

Integrative and complementary practices in palliative care: a netnographic analysis of content on Instagram*

Práticas integrativas e complementares em cuidados paliativos: análise netnográfica de conteúdos no Instagram

Prácticas integrativas y complementarias en cuidados paliativos: análisis netnográfico de contenidos en Instagram

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Abstract

Objective: to analyze the publication of content on the Instagram platform regarding the use of integrative and complementary health practices in palliative care. **Method:** qualitative study with a netnographic approach, conducted from March to April 2025 through the collection and analysis of posts in a virtual space. The data were submitted to Thematic Content Analysis and to the construction of a similarity tree using IRAMUTEQ, enabling the identification of semantic nuclei and lexical relationships. **Results:** integrative practices were associated with pain relief, relief of psychological distress, and the promotion of physical, emotional, and spiritual well-being. The similarity tree showed the centrality of the patient and its connection with quality of life, humanized care, and comprehensiveness. **Conclusion:** by analyzing the content shared on Instagram, the study shows that integrative practices are disseminated mainly for their perceived benefits, with little discussion of scientific evidence and therapeutic limitations.

Descriptors: Complementary Therapies; Palliative Care; Social Networking; Health Personnel; Health Communication

Resumo

Objetivo: analisar a publicização de conteúdos na plataforma Instagram acerca do uso das práticas integrativas e complementares em saúde nos cuidados paliativos. **Método:** estudo qualitativo, de abordagem netnográfica, realizado em março a abril de 2025, por meio da coleta e análise de postagens em espaço virtual. Os dados foram submetidos à Análise Temática de

Conteúdo e à construção da árvore de similitude pelo Iramuteq, possibilitando a identificação de núcleos semânticos e relações lexicais. **Resultados:** as práticas integrativas foram associadas ao alívio da dor, do sofrimento psíquico e à promoção do bem-estar físico, emocional e espiritual. A árvore de similitude evidenciou a centralidade do paciente e sua conexão com qualidade de vida, cuidado humanizado e integralidade. **Conclusão:** ao analisar os conteúdos compartilhados no Instagram, o estudo evidencia que as práticas integrativas são divulgadas principalmente por seus benefícios percebidos, com pouca discussão sobre evidências científicas e limitações terapêuticas.

Descritores: Terapias Complementares; Cuidados Paliativos; Rede Social; Pessoal de Saúde; Comunicação em Saúde

Resumen

Objetivo: analizar la divulgación de contenidos en la plataforma Instagram acerca del uso de las prácticas integrativas y complementarias en salud en los cuidados paliativos. **Método:** estudio cualitativo, de enfoque netnográfico, realizado entre marzo y abril de 2025, mediante la recopilación y el análisis de publicaciones en un espacio virtual. Los datos fueron sometidos al Análisis Temático de Contenido y a la construcción del árbol de similitud mediante Iramuteq, lo que permitió identificar núcleos semánticos y relaciones léxicas. **Resultados:** las prácticas integrativas se asociaron con el alivio del dolor, del sufrimiento psíquico y con la promoción del bienestar físico, emocional y espiritual. El árbol de similitud evidenció la centralidad del paciente y su conexión con la calidad de vida, el cuidado humanizado y la integralidad. **Conclusión:** al analizar los contenidos compartidos en Instagram, el estudio evidencia que las prácticas integrativas se divulgan principalmente por sus beneficios percibidos, con poca discusión sobre la evidencia científica y las limitaciones terapéuticas.

Descriptores: Terapias Complementarias; Cuidados Paliativos; Red Social; Personal de Salud; Comunicación en Salud

Introduction

Palliative care (PC) is defined by the World Health Organization (WHO) as an approach that aims to improve the quality of life of patients and families facing life-threatening illnesses through the prevention and relief of suffering, involving early identification, appropriate assessment, and treatment of pain and physical, psychosocial, and spiritual problems.¹ This concept is widely reinforced by international organizations, such as the Worldwide Hospice and Palliative Care Alliance (WHPCA), which advocates for palliative care as an essential component of health systems and as a strategy aimed at promoting dignity, comfort, and person-centered care throughout the course of illness, rather than only at the end of life.²

It is estimated that approximately 40 million people worldwide require palliative care; however, only about 14% have access to this type of care. The organization of specialized services still faces challenges related to service coverage, integration of care networks, and professional qualification.³ In this context, the incorporation of therapeutic strategies that promote comprehensive and humanized care is essential.

