Cogitare Enfermagem

REVIEW

# NURSING CARE FOR THE HEALTH OF INDIGENOUS POPULATIONS: SCOPING REVIEW

## HIGHLIGHTS

1.Nursing consultation is the tool to identify problems.
2. In indigenous area, the nurse assumes a central role in the health teams.
3. Nursing professionals are part of a collective and collaborative work.
4. The limitation found when the barrier is language can also be highlighted.

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## ABSTRACT

**Objective:** to identify in the literature the nursing care actions for the health of indigenous populations. **Method:** this is a scoping review, whose search was conducted in September 2022 in the following databases: Nursing Database (BDENF), CAPES Theses and Dissertations Catalog, Google Scholar, Latin American and Caribbean Literature on Health Sciences (LILACS), Pan American Health Organization (PAHO), National Library of Medicine and National Institutes of Health (PUBMED) and Scientific Electronic Library Online (SCIELO). The results were evaluated by summarizing the selected articles. **Results:** the main actions directed to the indigenous population were nursing consultations and health promotion and prevention activities. The main difficulty encountered in relation to indigenous peoples is the language barrier. **Conclusion:** the nursing team encounters difficulties, such as: the difficult location of the villages; high work overload due to the lack of medical professionals; language barrier; and inadequate conditions.

**DESCRIPTORS:** Indigenous Peoples; Health of Indigenous Peoples; Nursing Care; Health Care; Comprehensive Health Care.

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## INTRODUCTION

In Brazil, the indigenous population has been the target of violence since its first contacts with the Portuguese colonization in the 16th century. At that time, these peoples - seen only as obstacles for the extraction of resources or as suppliers of low-cost labor - began to be exploited by the invaders of their lands[1]. Considering this reality, from 1500 to the 1970s, the indigenous population decreased considerably, and many peoples became extinct[2]. Moreover, the Portuguese colonization process in Brazil, which lasted from 1530 to 1822, brought with it changes in the Indians' lifestyles, who were subjected to infectious diseases that did not previously exist in their sphere and for which they did not have sufficient immune defense mechanisms, resulting in increased morbidity and mortality among this population, which at the time consisted of more than five million inhabitants and currently totals less than one million, representing 0.4% of the country's total population[1, 3-4].

At present, the indigenous population in Brazil is made up of 305 ethnicities, comprising an average of 817,000 individuals speaking 274 languages, and distributed in 683 indigenous lands[2,4]. Male presence is predominant within the lands, representing 51.6% of the total. Outside the indigenous lands, the population corresponds to 48.4%, while the female represents the majority when it comes to the peoples residing outside the lands, 51.3%, and inside the indigenous lands corresponds to 48.7%[5]. Furthermore, the literacy rate of indigenous people 15 years of age or older is below the national average, which is 90.4%, while in indigenous lands, there is an illiteracy rate of 32.3%, demonstrating the lack of expansion of public policies around education, especially for the population residing on these lands[5].

Furthermore, the management of public health policies for these peoples began in the mid-twentieth century - with the creation of the Service of Aerial Health Units (SUSA- in Portuguese) - in which indigenous people began to have access to services of prevention, diagnosis, and treatment of endemic diseases, which caused a decrease in mortality. In this perspective, in 1967 the National Indian Foundation (FUNAI- in Portuguese) was created, with a team formed by nurses, doctors, dentists and laboratory technicians, however, it had low effectiveness[4].

Currently, the health of the indigenous population in Brazil is subsidized by the National Policy for Health Care for Indigenous Peoples (PNAISP- in Portuguese), regulated by Decree No. 3,156 of August 27, 1999, which presents the conditions for the provision of health care to these peoples within the Brazilian Unified Health System (SUS). Moreover, with the publication of Decree No. 7,336/MS in 2010, the Special Secretariat of Indigenous Health (SESAI- in Portuguese) became responsible for managing the health subsystem of this population[6].

