

AVANÇOS E DESAFIOS DA ENFERMAGEM EM ACUPUNTURA EM SANTA CATARINA NO PERÍODO DE 1997 A 2015

ADVANCES AND CHALLENGES OF NURSING PRACTICES IN ACUPUNCTURE IN SANTA CATARINA FROM 1997 TO 2015

AVANCES Y DESAFÍOS DE LA ACUPUNTURA EN ENFERMERÍA EN SANTA CATARINA DE 1997 A 2015

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RESUMO

Objetivo: Conhecer os avanços na atuação das enfermeiras, na prática da acupuntura, em Santa Catarina, no período de 1997 a 2015. **Método:** Qualitativo com abordagem Histórico-Social, por meio da história oral temática, fundamentado na sociologia das profissões de Eliot Freidson. A coleta de dados ocorreu, no período de março a maio de 2018. Após análise temática, apontaram-se 2 categorias: Desafios e avanços profissionais e As boas práticas aplicadas na Acupuntura. **Resultados:** As insatisfações com as entidades de interesse público estão presentes no cotidiano da classe profissional, compondo o cenário dos desafios profissionais. Dentre os avanços identificados, destaca-se que atualmente a acupuntura é realizada apenas por enfermeira especialista na área, seja em consultórios, como em unidade básica de saúde. As boas práticas aplicadas, durante o atendimento da enfermeira acupunturista garantem a qualidade, destaque e a compatibilidade das ações com os regulamentos técnicos. **Conclusão:** A sociedade brasileira reconhece que as ações desse profissional requerem conhecimento, pesquisa e habilidades para ser exercida. A maior conquista, se relaciona ao encontro com o outro no ato de cuidar.

Descriptores: Terapias Complementares; Enfermagem; História da Enfermagem; Ocupações em Saúde.

ABSTRACT

Objective: To know the advances in nursing practices in acupuncture in Santa Catarina, from 1997 to 2015. **Method:** Qualitative with Historical-Social approach, through thematic oral history, based on the sociology of the professions by Eliot Freidson. Data collection took place from March to May 2018. The thematic analysis revealed two categories: Challenges and professional advances; and best practices applied in acupuncture. **Results:** Dissatisfaction with public entities is present in the professionals' daily life, creating a scenario of professional challenges. Among the advances identified, it is noteworthy that only specialist nurses in the area practice acupuncture today, whether in private practices or at primary health care services. The best practices applied by the acupuncturist nurse in care guarantee the quality, prominence and compatibility of the actions with the technical regulations. **Conclusion:** The Brazilian society recognizes that the actions of this professional require knowledge, research and skill. The greatest achievement is related to meeting the other in the act of caring.

Descriptors: Complementary Therapies; Nursing; History of Nursing; Health Occupations.

RESUMEN

Objetivo: Conocer los avances en el desempeño de las enfermeras en la práctica de la acupuntura en Santa Catarina, de 1997 a 2015. **Método:** Cualitativo con enfoque histórico-social, a través de la historia oral temática, basada en la sociología de las profesiones de Eliot Freidson. La recopilación de datos tuvo lugar de marzo a mayo de 2018. Después del análisis temático, se definieron dos categorías: desafíos y avances profesionales y; Las buenas prácticas aplicadas en la acupuntura. **Resultados:** Las insatisfacciones con las entidades de interés público están presentes en la vida diaria de la clase profesional, haciendo parte del escenario de los desafíos profesionales. Entre todos los avances enumerados, se destaca que, hoy día, la acupuntura es realizada solamente por enfermera especialista en el área, sea en consultorios o en unidades básicas de salud. Las buenas prácticas aplicadas durante el cuidado de la enfermera acupunturista garantizan la calidad, la prominencia y la compatibilidad de las acciones con los reglamentos técnicos. **Conclusión:** La sociedad brasileña reconoce que las acciones de este profesional requieren conocimiento, investigación y habilidades para ser ejercitadas. El mayor logro está relacionado con conocer al otro en el acto de cuidar.

