



Nursing Process as a potentializer of acupuncture practice^a

Processo de Enfermagem como potencializador da prática da acupuntura

Proceso de Enfermería como potencializador de la práctica de acupuntura

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ABSTRACT

Objective: To analyze the use of the Nursing Process in the practice of acupuncture, from 1997 to 2015. **Method:** A qualitative, with a Social-Historical approach, through thematic oral history applied to 20 nurses specialized in acupuncture, based on Eliot Freidson's Sociology of Professions. From the thematic analysis, two categories were constructed: Nursing Process as an organizer of acupuncture practice; and Unawareness of the importance of the Nursing Process in acupuncture practice.

Results: The application of the Nursing Process in the nursing consultation, focusing on the practice of acupuncture as care and treatment, enables a differentiated performance, greater understanding and diagnostic recognition, more appropriate choice of techniques favorable to the quality and well-being of users, and consolidates its use as a specialized practice. **Final**

Considerations: The Nursing Process enables a technological advance applied in the nursing consultation, when implementing acupuncture as treatment and rehabilitation, collaborating in the evolution and prognosis in the care, and a facilitating strategy for the acupuncturist nurse with the client.

Keywords: Acupuncture; Nursing; Nursing process; History of Nursing; Specialization.

RESUMO

Objetivo: Analisar a utilização do Processo de Enfermagem na prática da acupuntura, no período de 1997 a 2015. **Método:** Qualitativo, com abordagem Histórico-Social, por meio da história oral temática aplicada a 20 enfermeiras especialistas em acupuntura, fundamentado na Sociologia das Profissões, de Eliot Freidson. Da análise temática, construíram-se duas categorias: Processo de Enfermagem como organizador da prática da acupuntura; e Desconhecimento da importância do Processo de Enfermagem na prática da acupuntura. **Resultados:** A aplicação do Processo de Enfermagem na consulta de enfermagem, com foco na prática da acupuntura como cuidado e tratamento, possibilita uma atuação diferenciada, maior compreensão e reconhecimento diagnóstico, escolha mais adequada de técnicas favoráveis à qualidade e o bem-estar dos usuários, além de consolidar a sua utilização como prática especializada. **Considerações finais:** O Processo de Enfermagem possibilita um avanço tecnológico aplicado na consulta de enfermagem, ao se implementar a acupuntura como tratamento e reabilitação, colaborando na evolução e prognóstico no atendimento, e uma estratégia facilitadora para a enfermeira acupunturista junto ao cliente.

Palavras-chave: Acupuntura; Enfermagem; Processo de Enfermagem; História da Enfermagem; Especialização.

RESUMEN

Objetivo: Analizar el uso del Proceso de Enfermería en la práctica de la acupuntura de 1997 a 2015. **Método:** Cualitativo con abordaje Histórico-Social, a través de la historia oral temática aplicada a 20 enfermeras especializadas en Acupuntura, basado en la sociología de las profesiones de Eliot. Freidson. A partir del análisis temático se construyeron dos categorías: Proceso de Enfermería como organizador de la práctica de la acupuntura; y desconocimiento de la importancia del Proceso de Enfermería en la práctica de la acupuntura. **Resultados:** La aplicación del Proceso de Enfermería en la consulta de enfermería con un enfoque en la práctica de la acupuntura como cuidado y tratamiento, posibilita un desempeño diferenciado, mayor comprensión y reconocimiento diagnóstico, elección más adecuada de técnicas que favorezcan la calidad y el bienestar de los usuarios, además de consolidar su uso como práctica especializada. **Consideraciones finales:** El proceso de Enfermería permite un avance tecnológico aplicado en la consulta de enfermería con la implementación de la acupuntura como tratamiento y rehabilitación, colaborando en la evolución y pronóstico en el cuidado y una estrategia facilitadora para la Enfermera Acupunturista con el cliente.

Palabras clave: Acupuntura; Enfermería; Proceso de Enfermería; Historia de la Enfermería; Especialización.