The Health Care Subsystem for Indigenous Peoples, in turn, was created in 1999, through Law no. 9,836/99 (Arouca Law) and is composed of Special Indigenous Health Districts (DSEI- in Portuguese) that constitute a network of health services implemented in indigenous lands to attend to this population. Currently, the organization for the assistance occurs through a Health Post, Basic Health Unit on the river, Base Center, Indigenous Health House (CASAI- in Portuguese), and a reference institution, which is generally a specialized hospital located in large cities. In Brazil, 34 DSEIS have been implemented aiming to offer Primary Health Care[2, 6]. However, according to the Brazilian Association of Collective Health (ABRASCO- in Portuguese), studies prove that indigenous peoples live in situations of vulnerability - due to the high rate of malaria cases, anemia, malnutrition, diabetes, and obesity - being extremely more prone to develop respiratory infections, as COVID-19, and evolve to Severe Acute Respiratory Syndrome (SARS) This is one of the reasons why Amazonas - the Brazilian state with the highest number of indigenous people - has reached the milestone of the highest number of deaths in Brazil during the pandemic[4].

Moreover, even though several indigenous peoples are considered isolated, a large

number are connected to urban areas, especially in the state of Amazonas, with a high potential for virus dissemination among these individuals. Geography is also an aggravating factor since most of these people live in places with difficult access to health services[4]. However, despite the obligation to update, train, and improve health care, only a minority of the professionals undergo some kind of preparation for the introduction to the Indian health care work, and among the problems reported by the nurses are the lack of vaccines and medicines, the poor structure of the buildings, the incomplete teams, and the lack of sanitation in the villages. Thus, these areas usually go through a high turnover because the professionals can often not do the internal articulations[3].

Therefore, the present study is justified by the need to give more attention to indigenous populations, considering the social vulnerability and the precariousness of multi-professional assistance to which a large contingent of these peoples is subjected. Moreover, due to the scarcity of studies on the theme, we noticed the need to gather the most current nursing care for indigenous populations, to delimit the findings with scientific support and to improve the care practice of nursing professionals. Given this reality, this study aims to identify in the literature the nursing care actions for the health of indigenous populations.

## METHODOLOGY

This is a scoping review, whose objective is to identify in the literature the main findings and possible gaps in knowledge about a theme and to promote the synthesis and dissemination of the results found. The present study, as well as the protocol and flowchart, was developed following the recommendations of the JBI[7], in such a manner as to use the Checklist Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR)[8].

In this sense, as established by Arksey and O'Malley, five steps were followed to prepare this article: 1) construction of the research question; 2) identification of relevant records for the study; 3) selection and inclusion of studies; 4) data summarization; and 5) synthesis of results[9]. To elaborate the research question, the mnemonic Population, Concept and Context (PCC) was used, being P: indigenous populations; C: nursing care to the health of indigenous populations; and C: health care. Based on this step, the guiding question was defined as: "What are the nursing care actions provided to the health of indigenous populations?"

The descriptors used for the search were selected from the Health Sciences Descriptors (DeCS) platform, which were: "Indigenous Peoples"; "Health of Indigenous Peoples"; "Nursing"; "Nursing Care"; "Health Care"; and "Comprehensive Health Care" and from the Medical Subject Headings (MeSH) platform, which were: "Indigenous Peoples"; "Health Services, Indigenous"; "Nursing"; "Nursing Care"; "Management, Nursing Care"; "Delivery of Health Care"; and "Comprehensive Health Care", as shown in Table 1. The Boolean operators "AND" and "OR" were used to elaborate the search syntax, adapted to each data source, to promote the combination between the descriptors.

