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Perceptions of users of a speech therapy service about integrative and complementary practices in health and their use in speech therapy

Percepções dos usuários de um serviço de atendimento fonoaudiológico sobre práticas integrativas e complementares em saúde e o uso na fonoaudiologia

Percepciones de los usuarios de un servicio de logopedia sobre las prácticas integrativas y complementarias en salud y su uso en la logopedia

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Abstract

Introduction: Integrative and Complementary Health Practices (PICS) have proven to be allies in promoting well-being and enhancing therapeutic outcomes. In Speech-Language Pathology, their use can contribute to more integrated and humanized approaches to health care. **Objective:** To investigate the knowledge and perceptions of the population served in a Speech-Language Pathology Service about PICS, focusing on its application in the area. **Method:** A total of 54 users and companions of the service participated between September and December 2024. Data collection was carried out through a

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Authors' contributions:
APAB, RASF: conceptualization; data analysis; research, methodology; writing of the original draft.
GB: conceptualization; data analysis; writing of the original draft.
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questionnaire with structured and semi-structured questions, applied via Google Forms. The instrument addressed the understanding, knowledge, and use of PICS. Data were analyzed using statistical and descriptive, considering variables such as age, sex and education level. **Results:** The findings revealed positive perception and growing interest in PICS, although informational gaps still exist. Practices such as Medicinal Plants, Meditation, and Acupuncture were the most well-known and commonly used. Although not all participants use these practices regularly, most believe in their benefits for general health, speech-language therapy treatment, and quality of life. The analysis also indicated the need for greater access to evidence-based information. **Conclusion:** Although knowledge and use of PICS are not yet widely disseminated, there is strong acceptance and potential for their expansion in the field of Speech-Language Pathology and in primary health care.

Keywords: Complementary therapies; Speech-Language and Hearing Sciences; Health; Health Belief.

Resumo

Introdução: As Práticas Integrativas e Complementares em Saúde (PICS) têm se mostrado aliadas na promoção do bem-estar e na potencialização dos resultados terapêuticos. Na Fonoaudiologia, seu uso pode contribuir para abordagens mais integradas e humanizadas no cuidado à saúde. **Objetivo:** investigar o conhecimento e as percepções da população atendida em um Serviço de Fonoaudiologia sobre as PICS, com foco em sua aplicação na área. **Método:** Participaram 54 usuários e acompanhantes do serviço, entre setembro e dezembro de 2024. A coleta de dados foi realizada através de um questionário com perguntas dirigidas e semidirigidas aplicado via *Google Forms*. O instrumento abordou o entendimento, conhecimento e uso das PICS. Os dados foram analisados de forma estatística e descritiva, considerando variáveis como idade, sexo e escolaridade. **Resultados:** revelaram percepção positiva e crescente interesse pelas PICS, embora ainda existam lacunas informativas. Práticas como Plantas Medicinais, Meditação e Acupuntura foram as mais conhecidas e utilizadas. Embora nem todos os participantes façam uso regular dessas práticas, a maioria acredita em seus benefícios para a saúde geral, para o tratamento fonoaudiológico e para a qualidade de vida. A análise apontou, ainda, a necessidade de maior acesso a informações baseadas em evidências científicas. **Conclusão:** embora o conhecimento e uso das PICS ainda não sejam amplamente difundidos, há grande aceitação e potencial para sua ampliação no campo da Fonoaudiologia e na atenção primária à saúde.

Palavras-chave: Terapias complementares; Fonoaudiologia; Saúde; Crença de Saúde.

Resumen

Introducción: Las Prácticas Integrativas y Complementarias en Salud (PICS) se han mostrado como aliadas en la promoción del bienestar y en la potenciación de los resultados terapéuticos. En Fonoaudiología, su uso puede contribuir a enfoques más integrados y humanizados en el cuidado de la salud. **Objetivo:** Investigar el conocimiento y las creencias de la población atendida en un Servicio de Fonoaudiología sobre las PICS, con énfasis en su aplicación en esta área. **Método:** Participaron 54 usuarios y acompañantes del servicio, entre septiembre y diciembre de 2024. La recolección de datos se realizó mediante un cuestionario con preguntas dirigidas y semidirigidas, aplicado a través de Google Forms. El instrumento abordó la comprensión, el conocimiento y el uso de las PICS. Los datos fueron analizados de forma estadística y descriptiva, considerando variables como edad, sexo y nivel educativo. **Resultados:** Revelaron una percepción positiva e interés creciente por las PICS, aunque todavía existen brechas informativas. Prácticas como Plantas Medicinales, Meditación y Acupuntura fueron las más conocidas y utilizadas. Aunque no todos los participantes hacen uso regular de estas prácticas, la mayoría cree en sus beneficios para la salud general, el tratamiento fonoaudiológico y la calidad de vida. El análisis también señaló la necesidad de un mayor acceso a información basada en evidencias científicas. **Conclusión:** Aunque el conocimiento y uso de las PICS aún no están ampliamente difundidos, existe una gran aceptación y potencial para su expansión en el campo de la Fonoaudiología y en la atención primaria de salud.

Palabras clave: Terapias complementarias; Fonoaudiología; Salud; Creencia de Salud.

Introduction

Integrative and Complementary Health Practices (ICPS) emerged as a response to the need for broader and more humanized approaches of care that consider the human being as a whole, uniting body, mind and spirit. Based on traditional knowledge such as Traditional Chinese Medicine, Ayurveda and indigenous practices, these therapies have been gaining ground in recent years, especially with their growing popularity in the West. This expansion reflects a paradigm shift in healthcare, which is prioritizing not only the treatment of diseases but also the promotion of well-being, prevention and the integration of different forms of care, recognizing the importance of emotional, spiritual and social balance for maintaining health[1].

