

Integrative and complementary practices: a view of Family Health Strategy professionals

Práticas Integrativas e Complementares em Saúde: visão dos profissionais da Estratégia Saúde da Família

Prácticas Integrativas y Complementarias: la visión de los profesionales de la Estrategia de Salud de la Familia

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Abstract

Introduction: In Brazil, Integrative and Complementary Practices Health (PICS) are therapeutic approaches offered in conjunction with conventional medicine through the Unified Health System (SUS). **Objective:** To identify the knowledge, perception, and interest of different professionals in the Family Health Strategy regarding PICS. **Methods:** This quantitative observational cross-sectional study was conducted from July to October 2022. A total of 310 medical doctors, nurses and dentists from 53 Family Health Strategy units were evaluated. Participants answered a self-administered, semi-structured questionnaire containing seven questions related to the sample profile (sex, age, marital status, training, time since graduation, postgraduate education, public service time); four questions related to knowledge (about PICS in the undergraduate course, training and/or specialization, Acupuncture, Homeopathy, Anthroposophical Medicine, and the National Policy for Integrative and Complementary Practices (PNPIC)); six questions on general perception (PICS effectiveness, inclusion in health courses, availability at different levels of care in SUS and current workplace, inclusion of PICS in SUS and contribution to professional life) and two questions about interest in the topic (community interest and professional interest in obtaining more information). Descriptive data analyzed were performed using the R Core Team software (2022). The chi-square and Fisher's exact tests were used to analyze associations with professionals' education. **Results:** Of the sample, 79.4% were female, with mean age of 40.6 years, and 54.2% were married; 43.2% were nurses, 29.7% were medical doctors, and 27.1% were dentists; and 72.6% had postgraduate education. The majority (66.5%) were not familiar with the PNPIC; 1.6% considered PICS to be effective, 92.4% agreed with the inclusion of PICS in SUS, and 91.3% expressed a desire to obtain further knowledge in this field. There was no significant association between professionals' responses about PICS and professional training ($p>0.05$). **Conclusions:** Academic training did not influence professionals' knowledge and interest in PICS. Professionals recognize the efficacy of these practices, believe they should be offered in SUS, and demonstrate interest in increasing their knowledge. Acupuncture is a well-known practice, although it is seldom applied in primary health care.

Keywords: Complementary therapies; Health promotion; Inservice training; Education, continuing; Health policy.

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Resumo

Introdução: No Brasil, as Práticas Integrativas e Complementares em Saúde (PICS) são abordagens terapêuticas que são oferecidas de forma integrada com a medicina convencional pelo Sistema Único de Saúde (SUS). **Objetivo:** Identificar o conhecimento, a percepção e o interesse de diferentes profissionais da Estratégia Saúde da Família (ESF) pelas PICS. **Métodos:** Estudo transversal observacional quantitativo realizado no período de julho a outubro de 2022. Foram avaliados 310 profissionais médicos, enfermeiros e dentistas de 53 unidades da ESF. Os participantes responderam a um questionário autoaplicável, semiestruturado, contendo sete questões relacionadas com o perfil da amostra (sexo, idade, estado civil, formação, tempo de formado, pós-graduação e tempo de serviço público); quatro relativas ao conhecimento (sobre PICS no curso de graduação, capacitação e/ou especialização, sobre Acupuntura, Homeopatia, Medicina Antroposófica e sobre a Política Nacional de Práticas Integrativas e Complementares — PNPIC); seis questões sobre a percepção geral (eficiência das PICS, inclusão nos cursos de saúde, oferta nos diferentes níveis de atenção no SUS e no local de trabalho atual, inclusão das PICS no SUS e contribuição na vida profissional); e duas acerca do interesse pelo tema (interesse da comunidade e interesse dos profissionais em ter mais informações). Foram realizadas análises descritivas dos dados no programa R Core Team (2022). O teste χ^2 e o teste Exato de Fisher foram utilizados para analisar as associações com a formação dos profissionais. **Resultados:** Do total da amostra, 79,4% era do sexo feminino, com idade média de 40,6 anos, e 54,2% era casada; 43,2% era enfermeira, 29,7% médica e 27,1% cirurgião-dentista; 72,6% tinha pós-graduação. A maioria (66,5%) não conhecia a PNPIC; considerou que as PICS são eficientes (81,6%), concorda com a inclusão das PICS no SUS (94,2%) e gostaria de obter mais conhecimento (91,3%). Não houve associação significativa entre as respostas dos profissionais sobre as PICS e a formação do profissional ($p>0,05$). **Conclusões:** A formação acadêmica dos profissionais não influenciou o conhecimento e o interesse pelas PICS. Os profissionais reconhecem a eficácia dessas práticas, acreditam que devem ser ofertadas no SUS e demonstram interesse em aumentar seu conhecimento. A Acupuntura foi a prática mais conhecida, mas é pouco aplicada na Atenção Primária à Saúde (APS).

