

Management of worker's health care with Bach flowers*Gestión de la asistencia sanitaria del trabajador con flores de Bach**A gerência do cuidado em saúde do trabalhador com florais de Bach***Renato Barbosa Japiassu¹**

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Armada de Oliveira**Submission:** 06-23-2021**Approval:** 08-07-2021**Abstract**

The aim was to analyze the scientific productions on the management of health care and the use of Bach flowers in workers who present symptoms of anxiety, stress, and depression. This is a narrative literature review. This article was searched in the databases of Latin American and Caribbean Literature in Health Sciences, Scientific Electronic Library Online and Academic Google. Altogether, a total of 400 articles were found, when the inclusion and exclusion criteria were applied, 368 articles were excluded and only 32 were selected for this research. Health care management is the provision or availability of health technologies, according to the individual needs of each person. Occupational diseases are one of the biggest problems nowadays, as anyone, regardless of their income, education, race, gender, success, or beauty, can have emotional disorders for any reason. Thus, Bach flower essences are energetic essences that transform negative mental and emotional states into positive ones and can help in the regulation of emotions. Therefore, studies suggest that the use of Bach flower remedies helps to regulate mental states, anxiety, stress, and depression.

Descriptors: Health Sciences, Technology, and Innovation Management; Occupational Health; Flower Essences; Health Promotion.

Resumen

El objetivo fue analizar las producciones científicas sobre el manejo del cuidado de la salud y el uso de flores de Bach en trabajadores que presentan síntomas de ansiedad, estrés y depresión. Esta es una revisión de literatura narrativa. Este artículo fue buscado en las bases de datos de Literatura Latinoamericana y del Caribe en Ciencias de la Salud, Scientific Electronic Library Online y Academic Google. En total, se encontraron un total de 400 artículos, cuando se aplicaron los criterios de inclusión y exclusión, se excluyeron 368 artículos y solo 32 fueron seleccionados para esta investigación. La gestión sanitaria es la provisión o disponibilidad de tecnologías sanitarias, de acuerdo con las necesidades individuales de cada persona. Las enfermedades profesionales son uno de los mayores problemas en la actualidad, ya que cualquier persona, independientemente de sus ingresos, educación, raza, género, éxito o belleza, puede tener trastornos emocionales por cualquier motivo. Así, las esencias florales de Bach son esencias energéticas que transforman estados mentales y emocionales negativos en positivos, y pueden ayudar en la regulación de las emociones. Por tanto, los estudios sugieren que el uso de los remedios florales de Bach ayuda a regular los estados mentales, la ansiedad, el estrés y la depresión.

Descriptores: Gestión de Ciencia, Tecnología e Innovación en Salud; Salud Laboral; Esencias Florales; Promoción de la Salud.

Resumo

Objetivou-se analisar as produções científicas sobre a gestão do cuidado em saúde e o uso dos florais de Bach em trabalhadores que apresentam sintomas de ansiedade, estresse e depressão. Trata-se de uma revisão narrativa de literatura. Este artigo foi pesquisado nas bases de dados da Literatura Latino-americana e do Caribe em Ciências da Saúde, *Scientific Electronic Library Online* e Google Acadêmico. Ao todo, foram encontrados um total de 400 artigos, ao serem aplicados os critérios de inclusão e exclusão, 368 artigos foram excluídos e apenas 32 foram selecionados para esta pesquisa. A gestão do cuidado em saúde é o provimento ou a disponibilização das tecnologias de saúde, de acordo com as necessidades individuais de cada pessoa. As doenças ocupacionais é um dos grandes problemas atualmente, pois qualquer pessoa, independentemente de sua renda, educação, raça, gênero, sucesso ou beleza pode ter transtornos emocionais por quaisquer motivos. Assim, os florais de Bach são essências energéticas que tem que transformam estados mentais e emocionais negativos em positivos, podendo auxiliar na regulação das emoções. Portanto os estudos sugerem que o uso de florais de Bach auxiliam na regulação dos estados mentais, ansiedade, estresse e depressão.

Descritores: Gestão de Ciência, Tecnologia e Inovação em Saúde; Saúde do Trabalhador; Essências Florais; Promoção da Saúde.



