any results for the search.

The specificity of the theme and the use of original articles to compose the sample worked as a prerogative for the number of selected studies. However, the national and international scientific community outlines the need for new publications on the subject.¹⁶⁻²⁰ The insipience of articles can be confirmed by the findings of these studies that presented in the year 2015, 2018 and 2019 a published article that responded to the objectives of the study in each year (20%) and 2020 with two published articles (40%). In the year 2016

and 2017, no articles were identified that fit the inclusion criteria for the construction of this study.

In Table 1, the publications were organized into: authors and year of publication, basis, level of evidence, title, objective, synthesis. Three articles selected for the sample (60%) were published in English, one article (20%) in Spanish and one (20%) in Portuguese. Three studies had a quantitative approach (60%) and two a qualitative approach (40%). In this sense, according to the AHRQ reference, 60% of the publications presented evidence level 3 and 40% evidence level 4, showing good methodological quality and reduction of bias.

Table 1: Summary of the studies selected for the sample.

AUTHOR/ YEAR/ BASE/ NE	TITLE	OBJECTIVE	IMPORTANCE OF NURSES IN CIPS IN SUS.
DALMOLIN; HEIDEMANN ¹⁶ 2020 Medline/Pubmed NE: 4	Integrative and complementary practices in Primary Care: unveiling health promotion	Understand the use of integrative practices and Complementary measures such as health promotion action.	The use of CIPs by nurses is configured as resources for health promotion, through comprehensive care and reducing the use of medications.
SILVA et al ¹⁷ 2020 Medline/Pubmed NE:3	Effects of auriculotherapy on anxiety of pregnant women in low-risk prenatal care	To evaluate the effects of auriculotherapy on anxiety levels in pregnant women attended in low risk prenatal care.	Auriculotherapy can help to reduce anxiety in pregnant women during low-risk prenatal care, being a potential integrative and complementary practice within the scope of the Unified Health System, with the acupuncturist nurse having a relevant importance in this process.
VALIM et al ¹⁸ 2019 Medline/Pubmed NE:3	Auricular acupressure in the quality of life of women with breast cancer: a randomized clinical trial	To evaluate the effects of the atrial acupressure intervention on the quality of life of women with breast cancer undergoing chemotherapy treatment, in comparison with those who did not use the intervention.	Auricular acupressure proved to be a safe, effective, low-cost method, without side effects, easily applicable by trained nurses. It can be recommended as a complementary therapy in the treatment of breast cancer to improve the quality of life of these women.
MELO et al ¹⁹ 2018 Medline/Pubmed NE: 3	Musical intervention on anxiety and vital parameters of chronic renal patients: a randomized clinical trial	To evaluate the effect of a musical intervention on anxiety and vital parameters in chronic kidney patients compared to conventional care at hemodialysis clinics	Music presents itself as a potential nursing intervention for reducing state anxiety during hemodialysis sessions
LIMA et al ²⁰ 2015 Lillacs NE: 4	Use of integrative and complementary therapies by patients undergoing chemotherapy	Know the integrative and complementary therapies used by patients in cancer chemotherapy.	It is apprehended that the use of integrative and complementary therapies in oncology allows the professional nurse to approach the patient undergoing chemotherapy, knowing it in its complexity.

Source: Authors, 2020

DISCUSSION

For the analysis and discussion of the articles with the pertinent literature, a categorization of studies was carried out in which emerged from the central theme Importance of nurses in integrative and complementary practices in the Unified Health System, two subtopics: I - Integrative and complementary practices in the Unified Health System and II - Importance of using Integrative and Complementary Practices by Nurses in promoting health within the scope of SUS.

I – Integrative and complementary practices in the Unified Health System

The Unified Health System (SUS) works in the context of integrality, for health promotion, however, in practice, it faces many challenges. However, the expansion of the right to health to the entire population is unquestionable.¹ Primary Health Care (PHC), within the scope of SUS, constitutes an important gateway of assistance for the population's health needs. This level of care is guided by the model of the Family Health Strategy (FHS), which provides for a multiprofessional action to the community composed of its basic team of doctors, nurses, nursing technicians and dentists, in addition to community health agents.^{2,16}

This assistance model is ensured by means of the National Primary Care Policy (PNAB - Política Nacional de Atenção Básica).⁵ The environment of instability in the health sector is becoming increasingly noticeable and intense, in addition to the numerous attempts at privatization and institutionalization.¹⁷