Palavras-chave: Terapias complementares; Promoção da saúde; Capacitação em serviço; Educação continuada; Política de saúde.

Resumen

Introducción: En Brasil, las Prácticas Integrativas y Complementarias en Salud (PICS) son enfoques terapéuticos ofrecidos junto con la medicina convencional a través del Sistema Único de Salud (SUS). **Objetivo:** Identificar el conocimiento, la percepción y el interés de diferentes profesionales de la Estrategia Salud de la Familia hacia las PICS. **Métodos:** Estudio observacional transversal cuantitativo realizado de julio a octubre de 2022. Se evaluaron 310 médicos, enfermeros y dentistas de 53 unidades de la Estrategia Salud de la Familia. Los participantes completaron un cuestionario autoaplicable, semiestructurado, que contenía siete preguntas relacionadas con el perfil de la muestra (sexo, edad, estado civil, formación, tiempo desde la graduación, estudios de posgrado, tiempo de servicio público); cuatro preguntas relacionadas con el conocimiento (sobre PICS en el curso de pregrado, capacitación y/o especialización, Acupuntura, Homeopatía, Medicina Antroposófica y la Política Nacional de Prácticas Integrativas y Complementarias (PNPIC)); seis preguntas sobre la percepción general (eficiencia de las PICS, inclusión en los cursos de salud, oferta en los diferentes niveles de atención en el SUS y en el lugar de trabajo actual, inclusión de las PICS en el SUS y contribución a la vida profesional); y dos preguntas sobre el interés en el tema (interés de la comunidad e interés de los profesionales en obtener más información). Se realizaron análisis descriptivos de los datos en el programa R Core Team (2022). Se utilizaron pruebas de Chi-cuadrado y exacta de Fisher para analizar las asociaciones con la formación de los profesionales. **Resultados:** El 79,4% de la muestra era de sexo femenino, con una edad media de 40,6 años y el 54,2% estaban casados; el 43,2% eran enfermeros, el 29,7% médicos y el 27,1% dentistas; el 72,6% tenía estudios de posgrado. La mayoría (66,5%) no conocía la PNPIC; el 81,6% consideraba que las PICS son eficientes, el 94,2% estaba de acuerdo con la inclusión de las PICS en el SUS y el 91,3% expresó el deseo de adquirir más conocimientos. No hubo asociación significativa entre las respuestas de los profesionales sobre las PICS y su formación ($p>0,05$). **Conclusiones:** La formación académica no influyó en el conocimiento y el interés de los profesionales por las PICS. Los profesionales reconocen la eficacia de estas prácticas, creen que deberían ofrecerse en el SUS y demuestran interés en aumentar su conocimiento. La acupuntura fue la práctica más conocida, pero se aplica poco en la Atención Primaria de Salud (APS).

Palabras clave: Terapias complementarias; Promoción de la salud; Capacitación en servicio; Educación continua; Política de salud.