Introduction

In the principles of universality, integrality, and equity in the Unified Health System (SUS), it must have a care network that prioritizes Primary Health Care and maintains the problem-solving capacity by integrating services between levels of complexity. In this process, the Family Health Strategy becomes relevant due to its care profile that is more sensitive to the demands and needs of the population¹.

The Family Health Strategy (ESF) is the main option for organizing primary care. It is made up of a multidisciplinary team that will develop actions to promote health, prevention, disease diagnosis, recovery, and rehabilitation in the health of the population registered in its territory².

Primary Health Care (PHC) operates in assistance modifications with a significant impact on health and assistance indicators. Public policies to encourage and expand ESF coverage in municipalities are institutional mechanisms aimed at implementing practices aimed at promoting health and preventing diseases. However, the teams' work processes, the integration of care flows and participatory fullness are related to the recognition of citizenship and the health of the population¹.

In the health team, nursing professionals are essential in promoting direct care at different levels of care and human life cycles. This working class takes care as the product of its performance. Despite this, the nurses' field of work, in their work process, goes beyond direct care, as these professionals must learn other knowledge, skills and competences that may culminate in care management or care management, such as, for example, being understood as indirect care, that is, systematic actions that enable resources and strategies for rational care, aiming at better quality³.

Nursing is a science, which aims to produce health care, which can be apprehended in different work actions, culminating in the protection of community life. Protection that requires from nurses, working in the occupational health area, competence to organize the different health services from the perspective of comprehensiveness of health care, including planning coordination and evaluation of actions, characteristic of the SUS. Added to these actions are those developed with direct contact between nursing workers and people, who can be observed in various environments⁴.

Worker's health is an expanding specialty in the health field and encompasses the development of activities at primary, secondary and tertiary levels of health care, involving prevention, promotion, investigation, survey and rehabilitation of health and disease control. of workers in the most diverse types of establishments. On the other hand, worker health surveillance aims to prevent illness and promote health, seeking, in the workplace, the elements that may harm the health of workers^{5,6}.

Changes in the world of work, such as globalization, restructuring, technology, new forms of communication, flexibility, are having a considerable negative impact on well-

being and physical and mental health. Mental health is understood from positive experiences, such as well-being and happiness, or negative ones, such as Burnout, depression, and stress. These negative phenomena impact the worker, who suffers from various diseases, the organization, losing productivity and society in general, which is affected by many people sick from work⁷.

Depression is characterized by discouragement and loss of interest in life. This disorder, of multifactorial origin, makes it impossible for the subject to perform usual activities, having an impact on intersubjective relationships. This disease has high levels of suicide, increasingly demanding early screening. The Diagnostic Statistical Manual of Mental Disorders characterizes depressive disorder as a multi-determined pathology, containing the following symptoms: mood swings, appetite, sleep, anhedonia, lethargy, guilt and low self-esteem, difficulty concentrating, agitation and suicidal ideation⁸.

Flower essence therapy is part of an emerging field of vibrational therapies, non-invasive, bringing many benefits to people who use it. Thus, depression is one of the complaints that has been observed nowadays, having a considerable increase and, mental exhaustion is one of the causes of the symptoms of depression, as it is camouflaged in the person's routine of activities, responsibility, and commitment, making confusing as a passing tiredness⁹.

Bach flower essences are energy essences that aim to transform negative mental and emotional states into positive ones, to cure emotions such as fear, anxiety, anxiety, among other emotional problems⁹.

Bach flowers are natural remedies that are widely used today. Its use is recommended in more than fifty countries, being recognized by the World Health Organization since 1974¹⁰.

The creator of the Bach Flower system, born in England in 1886, Edward Bach, was an allopathic physician, worked in an office and even cared for the war wounded. However, he believed that allopathic remedies were not the only way to treat his patients. He worked as a pathologist and bacteriologist, later entered homeopathic medicine and, in this system, found several similarities with its principles and ideas. From then on, in 1929, Bach moved to the interior of England in search of new remedies, which would observe the human being as unique. Between 1930 and 1934, he discovered and created the floral system, consisting of 38 flower essences, produced by wild flowers¹⁰.

