ORIGINAL ARTICLE

SELF-CARE PRACTICES IN THE WORK PROCESS OF HOME CARE NURSING PROFESSIONALS

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Highlights: (1) Integrative and complementary practices promote reflection on self-care. Interventions involving these practices reduce occupational stress. (2) The importance of these practices for improving the work process was emphasized. (3) And perceptions about self-care.

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(as accepted)

This is a preliminary, unedited version of a manuscript that was accepted for publication in Revista Contexto & Saúde. As a service to our readers, we are making this initial version of the manuscript available, as accepted. The article will still be reviewed, formatted and approved by the authors before being published in its final form.

http://dx.doi.org/10.21527/2176-7114.2026.51.16662

How to cite:

Stübe M, Oliveira C dos S, Ceolin T, Oliveira SG, Cavenaghi BO, Heck RM. Self-care practices in the work process of home care nursing professionals. Rev. Contexto & Saúde. 2026;26(51):e16662

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SELF-CARE PRACTICES IN THE WORK PROCESS OF HOME CARE NURSING PROFESSIONALS

ABSTRACT

Introduction: Experiences with Integrative and Complementary Practices allow nursing professionals to reflect on self-care and prompt questions regarding self-attention practices that could positively influence their work process and, consequently, their quality of life. Objective: To describe self-care practices within the work process of a home care nursing team. Methodology: Interventions involving Integrative and Complementary Practices were conducted with nursing professionals over six consecutive weeks; qualitative data were collected via recorded interviews following each intervention and a focus group session at the end of all interventions. The study setting was a Home Care and Palliative Care Unit at a university hospital in southern Brazil. Data were collected in November and December 2023, following approval by the Research Ethics Committee (opinion number 6.416.017). Subsequently, the qualitative information was transcribed in full for later data management and analysis, in accordance with Bardin's methodology. The study adopted the perspective of anthropologist Eduardo Luiz Menéndez as its theoretical framework. Results: lived experiences with integrative and complementary practices enabled the professionals to reflect on self-care, and their narratives reveal the importance of these practices for health balance and the management of occupational stress. The professionals reported challenges in engaging in self-care practices, taking into account aspects inherent in nursing care, their work processes, working hours, and the double burden of work and domestic responsibilities, among other factors. Conclusions: The findings demonstrated that integrative and complementary practices supported the work process, encouraging professionals to seek out beneficial actions or activities, particularly regarding self-care, with a focus on quality of life and workplace well-being.

Keywords: occupational health; complementary therapies; home care services; nursing professionals; quality of life.

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INTRODUCTION

The National Policy on Integrative and Complementary Practices (PNPICS) within the Unified Health System (SUS) was implemented in Brazil in 2006. Integrative and complementary health practices (PICS) "seek to stimulate natural mechanisms for preventing

health problems and restoring health through effective and safe technologies, emphasizing attentive listening, the development of a therapeutic bond, and the integration of the human being with the environment and society."[1]

Brazil is a global reference in the field of PICS within primary care. Since 2018, the provision of 29 procedures has been regulated under the SUS.[2,3] It is an approach that invests in prevention and health promotion. Furthermore, PICS can also be used to alleviate symptoms and treat illnesses.[4,5]

PICS constitute a form of healthcare aimed at understanding the human being within the health-disease process, enabling their application across various associated aspects. Thus, they can reduce harm caused by excessive medication use, foster a holistic approach, and promote health for those who utilize them.[6]

Nursing professionals represent the largest segment of human resources in public and private health services, playing an essential role and serving as key points of reference in these areas of activity.[7] In this context, the work process of home care nursing teams is considered a resource to maintain the user together with their family comfortably, aiming at biopsychosocial treatment and rehabilitation.[8] The author emphasizes that exposure to occupational risks in these work settings can lead to occupational stress. In her study, the main symptoms reported by nursing workers were indigestion, headache, epigastric and lumbar pain.[8]

Thus, there is a clear need to expand listening and dialogue between professionals and managers, taking worker health into account with a view to health promotion, and to understand the self-care practices (SCPs) employed by professionals, with the aim of valuing them and recognizing their health benefits. In this way, SCPs can be identified based on descriptions of what individuals and social groups do, use, and say to manage their ailments, while also considering socioeconomic and cultural aspects.[9]

Valuing self-care practices promotes the health and well-being of nursing professionals, reducing occupational stress and strengthening self-care. This process impacts care management, contributing to the delivery of humanized, comprehensive, and high-quality care to home care patients.

