Revista O Mundo da Saúde

DOI: 10.15343/0104-7809.202347e14342022I

Integrative and Complementary Health Practices in Coping with the Covid-19 Pandemic Period by Remote Workers

Nyna Teixeira Ribeiro[1] **Giovanna Carvalho de Oliveira**[1] **Yuri Nakashima**[1] **Lorena de Paula Fragoso Tomé**[1] **Karina Durce**[1]

[1]Centro Universitário São Camilo – CUSC. São Paulo/SP, Brasil.
E-mail: nynatr.dra@gmail.com

Abstract

The Covid-19 pandemic brought challenges and adaptations to individuals' lifestyles, requiring strategies to prevent the disease, with isolation and social distancing, which included remote work (RW) and adaptation of the routine and occupational structure. This new dynamic had a biopsychosocial impact, reducing performance during work and generating physical, psychological and emotional problems. Given this context, it is necessary to investigate resources that minimize these impacts. The use of Integrative and Complementary Health Practices – ICHP was investigated as a resource to combat the Covid-19 pandemic by workers in remote activities. This was a cross-sectional study, carried out by applying a questionnaire, via the Google Forms tool, to individuals over 18 years of age who had been in remote occupational activities for at least 3 months during the Covid-19 pandemic. 186 individuals aged 20 to 70 years old, randomly selected by invitation on social networks, participated in the study, and they had to meet the inclusion criteria and could belong to different work sectors. Regarding the impact of the pandemic on health, the majority (40.32%) felt it was "reasonable", while the impact of RW on health was reported by 37.63% as "not harmful". 66.67% of participants did not practice any ICHP before the pandemic. Of these, 20.91% started some practice during isolation, 78.26% did more than one modality and 21.74% only one. The reasons reported for starting the practice were: pain and/or orthopedic injuries, anxiety and stress. The most common practices were: meditation (14.5%) and yoga (10.22%). For those who started some practice, the importance in relation to health was considered very important by 65.22% and when asked about the use of ICHP, as a strategy to face the pandemic, it was considered very important by 47.83%. It is concluded that PICS were resources considered important for health and sought after to combat the Covid-19 pandemic, by workers in RT, with meditation and yoga being the most used therapies.

Keywords: Covid-19. Integrative and Complementary Health Practices. Remote work.

INTRODUCTION

On March 11, 2020, the World Health Organization (WHO) declared a state of global calamity, following the detection of a pandemic, affecting the entire global scenario in the social, economic and mainly health spheres, as it is a new virus, which challenged public social and health policies, mainly the SUS (in the case of Brazil), instigating researchers from different areas, as they did not know how to deal with this unknown virus[1].

Faced with this calamity, the world needed to reorganize, develop and adapt to be able to face all the repercussions that the SARS-CoV-2 virus (COVID-19) generated in society and, as a result, worry about preventive measures, such as the social distancing and isolation that were imposed with the aim of reducing the spread of the virus and contamination.

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As one of the social isolation strategies, remote work was established by Law 13,979/20, Ordinance No. 356/3020[2] for non-essential activities and many companies and workers migrated to this type of work or had to renew their professional lives with other work options, as those whose only way out was face-to-face work lost their jobs.

Remote workers had to adapt their professional routines, associated with personal and home routines, at the same time that everyone was facing the same situation of adaptation and fear.

It is considered that the fear of contracting the virus during the pandemic generated significant changes in individual daily life, such as stress and a drop in sleep quality. Furthermore, as new rules emerged, such as social isolation introduced, there was a considerable increase in the levels of loneliness, depression, harmful use of alcohol and other drugs, in addition to the behavioral development of self-harm or suicide[3].

Given that social isolation itself was responsible for the fear called "social fear", in which people became more vulnerable due to anxiety and feeling isolated and many individuals were forced to stop their work activities. Therefore, fear did not just mean catching the disease, but also fear of the "future", fear of losing your job, fear of losing your loved ones. This was and has been a major cause of psychological disorders, often irreversible[4].

During this period, technology was primarily seen as an ally in social, emotional and professional life, bringing people together and creating connections, sometimes even more difficult in person. With uncertainty, the extension of the period of isolation, continuous fear and excess time spent on screens and other digital technological resources, society has become more dependent on them, generating major physical, psychological and emotional repercussions, such as anxiety, Panic syndrome, depression, pain, obesity, endocrine and gastric disorders, as explained by Canuto[5].

Given this scenario, people also looked for technological resources to help them face the repercussions of COVID on their physical, mental and emotional health, such as online consultations and therapies (physical and psychological), including "Integrative and Complementary Practices (ICHP). ICHPs are non-pharmacological (allopathic) treatments, with a low cost on the market, which favor prevention and faster rehabilitation, without side and adverse effects, reducing the use of medicines and chemical substances to improve the individual's health status, considering the individual as a whole: physical body, mind and spirit[6]."