**Chart 1** - Descriptors used for research in the data sources. Redenção, Ceará, Brazil, 2022.

| PCC | MeSH |
|---|---|
| ***Population*** | *Indigenous Peoples OR Health Services, Indigenous* |

| | |
|---|---|
| | ***AND*** |
| ***Concept*** | *Nursing OR Nursing Care OR Management, Nursing Care* |
| | ***AND*** |
| ***Context*** | Delivery of Health Care OR Comprehensive Health Care |

Source: The authors, 2022.

The searches were performed in September 2022 in the following data sources: BDENF (Nursing Database); CAPES Theses and Dissertations Catalog; Google Scholar; LILACS (Latin American and Caribbean Literature on Health Sciences); PAHO (Pan American Health Organization); PUBMED (National Library of Medicine and National Institutes of Health); and SCIELO (Scientific Electronic Library Online). The syntaxes performed in each data source are shown in Chart 2.

**Chart 2** - Search syntax in the data sources. Redenção, Ceará, Brazil, 2022

| Sources of data | Syntax |
|---|---|
| ***PubMed Central*** | *(*"Indigenous Peoples" *[All Fields] OR* "Health Services, Indigenous" *[All Fields]) AND (*Nursing *[All Fields] OR* "Nursing Care" *[All Fields] OR* "Management, Nursing Care" *[All Fields]) AND (*"Delivery of Health Care" *[All Fields] OR* "Comprehensive Health Care" *[All Fields])* |
| ***LILACS*** | "*Povos Indígenas*" OR "*Saúde de Populações Indígenas*" [Words] and Enfermagem OR "*Cuidado de Enfermagem*" [Words] and "*Atenção à Saúde*" OR "*Assistência Integral à Saúde*" [Words] |
| **SciELO** | *(*"* Indigenous Peoples" *OR* "Health Services, Indigenous"*) AND (*Nursing *OR* "Nursing Care" *OR* "Management, Nursing Care"*) AND (*"Delivery of Health Care" *OR* "Comprehensive Health Care*)* |
| **BDENF** | *"Povos Indígenas" OR "Saúde de Populações Indígenas"* [Words] *and Enfermagem OR "Cuidado de Enfermagem"* [Words] *and "Atenção à Saúde" OR "Assistência Integral à Saúde"* [Words] |
| **PAHO** | *"Povos Indígenas" OR "Saúde de Populações Indígenas"* [Words] *and Enfermagem OR "Cuidado de Enfermagem"* [Words] *and "Atenção à Saúde" OR "Assistência Integral à Saúde"* [Words] |
| **Google Scholar** | ("Indigenous Peoples" OR "Health Services, Indigenous") AND (Nursing OR "Nursing Care" OR "Management, Nursing Care" AND "Delivery of Health Care") OR ("Comprehensive Health Care") |
| **CAPES Thesis and Dissertation Catalog** | "Indigenous Peoples" OR "Health of Indigenous Peoples" AND Nursing OR "Nursing Care" AND "Health Care" OR "Integral Health Care" |

Source: The authors, 2022.

Thus, to identify possible studies like this review, a preliminary search of the topic was conducted in the Open Science Framework (OSF), JBI Clinical Online Network of Evidence for Care and Therapeutics (COnNECT+), Database of Abstracts of Reviews of Effects (DARE), The Cochrane Library, and International Prospective Register of Ongoing Systematic Reviews (PROSPERO) data sources, in which no similar studies were found.

The search process, in turn, occurred through the Periodical Portal of the Coordination for the Improvement of Higher-Level Personnel (CAPES) through the Federated Academic Community (CAFe).

The inclusion criteria for the study were publications without a time frame that met

the study objective; publications available in full and free of charge in electronic media; dissertations, theses, ministerial orders, guidelines, and scientific articles. However, abstracts, letters to the editor, opinion articles, studies not related to the theme, and duplicate records in data sources were excluded.

The search for the studies was performed simultaneously and in different devices by two independent researchers. For extraction and summarization of the results, a table was prepared according to the variables "author/year", "type of study", "country", "study objectives", "health actions performed", and "difficulties encountered in assistance".