It is important to understand how integrative and complementary practices can promote the health of home care nursing professionals in the context of occupational stress, seeking

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comprehensive health actions incorporated into the self-care practices defined by Menéndez's framework. Given this context, the present study aimed to investigate the application of self-care practices among the home care nursing team.

METHODOLOGY

This is a qualitative, descriptive intervention study. Data were collected at a teaching hospital in southern Brazil, specifically within the Home Care and Palliative Care Unit. This unit comprises teams linked to both the Better at Home (EMAD) program and the Interdisciplinary Home Hospitalization Program (PIDI). The PIDI aims to provide daily home care to cancer patients requiring frequent attention, while the EMAD focuses on caring for patients with more frequent care needs who are unable to travel to a basic health unit.

The home care nursing team consisted of 33 professionals; of these, 20 agreed to participate in the study and met the inclusion and exclusion criteria. Inclusion criteria were: being a nurse, nursing technician, or nursing assistant; completing the questionnaires; being available to participate weekly in the intervention group (held at a pre-scheduled time and location); and having worked at the Home Care Unit for at least six months. Exclusion criteria were: being on vacation, on leave, or on medical leave.

The research protocol consisted of: presentation of the scientific research proposal and signing of the Informed Consent Form and the Image Use Agreement (in duplicate); interviews to collect sociodemographic and occupational data; participation in interventions involving integrative and complementary practices; semi-structured interviews recorded at the end of each workshop; and a focus group.

Fieldwork was conducted between October and December 2023, following approval by the Research Ethics Committee (CAAE 74100823.1.0000.5337). Participant anonymity was maintained; the initials E1, E2, and E3 were used to designate the nurses, while TE1, TE2, and TE3 were used for the nursing technicians.

Workshops on PICS were offered on a voluntary basis by facilitators over six consecutive Saturdays, starting at 8:00 AM. These sessions took place during working hours in a suitable location, free from external interruptions, and consisted of: foot baths with guided

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meditation, circle dance, Reiki, bioactive medicinal plants and quality of life, life history and self-knowledge based on anthroposophy, and aromatherapy combined with foot baths.

The professionals participated based on the unit's work schedule, their own curiosity, and their availability. Box 1 presents a summary of the research stages.

Box 1 - Research project stages.

Meeting 1	Presentation of the research proposal to participants; signing of the Informed Consent Form and Image Use Agreement.
Meeting 2	Individual semi-structured interview.
Workshop 1	Foot bath with guided meditation.
Workshop 2	Circle dance.
Workshop 3	Reiki.
Workshop 4	Bioactive medicinal plants and quality of life.
Workshop 5	Life history and self-knowledge based on anthroposophy.
Workshop 6	Aromatherapy with foot baths.
Focus Group	Focus group (in two sessions).

Source: Prepared by the authors.

At the end of each workshop, guiding questions were posed as follows: 1) before the start of each workshop (from the second one onwards): "Over the course of this week, did you notice any benefits in your personal or professional life from the practices offered previously?"; 2) at the end of each workshop: "What was it like for you to experience this integrative practice?"

Following the integrative practice interventions, a focus group (FG) was conducted with professionals who had attended three or more workshops; 11 professionals participated in this stage. The focus group was held in two sessions: one for morning-shift professionals and one for afternoon-shift professionals, taking into account their work schedule. The guiding questions for the focus group were: 1) "What was it like to experience the integrative practice workshops? Did you notice any changes in your life or daily routine?"; 2) "Did the workshops bring about any changes in your work process? Did they contribute to reducing occupational stress?"; and 3) "Based on the practices you experienced, do you envision planning any changes regarding your quality of life and work process to reduce stress?"

