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Nursing performance in integrative and complementary practices

Rendimiento de enfermería en prácticas integrativas y complementaria

Atuação da enfermagem nas práticas integrativas e complementares

ABSTRACT

Objectives: To define the role of nursing in integrative and complementary practices. **Methodology:** A bibliographic review study was carried out through the SciELO and Virtual Health Library databases. The research took place from June 2018 to October 2019, in addition, other research sources such as COFEN websites were used, COREN and Ministry of Health, Public Health notebooks and magazines and books, due to the current content and / or that helped enrich the information in this work. The descriptors used to carry out the bibliography review were: "Nursing", "Integrative Practices and Complementary Practices". **Results and Discussion:** Mention is made of the need to review therapeutic care plans to expand the inclusion of integrative and complementary practices in health treatments, the need for approaches on the subject during the academic period of university students and the holistic view of practices integrative and complementary health, individual, society and environment to which they are inserted, following SUS principles and guidelines. **Conclusion:** Nursing is regulated to apply the techniques / procedures of integrative and complementary practices through the training recommended by COFEN legislation, which consist of methods that enrich therapeutic plans, patients' quality of life and nursing work.

DESCRIPTORS: Nursing; Integrative Practices; Complementary Practices.

RESUMEN

Objetivos: Definir el papel de la enfermería en las prácticas integradoras y complementarias. **Metodología:** Se realizó un estudio de revisión bibliográfica utilizando las bases de datos SciELO y la Biblioteca Virtual en Salud. La investigación se realizó entre junio de 2018 y octubre de 2019, además, se utilizaron otras fuentes de investigación como los sitios web de COFEN, COREN y el Ministerio de Salud, cuadernos de salud pública y revistas y libros, debido al contenido actual y / o que ayudó a enriquecer la información en este trabajo. Los descriptores utilizados para llevar a cabo la revisión bibliográfica fueron: "Enfermería", "Prácticas integradoras y prácticas complementarias". **Resultados y Discusión:** Se menciona la necesidad de revisar los planes de atención terapéutica para ampliar la inclusión de prácticas integradoras y complementarias en los tratamientos de salud, la necesidad de enfoques sobre el tema durante el período académico de los estudiantes universitarios y la visión holística de las prácticas. integrales y complementarios de salud, individuo, sociedad y entorno en el que se insertan, siguiendo los principios y directrices del SUS. **Conclusión:** La enfermería está regulada para aplicar las técnicas / procedimientos de prácticas integradoras y complementarias a través de la capacitación recomendada por la legislación COFEN, que consiste en métodos que enriquecen los planes terapéuticos, la calidad de vida de los pacientes y el trabajo de enfermería.

DESCRIPTORES: Enfermería; Prácticas Integradoras; Prácticas Complementarias.

RESUMO

Objetivos: Definir a atuação da enfermagem nas práticas integrativas e complementares. **Metodologia:** Realizou-se um estudo de revisão bibliográfica através das bases de dados SciELO e Biblioteca Virtual em Saúde. A pesquisa ocorreu no período de junho de 2018 a outubro de 2019, além disso, foram utilizadas outras fontes de pesquisa como sites do COFEN, COREN e Ministério da Saúde, cadernos e revistas de Saúde Pública e livros, devido ao conteúdo atual e/ou que auxiliaram enriquecendo as informações deste trabalho. Os descritores utilizados para a realização da revisão bibliografia foram: "Enfermagem", "Práticas Integrativas e Práticas Complementares". **Resultados e Discussão:** Menciona-se a necessidade de revisão dos planos terapêuticos de cuidado para a ampliação na inserção das práticas integrativas e complementares nos tratamentos de saúde, a necessidade de abordagens sobre a temática durante o período acadêmico dos universitários e a visão holística das práticas integrativas e complementares voltada para a saúde, indivíduo, sociedade e meio ambiente ao qual estão inseridos, seguindo os princípios e diretrizes SUS. **Conclusão:** A enfermagem está regulamentada para aplicar as técnicas/ procedimentos das práticas integrativas e complementares mediante a formação preconizada pela legislação COFEN, as quais consistem em métodos que enriquecem planos terapêuticos, a qualidade de vida dos pacientes e o trabalho da enfermagem.