Integrative and complementary health practices (ICHPs) have emerged as potential therapeutic resources in PC because they encompass physical, emotional, social, and spiritual dimensions of care, in addition to promoting autonomy, comfort, and well-being.⁴ Systematic reviews and studies published in international journals indicate that integrative therapies may contribute to symptom management and improved quality of life in patients receiving PC, although the evidence remains limited and predominantly based on oncology studies.⁴

In Brazil, ICHPs have been progressively expanding within the Unified Health System (SUS). Data from the Ministry of Health (MH) indicate that these practices are available in approximately 83% of Brazilian municipalities, reaching more than 4,600 municipalities and millions of users annually. In 2023, approximately 7.1 million people benefited from care related to ICHPs, offered in more than 18,000 health facilities and provided by more than 21,000 healthcare teams. This scenario demonstrates the increasing institutionalization of these practices within the SUS and their incorporation as a component of comprehensive healthcare strategies.⁵

PC and ICHPs share principles focused on comprehensive care, valuing subjectivity, and meeting individuals' needs. In this context, as ICHPs have been incorporated into discussions and practices related to PC, there is also a growing need to understand how these approaches are presented and discussed in different social spaces. Among these spaces, digital social networks play a relevant role by enabling the circulation of health-related information, experiences, and narratives, influencing the construction of meanings about care practices and expanding the reach of content produced by professionals, institutions, patients, and families rapidly and accessibly.⁶

In this context, health professionals are increasingly turning to these spaces to disseminate their work.⁶ Although studies address the use of ICHPs in palliative care and the potential of digital social networks for health communication, there is less

scientific production aimed at understanding how these practices are publicized and given meaning in virtual environments.

Therefore, it is relevant to investigate how ICHPs in the context of PC are represented and disseminated on digital social networks. Considering the relevance of these spaces in the production and circulation of health information, analyzing shared content may contribute to understanding the meanings attributed to these practices in the virtual environment, as well as the narratives surrounding their dissemination among students, health professionals, patients, and families. The guiding question of this research is: what has been publicized on Instagram about the use of integrative and complementary health practices in palliative care? Thus, the objective of the study is to analyze the publication of content on the Instagram platform regarding the use of integrative and complementary health practices in palliative care.

Method

This is a qualitative netnographic study that used digital social networks as the empirical field for data production. Netnography is a qualitative research method aimed at understanding social, cultural, and communicational practices mediated by digital technologies, especially within virtual communities, constituting an adaptation of the theoretical and methodological assumptions of classical ethnography to the online environment.⁷ This method enables in-depth analysis of interactions, discourses, meanings, and behaviors constructed in cyberspace while preserving the sociocultural contextualization of the phenomena under investigation.

Instagram was selected because it has characteristics compatible with the research objectives, including widespread use by health professionals and institutions, availability of visual and textual content, established use of hashtags for thematic organization, and the possibility of public access to posts.⁸ Although other platforms, such as TikTok and YouTube, also have potential for research on health communication, Instagram was chosen because of its relevance for disseminating content related to ICHPs and because it allows greater standardization of search and data collection procedures.

The netnographic study was conducted in five stages. The first stage was characterized by planning, during which the research problem guiding the study was defined: “what is being published on social networks by health students and professionals about the use of ICHPs in promoting PC?”

The second stage of the research corresponded to selecting the digital platform on which the study was conducted, with Instagram chosen because of its widespread use by health professionals and students. During this stage, entry into the virtual field was also undertaken, with the following inclusion criteria: Brazilian posts published on public accounts belonging to health professionals and/or students, with no time restriction. However, the publication period of each selected piece of content was recorded, allowing the temporal distribution of the analyzed materials to be identified and the persistence and updating of the topic on the platform to be understood.

Duplicate posts, content published by private profiles or inaccessible at the time of data collection, publications addressing PC or ICHPs in isolation, exclusively promotional or advertising content, and posts without captions or textual elements suitable for analysis were excluded. Videos whose content did not contain textual information in the image or caption that could be transcribed to constitute the textual corpus were also excluded.

User comments were not included in the analytical content of the study because they were not the focus of the research, which sought to understand the content originally publicized by the authors of the posts. In addition, including comments would substantially expand the unit of analysis, directing the investigation toward processes of reception, interaction, and user engagement that go beyond the proposed objective. Nevertheless, analyzing comments may represent a relevant perspective for future research on the collective construction of meanings in digital environments.

Selection was guided by the use of the following hashtags: #cuidadospaliativos, #praticasintegrativasemcuidadospaliativos, #praticasintegrativasecomplementares, #praticasintegrativasemsaude, and #cuidadospaliativosepraticasintegrativas. The hashtags used were defined based on a prior exploratory search conducted on the platform, identifying the main thematic markers used to index content related to the topic. Hashtags with the highest frequency of use and the most direct relationship with the study object were selected.

In the third stage, data were collected through systematic non-participant observation, in which the researcher limited herself to analyzing the publications without interacting directly, that is, without commenting or sending individual messages, focusing on the content of the posts and their captions that met the established criteria.

Data collection was conducted from March 17 to April 10, 2025, through searches in Instagram's "tags" tab. This feature, identified by a magnifying glass icon, provides access to a variety of posts in the feeds of public user accounts, that is, content available for viewing by any user, regardless of whether they are connected to the profile.