Descriptores: Terapias Complementarias; Enfermería; Historia de la Enfermería; Empleos en Salud.

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INTRODUCTION

The word care derives from the Latin word *cogitatus*, which expresses meditated, thought and reflected. It receives the meanings of: special attention, restlessness, concern, zeal, care that is dedicated to someone or something, object or person of that care, charge, commission, responsibility, work, occupation. The assigned meanings speak of its social dimension, implicit in the interaction between subjects, in a helping relationship. For many decades, however, the understanding of care has gained greater recognition with professional actions in health care⁽¹⁾.

The act of caring and being cared for is part of the human being, so it is important to clarify the specific meanings this concept has in the nursing discipline. Caring, a central concept in nursing, influences theory, research, practice and teaching. Multiple nursing theories develop around this concept⁽²⁾.

For the nursing profession, caring influences theory, research, practice and teaching. Numerous nursing theories have been created around caring. Nurses are taught to provide quality care for the sake of an evidence-based care practice, necessarily resulting from research processes⁽²⁾. Integrated care based on a body of knowledge of its own allows professionals to carry out complementary practices. This care can be multidisciplinary and interdisciplinary, integrating acupuncture from complementary therapies.

Acupuncture is a therapeutic intervention technique from Traditional Chinese Medicine, which is based on the primacy of the energy among matter, the sick person and the disease, departing from the characteristics of people with certain physical, structural, psychological and behavioral patterns⁽³⁾.

Nurses offer a unique contribution to the insertion of acupuncture and other complementary practices in which they work, and in 1997, the Federal Nursing Council (COFEN) also recognized acupuncture as a nursing specialty through Resolution No. 197⁽⁴⁾. In 2008, acupuncture activity was regulated as a specialty, through COFEN Resolution No. 326/2008⁽⁵⁾.

We consider that, in Brazil, acupuncture performed by nurses is still in the process of expansion, despite being regulated. In 2009, the Brazilian Association of Nurse Acupuncturists and Integrative Practice Nurses - ABENAH was created by the Nurse specialist in acupuncture,

Daniel Ramos Olcerenko, its first president. ABENAH's mission is a social commitment to improving the quality of life of Brazilians, giving the opportunity for holistic care to patients who turn to this category and also to guarantee that these professionals follow the most assertive and complete path of tools for care and for teaching, with institutional support from that association. The association now has a voluntary outpatient clinic at the Faculty of Nursing at UFG⁽⁶⁾.

The implementation of Integrative and Complementary Practices in the Public Health System (PICS) (SUS) has been widely discussed nationally and internationally. In Brazil, the National Policy of Integrative and Complementary Practices already implemented acupuncture in the SUS about 40 years ago⁽⁷⁾.

Among the complementary therapies of PICS, acupuncture stands out, an ancient technique in Traditional Chinese Medicine, which serves to diagnose diseases and promote healing by stimulating the body's self-healing. Acupuncture originated more than 5,000 years ago and was used in Japan and North and South Korea, and later expanded throughout Asia. Acupuncture reached the western world in the 1970s. Acupuncture aims to align and direct energy by inciting acupuncture points with needles, laser or acupressure, stimulating neurotransmitters in the central nervous system⁽⁸⁾.

Consequently, the insertion of Integrative and Complementary Policies in the SUS (PICS) incites ethical-legal discussions about professional practice in the application of these practices within the health system, especially with regard to ethical issues in care, which involve the application of PICS by health professionals, particularly by nurses⁽⁹⁾.

In 2006, the Ministry of Health created the Integrative and Complementary Practices Policy, of a multiprofessional nature, also enabling nurses to apply Acupuncture as a treatment for various health problems, creating Family Health Support Centers, in a safe, effective and autonomous manner⁽¹⁰⁾.

The recommended duration of an acupuncture session is around 40 minutes, which includes not only the insertion and manipulation of the needles, but also the reevaluation of the patient, the location of the points where the needles are to be applied and their repositioning, whenever necessary. How long the needles remain in place varies, depending on the clinical

condition and the treatment objectives, taking 20 minutes on average. An excellent service, which provides differentiated and qualified listening turns the acupuncture session into a best practice applied in nursing.

