

Knowledge about integrative and complementary health practices of nurses from a municipality of Bahia

Conhecimento das enfermeiras de um município baiano sobre as práticas integrativas e complementares em saúde

Patrícia Serra dos Reis Rios¹ 

Amanda Leite Novaes² 

Iago Batista dos Santos³ 

Maiane Almeida de Jesus Ribeiro⁴ 

Viviana Graziela de Almeida Vasconcelos Barboni⁵ 

¹Corresponding author. Universidade Estadual de Feira de Santana. (Feira de Santana). Bahia, Brazil. patriciaserra1283@gmail.com

²⁻⁴Universidade Estadual de Feira de Santana. (Feira de Santana). Bahia, Brazil. alnovaes@uefs.br, iagoopsi@gmail.com, maiane.almeidajr@gmail.com

⁵Universidade de São Paulo (São Paulo). São Paulo, Brazil. vivianabarboni@yahoo.com.br

ABSTRACT | OBJECTIVE: To analyze the knowledge about Integrative and Complementary Practices in Health (PICS) on the part of Primary Care nurses in Santo Estêvão - BA city. **METHODS AND MATERIALS:** This is a field study, with a qualitative approach, with fifteen nurses from the Family Health Units of the aforementioned municipality. Data collection took place in two stages using a questionnaire and a semi-structured interview. Descriptive analysis was used for the questionnaire data and content analysis for the interview data. **RESULTS:** The nurses in the municipality do not have the training to work with PICS as well as demonstrate shallow knowledge of the practices and still reinforce biomedical arguments to justify them in the SUS. Despite this, they recognize the potential of PICS in complementary and humanized care, and point out as challenges and impossibilities for the materialization of a municipal policy the gaps in specialized training and the absence of financial incentives. **CONCLUSION:** It is recognized the potential of the nurses of Santo Estêvão - BA city, sensitized and mobilized for the process of discussion on the implementation of PICS as therapeutic resources that can expand the health care of the entire assisted community.

DESCRIPTORS: Nursing. Integrative Practices. Primary Care.

RESUMO | OBJETIVO: Analisar o conhecimento sobre as Práticas Integrativas e Complementares em Saúde (PICS) por parte das enfermeiras da Atenção Básica do município de Santo Estêvão - BA. **MÉTODOS E MATERIAIS:** Trata-se de um estudo de campo, de abordagem qualitativa, com quinze enfermeiras das Unidades de Saúde da Família do referido município. A coleta de dados se deu em duas etapas utilizando questionário e entrevista semiestruturada. Foi utilizada a análise descritiva para os dados do questionário e a análise de conteúdo para os dados da entrevista. **RESULTADOS:** As enfermeiras do município não possuem formação para atuação com PICS, bem como demonstram pouco aprofundamento no conhecimento das práticas e ainda reforçam argumentos biomédicos para justificá-las no SUS. Apesar disso, reconhecem o potencial das PICS no cuidado complementar e atendimento humanizado, e apontam como desafios e impossibilidades para a materialização de uma política municipal as lacunas na formação especializada e a ausência de incentivo financeiro. **CONCLUSÃO:** Reconhece-se o potencial das enfermeiras, no município de Santo Estêvão - BA, sensibilizadas e mobilizadas para o processo de discussão sobre implantação das PICS como recursos terapêuticos que podem ampliar o cuidado à saúde de toda comunidade assistida.

DESCRITORES: Enfermagem. Práticas Integrativas. Atenção Básica.

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Introduction

During the Alma Ata Conference in 1978, was propagated the first recommendations about the implementation of traditional physic and Integrative and Complementary Practices in Health in the world.¹ In Brazil, this discussion expanded since the Eighth National Health Conference, gaining materiality through the Ordinance 971 of the Ministry of Health, on May 03, 2006, with the Medicinal Plants and Herbal Medicine National Policy and the National Policy of Integrative Practices in Health (PNPIC) in Unique Health System (SUS), which guide the PICS development on SUS.² The main objective of this policy comes down to expand the offer of therapeutic resources on SUS, intending to stimulate natural methods of damage prevention, recovery and health promotion, ensuring quality, effectiveness, efficiency and safety on use, with emphasis on sustained, humanized and integral care.