INTRODUCTION

Integrative and complementary health practices (PICS) are unconventional therapeutic approaches¹ that prioritize comprehensive care by placing the individual at the center of the process.²⁻⁴ Through the development of bonds and supportive listening, they promote positive changes in health,⁵ stimulating the natural healing mechanisms of the human body,^{6,7} promoting the physical, mental and emotional well-being of patients, improving their quality of life.⁸

Therefore, PICS can be a complementary option in the treatment of chronic diseases, as long as they are used consciously and scientifically based.^{9,10}

The World Health Organization (WHO) has encouraged member countries to use PICS in health systems in an integrated manner with modern Western medicine. Furthermore, it recommends the development of public policies and scientific studies to improve knowledge, safety, efficacy and quality.¹¹⁻¹³

In Brazil, the institutionalization of PICS in the Unified Health System (SUS) occurred in 2006, with the publication of the National Policy for Integrative and Complementary Practices (PNPIC).¹¹ PICS were legitimized as a complementary and integrative form of treatment and care in primary care¹⁴ representing an advance in the implementation and strengthening of SUS.¹⁵

Initially, the practices included Traditional Chinese Medicine/Acupuncture; Homeopathy, Medicinal Plants and Phytotherapy, Social Thermalism/Crenotherapy, and Anthroposophic Medicine. On March 27, 2017, PNPIC was expanded by 14 other practices,¹⁶ and in 2018, 10 more practices were added, totaling 29 care approaches.¹⁷

In Brazil, a professional training in PICS faces challenges because of the scarcity of inducing actions to qualify professionals for SUS, which restricts the adoption of these practices in the public system. In undergraduate health courses, PICS are often presented as optional subjects or integrated into other content, often without alignment with the course's political-pedagogical project.¹⁸

The demand for and access by SUS users to integrative practices has grown since their implementation in the Brazilian public health system, because of the greater recognition of the benefits provided to patients.¹⁹

Some studies in the literature address the theme of integrative practices in SUS in general, without individually evaluating each of these practices.^{2,20} Other studies specifically addressed Acupuncture, Homeopathy and Phytotherapy in the same investigation.^{5,21-23}

Considering that Primary Health Care (PHC) plays the role of the first contact for SUS users,²⁴ the professionals' assessment of PICS is extremely important, since PHC is a favorable environment for the implementation of PICS within the scope of the Brazilian public health system.

Thus, this work aimed to identify the knowledge, perception and interest of different professionals from the Family Health Strategy (ESF) of Belo Horizonte (MG), regarding PICS.

METHODS

This was a quantitative, cross-sectional, observational epidemiological study developed in Belo Horizonte (MG), with a population of 2,530,701 inhabitants,²⁵ distributed across nine health regions, including 152 health centers and 596 ESF teams.²⁶ Three health regions composed of 56 family health units were randomly selected for the study, and 560 nurses, doctors, and dentists were approached regardless of their length of experience; professionals who refused to participate and those who could not be found after two attempts at contact were excluded. The regulation of PICS in public health services in the municipality began in 1990 with the Homeopathy, Acupuncture, and Anthroposophic Medicine Program (PRHOAMA) and the Expanded Family Health and Primary Care Centers (NASF-AB). In 2007, Liang Gong was implemented.²⁷ The flow of care is carried out by professionals referred by Primary Care in 25 health centers in the nine regions and in some rehabilitation centers. In the regions surveyed, six health centers offered homeopathy, seven acupuncture, and 29 Liang Gong, with no location offering anthroposophic medicine. The practices are carried out by acupuncturists, homeopaths and anthroposophic doctors, with records of other professionals working in acupuncture and Liang Gong.²⁸

Data were collected from July to October 2022 using a self-administered, semi-structured questionnaire with questions selected from studies by Thiago and Tesser²⁰ and the Ministry of Health,²⁹ containing seven questions related to the sample profile, four related to knowledge, six about general perception, and two about interest in the topic.

The questionnaires were delivered to professionals by the researcher at their workplace, and in cases where they were not returned on the same day, a new approach was taken to reach the largest number of participants.