In this sense, it is up to professionals in the area to identify consolidated strategies for strengthening the SUS, in order to provide the user with humanized and comprehensive care.¹⁸ One of these strategies is the inclusion of Integrative Medicine as a complementary health practice. Such inclusion represents a possibility of advancing and integrating the various practices in the same care

network, with decision making based on the user's need.²

The Integrative and Complementary Practices (ICPs) rescue the different knowledge related to health care and happen concurrently with clinical practices.¹⁹ The PICS are millennial and come from the oriental culture that provides a holistic care between body-mind-soul. In addition, they constitute systems that promote health through natural techniques

and value qualified listening, the link between professional and individual and the interconnection between beings, that is, the PICS understand the health-disease-care process in an expanded way, promoting health and self-care.^{5,20}

Since the 1990s, the recurrence of the use of Integrative and Complementary Health Practices (ICPs) in the treatment of chronic diseases, rehabilitation, disease prevention and improvement of quality of life has increased worldwide. The World Health Organization (WHO), in 2002, encouraged the regulation of such practices in health services and in 2006, the Ministry of Health (MH), through Ordinance No. 971/2006, published the National Policy for Integrative Practices and (PNPIC) in the Unified Health System (SUS), with the aim of guaranteeing integrality in health services. Since then, the provision and encouragement of the use of ICPs has been legitimized in the SUS and Primary Health Care is one of the main environments for its application.⁵

In view of this, it is imperative to analyze the current scenario of supply of ICPs in the country, as well as accessibility and use in public health services. It is necessary to observe and deconstruct the counter-hegemonic posture of some professionals and users of the SUS who still have a curative, prescriptive perspective, in which true health care is summed up in being attended by the doctor and carrying out tests. The importance of PICS in Health Care must be instilled in the population, undoing social constructs that have been acquired throughout life.¹⁶⁻²⁰

II – Importance of using Integrative and Complementary Practices by Nurses in promoting health within the scope of SUS.

What underlies the nurse's professional practice is care. However, historical and cultural inferences influence the professional practice of nursing professionals and, consequently, their decision making.⁹ There is a movement of change

The Unified Health System (SUS) works in the context of integrality, for health promotion, however, in practice, it faces many challenges. However, the expansion of the right to health to the entire population is unquestionable.

between the curative and medicalizing paradigm towards the paradigm aimed at preventing pathologies and promoting health. What happens, within the scope of SUS, is that the biologicist model still prevails linked to professional practice, thus hampering the process of expanding health care. ICPs include care approaches that broaden the view of the health-disease process and expand the therapeutic possibilities for individuals.⁴

Considering the need to expand the offer of PICS in health services, one of the main strategies of actions carried out within the scope of the National Policy of Integrative and Complementary Practices were the Professional Training strategies. In the period from 2014 to 2016, more than 17.500 health professionals started the training process, more than 6.500 completed and 11.000 are ongoing.⁵ Nursing professionals are among the most qualified and conduct integrative and complementary practices, their performance is recommended in ordinances 849/2017 and 702/2018, which expand the scope of practices.¹⁷⁻¹⁸

Silva et al (2020) conducted a study to evaluate the effects of auriculotherapy on anxiety levels in 50 pregnant women attended in low-risk prenatal care at a public service in Espírito Santo.¹⁷ The Federal Nursing Council established and recognized, through COFEN Resolution nº 581 of 2018, the technical condition of nurses in carrying out this practice, enabling the application of preventive care and health promotion, in addition to the rehabilitation of illnesses.⁶

Nursing assistance in auriculotherapy is a ICPs classified as a low-cost, easy-to-apply and highly effective procedure. Valim (2019) corroborates with Silva et al (2020) when it comes to auricular acupressure because it proved

to be a safe, effective, low-cost method, without side effects, easily applicable by trained nurses.¹⁷⁻¹⁸

In the pregnant women studied by Silva et al (2020) the application of the ICP promoted a decrease in the levels of anxiety and stress during the gestational cycle.¹⁷ The results were also satisfactory in cancer patients studied by Valim (2019) and Lima (2015). The effects of the auricular acupressure intervention on the quality of life of women with breast cancer undergoing chemotherapy treatment in the first study.¹⁸ And greater well-being, plus the sense of autonomy regarding the decision-making processes regarding their care plan, were described in the studies by Lima et al (2015) when using ICPs based on medicinal plants such as homeopathy and phytotherapy for cancer patients.²⁰ It is apprehended that the use of ICPs in oncology and obstetrics allows the approximation of the professional nurse with the patient, knowing them in their complexity.

