

Nursing and Health Care for the Brazilian Indigenous Population: Scoping Review

Enfermagem e a atenção à saúde da população indígena brasileira: Scoping review

Enfermería y atención de salud para la población indígena brasileña: Revisión de alcance

*Berenice Silva*¹, ORCID 0000-0001-5866-2419
*Carlise Rigon Dalla Nora*², ORCID 0000-0001-5501-2146

^{1,2} *Universidade Federal do Rio Grande do Sul, Brazil*

Abstract: Objective: This study aims to describe the production of nursing knowledge about health care for the Brazilian indigenous population. Method: A scoping review was carried out in the LILACS, IBECs, MEDLINE, SCOPUS, SciELO, BDENF, BTDB, CAPES Journal Portal and google scholar databases in January and February 2020. Original articles, theses and dissertations were included. The review covered 16 studies published between 2010 and 2018. Results: The analysis resulted in two categories: nursing actions in the care of the Brazilian indigenous population and care modalities that are used by nursing in the care provided to the indigenous population. Conclusion: It is concluded that the results of this review can be useful for nurses who work in the care of the indigenous population, who need to be prepared and sensitized to the challenges that include working with this population.

Keywords: indigenous people; health of indigenous populations; primary health care; nursing.

Resumo: Objetivo: O presente estudo objetiva descrever a produção do conhecimento da enfermagem sobre atenção à saúde da população indígena Brasileira. Método: Realizou-se uma scoping review nas bases LILACS, IBECs, MEDLINE, SCOPUS, SciELO, BDENF, BTDB, Portal de Periódicos da CAPES e google acadêmico, em janeiro e fevereiro de 2020. Incluíram-se artigos originais, teses e dissertações. A revisão abrangeu 16 estudos publicados entre 2010 e 2018. Resultados: Da análise, resultaram duas categorias: as ações de enfermagem no cuidado a população indígena Brasileira e as modalidades assistenciais que são utilizadas pela enfermagem no cuidado a população indígena. Conclusão: Concluiu-se que os resultados desta revisão podem ser úteis para os enfermeiros que atuam no cuidado a população indígena, os quais precisam estar preparados e sensibilizados para os desafios que incluem trabalhar com essa população.

Palavras-chave: povos indígenas; saúde de populações indígenas; atenção primária à saúde; enfermagem.

Resumen: Objetivo: Este estudio tiene como objetivo describir la producción de conocimientos de enfermería sobre el cuidado de la salud para la población indígena brasileña. Método: Se realizó una revisión de alcance en LILACS, IBECs, MEDLINE, SCOPUS, SciELO, BDNF, BTDB, CAPES Journals Portal y google scholar, en enero y febrero de 2020. Se incluyeron artículos originales, tesis y disertaciones. La revisión abarcó 16 estudios publicados entre 2010 y 2018. Resultados: Del análisis, resultaron dos categorías: las acciones de enfermería en el cuidado de la población indígena brasileña y las modalidades de atención que utiliza la enfermería en el cuidado de la población indígena. Conclusión: Se concluye que los resultados de esta revisión pueden ser de utilidad para los enfermeros que laboran en el cuidado de la población indígena, quienes necesitan estar preparados y conscientes de los desafíos que conlleva trabajar con esta población.

Palabras claves: pueblos indígenas; salud de poblaciones indígenas; atención primaria de salud; enfermería.

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Correspondence: Carlise Rigon Dalla Nora. E-mail: carliserdn@gmail.com

Introduction

The presence of nursing work in indigenous health practice in Brazil dates back to the 21st century, keeping a relationship with the political, economic and social history of the country and with public health policies aimed at indigenous peoples. ⁽¹⁾ Nurses contribute to collective and collaborative work developed together with other health professionals, including indigenous professionals. ⁽²⁾

In the promotion of health of indigenous communities, the importance of nurses emerges, who must respect the organizational and religious culture, seeking to articulate technical knowledge with the traditional knowledge of the community, developing values related to quality of life in this population. ⁽³⁾

A study ⁽³⁾ states that for nurses' work in indigenous health it is essential to understand the health-disease process in a broader way, including the ethnic-cultural aspect. The issues related to the indigenous health situation contributed to the concern of the authors of this study in the search to deepen the knowledge about this reality and broaden the discussions in the academic scenario involving the health of this population. It is intended to emphasize the importance of the work of the nursing teams that provide care within the indigenous communities, always respecting the culture and beliefs and thus working with health promotion, improving the quality of life of indigenous people.