Bach's flower essence therapy not only offers his philosophical perspective of heightening awareness, but also manages psychological and organic changes. The use of flower essences as a complementary therapy in the professional practice of nurses is an advance in face of the difficulties and complexities presented today. Because it can be applied in all specialties in the health area, it helps in the recovery of illnesses, in the prevention of mental and emotional imbalances^{9,11}.

Complementary therapies must be available as alternative care. The humanization of care, which involves respect in reception, service and even the cleanliness of the place, in addition to offering comfort in the environment and



quality of health services. For health interventions, they must take integrality as a principle. This pillar is based on health promotion, prevention, and recovery actions. It is based on the holistic perception of the subject, considering the historical, social, political, family, cultural and environmental context. It works in the individual and collective fields, having the need for articulation between multidisciplinary teams. All these characteristics are fully related to integrative and complementary practices, which are based on comprehensive care, seeing the human being, relying on sensitive and qualified listening, understanding the need for a broader clinic, in addition to the importance of the bond therapeutic, which respects the beliefs and culture of the human being, making integrative and complementary practices a new paradigm in the organization of Primary Care¹².

The interest in this study arose from the need for researchers to know, in databases, information about health care management and the use of Bach flower essences in workers with symptoms of anxiety, stress and depression.

The relevance of this work is to deepen the knowledge of the care manager about the symptoms of stress, anxiety and depression and the use of Bach flower remedies to manage and aid the worker's recovery.

Given this, this work will address the role of the manager in care in the management of symptoms of stress, anxiety and depression and the use of Bach flower remedies for their workers.

Therefore, based on these aspects, the general objective of this work is to analyze the scientific productions on the management of health care and the use of Bach flower essences in workers who present symptoms of anxiety, stress, and depression.

Methodology

It is a narrative literature review. This work aims to answer the following guiding question: how can Bach flower remedies help workers who present symptoms of stress, anxiety, and depression? The following descriptors were used: Bach flower essences; depression; depression and Bach flower remedies; Bach flowers and health professionals; depression and health professionals; Worker's health; health care management. Data were collected in the following databases: Latin American and Caribbean Literature on Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) and Google Scholar.

The search for studies took place in June 2020. The following were used as a filter: time frame from the years 2015 to 2020; the justification for this time frame was for having more articles on the topic; English, Portuguese, and Spanish languages; texts available in full; original articles, letters to the editor, systematic review, integrative review, or editor's notes. It was possible to find, in the databases, a total of 400 articles.

The selection criteria were specific articles whose main theme was Bach flower remedies that can help in the treatment of workers who present symptoms of stress, anxiety, and depression.

The exclusion criteria were articles that would have as theme Bach flowers for animals; Bach flowers for students; Bach flowers for hyperactivity; Bach flower remedies and Burnout Syndrome.

After surveying the literature, available bibliography, the next step was to organize the material by means of filing, which constituted a first approach to the subject. Subsequently, the articles obtained were subjected to re-reading to carry out an interpretive analysis guided by the objectives previously established and, thus, the contents found were grouped in their historical and conceptual aspects. Thus, 368 articles were eliminated, resulting in 32 articles, which made up this scientific work.

Results and Discussion

Practices in health care management are becoming a new paradigm in the organization of primary care, supported by a theoretical-scientific framework, capable of mediating the complex relationships of needs demanded by users. The Unified Health System can be considered the largest and most complete universal public system, ensuring full, equitable, equal and free access for the entire population. In the horizontality of the system, the primary health care network is structured, which, through a process of qualified care management, guarantees the gateway to users¹³.

Health care management is the provision or availability of health technologies, according to the individual needs of each person, at various stages of life, aiming at well-being, safety, and autonomy to continue with a productive and full life. It is carried out in multiple dimensions, and each of them can be known for the purposes of reflection, research, and intervention. It is important to emphasize that health care management is carried out in five dimensions: individual, family, professional, organizational, systemic, and societal. When the primary care network operates and is structured in a qualified way, the resolution tends to be higher, alleviating the demands for specialized services. Health services need to be organized in an articulated and integrated manner, interfaced with different levels of complexity. Thus, the effective participation of nursing with all categories of health professionals is essential, promoting intersectoral actions and encouraging people's participation, seeking to resolve and welcome the population^{12,13}.