Qualitative data from the weekly interventions were collected through recorded interviews and photographic documentation. Information from the interviews and the FG was stored in a Google Drive folder, designated exclusively for scientific purposes and under the responsibility of the principal researcher. The qualitative data were subjected to content analysis

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according to Laurence Bardin.[10] This process was meticulous and complex, conducted with rigor and ethical standards regarding transcription. The analysis process comprised three main stages: pre-analysis, material exploration, and the processing and interpretation of results. The work of Argentine anthropologist Eduardo Luiz Menéndez served as the theoretical framework.

RESULTS

Based on the participants' statements, an in-depth analysis, and the proximity of the themes, three analytical categories emerged. One relates to the contextualization of the participants. The second category, derived from the analysis of narratives, depicts the work process experienced by them in home care and their self-care practices. The third analytical category describes reflections on self-care and questions regarding the occupational health of these workers.

Contextualization of home care nursing professionals

All participants were women. Three had no children; the mean age was 42.7 years, and 65% had a partner. Furthermore, 80% owned pets. Regarding religion and spirituality, 80% identified as religious (Box 2).

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Box 2 – Data from home care nursing professionals. Pelotas, state of Rio Grande do Sul, Brazil, 2024

Professional	Age	Number of employment contracts	Years of experience in nursing	Place of work - better at home or home hospitalization
E1	36	1	7	Better at home
E2	40	1	7	Home hospitalization
E3	34	1	11	Home hospitalization
E4	37	2	2	Home hospitalization
E5	44	1	20	Home hospitalization
E6	38	1	12	Better at home
E7	41	1	2	Better at home
E8	49	2	26	Home hospitalization
E9	52	2	9	Better at home
E10	34	1	8	Home hospitalization
TE1	37	2	15	Home hospitalization
TE2	32	1	7	Better at home - Home hospitalization
TE3	42	2	7	Home hospitalization
TE4	50	1	4	Organization of Materials
TE5	53	1	7	Better at home
TE6	49	2	28	Better at home
TE7	43	1	3	Home hospitalization
TE8	47	1	25	Better at home - Home hospitalization
TE9	54	2	12	Home hospitalization
TE10	41	1	3	Better at home

Source: Prepared by the authors.

When asked about pre-existing conditions, the participants reported the following: type 2 diabetes mellitus, hypothyroidism, systemic arterial hypertension, De Quervain's tendinitis, polycystic ovaries, anxiety, asthmatic bronchitis, post-traumatic osteoarthritis, depression, colonic diverticulosis, congenital clubfoot, and celiac disease. Four participants reported not undergoing any medical treatment at the time. Regarding the use of medications and/or psychoactive substances, five women were taking psychoactive medications at the time of the interview.

Leisure activities reported by the professionals included family outings, listening to music, going to the beach, traveling, going to the movies, dancing, and reading. Four of the interviewees stated that they did not engage in leisure activities at the time due to their work schedules.

Difficult due to excessive work hours (TE9).

I am not currently engaging in leisure activities (E3).

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No. This year I have not been able to engage in leisure activities due to the illness of two family members and the need for my continuous support (E9).

When asked about self-care practices they engage in to maintain their health and quality of life, they mentioned physical activity, spirituality, therapy, the use of essential oils, dietary care, reading, dancing, auriculotherapy, routine medical check-ups, relaxation, and listening to music. Of the group, five stated they did not engage in any self-care practices.

I don't do it at the moment due to an excessive weekly workload and weekend shifts (TE9).

Regarding physical activity, ten participants reported engaging in it regularly. Those who do so participate in activities such as cycling, walking, dancing, Pilates, and weight training. Specifically regarding PICS, 15 participants reported having no training in any of them. Among the five professionals who do have training, the practices involved are Reiki, aromatherapy, and auriculotherapy. It is noted that PICS are offered to patients; however, these practices could also be discussed among professionals and managers with a focus on worker health.

In the home care service, we implement these practices based on demand (patients/users), documenting them in the medical record (TE3).

The statements highlight the context in which these professionals operate, emphasizing the importance of focusing on leisure activities, physical activity, and care practices, while regarding PICS as a positive resource for improving quality of life.