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INTRODUCTION

The analysis of the health condition and well-being of the individual is one of the responsibilities of the nurse, and to operationalize this analysis, she uses the Nursing Process (NP). In care practice, management, teaching, and research in nursing and health, the NP emerged in the 1950s, in the United States, to qualify nursing care.¹ It is a work methodology inserted into clinical practice, and taught in the training of nurses, in the 1970s, being, to this day, a power to the evolution of their professional practice.²

The Nursing Process is a strategy for organizing and systematizing the care provided by nursing. In the literature, one can still find other denominations, such as Nursing Care Systematization (NCS) and Nursing Care Methodology (NCM), terms that have already been used, but that are not synonyms.³

The Nursing Care Systematization is a tool that helps define the role of nurses, enabling them to use their technical-scientific and humanitarian knowledge in the care of the individual, and to prove their professional practice with the operationalization of the Nursing Process.⁴

The NP was idealized and implemented in Brazil by Dr. Wanda de Aguiar Horta, a Brazilian theorist who created a methodological basis for this practice. Horta's writings propitiated the development of nursing and the dissemination of Nursing Theories, based on American models. It is worth noting that such theories distinguish, indicate, and confront expressive concepts of phenomena that are of exclusive interest to the nursing profession. In accordance with other countries, its implementation began in Nursing Schools, as part of the undergraduate curricula.⁴

The record of nursing care under systematic analysis reflects the work process, based on an expanded vision of care to patients and families, in continuity, with legal support and facilitator in multidisciplinary communication.⁵

The Nursing Process was recognized as a work instrument and attribution of nurses after the approval of the Professional Exercise Law of 1986 (Law n.º 7.498/86 and Decree n.º 94.406/87), by means of COFEN Resolution n.º 272/2002, which determined the compulsory nature of Nursing Care Systematization throughout the national territory. Later, it was replaced by Resolution No. 358/2009, which states that the Nursing Process must be supported by a theoretical support that helps collect data, make diagnoses, and plan nursing actions, in addition to providing the basis for evaluating the results.⁶

The insertion of nurses in the work process in health institutions and services in Brazil has been gradual and faces some difficulties, as pointed out in the literature of the area. The weaknesses are recurrent in the consolidation of the process related to the dynamics of nursing care, regarding human resources and preparation of staff and team, work overload, practices still focused on the task, among other difficulties in the working condition.⁵⁻⁷

Nursing must include integrative and complementary practices as a prototype of care to be indoctrinated and applied in the respective environment, considering the biomedical and

pharmacological interventions that, for the most part, have many side effects and are excessively aggressive to the body.

The Nursing Process is an active, flexible, organized method used in clinical nursing practice to guide the nurse's work in ascertaining patient data, pointing out care needs, triggering interventions, and evaluating outcomes.⁸ It enables, through its steps - Nursing History, Nursing Diagnosis, Intervention, Planning or Implementation, and Evaluation or Nursing Evolution - to understand the patient as a whole and develop humanized nursing care, directed to individualized needs. In addition, data collection supports the Nursing Process, allowing nurses to apply the technical-scientific knowledge that underpins their profession.⁹

The Nursing Process is part of the Systematization of Nursing Care, which is understood as the profession's work method, as to organization, personnel and instruments, which enables its realization. The NCS foresees the definition of the nature of the work to be done and the description of the NP, from the theoretical and philosophical basis, to the type of professional, methods, objectives and material resources for the execution of care.⁴

The implementation of the Nursing Process has been used primarily for specific nursing actions to care for users of hospital and primary care health services. However, as nursing is composed of several specialties, they can implement it, aiming to qualify the care provided to these users. In this sense, a nurse specialist in acupuncture could add her knowledge of the Nursing Process with the specific knowledge of acupuncture, and thus qualify this type of care by enhancing the look for the human being in its entirety.

Acupuncture, as well as nursing, is based on the proposal of integrating health care, through human responses obtained in the relationship of the being with the environment. These responses are evaluated through the identification of signs and symptoms, in order to establish a diagnosis, by associations, which in the case of acupuncture are used the energetic diagnoses, and in nursing, the nursing diagnoses.¹⁰ The clinical procedure of acupuncture is similar to the Nursing Process and within nursing, and one of the areas that provides the nurse with greater autonomy as a liberal professional.

Acupuncture is a technique of inserting and manipulating appropriate needles at specific points, for therapeutic purposes, where meridians are located, which are channels through which the life force, called Qi. Each meridian is directly linked to a physiological or mental system of each being.¹¹ It has been practiced in China for more than 4 thousand years and is an integral part of Traditional Chinese Medicine (TCM). In Brazil, the practice of TCM began with the arrival of the first Chinese immigrants to Rio de Janeiro, in 1810. The practice of acupuncture was introduced in the SIA/UHS (Outpatient Information System) in 1999, through Ordinance No. 1230/GM (Brazil, 1999), and its practice was reinforced by Ordinance No. 971, published by the Ministry of Health in 2006, which approved the National Policy for Integrative and Complementary Practices in the Unified Health System.¹²

The use of the Nursing Process enables the specificity of individualized care, as well as guides the nurse's decision-making process in team management situations. It also provides opportunities for advances in the quality of care, which drives its adoption in health care institutions. The interrelationship between the steps of the Nursing Process allows us to plan and replan as the needs of patients change.

