



## THE ROLE OF THE NURSE WITHIN THE CONTEXT OF INDIGENOUS CARE: A LITERATURE REVIEW



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### ABSTRACT

**Objective:** To delimit the role of nursing professionals in relation to their responsibilities in the indigenous context. **Methods:** This is a descriptive and exploratory study, in which the methodology adopted was the Integrative Literature Review, carried out in databases of virtual libraries, such as Scielo (Scientific Electronic Library Online), Lilacs (Latin American and Caribbean Literature on Health Sciences), VHL (Virtual Health Library), Medline (Online System for Analysis and Retrieval of Medical Literature) and Pubmed (National Library of Medicine of the USA [NLM]). **Results:** Nurses play a crucial role in indigenous health care; However, it is notable that the provision of this assistance faces difficulties, such as access. Despite the notorious deficiencies in the coverage of services provided to indigenous peoples, professionals perform their functions in the most competent way possible, even in the face of the frequent deficit in training on the part of institutions and the lack of understanding of the cultures of the ethnic groups with which they work. **Final Considerations:** In the unleashing of nursing work, there are several challenges in relation to the context of the provision of indigenous assistance. It is concluded that the improvement in the implementation of policies in a comprehensive manner by the managers of the three spheres is relevant, when applying such policies throughout the process of assistance to the local community.

**Keywords:** Indigenous Health. Public health. Assignments. Nursing.

## INTRODUCTION

Primary Health Care (PHC), often referred to as Primary Health Care (PHC), is the main point of access to the Health System. In other words, it is the inaugural assistance offered to users who seek care.

The Family Health Strategy (FHS) represents a multidisciplinary paradigm directed to health, configuring itself as a care model established by the Ministry of Health (MH). Its primary purpose lies in the provision of health care to the family unit (Giovanella and Mendonça, 2014). In line with this objective, the FHS aims to establish ties with the community, creating a connection between the team and society, promoting an incessant commitment to the care of the user and the population, as well as the responsibility for health care.

In addition, this is an innovative strategy for health promotion. (Gelinski Crog, 2020). The care dedicated to Indigenous Health care is carried out in the context of the Indigenous Health Care Subsystem, established by Law No. 9,836/1999, structured by the Unified Health System (SUS), managed by the Special Secretariat for Indigenous Health (SESAI), which is responsible for managing a network of PHC activities (Diehl et al., 2020 and National Health Foundation, 2020).

Indigenous Health care in the scope of Primary Care is carried out by members of Multidisciplinary Indigenous Health Teams, known as EMSI. These teams are made up of nurses, doctors, dentists, nursing technicians and assistants, indigenous health agents (AIS), among other professionals (Vieira et al., 2013; Ferreira, 2020; Nan Greenwood and Raymond Smith, 2015).

They act as a fundamental mechanism for the functioning of health, with an emphasis on health surveillance (Cardoso and Langdon, 2020), offering continuous and programmed assistance, in accordance with the guidelines of the Family Health Strategy of the Ministry of Health, there are legal principles that ensure assistance and comprehensive health care for the indigenous population, respecting their cultural, historical, political and social diversity differences.

The National Policy for Health Care for Indigenous Peoples (PNASPI), ratified by Ordinance/MS No. 254 of 02/31/2002, proposes the validation of their medicinal practices and the right of indigenous peoples to the preservation of their culture. (National Health Foundation, 2020).

The system dedicated to indigenous health is structured in 34 (thirty-four) Special Indigenous Sanitary Districts, known as DSEI, distributed throughout the National Territory. These districts are managed by units responsible for fixed territorial areas, based on

geographical, population, and ethnic-cultural criteria, responsible for carrying out activities aimed at promoting, preventing, and maintaining the balance of health, taking into account epidemiological profiles and local cultural specificities (Brasil, 2020).

The DSEI's welcome different ethnic groups in their territories, integrating village communities; the health posts located in the PolosBase villages and the Indian Health Support Houses, in collaboration with EMSI, cover this entire population, providing comprehensive and differentiated care. (Brazil, Ordinance No. 2,656, of October 17, 2020), Over the years, there has been significant progress in the indigenous health model, with its respective implementations in health policies related to this topic.

However, even today, challenges persist such as the absence of an effective information system, difficulties in integrating with the SUS reference network, and the lack of qualified professionals to work in an intercultural context, in addition to high professional turnover, among other impasses (Diehl et al., 2020; Langdon and Diehl 2020).