The daily care of the relationships and interventions of non-indigenous health professionals follows a compartmentalized model of care that excludes otherness, denoting the lack of training and unpreparedness of these professionals to work in contexts of multi-ethnicity and interculturality, especially with indigenous populations. ⁽⁴⁾ Knowing the work

that has been developed by nurses in indigenous territories is a possible way to understand the dimensions that make up the professional competence for working in intercultural contexts. ⁽¹⁾ Thus, in view of this scenario, this review aims to describe the production of nursing knowledge about health care for the Brazilian indigenous population.

Method

This is a scoping review, a type of literature review aimed at mapping the main concepts and limitations of a particular research area, as well as evidence for professional practice, guided by the assumptions of the *JBI Institute Reviewer's Manual*. ⁽⁵⁾ The steps of the scope review were followed: 1) Development of guiding question 2) Definition of inclusion and exclusion criteria for studies 3) Selection of data sources 4) Collection and organization of results 5) Presentation of results. ⁽⁵⁾

Development of the guiding question

For the elaboration of the guiding question, the mnemonic strategy PCC ⁽⁵⁾ was used, being P (Population: indigenous people), C (Concept: nursing knowledge about health care) and C (Context: Brazil). Thus, the guiding question of this study was: How is the production of knowledge in nursing about the health care of the Brazilian indigenous population characterized?

Definition of inclusion and exclusion criteria for studies

The pre-established inclusion criteria were: original articles, theses and dissertations developed in Brazil, whose research subjects included nurses and/or indigenous people in their sample, published in Portuguese, English and Spanish. No time limit was established for the searches, aiming to include as many studies as possible. The following were excluded: studies carried out only with other professionals (physicians, dentists, nursing technicians, Community Health Agents); publications that did not address the topic of health and/or human health and publications whose information was not related to the topic under study.

Selection of data sources

The sources verified were the Virtual Health Library (VHL) and the Web of Science, which cover the bases: LILACS (Latin American and Caribbean Literature in Health Sciences), IBECs (Spanish Bibliographic Index of Health Sciences), MEDLINE (Medical Literature Analysis and Retrieval System Online), SCOPUS, SciELO (Scientific Electronic Library Online), BDENF (Nursing Database). In addition to these, the CAPES Journal Portal and the BTDB (Bank of Brazilian Theses and Dissertations) were also consulted. The Google Scholar tool and the relevant literature reference lists were also verified. Bibliographic searches were carried out in January and February 2020.

The Decs (Descriptors of the Health area) and the following Mesh (Medical Subject Headings) were used: indigenous population, Indian, indigenous population health, primary health care, and nursing. All these terms were searched in Portuguese, Spanish and English. The search strategy used followed the definition of each corresponding database. The Boolean operator AND was used with the following combinations: indigenous population AND nursing; Indian AND nursing; health of indigenous populations AND nursing;

indigenous population AND primary health care; indigenous population AND nursing AND primary health care.

Collection and organization of results

To systematize the study inclusion process, the PRISMA Extension for Scoping Reviews (PRISMA ScR) methodology was chosen. ⁽⁶⁾ Figure 1 shows the search, exclusion and selection process of found studies.