Acupuncture in nursing care is an object of interest and discussion among experts and specialists. The number of active professionals and scientific production is still small when compared to the real potential of the professional practice. It is necessary to build a specific body of knowledge between nursing and acupuncture, to reinforce the use and execution of the Nursing Process, expanding its field of action in an autonomous, safe, and solid way.¹⁰

This study is based on Eliot Freidson's Sociology of Professions, under the argumentation of three factors that characterize a profession: autonomy, expertise and credentialism about one's own work, in which they describe the ideal type of professionalization.¹³

This study aims to analyze the use of the Nursing Process in the practice of acupuncture from 1997 to 2015. The historical cutout is from 1997 to 2015, justifying its beginning by the recognition of the exercise of acupuncture for the professional nurse, supported by COFEN Resolution No. 197, 1997. The final cutout focuses on 2015, with the expansion of the National Policy on Integrative and Complementary Practices.¹⁴

The object of research of this study refers to the insertion of the Nursing Process as an analysis methodology for the practice of the acupuncturist nurse. It is justified by addressing an essential theme, which is the Nursing Process as a potentializer in the practice of acupuncture by nurses. As a social-historical study, it allows us to understand the challenges of the past and the perspectives in relation to the future for the implementation of acupuncture as part of the nurse's work, thus complementing the History of Brazilian Nursing.

METHOD

A qualitative study with a social-historical approach, defined as a systematic approach through the collection, organization, and critical evaluation of data, related to past occurrences, understanding in space-time, the different aspects of the daily life of social classes and groups.¹⁵ The methodological strategy used was Thematic Oral History, as a primary source, dealing with the specific object experienced by the individual.¹⁶

Nineteen nurses and 1 nurse with a specialization in acupuncture participated in this research. To choose the interviewees, the Regional Council of Nursing of Santa Catarina (COREN/SC) was contacted in order to know and identify the professional Acupuncture Specialist Nurses. In addition, we sought nurses who had received training in Acupuncture in specific schools in Santa Catarina. For a greater coverage of participants, we used the snowball method - strategy when a professional indicates another and the next one also indicates - in order to reach the

maximum number of professionals to collaborate in the research. As inclusion criteria, we used professionals who acquired the title of specialist between 1997 and 2015, working in the area during the historical period; and as exclusion criteria, those professionals who worked for less than three years performing activities with acupuncture.

The interview script was composed of 16 semi-structured questions. Ten interviews were conducted via WhatsApp audio and ten face-to-face, in locations determined by the participants, in the period from March to May 2018, with an average duration of 60 minutes each. They were all recorded using a digital recorder, transcribed, and validated using the Interview Assignment Agreement. The reports were analyzed, compared, and grouped by similarity of content, aiming to organize the discussion.

The thematic content analysis method proposed by Minayo¹⁷ - hermeneutic (understanding) and dialectic (criticism) - was applied to support this study, using information from the interviewees for a better understanding of this context, together with the theoretical framework of the study, which was based on the precepts of the Sociology of Professions, proposed by Eliot Freidson. From the data analysis, the category Nursing Process as an organizer of the acupuncture practice was originated.

This study was approved by the Ethics Committee for Research with Human Beings, at UFSC, under Opinion No. 2.562.782, CAAE 2.562.782. After the first contact by e-mail, the inclusion and exclusion criteria for the professionals were applied, and invitations to participate in the research were sent, along with the Free and Informed Consent Term. Respecting the ethical issues of autonomy and individuality, required in works with human beings, we chose to identify the participants by names of acupuncture points, ensuring their anonymity and the confidentiality of information.

RESULTS

The presentation of the results of this study shows in the participants' expressions, in which seven used the Nursing Process in the acupuncture consultation, and 13 did not use it, indicating that it was not a practice adopted as a facilitator of diagnosis and treatment. From these results, two categories were composed: Nursing Process as an organizer of acupuncture practice; and Unawareness of the importance of the Nursing Process in acupuncture practice.

In the first category - Nursing Process as an organizer of acupuncture practice -, it was perceived that, although the nurses did not always use all the steps of the Nursing Process, they demonstrated that they recognized how it facilitates the organization.