The definition of the final number of posts followed the principle of theoretical data saturation, understood as the point at which new units of analysis cease to add substantively distinct elements to the categories already identified.⁹ After the sequential analysis of the posts, stabilization of the emerging content was observed, with no new relevant thematic nuclei identified; therefore, data collection was ended with 15 posts.

The following stage was devoted to the analysis and interpretation of the collected data, according to the guidelines of the netnographic approach.⁷ All posts were transcribed in full and subjected to proofreading and spelling correction, resulting in the constitution of a textual dataset suitable for the criteria required by the Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRAMUTEQ) software. Only video posts containing images with content and captions were used, and these served as the basis for content analysis. Comments were not considered in the present study.

IRAMUTEQ, developed by Pierre Ratinaud, is open-source and free software that enables the analysis of textual corpora. In this study, Similarity Analysis was used, one of the analyses generated by IRAMUTEQ and based on graph theory, which makes it possible to identify word co-occurrences, that is, the most frequent associations among terms. This analysis results in the construction of a maximum

tree, or similarity tree, which highlights the connectivity and relational structure of linguistic elements, allowing a graphical visualization of the networks of meaning present in the analyzed material.¹⁰

For processing the similarity tree, the researchers chose to exclude terms with a frequency below 9 occurrences to facilitate understanding of the graph. The cutoff point was not intended to be analytically exclusionary, but only to optimize the graphical presentation of the similarity tree, facilitating visualization of the most robust connections among the terms. It should be emphasized that interpretation of the results was not restricted to the lexical analysis produced by the software, but was complemented by Content Analysis, which considered the entire textual empirical material in order to analyze the content of the selected posts and organize emerging meaning nuclei into categories.¹¹

Content analysis involves systematically analyzing the content of texts through three fundamental stages: pre-analysis, exploration of the material, and interpretation of the results.¹¹ The thematic categories were constructed through the coding and grouping of the recording units identified during the exploration of the material. Initially, the researchers independently read the corpus, identifying recurring units of meaning. Next, the codings were discussed and consensus was reached, grouping the content by thematic similarity until the final categories were defined. Interpretive divergences were discussed among the researchers until analytical consensus was achieved.¹¹

Finally, the fifth stage involved compliance with research ethics standards, ensuring the confidentiality of the information observed and the responsible presentation of the results. It is noteworthy that the posts used in this study are in the public domain, originating from open profiles accessible to all platform users, regardless of whether they have an active account. Therefore, the research did not require submission to a Research Ethics Committee, in accordance with the applicable ethical guidelines for studies using public data in digital environments,

and also complied with the provisions of the Brazilian General Data Protection Law (LGPD; Law No. 13,709/2018), which guarantees the privacy and appropriate use of collected information, since the analyzed data are publicly accessible and do not directly identify individuals.¹²

Nevertheless, to protect users' privacy and in accordance with the ethical principles of netnographic research, the excerpts selected to illustrate the content of the textual corpus were identified by codes, using the letter "P" followed by sequential numbering (P01, P02, P03, etc.).