The PNPIC (National Policy on Integrative and Complementary Practices) initially involved 5 practices: Acupuncture, Homeopathy, phytotherapy, Anthroposophic Medicine and thermalism (Crenotherapy)[7]. In response to demand from different Brazilian municipalities, the Ministry of Health published Ordinance No. 849, dated March 23, 2017, which includes new procedures for practices already regulated by the policy: Art Therapy, Ayurveda, Biodance, Circular Dance, Meditation, Music Therapy, Naturopathy, Osteopathy, Chiropractic, Reflexotherapy, Reiki, Shantala, Integrative Community Therapy and Yoga[8]. Subsequently, the PNPIC was once again updated with the publication of new Ordinance No. 702, of March 21, 2018, which expanded the offer with the inclusion of ten practices: Apitherapy, Aromatherapy, Bioenergetics, Family Constellation, Chromotherapy, Geotherapy, Hypnotherapy, Laying on of Hands, Ozone Therapy, and Flower Therapy[9].

Thus, the objective of this work was to investigate the prevalence of the use of ICHPs as a resource to combat the repercussions of the Covid-19 pandemic by workers in remote activities, which modalities are most adhered to, their frequency/duration, intensity.

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MATERIAL AND METHODS

This is a cross-sectional study, with descriptive analysis, carried out in a virtual environment, using a Google Forms form, from March to August 2022, with the approval of COEP nº 5,420,822.

The research involved three stages: 1. Sending an invitation to participate in the research, via electronic means and/or social networks, with a brief report on the research and a link to access the form; 2. Access to the Form, which contained the details of the research and the Free and Informed Consent Form – ICF and 3. Completion of the form prepared by the researchers, containing 29 multiple-choice questions. 186 workers over the age of 18, from different sectors, who have or have carried out remote work for at least 3 months during the Covid-19 pandemic participated in the study. We included participants over the age of 18 who are/were working remotely during the Covid-19 pandemic, for at least 3 months, who formally and spontaneously accepted the invitation to participate in the research by accepting the informed consent form, and responded to the form, with those who did not fit these criteria being excluded.

Quantitative data were analyzed with SPSS Version 13.0 (SPSS Inc, Chicago, IL, USA) and qualitative data in a descriptive way, by categorization and grouping.

RESULTS

186 individuals participated in the study, 69.9% (130) female and 30.1% (56) male, aged between 20 and 70 years. Of these, 37.63% (70) are graduates, 37.10% (69) postgraduates, 18.28% (34) did not complete their undergraduate degree, 6.45% (12) completed secondary education and 0.53 % (1) have incomplete secondary education.

To categorize the professions reported by the participants, they were allocated to: applied social sciences; Health Sciences; linguistics, letters and arts; biological Sciences; exact and earth sciences; engineering; students and interns and "unidentified", as shown by the results in Figure 1.

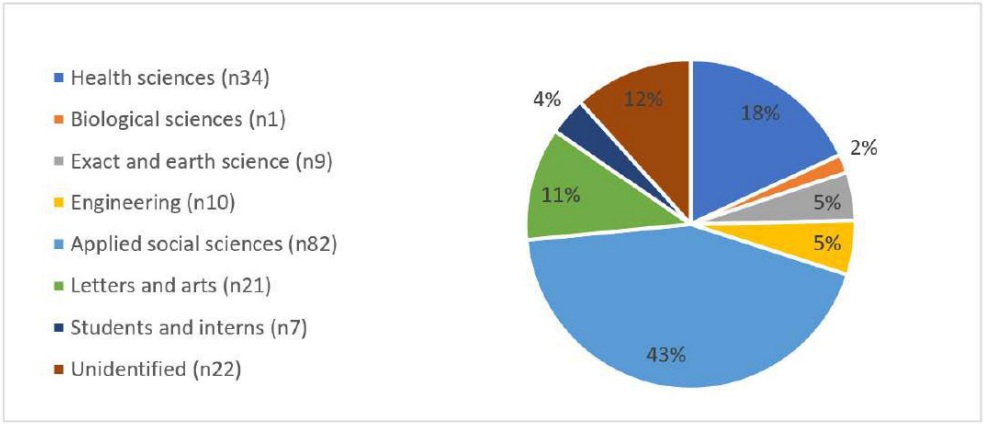

Figure 1 – Characterization of professions reported by participants.

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Regarding current employment, 16.13% (0) of participants have been employed for less than 1 year, 36.56% (68) between 1 to 5 years, 16.67% (31) 5 to 10 years, 11.29% 21) 10 to 15 years, 5.91% (11) 15 to 20 years, with the employment relationship for 70.97% (132) formal/salaried, 16.67% (31) self-employed, 5.91% (11) liberal, 3.23% (6) did not respond, 2.69% () work informally and 0.54% (1) occasionally. Regarding weekly working hours, 38.17% (71) work between 30 and 40 hours, 34.95% (65) over 40 hours, 15.59% (29) between 20 and 30 hours and 11.29% (21) have a workload of less than 20 hours per week. Of the total sample, 72.04% (134) responded that they are/had been working remotely for more than 1 year, 14.52% (27) between 6 months and 1 year and 11.83% (22) between 3 to 6 months, as shown in Figure 2.