The managerial role of nurses as a leader and articulator of care processes in primary care is fundamental. Based on the assumption of involvement that management must build with professionals and understanding that health services are still focused on prescriptive, bureaucratic, and technical acts, care management allows nursing and other professionals to contribute to the remodeling of the system as one all. With that, it makes professionals have autonomy, if they maintain the ethical and legal precepts of their profession. With that, it becomes a great challenge to plan, execute and evaluate the health care management model. Necessary interventions in health depend on the construction of interpersonal and professional relationships, network configurations and a structured system, recognizing



that the management model is built from the connections and bonds between the actors involved throughout the process¹³.

The care management processes, in most cases, are based on technologies based on the pathology, with a focus on medical, individual, and curative knowledge and, therefore, attributing similar weights to different causes of illness, compromising the productivity and quality of actions of the teams, resulting in the poor quality, efficiency and effectiveness of the services offered. With this, care management, not being carried out in a planned way, will result in not being able to provide all quality care, due to the intense flow of demands from users and services. In view of this, poor quality care can be a discouraging and demotivating factor in nurses' work, tending to interfere even more in the quality of care¹³.

Research suggests that bonding and work in the territory, despite being essential to the work of the family health strategy, leave professionals vulnerable to psychological distress due to frequent contact with the suffering of others and other situations. This can become pathological and bring consequences, such as depression disorder, panic disorder, alcohol and other psychoactive substance abuse, the latter being a way of escaping from the real problem. A study carried out in Porto Alegre highlights that 37% of professionals working in the family health strategy were on leave due to some type of illness, against 15.2% of workers in primary care units. The most common illnesses among the nursing staff are anxiety, common mental disorders and depression, the latter being evaluated with associated factors such as hopelessness, irritability, guilt, and punishment, conceptualizing these disorders as a lack of psychological well-being. Studies show that nurses have a higher rate of anxious temperament and experience greater intensity of stress at work¹⁴⁻¹⁶.

Psychological suffering during work hours has been well studied, approached as: stress, work psychodynamics and work epidemiology, seeking to understand the relationship between work and the subject's subjectivity. Affective, passive suffering results from the encounter with reality, and, at the same time, marks a rupture in the action, which is not just the result or the end of a process that unites subjectivity to work. Suffering becomes a point of origin as the condensation of subjectivity on itself announces a period of expansion, expansion, a new expansion successive to it¹⁷.

Anyone, regardless of income, education, race, gender, success, or beauty can become depressed. Serious losses, chronic illnesses, relationship problems, job stress, family crises, financial problems, or any unwelcome change in life can trigger episodes of depression. A combination of biological, psychological, and environmental factors will be involved in the development of depressive disorders, as well as other psychological problems¹⁷.

Professional burnout related to stress in the work environment is constant and draws a lot of attention, as it is one of the factors that are associated with low levels of productivity at work and increases the motivation to leave the profession, being important, therefore, to emphasize the need to detect early the presence of stress and signs

indicative of depression to list synergistic actions to end this impasse¹⁸.

Long working hours, lack of professionals and recognition, exposure to chemical and biological agents, as well as contact with the pain and suffering of others. Several factors lead the health professional to exhaustion and, consequently, to occupational stress, losing physical and emotional well-being. With this, continuous exposure to factors of suffering, anguish, grief, and often death, there is illness for having to bear all these feelings of helplessness in the face of healing, life and death, frustration, feelings of guilt and responsibility for the success or failure of the patient's treatment^{14,19,20}.

Workers' health care practices are introduced in public health with a change in the interpretive framework of the health-disease process. These are practices that require multidisciplinary intervention strategies, requiring analyzes and interventions in work relationships that cause illnesses and injuries. This complexity provokes an integrative way of acting, which will include promotion, prevention and assistance, focusing on the individual and collective worker, as the subject of the change process. Based on this expanded concept of health and the focus on health promotion, worker health elects as an object of study not only health risks and harms/effects, but also their determinants²¹.

The expanded view of the health-disease process and the global promotion of human care, especially self-care, have consolidated integrative and complementary practices as a transversal policy of the SUS. By adopting the network organization and the health territory as an organizational space, the SUS incorporates new technologies, new ways of managing and promoting care¹².