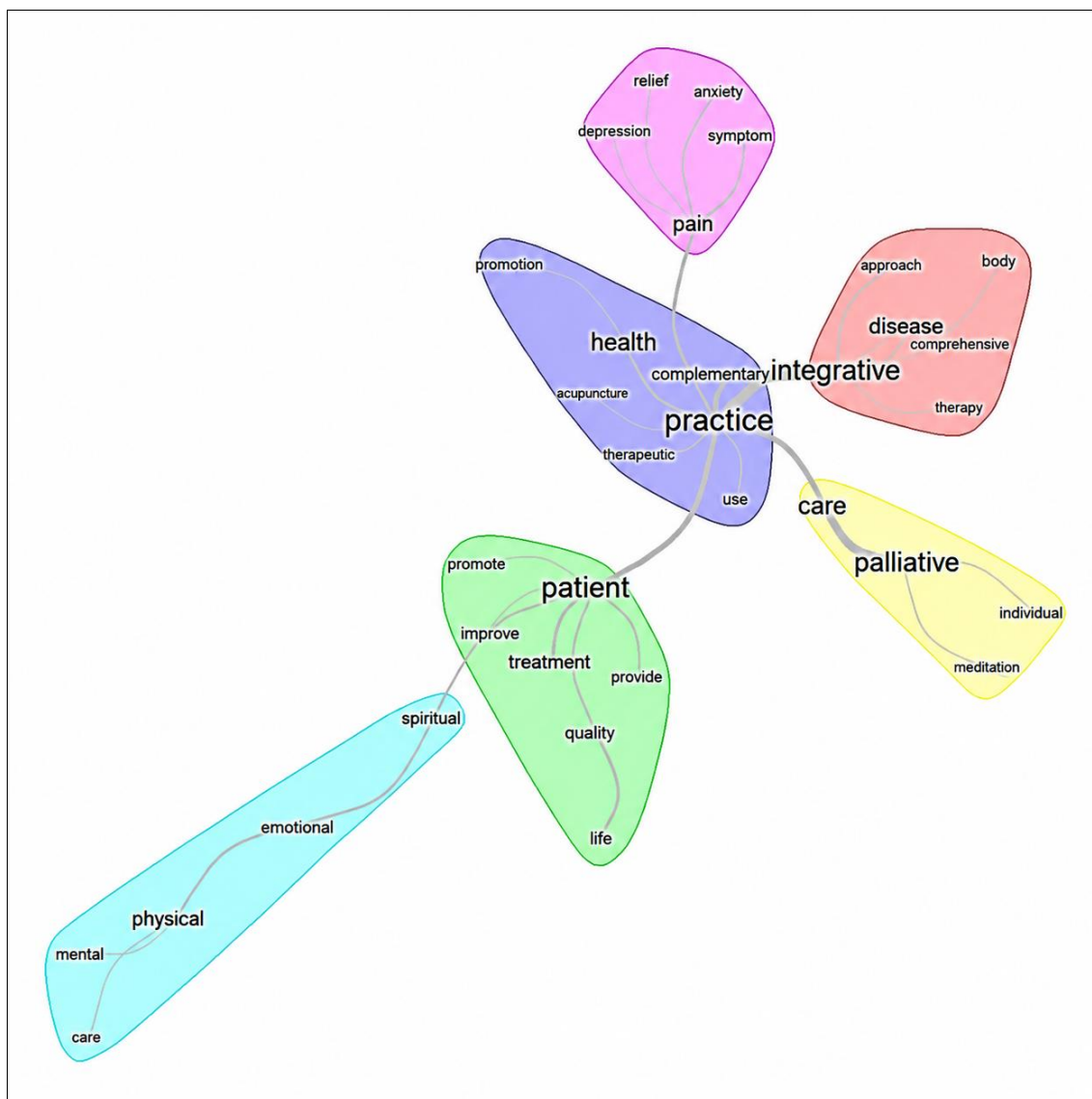
Results

The profiles selected for content analysis according to the inclusion criteria consisted of: six nursing academic leagues and projects, 2 nurses, 2 physiotherapists, 1 pharmacist, 1 nutritionist, 1 biomedical professional, and 1 aesthetician, between 2012 and 2024.

The textual corpus originating from the 15 captions was segmented by IRAMUTEQ into 92 text segments, with 3,341 occurrences, 993 distinct word forms, and a hapax frequency, corresponding to the number of words appearing only once, of 605 (60.93% of the forms and 18.11% of the occurrences).

The similarity analysis generated the Maximum Tree (Figure 1), obtained from 34 words in the corpus, and indicated that the term "practical" was central in the analyzed captions. It was connected to four similarity branches related to the keywords "pain," "integrative," "palliative care," and "patient," which, in turn, were related to the branch represented by the words "spiritual," "emotional," "physical," "mental," and "care." The graph shows that term frequency is represented by font size; that is, the larger the font, the more frequently the term recurred in the discourses. In addition, the thickness of the graph lines indicates the degree of connection between words: thicker lines reflect greater connectivity among the terms.

Figure 1 - Similarity analysis of integrative and complementary practices in the use of ICHPs in patients receiving palliative care.



The analyzed posts associated ICHPs with the promotion of benefits related to the physical, mental, and spiritual dimensions of care. The recurrence of these terms in the similarity tree demonstrates the predominance of narratives emphasizing the potential contributions of these practices in the context of palliative care.

According to the content analysis, after the initial reading and coding of the selected corpus, two analytical categories emerged: Integrative and complementary practices in palliative care: therapeutic strategies and main approaches used; and Contributions and impacts of integrative and complementary practices in pain and suffering management and quality of life in palliative care.

Integrative and complementary practices in palliative care: therapeutic strategies and main approaches used

This category is related to the blue branch of the similarity tree, marked by the word “practical,” which establishes connections with the terms “integrative,” “complementary,” “health,” “therapeutic,” “promotion,” and “acupuncture.” This perspective is exemplified in the transcriptions of the following posts:

ICHPs are therapeutic approaches that allow a holistic view of the individual and their health-disease process. They are therapeutic resources that stimulate the natural mechanisms of health prevention and recovery. With an emphasis on developing the therapeutic bond and integrating human beings with the environment and society, they promote comprehensive human care, especially in the area of self-care. (P6)

According to the MH, ICHPs are therapeutic approaches aimed at disease prevention, health promotion, and recovery. They value welcoming listening, the creation of therapeutic bonds, and the connection between the individual, the environment, and society. (P03)

The use of integrative practices is a major ally in providing more humanized and comprehensive care, especially for patients during delicate moments of their lives. (P12)

This category is also associated with the yellow and red branches of the similarity tree. The yellow branch, marked by the term “palliative care,” is expressed through connections with the terms “individual” and “meditation”; the red branch, marked by “integrative,” presents connections with the terms “disease,” “approach,” “comprehensive,” “therapy,” “treat,” and “body.” In the similarity tree, because of their recurrence, associations such as therapies, meditation, and acupuncture emerged. In the Content Analysis, other approaches were cited, as observed in the following post transcriptions:

Patients with access to integrative and complementary practices, such as acupuncture, reiki, flower essences, aromatherapy, music, meditation, and other ICHPs, improve their adherence to (palliative) treatment, have more tools to deal with possible side effects, and receive emotional and mental support. (P13)

Acupuncture was one of the integrative practices most used by patients (in palliative care), promoting a reduction in symptoms of depression, anxiety, pain, nausea, and vomiting, thereby providing a better quality of life for patients. (P09)

A study entitled “relevance of nursing knowledge regarding integrative and complementary practices in palliative care: an integrative review” highlighted how knowledge and application of ICHPs can transform the approach to patients in palliative care. Most frequently used ICHPs: aromatherapy, music therapy, meditation, and reflexology. Proven benefits: reduction of pain, anxiety, emotional stress, and improvement in sleep quality. (P11)

Contributions and impacts of integrative and complementary practices in pain and suffering management and quality of life in palliative care

This category correlates with two branches of the similarity tree. The pink branch, marked by the word “pain,” appears 31 times and establishes connections with the terms “relief,” “symptom,” “anxiety,” and “depression.” The branch marked by the word “spiritual,” mentioned 14 times, establishes connections with “physical,” “emotional,” “mental,” and “care.” These words have similar sizes, indicating that they are interconnected in a cycle, showing that ICHPs act as a therapy that promotes physical, mental, and spiritual care for patients in PC, as reported in the following captions.

Integrative and complementary practices provide relief from anxiety, reduce pain, and improve patients' sleep quality, which assists the therapeutic process in palliative care. (P02)

ICHPs enrich palliative care by relieving pain, reducing anxiety, and promoting well-being. (P11)

Acupuncture was one of the integrative practices most used by patients, promoting a reduction in symptoms of depression, anxiety, pain, nausea, and vomiting, thereby providing a better quality of life for patients. In addition to providing physical benefits, patients also experienced improvements in emotional and spiritual aspects, enhancing the involvement of family members and caregivers and improving treatment adherence. (P09)

This practice is used as an adjunctive therapeutic resource to control disease symptoms and side effects: for physical symptoms, seeking pain control, and for psychological symptoms, providing emotional support. (P05)

In addition to reducing pain and minimizing physical symptoms, they encompass care addressing social, psychological, and spiritual issues. Comprehensive care can help patients cope with difficulties related, for example, to absence from work, family relationships, or fear of death. (P08)

The green branch, marked by the word “patient,” appears 47 times and is connected to the terms “treatment,” “provide,” “quality,” “life,” “promote,” and “improvement.” These connections alone demonstrate the purpose of using ICHPs, namely a therapy intended to provide treatment in a holistic and humanized manner, with the aim of improving quality of life and promoting improvement in the patient.

Post P05 provides an example of this understanding, stating:

The practice can be performed on both the patient and the family member, directing mindfulness toward oneself, restoring self-care and well-being, improving quality of life, and promoting humanized care. (P05)

It is noteworthy that the analyzed content predominantly presented reports and descriptions of benefits associated with ICHPs, without frequent references to possible therapeutic limitations, controversies, or the need to integrate these practices with other care modalities. This characteristic demonstrates a predominantly positive representation of ICHPs in the discourses shared on the investigated platform.

Discussion

Regarding the profile of the professionals and students responsible for the publications, the role of health professionals, especially nurses, as mediators between scientific knowledge and information disseminated through digital media is noteworthy. Given their direct involvement in care, health education, and follow-up of patients and families, nurses can contribute to improving the quality of shared information by providing evidence-based guidance and fostering the development of critical skills for evaluating content related to ICHPs. Such action is particularly relevant in PC, an area in which therapeutic decisions often involve multiple dimensions of care and high vulnerability among those involved.

The research findings indicate that the discourses publicized on the analyzed social networks reinforce the benefits of ICHPs as relevant therapeutic strategies in the context of PC, particularly regarding the promotion of comprehensive care, humanization of care, and strengthening of the therapeutic bond. The analyzed content converges toward an expanded understanding of care, aligned with the biopsychosocial and spiritual paradigm, recognizing the individual beyond the strictly biomedical dimension.

Although the statements did not directly emphasize specific technical aspects, such as clinical protocols or published evidence of efficacy, they consistently highlighted the perceived effects of ICHPs in relieving suffering, managing physical and emotional symptoms such as pain, anxiety, and depression, and promoting the overall well-being of patients in PC. This finding corroborates national and international literature indicating that ICHPs are complementary therapeutic resources capable of expanding care possibilities, especially in contexts where the focus is not cure but quality of life and dignity during advanced illness.¹³

The first category analyzed demonstrates a conceptual approximation between ICHPs and the guiding principles of palliative care, such as comprehensiveness, qualified listening, respect for subjectivity, and the centrality of the patient and family in care. In this sense, ICHPs are not merely adjuvant interventions but strategies that enhance the palliative approach by fostering more sensitive, welcoming, and person-centered practices.