In Brazil, ICPS were officially recognized and regulated in 2006, with the creation of the National Policy for Integrative and Complementary Practices (NPICPS). Currently, SUS offers 29 ICPS modalities, such as auriculotherapy, phytotherapy, homeopathy, yoga, meditation, aromatherapy, among others, available at different levels of health care[2].

This policy aims to expand access to ICPS within the Unified Health System (SUS), promoting a more humanized, comprehensive and participatory care model. Including the cultural dimension in the teaching and implementation of these practices fosters a broader and more diverse understanding, helping to overcome the exclusive focus on the biomedical model.[3]

Integrative and Complementary Health Practices (ICPS) were also recognized by the Federal Council of Speech-Language-Hearing Sciences, through CFFa Statement No. 45/2020, which authorizes their use in speech-language-hearing practice, provided the professional has specific training for each technique. The document advises that ICPS should be used in a complementary manner to speech-language-hearing interventions, expanding the possibilities of care, health promotion and disease prevention, always in line with the ethical, scientific and legal principles of the profession and with SUS guidelines, strengthening a comprehensive and humanized approach to the patient[4].

ICPS have been used in speech-language-hearing sciences as complementary resources in the treatment of difficulties related to language, hearing and swallowing[3] Among them, auriculotherapy and aromatherapy stand out for contributing to the reduction of stress and anxiety, offering therapeutic support and promoting the well-being of individuals[5]. Acupuncture, in turn, is the most widely used integrative practice, especially in cases of dysphagia and aphasia. ICPS also play an important role in the rehabilitation of neurological, myofunctional and auditory alterations, contributing to improved functionality and quality of life for patients[6].

The acceptance of ICPS by the population and healthcare professionals remains diverse and influenced by factors such as personal beliefs, religiosity and perceptions of their effectiveness. While some people seek natural and less invasive approaches, resistance remains, frequently related to a lack of information or the absence of consistent scientific evidence in certain contexts. Despite this, the growing demand for integrative therapies, combined with the support of public policies, points to a trend toward expanding these practices in the Brazilian healthcare scenario[,8].

In this context, this research is justified by the need to understand the level of knowledge and perceptions of caregivers of individuals treated at a Speech-Language-Hearing Service (SAF) in southern Brazil regarding ICPS and their potential benefits. The study setting is a secondary health care facility associated with a public higher education institution.

Then, this paper aims to understand the knowledge and perceptions of the population addressed at SAF regarding ICPS, as well as their use in the context of Speech-Language-Hearing Sciences.

Material and method

This prospective, cross-sectional and quantitative study was conducted with the use of questionnaires with both directed and semi-directed questions. This methodological strategy enabled an in-depth exploration of the experiences, opinions and perceptions of the participants, providing a comprehensive understanding of the topic under investigation.

The research was conducted after the project was approved by the Institutional Research Ethics Committee under number 7082.082. It is also noteworthy that all stages followed the guidelines of the General Data Protection Law (LGPD) – Law No. 13,709, of August 14, 2018, which ensures the

privacy and protection of the personal data of the participants.

The subjects for this study were selected by convenience, based on their availability at the time of data collection. The approach was conducted by inviting caregivers of the patients who were in the ground floor lobby of the teaching clinic (SAF). The authors conducted this approach on different days and times to broaden the sample size. During contact, the research aims were explained clearly and ethically, and those who met the inclusion criteria were invited to participate voluntarily. After the clarification, all 54 participants voluntarily agreed to participate, resulting in a 100% participation rate. Data collection took place between September and December 2024 through interviews and questionnaires. The average completion time was approximately 10 minutes, varying according to the rhythm of each participant.

The inclusion criteria for this study were: (a) being 18 years of age or older; (b) being with someone during care at SAF; and (c) demonstrating interest in voluntarily participating in the study. This age range was chosen to encompass a broad spectrum of experiences and perspectives, allowing for a diversity of perceptions relevant to the topic under investigation. The exclusion criteria were: (a) professionals working in the areas of Speech-Language-Hearing Sciences; and (b) individuals with significant communicative or cognitive limitations. These criteria were adopted to ensure representativeness of the target population and to ensure that participants were able to provide information relevant to the research aims.

Participants were individually directed to a quiet room, where they received detailed explanations about the research and read the Informed Consent Form (ICF). The sampling procedure consisted of administering a questionnaire with nineteen questions, being them directed and semi-directed. At the time, the aims of the study were presented, with a guarantee of confidentiality for the information provided. Establishing a relationship of trust was essential to obtaining accurate and complete responses. After signing the ICF, participants received the questionnaire and were invited to answer it based on their understanding and experience.

The data collection instrument used in the research was a questionnaire developed by the authors, consisting of 23 questions. Initially, it included three identification questions, intended to collect sociodemographic data, such as age, gender, and education. Subsequently, 16 questions focused on knowledge about ICPS were presented, addressing aspects related to prior knowledge, perceptions, personal use, experiences, perceived effectiveness, additionally to potential concerns and challenges.

Besides, the questionnaire included three specific questions about the relevance of using ICPS in speech-language-hearing practice, four questions about the degree of agreement or disagreement regarding the use of these practices, three questions related to the likelihood of future use and three questions about the frequency of use of ICPS by participants.

The instrument also contained three multiple-choice questions and one open-ended question, allowing for a more in-depth qualitative analysis. For the objective questions, a Likert-type scale was used[9], recognized for its effectiveness in measuring attitudes and opinions. This scale ranged from 1 (strongly disagree) to 5 (strongly agree), allowing for the capture of different levels of agreement and facilitating statistical analysis of the data.

After data collection was completed, the data were tabulated by a statistician to ensure the accuracy and validity of the analysis. First, a descriptive analysis of the demographic variables was performed using frequency distributions, measures of central tendency, and dispersion. After, a statistical and descriptive analysis was performed to investigate the influence of these variables on knowledge level and the relationship between knowledge and its practical application. Inferential analysis of the variables was performed using the test of Student, and ANOVA was used to explore significant relationships and differences between variables.

