



INTEGRATIVE AND COMPLEMENTARY PRACTICES IN HEALTH WITH PRIMARY CARE PROFESSIONALS

Práticas integrativas e complementares em saúde junto a profissionais da atenção primária

Prácticas integradas y complementarias de salud con profesionales de la atención primaria

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ABSTRACT

Objective: To describe the actions of Integrative and Complementary Practices in Health performed with primary care workers.

Data synthesis: It is an experience report, carried out in 2017 and 2018, by students of the courses of the Centro de Ciências da Saúde (CCS) of the Federal University of Rio Grande do Norte (UFRN), in partnership with the professionals of a Unidade de Saúde da Família (USF), in a municipality of Rio Grande do Norte, Brazil. Meetings were held at the health unit dedicated to the care of professionals, using Integrative and Complementary Practices in Health (PICS), such as reiki, shiatsu, and care runner, with activities conducted by trained professionals and with moments directed to listening to professionals and group dynamics.

Conclusion: The actions performed were of extreme relevance, bringing to the participants the awakening to the importance of self-care. They were rich moments of exchange of knowledge and involvement of professionals and students, who could understand the dynamics within health services and sought together alternatives for the development of the promotion of care of health professionals.

Descriptors: Primary Health Care; Occupational Health; Health Promotion.

RESUMO

Objetivo: Descrever as ações de Práticas Integrativas e Complementares em Saúde realizadas com trabalhadores da Atenção Primária. **Síntese dos dados:** Trata-se de um relato de experiência, realizado em 2017 e 2018, por estudantes dos cursos do Centro de Ciências da Saúde (CCS) da Universidade Federal do Rio Grande do Norte (UFRN), em parceria com os profissionais de uma Unidade de Saúde da Família (USF), em um município do Rio Grande do Norte, Brasil. Realizaram-se encontros na unidade de saúde voltados aos cuidados dos profissionais, utilizando-se Práticas Integrativas e Complementares em Saúde



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(PICS), como reike, shiatsu e corredor do cuidado, com atividades conduzidas por profissionais capacitados e com momentos direcionados à escuta dos profissionais e dinâmicas em grupo. **Conclusão:** As ações executadas se mostraram de extrema relevância, trazendo aos envolvidos o despertar para a importância do autocuidado. Foram momentos ricos de troca de saber e envolvimento dos profissionais e estudantes, que puderam compreender a dinâmica dentro dos serviços de saúde e buscaram juntos alternativas para o desenvolvimento da promoção do cuidado dos profissionais de saúde.

Descritores: Atenção Primária a Saúde; Saúde do Trabalhador; Promoção da Saúde.

RESUMEN

Objetivo: Describir las acciones de Prácticas Integradas y Complementarias de Salud realizadas con trabajadores de la Atención Primaria. **Síntesis de los datos:** Se trata de un relato de experiencia realizado en 2017 y 2018 por estudiantes de los cursos del Centro de Ciencias de la Salud (CCS) de la Universidad Federal de Río Grande do Norte (UFRN) en colaboración con los profesionales de una Unidad de Salud de la Familia (USF) de un municipio de Río Grande do Norte, Brasil. Se realizaron encuentros en la unidad de salud orientados para los cuidados de los profesionales utilizándose Prácticas Integradas y Complementarias de Salud (PICS) como el reike, el shiatsu y el pasillo del cuidado con actividades realizadas por profesionales capacitados y momentos indicados para la escucha de los profesionales y las dinámicas de grupo. **Conclusión:** Las acciones ejecutadas han sido de extrema relevancia conduciendo los involucrados para el despertar sobre la importancia del auto cuidado. Han sido momentos llenos de intercambio de saberes y envolvimento de parte de los profesionales y estudiantes que han podido comprender la dinámica dentro de los servicios de salud y han buscado juntos las alternativas para el desarrollo de la promoción del cuidado de los profesionales sanitarios.

Descritores: Atención Primaria de Salud; Salud Laboral; Promoción de la Salud.

INTRODUCTION

The right to health is present in the Federal Constitution of 1988, which establishes that this right is inalienable and that it is up to the state provider to its citizens or access to health through social and economic policies⁽¹⁾.

Since the Consolidation of Labor Laws (CLT), in 1943, the mandatory composition of occupational health services in large companies has provided a panorama of progress for workers' health actions, although it has moved slowly. The creation of the Internal Accident Prevention Commission (CIPA) is mandatory, but its emergence was disorderly, consisting only of employer representations, and even workers were under pressure from the threat of their employers⁽²⁾.