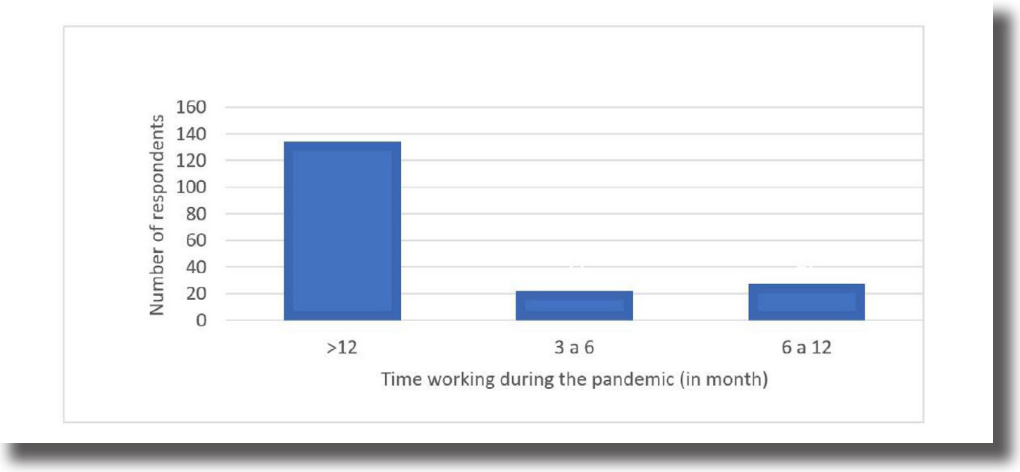

Figure 2 – Working time during the pandemic.

When asked "do you believe that the pandemic, in general, caused harm to your health?" and "do you believe that the need to work remotely has harmed your health?" It can be observed that the majority of participants (75) felt a reasonable harm to their health and some (70) reported that they did not feel that remote work harmed their health, as shown in the results in Figure 3.

Figure 3 – Participants' perception of the impact of the pandemic and remote work on health.

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The study investigated participants' knowledge and habits in relation to Integrative and Complementary Health Practices (ICHPs), with 60.75% (113) saying they had never heard about ICHPs and 39.25% (73) having heard about.

As for practice prior to the pandemic period, 59.14% (110) did not do any ICHPs and 40.86% (76) did, among which were mentioned the modalities: acupuncture/auriculotherapy, anthroposophy, apitherapy, aromatherapy, art therapy, ayurveda, biodance, bioenergetics, family constellation, chromotherapy, circular dance, phytotherapy and medicinal plants, geotherapy, hypnotherapy, homeopathy, laying on of hands, meditation, music therapy, naturopathy, osteopathy, ozone therapy , chiropractic, reflexology, reiki, shantala, integrative community therapy, flower therapy, thermalism, yoga, body practices: tai chi, lian gong and others, more than one modality can be chosen (Figure 4).

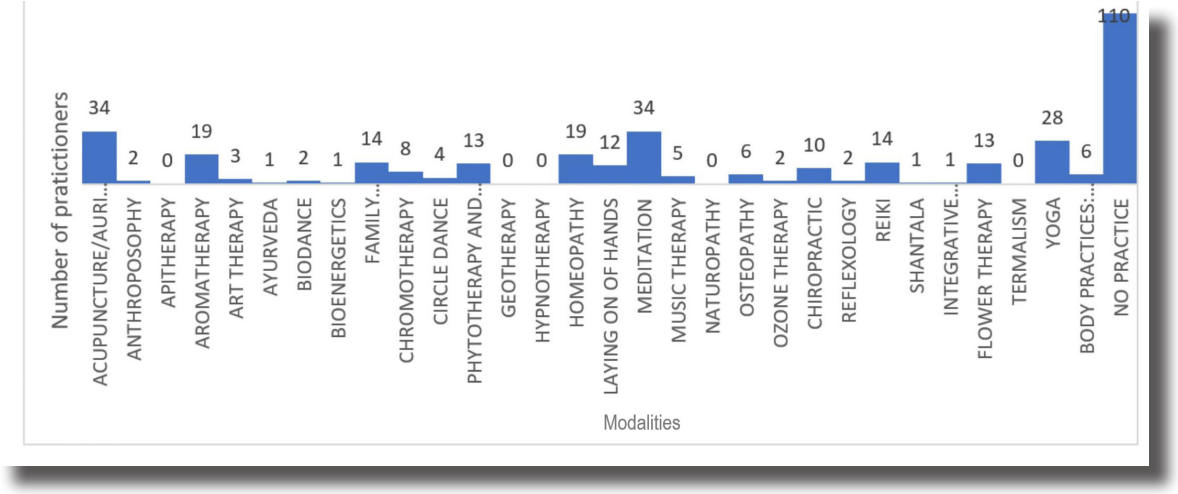

Figure 4 - Practices carried out by participants before the pandemic.

Of the practitioners, 66% mentioned practicing only one modality and 34% 1 or more modalities.

The frequency of practice was 1 to 2 days a week for 68.42% (52), 3 to 4 days a week for 15.79% (12), 11.84% (9) did not respond and 3.95% (3) practiced every day (Figure 5). 53.95% (41) practiced ICHPs in person with a teacher, 23.68% (18) remotely on YouTube, 10.53% (8) did not respond, 6.58% (5) as self-application, 2, 63% (2) remotely with the teacher, 1.32% (1) through SUS and 1.32% (1) in a hybrid way, shown in Figure 5.