Results

The study sample consisted of 54 participants, the majority was female (85,2%), with a smaller participation of males (14,8%). In relation to the age group, the greatest concentration was observed between 31 and 45 years old (42,6%), followed by 18 to 30 years old (27,8%), 46 to 60 years old (25,9%) and only 3,7% aged 61 or over.

Regarding education, it stands out the predominance of participants with completed high school (27,8%) and completed higher education (25,9%) stands. Next, there are those ones with incomplete

higher education (20,4%), incomplete elementary education (11,1%), completed elementary education (5,6%), incomplete high school (5,6%), and, finally, postgraduate education (1,9%).

In relation to the gender of the participants, no statistically significant differences were identified in the answers regarding knowledge, use and perceptions of ICPS. In other words, all p-values were above the 5% significance level. This indicates that men and women share similar perceptions on the topic, reinforcing the cross-cutting nature of integrative practices in terms of acceptance and understanding. Even though the majority of respondents were female, the answer pattern among male participants remained relatively stable across all questions analyzed.

Table 1. Sample characterization

Sociodemographic variables	Frequency (N)	Porcentage(%)
Age		
18 to 30	15/54	27.80%
31 to 45	23/54	42.60%
46 to 60	14/54	25.90%
61 or more	2/54	3.70%
Gender		
Masculine	8/54	14.80%
Feminine	46/54	85.20%
Other	0/54	0%
Education level		
I	0/54	0%
IEE	6/54	11.10%
CEE	3/54	5.60%
IHS	3/54	5.6%
CHS	15/54	27.80%
IHE	11/54	20.40%
CHE	14/54	25.90%
PG	1/54	1.90%

Caption: I – illiterate, IEE – incomplete elementary education, CEE – complete elementary education, IHS– incomplete high school, CHS – complete high school, IHE - incomplete higher education, CHE – complete higher education; PG – Postgraduation.

On the other hand, the cross-analysis with the variable education revealed a relevant finding: the question "How likely is it that you know someone (family member or friend) who uses some complementary therapeutic practice?" showed statistical significance (p = 0,019). This result suggests that education level can influence the social context of the individual and, consequently, his/her exposure to ICPS. Participants with higher education were more likely to know people who use these practices, probably because they are in environments where they are more accessible, discussed and valued.

However, education level did not significantly influence the remaining questions, reinforcing the inclusive and democratic nature of the ICPS, reaching individuals with different educational levels. Regarding age group, the analysis did not identify statistically significant results.

In general, the research sought to understand how participants perceive and use ICPS, both in their daily lives and in the context of speech-language-hearing. Among the aspects investigated, one focus, presented in Table 2, was the level of agreement of the participants with certain statements on the topic. The results indicated high agreement that self-awareness practices can improve overall health, aid in speech-language-hearing treatment and contribute to improving the quality of life of the patients, representing an accessible and complementary resource to traditional care.

Table 2. Agreement that self-awareness practices can improve overall health, assisting in speech-language-hearing treatment and increasing the quality of life of the patients in a more accessible way.

Questions	I completely agree		I agree		I neither agree nor disagree		I Disagree		I completely disagree	
	N	P	N	P	N	P	N	P	N	P
Q1 (5)	20/54	37%	24/54	44%	7/54	13%	3/54	5.6%	0/54	0%
Q2 (10)	18/54	34%	30/54	56.6%	4/54	7.5%	1/54	1.9%	0/54	0%
Q3 (11)	16/54	30.8%	27/54	51.9%	8/54	15.4%	1/54	1.9%	0/54	0%
Q4 (14)	22/54	42.3%	22/54	42.3%	8/54	15.4%	0/54	0%	0/54	0%

Caption: Q - Question, N – number, P - percentage.

The first two questions (Q1 and Q2) investigated the perceptions of the participants regarding the impacts of ICPS on well-being and overall health. Q1 assessed whether practices such as teas, aromas, meditation and spiritual beliefs could contribute to daily well-being, helping to alleviate pain, distress and anxiety. The results showed high acceptance, with 81% of participants agreeing — 37% strongly agreeing and 44% agreeing. Only 18,6% remained neutral or disagreed.

In Q2, it was investigated whether these practices could positively impact overall health. The level of agreement was even higher, with 90,6% of participants recognizing their relevance — 56,6% agreed, and 34% strongly agreed. Only 1,9% disagreed.

Overall, these results show that most participants recognize the benefits of ICPS and possibly incorporate them as a complementary resource for maintaining health, improving quality of life, as well as physical and emotional well-being.

At the third question (Q3), it was investigated whether these practices could aid speech-language-hearing treatment. The majority of participants (82,7%) agreed, with 30,8% strongly agreeing and 51,9% agreeing. Only 1,9% disagreed, while 15,4% remained neutral. These results suggest that most participants recognize a possible relationship between emotional well-being and communication, essential aspects in the context of speech-language-hearing. However, the relatively high percentage of neutral responses may indicate that some individuals still do not have sufficient information about how ICPS can be integrated into speech-language-hearing treatment.

Finally, the fourth question (Q4) addressed whether ICPS contribute to quality of life in an accessible way. The results were very positive: 42,3% of participants strongly agreed with the statement, 42,3% agreed, while 15,4% remained neutral (neither agreed nor disagreed). No participant disagreed. These data show that the vast majority recognize ICPS as viable and accessible alternatives that can be incorporated into daily life without high costs or the need for complex infrastructure.

The research also sought to understand how participants relate the ICPS in their daily lives. Then, three main aspects were analyzed: how often they heard about the topic, how often they used these practices and how interested they were in learning more about them. The results, presented in Table 3, provide a comprehensive overview of the presence of ICPS in the lives of the participants. This approach allowed us to identify not only their level of familiarity with the topic, but also their frequency of use and interest in learning more about these practices.

Table 3. Frequency that participants heard, used and were interested in learning more about ICPS.