Descriptive analyses were performed using absolute and relative frequencies for categorical variables and mean, standard deviation, median, minimum and maximum values for the age of the participants. The χ^2 test and Fisher exact test were used to analyze associations with the professionals' training. In the association analyses, professionals who did not answer that question under analysis were excluded for each question. All analyses were performed using the R Core Team (2022) program with a significance level of 5%.

RESULTS

After contacting the 56 health units, three coordinators refused to participate in the survey. Of the 560 professionals approached, 310 agreed to participate, corresponding to an adherence rate of 55.4%. Of the participants, 79.4% were female, and the average age was 40.6 years ($SD \pm 10.1$). The highest frequency was nurses (43.2%), with postgraduate degrees (72.6%) and with up to 20 years of experience in public service (28.7%) (Table 1).

In Table 2, it was observed that the majority of professionals (71%) did not know how the PICS topic was taught during their undergraduate studies and had never taken related training courses (83.2%). In Table 3, it was observed that the majority considered PICS effective (81.6%) and believed that they should be addressed in health courses as a discipline (68.1%). Furthermore, 51.6% believed that they should be offered at all levels of health care. The inclusion of PICS in SUS was supported by the majority (94.2%), and 91.6% of respondents reported that the practices can contribute positively to their professional lives.

Table 4 shows that the majority of professionals (91.3%) were highly interested in obtaining more knowledge about PICS. Regarding the interest of the community, 49.7% of professionals perceived little or moderate interest.

In Table 5, it was observed that there was no statistically significant association between the professionals' responses about PICS and the professional's training ($p > 0.05$).

DISCUSSION

On the basis of this study, it was possible to verify that most professionals demonstrated an interest in expanding their knowledge about PICS, recognizing its importance and effectiveness, regardless of their academic background.

The acceptance of PICS by health professionals may also be associated with their training and the role they play in their work. In the study, professional training did not influence any of the variables investigated, although the literature shows that nurses may be more interested in offering non-pharmacological strategies than physicians.²⁰

Table 1. Descriptive analysis of the profile of the sample of professionals working in the Family Health Strategy teams in the city of Belo Horizonte, Minas Gerais (n=310).

Variable	Category	Frequency	Percentage
Sex	Female	246	79.4%
	Male	61	19.7%
Marital status	Married	168	54.2%
	Single	106	34.2%
	Divorced	23	7.4%
	Others	8	2.6%
	No information	3	1.0%
	Widowed	2	0.6%
Training	Nursing	134	43.2%
	Medicine	92	29.7%
	Dentistry	84	27.1%
Training time	Up to 5 years	72	23.2%
	6 to 10 years	51	16.4%
	11 to 20 years	114	36.8%
	Over 20 years	70	22.6%
	No information	3	1.0%
Postgraduation	Yes	225	72.6%
	No	85	27.4%
Time in public service	Up to 5 years	106	34.2%
	6 to 10 years	62	20.0%
	11 to 20 years	89	28.7%
	21 to 30 years	35	11.3%
	More than 30 years	10	3.2%
	No information	8	2.6%
Variable	–	Mean (standard deviation)	Median (minimum and maximum)
Age (years)		40.6 (10.1)	39.0 (24.0–68.0)

Although the PNPIC was established in Brazil in 2006, most of the interviewees were not aware of it or had only heard about it. Considering that a little over half of the sample graduated less than 10 years ago and are working in the public service, it was expected that they would have acquired this knowledge during their undergraduate studies and/or in subsequent training courses and even through the experience of these practices in their work routine. The literature shows other studies such as that by Savaris et al.,³⁰ in which only 18.8% claimed to be aware of the PNPIC, and in the study by Thiago and Tesser,²⁰ in which 11.3% of the doctors and nurses were aware of the regulations of this practice. However, in the study by Pereira et al.,³¹ it was observed that 59% of professionals were familiar with the PNPIC, 40% of whom were physicians, followed by nurses and dentists, who were the ones who showed the least knowledge.³¹

Although the WHO recognizes the importance of the PNPIC,¹³ the implementation of PICS in Brazil still occurs unevenly and discontinuously, thus compromising the provision to SUS users.³²

Some aspects can be considered when reflecting on this difficulty in implementing these practices in SUS, which go beyond academic training. Even years after the publication of the PNPIC, it is not fully

Table 2. Descriptive analysis of professionals' responses regarding knowledge about Integrative and Complementary Health Practices (n=310).