The term "best practices" has been used for health care since 1990, based on the discussion on quality management tools in health institutions, promoted by the Pan American Health Organization - PAHO⁽¹¹⁾.

The World Health Organization (WHO) usually defines "Good Practice" or "Best Practice" or "Advanced Practice" or "Evidence-Based Practices" as a technique or methodology that, through experience and research, has a proven credibility to entail a certain result. In the context of health programs and services, the practical definition of "Best Practices" is equivalent to knowledge about what works in specific situations and contexts, without the excessive use of resources to achieve the desired results, and which can be used to develop and implement solutions adapted to similar health problems in other situations or contexts. In short, best practices are a set of commitments to make use of the body of knowledge at our disposal, ensuring success in our interventions⁽¹²⁾.

Advanced practice nurses have social recognition in countries like the United States of America, Canada and the United Kingdom. The profession enjoys a well-established regulatory framework, which has not yet been consolidated in Brazil or in other Latin American countries, with no guidelines related to educational training, practice and regulation of professional practice. In view of this scenario and the strategic importance of human resources in health to achieve the goal of Universal Health Coverage and Universal Health Access, PAHO designed the work plan for the expansion and professionalization of Advanced Practice Nursing, intensifying the search for a common identity among Latin American nurses and the union of the nursing culture to support the standardization of the role of nurses in advanced practice⁽¹³⁾.

The absence of publications referring to the advances and the limitations of the nurse acupuncturist have aroused the researcher's interest in investigating this theme, being a specialist in Acupuncture. In this study, the objective was to know the advances in the performance of nurses in acupuncture practice in Santa Catarina, from 1997 to 2015.

METHOD

The research method used in this study was qualitative with a historical-social approach, which is defined as a systematic approach, through the collection, organization and critical evaluation of data that are related to past events, which include the study of human groups, in their time space and are concerned with discussing the various aspects of daily life of different classes and social groups⁽¹⁴⁾.

The historical range is from 1997 to 2015, justifying its beginning by the recognition of the practice of acupuncture, for the professional nurse, supported by COFEN Resolution (No. 197, 1997). The end of the period is 2015, with the expansion of the National Policy of Integrative and Complementary Practices⁽¹⁵⁾.

The methodological technique used was Oral Thematic History, as the primary source, which focuses on a specific object experienced by the individual. The method of analysis used for this study was thematic analysis, in which the interviewees' discourse was placed in its context for a better understanding⁽¹⁶⁾.

Nineteen nurses specialized in acupuncture and one (1) nurse with the same training participated in this research, that is, 20 nursing professionals. For the selection of respondents, the Regional Nursing Council, Santa Catarina section (COREN/SC) was contacted to identify nurses specialized in acupuncture. In addition, the Acupuncture training schools were contacted, being one located in Florianópolis, named School X, and School Y with headquarters in Paraná and subsidiaries in Santa Catarina, to complement the search. The choice of the schools is justified, the first because it is the reference school in the state and the second because it has subsidiaries in SC and was the school where the researcher graduated. For a wider range of participants, the snowball method was used. As an inclusion criterion, we used professionals who graduated as specialists from 1997 to 2015, working in the area during that period. The research participants were identified with the name of acupuncture points. Below is the list of participants, with degree, training area, age and city:

1. Tài Yan, M.Sc. and Nurse - 70 years, Blumenau
2. Dà Líng, Ph.D. and Nurse, 63 years, Florianópolis
3. Shèn Mén, Nurse Specialist, 62 years, Florianópolis