Questions	Very often		Often		Occasionally		Rarely		Never	
	N	P	N	P	N	P	N	P	N	P
Q5 (4)	6/54	11.1%	13/54	24.1%	12/54	22.2%	11/54	20.4%	12/54	22.2%
Q6 (6)	4/54	7.4%	13/54	24.1%	12/54	22.2%	15/54	27.8%	10/54	18.5%
Q7 (16)	15/54	28.3%	16/54	30.2%	14/54	26.4%	6/54	11.3%	2/54	3.8%

Caption: Q - Question, N – number, P - percentage.

When analyzing the relationship of the participants with ICPS, it was observed that the level of contact and use remains quite variable. In the fifth question (Q5), which investigated how often participants had heard about the topic, the results showed a diverse scenario: 35,2% reported having frequent contact with these practices, while 42,6% reported hearing about them only occasionally or rarely. Moreover, 22,2% reported never having heard about the subject. The p-value = 0,094 indicates that there was no statistically significant difference between the groups, highlighting that there is still a significant path to be taken to expand access to information about these approaches.

In the sixth question (Q6), which assessed the use of ICPS in daily life, the results indicated that the practice is not yet consolidated among participants. Only 7,4% reported using them very often, and 24,1% stated they use them frequently. On the other hand, the majority, 68,5%, stated they use them only occasionally or have never tried them. This data suggests that, although knowledge about ICPS is growing, their incorporation into routine is still limited.

On the other hand, the results of the seventh question (Q7), which investigated the interest in learning more about ICPS, showed a very positive perspective. More than half of the participants (58,5%) expressed curiosity and a willingness to learn more about these practices, with 28,3% reporting a very frequent interest and 30,2% reporting a regular interest. Only 3,8% of participants reported never having felt the desire to know more about the topic.

In general, the results reveal a promising scenario for the guidance and dissemination of ICPS. Although the regular use of these practices is still limited, the high level of interest among participants highlights the importance of expanding the access to information and offering learning opportunities. With greater dissemination, encouragement and access, it is possible that more individuals will start to integrate these approaches into their health and well-being care, which promotes quality of life and contributes to disease prevention.

The data for questions 8 and 9 (Q8 and Q9), presented in Table 4, demonstrate a very positive perception among participants in relation to ICPS in the context of primary health care. In Q8, which investigated the importance of offering these practices at this level of care, it was observed that most respondents considered this provision very important (53,8%) or important (34,6%). These results reinforce the recognition of ICPS as an essential and desired part of health care, especially because they promote a more comprehensive, preventive and humanized approach.

Table 4. Importance of ICPS in BHU, as a safe or necessary treatment and less invasive, more natural and respectful

Questions	Very important		Important		Kind of importante		Sometimes important		It not important at all	
	N	P	N	P	N	P	N	P	N	P
Q8	28/54	53.8%	18/54	34.6%	2/54	3.8%	1/54	1.9%	3/54	5.7%
Q9	19/54	35.8%	27/54	50.9%	3/54	5.7%	2/54	3.8%	2/54	3.8%

Caption: Q - Question, N – number, P - percentage.

Additionally, Q9 assessed perceptions of the safety and necessity of using ICPS. The data showed that 50,9% of the participants rated this aspect as important, while 35,1% considered it very important. These findings indicate that, in addition to valuing the presence of these practices in Primary Health Care, participants also recognize the importance of ensuring their safe application, strengthening confidence and the potential for adherence to these approaches.

The perceptions of the participants regarding ICPS indicate not only familiarity but also a growing acceptance of these approaches. In question 10 (Q10), which investigated the likelihood of knowing someone — family member or friend — who uses some practice, the answers were concentrated on the options "usually know" and "sometimes know," both at 27,8%. These data reveal that, for more than half of respondents, ICPS are not distant and unfamiliar practices, but rather present in the daily lives of people close to them, which contributes to a more accessible, natural, and integrated perception of these therapies.

Table 5. Probability of participants knowing people who use ICPS, believing that these treatments have a positive effect on health and that there is a "placebo effect"

Questions	High Prob.		Medium High Prob.		Medium Prob.		Low Prob. Medium		Low Prob.		I do not know		I do not what it is	
	N	P	N	P	N	P	N	P	N	P	N	P	N	P
Q10	12/54	22.2%	15/54	27.8%	15/54	27.8%	3/54	5.6%	9/54	16.7%	0/54	0%	0/54	0%
Q11	25/54	47.2%	22/54	41.5%	5/54	9.4%	0/54	0%	1/54	1.9%	0/54	0%	0/54	0%
Q12	12/54	23.1%	17/54	32.7%	12/54	23.1%	5/54	9.6%	3/54	5.8%	2/54	3.8%	1/54	1.9%
Q13	24/54	45.3%	20/54	37.7%	7/54	13.2%	2/54	3.8%	0/54	0%	0/54	0%	0/54	0%

Caption: Q - Question, N - number, P - percentage; Prob. - probability; High - I almost always know; High-medium - I usually know; Medium - I sometimes know; Low-medium - I rarely know; Low - I almost never know.

This familiarity with ICPS seems to directly contribute to building confidence in their effectiveness. In question 11 (Q11), 47,2% of participants believed these practices "almost always" produce positive health effects, while 41,5% believed they "usually" do. These results demonstrate a high level of belief in the effectiveness of these therapies, reinforcing the understanding that ICPS can significantly contribute to well-being and health promotion, acting as a complement to conventional treatments.

In addition, when asked about characteristics frequently associated with ICPS, such as being less invasive, more natural and respectful for the body, most participants answered positively. In question 13 (Q13), 45,3% chose "almost always" and 37,7% selected "generally," revealing that these attributes are highly valued. This reinforces a preference for more humanized care, in line with cultural aspects and reflecting a broader perspective on health.