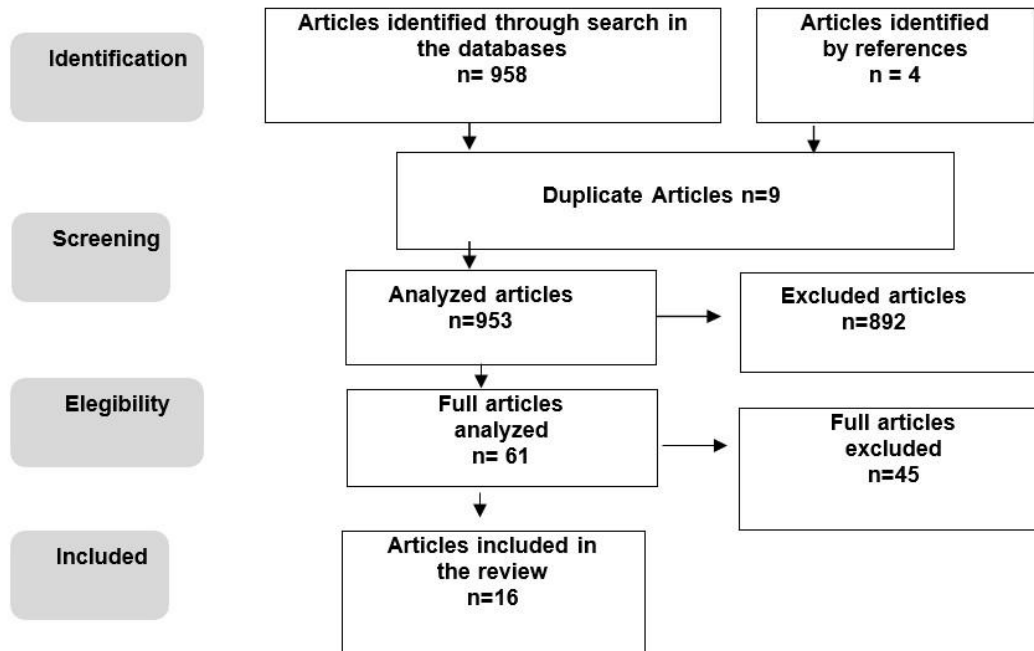


Figure 1. Flowchart of the selection of studies that made up the research according to the PRISMA ScR. ⁽⁶⁾ Porto Alegre-RS, Brazil, 2020.

Data was organized using a structured instrument developed in Microsoft Office Word, allowing the main findings of the searches to be synthesized, highlighting: author, year of publication, journal, place of study, setting, participants, approach, data collection and analysis of data and the main results.

Presentation of results

This mapping allowed us to synthesize and interpret the data, generating a numerical synthesis of the studies included in the review. The thematic synthesis, on the other hand, was organized according to two predefined categories by the researchers: 1. Nursing actions in the care of the Brazilian indigenous population and 2. Care modalities that are used by nursing in the care provided to the indigenous population.

Results

Of the 958 studies found in the searches, 16 studies were included in the review. Most studies (n=4) were published in 2014. Most studies (n=12) were published in scientific journals, dissertations (n=3) and one thesis (Box 1).

As it was an inclusion criterion, the studies should include in their sample health professionals that included nurses and/or indigenous people. Adding the participants of each study, our study compiled data from at least 55 nurses and 108 indigenous people. In addition, it is worth noting that four studies were carried out in the Sanitary District and two in the Support House for the Health of Indigenous People (Box 1).

Of the 16 studies, (n=15) used a qualitative methodology. As for the type of data collection, most (n=7) were through interviews. As for data analysis, most (n=6) used ethnography (Box 1).

Box 1. Characterization of articles according to author, year of publication, journal, and place of study, setting, participants, approach, data collection and data analysis. Porto Alegre, Rio Grande do Sul, Brazil, 2020