## RESULTS

The searches were initially performed in five electronic data sources, resulting in a total of 1,167 records, found by searching PubMed Central (n=161), LILACS (n=5), SciELO (n=0), BDENF(n=1), PAHO (n=0), Google Scholar (n=979) and the CAPES Theses and Dissertations Catalog (n=24). A manual search for four potentially eligible articles in the reference list of the selected studies was also performed. After the screening process, eight eligible records were selected for the composition of the results. The steps of the screening process are detailed in the flow chart in Figure 1.

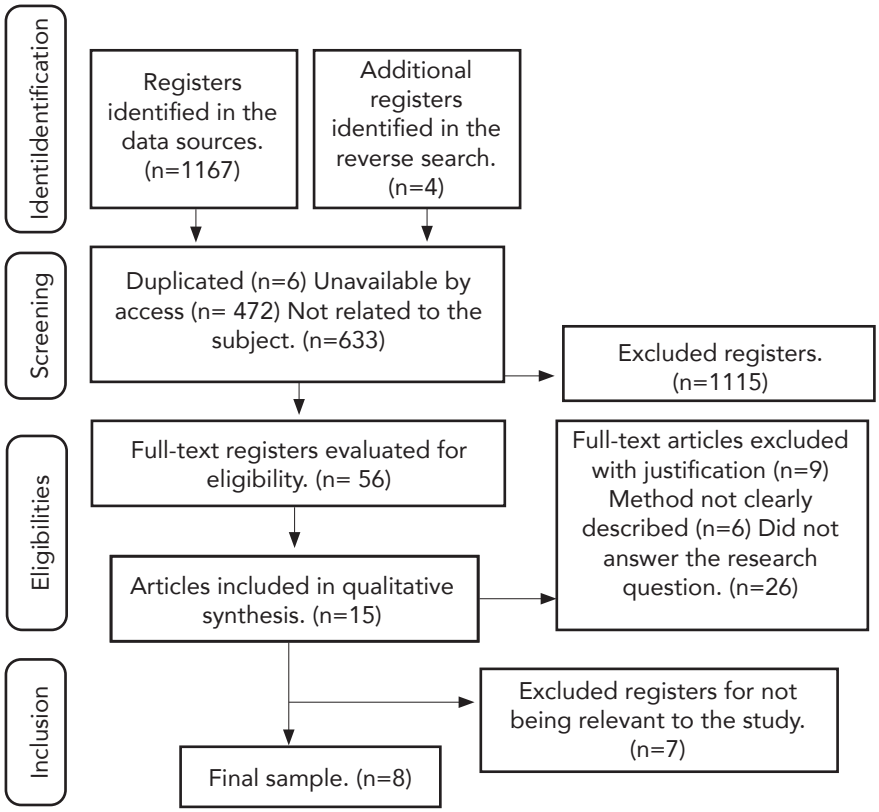


**Figure 1** - Search flowchart adapted from the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA ScR). Redenção, CE, Brazil, 2022

Source: The authors, 2022.

The eight articles selected to compose the results of this study were categorized in Chart 2, containing author/year, type of study/country, nursing actions, and difficulties encountered in care.