Knowledge variable	Category	Absolute frequency	Relative frequency (%)
Topic "Integrative and Complementary Health Practices in the undergraduate course"	Did not know	220	71.0%
	Took as a subject	42	13.6%
	Did not have this content	22	7.1%
	Took as part of some subject	19	6.1%
	Did not answer	7	2.3%
Have you ever taken a training and/or specialization course in PICS?	No	258	83.2%
	Yes	45	14.5%
	Did not answer	7	2.3%
Do you have knowledge about acupuncture?	Knows	139	44.8%
	Knows and recommends	99	31.9%
	Knows and prescribes	17	5.5%
	Knows, recommends and prescribes	30	9.7%
	Did not answer	25	8.1%
Do you have knowledge about homeopathy?	Knows	121	39.0%
	Knows and recommends	110	35.5%
	Knows and prescribes	18	5.8%
	Knows, recommends and prescribes	22	7.1%
	Did not answer	39	12.6%
Do you have knowledge about anthroposophic medicine?	Did not answer	210	67.7%
	Knows	71	22.9%
	Knows and recommends	27	8.7%
	Knows and prescribes	0	0.0%
	Knows, recommends and prescribes	2	0.6%
Do you have knowledge about PNPIC?	Only heard about it	109	35.2%
	Has knowledge	99	31.9%
	Has no knowledge	97	31.3%
	Did not answer	5	1.6%

PICS: Integrative and Complementary Health Practices; PNPIC: National Policy for Integrative and Complementary Practices.

institutionalized in most municipalities, since it is up to the municipal administration to develop technical standards for the effective insertion of these practices in the municipalities, allocating financial resources for the implementation of PICS.³³

The PNPIC does not provide for additional financial investment for PICS by the Union, which contributes to this difficulty in institutionalization.³⁴ Thus, health managers have a fundamental role in allocating resources and deciding on investments for the effective implementation of PICS. However, managers often face the difficulty of allocating limited resources, resulting in the prioritization of other areas to the detriment of PICS.

Another aspect to be considered is that, regardless of their academic background, most professionals were unable to report whether they had this content in their training. In Brazilian public universities, PICS teaching is gradually being introduced in undergraduate courses in the health area and, to a lesser extent, in specialization courses.^{18,32} However, innovative experiences that include teaching modules across the

Table 3. Descriptive analysis of professionals' responses regarding their perception of Integrative and Complementary Health Practices (n=310).

Knowledge variable	Category	Absolute frequency	Relative frequency (%)
Considers PICS to be effective	No	8	2.6%
	Yes	253	81.6%
	Don't know	45	14.5%
	Did not answer	4	1.3%
In health courses, Integrative and Complementary Practices should be addressed.	They do not need to be addressed	2	0.6%
	Discipline	211	68.1%
	Specialization course	78	25.2%
	In research, education and extension	16	5.2%
	Did not answer	3	1.0%
At which levels of health care should PICS be offered in SUS?	At all levels of health care including tertiary level	160	51.6%
	Urgency/emergency	54	17.4%
	Primary and secondary care	6	1.9%
	Primary care	67	21.6%
	At no level	2	0.6%
	Did not know	18	5.8%
	Did not answer	3	1.0%
Does your workplace offer any PICS?	No	150	48.4%
	Yes	101	32.6%
	Did not know	56	18.1%
	Did not answer	3	1.0%
Do you agree with the inclusion of PICS in SUS?	Yes	292	94.2%
	Did not know	9	2.9%
	No	6	1.9%
	Did not answer	3	1.0%
Can some of the Practices contribute to your professional life?	Yes	284	91.6%
	Did not know	19	6.1%
	No	4	1.3%
	Did not answer	3	1.0%

PICS: Integrative and Complementary Health; SUS: Unified Health System.