Work process of the home care nursing team

Regarding the work process in home care (HC), the reports described the team's routine, taking into account the activities ethically prescribed for each professional category, and emphasized the distinct nature of their practice compared to the intra-hospital work process. In fact, the team considers this work stressful, as they enter patients' homes and encounter various situations involving frailty and illness.

I consider the home care routine to be intense, in the sense of "invading" people's homes, where one witnesses not only illness but also frailty and social vulnerability (E1).

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> *Sometimes families manage to organize themselves regarding care, while at other times they do not, and this process directly affects the care provided. All social, psychological, financial, and family demands are brought to the team, both from the patient and the family* (E2).

Corroborating the above, when asked about situations they consider stressful in their daily work, nursing professionals reported that:

> *Primarily, the failure of family members to follow the team's guidance* (E1).
>
> *Family members were not very cooperative with the continuity of care. Leadership was frequently absent. Dealing with patient deaths* (E3).
>
> *The charges from users and, often, the lack of interest from the users themselves in carrying out the care proposed by our team* (E9).
>
> *[...] in assisting patients in serious conditions and their highly stressed families due to experiencing the daily routine of an oncology patient* (TE3).
>
> *Extensive working hours and hostility from some users* (E8).
>
> *Very stressful and sometimes dangerous* (TE8).

Another relevant aspect of these professionals' work is the daily experience of palliative care and death. Encountering death in the home environment leads healthcare professionals to adopt various strategies, sometimes in a more subdued way, feeling grateful, sometimes as a difficult situation to face. In this study, it was identified as a source of stress for some nursing professionals, as illustrated by the following accounts:

> *Work situations that place emotional demands on staff when dealing with delicate matters involving palliative care and the dying process at home* (E5).
>
> *The understanding—or lack thereof—among some family members regarding the patient's dying process* (TE7).

When considering the basic living needs of the population cared for by this team, reports highlight the conditions in which people live, particularly aspects related to social vulnerability. The team speaks with sadness, expressing feelings of anguish, powerlessness, and resilience, given that a large percentage of patients face unmet basic needs, a situation that causes stress for the nursing team.

> *Certainly, the social situation of vulnerable patients* (TE2).

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The lack of commitment from health agencies and the abandonment of people on waiting lists. Patients' social vulnerability. Poverty (TE5).

Dealing with poverty and the fragility of patients and their families (TE4).

Lack of caregiver support, lack of social resources, poverty. Limited social support (E2).

Another factor reported by two study participants, considered stressful, is related to traveling to patients' homes, an action necessary for home care and treatment.

Traffic stresses me out (TE6).

Chaotic traffic during our visits to patients (TE10).

Given the specific nature of the work process, participants were asked about the activities or actions they undertake to manage stress or stressful situations in their daily lives. Their responses point to various actions aimed at minimizing the effects of the stress they experience:

Reflection, Reiki, and therapy (E3).

Therapy, physical activity, prayer, seeking self-knowledge, talking, and having time alone (E4).

Leisure activities I do in my free time: listening to music, singing, playing a musical instrument. Talking with coworkers about situations that affect us emotionally, with the aim of looking out for one another (E5).

Talking with the colleagues I feel closest to (E6).

Talking to coworkers helps a lot (E7).

[...] stepping away from the environment, taking a deep breath, and going for a Walk (E8).

Giving thanks every day; I pray before coming to work, smile, and hug people I care about [...] (TE1).

Exercise and listening to music (TE2).

Listening to music (TE6).

[...] relaxing at home, watching television (TE3).

Being with my grandson, which makes me feel lighthearted and happy. Caring for my pets and my Garden (TE4).

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Attending the Spiritist center, listening to music, and reading (TE7).

When considering self-care practices, the family is viewed as an essential component of a broader approach to self-care. When asked about their support networks, these professionals identified family and friends, valuing them as sources of well-being and support:

Family, friends, church, therapist, and places where I exercise (E4).

My parents help me a lot (E10).

The aforementioned statements refer to the complexity of home care and, therefore, to the importance of encouraging managers to align self-care practices with these professionals in their work settings, so that they can even verbalize their anxieties and situations that stress them daily, in order to seek resources and coping strategies. Such practices would allow them to voice their concerns and daily stressors, thereby facilitating the identification of resources and coping strategies.