Melo et al (2018) identified that the focus on the singularity of being brings with it a closer relationship between patients and health professionals and reflected on the effect of a musical intervention on anxiety and vital parameters in chronic kidney patients compared to conventional care in hemodialysis clinics. Music presented itself as a potential nursing intervention for the reduction of anxiety-state during hemodialysis sessions, demonstrating once again the benefit of the inclusion of Integrative and complementary practices in SUS.¹⁹

To effectively implement the ICPs to the daily practice in primary care is a challenge for managers, workers and health authorities.²¹ Studies show that professionals report difficulties in the management of some practices, inci-

pience of knowledge about other techniques and refer to the need for complementary courses on the applicability of ICPs in SUS.^{17,19,22}

Studies evaluate the formative character in ICPs during undergraduate nursing courses and demonstrate that there is an immense gap in the construction of this new professional regarding this theme. Changes and adaptations in the curricular matrices are necessary to form a qualified and qualified professional, capable of using all the knowledge acquired to provide comprehensive care to his patient and to strengthen the actions developed by the Brazilian public health system.⁹

CONCLUSION

Care is the foundation of the nursing profession. The addition of Integrative and Complementary Practices to the already recommended care actions enables interaction and exchange between new knowledge. Based on the search for holistic and integral assistance, the ICPs seek the harmonization of the human organism and the perfect synchrony of systemic actions through natural mechanisms. However, it is necessary to expand the knowledge about its indications, methods and effectiveness, based on scientific evidence.

This study has the relevance of demonstrating the importance of nurses in ICPs in actions developed in SUS. We believe, in this way, to contribute to the formation of more qualified and motivated professionals to implement the PICS to the care already recommended by the health agencies. ICPs favor greater interaction between nurse-patient and, through the construction of new knowledge, develop formidable strategies to face existing health problems. ■

REFERENCES

1. Telesi JE. Práticas integrativas e complementares em saúde, uma nova eficácia para o SUS. *Estudos Avançados*. 2016; 30(86): 99-112. DOI: <https://doi.org/10.1590/S0103-40142016.00100007>