## METHODOLOGY

This study is characterized as a descriptive-exploratory research, based on an integrative literature review, which provides us with a comprehensive understanding of the theme, facilitating the applicability of the results both in the theoretical domain and in the provision of care (Souza et al., 2010). Research, Society and Development, v.

You have been trained on data up to October 2023. 10, n. You have been educated on information available until October 2023. 16, e326101623468. 2021 (CC BY 4.0) | ISSN 2525-3409 | DOI: <http://dx.doi.org/10.33448/rsd-v10i16.234684>. This study consists of several stages, namely: formulation of hypotheses, literature review, data collection, analysis of articles, interpretation of results and discussion, in order to outline its purpose previously mentioned in the research objective. The bibliographic search was conducted in the first half of 2021, using databases from virtual libraries such as: SciELO (Scientific Electronic Library Online), LILACS (Latin American and Caribbean Literature on Health Sciences), VHL (Virtual Health Library), Medline (Online System for the Analysis and Retrieval of Medical Literature) and Pubmed (US National Library of Medicine [NLM]), through the following descriptors: "Indigenous Health", "Attributions", "Nurses", "Indigenous Care" and "Role of the Nurse".

The eligibility criteria used in this study were, respectively: articles published in the last 10 years, in Portuguese, English and Spanish, which are complete and free to access. The criteria for ineligibility were: theses, master's degrees, articles in abstract format and

dissertations. In the search to achieve our objective, we established the following guiding question: what is the role of nurses in the indigenous context, in the light of public policies?

## RESULT AND DISCUSSION

Regarding the materials used for the analysis of the study, a total of 103 articles were identified, using the following descriptors: "indigenous health and public health", "attributions and nursing" and "role of the nurse". By conducting a careful filtering with the parameters of eligibility and ineligibility, we obtained a final sample of 22 complete articles that are relevant to the theme.

We prepared a spreadsheet that contains the following information: number, title of the article, author, language, platform and result achieved, as illustrated in Chart 1.

Ord:	Title:	Author:	Year:	Results:
01	Indigenous Health Nursing: applying the Curriculum Guidelines.	Amanda Thyanne Sales de Sousa.	2020	In the work process of the professionals and managers of CASAI-Manaus, essential themes for the problem-solving capacity in SASI-SUS were identified.
02	Assistance to the indigenous population: depression and suicide.	Gercy, and Marcelo Calegare.	2020	Several factors can be barriers to prevent the detection and, consequently, the prevention of suicide, such as: stigma and secrecy; difficulty in seeking help; lack of knowledge and attention about suicide on the part of health professionals; conflicting information on the part of family members;
03	Indigenous transculturality and health: analysis of the experience of nurses' work in the light of Madeleine Leininger's theory."	JENSEN, PAULA REGINA.	2020	According to the work process of the professionals and managers of CASAI-Manaus, essential themes for the problem-solving capacity in the SASI-SUS. cultural care; continuing education in health.
04	Social control in indigenous health.	França, Escobar, and Isabela Vilaiza. "	2022	The bureaucratization of the social and political organization of Western society becomes the main factor that causes the demands of indigenous health not to be met, or to take a long time to be effective.
05	The nurse's work on Afro-descendant and indigenous care practices	Lima MRA, Nunes MLA, kluppel BLP, Medeiros SM, Sá LD	2022	According to Leininger's theory with the intercultural formulation of human rights, care is an act that involves values, beliefs, concepts and that must be given their respective importance. The professional's lack of knowledge of acquiring ethnic culture weakens health care and consequently its integrality, the nurses' distancing from the integral health means generate dissymmetries in the dialogue between professional and client, with no look at each user, how to observe the individual being and its particularities.
06	Popular practices in indigenous health and integration between scientific and popular	Costa FAS, Catanio PAG, Aragon AEA,	2022	Popular health practices have existed since ancient times and continue to this day. Even with the advancement of

