

## The Meanings of Integrative and Complementary Practices in Primary Health Care for Service Managers

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**Introduction:** The National Policy for Integrative and Complementary Practices, instituted by the Ministry of Health in 2006, favors Primary Health Care by focusing on receptive listening, the establishment of therapeutic connection and the integration of the human being with their local environment. However, the affinities between Primary Health Care and the National Policy for Integrative and Complementary Practices have not become so widely recognized and investigated, especially in the context of the biomedical model hegemony. **Objective:** This study aimed to analyze the meanings of the availability of Integrative and Complementary Practices in Primary Health Care assigned by the service managers of the Metropolitan Region of Goiânia. **Methodology:** Qualitative research, conducted between August and December 2017, with 13 coordinators of Basic Health Units, with the use of semi-structured interviews that occurred until data saturation, were recorded, transcribed, and analyzed using the thematic content analysis technique. The study stands for the first result of the three studies that integrate the project "Integrative and Complementary Practices in Primary Health Care Services – Metropolitan Region of Goiânia". **Results:** Out of 234 Primary Health Care services, only 21 (concentrated in five municipalities) offered Integrative and Complementary Practices, differing from the number 70 spotted in the system of the National Register of Health Establishments, in such a way that eventual situations and emergencies characterized the offers. The prevalent practice was auriculotherapy followed by art therapy. Interviewees showed insecurity concerning the conceptualization and denomination of Integrative and Complementary Practices, although they understood the context, referring to integrality, promotion and education in health, establishment of connection with the user and socialization. In addition, while some managers valued the offer and their influence on care, others showed indifference to the granted service. **Discussion:** Our results point out conceptual imprecision, contributing to the fragility in the institutionalization, evaluation, and monitoring of these practices. The Integrative and Complementary Practices are displaced even when they are part of the dynamics of the Basic Health Unit. This situation reinforces the relevant role the academy plays on training managers, allowing the expansion of possibilities in health care, considering the singularities of individuals. For this reason, it is essential that managers are prepared in leadership to influence the operationalization of the service in favor of other aid models. **Conclusions:** The choice of content analysis as a method of qualitative data analysis proved to be effective for the understanding of the discourses about the meaning given to the availability of Integrative and Complementary Practices.



The discourses denoted how much Integrative and Complementary Practices are still very restricted in their amplitude, with a view to a health model that has the specialization and fragmentation, making it essential to increase reflection on the plurality of rationalities.

**Keywords:** Integrative and Complementary Practices; National Health System; Integrality.