It all started with the Nursing Process. The Chinese medicine vision is a little bit broader than our traditional medicine. I know that graduation has changed a little bit now, but our training at that time was very focused on an integralist view. So, it is very similar to the way Chinese

medicine structures the vision of evaluation and diagnosis of the individual, so I always end up associating it. The nursing diagnosis is practically inserted, immersed in my consultations. So I always say, I don't do acupuncture, I do the nursing consultation and the acupuncture clinical care, using the integrative practices. (Jù Què)

We had a proposal to do all registration of care using the Nursing Process. Most of the professionals were nurses and the others used other ways of registering, more the nurses. We even used the ICNP (International Classification for Nursing Practice) diagnoses; we worked to organize and register the care provided by nurses. (Dà Líng)

Sometimes I have difficulty, but I think we have a lot of autonomy here. There are protocols that I've never seen in other municipalities. The nurse still has a lot to conquer, but in comparison with other municipalities in the state that I have worked in, we are well advanced. In the office I didn't associate the NCS. (Ben Shen)

Where I worked was not in nursing, it was in naturology. There, of course, there is no Nursing Process. I think that our clinical reasoning of the Nursing Process, of systematization, makes it much easier. But for my work I never used the Nursing Process didactically, to assist a patient. (Tài Xi)

The diagnosis in acupuncture is differentiated. But this part of data collection, of anamnesis, I do very similar, but the diagnosis part is different. I work with bioenergetics and five elements. Today there are other ways, but it is different to associate one with the other. (Yún Mén)

The way in which the participants used to systematize acupuncturist nursing care followed a methodology, with a flow of anamnesis, physical and clinical examination to reach the diagnoses and, later, to evaluate the condition of the person assisted. The Nursing Process refers to the planning of nursing care.

The second category - Unawareness of the Nursing Process in the practice of acupuncture - pointed out that many nurses, although they already had some information about the Nursing Process, did not understand it as part of the consultation that they performed with the clients they saw, for the practice of acupuncture. In addition, they considered the practice of acupuncture as something isolated from the nursing profession.

When I am a nurse, I am a nurse; and when I am an acupuncturist, I am an acupuncturist; and it is quite different. To a certain extent because I carry the knowledge information and it ends up influencing, it helps a lot, to make the diagnosis of acupuncture. The diagnosis has to be with another look, and not mixed up with Western medicine. I found it very difficult to separate one thing from the other, in this issue of the Nursing Process, nursing

diagnosis. I thought that the knowledge part was very different. (Ting Hui)

When I stop to think about the acupuncture consultation and the nursing consultation, I see that they have similarities between them, in organization and systematization. But, not that I did it planned. I didn't think like this: I am a nurse, I am going to do a nursing systematization; but when I saw it, I had a sequence. I talked and listened to the patient, collected data, then analyzed the situation. I would write the conduct, then evaluate, but without using the systematization. (Shen Tang)

I am not from the time of the Systematization of Care. I work in a different way, of course I can't work without seeing the person as a whole. It's no use treating an ingrown toenail if you don't orientate the person about the type of shoe that they should wear. You have to see the person mystically, I think this is something inherent to nursing. I took care to know how she was inserted in the environment and in the society in which she lived, how her relationships were. Imbalances don't only happen because of internal elements, other people influence her life as well. This I learned with nursing, I learned 40 years ago this kind of nursing that systematizes, that looks at the person as a whole. (Shén Mén)

Unfortunately, I cannot link the process, although many nursing appointments I make the connection with Traditional Chinese Medicine. I offer acupuncture in my nursing care, but in private practice I do acupuncture, and there I try to forget my nursing background a bit and try to put myself as an acupuncturist so as not to mix. Although it is a positive mix, but I don't do acupuncture. (Shen Feng)

The absence of integration of the professional role as a nurse with the professional role of acupuncture specialist points to a certain difficulty in understanding about the interrelationships between what was learned in undergraduate training and what was learned in specialization. The lack of systematized planning of acupuncture care, guided by the nursing process, is not perceived as part of the same body of knowledge, which are not mutually exclusive, but complementary.

DISCUSSION

The fundamentals of nursing are to care, prevent, promote, and restore; those of acupuncture are the five elements, which govern the human body and the nature in which this body is inserted, resulting in care, promotion, and prevention. In other words, nursing and acupuncture integrate in favor of well-being and health. This organizational relationship in acupuncture care practice, using the Nursing Process, emphasizes, in view of the results presented, the sharing between areas of knowledge in health care. There is a tendency for health practice to be

broadened and at the same time diversified by expertise in multiple knowledge and scenarios.