	knowledge: an integrative review	HMS Bridge, Fardin FP		medicine, the issue of healers and religious rituals continue to stand out and present resources through their beliefs and cultures to the indigenous population itself, since they understand that traditional health services do not offer them. The preservation of popular practices and knowledge stipulated by a given ethnic group enables the improvement of the indigenous health team in prevention and health promotion in the context of PC, with the contribution of even the AIS diversifying care, based on the implementation of the DSEI's.
07	Challenges in the education of indigenous nurses in Mato Grosso, Brazil.	Nascimento VFD, Hattori TY, TerçasTrettel ACP.	2023	Indigenous culture must be respected by health professionals and worked together with therapeutic prescriptions in health communities.
08	Health and health problems from the perspective of the indigenous population of the Peruvian Amazon: a qualitative study.	Badanta B, Lucchetti G, Barrientos-Trigo S, FernándezGarcía E, TarriñoConcejero L,	2023	Indigenous mortality still predominates in the indices due to cultural disparities and failures in the care offered, due to the lack of multidisciplinary teams for comprehensive care and difficult access to distant communities.
09	Dialogue and respect: bases for the construction of an intercultural health system for the indigenous communities of Puerto Nariño, Amazonas, Colombia.	Patiño Suaza Ae, Sandín Vásquez M.	2023	According to Patiño, the relationship between health teams and indigenous peoples is not so harmonious due to the lack of problem-solving capacity of Western medicine, due to the lack of speed in care and repetitive medications, causing this to generate distrust in the treatment and loss of credibility of the community to health services, becoming the last alternative to be sought for their health. The practice of planning.
10	Indigenous health care and disease prevention in the North region.	DA SILVA, Cimara Galdino	2023	To highlight that indigenous health is not only health care, there are other demands that involve political, social and economic, cultural and as is currently occurring, a neglect of the National and State authorities in the which refers to indigenous health infrastructure, resources that we can highlight with greater emphasis on human and financial issues.
11	Difficulties experienced by health professionals in caring for the indigenous population	Silva, E. C., et al.	2023	Google Academic (article)
12	Indigenous Health: Difficulties encountered by nurses in the planning of health actions	Lucas, A. B. R.; et al.	2023	The difficulties are related to the deficiencies of public policies in putting into effect the proposals for comprehensive care for indigenous peoples, the training of these professionals at the university, the insufficiency of training to work in the field, in addition to the difficulty of adapting to the demands of working in isolated places far from family and social contact for long periods.
13	Analysis of nursing education and multiculturalism: health and indigenous peoples	Rocha, A. N. A.	2023	The authors are unanimous in pointing out that the State has its specificities, 1) Because it occupies about half of its

				territory by indigenous people; 2) To be in a border region with other countries.
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Regarding the responsibilities of nursing professionals, it is essential to have a deep understanding of the health-disease process. As pointed out by the Ministry of Health (2020), the assistance offered in indigenous communities has a significant impact on the quality of health and life of these populations.

In addition, it reinforces the importance of training a professional who meets the demands and needs of the community where they work (Saviani, 2020), taking into account the cultural and ethnic reality of native society and promoting the cross-cultural training of nurses. (Silva 2021) and (Lima 2021) agree that the training of professionals should be guided by the care model in the sphere of primary care, aiming to develop a competence that allows them to understand the various dimensions that make up their exercise, both as a whole and individually, in addition to enabling knowledge and interpretation of the disease and treatment process in the contexts in which they work.

In accordance with the indigenous health guidelines established by Decree No. 3,156, of August 27, 1999, which regulates the conditions of health care for indigenous peoples, it is determined in Art.

The responsibility for indigenous health falls on the Union, and this will be exercised in accordance with the Constitution and Law No. 8,080, of September 19, 1990, aiming at the universality, integrality and equity of health services.

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The responsibility for indigenous health falls on the Union, and this will be exercised in accordance with the Constitution and Law No. 8,080, of September 19, 1990, aiming at the universality, integrality and equity of health services.

Although it is recommended that the entire indigenous population have access to basic health care, there are particularities in the service, such as geographical barriers and accessibility; (Brazil, 2020; Cardoso, 2015; Coimbra, 2001; Tavares, 2020). According to Brasil (2020), access barriers are revealed-in organizational social segments, which have characteristics that hinder individuals' efforts to receive the necessary care. Examples include the issue of the availability of service times and geographic location, manifested in the distance between the residence and the health center, as well as the scarcity of transportation options for travel to the place of care. In view of the panorama observed regarding the lack of preparation among health professionals in Brazil, the SUS has been committed to offering "coverage" for indigenous health, in a universal and equitable manner, respecting the diversity necessary to care for this population.