Self-care: "I take care of others, but I don't take care of myself"

Engaging with PICS prompted the professionals to reflect on self-care and raised questions regarding its importance for maintaining their health balance. Notably, the participants reported challenges in carrying out self-care practices, taking into account aspects inherent in nursing care, such as work processes, working hours, and the double burden, among others. They emphasized that the practices involved in this study fostered a focus on the self, that is, self-care, as described in their own words:

That's when we realize, my God, it's like we need a nudge; we need to look at ourselves, we need to take care of ourselves. We were ashamed to admit that we weren't doing anything, that we didn't have a self-care practice, spending all that time caring for others, but what was I doing for myself? (E8).

And we do care—we care at work, at home, for the neighbor, for the family (pause)—but we don't care for ourselves. Never. There's no time left for us because we take on the whole world. It was a moment that made me stop and say, "Wait a minute." To keep caring for others, I need to look at myself and take better care of myself. These practices made me rethink my life and look at myself (TE5 - FG).

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> *We care for people but leave ourselves out; we talk about this a lot* [during shifts]. *It really reinforces the need to take care of ourselves, to set aside a little time for us* (E6).
>
> *In moments like this, we stop and care for ourselves a bit more; we start looking at ourselves within the work process* (E6 - FG).

Furthermore, the participants' statements point to a reflective perspective on self-care, considering practices or actions that can be implemented to strengthen perspectives on change in the pursuit of quality of life and health for these professionals, as well as resignifying the moment experienced.

> *It was very interesting to reflect on ourselves and on the changes and transformations in our lives* (E4).
>
> *So, these are small things we can do to take a little better care of ourselves in our daily lives, amidst the rush. We work so hard, and it's something simple to do, and that can be done* (E8).
>
> *And all of them* [workshops], *including today's, made us look more at ourselves and our health, and that's what we need* (E5).
>
> *[...] that we can do something different for our lives, to reduce stress, feel better, and also help others, help our colleagues. We live in such a hectic, stress-filled world, and these practices make us think about ourselves and others too* (E5 - FG).
>
> *I've been going through a process of looking inward, so the practices contributed to that [...]* (E4 -FG).
>
> *I realize I'm in a phase of assigning new values, resignifying, and finding new meaning in them* (E5).

The statements from the interviewees reveal the scope and complexity of the work process of home care professionals. The breadth of the care they provide encourages a perception of self-care through the lens of integrative and complementary practices.

DISCUSSION

Considering the research findings and the complexity of the work performed by home care nursing teams, PICS are viewed as a key factor in promoting comprehensive care, aiming at the social well-being and quality of life of those who benefit from them. The authors highlight

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the importance of broadening the approach to individual and collective care practices within practice settings, with a focus on the holistic nature of the individual, as well as on the valuing of and leadership in health care.[11]

In a study involving 19 nurses regarding their knowledge of PICS, the majority were female, came from 19 Brazilian states, and worked in hospitals and primary care; the most prevalent age range was 31 to 40 years, with one to five years of professional training and experience. Most of them are familiar with PICS and believe they can be implemented in health services.[12]

When considering the interviewees' statements regarding their leisure activities, the study confirms and highlights that most professionals do not engage in physical activity (74.0%) but participate in leisure activities (88.1%).[13] It is important to note that factors such as safety, a healthy environment, financial resources, leisure activity opportunities, and access to health services influence the professionals' quality of life.[14]

A study involving nursing professionals working in medical and surgical inpatient units at a large hospital found that engaging in physical activity has a positive impact on quality of life. Physical exercise is considered an effective, low-cost strategy that yields positive results.[15]

Considering home care, the professional must integrate into the patient's cultural and family context. Consequently, sensitivity is required to understand the care involved and the obstacles that may arise.[16] As for the home care work process, the care relationship between the individuals involved has proven to be a significant challenge for professionals; this is because the home setting is not socially recognized as a legitimate field for health practices, unlike hospitals and other healthcare institutions, where the technical team feels familiar with the environment and protected by institutional norms.[17]

Home care allows the end-of-life experience to unfold differently than in a hospital setting, taking into account the bonds formed between the patient, the team, and the caregivers.[18] In this study, it was identified as a source of stress for some nursing professionals.