However, it is also important to highlight the diversity of opinions regarding the possibility of ICPS producing a placebo effect. According to question 12 (Q12), 32,7% believe this occurs "generally," while 23,1% opted for "almost always" and another 23,1% for "sometimes." Only a minority, 9,6%, considered this possibility "generally unlikely." This distribution indicates that, even though there is a tendency to value ICPS, there is also a portion of the population that maintains a more critical or skeptical view, which is natural when dealing with therapeutic approaches still in the process of being incorporated and accepted into the public health system. It should be noticed that this was the only question that presented a statistically significant result, with a p-value below the adopted significance level (5%). This finding indicates a statistically significant difference in the responses to this question regarding the age group of the participants.

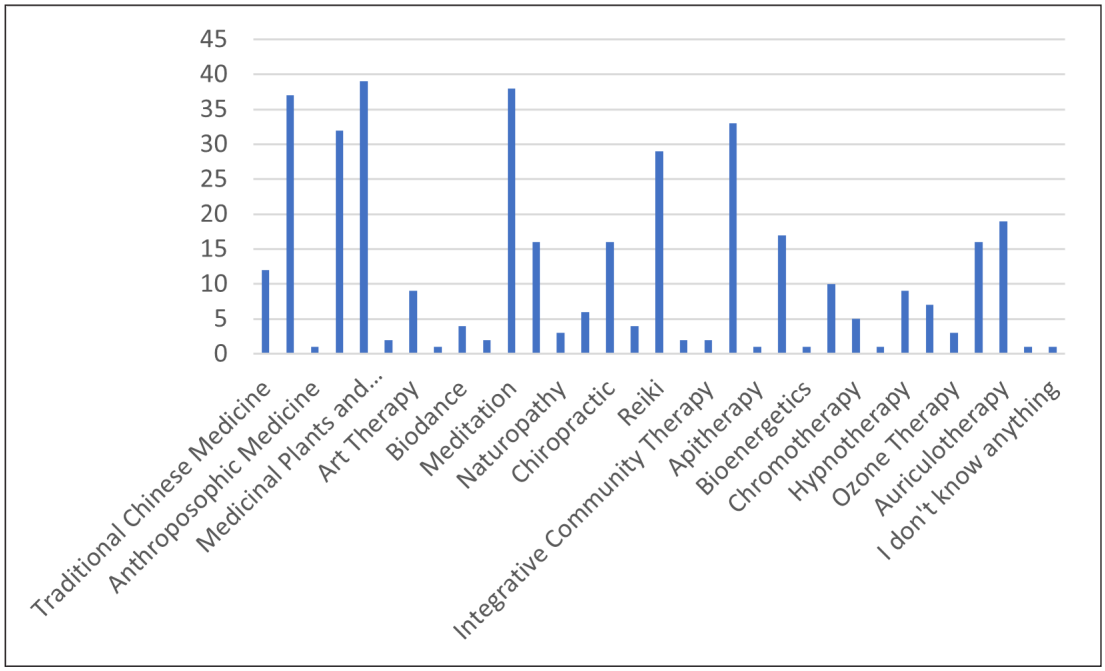
The question that asked what participants would like to know about ICPS showed a diversity of interests, reflecting different levels of knowledge and experience with the topic. Answers demonstrated broad curiosity about the potential uses of ICPS, especially in specific areas such as speech development in children, improved concentration and relief of emotional symptoms such as distress.

Furthermore, participants expressed interest in learning more about the types of practices available, including the use of medicinal teas and other natural methods, as well as in understanding their positive effects and the principles underlying these approaches.

Another important point in evidence regarding the answers was the need for greater access to information, both within healthcare networks and among the general population. Many participants mentioned a desire for greater clarity on the effectiveness of ICPS, especially through the dissemination of scientific evidence supporting their use. Some also expressed interest in learning which practices are most commonly used and which have shown the best results, demonstrating a practical and informed approach to choosing these therapies.

The variety of responses highlights a significant demand for educational and informational initiatives that can clarify doubts, expanding knowledge and strengthening confiability in ICPS. This openness to dialogue and the search for information demonstrates the willingness of the population to understand and potentially integrate these practices into healthcare, provided that access to knowledge is easy and reliable.

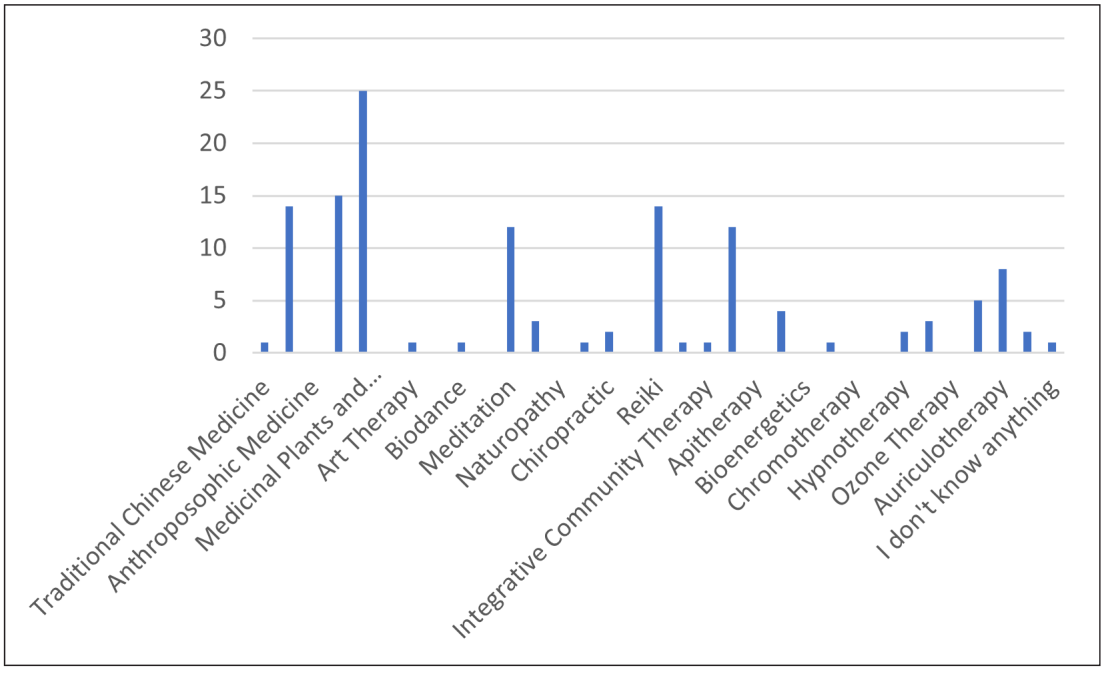
Based on the answers presented in Graph 1, which investigated the knowledge of the participants in relation to different ICPS, a wide range of familiarity was observed. Participants were asked to indicate the practices they were familiar with and the most cited ones were: Medicinal Plants and Phytotherapy (72,2%), followed by Meditation (70,4%), Acupuncture (68,5%), Yoga (61,1%), Homeopathy (59,3%) and Reiki (53,7%). These results indicate that the most traditional and widely disseminated therapies — whether due to their historical presence in popular culture or their incorporation into public health policies — are the most recognized by the population attended by SAF.