Care management is a central practice and predominantly in nursing work. The challenges for comprehensive practices consist in the possibilities of interconnection between thinking and doing health, delimited by policy, management, technical procedures, and collective interaction in the act of producing care²².

In 2006, the Ministry of Health (MS) implemented the PNPIC in the SUS, consolidated by Ordinances No. 971 of 05/03/06 and No. 1600 of 07/17/06. Its guidelines are mainly focused on ensuring the prevention, promotion, and recovery of people's health, through humanized and comprehensive care. Furthermore, the adoption of the PNPIC proposes a strengthening of popular participation in the implementation of the PICs. In 2017, the MS published Ordinance No. 849/2017, of March 27, including other types of PIC in public health services, expanding the population's access to other practices, such as art therapy, ayurveda, biodanza, circular dance, meditation, music therapy, naturopathy, osteopathy, chiropractic, reflex therapy, Reiki, shantala, integrative community therapy and yoga²³.

In 2017, the World Health Organization published a global report on depression, and it is recorded that there was an increase of 18% in cases of depression in 10 years, between the years 2005 and 2015, in which Brazil, it ranks fifth among countries with the most cases in the world. It is estimated that almost 20% of the general population is at risk of developing the disorder at some point in their lives,



and around 350 million people live with it. Stress, depression, and anxiety are the main causes that interrupt workers' activities and are responsible for 46% of absenteeism^{8,24,25}.

In the context of primary health care, nursing professionals are living with the expectation of solving problems and, at the same time, with the impossibility of offering answers due to the lack of working conditions. The wear takes place in physical and mental fatigue, which leads to physical symptoms generated by stress. Vulnerability to violence in primary care is due to the work process, health needs of subjects and communities, risk of exposure to aggression/aggressor, among other factors²⁶.

In a survey carried out by the Federal Council of Nursing and the Oswaldo Cruz Foundation, to know the profile of 1.6 million nurses, nursing technicians and nursing assistants in the country, 19% of those who answered the questionnaire revealed that there is violence in places that work, and 71% say there is little security. 66%, on the other hand, suffer some type of professional exhaustion, whether due to exposure to the risk of aggression, overwork, or lack of structure to perform their function²⁶.

Managers have a crucial role in work organization, in the implementation of flexible and participatory care models, creating opportunities for workers, giving them greater responsibility, autonomy in decision-making, in results, personal and professional development, causing a positive effect for the care provided to users²⁷.

To achieve comprehensive care, care models that effectively respond to the entire work organization process are crucial, that is, models that integrate the participation of various professional categories to provide comprehensive care^{27,28}.

Considering the changes in the health care model, the use of integrative practices has been increasingly strengthened, with primary health care being the focus of actions globally²⁹.

The search for the construction of knowledge and better care practices mobilizes the interaction of the people involved, thus articulating the entire health network, where the nurse's managerial practice involves multiple actions of managing by caring and educating, of caring by managing and educating, of educating, caring and managing³⁰.

Edward Bach, the creator of Bach's flower system, believed that illness is not always exclusive to the physical body, as internal conflicts may arise in the emotional body, such as excessive thoughts, emotions, and negative feelings. In this sense, the flowers aim to treat the cause, both

emotional and mental, and not just the symptoms, considered as the real problem¹⁰.

Researchers conducted a study on the use of Bach flower remedies to improve sleep quality. For this research, five florals were chosen, referring to mental/emotional issues, related to poor sleep quality, referring to excessive thoughts and concerns, night terrors, fatigue, and uncontrollable dispersion of consciousness. The result found was the improvement of sleep quality using five flowers together, which were: aspen, clematis, hornbeam, red chestnut, white chestnut³¹.

A study was carried out with a group of 34 people who had symptoms of anxiety. Bach impatiens, cherry plum, white chestnut and beech florals were used. After the intervention, it was observed that there was a decrease in anxiety with these florals³².

An integrative review of Bach flower studies on the effectiveness of a means of treatment in users with high levels of anxiety was carried out. 16 studies were found, which demonstrate positive results not only for anxiety, but also for various emotional disorders³³.