Powerful narratives portray the experiences of these professionals regarding the social vulnerability of the patients under their care. From this perspective, the authors consider the development and implementation of public policies emphasizing healthy and active aging to be essential; such policies contribute to reducing inequities, inequalities, and social exclusion—

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particularly concerning social vulnerability among the elderly population,[19] which characterizes the patients cared for by this team.

It is important to highlight changes associated with the immediate post-pandemic period, which significantly impact people's lives and social vulnerability, thereby influencing the work processes of those involved in home care.

When asked whether they use PICS in their daily practice, one of the interviewees mentioned applying Reiki techniques to patients. A study on the use of PICS in oncology patients highlights their application for pain relief as well as for managing other side effects, such as nausea, vomiting, fluid and electrolyte imbalances, fatigue, loss of appetite, radiation dermatitis, alopecia, and even psychological effects like anxiety and depression.[20]

The use of these practices is linked to the aim of alleviating such effects, as they all exacerbate the condition and hinder patients from carrying out their activities of daily living. Following the use of PICS, the majority of patients reported feeling better, with a reduction in reactions to the disease and treatment, and experienced a prevailing sense of well-being and confidence.[20]

Given the specific nature of the home care work process, we asked about the activities or actions undertaken to manage stress or stressful situations in daily practice. The participants' accounts mention various actions and align with the findings of other authors. Constant assessment of and intervention regarding potential work-related stressors and key coping strategies for stressful situations are essential, as is recognizing the extent to which these phenomena are linked to the environment.[21]

A study involving nursing professionals working in medium-complexity care in Bahia revealed a high prevalence of occupational stress, particularly among technical-level nursing staff. Coping strategies and measures to reduce sources of stress, based on reorganizing the work environment, are crucial for ensuring the occupational health and quality of life of these workers.[13]

The participants in this study mentioned various actions and activities to minimize the effects of the stress they experienced. Regarding self-care practices (SCPs), a concept referenced by Menéndez,[9] these refer to the representations and practices people use to control, facilitate, endure, cure, or prevent processes affecting their health (whether in real or imagined

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terms) without direct professional intervention; however, professionals may still refer individuals to these activities. Thus, self-care entails making autonomous, or relatively autonomous, decisions regarding how to act in the pursuit of health.[22]

Based on the statements made by nursing professionals, we observe that the self-care strategies employed place significant importance on conversation and dialogue aimed at processing and sharing experiences with colleagues. These strategies encompass everyday actions, often drawing on experiences outside the workplace, such as Reiki, listening to music, prayer, attending Spiritist centers, walking, breathing exercises, smiling, hugging, physical exercise, staying home watching television, spending time with family, and caring for pets or a garden. All these actions stem from the professional's need to remain active in the work process and, according to Menéndez, constitute broad health-care practices.

According to Menéndez,[22] self-care can be divided into two levels: broad and restricted. The broad level encompasses actions established by the culture of the individual and the group, particularly the domestic group. This perspective includes disease prevention and care, as well as activities such as food preparation and distribution, the use of cleaning products, and water collection and usage, among others. The restricted level, in turn, refers to intentional practices applied to the health-illness-care process.

Restricted self-care is also evident among this group of nursing professionals; they cited therapies, the use of psychoactive medications, and regular monitoring for various diagnosed conditions, such as type 2 diabetes mellitus, hypothyroidism, hypertension, de Quervain's tendinitis, polycystic ovaries, anxiety, asthmatic bronchitis, post-traumatic osteoarthritis, depression, colonic diverticulosis, congenital clubfoot, and celiac disease.