The PNPIC recognize then 29 practices, being them: Acupuncture, Homeopathy, Phytotherapy, Anthroposophy, Thermalism, Art Therapy, Ayurveda, Biodanza, Circle Dance, Meditation, Music Therapy, Naturopathy, Osteopathy, Chiropractic, Reflextherapy, Reiki, Shantala, Integrative Community Therapy, Yoga, Apitherapy, Aromatherapy, Bioenergetics, Family Constellation, Chromotherapy, Geotherapy, Hypnotherapy, Laying on of Hands, Ozone Therapy and Flower Therapy. Most of these practices are practiced in Basic Attention (AB).³

As a strategy to strengthen the PNPIC and your propagation in SUS, the Brazilian government inserted the PICS in the Ministry technical documents, as the Basic Attention Notes, inserted the indicators in the National Program of Improvement Access and the Quality in Basic Attention (PMAQ) and register fields of information about the production in health on e-SUS AB and in National Registration of Health Establishment (CNES).

The PNPIC defends and prioritizes the insertion of PICS in AB, mainly in Units with Family Health Strategies (ESF), and is in line with the basic attention policies to focus the humanization, integrality, popular education and community participation. With the implementation of PICS in AB, the care attention and

promotion are strengthened, whereas the practices favor the promotion and expand the integrality and universality of health care.³

The nursing professional has an important role in the organization of appointments in Family Health Units (USF) and joint health care, it is extremely important in the implementation of PICS. Either the principles of nursing, or the PICS, detach the care aiming the human being and their relations with the others and the natural environment and not centered on pathology. The nursing, through the resolution COFEN nº 581 from 2018, have in their specialties the Holistic and Complementary therapies, able to act and develop researches in this fields.⁴

This way, this study has as its main objective to analyze the knowledge about the PICS and the PNPIC by the AB nurses from the municipality of Santo Estêvão and have specific objectives: present mapping of AB nursing professionals capacitated in PICS from the municipality; identify the perception of these professionals about the contribution of implementation of PICS on municipality, and the factors that preclude the implementation of PICS on referred municipality, from the professionals perspective.

Methodology

This is a study field with a qualitative approach. The data were obtained from direct contact with the participants, seeking to understand and interpret the meanings of the answers obtained. In this sense, the qualitative approach aims to understand and not measure the phenomenon⁵ in this study, correlating descriptive analysis with content analysis.

The study was carried out in Santo Estêvão, a municipality in the interior of Bahia, which is 157.2 km from the state capital, and which is a field of practice for the Multiprofessional Residency in Family Health of the State University of Feira de Santana (UEFS) and does not have a municipal policy for the implementation of the PNPIC in the SUS.

The study population consisted of nursing professionals working in AB in Santo Estêvão. All professionals in the municipality were

included, and the inclusion criteria were: have a degree in nursing, working in the AB unit registered in the National Registry of Establishments in the Health System (CNES) and Health Council Monitoring System (SIACS). The exclusion criterion was non-agreement to participate in the study and/or to have knowledge about PICS/PNPIC, identified at the beginning of the study. The participants' speeches were identified throughout the text with the letter E, followed by the interviewee's number.

The data collection period took place between October and December 2021 and took place in two stages: the first one having as collection instruments a questionnaire prepared by the authors and the second through semi-structured interviews.

The questionnaire was applied to all research participants and consisted of 51 multiple-choice questions divided into four blocks: 1. Identification (2 questions), 2. Academic background (8), 3. Professional experience (8) and 4. Knowledge about the perception of professionals about the Integrative and Complementary Practices in Health and the National Policy of Integrative and Complementary Practices (33).

Along with the questionnaire, the participants signed the Term of Free and Informed Consent (FICT) and obtained the necessary information. Furthermore, the questionnaire was carried out remotely, through Google Forms, respecting the ethical principles current in the country, having the same content from in-person data collection.

After the questionnaire application, the second stage of the semi-structured interview was carried out remotely by WhatsApp's audio. The inclusion criterion for this phase was to answer "yes" to the 4.2 question (block 4) "Do you know the National Policy on Integrative and Complementary Practices (PNPIC)?" The categorizing process of the interviews began with the elaboration of the questions, in which they were divided into: knowledge about PICS, knowledge of the implementation of PICS and impossibilities that permeate the implementation of PICS in PHC in the municipality of Santo Estêvão.