Table 4. Descriptive analysis of professionals' responses regarding interest in Integrative and Complementary Health Practices (n=310).

Knowledge variable	Category	Absolute frequency	Relative frequency (%)
What is the interest in this subject?	I would like more knowledge	283	91.3%
	Little	20	6.5%
	None	4	1.3%
	Did not answer	3	1.0%
Community interest in PICS	Little/moderate	154	49.7%
	A lot	115	37.1%
	I don't know	20	6.4%
	Indifferent	17	5.5%

PICS: Integrative and Complementary Health Practices.

Table 5. Analysis of associations between professionals' education and answers on Integrative and Complementary Health Practices (n=310).

Variable	Category	Global	Education			p value
			Nursing	Medicine	Dentistry	
			Frequency (%) ¹			
PICS theme in undergraduate courses	Studied as a subject	42 (13.9%)	19 (14.6%)	11 (12.0%)	12 (14.8%)	0.5799 ²
	Studied as part of a subject	19 (6.3%)	8 (6.2%)	5 (5.4%)	6 (7.4%)	
	Did not have this content	22 (7.3%)	7 (5.4%)	11 (12.0%)	4 (4.9%)	
	Don't know	220 (72.6%)	96 (73.8%)	65 (70.6%)	59 (72.8%)	
Total number of respondents	-	303 (100%)	130 (100%)	92 (100%)	81 (100%)	
Have you ever taken a training and/or specialization course in PICS?	No	258 (85.2%)	112 (86.8%)	78 (86.7%)	68 (81.0%)	0.4450 ²
	Yes	45 (14.8%)	17 (13.2%)	12 (13.3%)	16 (19.0%)	
Total number of respondents	-	303 (100%)	129 (100%)	90 (100%)	84 (100%)	
Acupuncture	Knows	139 (48.8%)	57 (47.9%)	38 (43.2%)	44 (56.4%)	0.0980 ²
	Knows and recommends	99 (34.7%)	43 (36.1%)	35 (39.8%)	21 (26.9%)	
	Knows and prescribes	17 (6.0%)	3 (2.5%)	6 (6.8%)	8 (10.3%)	
	Knows, recommends and prescribes	30 (10.5%)	16 (13.4%)	9 (10.2%)	5 (6.4%)	
Total respondents	-	285 (100%)	119 (100%)	88 (100%)	78 (100%)	
Homeopathy	Knows	121 (44.6%)	49 (41.9%)	37 (46.8%)	35 (46.7%)	0.4443 ²
	Knows and recommends	110 (40.6%)	51 (43.6%)	33 (41.8%)	26 (34.7%)	
	Knows and prescribes	18 (6.6%)	5 (4.3%)	6 (7.6%)	7 (9.3%)	
	Knows, recommends and prescribes	22 (8.1%)	12 (10.3%)	3 (3.8%)	7 (9.3%)	
Total number of respondents	-	271 (100%)	117 (100%)	79 (100%)	75 (100%)	
Anthroposophic Medicine	Knows	71 (71.0%)	30 (71.4%)	24 (72.7%)	17 (68.0%)	0.9187 ³
	Knows and recommends	27 (27.0%)	11 (26.2%)	9 (27.3%)	7 (28.0%)	
	Knows and prescribes	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
	Knows, recommends and prescribes	2 (2.0%)	1 (2.4%)	0 (0.0%)	1 (4.0%)	
Total number of respondents	-	100 (100%)	42 (100%)	33 (100%)	25 (100%)	
Do you have knowledge about PNPIC?	No knowledge	97 (31.8%)	41 (31.3%)	31 (34.1%)	25 (30.1%)	0.5513 ²
	Only heard about it	109 (35.7%)	53 (40.5%)	28 (30.8%)	28 (33.7%)	
	Has knowledge	99 (32.5%)	37 (28.2%)	32 (35.2%)	30 (36.1%)	
Total number of respondents	-	305 (100%)	131 (100%)	91 (100%)	83 (100%)	

Continue...