The Nursing Process is a priority tool for the development of nursing care, it structures the scientific scope of the profession, unifies the language, promotes autonomy and qualifies the care provided to users.¹⁸

In Traditional Chinese Medicine, the Energy Diagnosis is of fundamental importance for the practice of acupuncture. In a nursing consultation, the acupuncture nurse can and should make use of both diagnoses.¹⁹ The Nursing Process individualizes care, gathers information indicating diagnoses, subsidizes the planning of activities to assist people with affected human needs, describes the primary interventions for care, and provides opportunities to evolve the health condition at each visit. Adding the Nursing Process to acupuncture care can be considered one of the advances in the care provided and the basis for organizing information about patients and families.¹⁰

Associating the Nursing Process with the practice of the acupuncturist nurse helps to organize care, enhancing the quality of care and the professional-patient relationship. Thus, it strengthens the professional competence and autonomy for individualized and specific care and reiterates the importance of health care being shared among professions and specialties.

Eliot Freidson's Sociology of Professions substantiates this interrelationship of specialties in the health area, when he points out the knowledge of an occupation, the expertise, characterizing it as a profession. Thus, in the Nursing field, in line with Freidson's concepts, for an occupation to be considered a profession, it needs to have knowledge of its own. In this sense, the Nursing Process is the theorized and practical expertise of the nurse and, in this study, it corroborates the practice of the acupuncturist nurse.²⁰ It is observed that most acupuncturist nurses do not use the Nursing Process in their practice, but recognize its importance in the organization of care.

Furthermore, according to the Sociology of Professions, autonomy is another preponderant factor for a profession. In the universe of acupuncture, one can consider that it guarantees autonomy by the specificity of the work. For this, it needs the nursing consultation in order to reach a diagnosis, planning and intervention and, thus, the existence of national protocols that validate this dynamic.²¹ Such insertion of the practice of nursing prescription, in this discussion, is due to an example of autonomy and sharing of actions in the context of health care, and considers the professionalism of the acupuncturist nurse. In this sense, in the development of the Nursing Process in acupuncture, the behaviors need to be established in compliance with the NCS.

The Nursing Process is a strategy of action and contributes to the advancement of professionalization, so that it is configured as a way to affect professional practice relating knowledge, expertise and autonomy. The implementation of the NCS enables the construction and use of a body of nursing knowledge. Thus, it contributes to an autonomous professional practice, an essential condition for the recognition of professional identity by society.²² This implementation points to a differential to perform care

from acupuncture, demonstrating the authority in managing the profession's division of labor.

The professional identity of nursing occurs through the construction of a political, ethical, and scientific identity that expresses the responsibility and autonomy of this professional.²³ In the literature, despite the significant gap regarding the theme of acupuncture and the nursing process, it is pointed out that the diagnostic relationship and nursing interventions accept prescriptions involving acupuncture.¹⁰

This research reinforces the use of the Nursing Process in acupuncture care, which may be developed by the nurse or indicated by another professional. Even though acupuncture is a traditional Chinese oriental intervention, and the Nursing Process is a working methodology and individualized care of Western origin, the acupuncturist nurses participating in this research agreed on the proximity and complementarity of this knowledge and practice.

According to the Federal Council of Nursing, *latu sensu* training in Acupuncture, by the nurse, is regulated in Brazil. It follows the World Health Organization, which, from evaluations of clinical cases of acupuncture, highlights 43 diseases and illnesses with the possibility of treatment through this intervention. In the context of chemical dependency, post-stroke rehabilitation, lumbar and cephalic pains are some conditions that acupuncture is referenced by consensus of the North American National Institute of Health.⁶

From this perspective, we see that the identity of the nurse is linked to the quality and continuity of care, autonomous and based on theoretical and methodological references. The relationship between Traditional Chinese Medicine and the evidence-based care of Western therapeutics presents congruence for the registration and evaluation of health, since organic physiological reactions trigger a threat to homeostasis. This implies energetic imbalance and shows parallels in TCM in line with the health problem presented.²⁴ This relationship gives rise to internal imbalances - such as emotions and psychological reactions - and the energetic distribution is weakened. Such understanding leads us to understand and evaluate people's health in an integral way.

Corroborating this is the recognition, by more experienced acupuncturist nurses, of the Nursing Process as a comprehensive view of the patient in the action of care. Acupuncture as a nurse's specialty reflects an important argument in the search for knowledge and professional empowerment, values that, according to Freidson, correspond to each other. The professions, to achieve social recognition, seek expertise in the autonomy of their work process, in order to hold professional power over a certain occupation.²⁵

Thus, the use of the Nursing Process as an organizer of the acupuncture nurse's practice is considered one of the advances in care, enabling a systematized practice with the purpose of integral care. Furthermore, it ensures consistency in the care provided as a way to facilitate both the diagnosis and the organization of care, innovation and differential in care.