Graph 1. Knowledge of SAF population about ICPS

The analysis of the answers in Graph 2 regarding the use of the participants in relation to ICPS revealed significant variation in adherence to these approaches. The most frequently used practices were Medicinal Plants and Phytotherapy (54,3%), followed by Homeopathy (32,6%), Acupuncture and Reiki (30,4%), Meditation and Yoga (26,1%) and Auriculotherapy (17,4%). These data demonstrate that more traditional and publicly visible practices tend to be more widely used and integrated into the' daily lives of the users.

In contrast, Flower Therapy (10,9%), Aromatherapy (8,7%), Laying on of Hands and Music Therapy (6,5%) and Chiropractic (4,3%) showed lower usage rates. The least frequently mentioned approaches, such as Art Therapy, Biodance, Osteopathy, Shantala, Integrative Community Therapy, Stellar Quantum Table, Chakra Alignment and Family Constellations, were mentioned by only 2.2% of the participants. Furthermore, 2,2% stated that they had never used any of the listed ICPS, which shows that, although recognized by many, these practices are still not accessed by the whole population.



Graph 2. Use of ICPS by research participants

It is important to highlight that SAF (place of research) offers some ICPS, such as Reiki and Auriculotherapy; however, these practices are not available to the target audience of this study. Therefore, the lack of direct contact with these modalities during the sessions reduces the possibility of influencing the responses and does not significantly impact the results.

Discussion

Although the majority of participants in this study were female, no statistically significant differences were observed between genders regarding knowledge, use or perceptions of ICPS. This result is consistent with previous studies that also found greater participation by women, but no significant

differences in perceptions when compared to men.[10,11].

An association between age group, education level and knowledge of the practices was also observed, with a predominance of adults between 31 and 45 years old and a higher prevalence of knowledge among those with high school or higher education. These findings corroborate previous studies[12] demonstrating greater adherence to ICPS among people with higher income and education levels, although there is still a shortage of studies specifically exploring the relationship between education level and knowledge of these practices.

The perception of respondents regarding ICPS was markedly positive: 81% reported that teas, meditation, aromas and spirituality contribute to well-being, while 84,6% agreed that these practices promote quality of life in an accessible way. This pattern is similar to findings in the contexts of Primary Health Care, such as in Mossoró - RN, where the use of medicinal plants and phytotherapy was associated with symptom relief and easy access[13,14]. Furthermore, most participants considered the offer of ICPS in Primary Care to be important or very important, reinforcing its alignment with the comprehensive public policies of SUS[13].

In the sphere of speech-language-hearing sciences, 82,7% of participants acknowledged that ICPS can aid in treatment, although 15,4% remained neutral, possibly due to a lack of knowledge about the applicability of these practices in the field. This finding is in agreement with a study that investigated art therapy in patients with Parkinson's disease (PD), in which respondents reported that, when combined with speech-language-hearing, this practice acts as a complementary resource capable of motivating therapy, promoting long-term adherence and expanding the rehabilitation potential of chronic patients[15].

These findings demonstrate that ICPS, when integrated with speech-language-hearing techniques, can promote not only clinical improvement but also engagement, motivation and the psychosocial dimension of the therapeutic process. Taking into consideration these results, both from this research and from the literature, it is evident that Speech-Language-Hearing Sciences needs to broaden their perspective on the use of ICPS. More than enhancing care, their incorporation can strengthen speech-language-hearing in interdisciplinary discussions on comprehensive health, which contributes to the recognition and understanding of integrative practices as care resources applicable in different areas of the profession.

Besides, when asked in this research about the positive impact of ICPS on health, 90,6% of participants agreed with this statement. A similar result was observed in the "CovidICP" study, conducted by Icict/Fiocruz in 2020, which identified a significant increase in the search for well-being during the pandemic, particularly through the use of medicinal plants, phytotherapy and meditation. The study highlighted that practices such as Yoga and Ayurveda helped people to cope with the physical and psychological challenges imposed by the period, promoting balance, body awareness and respiratory benefits[14].

In contrast to the findings in this research, which demonstrate that the use of ICPS in the daily lives of participants is not so common for the majority (since only 7,4% stated that they use them very frequently and 24,1% stated that they use them frequently), the research conducted by the Technical Management Center of the National Policy for Integrative and Complementary Practices in the SUS (NTG-PNPIC), of the Ministry of Health, reveals that in 2024[16], 7,156,703 procedures were performed, representing an increase of 70% compared to 2022. In addition, more than 9 million people access these practices in SUS, considered an increase of 83% if compared to 2022, which highlights the expansion of access and the growing adherence of the population to these practices.