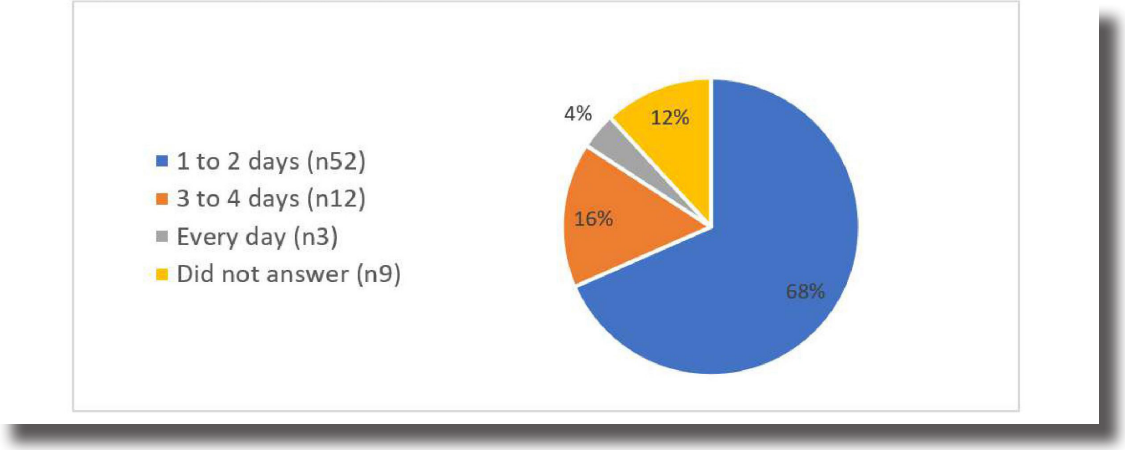

Figure 5 – Frequency of practices.

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Of the 110 who did not practice before the pandemic, 79.09% (87) remained non-practitioners during the pandemic and 20.91% (23) started some practice. Of these, 78.26% (18) practice 2 or more modalities and 21.74% (5) only 1 modality, the most frequently practiced being meditation and yoga (Figure 6).

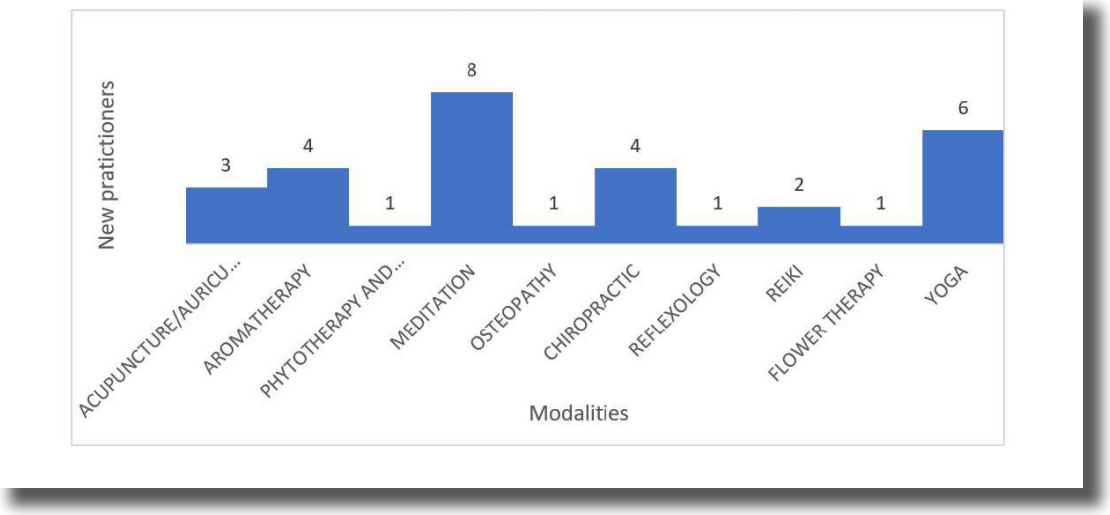

Figure 6 – Practices carried out by participants after the beginning of the pandemic.

The frequency of practice by new followers of the ICHPs modalities (Figure 7) was 1 to 2 times a week for 60.87% (14), 3 to 4 days for 8.70% (2), 5 to 6 days for 8.70% (2), 4.35% (1) for every day and 17.39% (4) did not respond. Of these, 43.48% (10) did it remotely via YouTube, 34.78% (8) in person with an instructor, 17.39% (4) via video call with a teacher and 4.35% (1) by some application.