Nurses are autonomous professionals, and within the scope of this autonomy, there is the pertinence of such practice. The

nurse, as a member of a team, does not work or make decisions alone.²⁶ In turn, the nurse appropriate of her expertise - in this case, acupuncture - presents autonomy and makes decisions independently and according to her knowledge. Professional autonomy is a specificity that confers power to the profession, reaching its status when it performs the doing under the protection of society and state control.²⁷

Adhering to the Nursing Process, to the acupuncture consultation, guarantees the nurse a differentiated care, because it offers an innovation. In view of the discussion and according to Freidson,²⁰ the three factors that narrate the ideal type of professionalization - autonomy, expertise, and qualifying credentials - meet the advances of the acupuncturist nurse. In addition, such innovation confers status to the professional, since it is sustained in self-regulation and will influence the social environment of health professions, reiterating the valorization of nursing and professional members from differentiated and qualified care practices.²⁸

The Nursing Process is an expertise acquired through experience and scientific knowledge, which provides the professional with autonomy. The nursing diagnoses can suffer interventions through acupuncture, being applied both by specialist nurses and indicated by others who are not specialists, but who recognize in it an interventional possibility.²⁹

The improvement of acupuncture practice and the qualification through the knowledge acquired during the nurse's training express a conjunction of actions and knowledge, since competence is established by knowledge, skills, and attitudes, which result in changes in professional practice. The nurse who works with TCM is directly linked to actions related to disease prevention, health promotion and recovery, correlating her nursing knowledge with TCM knowledge.³⁰

The acupuncturist specialization enriches Being a Nurse, as it encompasses knowledge from Eastern culture to expertise, and adds to care experiences that focus on feelings and emotions. Therefore, there is deeper and more diverse knowledge of care, broadening and solidifying expertise, autonomy underpinned by the credentialing described by Freidson.

Regarding integration, there are still significant differences in the conceptions and choices of nursing diagnoses, which involve the type of classification, theories, and methodological strategies. The context of practice in evidence brings theoretical-methodological possibilities that contribute to the practice of acupuncture. There is little reference to the use of a nursing diagnosis classification in acupuncture services. The diagnoses in acupuncture focus on the stimulation of acupoints, acting as a regulator of the flow of life force (Qi) within the diagnosis of Traditional Chinese Medicine, and endogenous and neurochemical release with regard to the clinic, which in nursing reflect the diagnoses about the human reactions arising from these flows. Thus, the diagnostic processes in acupuncture and in nursing are corresponding. In this discussion, acupuncture is assumed as a practice that privileges nursing intervention. The organization of the Nursing Process helps to optimize the acupuncture consultation.³¹

Acupuncture diagnosis is one of the most intricate tasks in Traditional Chinese Medicine (TCM). The diagnostic process is based on the fundamental principle that signs and symptoms reflect the conditions of the internal organs and channels. In the diagnostic process, the investigation should extend beyond signs and symptoms related to the complaint. In this sense, patient history is a fundamental step, as it searches for subjective symptoms elucidated by the patient.²⁵ The interface of the Nursing Process and diagnosis in acupuncture expands knowledge for quality care to society. Because it is a knowledge-intensive, expertise-intensive task, it has much to contribute to further enhance your practice in acupuncture.¹³

Undergraduate courses should point out to students the several areas of nursing practice, acupuncture being one of them. Students need to have the theoretical and practical opportunity to correlate nursing practice with less traditional areas, such as alternative practices. It is worth reflecting on the statements of some participants, when they refer that "here I am a nurse" and "there I am an acupuncturist". That is, they separate the profession from the specialization, when in fact one complements the other in the assistance practiced.

The limitations of this study show in the methodological scope, in the sense of the wider range of participants, the impossibility of contact and unavailability of some. Another limitation refers to the few national and international studies directly related to the Nursing Process and diagnoses and recording practices in acupuncture. However, the recognition of these limitations strengthens the narratives and the results in a first analysis.

FINAL CONSIDERATIONS

The Nursing Process may be considered an advance applied to the acupuncture consultation, as well as an evolution in the care and strategy of good practice of the acupuncturist nurse. In view of the above, and despite the fact that nursing today is one of the largest and most important health professions in Brazil, and that acupuncture is presented as a specialization within nursing, it has been gaining prominence in the health profession, nationally.

As a potentiality, the use of the Nursing Process in the care of the nurse specialist in acupuncture stands out as an advance for the area of nursing and health, strengthening the specialty in the area of nursing, according to its regulation and insertion in public health policies, highlighting Freidson's autonomy and expertise. In addition, the study provides increased visibility of the work of the nurse in this specialty.