Final Considerations

Health care management is the use of new health technologies, according to the individual needs of each person, at all stages of life, with a focus on well-being, safety, and autonomy to lead a productive and full. With this idea, integrative and complementary practices can be used as a new way of caring for the human being, which provides new ways of caring for the human being.

One of the big problems when working in the health area are occupational diseases, and the main ones are stress, anxiety, and depression. So, one of the new ways of taking care of the other, Bach flowers, being recognized by the Ministry of Health for its use, already has some research on this subject, qualifying its use.

Therefore, current studies suggest that regular use of Bach flower remedies helps to reduce symptoms of stress, anxiety, and depression, as seen in this literature review.

One of the points that should be highlighted in this research is that there is a need for more studies on the use of Bach flowers, so that health professionals can have greater reliability and the possibility of an auxiliary treatment. The authors declare that there is no financial, legal, or political conflict of interest involving third parties (governments, companies and private foundations, etc.). Furthermore, there was no source of funding.

References

1. Pinto AGL, Lucetti MDL, Santana KFS, Bezerra AM, Viana MCA, Jorje MSB. Gestão do cuidado e da clínica no atendimento aos usuários da estratégia de saúde da família. *Revista Família, Ciclos de Vida e Saúde no Contexto Social* [Internet]. 2019 [acesso em 11 jul 2020];7(1). Disponível em: <https://www.redalyc.org/jatsRepo/4979/497958150008/497958150008.pdf>
2. Farias MR, Maciel JAC, Teixeira AKM, Sampaio JJC. O significado do trabalho para os profissionais de saúde da estratégia saúde da família. *Rev. Psicologia, Diversidade e Saúde*. 2019;8(2):167-178. DOI: 10.17267/2317-3394rps.v8i2.2350