In this context, it is also important to highlight the distinction between self-attention and self-care. According to the author, the latter is part of restricted self-attention and is sometimes linked to the biomedical model, particularly through self-medication.[22] Thus, PAA can be identified based on descriptions of what individuals and social groups do, use, and say to manage their illnesses, while taking into account the individuals' socioeconomic and cultural aspects.[9]

Knowledge of self-care practices or actions involves perceiving the meaning of work and life, thereby enabling professionals to develop both personally and professionally. Taking

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care of yourself means caring for your soul, learning how to live, and having both the opportunity and the duty to take care of yourself.23

For Foucault, care of the self is understood as a set of practices that shape existence, whereby human life is perceived as a work of art. Historically, the Greeks used techniques to stylize their conduct, engaging in work upon themselves and reflecting on those efforts, processes that were deeply intertwined with human relationships. Thus, regarding the constitution of the subject, choices concerning ways of living were made within a framework governed by principles and bounded by limits that imposed themselves as conditions.[24]

Consequently, it is essential to assess the working conditions of nursing professionals, including physical and cognitive aspects as well as work organization, in order to create a favorable, healthy work environment and promote comprehensive care.[25]

Study limitations include the specific context of home care, the number of participants, and the use of self-reported data, factors that may limit the generalizability of the findings. Furthermore, the study design does not allow for the establishment of causal relationships, indicating a need for further research in other settings.

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CONCLUSION

The study's objectives were achieved, contributing to a better understanding of the work process of nursing professionals providing home care at a university hospital in southern Brazil, while considering their self-care practices and the benefits of PICS for reducing occupational stress.

When considering the stressors experienced in their daily work, the professionals reported practices and actions that help them cope with these situations, prompting reflection on the self-care practices described by Menéndez.

Some nursing professionals did not engage in leisure activities, self-care practices, or physical exercise, particularly those with a double burden. It is important to highlight that while the nursing team's work process is directly centered on caring for others, the narratives revealed a lack of self-care among the professionals themselves.

Interventions involving PICS enhance the health-promoting logic of care by encouraging professionals to reflect on their lifestyle habits and fostering a sociocultural approach to their work, thereby strengthening family care.

Therefore, integrative and complementary practices aid in coping with occupational stress, encouraging professionals to seek actions or activities that benefit them, especially self-care, with a focus on quality of life and workplace well-being. The study holds significant relevance within the Unified Health System (SUS), with results of international reach, thereby contributing to occupational health.

REFERENCES

1. Brasil. Ministério da Saúde. Política Nacional de Práticas Integrativas e Complementares. Brasília: Ministério da Saúde; 2015.

2. Brasil. Portaria n.º 702, de 21 de março de 2018. Altera a Portaria de Consolidação nº 2/GM/MS, de 28 de setembro de 2017, para incluir novas práticas na Política Nacional de Práticas Integrativas e Complementares - PNPIC. Brasília: Diário Oficial da União; 2018.

3. Brasil. Práticas Integrativas e Complementares [Internet]. Brasília: Ministério da Saúde; 2022 [cited 2022 Sep 15]. Available from: https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/p/praticas-integrativas-e-complementares-pics-1.

PRE-PROOF

4. Brasil. Ministério da Saúde. Portaria nº 971, de 3 de maio de 2006. Aprova a Política Nacional de Práticas Integrativas e Complementares (PNPIC) no Sistema Único de Saúde. Diário Oficial da União. 2006.

5. Habimorad PHL, Catarucci FM, Bruno VHT, Silva IB da, Fernandes VC, Demarzo MMP, et al. Potencialidades e fragilidades de implantação da Política Nacional de Práticas Integrativas e Complementares. Ci. Saúde Col. 2020;25:395-405.

6. Dalmolin IS, Heidemann ITSB. Integrative and complementary practices in Primary Care: unveiling health promotion. Rev. Latino-Am. Enfermagem. 2020;28:e3277.

7. Santana VVR da S, Bádue GS, Araujo JFS, Moraes MO, Costa CRB, Martins-Filho PR, et al. Estresse ocupacional dos profissionais de enfermagem durante a pandemia de Covid-19 no Brasil. Res. Soc. Dev. 2021;10(15):e244101522023-e244101522023.

8. Perruci LG. Reações fisiológicas do estresse nos trabalhadores de enfermagem que atuam em atendimento domiciliar: home care [dissertação de mestrado]. Ribeirão Preto: Universidade de São Paulo; 2019.