Author	Journal	Place	Setting	Study population	Approach	Data collection	Data analysis
Nóbrega RG, et al. 2010 (7)	Rev. Latino-Am. Enfermagem	Paraíba	Potiguara Indigenous Special Sanitary District	23 Health professionals	Qualitative	Focus group	Speech analysis
Fernandes MNF 2010 (8)	Master's Dissertation in Nursing Federal University of the North	Amazonas	Manaus Sanitary District	17 nurses	Qualitative	Interview	Speech Analysis Technique of the Collective Subject
Nascimento FF, et al. 2011 (9)	Saúde Coletiva	Ceará, Itarema	Tremembé indigenous community	33 Health professionals	Qualitative	Interview	Content analysis
Oliveira JWB, et al. 2012 (10)	Rev Bras Enferm,	Pernambuco, Petrolândia, Jatobá e Tacaratu	Pankararu tribe community		Qualitative	Interview	Analysis of the Collective Subject Speech
Oliveira RCC, et al. 2012 (11)	Ver. Min. Enferm	Paraíba, Município de Baía da Traição	San Francisco village	25 Indigenous people	Qualitative	Interview	Statistical analysis
Marinelli NP, et al. 2012 (12)	Revista Univap.	Maranhão, Grajaú	Assistance to the Guajajaras indigenous population	55 Indigenous people	Qualitative	Interview	Speech analysis

Ferraz L, et al. 2012 (13)	Master's Dissertation in Nursing Federal University of Santa Catarina	Santa Catarina	Indigenous Lands (TI) of Kaingang and Guarani ethnic groups	6 nurses	Qualitative	Interview	Content analysis
Falkenberg MB 2014 (14)	Master's Dissertation in Collective Health Universidade de Brasília.	Rio Grande do Sul	Special Indigenous Sanitary South Coast District/RS, which make up the three EMSI base poles	9 Health professionals	Qualitative	Interviews and observation	Content analysis
Rissardo LK, et al. 2014 (15)	Rev Bras Enferm	Paraná	Faxinal Basic Health Unit (BHU); Faxinal Indigenous Land (TIF).	20 Health professionals e		Observation and Interview	Content analysis
Diehl EE, Follmann HBC 2014 (16)	Texto Contexto Enferm,	Santa Catarina, Chapecó	Chapecó Indigenous Land			Observation and Interview	Speech analysis
Rissardo LK, Carreira L 2014 (17)	Rev Esc Enferm USP	Paraná, Cândido de Abreu	Faxinal Indigenous Land (FIL)	10 Health professionals	Qualitative	Observation and Interview	Content analysis
Ribeiro AA et al. 2015 (18)	Texto Contexto Enferm.	Mato Grosso do Sul.	Indian Health Support House	14 Health professionals and 2 users	Qualitative	Observation and Interview	Content analysis
Borghi AC et al. 2015 (19)	Rev Esc Enferm USP	Paraná, Cândido de Abreu	Faxinal Indigenous Land (FIL), located at,	10 Health professionals	Qualitative	Observation and Interview	Speech analysis
Ribeiro AA, et al. 2017 (20)	Escola Anna Nery	Mato Grosso do Sul, Distrito Especial	Indian Health Support House	1 Nurse and 9 nursing technicians	Qualitative	Observation, interview and document analysis	Interpretive analysis
Pina RMP 2017 (21)	Thesis (PhD) USP Nursing School	Amazonas Município de Autazes -	Autazes Hospital and the base centers of the villages of Pantaleão and Murutinga	28 Kaingang elderly people and 19 caregivers	Qualitative	Observation and interview	Speech analysis
Coelho LP; et al. 2018 (22)	Cienc Cuid Saude	Espirito Santo, Aracruz	Indigenous Basic Health Units (IBHU) in Indigenous Lands (IL)	1 Nurse and 9 Nursing technicians	Qualitative	Interview	Content analysis

Source: Own elaboration (2020)

The results will be presented through two predefined categories at the time of data extraction: 1. Nursing actions in the care of the Brazilian indigenous population and 2. Care modalities that are used by nursing in the care provided to the indigenous population.

Nursing actions in the care of the indigenous population

This category describes nursing actions developed in order to ensure equitable assistance to the indigenous population. Care actions, managerial actions and programmatic actions stand out.