The incorporation of care technologies in health care is, for nursing, a potential qualification of care, since acupuncture is evidenced as an interventionist technology, aiming at the resolution of affected human needs and reactions that show unbalance in the condition of disease and health.

Further studies are suggested to deepen the reason why the importance of the Nursing Process is recognized, but not used in acupuncture practice, besides exploring the real difficulties in integrating knowledge among related disciplines.

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REFERENCES

- Bulson JA, Bulson T. Nursing process and critical thinking Linked to disaster preparedness. *J Emerg Nurs*. 2011;37(5):477-83. <http://dx.doi.org/10.1016/j.jen.2010.07.011>. PMID:21889655.
- Ribeiro OMPL, Martins MMFPS, Tronchin DMR, Forte ECN. Aplicação do processo de enfermagem em hospitais portugueses. *Rev Gaúcha Enferm*. 2018;39:e2017-0174. <http://dx.doi.org/10.1590/1983-1447.2018.2017-0174>.
- Dell'Acqua MCQ, Miyadahira AMK. Ensino do processo de enfermagem nas escolas de graduação em enfermagem do estado de São Paulo. *Rev. Latino-Am. Enfermagem*. 2002 abr;10(2):185-91. <http://dx.doi.org/10.1590/S0104-11692002000200010>.
- Oliveira MR, Almeida PC, Moreira TMM, Torres RAM. Nursing care systematization: perceptions and knowledge of the Brazilian nursing. *Rev Bras Enferm*. 2019 dez;72(6):1547-53. <http://dx.doi.org/10.1590/0034-7167-2018-0606>. PMID:31644743.
- Azevedo C, Moura CC, Corrêa HP, Mata LRF, Chaves ECL, Chianca TCM. Complementary and integrative therapies in the scope of nursing: legal aspects and academic-assistance panorama. *Esc Anna Nery*. 2019;23(2):e20180389. <http://dx.doi.org/10.1590/2177-9465-ean-2018-0389>.
- Resolução n.º 0509/2016 (BR). Atualiza a norma técnica para Anotação de Responsabilidade Técnica pelo Serviço de Enfermagem e define as atribuições do enfermeiro Responsável Técnico. *Diário Oficial da União, Brasília (DF)*, 2016.
- de Sousa LA, de Barros NF. Integrative and Complementary Practices in the Unified Health System: progresses and challenges. *Rev. Latino-Am. Enfermagem*. 2018;26:e3041. <http://dx.doi.org/10.1590/1518-8345.2854.3041>.
- Benedet S, Gelbcke F, Amante L, Padilha M, Pires D. Nursing process: systematization of the nursing care instrument in the perception of nurses. *Revista de Pesquisa: Cuidado é Fundamental Online*. 2016;8(3):4780-4788. <http://dx.doi.org/10.9789/2175-5361.2016.v8i3.4780-4788>.
- Oliveira CS, Borges MS. Representações sociais de enfermeiros que cuidam de crianças sobre a sistematização da assistência de enfermagem. *Rev Gaúcha Enferm*. 2017;38(3):e66840. <http://dx.doi.org/10.1590/1983-1447.2017.03.66840>.
- Pereira RDM, Alvim NAT. Acupuntura para intervenção de diagnósticos de enfermagem: avaliação de experts e especialistas de enfermagem. *Esc Anna Nery*. 2016;20(4):e20160084. <http://dx.doi.org/10.5935/1414-8145.20160084>.
- Cintra MER, Figueiredo R. Acupuntura e promoção de saúde: possibilidades no serviço público de saúde. *Interface (Botucatu)*. 2010 mar;14(32):139-54. <http://dx.doi.org/10.1590/S1414-32832010000100012>.
- Rocha SP, Benedetto MACD, Fernandez FHB, Gallian DMC. A trajetória da introdução e regulamentação da acupuntura no Brasil: memórias de desafios e lutas. *Ciênc. Saúde coletiva*. 2015 Jan;20(1):155-64. <http://dx.doi.org/10.1590/1413-81232014201.18902013>.
- Bellaguarda MLR, Padilha MI, Nelson S. Eliot Freidson's sociology of professions: an interpretation for Health and Nursing. *Rev Bras Enferm*. 2020;73(6):e20180950. <http://dx.doi.org/10.1590/0034-7167-2018-0950>. PMID:32785504.
- Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Política nacional de práticas integrativas e complementares no SUS: atitude de ampliação de acesso [Internet]. Brasília: Ministério da Saúde; 2015 [citado 2019 jan 20]. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_praticas_integrativas_complementares_2ed.pdf
- Padilha MI, Bellaguarda MLR, Nelson S, Maia ARC, Costa R. O uso das fontes na condução da pesquisa histórica. *Texto Contexto Enferm*. 2017;26(4):e2760017. <http://dx.doi.org/10.1590/0104-07072017002760017>.
- Meihy JCSB, Holanda F. História oral: como fazer, como pensar. São Paulo: Contexto; 2010.
- Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14ª ed. São Paulo: Hucitec; 2014.
- Bitencourt JVOV, Martini JG, Massaroli A, Furlan de Léo MM, Conceição VM, Santos MG. Structuring of a proposal for the nursing process theoretical and methodological basis: professor's motivations. *Texto contexto - enferm*. 2020 Dez;29:e20180205. <http://dx.doi.org/10.1590/1980-265x-tce-2018-0205>.
- Lopes LF, Lopes MC, Fialho FAP, Gonçalves AL. Sistema de conhecimento para diagnóstico em acupuntura: uma modelagem usando o CommonKADS. *Gestão & Produção*. 2011;18(2):351-66. <http://dx.doi.org/10.1590/S0104-530X2011005000001>.
- Freidson E. Profissão médica: um estudo de sociologia do conhecimento aplicado. São Paulo: UNESP; 2009.
- Bellaguarda MLR, Silveira LR, Mesquita MPL, Ramos FRS. Identidade da profissional enfermeira caracterizada numa revisão integrativa. *Enf em Foco*. 2011;2(3):180-3. <http://dx.doi.org/10.21675/2357-707X.2011.v2.n3.130>.
- Benedet SA, Padilha MI, Gelbcke FL, Bellaguarda MLR. The model professional in the implementation of the Nursing Process (1979-2004). *Rev Bras Enferm*. 2018;71(4):1907-14. <http://dx.doi.org/10.1590/0034-7167-2017-0226>. PMID:30156676.
- Kurebayashi LFS, Gnatta JR, Borges TP, Silva MJP. Avaliação diagnóstica da Medicina Tradicional Chinesa dos sintomas de estresse tratados pela auriculoterapia: ensaio clínico. *Rev. Eletr. Enf*. 2014 jan/mar;16(1):68-76. <http://dx.doi.org/10.5216/ree.v16i1.20167>.
- Freidson E. Renascimento do profissionalismo: teoria, profecia e política. São Paulo: Edusp; 1988.
- Bellaguarda ML, Nelson S, Padilha MI, Caravaca-Morera JA. Prescriptive Authority and Nursing: a comparative analysis of Brazil and Canada. *Rev Lat Am Enfermagem*. 2015;23(6):1065-73. <http://dx.doi.org/10.1590/0104-1169.0418.2650>. PMID:26625997.
- Bousfield APS, Padilha MI, Martini JG, Nicácio AV. Inclusion of nurses in acupuncture practice in Santa Catarina (1997-2015). *Cogitare enferm*. 2019;24:e66766. <http://dx.doi.org/10.5380/ce.v24i0.66766>.