Regarding the analysis protocol, a descriptive analysis was used for the questionnaire data and a content analysis for the interview data, developed according to the steps: pre-analysis, material exploration, treatment of the results obtained and interpretation, according to the organization and Minayo⁶ classification. This way, after data collecting from the interviews, the material was submitted to floating reading, the organization and clipping of registration units, to categorize the central ideas and associate them with the most relevant writings on the subject.

This research was approved by the Research Ethics Committee of the State University of Feira de Santana (UEFS), in the state of Bahia, in accordance with Resolution n^o 466/12 of the CNS, with opinion number 4.980.90 and CAAE 48292921.9.0000.0053.

Results

In the questionnaire stage, 15 nurses participated, all female, who work in the USF and Basic Health Unit (UBS). In the second stage, the six nurses who match the inclusion criteria, three participants agreed to respond.

Blocks of questions 1 and 2 identified that all participants are female, 10 were aged over 30 years. About formation, eight have *lato sensu* specialization, divided into public health, urgency and emergency, occupational nursing and nephrology; and none of them has a master's and/or doctorate degree.

In block 3, which refers to the professionals work in the SUS, most have between 5 and 10 service years working in Municipality Primary Care. However, five of them have from 0 to 1 years of service time, a result of the AB nurses' staff reformulation made by municipality in 2021. Therefore, most of the participants have short time working in the municipality, being in the process of getting to know and create bonds with the territory, with co-workers and the community.

In block 4, about the professionals' perception of PICS and PNPIC, 11 nurses stated had already heard about the policy, but only 6 stated knew about it. The most well-known PICS among nurses were: medicinal plants and herbal medicines (10), acupuncture (9) and homeopathy (7), none of which has additional training in these practices.

However, another important data is even without training, most of these professionals (10) answered to believe that the implementation of PICS in the municipality would reduce the financial costs for the health system and 14 nurses believe that the implementation of the PNPIC would change the AB work in the municipality of Santo Estêvão. Furthermore, when asked “would you accept prescribing and/or guiding SUS patients treated about medicinal plants and/or phytotherapics, if the Health Department implemented PICS in the municipality?”, 14 nurses answered yes, showing openness to discussion of possible implementation of a municipal policy.

Another important item in block 4 was in relation to the PICS that they considered important for their work process, with 12 practices being highlighted: medicinal plants and herbal medicines (13), meditation (7), acupuncture (6), integrative community therapy (5), circular dance (4), music therapy (4), yoga (3), aromatherapy (2), family constellation (2), flower therapy (1), Reiki (1) and biodance (1). On which PICS would be more accepted by the community, medicinal plants and herbal medicines (12), acupuncture (5) and meditation (5), also appeared in the spotlight, followed by circle dancing (5), integrative community therapy (5), yoga (4), floral therapy (3), music therapy (3), homeopathy (2), family constellation (2), hypnotherapy (1), traditional Chinese medicine (1), biodance (1) and aromatherapy (1).

When asked “Are there spaces available in your health unit for carrying out any PICS?” and “Do you identify spaces in your territory with the potential to propose partnerships for working with PICS?” the majority (8) answered there were no spaces available in the USF for carrying out PICS, but they identified in their territory, suitable places (infrastructure) and equipped to carry out collective activities, being these places, schools, associations and squares.

Regarding the second stage, a summary table of analysis was carried out for each question, preserving the professionals' statements as they were written. In the first question “What do you understand by Integrative and Complementary Health Practices (PICS)?”, there is the following table (Table 1):

Table 1. Knowledge about PICS of PHC nurses in the municipality of Santo Estêvão, BA

CATEGORY	SUBCATEGORY	REGISTRY UNIT
Knowledge about PICS	Prevention	<p><i>“They are therapeutic methods aimed at the identification and prevention of diseases, health recovery” (E1)</i></p> <p><i>“Practices based on traditional knowledge, to avoid depression, anxiety, avoid diseases that affect them” (E2)</i></p> <p><i>“Aiming both at the recovery of health and preventing diseases and injuries”. (E3)</i></p>
	Integrity	<p><i>“Emphasizing the importance of welcoming listening and developing a bond, this therapeutic bond and the human being integration” (E1).</i></p> <p><i>“These are therapeutic resources that take into account the individual as a whole” (E3)</i></p>

Source: Research data (2022).

In another question “What knowledge could be valued for the implementation of PICS in your territory?”, it was possible to organize the following analysis table (Chart 2).