**Chart 2** - Summary of the articles included in the scoping review. Redenção, Ceará, Brazil, 2022.

| ID* | Country/ Year/ Type of study | Objectives of the study | Health actions performed | Difficulties experienced in the assistance |
|---|---|---|---|---|
| E1[10] | Brazil /2021/ Descriptive study | To analyze the challenges faced by nursing professionals in the health care of indigenous peoples in the Rio Tapajós Special Indigenous Health District. | Acting in vaccination campaigns directed to this population, nursing consultation, and activities recommended by the Ministry of Health. | Language barrier, location of the villages, lack of sanitation, difficulty for the indigenous people to develop trust in the professionals. Added to this is the lack of training and unpreparedness of professionals to deal with interculturality. |
| E2[11] | Brazil /2018/ Bibliographic study | Identify the nursing actions in the assistance to the indigenous population and point out the importance of nurses in collective health practices directed to indigenous populations. | Health education, promotion and prevention activities in the community and nursing consultation. | Language barrier, lack of knowledge about the rituals and beliefs of this population, and geographical location of the villages. |
| E3 [12] | Brazil /2018/ Bibliographic study | Describe, through key points of indigenous health care, what has changed after the implementation of the National Policy for Health Care for Indigenous Peoples. | Consultations, immunization of children, prescription of general treatments. | Lack of preparation of the team, difficulty in communication and identifying problems, lack of standardization in the flow of reference and counter-reference and prejudice of the team itself, precarious infrastructure. |
| E4 [13] | Brazil/2018/ Exploratory study | To characterize the profile of nurses who work with the indigenous and non-indigenous populations of Alto Rio Negro, Amazonas State. | Health promotion and prevention activities and primary care services in indigenous villages. | Language barrier, communication deficit between indigenous people and professionals. Difficulties in forming bonds. High workload, lower than expected remuneration and professional undervaluation. |
| E5 [14] | Brazil/2017/ Descriptive study | To analyze the experience of health care work within the indigenous territory as a potential learning space for nurses to qualify their professional practice aimed at working in this intercultural context. | Nursing consultation and activities of promotion, prevention, and control of diseases. | Lack of structure, housing conditions, geographical characteristics, difficulties in forming and bonding, language barrier, and eating habits. |

| | | | | |
|---|---|---|---|---|
| E6 [15] | Brazil/2014/ Ethnographic study | Describe the reflexes of organizing the primary health care, primary health care service for indigenous health care to the elderly Kaingang in the perception of Kaingang, elderly in the perception of health professionals working in the area. | Consultation with the multidisciplinary team, health promotion, protection, and recovery, as well as other activities recommended by the Ministry of Health. | Language barrier, lack of an efficient information system, difficulty of articulation with the SUS reference network, lack of recruitment of trained staff, high turnover of professionals. |
| E7 [16] | Brazil/2012/ Descriptive study | To identify the difficulties encountered by nurses in assisting the indigenous population in Grajaú-MA. | Adult and childcare nursing consultation. | They report the difficult location of the villages because they are far from civilization and from equipped hospitals. Added to this are the myths, customs, and beliefs that attribute illnesses to spells. In addition, the inadequate working conditions, such as: lack of water, energy, equipment to check vital signs, scales to weigh children, and the language barrier. |
| E8 [17] | Brazil/2010/ Reflective study | Stimulate a reflection on the contradictions that have arisen within the indigenous health policy in Brazil, whose norms fail to contribute to the structuring of new approaches that value diversity from the ethnic and cultural point of view. | Nursing consultations, vaccinations, and activities recommended by the Ministry of Health. | Difficulty in making themselves understood, precariousness of the services and structure, prejudice for professionals, and lack of understanding of the indigenous beliefs and myths. |

*ID = article identification.
Source: The authors, 2022.

The year that obtained the highest scientific production on this theme was 2018, totaling three studies, being 37.5%[11-13] of the articles, followed by the years 2010, 2012, 2014, 2017 and 2021, totaling one study, being 12.5%[10,14-17] in each year. The methods used in the articles were varied, with descriptive study predominating representing the total of three studies, being 37.5%[(10,14,16)] of the sample. All studies had Brazil as the country of publication.

Regarding the other information extracted from the articles, most of the studies had the objective of identifying the difficulties encountered by nurses in assisting the indigenous population[10,16], as well as analyzing the actions11 taken and the profile of these professionals[11-12]. The other studies focused on the National Policy for Health Care for Indigenous Peoples[12, 15-17]. The main actions provided by nurses to the indigenous population were nursing consultations[10-12,14-17] and health promotion and prevention activities[11,13-15], as recommended by the Ministry of Health.