In the Brazilian context, the country's pioneering role in institutionalizing ICHPs in the public health system stands out through the creation of the National Policy on Integrative and Complementary Practices (PNPIC) in 2006, with the aim of legitimizing, qualifying, and expanding access to these practices within the SUS.¹⁴ A report from the MH indicates that, in 2024, more than 80% of Brazilian municipalities offered ICHPs to the population, with 29 therapeutic modalities available and more than 10 million users served in over 4,000 municipalities.⁶ These figures demonstrate not only the expansion of availability but also the growing social and institutional acceptance of these practices.

Recent studies reinforce that the use of ICHPs in PC is associated with reduced physical and emotional suffering, symptom control, relaxation, and strengthening of the therapeutic relationship among health professionals, patients, and families.¹³ Investigations conducted with oncology and PC patients who used ICHPs as a complement to pharmacological treatment report high levels of satisfaction, as well as benefits related to reduced adverse effects, improved comfort, and perceived comprehensive care.¹⁵ Such evidence reinforces the potential of these practices as feasible, low-cost interventions with relatively simple applicability in routine health services.

The results of the first category also show that certain ICHPs have greater visibility and recurrence in the discourses publicized on the analyzed social network profiles, becoming widely recognized practices in the digital imaginary related to palliative care. The netnographic analysis, supported by the similarity tree, reveals that terms such as meditation, acupuncture, therapy, and body occupy a central position in interactions and narratives shared in the virtual environment, indicating the collective construction of meanings that associate these practices with comprehensive and humanized care.

In the digital context, the recurrence of these ICHPs is not due only to their frequency of clinical use but, above all, to their symbolic, communicational, and experiential potential. The analyzed posts tend to value practices that are easily understood, visually representable, and socially accepted, such as acupuncture, meditation, aromatherapy, and music therapy. This finding is consistent with netnographic literature indicating that more accessible content, associated with positive experiences and reports of benefits, has greater circulation and engagement on social networks.⁷

The analyzed Instagram publications showed that ICHPs are frequently presented in the virtual environment as strategies capable of increasing adherence to palliative treatment, providing emotional and mental support, and helping people cope with the adverse effects of advanced illness. This discourse converges with international studies indicating high adherence of health professionals to ICHPs in PC, as observed in research conducted at a hospital in Frankfurt, where physicians and nurses reported frequent use of practices such as relaxation, meditation, yoga, and acupuncture, associating them with positive outcomes in the care experience.¹⁶

In the Brazilian context, content publicized on social networks also reflects nursing's leading role in incorporating ICHPs, highlighting practices such as herbal medicine, massage, music therapy, aromatherapy, meditation, and reiki.¹⁷ However, the netnographic analysis shows that, in the digital environment, these practices are often presented descriptively and prescriptively, with emphasis on perceived benefits, while aspects such as specific indications, therapeutic limits, and scientific foundations tend to be little explored.

Acupuncture emerges as one of the most frequently mentioned practices and is associated, in online discourses, with relief of symptoms such as pain, anxiety, nausea, and insomnia. Although such associations are supported by the scientific literature,¹⁸ the netnographic analysis shows that, on social networks, these benefits are often presented in a generalized manner, without clinical contextualization or reference to available evidence. This pattern reinforces the role of social networks as spaces for the production of meanings and not necessarily for scientific validation.

Similarly, meditation and music therapy are widely disseminated as therapeutic resources capable of promoting relaxation, emotional balance, and spiritual well-being. In the virtual environment, these practices are associated with narratives of welcoming, serenity, and comfort in the face of terminal illness, central elements of palliative discourse. However, the netnographic analysis shows that such content prioritizes the subjective and experiential dimension of care at the expense of more in-depth discussions of protocols, indication criteria, or measurable outcomes.¹⁹

In this sense, the findings indicate that dissemination of ICHPs on social networks contributes to consolidating a holistic and person-centered perspective of care, aligned with the principles of PC, while also revealing weaknesses related to the quality and depth of the information disseminated. The communication logic of the digital environment favors brief, accessible, and emotionally engaging content, which may limit the complexity of the information conveyed.

The results of the second category show that ICHPs are widely represented in the analyzed digital environment as relevant therapeutic strategies for managing pain, psychological distress, and the physical, emotional, and spiritual dimensions in the context of PC. The similarity tree analysis demonstrates the centrality of the word pain, strongly associated with terms such as relief, anxiety, depression, and symptom, as well as the recurrence of the term spiritual, articulated with the physical, mental, and emotional dimensions. This lexical interconnection reveals the discursive construction of comprehensive care in which suffering is understood multidimensionally.