With regard to care actions, the studies include procedures such as immunization, (8, 13, 11, 15, 17, 19, 21) medication administration, (18, 21) dressings, (8, 13, 16-19) nebulization, (15, 17, 16, 20, 21) weighing, (13, 15) collection of tuberculosis exams (7) and hygienization. (13-15)

The managerial actions identified in the literature included the supervision of nursing technicians, (16, 21) supervision of nursing assistants (16); supervision of indigenous health agents, (11, 21) organization of unit activities, (7, 11, 12, 16-18, 20) referrals to other reference services, (7, 15, 17, 19, 21) professional turnover, (8, 9) work in a multidisciplinary team, (9, 15), difficulty in training to work with indigenous people (20) and social control. (8, 10, 11, 16)

Among the programmatic actions, the ones that stand out are those of monitoring pregnant women (prenatal care), (11, 17, 21) child growth and development, (13, 17, 21, 22) care for adults with sexually transmitted infections (Syphilis, HIV, Hepatitis B and C), (11, 17, 21) women's health (cytopathological examination), (11, 13, 21) care for the elderly, (15, 17, 19, 21, 22) care in situations of violence against indigenous people (15) and education and guidance on health care. (15)

Care modalities that are used by nursing in the care provided to the indigenous population

This category describes the care modalities that are used by nurses in the care of indigenous peoples, among which the following stand out: home visits, nursing consultations and educational groups. These can be considered tools that nursing uses in its work process to achieve its purpose, which is care.

The care modality that stood out the most in the findings is the home visit with nine studies. (7, 11, 13-15, 17, 19, 21) According to a study (15) the home visit is a fundamental tool for obtaining information, as it provides a greater approximation to reality, constituting an opportunity to identify the real needs of each indigenous person.

As for home visits, the results showed that the frequency of these visits by nurses and Indigenous Health Agents (IHA) was fortnightly, monthly and/or bimonthly. (7) On the other hand, a study (17) states that home visits were carried out mainly by IHA, and other professionals carried out the visit only when the indigenous person was bedridden or unable to go to the health unit and needed some specific nursing intervention. The nurses, together with the Indigenous Health Agents, regularly accompanied the indigenous elderly through home visits and actively searched for those missing who were being treated at the health unit. (19) A study (7) stated that the systematic search for respiratory symptoms of suspected or confirmed cases for tuberculosis control was carried out through home visits in the territory.

Nursing consultation was highlighted in five studies. (15-17, 19, 21) A study (19) stated that the Multidisciplinary Indigenous Health Team (MIHT) was essential because it offered nursing consultations, consultations with general practitioners and dentists. Nurses are the

ones who promote the embracement of the indigenous people, perform nursing consultations, provide guidance for health and establish a dialogue in order to strengthen bonds.

The Indigenous Health Agents help communicate the needs of scheduling nursing consultations for the indigenous people, transmit information to the population about consultations and health programs, and accompany the indigenous people who need care in the village. ⁽¹⁵⁾ In the nursing consultation, the professional develops strategies that strengthen care and promote better quality in the health of the indigenous population. ⁽¹⁵⁾ Nursing also makes the scheduling of indigenous people to the reference service in more serious health situations groups. ^(17, 19)

Educational groups were evidenced in three publications (9,10,19). The groups addressed topics such as sexuality education, family planning, childbirth and the puerperium, which are dealt with in conversation circles and systematized groups of women or pregnant women. Nursing seeks to act responsibly with the indigenous community in order to value and transform the knowledge they already have and foster new knowledge, promoting autonomy and the decision-making process of each indigenous person facing the health-disease process. ⁽⁹⁾ On the other hand, a study ⁽¹⁰⁾ reported the lack of access to information about the pathologies that prevail in the indigenous community, modes of contagion and/or triggering factors, prevention and treatment measures, identifying a gap in the performance of health education groups.