4. Tài Chong, Nurse Specialist, 60 years, Tubarão
5. Tài Bá, M.Sc. and Nurse, 55 years, Florianópolis
6. Tài Xi, M. Sc. And Nurse, 54 years, Florianópolis
7. Zhong Fu, Nurse and Specialist, 54 years, Joinville
8. Jù Què, Ph.D. candidate and Nurse, 42 years, Florianópolis
9. Zhang Mén, M.Sc. and Nurse, 42 years, Florianópolis
10. Jing Mén, M.Sc. and Nurse, 41 years, Tubarão
11. Yún Mén, Nurse Specialist, 39 years, São José
12. Shen Tang, Mestre e Enfermeira, 37 years, Florianópolis
13. Shen Feng, Nurse Specialist, 37 years, Içara
14. Shen Cang, Ph.D., Nurse and Naturopath, 34 years, Florianópolis
15. Ben Shen, Nurse Specialist, 34 years, Florianópolis
16. Shen Que, Nurse Specialist, 33 years, Chapecó
17. Shen Dao, Nurse Specialist, 32 years, Florianópolis
18. Shen Ting, Nurse Specialist, 32 years, Santa Terezinha
19. Ting Hui, Ph.D. and Nurse, 31 years, Florianópolis
20. Er Men, Nurse Specialist, 31 years, Tubarão

In order to guarantee ethical care and the validity of the collected documents, the data collection followed a strict set of procedures for the constitution of the narratives, as follows: application of the interview script (composed of 16 questions); recording of the interviews; transcription, validation and analysis⁽¹⁴⁾.

This study received approval from the UFSC Human Research Ethics Committee, on March 26, 2018, opinion No. CAAE 2.562.782. The professionals were initially contacted by email. In the second stage, invitations were sent to participate in the research, as well as the informed consent term and the assignment term, via email. As the procedures until reaching the professionals were long and the deadlines were approaching, ten interviews were held via WhatsApp audio and 10 in person. The face-to-face interviews took place at scheduled locations, from the end of March to May 2018, with an average length of one (1) hour per interview. All

interviews were recorded using a digital recorder, transcribed, and validated using the interview assignment term. The reports were analyzed, compared and grouped by similarity of content to organize the discussion. Based on the thematic analysis, according to Cecília Minayo⁽¹⁶⁾, two categories were listed, which are presented as a result of this research.

This study is based on Eliot Freidson's sociology of the professions, which presents three factors that describe the ideal type of professionalization: autonomy, expertise and quality credentials about their respective work⁽¹⁷⁾.

RESULTS AND DISCUSSION

This study presents its results and discussion in the categories that were created to facilitate its description. In category 1. Advances and Challenges of the Nurse Acupuncturist - one (1) participant in the item advances discussed the limitations that prevent progress; seven (7) participants expressed their opinions on the advances of the class; (11) participants talked about their professional challenge, WHO, PNPICS, COFEN and CORENS; one (1) participant referred to the lack of advances. In category 2. Best Practices of the Nurse acupuncturist - three (3) participants associated the best practice with listening, five (5) participants combined best practices in acupuncture care with the application of other techniques, two (2) participants said that the best practices in their care are directly linked to the patient's biosafety, six (6) participants described acupuncture as a best practice within their care process, and one (1) participant did not identify a best practice in their care.

Advances and Challenges of the Nurse Acupuncturist

Although in small steps, the history of nurse acupuncturists has been evolving. Limitations exist and these prevent growth from happening effectively. The professional Challenges and dissatisfactions with the public interest entities are present in professional life. The following statements characterize limitations to the advancement of acupuncture practices by nurses: "I have not accompanied since the start of the COFEN resolution that allows nurses to practice acupuncture, but what I perceive here now with this resolution confirms the possibility of nurses attending in their own office and I believe that there are even more possibilities of

nurses practicing acupuncture in the nursing consultation. Proof of this is that one can already observe nurses who work exclusively in this area with offices, sometimes in partnership with other professionals in multiprofessional offices and developing all actions within the nurses' competency. People fail to see the nursing service as a service specifically related to issues of charity, helping others, as happened at the beginning of its history as a profession, and discover that nursing has scientific technical knowledge capable of contributing to the aspects of people's health and quality of life" (Shen Que).