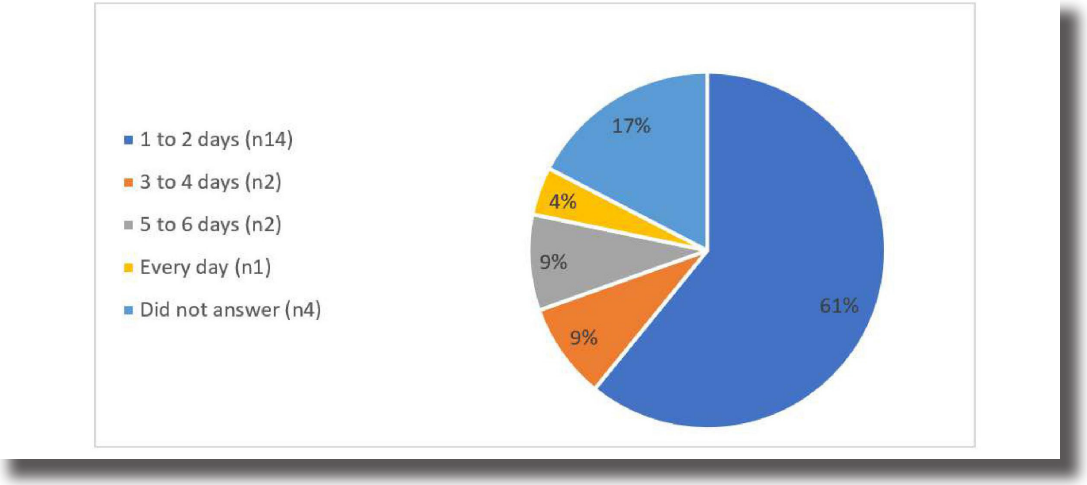

Figure 7 - The frequency of practice by new followers of ICHPs modalities.

The investigation of the reasons why participants started practices during the pande-

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mic showed that 30.43% (7) started due to pain and/or orthopedic injuries, 30.43% (7) because of anxiety, 13.04% (3) due to stress, 8.70% (2) preventively for self-care, 8.70% (2) to improve mental health, 8.70% (2) to have quality sleep, 4.35% (1) to help control diabetes and 4.35% (1) just because it was offered by the company (Figure 8).

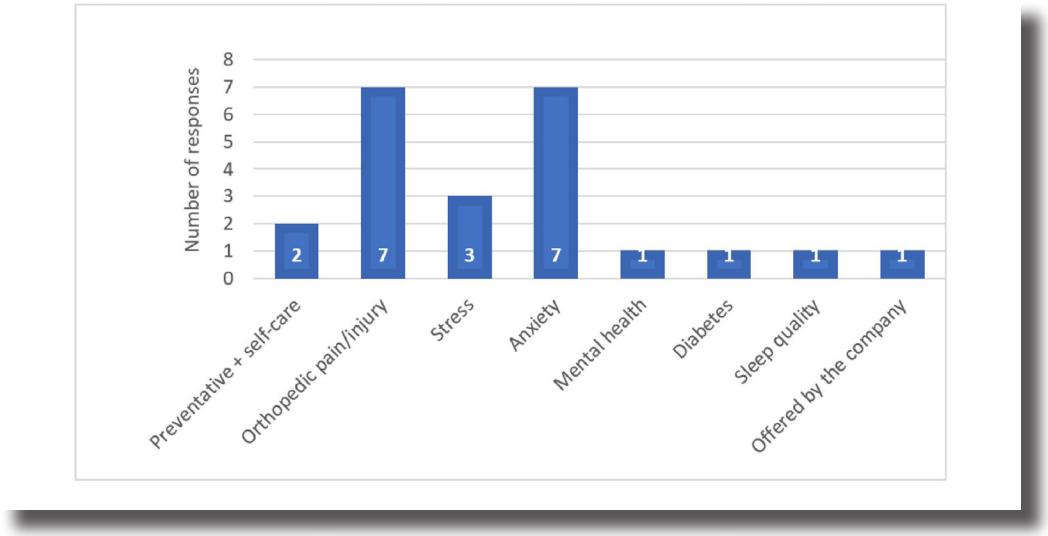

Figure 8 - Reasons why participants started practices during the pandemic.

Of the participants who did not start practicing ICHPs (87) during the pandemic, the reasons reported were: 26.44% (23) due to lack of interest, 18.39% (16) did not know, 17.24% (15) due to lack of time in their routine, 6.90% (6) chose other ways, 6.90% (6) due to lack of opportunity, 2.30% (2) due to lack of money and 21.84% (19) have not answered.

For participants who started some modality, when asked about the importance of ICHPs in terms of health, coping with the pandemic, quality of sleep, quality of work, concentration and attention, interpersonal interactions and controlling emotions, it was reported that, regarding health: 26.09% (6) responded that it is "important", 8.70% (2) "moderately important", 65.22% (15) "very important"; - facing the pandemic: 21.74 (5) responded that it is "important", 21.74% (5) "moderately important", 47.83% (11) "very important", 8.70% (2) "not very important"; - quality of sleep: 39.13% (9) responded that it is "important", 8.70% (2) "moderately important", 47.83% (11) "very important", 4.35% (1) "not very important"; - quality of work: 39.13% (9) responded that it is "important", 4.35% (1) "moderately important", 44.48% (10) "very important", 8.70% (2) "not very important"; - in concentration and attention: 43.48% (10) responded that it is "important", 4.35% (1) "moderately important", 43.48% (10) "very important", 8.70% (2) "not very important"; - in interpersonal interactions: 30.43% (7) responded that it is "important", 17.39% (4) "moderately important", 39.13% (9) "very important", 8.70% (2) "not very important"; and controlling emotions: 13.04% (3) responded that it is "important", 21.74% (5) "moderately important", 65.22% (15) "very important" (Figure 9).