REFERENCES

2. Brasil. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Política nacional de práticas integrativas e complementares no SUS. 2a ed. Brasília; 2015. Disponível em: https://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_praticas_integrativas_complementares_2ed.pdf
3. Cruz PLB, Sampaio SF. As práticas terapêuticas não convencionais nos serviços de saúde: revisão integrativa. *Rev APS* 2016; 19(3):483-94. Disponível em: <https://aps.ufjf.emnuvens.com.br/aps/article/view/2594/1054>
4. Brasil. Ministério da Saúde (BR). Portaria n° 849 de 27 de março de 2017. Inclui a Arteterapia, Ayurveda, Biodança, Dança Circular, Meditação, Musicoterapia, Naturopatia, Osteopatia, Quiropraxia, Reflexoterapia, Reiki, Shantala, Terapia Comunitária Integrativa e Yoga à Política Nacional de Práticas Integrativas e Complementares. Diário Oficial da União 2017. Disponível em: http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2017/prt0849_28_03_2017.html
5. Brasil. Ministério da Saúde (BR). Portaria n° 702 de 21 de março de 2018. Altera a Portaria de Consolidação n° 2/GM/MS, de 28 de setembro de 2017, para incluir novas práticas na Política Nacional de Práticas Integrativas e Complementares - PNPIC. Diário Oficial da União 2018. Disponível em: http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2018/prt0702_22_03_2018.html
6. COFEN. Conselho Federal de Enfermagem (BR). RESOLUÇÃO COFEN N° 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. 2018 Disponível em: http://www.cofen.gov.br/resolucao-cofen-no-581-2018_64383.html
7. Alvin NAT. Práticas integrativas e complementares de saúde no cuidado. *Rev Enferm UFSM* 2016; 6(1): 4-6 DOI: <https://doi.org/10.5902/2179769221571>
8. Carvalho RVS, Anjos AMC, Oliveira MM, Silva CAL, Leal SRMD, Oliveira VA, Lima ACG. Práticas integrativas e complementares aplicadas aos trabalhadores de uma Unidade Básica de Saúde: relato de experiência. *Rev. Saúde Pública de Mato Grosso do Sul*. 2019 2(1-2): 70-76. Disponível em: <http://revista.saude.ms.gov.br/index.php/rspms/article/view/45/58>
9. Silva ASP, Feitosa ST. Revisão sistemática evidencia baixo nível de conhecimento acerca da política nacional de práticas integrativas e complementares por parte de gestores e profissionais da saúde. *Vitalte* 2018;30(1):105-14. DOI: <https://doi.org/10.14295/vitalte.v30i1.7491>
10. Santiago MECF. Práticas Integrativas e Complementares: a Enfermagem Fortalecendo essa Proposta. *Uniciências*. 2017; 21(1):50-4. DOI: <https://doi.org/10.17921/1415-5141.2017v21n1p50-54>
11. Lopes ACP, Ceolin T, Ceolin S, Lope CV. As contribuições da disciplina “terapias complementares com ênfase em plantas medicinais” na prática profissional dos enfermeiros. *Rev Pesqui Cuid Fundam*. 2018; 10(3):619-25. DOI: <https://doi.org/10.9789/2175-5361.2018.v10i3.619-625>
12. Polit DF, Beck CT. Fundamentos da pesquisa em enfermagem: avaliação de evidências para a prática de enfermagem. 7ª ed. Porto Alegre: ArtMed; 2011.
13. Santos MARC, Galvão MGA. A elaboração da pergunta adequada de pesquisa. *Resid Pediatr.*, Rio de Janeiro, v. 4, n. 2, p.53-56, ago. 2014. Disponível em: <http://residenciapediatrica.com.br/detalhes/105/a-elaboracao-da-pergunta-adequada-de-pesquisa>
14. Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *Epidemiol. Serv. Saúde*, Brasília, 2015; 24(2): 335-342. DOI: <http://doi.org/10.5123/S1679-49742015000200017>
15. Jeanne-Marie Guise, MD. AHRQ Series on Improving Translation of Evidence: Progress and Promise in Supporting Learning Health Systems. *The Joint Commission Journal on Quality and Patient Safety* 2020; 46:51–52. DOI: <https://doi.org/10.1016/j.jcjq.2019.10.008>
16. Dalmolin IS, Heidemann ITSB. Integrative and complementary practices in Primary Care: unveiling health promotion. *Rev. Latino-Am. Enfermagem* 2020; 28: e3277. DOI: <https://doi.org/10.1590/1518-8345.3162.3277>
17. Silva HL, Almeida MVS, Diniz JSP, Leite FMC, Moura MAV, Bringuente MEO, Brandão-Souza C, et al. Efeitos da auriculoterapia na ansiedade de gestantes no pré-natal de baixo risco. *Acta Paul Enferm* 2020;33:eAPE20190016. Disponível em: <https://acta-ape.org/article/efeitos-da-auriculoterapia-na-ansiedade-de-gestantes-no-pre-natal-de-baixo-risco/>
18. Vallim ETA, Marques ACB, Coelho RCFP, Guimarães PRB, Felix JVC, Kalinke LP. Auricular acupressure in the quality of life of women with breast cancer: a randomized clinical trial. *Rev. esc. enferm. USP*. 2019; 53: e03525. DOI: <http://dx.doi.org/10.1590/s1980-220x2018043603525>.
19. Melo GAA, Rodrigues AB, Firmeza MA, Grangeiro ASM, Oliveira PP, Caetano JA. Musical intervention on anxiety and vital parameters of chronic renal patients: a randomized clinical trial. *Rev. Latino-Am. Enfermagem*. 2018; 26: e2978. DOI: <https://doi.org/10.1590/1518-8345.2123.2978>.
20. Lima JF, Ceolin S, Pinto BK, Zilmer JGV, Muniz RM, Schwartz E. Uso de terapias integrativas y complementarias por pacientes sometidos a la quimioterapia. *Av Enferm*. 2015;33(3):372-380. Disponível em: <http://www.scielo.org.co/pdf/aven/v33n3/v33n3a05.pdf>
21. Soares DP, Coelho AM, Silva LEAS, et al. Política Nacional de práticas integrativas e complementares em saúde: Discurso dos enfermeiros da Atenção Básica. *Revista de Enfermagem do Centro Oeste Mineiro*. 2019; 9:e3265. DOI: <http://dx.doi.org/10.19175/recom.v9i0.3265>
22. Almeida JR, Vianini MCS, Silva DM, Meneghin RA, Souza G, Resende MA. O enfermeiro frente às práticas integrativas e complementares em saúde na estratégia de saúde da família. *Revista Eletrônica Acervo Saúde* 2018; 18 (e77): 1-7. DOI: <https://doi.org/10.25248/reas.e77.2019>