27. Bellaguarda MLR, Padilha MI, Pereira Neto AF, 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. <http://dx.doi.org/10.1590/S1414-81452013000200023>.
28. Bellaguarda MLR, Padilha MI, Peres MAA, Paim L. Enfermagem profissão: seu status, eis a questão. *Revista Enfermagem UERJ*. 2016 abr;24(2):e8591. <http://dx.doi.org/10.12957/reuerj.2016.8591>.
29. Dallegrave D, Boff C, Kreutz JA. Acupuntura e Atenção Primária à Saúde: análise sobre necessidades de usuários e articulação da rede. *Rev Bras Med Fam Comunidade*. 2011;6(21):249-56. [http://dx.doi.org/10.5712/rbmf6\(21\)291](http://dx.doi.org/10.5712/rbmf6(21)291).
30. Martins ES, Costa ND, Holanda SM, Castro RCMB, Aquino PDS, Pinheiro AKB. Enfermagem e a prática avançada da acupuntura para alívio da lombalgia gestacional. *Acta Paul Enferm*. 2019 out;32(5):477-84. <http://dx.doi.org/10.1590/1982-0194201900067>.
31. Pereira RDM, Alvim AT, Pereira CD, Gomes JSC. Acupuntura na hipertensão arterial sistêmica e suas contribuições sobre diagnósticos de enfermagem. *Esc Anna Nery*. 2017;21(1):e20170024. <http://dx.doi.org/10.5935/1414-8145.20170024>.

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