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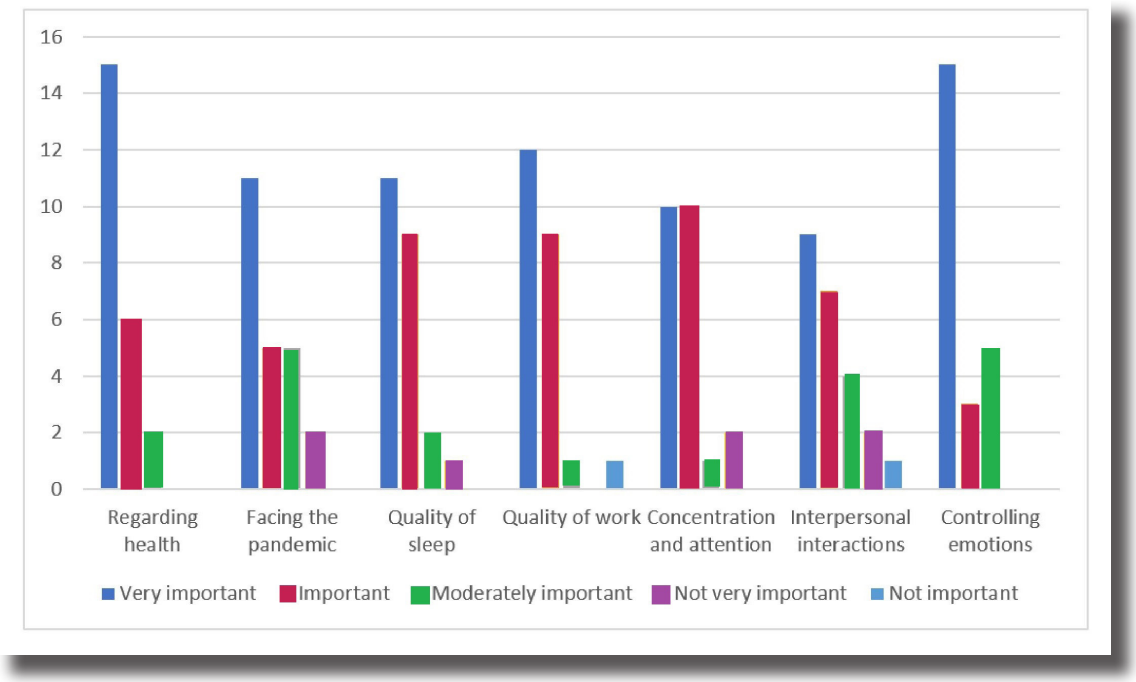

Figure 9 - Importance of ICHPs on health, coping with the pandemic, quality of sleep and work, concentration and attention, interpersonal interactions and controlling emotions for participants who have started some modality.

In figure 10, only participants who chose not to start any practice (87) responded that, regarding health: 32.18% (28) responded that it is "important", 18.39% (16) "moderately important", 12.64% (11) "very important", 10.34% (9) "not very important", 8.05% (7) "not important" and 18.39% (16) did not answer; - facing the pandemic: 27.59% (24) responded that it is "important", 21.84% (19) "moderately important", 12.64% (11) "very important", 9.20% (8) "not very important", 10.34% (9) "not at all important" and 18.39% (16) did not answer; - quality of sleep: 28.74% (25) responded that it is "important", 14.94% (13) "moderately important", 18.39% (16) "very important", 9.20% (8) "not very important", 11.49% (10) "not important" and 17.24% (15) did not answer; - quality of work: 27.59% (24) responded that it is "important", 20.69% (18) "moderately important", 16.09% (14) "very important", 10.34% (9) "not very important", 8.05% (7) "not important" and 17.24% (15) did not answer; - in concentration and attention: 26.44% (23) responded that it is "important", 17.24% (15) "moderately important", 19.54% (17) "very important", 10.34% (9) "not very important", 9.20% (8) "not important" and 17.24% (15) did not answer; - in interpersonal interactions; 29.89% (26) responded that it is "important", 19.54% (17) "moderately important", 11.49% (10) "very important", 11.49% (10) "not very important", 9.20% (8) "not important" and 18.39% (16) did not answer; and controlling emotions: 31.03% (27) responded that it is "important", 16.09% (14) "moderately important", 17.24% (15) "very important", 9.20% (8) "not very important", 9.20% (8) "not important" and 17.24% (15) did not answer.

The continuity of practices, whether by pre-pandemic practitioners and new adherents, was questioned, as well as the participants' current work modalities, with: 38.71% (72) currently work in a hybrid way, 33.33% (62) work in person, 24.73% (46) work re-

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motely, 2.15% (4) did not respond, 0.53 % (1) is on leave and 0.53% (1) is not working. For participants who returned to in-person work, 64.52% (40) did not continue to perform, 33.87% (21) continued to practice and 1.61% (1) did not respond.