"I think that we could, as professionals engaged in traditional Chinese medicine, have a larger scientific production. There is a very limited progress, mainly not only by nursing but, in general, professionals who develop Chinese therapy still have great difficulty in documenting and conducting research on their work and on their health care process. It would be an important step for the advancement of the area, for the professionals who work as well as for the area of traditional Chinese medicine in health in the Western world in general" (Dà Líng).

"I didn't notice much progress, there are some areas that I think went easier, faster, like physiotherapy, but I see little progress in nursing" (Ben Shen).

"I see that he still walks slowly because of these issues that the doctor is retaining for him, the facilities of a health insurance. We end up losing customers, for them that way, due to the facilities that the user has. I think we have to keep trying, because more and more people are adhering to integrative practices" (Zhong Fu).

The following statements characterize the advances in the class: "I think that a great evolution along the way, due to the issue of professionals who are specializing, publicizing the service, and I believe that, at the level of the SUS, due to the national policy of integrative and complementary practices. In the past year, practices have been expanded, with great publicity in the newspaper. There were the Olympics, the cups appeared in the media, now everyone knows what cupping is" (Jing Mén).

"I think that Nursing is advancing, because it is regularized, so the nurse acupuncturist today is regularized and can open an office and can attend. I think this is an advance for nursing. I think that the council itself, our COREN acted decisively, for this to happen" (Tài Xi).

"I got to know the Brazilian association of nurse acupuncturists and integrative practices, ABENAH. I went to an event and the chairman of ABENAH was there. The chairman went to this event exactly to try and publicize the work of the Brazilian acupuncture association. If we don't get stronger we will lose space. Many nurses dropped out as a result of the first story of the medical act because he thought he would not have enough grip to be able to support the profession. I think these advances help to strengthen and show that we have strength that we do a nice job and that we can indeed make a difference within SUS, with acupuncture, within a hospital with acupuncture" (Jù Què).

"I see a very big evolution. The first nurses who took acupuncture courses more or less worked in hiding, were not recognized. How do you, the nurse, do acupuncture? I was always questioned in my studio. I used to answer: I don't do medical or nursing acupuncture, I do acupuncture within traditional Chinese medicine. So I think this is a big step forward for nursing and nurses in general. This freedom that the nurse has as a self-employed professional and you can instead look for a nurse to have a prenatal care consultation or an acupuncture consultation. Teaching professionals who work in universities increasingly train nurses and professionals at the Master and Doctoral level" (Shén Mén).

The attitudes should also come from us professionals for changes to happen and, consequently, for achievements to occur within the chosen/acquired professional expertise.

One of the great advances in the practice of acupuncture was that, in the past, it was exercised by people who did not have training in health or even college training. The advance in the nurse acupuncturist's care should be highlighted, carried out once a week in a Primary Health Care Unit (PHCU) in Florianópolis, the state capital of Santa Catarina, with an agenda directed exclusively to acupuncture consultations, although she is being paid as a PHCU nurse.

Progress has been made and the representative entities, COFEN and COREN, have supported and continue to support the practice of these services in Brazil. They agree with a much broader reflection and execution, portraying how nurse acupuncturists present themselves in Brazil today, with their advances and achievements of their labor and social rights.

For further advances to occur, acupuncturists need to seek and implement the practice in a multidisciplinary, technical, competent, democratic, shared and ethical manner, in order to benefit the health of people who will use the technique or therapy, as we can call it."

The challenges identified in this study lead us to think that nursing should not only be left out of the discussion about the regulation of the use of Integrative and Complementary Practices by SUS, but should also reflect on and claim the possibilities of legitimizing these practices in the scope of nursing care. The holistic view of nurses combined with complementary practices plays a fundamental role in their applicability(9).