DESCRIPTORES: Enfermagem; Práticas Integrativas; Práticas Complementares.

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INTRODUCTION

Integrative and Complementary Therapies (ICT) are ancient methods of treatment, prevention and recovery of health / disease processes that act through natural and / or plant elements, see the individual in a holistic way - body, mind and spirit - and, of this integration, they aim at the balance and complete health of the human being. These are concepts that view the patient in its entirety and not just as a set of isolated parts, thus, they overlap with the technical care mode geared only to the treatment of isolated diseases⁽¹⁻⁵⁾.

The ICTs present themselves as practices to integrate health care and / or in a complementary way, working alongside allopathic / conventional medicine, that is, they should walk in partnership so that the human being could benefit from the positive results of this integration^(1,6).

For this, knowledge about the positive responses of ICT should also be present in education and be passed on to all

students and health professionals, reducing and fighting established pre-concepts due to the lack of knowledge. Unfortunately, the benefits offered by ICT are still little known or even absent from transferring to training institutions and, even, to institutions that provide and offer services related to health^(3,6-8).

Florence Nightingale (protagonist and mother of modern nursing) on her journey, through her texts, already suggested the use of integrative practices in patient care, which included "cold" or "hot" massages, nutrition and the application of essential oil lavender in the frontal region of the wounded soldiers with the intention of calming them down. The ICT also fits perfectly with the holistic view presented by nurse Marta Rogers who, in her scientific theory, describes that the individual is the result of their mutual integration with the environment and its variables⁽⁹⁾.

According to the holistic vision of the Nursing Theories developed by Myra E. Levine, Marta Rogers, Wanda Aguiar

Horta and Jean Watson, joining the World Health Organization (WHO), in an integrated and globalized way, health for the man is defined as the maintenance and well-being of all angles of human experience, such as: food, sociability with family, friends, nature and the environment in which it is inserted, implementation of projects, physical and mental well-being and quality of life, as the human being is holistic⁽⁹⁻¹¹⁾.

Conducting itself according to this generalized and adjusted concept, it is possible to reinforce and value even more the convictions of complementary therapies on the efficiency offered in care by unconventional practices, as these can be considered: integrative (they interact between biomedical and traditional knowledge, taking care of the individual in its entirety), complementary (participate in the treatment of human beings alongside conventional medicine), alternatives (when they work alone discarding other means of care), traditional (since they are mil-

lennial, preceding Cartesian medicine) and unconventional - go according to its precepts, often opposing conventional biomedicine methods^(11,13).

Therefore, it can be considered that ICTs are a set of facilitating means for patient-nursing integration, natural complements that are integrated with conventional treatment, that the professional nurse can exercise more than just the conventional care instituted by trainers and traditional organizations, focused only on the physical problems that the patient presents, increasing their professional autonomy in providing health care and general well-being of the human being^(3,6).

The Federal Nursing Council (COFEN) recognizes the nursing profession in its holistic basis of care through Information Opinion No. 004/95, which justifies the use of ICT^(2,14).

Through the Attachment of Resolution no. 0581/2018, which talks about the nurse's specialties by area of coverage, ICT constitutes the specialty and / or qualification of the professional Nurse, reality, most of the times, deficient of transfer or, in some cases, absent from the knowledge of nursing students and even professionals already graduated⁽¹⁵⁾.

Based on the National Policy on Integrative and Complementary Practices (PNPIC), approved by Ordinance GM / MS No. 971, on May 3, 2006, institutional guidelines and responsibilities were implemented in the Unified Health System (SUS), providing Brazilian citizens the right to receive the provision of services to attend to some ICTs, such as: homeopathy, traditional Chinese medicine / acupuncture, medicinal plants and phytotherapy, besides constituting observatories of the experiences of anthroposophical medicine and social thermalism / crenotherapy^(1,6,9,16,17).