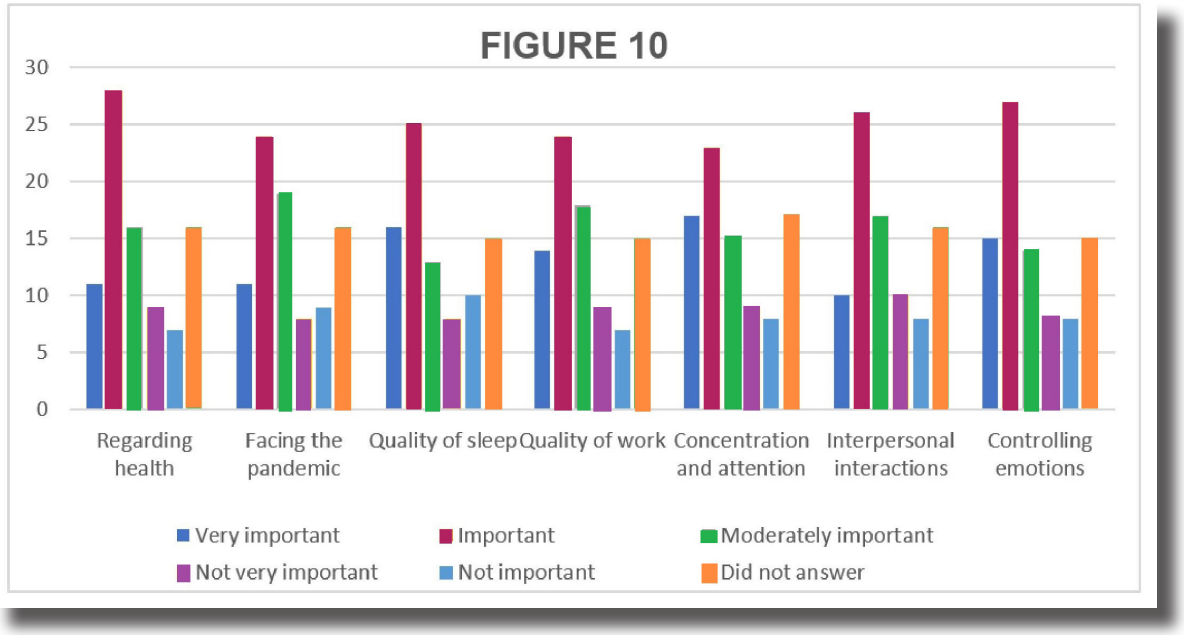

Figure 10 - Importance of ICHPs on health for participants who did not choose any modality.

DISCUSSION

According to Bridi[10], in Brasil, the number of remote workers increased from 4.6 million in 2019 to 8.2 million in 2020. Workers transferred their professional activities to the home environment, causing daily working hours and the number of days worked per week to increase, so that the percentage of people working more than eight hours a day increased from 16.11% before the pandemic to 34.44% in the pandemic.

Social isolation and the adoption of remote work to combat the Covid-19 pandemic resulted in profound changes in the living conditions and physical and mental health of the population, increasing the search for strategies that would minimize the negative effects of this period[11].

The present study aimed to investigate the prevalence of the use of ICHPs as a resource to combat the repercussions of the Covid-19 pandemic by workers in remote activities.

Studies corroborate the importance of carrying out this work, given that ICHPs are low-cost resources, making it possible to carry them out remotely, in addition to taking into account physical, mental and emotional health.

A study enabled a quantitative analysis of the use of ICHPs as health promotion, to understand the information of each individual, allowing to express the value in their routine and the reason for being used as a tool or not. These practices bring a holistic perspective, that is, they understand phenomena in their entirety and globality, and can be tools to promote health, as they give new meaning to the health-disease process and propose greater

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user empowerment[12], pointing them out as health-promoting practices[13].

Still in this context, it is observed that the complementary assistance model proposed by ICHPs consists of a more comprehensive proposal, which goes beyond traditional medical procedures, as it goes beyond physical aspects and considers social, cultural and emotional issues, which prescribes space for a multidisciplinary perspective[14].

Lately the use of these practices has increased around the world, impacting different aspects of individuals' lives, such as: interpersonal relationships, attention and concentration at work or home tasks, harmonization of emotions, quality of life at work, quality of sleep, coping of the problems arising from the pandemic, and health itself. The use of ICHPs makes people who use it develop greater autonomy in taking care of their own health, contributing to their physical, mental and social well-being. According to Soares *et al.*[15], among the main therapeutic benefits with the use of ICHPs we can mention: greater relaxation and well-being; improvement in sleep quality, anxiety and depression; pain reduction and relief; reduction of signs and symptoms of various diseases; strengthening the immune system; encourages interactive professional contact; reduction in medication use; reduced adverse reactions to medication and improved quality of life.

In the pre-pandemic period, 40.86% of participants practiced some type of ICHPs, observing an increase in demand, while 20.91% (23) of "non-practitioners" reported starting some practice.

Regarding the ICHPs practiced by participants in the pre-pandemic period, the most cited were: meditation, acupuncture/auriculotherapy, yoga, homeopathy, aromatherapy, reiki, family constellation and by new followers during the pandemic period: acupuncture/auriculotherapy, yoga, aromatherapy. The preference for these modalities can be explained by the fact that they are self-management practices or easily accessible via social networks and applications. In addition to providing several therapeutic benefits, they also have a low cost in relation to their applicability when compared to other types of treatment[15]. They can be offered in health and well-being services, in person through self-application, through channels specific to each modality on YouTube, or remotely supervised by professionals in a synchronous manner, with remote options being the most used during the pandemic.