Integrative and Complementary Practices (PICS) play a considerable role in people's health, specifically acting in promotion, prevention and rehabilitation. And nurses are outstanding professionals in the implementation and use of PICS, having legal support, being able to work in public and private services. Nurses are active in research within universities, in clinical practice in primary health care units and in private institutions, contributing to the dissemination of scientifically grounded knowledge and to the dissemination of PICS to the community, even if still slowly. The PICS grant autonomy to nurses through efficient therapeutic action and they need to recognize the expanding opportunities for the profession, with integrative therapies within the PICS. The number of professionals who work with these therapies is still small, however, much remains to be done. There is a long way to go in order to strengthen the use of PICS by nurses in the SUS, finding in these therapies a perspective of intervention in favor of society⁽¹⁸⁾.

Best Practices of Nurse Acupuncturists

Much is said about how we should express ourselves to ensure optimal communication. Communication is a two-way street though. Knowing how to listen is as important as knowing how to speak. Best practices can be present during a service among other techniques. Similarly, acupuncture as a specialty within nursing can be seen as a best practice during care, nurse-client/patient. The following results detail statements about best practices:

"During the consultation, I take BP measurements, I check the saturation, heart rate, I do HGT, I look at the exams, I also record them, in addition to looking at the tongue, we gain credibility when we link Western medicine to

Chinese medicine because, if we talk about cold wind, the philosophies of Chinese medicine, it seems that nobody understands it. I have seen other colleagues who attend and the patient has shoulder pain, analgesics and that's it. I think that my differential is qualified listening" (Er Men).

"Along with acupuncture, I always advise on some types of foods that could help and talk a lot with patients. I listen, because I see that many are there at that moment to talk too. I am always ready to talk, to listen to them" (Shen Ting).

"I used hidoraku a lot, which is not something everyone does. I used to have two-hour appointments. Foot reflexology depending on the case, of course, I did not use all the techniques, but what could be done to complement the service" (Ben Shen).

"I think it is this individualized service, that is, the fact that I am associating other practices, because I am a naturopath so I master other practices and I associate them with floral, with aromatherapy, sometimes, while he is there quietly, when I do acupressure, then applying reiki. This is my differential, so I find it difficult to say I am a nurse. I am a naturopath, I do everything together, and this integrated look, trying to look from the mental to the social and the environmental" (Shen Cang).

"My master's degree was a differential, having worked with people with spinal cord injuries. Based on what I researched, mainly working on sexuality in the person with spinal cord injury, I didn't find any published article, so my contribution, my differential would be this. Differentiated listening is also a best practice" (Shen Tang).

The (Best) Nursing Practices, in any scope of action, need to contain assumptions or principles. We need to understand that the health-disease process is directly linked to the potential exhaustion and strengthening of social groups, and that, along with values and counter-values derived from the processes of social reproduction, they become the bio-psychic-social process of the individual⁽¹⁹⁾.

Nurses are autonomous professionals and, within this autonomy, this practice is pertinent. The nurse as a member of a team does not work or make decisions alone. On the other hand, the nurse who has taken charge of her expertise, in this case acupuncture, has autonomy and makes independent decisions according to her knowledge. Professional autonomy is a specificity that grants power to the profession, reaching its

status when it does its work under the protection of society and state control⁽¹⁷⁾.

The foundations of the nursing profession are care, promotion and prevention. The fundamentals of acupuncture are the five elements that govern the human body and the nature this body is inserted in, resulting in care, promotion and prevention, that is, nursing and acupuncture join in favor of well-being and of health.

For Freidson, the progress of expertise is indispensable to demonstrate the authority to coordinate a profession's division of labor⁽¹⁷⁾. The insertion of nursing and its identity will occur through the construction of a political, ethical, scientific identity that expresses the responsibility and autonomy of this professional. The search for knowledge and the search for professional power are on a par for Freidson⁽²⁰⁾.

It should also be mentioned that the introduction of acupuncture in Brazil, as well as in other countries, was closely related to the process of migration of professionals who mastered this practice from the East, who are truly responsible for their insertion in the country⁽²¹⁾.