Discussion

Analyzing the care actions developed by nursing, most refer to immunization, medication administration, dressings, nebulization and collection of laboratory tests. Studies ^(15, 16) report that health units collected material for routine tests, dressings, inhalation and immunization. In this sense, it is possible to notice the predominance in the studied literature of an approach to individual technical procedures that meet the episodic and punctual demand of the indigenous people who seek the health service. A study ⁽²³⁾ corroborates this result by reporting that care actions are among nurses' practices in PHC.

Other activities identified in our review were the programmatic actions of nursing to certain groups of indigenous people such as: children, women, pregnant women, in addition to carrying out rapid tests to detect sexually transmitted infections and the monitoring of patients with tuberculosis. A study ⁽⁷⁾ states that the Rapid Test for Diagnosis of HIV and viral hepatitis exam was carried out in health units.

Among the programmatic actions identified for the care of the indigenous population, a study ⁽¹²⁾ refers to the prevention of cervical cancer through the collection of cytopathological tests, the control of communicable diseases; monitoring the development of children and pregnant women and patients with chronic diseases.

The managerial activities of nurses were also identified, with emphasis on the supervision of technicians and nursing assistants and indigenous health agents. ⁽¹⁶⁾ In addition to the organization of the unit's activities and referrals to other reference services. ⁽¹⁸⁾ A study ⁽¹¹⁾ also states that the activities carried out by nurses in the health unit include training, updating and supervision of indigenous health agents and nursing assistants. Thus, nurses need to be prepared to work in primary care, plan and implement, together with the team, actions and programs, carry out follow-up, supervision and evaluation of the indigenous health agent and the nursing assistant. ⁽³⁾

In this sense, a study ⁽²¹⁾ reports that nurses showed greater concern with managerial activities, which for them was limited to activities such as filling out forms and consolidating data, scheduling exams and travels of indigenous people, releasing fuel for the team travel and return of indigenous people to the villages, bureaucratic activities for organizing services, preparing monthly reports, supervising the IHA and the nursing staff.

The findings reveal that the organization of nursing activities in the unit and the referral of indigenous people to other reference services were recurrent in publications. A study ⁽²⁴⁾ corroborates this result by reporting that care coordination in the field of humanized health is usually performed by primary care nurses, who mediate the flow of users in the services of the health care network.

It is worth highlighting the turnover of professionals ^(8, 9) who work with the indigenous population, which is a factor that compromises the quality of actions offered in the indigenous health subsystem. A study ⁽²⁵⁾ corroborates this finding, referring to a high turnover of professionals in indigenous health services. The working conditions of the teams, hired under a precarious relationship, do not favor the continuity of the teams of professionals who work in the Special Indigenous Sanitary District. ⁽²⁶⁾

The findings regarding the care modalities that stood out in the studies were Home Care. The results indicate that home visits are the most used by nurses and other health team professionals. ⁽¹⁵⁾ In Brazil, the figure of Indigenous Health Agents (IHA) is fundamental for health care actions in villages, whose main activity is home visits. These are responsible for serving as a communication and education link between the families and the other team members. ⁽¹¹⁾

The nursing consultation was another care modality developed by nurses in the context of indigenous health identified in the studies. The nursing consultation is a private activity of nurses in Brazil, which uses components of the scientific method to identify health/disease situations, prescribe and implement nursing measures that contribute to the promotion, prevention, health protection, recovery and rehabilitation of the individual, family and community. ⁽²⁷⁾

Nurses need to be aware of the beliefs and legends of the indigenous people, in order to diagnose and prescribe nursing care. As in our findings, a study ⁽²⁸⁾ refers to the importance of carrying out actions that take into account the particularities of indigenous peoples, so that prevention, promotion and recovery are carried out in PHC.