Six studies reported that, among the main difficulties encountered in providing care to indigenous peoples, one of the most recurrent is the language barrier, which was unanimously addressed in the studies[10-17]. In addition, other problems were identified in the studies, such as: the geographical location of villages that are difficult to access, lack of basic sanitation, precarious infrastructure, and equipment to provide care, unpreparedness of the team, difficulties in forming bonds, and lack of adequate salaries.

## DISCUSSION

Indigenous beliefs consider disease as an event that is closely related to the social body, whose implications are more collective than individual, characterizing the health-disease process as sociocultural, which opposes the biomedical model in several perspectives. Thus, when inserted into this reality, health professionals often experience conflicting relationships because the ethical and moral values of their own cultures are often at odds with the practices and conceptions of the communities[11,14,16-17]. Moreover, the lack of specific training to work in indigenous health care can lead the multi-professional team to contradictions between the desire to respect and the anxiety to solve the problems of the population, which can harm the quality of care offered, as reported even by indigenous people assisted by non-trained professionals[13-16].

In their cultural and ethnic uniqueness, Indians demand differentiated care, and without training, the nursing professional strives to acquire specific knowledge, leading many of them to ask for help from colleagues who work or have worked in the area and/or to search the literature on the subject[16]. These facts reveal the importance of the incentive for training, formation, permanent and continued education to guarantee the quality of health care for indigenous people, as suggested by the 5th National Conference on Indigenous Health[18].

In this context, when considering nursing care for these people, tools such as the capacity for listening, dialogue, knowledge based on interculturality in the health-disease process, and anthropological knowledge are indispensable for the construction of an integral and truly respectful relationship between professionals and indigenous people, to improve the provision of health care[11-14,16]. In indigenous areas, nurses have been assuming a central role in the health teams, both because of the time they have been working in the service and because of the demands inherent to their performance[13]. In this sense, from the analysis of the selected studies, a strong performance of the nursing team's assistance is noted, mainly regarding supervision and management, health education, nursing consultation, and a strong participation in the promotion, protection, and recovery of health[11-14].

As far as nursing supervision is concerned, the support given to nursing technicians or assistants during the performance of procedures, such as medication administration, vaccine application, and dressings, as well as the planning, evaluation, and execution of the work process of the health service team, stands out[11]. Thus, the nurse also assumes a managerial role within the team and is responsible for organizing the service in the indigenous area[12]. Health education, in turn, is a practice that should be constant in all nursing actions, focusing mainly on cultural issues of the communities, their lifestyles, and disease risks, besides being essential for the training of several indigenous professionals[11-14].

Regarding health promotion, protection, and recovery, the effective performance of nurses in the area includes a broad understanding of the health-disease process of users, to respect the ethnic-cultural peculiarities of indigenous peoples and constantly seek updates about health care. However, the team needs to have qualities that enable the identification of risk factors, planning, implementation, and preventive action[13-14].

Nursing professionals are part of a collective and collaborative work developed with the other professionals on the team. In this sense, there must be integration of the

multidisciplinary team and knowledge from other public services, seeking to aggregate popular and technical knowledge, aligned with the specific needs of the indigenous population[13-14].

The Indigenous Health Agent (AIS- in Portuguese) is also part of the health teams and is the team's interlocutor with the community, acting as a legitimate representative of his people and - concomitantly - as a professional in the process of appropriating knowledge from Western medicine. Also present in the patients' therapeutic itinerary are the healers, shamans, midwives, shamans, and other specialists of traditional indigenous practices[14].

The nursing consultation is the tool to identify problems, prescribe care, evaluate interventions and, if necessary, apply new actions. Generally, these consultations occur in the presence of the AIS, to facilitate communication, considering that most nurses are not indigenous. Although they are more directed to the individual user, they have a great impact on the family and the community as a whole[11].