The representativeness of the COFEN and COREN systems leads us to Freidson's third professionalization factor, which is credentialism, the set of formal rules and regulations embodied in laws or regulations and resolutions linked to political institutions, professional associations and educational organizations. Credentialism receives political and judicial support for the professionals to carry out their activity, it is emphasized by means of a title or credential, thus predicting the professional regulation by law and the performance of the professional councils⁽²²⁾.

The three factors that describe the ideal type of professionalization: autonomy, expertise and qualifying credentials, are in line with the advances of the nurse acupuncturist⁽²⁰⁾. The (best) practices applied during the service are the fruits of the professional advances of the nurse acupuncturist. Nursing diagnoses can undergo interventions through acupuncture, which can be applied by specialist nurses or indicated by other non-specialists, but who recognize acupuncture as an intervention possibility.

CONCLUSION

When analyzing challenges, the fragility of the little recognition of nurses in the area of

acupuncture emerges. Nurse acupuncturists need to claim the possibilities of legitimizing acupuncture within the scope of nursing care within the Unified Health System.

The greatest achievement of this category is subjective and is related to the encounter with the other in the act of caring, which is the most rewarding, legitimizing of humanized actions, with an affective and noble spirit. A major advance is that the society that recognizes that the nurse acupuncturist's actions require study, research, dedication and skills to be exercised in a unique way.

Nursing, as a humanistic science, finds in acupuncture a new way and also a "Best Practice" to better serve its clients, with an emphasis on health promotion and disease prevention. Best practices combined with Nursing Care Systematization consolidate evidence-based practice and guarantee expertise, offering autonomy to professionals and promoting patient safety and convenience under the responsibility of professional credentials.

In view of the above and despite the fact that Nursing is one of the largest and most important professions in the field of health in Brazil today, and that acupuncture is also a specialization within nursing, it has been gaining prominence within the health professions in Brazil. Nevertheless, we still observe that we have a lot to do and need to advance to the same extent.

REFERENCES

- 1- Contatore OA, Malfitano APS, Barros NF. Care process in the health field: ontology, hermeneutics and teleology. Interface 2017;21(62):553-63. DOI: [10.1590/1807-57622016.0616](https://doi.org/10.1590/1807-57622016.0616)
- 2- Queirós PJP, Fonseca EPAM, Mariz MAD, Chaves MCRF, Gómez CS. Significados atribuídos ao conceito de cuidar. Rev Enf Ref. 2016;4(10):85-94. DOI: [10.12707/RIV16022](https://doi.org/10.12707/RIV16022)
- 3- Hicks A, Hicks J, Mole P. Acupuntura constitucional dos cinco elementos. São Paulo: Rocca; 2007.
- 4- Brasil, Conselho Federal de Enfermagem. Resolução nº 197/1997. Estabelece e reconhece as Terapias Alternativas como especialidade e/ou qualificação do profissional de Enfermagem. Rio de Janeiro: COFEN; 1997.
- 5- Brasil, Conselho Federal de Enfermagem. Resolução nº 326/2008. Regulamenta no Sistema