3. Oliveira JLC, Toso BRGO, Matsuda LM. Práticas avançadas para a gestão do cuidado: reflexão emergente à enfermagem brasileira. *Rev Bras Enferm*. 2018;71(4):2181-2186. DOI: 10.1590/0034-7167-2017-0115
4. Farias AAR, Cardoso LS, Silva JJS, Sant'Anna CF, Lima JM, Cezar-Vaz MR. Saúde dos trabalhadores de enfermagem: revisando as estratégias de promoção à saúde. *Revista Cuidado é Fundamental*. 2019;11(3):828-835. DOI: 10.9789/2175-5361.2019.v11i3.828-835
5. Pichek-Santos E, Richter SA, Hedler T, Gevehr DL. Saúde do trabalhador: aspectos históricos, perspectivas e desafios no cenário contemporâneo. *Desenvolvimento Regional: Processos, Políticas e Transformações Territoriais* [Internet]. 2019 [acesso em 11 jul 2020];1-17. Disponível em: <https://online.unisc.br/acadnet/anais/index.php/sidr/article/view/18923/1192612762>
6. Souza HÁ, Bernardo MH. Prevenção de adoecimento mental relacionado ao trabalho: a práxis de profissionais do Sistema Único de Saúde comprometidos com a saúde do trabalhador. *Revista Bras Saúde Ocupacional*. 2019;44:1-8. DOI: 10.1590/2317-636900001918
7. Resende AO, Souza MCRF, Campos RBF, Silva LOL. Uma perspectiva analítica acerca da saúde mental do trabalhador. *Única Cad. Acadêmicos* [Internet]. 2019 [acesso em 11 jul 2020];1(5):1-11. Disponível em: <http://co.unicaen.com.br:89/periodicos/index.php/UNICA/article/view/116/109>
8. Aquino DR, Cardoso RA, Pinho L. Sintomas de depressão em universitários de medicina. *Boletim Academia Paulista Psicologia* [Internet]. 2020 [acesso em 11 jul 2020];39(96):81-95. Disponível em: <http://pepsic.bvsalud.org/pdf/bapp/v39n96/v39n96a09.pdf>
9. Vargas DF. Uso de florais de Bach como prática integrativa e complementar em serviços de saúde da Universidade de Santa Cruz do Sul [Monografia]. Curso de Enfermagem na Universidade de Santa Cruz do Sul [Internet]. Rio Grande do Sul; 2019 [acesso em 11 jul 2020]. Disponível em: <http://repositorio.unisc.br:8080/jspui/handle/11624/2611>
10. Nasatto LM, Rodrigues DMO. Florais de Bach: uma possibilidade de tratamento complementar para aspectos mentais e emocionais. *Cad. Nat Terapia Complementar*. 2016;5(8):9-11. DOI: 10.19177/cntc.v5e820169-11
11. Segovia MG, Mendonza BKE, Quispe CK, Trocones IS. La terapia floral en enfermedades orgánicas. *Rev Peruana Medicina Integrativa* [Internet]. 2019 [acesso em 11 jul 2020];4(2):64-68. Disponível em: <http://www.rpmi.pe/ojs/index.php/RPMI/article/view/122/123>
12. David NSRP. Autoavaliação integrativa da gestão do cuidado: sentidos e significados das PICS em Nísia Floresta [Dissertação]. Curso de Enfermagem da Universidade Federal do Rio Grande do Norte [Internet]. Rio Grande do Norte; 2016 [acesso em 12 jul 2020]. Disponível em: <https://repositorio.ufrn.br/handle/123456789/22465>
13. Soder R, Oliveira IC, Silva LAA, Santos JLG, Peiter CC, Erdmann AL. Desafios da gestão do cuidado na atenção básica: perspectiva da equipe de enfermagem. *Enferm Foco* [Internet]. 2018 [acesso em 11 jul 2020];9(8):76-80. Disponível em: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/1496/465>
14. Costa ED, Nascimento LCS. A Prevalência de transtornos mentais nos trabalhadores da APS no município de Curitiba/PR. *Rev. Saúde Pública* [Internet]. 2019;2(1):80-92. DOI: 10.32811/25954482-2019v2n1p80
15. Silva PFN. Principais transtornos mentais que acometem os profissionais de enfermagem [Trabalho de conclusão de curso]. Curso de Enfermagem do Centro Universitário do Planalto Central Aparecido dos Santos [Internet]. Brasília; 2019 [acesso em 11 jul 2020]. Disponível em: https://dspace.uniceplac.edu.br/bitstream/123456789/293/1/PolianaSilva_001241.pdf
16. Jaracz M, Rosiak I, Bertrand-Bucińska A, Jaskulski M, Nieżurawska J, Borkowska A. Affective temperament, job stress and professional burnout in nurses and civil servants. *Plos One*. 2017;12(6). DOI: 10.1371/journal.pone.0176698
17. Silva EC. Fatores ambientais e ocupacionais associados a depressão em Cuiabá-MT [Dissertação]. Mestrado em Ambiente e Saúde na Universidade de Cuiabá [Internet]; Mato Grosso; 2019 [acesso em 11 jul 2020]. Disponível em: <https://repositorio.pgsskroton.com/bitstream/123456789/24139/1/Evanilda%20Custodio%20da%20Silva.pdf>
18. Rodrigues LTM, Lago EC, Alemda CAPL, Ribeiro IP, Mesquita GV. Estresse e depressão em docentes de uma instituição pública de ensino. *Enfermería Global*. 2020;57:221-231. DOI: 10.6018/eglobal.19.1.383201
19. Moura RS, Saraiva FJC, Rocha KRSL, Santos RM, Silva NAR, Albuquerque WDM. Estresse, Burnout e depressão nos auxiliares e técnicos de enfermagem das Unidades de Terapia Intensiva. *Enfermería Global* [Internet]. 2019 [acesso em 11 jul 2020];18(2):94-108. Disponível em: http://scielo.isciii.es/pdf/eg/v18n54/pt_1695-6141-eg-18-54-79.pdf
20. Silva ACG, Silva HSS, Silva MMA, Aoyama EA, Souza RAG. Síndrome de Burnout como problema em evidência nas equipes de enfermagem. *Rev. Bras. Interdisciplinar Saúde* [Internet]. 2019 [acesso em 11 jul 2020];1(4):102-108. Disponível em: <http://revista.rebis.com.br/index.php/rebis/article/view/250/90>
21. Alves CBM. Práticas integrativas e complementares na promoção da saúde: perspectivas de trabalhadores de centro de referência [Dissertação]. Mestrado Profissional em Saúde Ambiental e Saúde do Trabalhador da Universidade Federal de Uberlândia [Internet]. Minas Gerais; 2019 [acesso em 11 jul 2020]. Disponível em: <https://repositorio.ufu.br/bitstream/123456789/24757/3/PráticasIntegrativasComplementares.pdf>
22. Costa MFBNA, Andrade SR, Soares CF, Pérez EIB, Tomás SC, Bernardino E. A continuidade do cuidado de enfermagem hospitalar para a atenção primária à saúde na Espanha. *Rev Esc Enf da USP*. 2019;53:1-8. DOI: 10.1590/S1980-220X2018017803477
23. Matos PC, Laverde CR, Martins PG, Souza JM, Oliveira NF, Pilger C. Práticas integrativas e complementares na atenção primária em saúde. *Cogitare Enfermagem*. 2018;23(2). DOI: 10.5380/ce.v23i2.54781
24. Toti TG, Bastos FA, Rodrigues P. Fatores associados à ansiedade e depressão em estudantes universitários do curso de educação física. *Revista Saúde Física e Mental* [Internet]. 2018 [acesso em 11 jul 2020];6(2). Disponível em: <https://revista.uniabeu.edu.br/index.php/SFM/article/view/3488/2456>
25. Baptista MN, Soares TFP, Raad AJ, Santos LM. Burnout, estresse, depressão e suporte laboral em professores universitários. *Revista Psicologia: Organizações e Trabalhos* [Internet]. 2019 [acesso em 11 jul 2020];19(1):564-570. Disponível em: <http://pepsic.bvsalud.org/pdf/rpot/v19n1/v19n1a08.pdf>
26. Arcanjo RVG, Christovam BP, Souza NVDO, Silvino ZR, Costa TF. Saberes e práticas de trabalhadores de enfermagem sobre riscos ocupacionais na atenção básica à saúde: um estudo de intervenção. *Enfermería Global*. 2018;51:213-225. DOI: 10.6018/eglobal.17.3.294821
27. Leal LA, Henriques SH, Brito LJS, Celestino LC, Ignácio DS, Silva AT. Modelos de atenção à saúde e sua relação com a gestão de enfermagem hospitalar. *Rev Enferm UERJ*. 2019;27:1-5. DOI: 10.12957/reuerj.2019.43769