Over time, the SUS guidelines were renewed and, in March 2017, there was an expansion in other new practices determined by Ordinance GM / MS No. 847/2017, namely: art therapy, ayurveda, biodance, circular dance, medi-

tation, music therapy, naturopathy, osteopathy, chiropractic, reflexotherapy, reiki, shantala, integrative community therapy and yoga⁽¹⁶⁾.

And yet, recently, in 2018, Ordinance No. 702 was added to PNPIC, on March 21, 2018, which includes the approval of the inclusion of the following practices in SUS care: aromatherapy, apitherapy, bioenergetics, family constellation, chromotherapy, geotherapy, hypnotherapy, laying on of hands, anthroposophical medicine / anthroposophy applied to health, ozone therapy, floral therapy and social thermalism / crenotherapy applied to health⁽¹⁶⁻¹⁸⁾.

Since 2006, with the development of the PNPIC, the Ministry of Health together with WHO has valued the use of the terms: "Integrative Practices", as they aggregate and interact between the different concepts of care, discarding the existing definitions: "Medicines Unconventional", "Alternative Therapies", "Popular Practices" and "Natural Medicines", as they brought with them the understanding that the patient can have as an alternative only some types of treatment, underestimating one and valuing the other, therefore, it is reinforced that Integrative and Complementary Practices (PIC) add benefits to patient care along with conventional medicine⁽⁹⁾.

With all these extensions, there is a need to discuss the PICs that are of competence, execution and application, for health care, by the professional graduated in nursing, according to the COFEN legislation^(6,7).

Maintaining the hope that this wisdom will be able to reach and benefit an increasing number of patients with the use and beneficial results offered by ICT, expanding the care approaches and the therapeutic possibilities for users, ensuring a greater comprehensiveness and resolvability of care the health^(4,6).

So, from the construction of these ideas, it is possible to emphasize how important it is that the nursing professional has this type of specific knowledge and that, during graduation, academi-

cs are prepared and know how to express themselves clearly and correctly on these issues. Arousing the student's interest in alternative therapies is essential, since they are areas of activity recognized and identified by nursing legislation and can favor the work of nurses and the health of patients^(1,4,7,8).

Thus, the objective was to discuss the role of nursing in integrative and complementary practices.

METHODOLOGY

For the development of the objectives proposed by this work, the guiding question that guided its execution was produced: "What is the role of nursing in Integrative and Complementary Practices that nurses can act?". There was a search for scientific texts through the Virtual Health Library (VHL) and Scientific Electronic Library Online (SciELO) and a bibliographic review was carried out, using the keywords provided by the VHL descriptors, applying the "and" operator and making the use of the filter in the Portuguese language option, the objective of the search in the databases consisted of: "nursing and integrative practices and complementary practices".

The selection of these databases occurred due to their easy access, authenticity, and critical and scientific analysis of them. As a result, 268 materials related to the subject of this research were obtained.

After the survey of all material made available by the databases, the organization of the information contained in the title and summary of each of the literary works was organized and only the one that corresponded to the determinant questions, the execution of this work was selected. The exclusion process disregarded duplicate works that only cited keywords, but their content was irrelevant, not reaching the objectives proposed in the research.

Subsequently, 36 works were read and fully revised and 19 studies were selected.

It was also necessary to seek additional information on websites, note-

books and magazines of Public Health of the Ministry of Health, websites of COREN and COFEN for containing updated information regarding the legislation that organizes the Integrative and Complementary Practices in the exercise of nursing.

The analysis of these studies took place from June 2018 to October 2019 and their results were presented in this work, following the chronological order according to the natural order of facts and events.

RESULTS AND DISCUSSION

The way of taking care of the complete practices takes into account the integration of the individual with himself, with his environment, with his psychological sides and his spirituality (essence of what the being is and believes), the answers provided by the organism are in accordance with this totality and the external influences that are capable of causing conflict. Their philosophies are based on the understanding that individuals are able to interact with nature and socially, they are care practices centered on health and not on disease^(5,11).