Table 5. Continuation.

Variable	Category	Global	Education			p value
			Nursing	Medicine	Dentistry	
		Frequency (%) ¹				
Considers PICS to be effective	No	8 (2.6%)	4 (3.0%)	4 (4.4%)	0 (0.0%)	0.1347 ³
	Yes	253 (82.7%)	113 (86.3%)	72 (79.1%)	68 (81.0%)	
	I don't know	45 (14.7%)	14 (10.7%)	15 (16.5%)	16 (19.0%)	
Total number of respondents	-	306 (100%)	131 (100%)	91 (100%)	84 (100%)	
Do you agree with the inclusion of PICS in SUS?	No	6 (2.0%)	3 (2.3%)	3 (3.3%)	0 (0.0%)	0.4808 ³
	Yes	292 (95.1%)	125 (95.4%)	85 (92.4%)	82 (97.6%)	
	I don't know	9 (2.9%)	3 (2.3%)	4 (4.4%)	2 (2.4%)	
Total number of respondents	-	307 (100%)	131 (100%)	92 (100%)	84 (100%)	
What is the interest in this topic?	None	4 (1.3%)	1 (0.8%)	1 (1.1%)	2 (2.4%)	0.8673 ³
	Little	20 (6.5%)	10 (7.6%)	5 (5.4%)	5 (6.0%)	
	I would like more knowledge	283 (92.8%)	120 (91.6%)	86 (93.5%)	77 (91.7%)	
Total number of respondents	-	307 (100%)	131 (100%)	92 (100%)	84 (100%)	

In this analysis, professionals who did not answer the question under analysis were excluded from each question. PICS: Integrative and Complementary Practices in Health; PNPI: National Policy for Integrative and Complementary Practices; SUS: Unified Health System; ¹percentages in columns; ² χ^2 test; ³Fisher exact test.

board, from the first years of training to residency, are still incipient, located in certain regions such as the Northeast³⁵ and in a compartmentalized manner in Brazil.³⁶

In undergraduate health courses, there is a predominance of elective or optional subjects in the offering of PICS both in Brazil and abroad.³⁵⁻³⁸ The study by Salles et al.³⁵ evaluated 209 higher education institutions in Brazil; among the 87 nursing courses, 26.4% offer subjects related to PICS, 26.1% of which are mandatory. In the 48 Physiotherapy institutions, 14.6% offer such subjects, 28.6% of which are mandatory. And in the 74 Medical schools studied, 17.5% offer related subjects, all of which are optional.

Knowledge is a process in constant evolution,³⁹ enabling the individual to understand and interpret reality in a more comprehensive way. In this study, as in the literature,^{9,40} it was observed that there is a lack of knowledge of PICS on the part of medical professionals, nurses and dentists, with acupuncture being the best-known practice. Often, limited knowledge about PICS is due to the absence or discontinuity of offering this topic in undergraduate courses,^{41,42} therefore, valuing these aspects could mitigate this deficiency during professional training. Other studies have reported that, despite not having much knowledge on the subject, professionals were interested in learning more about this topic.^{20,38} Identifying this gap in PICS training provides the possibility of developing specific training and qualification programs in primary care to increase the capacity to incorporate them into their work practice.^{22,43,44} Often the courses offered are one-time¹⁸ and do not have a continuing education character. This can be a problem, since continuous learning is essential to keep health professionals always up to date.^{45,46}

However, the decision to offer continuing education and permanent health education programs to qualify workers in PICS also depends on a political decision by managers to develop a comprehensive training plan that meets local needs and addresses the different modalities of PICS.