28. Fassarella BPA, Sant'Ana VS, Crispim CG, Aragão RA, Lopes JSA, Neves KC, et al. Fatores estressores que acometem o profissional enfermeiro atuante em emergência. *Global Academic Nursing*. 2020;1(3):e40. DOI: 10.5935/2675-5602.20200040
29. Braga HHM. Práticas integrativas e complementares e educação permanente em saúde: implicação na atenção primária em saúde de Minas Gerais [Dissertação]. Pós-Graduação em Enfermagem na Universidade Federal de Minas Gerais [Internet]. Minas Gerais; 2019 [acesso em 11 jul 2020]. Disponível em: <https://repositorio.ufmg.br/handle/1843/ENFC-BBTT24>
30. Treviso P, Peres SC, Silva AD, Santos AA. Competências do enfermeiro na gestão do cuidado. *Revista Administração em Saúde*. 2017;17(69). DOI: 10.23973/ras.69.59
31. Nosow SKC, Ceolim MF. Seleção de florais de Bach para melhora da qualidade do sono. *Rev Enferm UFPE Online*. 2016;10(Suppl. 4):3662-3668. DOI: 10.5205/reuol.9681-89824-1-ED.1004sup201618
32. Salles LF, Siva MJP. Efeito das essências florais em indivíduos ansiosos. *Acta Paulista de Enfermagem*. 2012;25(2):238-242. DOI: 10.1590/S0103-21002012000200013
33. Oliveira RC, Leite JCC. A possível contribuição dos florais de Bach na efetividade de tratamentos psicoterápicos em pacientes com altos níveis de ansiedade. *Rev Científica Perspectiva Ciência Saúde* [Internet]. 2020 [acesso em 11 jul 2020];5(1):48-61. Disponível em: <http://sys.facos.edu.br/ojs/index.php/perspectiva/article/view/443/390>