However, conventional medicine is based on Cartesian thinking, influenced by Descartes and the concepts of anatomy / physiology, which divide the human body into smaller and smaller parts, such as: reproductive system, uterus, ovary, tubes, glands, cells, and among other small parts, for the realization of diagnoses and treatments where the human body can be considered a machine, and its parts organs, which may or may not present problems / defects, these philosophies being consecrated, as they are in accordance with the biology, containing scientific evidences that guarantee its efficiency / efficacy and facilitate the application of treatments. This model of Cartesian medicine has benefited countless patients^(1,11,13,19).

Integrative therapies are capable of treating and complementing assistance to patients in various situations, such

as: systemic arterial hypertension, reduction of the level of cholesterol in the bloodstream, taking care of cardiac problems such as angina, arrhythmia, reducing the pain of contractions of the work of childbirth more naturally, reducing discomfort during pregnancy, reducing low back pain or chronic pain throughout the body, healing wounds, reducing anxiety, improving the quality of life of elderly people, contributes to the recovery of motor and cognitive activities of post-surgical patients, prevents diseases, makes the subject aware of self-care, causes less side effects and adverse reactions, strengthens the immune system, reduces infections, stomach and respiratory problems, develops physical disposition, reduces fatigue and symptoms of various pathologies. In psychiatric patients, it provides: tranquility, improvement of the bond with the health professional, emotional balance, mental clarity, reduction in the consumption of psychotropic drugs, among others^(19,20).

In subjects who are hospitalized, pre- or post-surgical, or / and receiving chemotherapy care, or / and in a state of psychological distress, with physical pain and suffering, situations where there is no recovery, only conventional care / treatments are attributed to these individuals. For the relief and comfort of your general clinical condition, therapies are able to contribute, reducing pain, calming altered psychological states, improving sleep quality, reducing irritability, anxiety, bringing relaxation and among other benefits that can complement current medicine⁽¹⁹⁾.

For all patients, the methods of integrative health care practices provide welcoming, more humane and less invasive care, a more reliable and comfortable care environment, contributing and respecting each person's personal individualities. All of these benefits and many others can be achieved with the use of Complementary Therapies, however the choice of the appropriate practice to the patient's needs must be guided by a

competent professional, as each one has indications that fit more effectively / efficiently in the diseases already mentioned and even in other^(5,13).

Currently in the health field, transformations are taking place where integration between conventional medicine and complementary practices is required and necessary. Themes such as: expanded clinic, humanization of care, integration of health techniques, constant changes in technical standards of care, formulation of the therapeutic bond through the integration between the health professional / patient and welcoming listening are part of the concepts of health^(5,11,13).

While the theories that support the knowledge of allopathic medicine divide and diminish the individual's body in just "pieces" for the treatment of diseases, reducing the integrality of the patient with himself and with the entire external environment, in complementary therapies integration is the root foundation of its knowledge, allowing ethical and epistemological dimensions, being easy to notice that one treatment is focused on diseases and the other is aimed at the human being and the external causes that interact with it causing diseases. Commanding health-related services for years, many doctors reject the treatments offered by complementary practices, which may be related to a lack of knowledge, as these are deficient topics to be addressed in universities, where the focus is entirely on teaching allopathic medicine, medicalization and health work techniques / procedures, situations that highlight the need for urgent changes in educational institutions, graduating less incredulous and prejudiced professionals, with greater capacity to work in the health field^(8,21).

Therefore, it is necessary to question the extent to which the current Cartesian model of medicine can interfere in the application of treatments offered by integrative therapies, making unconventional practices fragmented

and isolated. Making it appropriate to highlight that the integration between conventional and unconventional modes of health care guarantees ethical and quality treatments, therefore, the health professional who decides to choose to carry out his work according to integrative and complementary practices, must also maintain / use respect for the knowledge acquired through the study of biology / anatomy / physiology / pathology, as these support their knowledge⁽¹³⁾.