A study ⁽¹⁷⁾ also identified that among the difficulties faced by nurses is the difficulty of communication and the lack of specific training to work with indigenous people. Communication can be a hindrance to nursing consultations, as some terms and expressions that are very specific to indigenous peoples can make care more difficult. ⁽²⁹⁾

The educational group was also identified as a tool capable of enabling, through the link between the participants, the understanding of life situations, health and illness, and health promotion. ⁽³⁰⁾ In this review, the importance of nurses as subjects of development of health promotion in indigenous communities was identified, respecting their cultural and religious organization, articulating technical knowledge and traditional indigenous knowledge. ⁽¹⁰⁾

According to a study, ⁽²⁾ an educational action with awareness and popular mobilization enables indigenous people not only to perceive, but also to adopt healthy behaviors, and knowledge about health rights, promoting indigenous autonomy in the search for alternatives for coping with their health needs. Therefore, health education actions carried out by nurses need to be integrated and articulated with the behavior of the indigenous community, focused on their cultural environment and their lifestyle. ⁽²⁾

Finally, it is worth noting that this study sought to assess most of the existing literature, however, some limitations in this process occurred, as there are probably studies published in other languages and in indexing databases not included in this study. Likewise, the authors acknowledge that important published research may have been omitted using our search strategy.

Conclusion

The results of this review reveal that the production of knowledge in nursing about health care for the Brazilian indigenous population is essentially centered on care actions that involve technical procedures, as well as on managerial actions that involve the organization of care in the unit. The most described care modality in the investigated literature was home visits.

The main finding of this study is that the production of knowledge is still based on individual technical procedures, which leads us to think about the tendency of a fragmented, episodic and reactive care to the demands of the indigenous people. Thus, it is believed that the results of this research are useful for rethinking the practice and training of nurses.

Therefore, the evidenced results indicate the need for training nurses to work in indigenous health services, recognizing all the peculiarities that humanized care implies, such as protection, respect for the way of life, values and knowledge of indigenous peoples.

Bibliographic References

1. Martins JCL, Martins CL, Oliveira LSS. Attitudes, knowledge and skills of nurses in the Xingu Indigenous Park. *Rev Bras Enferm.* 2020;73(6):e20190632. DOI: 10.1590/0034-7167-2019-0632
2. Oliveira JWB, Aquino JM, Monteiro EMLM. Educação popular em saúde com o povo indígena Xukuru do Ororubá. *Rev Bras Enferm, Brasília* 2012;65(3):437- 44.
3. Silva NC, Gonçalves MJF, Neto DL. Enfermagem em saúde indígena: aplicando as diretrizes curriculares. *Rev Bras Enferm, Brasília (DF)* 2003 jul/ago;56(4):388-391.
4. Teixeira, DZ et al. O encontro face a face no cuidado em saúde indígena: uma perspectiva em Lévinas. *Revista Brasileira de Enfermagem.* 2018;71(6):2848-2853.
5. Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. Chapter 11: Scoping Reviews (2020 version). In: Aromataris E, Munn Z (Editors). *JBIM Manual for Evidence Synthesis*, JBI; 2020. DOI: <https://doi.org/10.46658/JBIMES-20-12>
6. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*; 2018.