When comparing the most used practices, Medicinal Plants and Phytotherapy (72,2%), Acupuncture (68,5%) and Homeopathy (59.3%) stood out, results which are similar to those found at other surveys with SUS professionals[10]. The prevalence of these practices in the repertoire of the participants suggests that visibility and access to information play a fundamental role in understanding ICPS. This demonstrates a positive scenario regarding the acceptance of these approaches, in addition to indicating that they are already part of the daily lives of many people. On the other hand, the lesser recognition of other therapies, such as Ayurveda, Auriculotherapy, and Family Constellations, among others, reinforces the importance of educational initiatives that expand access to knowledge about all 29 practices available through SUS (Brazilian Unified Health System)[17].

When comparing the findings of this research with data from the Ministry of Health[18] (MH) regarding the expanding ICPS, it is possible to verify points of convergence and divergence. Among the participants in this study, the most widely used practices were Medicinal Plants and Phytotherapy (54,3%), even though these are not among the fastest-growing modalities according to recent national data. In contrast, Art Therapy appeared as one of the least used practices (2,2%), while the Ministry of Health survey identified it as one of the fastest-growing, reaching 71,429 appointments.

On the other hand, the results for Yoga (26,1%) and Auriculotherapy (17,4%) were close to national findings. According to the Ministry of Health[18], Yoga had 217,925 appointments in 2024, representing a 290% growth compared to 2022, while Auriculotherapy occupies the first position among expanding practices, with 929,920 appointments in the same year, corresponding to a 102% increase when compared to 2022.

Another point of convergence with the findings of this research refers to the importance of offering ICPS in Primary Care, considered very important by 53,8% of participants. Similarly, the Ministry of Health[18] reports that these practices are present in 8,239 Primary Health Care facilities, covering 54% of the municipalities in the 27 states, all capitals and the Federal District, consolidating Brazil as a global reference in this area. It is important to note that the creation of the National Policy for Integrative and Complementary Practices (NPICPS), established in 2006, aimed precisely to strengthen the principle of comprehensiveness of SUS and expand the therapeutic approaches available to the population[18].

It is necessary to invest in continuing education for public health service professionals, according to the guidelines of the Ministry of Health. In this context, ICPS are a strategy to increase public knowledge about these practices. To this end, it is essential to strengthen public policies in this area, promoting a more humanized, inclusive and equitable approach in the health system, thus contributing to building a society focused on a healthier future[19,20].

The results of this study indicate that most of the offer of ICPS occurs in Primary Health Care, which can be explained both by the role of PHC as a gateway to SUS and by the greater scope of this level of care. This scenario reflects a deliberate political prioritization aimed at strengthening comprehensive care[17].

Finally, more than half of respondents stated that the effectiveness of ICPS tends to be greater when there is belief in their benefits, which points to the role of the placebo effect associated with positive thinking. Placebo[21,22] is understood as a psychobiological response triggered by cognitive, emotional and cultural factors, capable of promoting analgesia, hormonal changes and symptom improvement in different clinical conditions. This mechanism demonstrates that positive expectations can act as catalysts in the therapeutic process, increasing adherence and perceived effects. Expanding the variety of practices and investing in educational and awareness-raising processes[16], knowledge and confidence in ICPS are strengthened. This is crucial because the greater the understanding and acceptance of these practices, the greater the chances that positive beliefs will act as a complementary therapeutic resource.

It should be emphasized that the placebo effect should not be viewed as an illusion, but as a real neurobiological phenomenon, in which optimistic expectations directly influence brain circuits related to pain, anxiety and well-being. As a consequence, the association between integrative practices and the cultivation of positive thoughts can enhance therapeutic results, benefiting both the physical and mental health of individuals. Thus, even when part of the benefits stem from the activation of belief-related mechanisms, these effects should be considered valid and relevant for health promotion[23].

Conclusion

The findings of this study showed that, although knowledge and use of ICPS are not yet widely consolidated among users of the Speech-Language-Hearing Service, there is a positive perception and growing acceptance of these practices. Most participants recognized their benefits for general health, quality of life and as a complementary resource to speech-language-hearing therapy, which confirms the aim of this study: understanding the level of knowledge and perceptions regarding the use of ICPS in this context. It is necessary to expand health and education strategies that promote greater access to information based on scientific evidence, reducing knowledge gaps and strengthening the confidence of the population regarding

these practices. ICPS, when combined with speech-language-hearing interventions, represent not only a possibility for expanded care but also an opportunity to advance toward a more inclusive, equitable and culturally sensitive care model, in agreement with the principles of the NPICPS.

References

1. Aguiar J, Kanan LA, Masiero AV. Práticas Integrativas e Complementares na atenção básica em saúde: um estudo bibliométrico da produção brasileira. Saúde debate [Internet]. 2019Oct; 43(123): 1205–18. Disponível em: https://doi.org/10.1590/0103-1104201912318

2. Brasil. Ministério da Saúde. Portaria GM/MS nº 971, de 03 de maio de 2006. Aprova a Política Nacional de Práticas Integrativas e Complementares (PNPIC) no SUS. Diário Oficial da União. 2006 maio 3; 84(Seção 1): 20–5. Disponível em: https://www.gov.br/saude/pt-br/composicao/saps/pics/legislacao/portaria-gm-ms-n-971-de-03-de-maio-de-2006

3. Santana LM, Assis SS de, Araujo-Jorge TC de. Práticas integrativas e complementares: institucionalização, perspectivas e desafios para a formação. Trab educ saúde. 2025; 23: e02900277. https://doi.org/10.1590/1981-7746-ojs2900

4. Conselho Federal de Fonoaudiologia (CFFa). Uso profissional das Práticas Integrativas e Complementares em Saúde (PIC) por fonoaudiólogo [Internet]. Brasília: CFFa; [citado em 2025 Ago 31]. Disponível em: https://fonoaudiologia.org.br/uso-profissional-das-praticas-integrativas-e-complementares-em-saude-pic-por-fonoaudiologo.