Among the most relevant difficulties encountered during the nursing consultation is the habit of indigenous people of taking family members to participate in the consultation, which reduces the privacy between the professional and the patient, and may generate inhibition and, consequently, influence the patient's response[16,19]. Thus, the collective consultation is also a reality within the indigenous culture, perceived by many professionals as a factor that prevents a more intimate and closer professional-patient relationship[16].

The limitation found regarding the language barrier can also be highlighted. Due to the dialect of indigenous communities, the lack of understanding of the patient's needs is a substantial obstacle in the care provided, since a reliable understanding of the complaints reported by the patient is essential for the nursing professional to understand the real needs of patients, as well as to create bonds[19-21].

Corroborating this finding, a retrospective cross-sectional study[21] found that, given the technical language used in the health area, it is impossible to affirm that a literal and full translation is possible; however, it is necessary to use non-verbal communication through visual resources such as symbols, images, and gestures[22]. However, because it is a job that in many regions of Brazil is marked by an intense interpersonal relationship, whose professionals are forced to constantly adapt to other standards of comfort and privacy for long periods of time, the separation from their social environment can cause not only cultural, but also emotional and labor-related stress[14]. Therefore, besides the geographical barrier (facing long walks, strong sun, and river crossings), nurses need courage and motivation to promote quality care[16].

Moreover, in addition to geographic and language barriers, professionals in indigenous areas feel the impact of the precarious infrastructure, characterized by the lack of necessary equipment and materials, besides not always having access to adequate physical spaces in the villages to carry out procedures[14, 16]. Also, nurses often face an overload of work, due to the lack of medical professionals, especially in the hard-to-reach areas, increasing their level of responsibility. In these situations, nurses are often required to perform activities outside their competence, for which they have not been thoroughly prepared, such as prescribing drug treatments and assisting with intercurrence childbirths[13-14].

In the selected studies, it was possible to identify that there are professionals who naturally have the vocation to practice nursing in these locations, however, most go searching for job opportunities and, when establishing the first contact with these peoples, they end up facing a great cultural shock[16,23]. It is also worth mentioning the relevant and comprehensive role of the nurse in the problematic issues that this work involves, whether in the ethnic, social, economic, and structural areas, among others. It is important to highlight that indigenous people have their own beliefs and behaviors about what health and disease represent to them; therefore, the professionals involved in the care of these people should take into consideration the needs of each one. For this, it is essential to construct new studies in the area, since there is a considerable scarcity of updated research

on this theme, this being the major limitation of this study, due to the difficulty in obtaining adequate bibliographic references to compose the sample.

## CONCLUSION

The main nursing actions provided for the health of indigenous populations are consultations and nursing supervision, health education, and protagonism in the activities of health promotion, protection, and recovery. Furthermore, it was possible to identify in the studies that the nursing team encounters several difficulties in the assistance, such as the difficult location of the villages, high work overload due to the lack of medical professionals, language barrier, inadequate working conditions, lack of water and basic sanitation.

Thus, this article is innovative in that it systematically investigates nursing care for indigenous populations and provides information to professionals in the area that can guide them about the assistance offered to this public, as well as the difficulties already faced by other professionals, which can guide them in planning care for this population. We emphasize the gaps found in the academic training of these professionals about this vulnerable population, highlighting the need for training, even during graduation, to act in indigenous health care because many professionals end up facing a great cultural shock, affecting the assistance provided.

With this article, we hope to stimulate the production of more studies with this public so that we can achieve specialized care, breaking the paradigms of the difficulties encountered, which have been the same for some decades. Even with some restriction on the articles found, it was evident that nurses play a primordial role in collective health practices directed at the indigenous population, being present in various actions and health planning.

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Monteiro MAC**; Drafting the work or revising it critically for important intellectual content - **Siqueira LE de A, Frota NM, Barros LM, Holanda VM de S**; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Monteiro MAC, Siqueira LE de A**. All authors approved the final version of the text.

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