- COFEN/CORENs a atividade de acupuntura e dispõe sobre o registro da especialidade. Rio de Janeiro: COFEN; 2008.
- 6- Associação Brasileira de Enfermeiros Acupunturistas e Enfermeiros de Práticas Integrativas (ABENAH). [citado em 30 jan 2019]. Available in: <http://abenanacional.org/2018>
- 7- Sousa LA, Barros NFD, Pigari JO, Braghetto GT, Karpiuck LB, Pereira MJB. Acupuncture in Brazil's Unified Health System – an analysis based on different health management tools.. Rev Ciênc Saúde Coletiva. 2017 ;22(1):301-10. DOI: [10.1590/1413-81232017221.10342015](https://doi.org/10.1590/1413-81232017221.10342015)
- 8- Goyatá SLT, Avelino CCV, Santos SVM, Souza Junior DI, Gurgel MDSL, Terra FS. Effects from acupuncture in treating anxiety: integrative review. Rev Bras Enferm. 2016;69(3):602-9. DOI: [10.1590/0034-7167.2016690325i](https://doi.org/10.1590/0034-7167.2016690325i)
- 9- Magalhães MGM, Alvim NAT. Complementary and integrative therapies in nursing care: An ethical focus. Esc Anna Nery 2013;17(4):646-53. DOI: [10.5935/1414-8145.20130007](https://doi.org/10.5935/1414-8145.20130007)
- 10- Telesi Júnior, E. Práticas integrativas e complementares em saúde, uma nova eficácia para o SUS. Rev Estud Av. 2016;30(86):99-112. DOI: [10.1590/S0103-40142016.00100007](https://doi.org/10.1590/S0103-40142016.00100007)
- 11- Lopes LA, Bernardino E, Crozeta K, Guimarães PRB. Good practices in collecting umbilical cord and placental blood. Rev Latino-Am Enfermagem 2016;24:e2770. DOI: [10.1590/1518-8345.0781.2770](https://doi.org/10.1590/1518-8345.0781.2770)
- 12- Organização Mundial da Saúde (OMS). Registo no catálogo de publicações da Biblioteca AFRO: guia para a documentação e partilha das "Melhores Práticas" em programas de saúde. África: OMS; 2008.
- 13- Scuchi CGS, Gelbcke FL, Ferreira MA, Alvarez ÂM. Professional Master's Degree: potential contribution to Advanced Practice Nursing. Rev Bras Enferm. 2015;68(6):1186-9. DOI: [10.1590/0034-7167.2015680626i](https://doi.org/10.1590/0034-7167.2015680626i)
- 14- Padilha MI, Bellaguarda MLR, Nelson S, Maia ARC, Costa R. The Use Of Sources In Historical Research. Texto-Contexto Enferm. 2017;26(4):e2760017. DOI: [10.1590/0104-07072017002760017](https://doi.org/10.1590/0104-07072017002760017)
- 15- Brasil, Ministério da Saúde. Política nacional de práticas integrativas e complementares no SUS: Atitude de ampliação de acesso. 2a ed. Brasília: Ministério da Saúde; 2015.
- 16- Minayo MCS, Holanda F. O desafio do conhecimento: Pesquisa qualitativa em saúde. 14a ed. São Paulo: Hucitec; 2014.
- 17- Freidson E. Profissão médica: Um estudo de sociologia do conhecimento aplicado. São Paulo: UNESP; 2009.
- 18- Azevedo C, Moura CC, Corrêa HP, Mata LRF, Chaves ÉCL, Chianca TCM. Complementary and integrative therapies in the scope of nursing: legal aspects and academic-assistance panorama. Rev Esc Anna Nery Enferm. 2019;23(2):e20180389. DOI: [10.1590/2177-9465-ean-2018-0389](https://doi.org/10.1590/2177-9465-ean-2018-0389)
- 19- Egry EY, Fonseca RMGS, Oliveira MAC, Bertolozzi MR. Nursing in Collective Health: reinterpretation of objective reality by the praxis action. Rev Bras Enferm. 2018;71(supl 1):710-5. DOI: [10.1590/0034-7167-2017-0677](https://doi.org/10.1590/0034-7167-2017-0677)
- 20- 20-Freidson E. Renascimento do profissionalismo: Teoria, profecia e política. São Paulo: Edusp; 1988.
- 21- Rocha SP, Benedetto MAC, Fernandez FHB, Gallian DMC. A trajetória da introdução e regulamentação da acupuntura no Brasil: Memórias de desafios e lutas. Ciênc Saúde Coletiva. 2015;20(1):155-64. DOI: [10.1590/1413-81232014201.18902013](https://doi.org/10.1590/1413-81232014201.18902013)
- 22- Bellaguarda MLR, Padilha MI, Pereira NAF, Pires D, Peres MAA. Reflexão sobre a legitimidade da autonomia da enfermagem no campo das profissões de saúde à luz das ideias de Eliot Freidson. Esc Anna Nery 2013;17(2):369-74. DOI: [10.1590/S1414-81452013000200023](https://doi.org/10.1590/S1414-81452013000200023)

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