5. Cunha JHS, et al. Auriculoterapia como terapêutica integrativa na promoção da saúde mental de usuários da Atenção Primária à Saúde: estudo de métodos mistos. Nurs Trans Qual Res. 2021; 8: 521–7. Epub. Disponível em: https://doi:10.36367/ntqr.8.2021.521-527

6. Costa IB, Souza JM de, Fernandes GCM, Heidemann ISB, Arakawa-Belaunde A. Práticas Integrativas e Complementares na Fonoaudiologia: revisão integrativa da literatura. Distúrb Comun. 2021; 33(1): 68-80. Disponível em: https://doi:10.23925/2176-2724.2021v33i1p68-80

7. Vieira IC, Jardim WPC, Silva DP, Ferraz FA, Toledo PS, Nogueira MC. Demanda de atendimento em práticas integrativas e complementares por usuários da atenção básica e fatores associados. Rev APS. 2018; 21(4): 1–12. Disponível em: https://doi:10.34019/1809-8363.2018.v21.16559.

8. Machado KP, Radin V, Paludo CS, Bierhals DV, Soares MP, Neves RG, Saes MO. Inequalities in access to integrative and complementary health practices in Brazil: National Health Survey, 2019. J Public Health (Berl.). 2023;1–8. Disponível em: https://doi:10.1007/s10389-023-01869-6

9. Likert R. A technique for the measurement of attitudes. Arch Psychol. 1932; 22(140): 1–55. Disponível em: https://psycnet.apa.org/record/1933-01885-001

10. Gontijo MBA, Nunes M de F. Práticas integrativas e complementares: conhecimento e credibilidade de profissionais do serviço público de saúde. Trab Educ Saúde [Internet]. 2017 jan; 15(1): 301–20. Disponível em: https://doi.org/10.1590/1981-7746-sol00040

11. Coutinho ML, Flório FM, Zanin L. Práticas Integrativas e Complementares em Saúde: visão dos profissionais da Estratégia Saúde da Família. Rev Bras Med Fam Comunidade. 2024; 19(46): 4047. Disponível em: Disponível em: https://doi.org/10.5712/rbmfc19(46)4047

12. Nogueira MC, Bicalho ACM, Magalhães AFC, Martins JBM, Martins MBM. Prevalência de uso de práticas integrativas e complementares e doenças crônicas: Pesquisa Nacional de Saúde 2019. Ciênc saúde coletiva [Internet]. 2024; 29(9): e20442022. Disponível em: https://doi.org/10.1590/1413-81232024299.20442022

13. Ruela L de O, Moura C de C, Gradim CVC, Stefanello J, Iunes DH, Prado RR do. Implementação, acesso e uso das práticas integrativas e complementares no Sistema Único de Saúde: revisão da literatura. Ciênc saúde coletiva [Internet]. 2019Nov; 24(11): 4239–50. Disponível em: https://doi.org/10.1590/1413-812320182411.06132018

14. Barbosa C. Brasileiros apostam no uso de plantas medicinais e meditação em busca de bem-estar na pandemia. Brasil de Fato [Internet]. 2021 ago 13 [citado 2024 jul 13]. Disponível em: https://www.brasildefato.com.br/

15. Melo LN de B, Rios MSF, Ferreira LP. Práticas Integrativas e Complementares na reabilitação da doença de Parkinson: relato de experiência de Arteterapia na Fonoaudiologia. Kairós Gerontol. 2020; 23(3): 31–5. Disponível em: https://doi:10.23925/2176-901X.2020v23i3p31-51

16. Brasil. Ministério da Saúde inclui 10 novas práticas integrativas no SUS [Internet]. Brasília: Ministério da Saúde; [citado 2024 jul 16]. Disponível em: http://portalms.saude.gov.br

17. Brasil. Ministério da Saúde. Práticas integrativas e complementares em saúde crescem 70% e ampliam o acesso ao cuidado integral no SUS. Brasília: Ministério da Saúde; 2025 mar 6 [citado 2025 mai 25]. Disponível em: https://www.gov.br/saude/pt-br/assuntos/noticias/2025/marco/praticas-integrativas-e-complementares-em-saude-crescem-70-e-ampliam-o-acesso-ao-cuidado-integral-no-sus

18. Brasil. Política Nacional de Práticas Integrativas e Complementares (PNPIC) no Sistema Único de Saúde. Brasília: Ministério da Saúde; 2006. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/pnpic.pdf

19. Freire DM, Oliveira FR, Morais TC. Promovendo a saúde através das Práticas Integrativas e Complementares: a importância da Educação Permanente em Saúde. Saúde Redes. 2024; 10(Suppl 2). Disponível em: https://doi:10.18310/2446-48132024v10nsup2

20. Silva PHB, Sousa IMC, Tesser CD. Formação profissional em Práticas Integrativas e Complementares: o sentido atribuído por trabalhadores da Atenção Primária à Saúde. Ciênc Saúde Colet. 2021; 26(2): 399-408. Disponível em: https://doi:10.1590/1413-81232021262.40732020.

21. Silva Júnior EL, Gonzalez LFC. O efeito placebo e suas implicações nos tratamentos medicamentosos. Rev Multidisciplinar Saúde. 2024. Disponível em: https://doi:10.51161/rems/1418.

22. Bystad M, Bystad C, Wynn R. How can placebo effects best be applied in clinical practice? A narrative review. Psychol Res Behav Manag. 2015; 8: 41–5. Disponível em: https://doi:10.2147/PRBM.S75670

23. Benedetti F. Placebo effects: From the neurobiological paradigm to translational implications. Neuron. 2014; 84(3): 623-637. Disponível em: https://doi:10.1016/j.neuron.2014.10.023.