Table 2. Knowledge for the implementation of PICS by APS nurses in municipality of the Santo Estêvão, BA

CATEGORY	SUBCATEGORY	REGISTRY UNIT
Knowledge to implementation of PICS	Professional's knowledge	<p><i>"With care, social actions and planning, we can have direct contact with patients and thus pass on information, answer questions, show, perform qualified screenings, specialized care, self-care, monitor, prevent, save, in the best possible way" (E1) .</i></p> <p><i>"Making a survey of the main problems of the territory, and associating the therapeutic resources proposed in the national policy of integrative practices" (E3)</i></p>
	Knowledge community	<p><i>"In the territory where I work, faith healers, women who say prayers at home, who work with leaves, teas, there are many traditionally elderly people who work with it." (E2)</i></p>

Source: Research data (2022).

Regarding the last question, "According to your professional experience in the SUS Network, why the PNPIC have not yet been implemented in the municipality of Santo Estêvão?", the following analyzes were performed (Chart 3):

Table 3. (Im)possibilities that permeate the implementation of PICS in PHC according to nurses in the municipality of Santo Estêvão, BA

CATEGORY	SUBCATEGORY	REGISTRY UNIT
Impossibilities or possibilities that permeate the implementation of PICS in PHC in the municipality of Santo Estêvão	Lack of education	<p><i>"Due to the lack of incentive, lack of training of all of us professionals" (E2)</i></p> <p><i>"Lack of training of professionals in the area, possible lack of knowledge of the cost X benefit" (E3).</i></p>

Source: Research data (2022).

Discussion

The results obtained in this study show lack of nurses in the city with training in PICS and that they have a superficial notion on the subject, reinforcing data found in the literature about deficiency the nursing approximation with PICS and the lack of incentive, since the graduation for an approximation between the areas.

This is quite evident in the interview stage, in the category "knowledge about the PICS", in which it is possible to see in the answers the words "prevention" / "to prevent" and "avoid", as well as "integrality"/ "the individual as a whole". Despite the recognition that PICS are practices that favor integral care (E1 and E3), another interviewee (E2) goes even further, and identifies that they are practices that originate in traditional therapies, in which the predominance of preventive logic is observed, which reinforces the biomedical model, for having the disease, even in its prevention, the main focus on care. The notion of health promotion is not even mentioned, which may indicate a deepening of any subject, since health promotion, it can be linked to this concept of health promotion, which seeks to maintain homeostatic balances, to stimulate the natural body regulatory processes, welfare and quality of life.

Santiago⁷ points out that despite the recognition of PICS through the PNPIC, and being recognized by the Federal Council of Nursing (COFEN), few training institutions include disciplines contemplating such practices. This is also confirmed in the work of Nascimento and collaborators⁸, when evaluating six public Higher Education Institutions in the state of Rio de Janeiro, was identified 46 subjects that included PICS, with the largest offer being Medicine (31%), followed by Pharmacy (22%), and Nursing (14%).

It is noteworthy that the professionals' knowledge is extremely important for the implementation of PICS, since they will be the subjects to act and, through their knowledge, influence the acceptance or not by the community. It is noteworthy that weaknesses in training lead to a lack of professionals trained to work in the PICS and SUS², presenting deficiencies that accumulate since graduation and post-graduation, and do not change in the context of permanent education. In addition, when it exists, this training insufficiently articulates PICS and Collective Health, which may result the low insertion of this theme in the SUS, as well as the lack of financial investment and budgetary allocation for the policy, with the PNPIC being one of the few health policies at the national level approved without their own or inductive budget.^{2,9}

The absence of specific resources for PICS increases the precarious offers not only due to the lack of incentives for training but also concerning to the availability of resources to carry out the practices. At AB, the PICS are financed by the fixed and variable Basic Care Resources (PAB) and with the defunding of public health¹⁰ through Constitutional Amendment No. NRF in the scope of the Fiscal and Social Security Budgets of the Federal Government, stocking financial resources for health for 20 years, the scrapping SUS services always suffered, due to chronic underfunding, became even more serious and also reached the PICS.

In the questionnaire, the interviewed nurses identified the absence of an appropriate physical structure in the UBS and USF for collective activities

as limits for carrying out PICS. The National Primary Care Policy (PNAB)¹¹ points out the collective activities room as part of the infrastructure of the health unit, which would be essential for PICS practices, according to the Manual for the implementation of PICS services in the SUS³. The absence of this space, although it does not make the activities unfeasible, since the nurses themselves recognize places in the territory where the actions could take place, signals the precariousness of the spaces in the units for attending to practices that go beyond the office, inasmuch as the structure does not reinforce the pathology-centered biomedical model.