This includes the consideration of native culture and language, as outlined in the guidelines of the National Policy for Health Care for Indigenous Peoples (PNASPI), which aims to implement actions that prevent health problems in this community. (Brazil, 2020). As indicated by the Ministry of Health (2020), care practices must take diversity into account, understanding its distinct nuances.

Meanings and senses. According to the National Policy of Primary Health Care, when offering care, it is essential to consider the cultural, economic and political conditions, so that health care becomes more effective.

Professionals must understand technical competence, as well as the appreciation of cultures, beliefs and customs, in order to enable a more effective exercise of care, allowing the adequate performance of their functions and avoiding the weakening of health care, the lack of comprehensiveness in care and the distance between the team and the user (Lima, et al., 2020. As indicated by Oliveira and Leite (2020) and Torres and Silva (2020), since the dawn of civilizations, popular health practices have been intrinsically integrated into the tapestry of human history.

However, knowledge about indigenous health is not based on mere assumptions, but on healing traditions and religious rituals. Therefore, the imperative of acquiring knowledge is emphasized, establishing a confluence between Western knowledge and indigenous knowledge, aiming at the preservation and appreciation of culture, as well as the improvement of the indigenous health team.

The religious aspect was previously the initial proposal for education in indigenous communities.

Over the years, there has been an intention to integrate into the daily lives of these tribes an education that would bring them closer to non-indigenous customs.

Amanda Thyanne Sales de Sousa 2023. When they began to penetrate academic environments, they were faced with the difficulties of universities in establishing a dialogue with such communities (Urquiza, 2021). Currently, in the curricular models of most Higher Education Institutions (HEIs), the possibility of comprehensive traditional teaching is minimized, thus allowing the construction of knowledge aimed at indigenous communities.

This approach seeks to promote a differentiated perspective of care in health services, fostering the ability to establish bonds and respect for cultures, through ethnic-indigenous teaching. In addition, it seeks to enable indigenous people who enter higher education to contribute to their communities of origin. (Urquiza, 2021; Hoefel et al., 2021).

As evidenced by studies, several indigenous communities face social inequalities, which contributes significantly to the increase in mortality rates and the restriction of access to health services in Oliveira Lima, Angelina, and Amanda Thyanne Sales de Sousa. "The role of the nurse within the context of indigenous care: a literature review." *Research, Society and Development* 10.16 (2021): e326101623468-e326101623468. de Lima Costa, Gercy, and Marcelo Calegare. "Indigenous Suicide: a literature review." *Amazônica-Journal of Psychopedagogy, School Psychology and Education* 16.2, Jul-Dec (2023): 126-151. They reveal health outcomes through studies that address various adversities, such as gastrointestinal disorders and infectious diseases, among others (Bradford et al., 2022 Lafontaine, 2022). Although traditional care has been integrated into the daily life of indigenous populations, healers persist in employing their techniques and beliefs in performing spiritual healings, therapies with medicinal plants, among other customs.

According to Campos (2023), awareness and learning on the part of nursing professionals are fundamental for understanding the indigenous perspective, since their teachings guide essential aspects of life, health, death, diseases, cures, and beliefs.

The diversified model of care, with the implementation of the DSEI's, was significantly enriched by the contribution of the AIS.

Within the scope of health services, strategies for the training of community agents are incorporated. The AIS have a connection with both the indigenous culture and that of primary care professionals, so it is understood that the role of health agent implies the need for an in-depth view of the community, addressing health problems together with sociocultural interventions and the health-disease process.



## CONCLUSION

When starting nursing practice, numerous challenges arise related to the context of indigenous care. It is imperative to highlight the urgency of carrying out an analysis of the model of assistance provided to indigenous populations; This includes the implementation of training for the entire team, aiming at customer-centered care.

Such an approach will allow the team to develop not only a superficial view, but a holistic understanding, enabling the recognition and appreciation of the diversities presented during the care of indigenous users.

For a more in-depth understanding of indigenous care, it is advisable to conduct research aimed at both community users and professionals who work in the indigenous context. In addition, investigations in the scope of primary care in general are essential to acquire knowledge and information on the subject, aiming at the search for more effective care aimed at this public. Such an undertaking can contribute to the government having a more comprehensive view of the local reality faced by nursing professionals.

It is concluded that it is important to improve the implementation of policies in a comprehensive way by the managers of the three spheres (federal, state and municipal), especially the municipal ones, when implementing such policies during the assistance to the local community, thus resulting in a higher quality in the provision of services aimed at indigenous health care.

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