Over the years, policies aimed at guaranteeing the right to health of workers has been changing and being improved to promote better access. With the consolidation of the Unified Health System (SUS), health now encompasses all social classes, and it is in this new scenario that, in December 2009, through Ordinance GM / MS No. 3252, Surveillance in Occupational Health (VISAT) is created, defined as a component of the National Health Surveillance System, in 2013, this ordinance is repealed by Ordinance No. 1,378, of July 9, 2013⁽³⁻⁵⁾.

The incorporation of the logic of Public Health, risk prevention and health promotion with the participation of workers, in a collective perspective, constituting what is called Worker's Health, took place in the country from the creation of SUS, 1988. Progressively, important bodies were created to consolidate the right to worker health in partnership with SUS, such as the Center for Studies on Occupational Health and Human Ecology / Fiocruz, Cesteh / Fiocruz, the National Institute of Health at Work (INST), among others, to articulate the struggles in guaranteeing the health of the worker⁽²⁾.

The National Health Promotion Policy (PNPS) emerges as a collective effort from all areas of the Ministry of Health in the search to overcome a complex historical context of care production, aiming to cover all gaps in care, also including the insertion of the health of SUS workers⁽⁶⁾.

The literature points to an accelerated illness of professionals working in Primary Health Care, with a prevalence of diseases related to the work process, such as anxiety disorders, depression, and Burnout syndrome (SB)⁽⁷⁾.

The incidence of BS is high among health workers and, in the most severe cases, can cause depression and suicide, which shows the importance of preventing and treating cases⁽⁸⁾. It is not uncommon to find research that shows the illness or complaints of the professionals who make up the Family Health (FHS) teams who, despite reporting the absence of illness, complained of pain and depressive episodes⁽⁹⁾.

Only in 2011, the National Table of Permanent Negotiation of SUS - MNPN-SUS, through Protocol No. 008/2011, established the Guidelines of the National Policy for Health Promotion of SUS Workers. This document empowers

the worker and brings the necessary improvements in working conditions, ensuring compliance with the requirements of current legislation in the country, strengthening the implementation of workers' health protection programs⁽¹⁰⁾.

Discussing the health of health workers is extremely important because health professionals do not perceive themselves in this care. Encouraging the promotion of healthy work environments, with an emphasis on reducing the risks of work-related injuries and illnesses, is important. One study reinforces that the professional who cares for others, on several occasions, does not recognize himself as someone who also needs care and, thus, gets sick⁽¹¹⁾.

Therefore, the relevance of the present study is emphasized, as it makes it possible to alert managers and health professionals about the evident need to make efforts to ensure that actions for workers' health are based on health promotion and disease prevention.

Thus, in this context, the study aims to describe the actions of Integrative and Complementary Practices in Health performed with Primary Care workers.

DATA SYNTHESIS

This work is an experience report, conducted by students of courses at the Health Sciences Center (*Centro de Ciências da Saúde - CCS*) of the Federal University of Rio Grande do Norte (*Universidade Federal do Rio Grande do Norte - UFRN*), with professionals from the Family Health Unit (*Unidade de Saúde da Família - USF*) Justiniano Homem de Siqueira, located in Potengi neighborhood – Conjunto Panatis, Natal, Rio Grande do Norte, Brazil. This experience was part of the Tutorial Guidance Program for Integrated Health Work (POTI) in 2017 and 2018.

The POTI curriculum component is offered by UFRN in all semesters, for the courses of Medicine, Nursing and Dentistry is mandatory, but optional for the other courses in the health area. As a final evaluation, students are asked to perform an activity with the professionals of the unit. This activity is agreed at the beginning of the semester, in which the definition of the theme is done, in common agreement between students and professionals of the unit, it needs to be linked to some existing program/project and being executed by the professionals. During the semester, students experience the workspace in the Basic Unit (*Unidade Básica de Saúde - UBS*) of the Family Health Strategy, observing the environment. Then, together with the professionals and management, they decide on the theme and the best way to interact with the professionals. After the definition, the activity is tracked and presented to the unit's professionals for approval.

Having defined occupational health as a subject to be addressed by the 2017.1 class, the students prepared the action schedule. Then, a meeting was held with the management of UBS for approval and subsequent start of the activities defined.

The first action taken at the unit was with the Panatis unit worker health group (ST), a project chosen by the professional supporters to count on the help of the students.

This activity had two different moments, on different days, and involving the health of the SUS worker. At the first meeting, a lecture was given about the illness of health professionals due to work overload and forgetting that they also need care. Several factors are pointed to the illness of professionals, such as lack of autonomy to decide where to work, conflicts in the workplace, violence, and lack of appropriated structure^(12,13). There are also reports about the lack of description of the attributions of the professionals who compose the FHS⁽¹⁴⁾.

This moment was conducted by a nurse specialist in occupational health, presenting numbers related to the illness of these professionals and the development of Burnout Syndrome.