Corroborating the presented data, whether at the interviews stage, the professionals pointed out the "lack of resources", incentives or training as the reason why the PICS has not been implemented in the municipality. Even though there is a Permanent Education Center in the municipality with an annual calendar, the PICS has not yet been thematized in training or formation, indicating a lack of prioritization and encouragement on the part of the Municipal Health Department.

Despite the recognition of limits and difficulties for participants, especially in the availability of resources, the nurses demonstrated to recognize positive consequences of the insertion of PICS in AB and possibilities of complementary dialogue between knowledge.

In the second question of the interviews, the participants recognized possible dialogues between the specific knowledge of nursing and the PICS, making themselves available to dialogue with users about the practices in question. One of them (E2) points out the knowledge of healers present in the territory where she works; an important identification, considering that this knowledge strengthens the PICS, bringing closer dialogue with the community, valuing popular knowledge and cultural traditions of community origin and oral tradition, commonly excluded from institutions and services by health professionals themselves.¹² The Manual for the implementation of PICS services in the SUS, when referring to the

situational diagnosis for the implementation of PICS, brings the importance of identifying traditional knowledge of local communities, being able to open dialogue with the knowledge of the health teams, thus constituting the complementarity.³

In this sense, the interviewees recognize that PICS knowledge can contribute to the nursing work in the municipality, such as dealing with medicinal plants and herbal medicines. The use of this resource in the treatment of chronic diseases, such as systemic arterial hypertension (SAH) has been adopted in a complementary way to the conventional treatment in AB with success, promoting the reduction of HAS and normalization of cholesterol levels¹³, demonstrating that complementarity is a viable care strategy. In addition, there are other benefits associated with these practices, such as increased sociability and social interaction, avoiding isolation and depression, interaction between patient and family, improvement in quality of life and potentiating the effect of medications in pain control.¹⁴

Acupuncture and music therapy, also highlighted by the interviewees, are highlighted in the complementary use of these therapies to conventional treatment, mainly in the control of psycho-emotional and physical symptoms, such as anxiety, depression and pain control.¹⁴

It is also important to emphasize that taking on the challenge of pioneering investigations of this nature in the municipality, the aforementioned study has as limitations the procedures used in data collection, both in the instrument that did not allow further investigation and in conducting the interview that led to the reduced number at this stage. Furthermore, although the field is conducive to the process of discussing and implementing PICS as therapeutic resources, the impact of the study may be reduced by being targeted at a specific audience and location. However, the indicated limitations are expected to be inspirations to drive new research challenges.

Conclusion

The discussion about PICS is a reality that has been growing among SUS professionals. Since integrality is one of the principles of the public health system, PICS come to strengthen this form of care.

It is noticed that the nurses in the municipality are aware of the importance of integrality, prevention, and community care through listening, welcoming and therapeutic bonding and valuing professional knowledge and especially the community. However, there is still a biomedical view of SUS health professionals, when their speeches focus on disease prevention and not on health promotion.

It is noticed that the use of PICS is still a challenge, both concerning its demystification, as well as the resources and training for such implementation. Despite the facilitators mentioned by the nurses in the study, training and encouragement are still restrictive factors for the use of these practices in the municipality of Santo Estêvão. It appears that it is necessary to strengthen public policies to encourage these practices to become a reality throughout the national territory, and the potential of nursing professionals is recognized, in that municipality, sensitized and mobilized for the process of discussion on the implementation of PICS as therapeutic resources that can expand health care for the entire assisted community.

Authors' contributions

Rios PSR contributed to the production of the research project, data collection, analysis and systematization. Novaes AL contributed to the orientation and monitoring of the research project, as well as in the methodological review, analysis, organization and data systematization. Barboni VGAV contributed to the final review and analysis of the survey data. Ribeiro MAJ and Santos IB contributed to the production of the research project, review of instruments and data collection.

Conflicts of interest

No financial, legal or political conflicts involving third parties (government, companies and private foundations, etc.) were declared for any aspect of the submitted work (including, but not limited to grants and funding, participation in an advisory board, study design, manuscript preparation, statistical analysis, etc.).

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