In the locations evaluated, the provision of PICS in their workplace was reported by the minority, indicating a possible gap in the availability or integration of these practices in the SUS work environment. It should be considered that this low provision of PICS in the health units surveyed coincides with the post-pandemic period, in which health services were reorganizing themselves to resume regular care. Therefore, other studies should be carried out in order to understand how these practices are actually inserted in primary care in the post-pandemic period. In the municipality, there is a flow of referrals from basic units to locations in the care network that offer PICS with reference and counter-reference to the Family Health teams.⁴⁷ Access can occur through spontaneous demand, referral by a health professional or by the NASF-AB team.⁴⁸ However, this study did not evaluate the way in which referrals were made or the specific professionals involved. New research could investigate this flow of users in the network to better understand the provision of PICS in the locations analyzed.

Homeopathy, Acupuncture and Anthroposophic Medicine are PICS recognized by the Ministry of Health, and, according to the WHO,⁴⁹ among the PICS developed in its member countries, the one that showed significant progress was Acupuncture, with 80% recognition.

The choice to investigate these three practices in this study was due to the fact that they have been offered continuously by SUS in the municipality, since 1994. Although most professionals report that, in the units where they work, these practices are not offered, they know or know and recommend Acupuncture and Homeopathy. Similar results were found in the study by Gontijo and Nunes,¹⁹ in which 99.2% of professionals stated that they had some knowledge about PICS, with acupuncture (97.5%), phytotherapy (88.1%) and homeopathy (78.8%) being the best known. With the aging population, approximately 52% of the Brazilian population over 18 years of age has at least one chronic disease.⁵⁰ These conditions have led more patients to seek PICS, which is a humanized, lower-cost and easily accessible alternative to solve or alleviate health problems.⁵¹

Studies have demonstrated the effectiveness of acupuncture in relieving pain, improving well-being and reducing medication consumption in patients with chronic pain,^{9,29,52,53} in addition to presenting analgesic and anti-inflammatory effects.⁵⁴ The use of homeopathy has also been reported in reducing chronic pain, treating colds, depression and hypertension.^{55,56}

Furthermore, according to the Ministry of Health, Anthroposophic Medicine is a complementary medical-therapeutic approach, with a vitalist basis, with a transdisciplinary care model, aiming at comprehensive health care. Although less widespread than other PICS,¹⁹ anthroposophic medicine has made progress in SUS,¹¹ providing complementary treatment to conventional medicine. Its implementation in SUS can reduce dependence on medication, alleviate chronic pain, control hypertension and improve the quality of life of users.^{57,58}

In this study, it was evident that approximately half of the interviewees believe that these practices should be offered at all levels of care, including the tertiary level, and approximately 20% reported that they should only be offered in primary care. The literature shows studies that found that most PICS were offered in PHC.^{15,59}

This is possibly due to the fact that, although PICS can be offered at the three levels of health care in SUS, the PNPIC prioritized that these practices be introduced in PHC,⁶⁰ because it is the user's entry point and because it has the potential to meet most of the population's health problems and needs.^{61,62}

The use of these practices in secondary and tertiary care is more restricted; however, a trend towards use at these levels has been observed, since 1,708 Brazilian municipalities offer PICS, 78% in PHC, 18% in secondary care, and 4% in tertiary care.⁵⁷

Secondary care services can serve as a gateway to PICS, but to establish these locations as a field of care and provision of complementary treatments, it is necessary to bring together professionals from both levels of care.⁵⁹

Although the cross-sectional nature of this study may bring limitations to the interpretation of its results, since, in this investigation, professionals from specific regions were evaluated in a limited period, studies like this are valuable, as they allow a more in-depth view of the PICS scenario in Belo Horizonte, and can contribute to the understanding of how these practices can be effectively integrated into PHC to allow greater access to them by users.

CONCLUSION

The academic training of professionals did not influence their knowledge of and interest in PICS. Professionals recognize the effectiveness of these practices, believe that they should be offered in SUS and demonstrate an interest in increasing their knowledge. Acupuncture was the best-known practice, but it is rarely applied in PHC.

CONFLICT OF INTERESTS

None to declare.

AUTHORS' CONTRIBUTIONS

MLC: Conceptualization, Investigation, Methodology, Writing – Original draft, Writing – review & editing. FMF: Writing – original draft, Writing – review & editing. LZ: Conceptualization, Methodology, Writing – original draft.

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