Burnout Syndrome is physical and mental exhaustion and is directly linked to feelings of displeasure with the functions performed, especially when these are related to the lack of goals and weekly workload of more than 30 hours^(15,16). Studies already show that younger professionals have a higher risk of developing Burnout Syndrome, and need a closer look in this sense⁽¹⁷⁻¹⁹⁾.

The reaction of the professionals to the lecture was extremely positive; it was noticeable that the moment had reached its goal, namely: arouse in them the interest to look a little more at themselves and their colleagues, realizing the need for self-care and looking at the other. For students promoting the experience, it was also important, as it represented a moment of reflection on what the professional activity will be like in the future and what can be done to minimize this problem.

The second part of the action also featured the execution of PICS. This time, shiatsu, oriental massage technique⁽²⁰⁾ was performed, with a demonstration in the unit's professionals by a psychologist who specializes in the technique. Reiki, an oriental technique based on universal energy transfer, ki⁽²⁰⁾, was also used and was performed by Reikian pedagogy.

PICs are caring strategies that stimulate the broader perception of the health-disease process and seek the interaction between nature, man and society, and their insertion in the various levels of complexity of health systems has been discussed and studied⁽²¹⁻²³⁾.

The use of PICs does not seek to replace the current model, which uses the most modern technology, both in private services and SUS, but to be complementary to it and present itself as a more human model, in which the interaction between caregiver and patient be stronger and more present⁽²⁴⁾.

All moments were guided by specialists in the area, taking into consideration the risks involved in the practice of an unprepared person.

In 2018.2, in partnership with the students enrolled in the POTI discipline of that semester, a listening and welcoming group was created for UBS professionals. As in the previous year, two moments were agreed.

As a starting point for the first meeting, a listening box was placed inside USF Panatis, in which professionals should put, anonymously or not, something that saddened him/her regarding the interaction with his colleagues and the performing your job.

The papers were removed and read at the meeting with the professionals who are part of the unit's staff. Some issues were more prevalent, such as annoyance by professionals coming in a bad mood and letting it go to others and irritation when a professional does not answer a user courteously, failing to give information, for example.

This moment was important for the unit professionals to understand which attitudes, even minimally, caused discomfort in colleagues. Some of the presents expressed concerns about the worries read to agree and also to state how the situation could be resolved.

The second moment was aimed for fun, focusing on the accomplishment of dynamics, always prioritizing the interaction between professionals. In one of them, they were asked to make pairs to perform a dance that would be taught by the students. This moment represented a greater relaxation when everyone participated and in which the present satisfaction was clear.

The protagonism and engagement of the unit's professionals were extremely important for the accomplishment of the moments performed. Due to their desire, the spaces were rich and meaningful and not limited only to those moments, but still exist even without the presence of the students.

The realization of experiences within the Unified Health System (SUS) is essential for professional awakening, being able to present students with such rich experiences linked to workers' health, presenting itself as a differential in the formation of health professionals by awakening a look in it, taking care to be able to develop a critical-reflective look at the living work environment that is SUS⁽²⁵⁾.

The construction of collaborative spaces between students and professionals is important to discuss the importance of thinking about health in all its directions and audiences, thinking about the exchange of experiences and joining the theoretical and practical⁽²⁶⁾.

The health promotion of SUS workers is still incipient⁽²⁷⁾ so that spaces such as those generated by the reported experience help in health promotion through a combination of knowledge and practices, strengthening the search for a beneficial integration for those involved in this process⁽²⁸⁾.

Despite the possibility of replication the strategy adopted for this experience in other scenarios, contexts and areas of knowledge, it can be highlighted as a limitation of the study that, because it is an experiential experience, its reproduction does not guarantee the reach of existing needs in some new scenario of practice, mainly due to the need of involvement of the professionals that compose it.

CONCLUSION

The actions performed were extremely relevant awakening in those involved the importance of self-care. These were rich moments of knowledge exchange and the involvement of professionals and future health professionals, who were able, at these moments, to understand the dynamics within health services and to seek alternatives for the development of care promotion for health professionals who work in the health sector unit analyzed.

The health promotion of the SUS worker must be included in discussions during health education, which can be incorporated into real experiences, to contribute to the development of this space, which will be its future field, helping to build a space rich in knowledge and learning.

CONFLICTS OF INTEREST

The experience description is unrelated to any kind of conflict of interest.

CONTRIBUTIONS

Isaac Newton Machado Bezerra, Vinicius Costa Maia Monteiro, Jânio Luiz do Nascimento, Larissa Oliveira Lima Macedo, Zacarias Ramalho Silvério, Aurélia de Oliveira Bento, Francisco Canindé dos Santos Silva e Jônia Cybele Santos Lima contributed to the elaboration and design of the study; data acquisition, analysis and interpretation; the writing and / or revision of the manuscript.

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