9. Menéndez EL. Sujeitos, saberes e estruturas: uma introdução ao enfoque relacional no estudo da saúde coletiva. São Paulo: Editora Hucitec; 2009.

10. Bardin L. Análise de Conteúdo. São Paulo: Edições 70; 2011.

11. Pereira EC, Souza GC, Schveitzer MC. Práticas Integrativas e Complementares ofertadas pela enfermagem na Atenção Primária à Saúde. Saúde Debate. 2022;46:152-164.

12. Andres F da C, Andres SC, Moreschi C, Rodrigues SO, Badke MR. Conhecimento de enfermeiros acerca das práticas integrativas e complementares em saúde. Res. Soc. Dev. 2020;9(7):e969975171.

13. Novaes Neto EM, Xavier ASG, Araújo TM de. Fatores associados ao estresse ocupacional entre profissionais de enfermagem em serviços de saúde de média complexidade. Rev. Bras. Enferm. 2020;73:e20180913.

14. Silva Júnior EJ, Balsanelli AP, Neves VR. O cuidado de si no cotidiano do enfermeiro: revisão integrativa. Rev. Bras. Enferm. 2020;73:e20180668.

15. Pinheiro JMG, Macedo ABT, Antoniolli L, Vega EAU, Tavares JP, Souza SBC de. Qualidade de vida profissional e estresse ocupacional em trabalhadores de enfermagem durante pandemia por COVID-19. Rev. Gaúch. Enferm. 2023;44:e20210309.

16. Rajão FL, Martins M. Atenção Domiciliar no Brasil: estudo exploratório sobre a consolidação e uso de serviços no Sistema Único de Saúde. Ciênc. Saúde Col. 2020;25(5):1863-77.

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17. Brasil. Caderno de atenção domiciliar [Internet]. Brasília: Ministério da Saúde; 2013 [cited 2023 Sep 21]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/caderno_atencao_domiciliar_melhor_casa.pdf.

18. Perboni JS, Oliveira SG, Cordeiro FR. Subjetivação dos profissionais de saúde no fim da vida e morte no serviço domiciliar. Rev. Bras. Enferm. 2022;75:e20210684.

19. Quintans JR, Melleiro MM. Percepção de pessoas idosas acerca da transição de cuidados prestados por uma equipe multiprofissional de atenção domiciliar. Cogitare Enferm. 2023;28:e84357.

20. Menin SP. Benefícios no tratamento do câncer atrelado ao uso das Práticas Integrativas e Complementares. Rev. Persp. Ciênc. Saúde. 2020;5(1).

21. Baccin AA, Lucchese VC, Lima ALD, Medeiros BVS, Maliska JKL, Vasconcellos SJL. Estratégias de enfrentamento ao estresse e engajamento no trabalho da equipe de enfermagem hospitalar. REAS. 2023;23(1):e11602-e11602.

22. Menéndez EL. Modelos de atención de los padecimientos: de exclusiones teóricas y articulaciones prácticas. Ci. Saúde Col. 2003;8(1):185-207.

23. Silva KG, Parreira PMSD, Soares SSS, Coropes VBA dos S, Souza NVD de O, Farias SNP de. Qualidade de vida nos profissionais de enfermagem que exercem funções na estratégia saúde da família. Rev. Enferm. Refer. 2020;5(4):e20028.

24. Gomes MM, Ferreri M, Lemos F. O cuidado de si em Michel Foucault: um dispositivo de problematização do político no contemporâneo. Fractal: Rev. Psicol. 2018;30:189-195.

25. Guerreiro MPP, Dalmolin GL, Zanon REB, Schutz TC, Andolhe R. Estresse ocupacional, cortisol salivar e dor musculoesquelética em enfermeiros de hemato-oncologia. Cogitare Enferm. 2021;26.

Submitted on: November 8, 2024

Accepted on: June 11, 2026

Published on: October 23, 2026

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All authors approved the final version of the manuscript.	
Conflict of interest:	There is no conflict of interest.
Funding:	This study received no funding.
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Editor:	Adriane Cristina Bernat Kolankiewicz. Ph.D

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