Nursing, especially in the context of the hospital environment, is heavily influenced by conventional medicine, all its activities, procedures, care delivery, approaches and interventions are performed according to the concepts established by current medicine, raising doubts and questions about: "What integrative therapies should be applied in the hospital and outside (clinics, offices or other health institutions)?" and "which of them can be exercised by nursing?", because currently, it is the biomedical model of care that supports the competent university / professional composition^(6,13).

Stimulating arguments that lead to the insertion of complementary therapies in the hospital environment and their applicability in nursing, appears as a way to harmonize and correct the constant detriments that have been formed for centuries between these different health treatment techniques, even because the nature of integrative practices maintains it is open to colloquia of different concepts, points of view, philosophies, techniques, practices and actions. What is worrying is when concepts / sciences / philosophies / treatments / therapies are reduced to the point of harming the totality of the individual^(6,13,22).

Brazilian Association of Natural Therapies in Nursing (ABRATTEM) points out the lack of teaching on the disciplines of Integrative and Complementary Therapies in the curricula of the institutions that provide nursing undergraduate training, which can mo-

tivate setbacks, as the nurse is one of the professionals health care closer to the patient, also responsible for transmitting safe guidance, providing awareness about the use of integrative practices, mechanisms of action, as well as adverse side effects, drug interactions, benefits and risks when they interact with conventional medicine or alone, developing a comprehensive approach based on standardized and scientific conclusions, integrating and valuing the cultural knowledge of the population^(8,19,22).

The absence of teaching complementary therapies can be confirmed at the national level, because during the academic training or postgraduate training of many health professionals, most universities in their disciplines superficially address or do not address complementary therapies, topics related to health care is focused on pathological / pharmacological / technical technician, not leading to a comprehensive approach, showing the lack of studies and research on this subject^(6,8).

According to notes from literary research, even the nursing graduate already possessing theories that support her professional practice in complementary therapies, even so, some feel disqualified to guide or execute simple techniques, due to the lack of communication between professional / user, lack of deepening theoretical, devaluation of the treatments carried out by PIC by other professionals and the absence of protocols that provide for complementary practices. If nursing were prepared, it could complement and integrate non-conventional practices into its clinical practice, using them in nursing consultations, during therapeutic visits, physical exams, nursing diagnoses, monitoring the patient's evolution, evaluating the therapies used and among other activities, thus, it would be enriching clinical diagnoses, transforming health care increasingly integral and holistic through the combination of unconventional and allopathic knowledge, converting integrative therapies into inno-

vative technologies that open space and comprehensive new options for action professional^(8,12,13,22,23).

There is also an obstacle that, even though Complementary Therapies are techniques legalized by the Ministry of Health, unfortunately until now their access to the popular is limited and does not completely cover the national territory, which is in contrast to the low cost they have for implementation, important and viable factor for the public health system since they are techniques that provide scientifically proven benefits, effectiveness and efficiency, of equal value to those offered by conventional medicine, contributing to humanization, bringing light to concepts such as autonomy and self-care on the part of the patient in relation to his own health and society^(5,11).

Studies reveal that alternative therapies have been used more and more by the population to achieve better health conditions, increasing their demand by 46%, from 216 thousand activities developed to 315 thousand, between the years 2017 and 2018. Unfortunately, due to the difficulties in finding clinics and specialized professionals in the competent areas, they end up undergoing treatments with therapists who do not always have training in the health field^(6,10,8,22).

In the thematic glossary of alternative and complementary therapies, one can find several public measures theoretically instituted for the introduction and implementation of alternative therapies, therefore, the adhesion of practical and technical measures by the Ministry of Health to make the implementation and access of integrative medicines safe and qualified, aiming at an adequate distribution of trained professionals and conditions for the legal exercise of therapies throughout the national territory, which must be supported immediately, since the theoretical support has been in place since 2006 with PNPIC^(5,13,16,18,19).

Scientific analyzes indicate that in countries such as the United States,

Israel, Germany, Spain, Canada, Mexico, United Kingdom, Taiwan, Korea and Japan, PICs have already been inserted or are mentioned with an emphasis on disciplinary grids for some decades, following a wide scale of global expansion, as recommended by the health care recommended by WHO. In Brazil, this knowledge is more private in non-public educational institutions and in only a small portion of these private institutions this teaching is taught, which makes the integration and implementation of integrative practices in the Brazilian health system even more difficult, mainly on the part of professionals, as they are not aware of this knowledge, they devalue and disintegrate complementary therapies in patient care^(8,21).