From a netnographic perspective, the content publicized on Instagram emphasizes ICHPs as resources capable of producing perceptible and immediate relief from suffering, especially pain and anxiety, aspects that are highly mobilizing in digital discourse. The posts prioritize narratives of benefit, well-being, and comfort, reinforcing a positive social representation of these practices in palliative care. This pattern is consistent with the communication logic of social networks, which favors emotionally engaging content that is easy to understand and strongly anchored in subjective experiences.

The analyzed reports indicate that ICHPs are frequently presented as adjunctive therapies for controlling pain and psychological symptoms, contributing to reductions in

anxiety, depression, and distress associated with advanced illness. This perception is supported by the literature, which recognizes pain as a complex phenomenon capable of affecting not only patients but also their families and the professionals involved in care. In this sense, therapeutic strategies aimed at relieving pain, either preventively or after its onset, are fundamental in palliative care.²⁰

Studies indicate that ICHPs have been widely used to manage psychological distress, with positive effects on reducing anxiety and depression.²⁰⁻²¹ Research with health professionals found that most participants reported using ICHPs to treat depression, observing significant improvement in clinical conditions.²¹ Investigations conducted in specialized services, such as Psychosocial Care Centers, also indicate benefits of acupuncture in reducing depressive symptoms, anxiety, and suicidal ideation, corroborating the empirical findings of this study.²⁰⁻²¹

Regarding the spiritual dimension, the results indicate that it occupies a prominent place in the publicized discourses and is frequently associated with the promotion of emotional balance, hope, and meaning in the face of terminal illness. Spirituality is represented as a cross-cutting element of care, articulating with physical and mental dimensions and contributing to coping with suffering, fear of death, and losses associated with advanced illness. Studies indicate that patients with a spiritual connection tend to have higher levels of well-being, lower rates of anxiety and depression, and greater coping capacity.^{16, 22}

The netnographic analysis makes it possible to understand that, on social networks, spirituality is often dissociated from a strictly religious approach and presented as a source of comfort, resilience, and inner strength. This finding is consistent with studies conducted in PC services, which indicate that spirituality, regardless of religious affiliation, may foster feelings of acceptance, forgiveness, and inner peace, in addition to strengthening family and social bonds.²²

It is also observed that the analyzed posts tend to integrate practices such as acupuncture, meditation, and homeopathy into narratives that emphasize not only relief of physical symptoms but also care for the subjective dimensions of human suffering.

However, as observed in the other categories, the netnographic analysis shows the predominance of experiential and normative discourses at the expense of approaches grounded in systematized scientific evidence.

Regarding the impacts of ICHPs on the quality of life of patients receiving palliative care, the findings of this category show that, in the analyzed digital environment, the notion of quality of life emerges strongly associated with the patient's subjective experience of treatment and care received. The centrality of the term patient, identified as the core of the green branch in the similarity tree, and its recurring connections with expressions such as treatment, promote, improvement, quality, and life reveal a discursive construction oriented toward valuing practices that transcend control of physical symptoms, reaching the emotional, relational, and existential dimensions of care.

This perception is consistent with the WHO definition of quality of life, which understands it as an individual's perception of their position in life within a particular cultural context and value system, in relation to their goals, expectations, and concerns.²³ In the netnographic context, this definition is expressed spontaneously in digital narratives, in which users associate ICHPs with the recovery of self-care, mindfulness, and well-being, as exemplified in post P05. These discourses indicate that quality of life is experienced as an everyday experience of comfort, welcoming, and humanization of care.

Unlike biomedical approaches centered on the absence of disease, the interactions observed in the virtual field reinforce an expanded conception of quality of life in palliative care, aligned with comfort, dignity, and preservation of patient autonomy. In this sense, the analyzed reports converge with the literature in indicating that, in PC, quality of life is less associated with prolonging life and more with living it with less suffering through relief of pain and other physical, emotional, and spiritual symptoms.²⁴

As expressed in the posts, ICHPs are perceived as therapeutic resources capable of fostering a more balanced experience in the face of illness by encouraging patient agency and allowing the disease not to become the central axis of their existence. This aspect is particularly relevant in the netnographic context, since the analyzed discourses

not only describe clinical benefits but also produce collective meanings about autonomy, coping, and the reframing of the illness process.

Another element that emerges indirectly in digital narratives is the expansion of care beyond the patient to include family members and caregivers. Although the focus of the green branch is the patient, some posts incorporate the caregiver as part of the therapeutic process, especially when mentioning practices aimed at mindfulness and shared self-care. This understanding is consistent with studies highlighting the role of family caregivers in promoting more humanized care, strengthened by affective bonds and emotional support, factors that positively affect both the patient's quality of life and that of the caregiver.²⁵

The literature also corroborates the empirical findings by indicating that oncology patients receiving palliative care who use ICHPs have a better perception of quality of life, especially because these practices are accessible within the SUS and promote a comprehensive approach to the individual, considering physical, emotional, and social dimensions.²⁴ In the netnographic field, this accessibility is often mentioned implicitly, reinforcing the idea of ICHPs as feasible and humanized strategies in everyday care.