7. Nóbrega RG, et al. A busca ativa de sintomáticos respiratórios para o controle da tuberculose, no cenário indígena potiguara. *Revista Latino-Americano de Enfermagem*. 2010;18(6).
8. Fernandes MNF. Representações sociais sobre a praticado cuidado para enfermeiros da saúde indígena: um estudo transcultural. Dissertação Mestrado em Enf. Universidade Federal do Norte; 2010
9. Nascimento FF, et al. Cuidado à saúde da comunidade indígena Tremembé: olhar dos profissionais de saúde. *Saúde Coletiva*. 2011;8(51):138-143.
10. Oliveira JWB, et al. Promoção da saúde na comunidade indígena Pankararu. *Revista Brasileira de Enfermagem*. 2012;65(3).
11. Oliveira, RCC, et al. Situação de vida, saúde e doença da população indígena Potiguara. *Revista Mineira de Enfermagem*. 2012;16(1):81-90.
12. Marinelli NP, et al. Assistência à população indígena: dificuldades encontradas por enfermeiros. *Revista Univap*. 2012;18(32).
13. Ferraz L, et al. Percepções das equipes de saúde da família sobre o cuidado profissional às crianças indígenas. Dissertação Mestrado em Enf. Universidade Federal de Santa Catarina; 2013.
14. Falkenberg MB. Representações sociais do cuidado entre trabalhadores que atuam em contextos de interculturalidade na atenção a saúde indígena. Dissertação Mestrado em Saúde Coletiva Universidade de Brasília; 2014
15. Rissardo LK, et al. Práticas de cuidado ao idoso indígena - atuação dos profissionais de saúde *Revista Brasileira de Enfermagem*. 2014;67(6):920-7.
16. Diehl EE, et al. Indígenas como trabalhadores de enfermagem: a participação de técnicos e auxiliares nos serviços de atenção à saúde indígena. *Texto Contexto Enfermagem*. 2014;23(2).
17. Rissardo LK, Carreira L. Organização do serviço de saúde e cuidado ao idoso indígena: sinergias e singularidades do contexto profissional. *Revista de Escola de Enfermagem da USP*. 2014;48(1):73-81. DOI: 10.1590/S0080-623420140000100009
18. Ribeiro AA, et al. O trabalho de enfermagem em uma instituição de apoio ao indígena. *Texto Contexto Enfermagem*. 2015;24(1):138-145.
19. Borghi AC et al. Singularidades culturais: o acesso do idoso indígena aos serviços públicos de saúde. *Rev. esc. enferm. USP*. 2015;49(04). DOI: 10.1590/S0080-623420150000400008
20. Ribeiro AA, et al. Processo de trabalho e produção do cuidado em um serviço de saúde indígena no Brasil. *Escola Anna Nery*. 2017;21(4).

21. Pina RMP. O Cuidado à saúde da população indígena mura de autazes – amazonas: a perspectiva das enfermeiras dos serviços. Tese (doutorado) Escola de enfermagem USP; 2017.
22. Coelho LP, et al. O enfermeiro e o cuidado ao indígena idoso: necessidade de abordagem transcultural e o olhar gerontológico. *Ciência do Cuidado da Saúde*. 2018;17(3).
23. Barbiani R, Dalla Nora CR, Schaefer R. Nursing practices in the primary health care context: a scoping review. *Rev. Latino-Am. Enfermagem*. 2016;24:e2721.
24. Macedo V. O cuidado e suas redes doença e diferença em instituições de saúde indígena em São Paulo. *Revista Brasileira de Ciências Sociais*. 2021;36(106).
25. Freitas FPP, Luna WF, Bastos LOA, Ávila BT. Experiências de médicos brasileiros em seus primeiros meses na Atenção Primária à Saúde na Terra Indígena Yanomami. *Interface*. 2021;(25):e200212.
26. Garnelo LSS. Bases sócio-culturais do controle social em saúde indígena: problemas e questões na Região Norte do Brasil. *Caderno de Saúde Pública*. 2003;19(1):311-317.
27. Conselho Federal de Enfermagem (COFEN). Resolução cofen nº 568/2018 – alterada pela resolução cofen nº 606/2019 [Internet] 2019 [cited 2020 Mai 21]. Available from: http://www.cofen.gov.br/resolucao-cofen-no-0568-2018_60473.html
28. Silva WNT, Rosa MFP, Mendonça KS, Queiroz G, Oliveira SV. Síndrome respiratória aguda grave em indígenas no contexto da pandemia da COVID-19 no Brasil: uma análise sob a perspectiva da vigilância epidemiológica. *Vigilância Sanitária Em Debate: Sociedade, Ciência & Tecnologia*. 2021;9(1):2-11.
29. Baza DC, Quintero CP. Experiencias del cuidado de enfermería en contexto intercultural. *Revista Cultura de los Cuidados*. 2018;22(51):114-123.
30. Gazzinelli MF, Souza V, Fonseca RMGS, Fernandes MM, Carneiro ACLL, Godinho LK. Práticas educativas grupais na atenção básica: padrões de interação entre profissionais, usuários e conhecimento. *Rev Esc Enferm USP*. 2015;49(2):284-291.

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