For the PNPIC to become effectively practical, and the health user from all over the national territory can have access to its benefits, it is necessary to overcome obstacles: such as: lack of knowledge of health administrators to carry out their technical implementation in their primary health care. respective municipalities, government partnership programs with public / private universities and institutions that train health professionals guaranteeing access to education and knowledge of complementary therapies and elucidating the rapprochement between traditional therapists and health professionals, disposition of the list of plants medicinal and herbal remedies indicated by health systems, with the intention of achieving access to health for all in an integral way with quality and safety⁽¹⁷⁾.

If all these obstacles are overcome and these measures are incorporated in the education / health systems, they will also contribute to reduce popular concepts that are not viable, such as: "the use of medicinal plants does not hurt, because it is natural", which when added the other popular idea: "doctors do not understand medicinal plants", lead patients to not be wholesome in clinical approaches, hindering the success of

treatments due to the absence of an adequate prescription increasing the risks of drug interaction⁽¹¹⁾.

CONCLUSION

In their trajectory in SUS, ICTs have been developing their own validation, because through their talents, skills and non-allopathic processes, in the concepts of health / disease / cure, they progress in the tactics of recognizing diseases and applying successful therapies that support the full plenitude of care and the human being.

Its activities please patients and, among its numerous advantages, we can mention those that stand out the most: physical, mental, spiritual and social well-being, happiness, health, cure of illnesses, disease prevention, naturalness, expansion, sociability, communicability and leisure, pain relief, tranquility, reduction of signs and symptoms of the diseases that affect the organism, relaxation, physical and mental well-being, decrease of anxiety and irritability, instigates the connection and reliability between users of health services and its professionals, decreases the use of pharmacological drugs, reduces side effects, develops immune resistance, improves quality of life, makes the individual more sociable in relationships with others and with nature, and also more participatory in activities.

Nursing performance and heroism are necessary to prepare and convince health professionals and users who participate in institutions, establishments, and medical clinics regarding Integrative and Complementary Practices. And that during the qualified execution of non-conventional therapies, nursing is able to contribute, offering ethical and safe treatments, which value integrative practices and reduce the financial costs of health. It being clarified that the most current COFEN Resolution of the year 2018, regarding the role of nursing in integrative practices, establishes only the following therapies: Phytotherapy,

Homeopathy, Orthomolecular, Floral Therapy, Foot Reflexology, Reiki, Yoga, Therapeutic Touch, Music Therapy, Chromotherapy, Hypnosis and Acupuncture, as a standardized qualification only for the professional practice of nurses with a graduate degree approved by MEC.

It is extremely important to highlight that the complementary therapy disciplines are implemented in the curricula of the institutions that train nursing students and other university students in the health field, and that this topic is also discussed and mentioned by the continuing education of the institutions, where professionals already graduated of health perform their work activities, as COFEN already provides nurses with legal support to act in integrative and complementary practices. Therefore, the contribution among health professionals is desired, since the population's knowledge about integrative practices is no longer anonymous and has been increasing every day, leading to greater demand for accessibility, therefore, health professionals need to be prepared.

Therefore, it is essential that analyzes and inspections take place at regular intervals by professional nurses who are in accordance with COFEN legislation and act in their referred areas of integrative practices to improve the assistance provided. That said, it is possible to recognize that nursing work receives empowerment, greater autonomy, and independence through the PIC. Considering also that the implementation of complementary therapies allows and facilitates popular participation in the pursuit of their interests, transforming them into intermediaries in the negotiation of health as citizens inserted in society.

Thus, it is hoped that this study will open doors for new investigations and reflections, which will make it possible to insert integrative therapies in hospital contexts, primary and basic health care in SUS and universities, covering an increasing number of patients and professionals in the health area. ■

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