Another important point is that they can be applied to any group of people, regardless of social class, socioeconomic situation, age or profession, observing that ICHPs are characterized as an integrative model of care for the individual's health and well-being, taking into account consideration of each person's life story.

According to a study carried out by Icict/ObservaPICS/FMP[16] around 67% of the study population classified their health as excellent or good, but when pointing out specific situations, 59% said they felt anxiety almost always or always, 14.2% continued to have sleep problems during the pandemic, 15.2% these symptoms worsened and 26.7% started to have some degree of insomnia.

According to the coordinator of ObservaPiCS, Islândia Carvalho[16], integrative practices were introduced in this circumstance "as therapeutic support to comfort anxiety and stressful situations experienced in social isolation or dealing with the pandemic". It is evident in this study that a part of society has adhered to the use of different integrative and complementary practices in their routine.

The most frequent reasons why new followers sought ICHPs were pain and/or orthopedic injuries, in addition to mental health problems, such as anxiety and stress, shown in Graph 8. A study by Aguiar *et al.*[17], highlights that the main demands mentioned by users of ICHPs are: severe and mild mental disorders; family, work, social and economic issues; various psychosomatic symptoms; alternative to medicalization; hypertension, diabetes and other chronic diseases.

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Carrying out such practices aims to reduce stress and treat anxiety, as well as panic symptoms. This technique is aimed at treating people who already have some type of illness and contributes to preventing illnesses and injuries, promoting self-care, reducing physical and mental symptoms in people in different environments. This occurs based on a more natural therapeutic plan, which values bonding, welcoming, active listening, providing comfort and security to the individual, from the perspective of balance[18].

Two recent studies demonstrate the importance of meditation in the context of depressive symptoms. In addition to reducing psychopathological symptoms, meditation appears to produce important effects on people's well-being because it helps the practitioner change and control their self-perception of the world and events around them, rather than trying to change the world and experiences themselves[19]. A recent systematic review of the relationship between mindfulness and psychological health[20] indicates a positive association between these constructs in 13 studies evaluated. Furthermore, evidence of the relationship between mindfulness and psychological well-being has been demonstrated in several samples[20].

Meditation practices were presented in this article because, in the context of a pandemic, they are easily implemented in a residential environment.

Many of the reasons for the search for this practice are due to the increase in biopsychosocial aspects that the pandemic brought. Depression and anxiety disorders are among the most common psychiatric conditions, with about 19.1% of U.S. adults experiencing anxiety and 10% experiencing depression in the past year.

It is known that anxiety is common in mood disorders that alter breathing patterns that cause an increase in tidal volume, respiratory rate and decreased respiratory time in healthy people. According to studies, it has been shown that yoga helps improve respiratory function and coronary artery calcium (CAC), greater adaptation to hypoxia and improved mood. Sudarshan Kriya Yoga (SKY), which is known to be helpful in depression, anxiety and stress, has also been reported to increase spontaneous respiratory coupling and cardiac autonomic control in patients with anxiety and stress disorders, which decreases the risk of cardiovascular disease in these patients.

In this study, there was a consensus regarding the importance of ICHPs. Even the majority of participants who did not start a practice attributed its importance to their quality of life, however they did not start for reasons of opportunity, time, high workload and financial difficulties.

CONCLUSION

Given the data analyzed, it can be concluded that the COVID-19 pandemic impacted the physical, psychological, social and mental health of workers, to a greater extent due to the impact of remote work imposed by the need for isolation and social distancing.

ICHPs were resources sought after by more than 20% of participants who did not perform any practice before the pandemic and were considered important for health and coping with the Covid-19 pandemic, due to biopsychosocial issues such as: pain and injuries, anxiety and depression, with meditation and yoga being the most used therapies. Other practices were also reported, however to a lesser extent. The frequency of practices varied from 1 to 7 times a week, and could be carried out alone or combined between them.

Everyone who started or had previous contact with ICHPs indicated that they felt the benefits that these resources conveyed in their

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daily routines and quality of life, especially during the pandemic period. Qualitative studies are suggested to better understand relevant aspects present in the study results.

CREdiT author statement

Conceptualization: Nakashima, Y; Durce, K; Tomé, LPF. Methodology: Durce, K. Validation: Durce, K; Nakashima, Y; Oliveira, GCO; Tomé, LPF; Ribeiro, NT. Statistical analysis: Oliveira, GCO; Ribeiro, NT. Formal analysis: Durce, K; Oliveira, GCO; Ribeiro, NT. Research: Nakashima, Y; Tomé, LPF. Resources: Durce, K; Nakashima, Y; Oliveira, GCO; Tomé, LPF; Ribeiro, NT. Preparation of the original draft: Tomé, LPF; Nakashima, Y; Oliveira, GCO. Writing and review: Durce, K; Ribeiro, NT. Visualization: Durce, K; Nakashima, Y; Oliveira, GCO; Tomé, LPF; Ribeiro, NT. Supervision: Durce, K. Project administration: Ribeiro, NT; Durce, K; Oliveira, GCO.

All authors read and agreed to the published version of the manuscript.

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Received: 04 november2022.
Accepted: 01 november 2023.
Published: 20 december 2023.