Although some posts associate improved quality of life with strengthening the immune system, it is important to interpret this discourse through the lens of netnography as a symbolic expression of vitality, resistance, and hope rather than as a strictly biomedical statement. In this sense, the strengthening of the body mentioned by users can be understood as a reflection of the overall well-being provided by ICHPs, which is supported by studies associating integrative practices with reduced stress, improved emotional balance, and a consequent positive impact on general health.²⁰

In this scenario, the institutional advancement represented by the inauguration of Hospital Estadual Mont Serrat, in Salvador, the first Brazilian public hospital dedicated exclusively to palliative care and integrating ICHPs into routine care, also stands out. This initiative reinforces, at the macrostructural level, what is already observed at the microsocial and digital levels: the appreciation of practices that promote comfort, well-being, and quality of life as central axes of palliative care.²⁶

Thus, the findings of this category demonstrate that, in the analyzed digital environment, ICHPs are represented as fundamental tools for promoting quality of life in palliative care, supporting a conception of humanized, comprehensive care centered on the patient's subjective experience, in accordance with the principles of contemporary palliative care.

However, despite the advances observed, the results also suggest weaknesses in the dissemination of ICHPs, particularly regarding the systematization of information and the scientific foundation of the publicized content. This gap highlights the need for closer integration among scientific production, clinical practice, and health communication strategies in order to improve the dissemination of knowledge about ICHPs in palliative care. It is worth emphasizing the need for investment in the training of nursing professionals in palliative care, strengthening their competencies and coping skills.²⁷

Although the analyzed content emphasizes benefits associated with ICHPs, such as comfort, well-being, relief of suffering, and promotion of quality of life, it is important to recognize that the predominance of these discourses does not necessarily correspond to the robustness of the scientific evidence available for all the practices mentioned. Some of the analyzed publications presented predominantly positive descriptions, with limited discussion of contraindications, therapeutic limitations, or levels of evidence related to the interventions publicized. This pattern suggests the existence of a predominantly favorable representation of ICHPs in the digital environment investigated.

In this context, it is necessary to consider that ICHPs do not constitute substitutes for conventional treatments, but rather complementary resources whose indication should be based on clinical criteria, individual needs, and available scientific evidence. Although some practices show promising results for managing physical and psychosocial symptoms in palliative care, the literature also points to methodological heterogeneity, evidence gaps, and the need for additional studies to confirm efficacy, safety, and effectiveness in different care contexts.

The growing use of social networks as a source of health information also calls for reflection on the quality and reliability of shared content. In digital environments characterized by the rapid circulation of information, simplified, decontextualized, or insufficiently substantiated content may foster mistaken interpretations of indications, benefits, and expectations related to ICHPs. In palliative care, this issue is particularly relevant because of the clinical, emotional, and ethical complexity involving patients and families experiencing suffering associated with life-threatening illnesses.

Additionally, discourses observed on social networks should be interpreted with caution, since perceptions of benefits reported in individual experiences or digital narratives do not necessarily equate to scientific demonstration of therapeutic efficacy. Therefore, it is important to distinguish the meanings constructed and shared in the digital environment from those produced by scientific investigations conducted with methodological rigor, recognizing that both forms of knowledge occupy distinct positions in health decision-making.

Although several studies describe potential benefits of ICHPs in palliative care, the scientific literature also presents debates and controversies related to the methodological quality of research, variability in the protocols used, and consistency of the results obtained. Reviews²⁸⁻²⁹ indicate that, for certain practices, the evidence remains limited or inconclusive, pointing to the need for more robust investigations to support clinical recommendations. Thus, the findings presented can be understood in light of these gaps, recognizing that the predominant discourses on social networks may not fully reflect the complexity of the scientific knowledge available on the topic.

This study has limitations inherent to the netnographic method, which allows the analysis of discourses and meanings shared in digital environments but does not enable causal relationships to be established or the effects of ICHPs on clinical outcomes of patients receiving palliative care to be objectively assessed. The analysis was restricted to Instagram and hashtag searches, a strategy that may have limited the retrieval of publications and the diversity of content available on other digital platforms. In addition, user comments were not analyzed, which prevented understanding how the content was received, interpreted, and discussed by the public. Therefore, the results reflect representations constructed on a specific platform and cannot be generalized to other

digital or social contexts. Added to this is the absence of the perspectives of patients, families, and caregivers, as well as the lack of triangulation with in-person methods, such as interviews or observation in health services, which limits a more comprehensive understanding of the impact of the information disseminated.

Thus, future research should expand the investigation to different social networks and use complementary methodological approaches, promoting greater analytical robustness and deepening knowledge about the dissemination, appropriation, and use of ICHPs in the context of palliative care.

This study contributes to understanding Integrative and Complementary Health Practices in the context of palliative care by showing how these practices are represented and disseminated in a widely used digital environment. By analyzing the meanings attributed to ICHPs on Instagram, the research broadens the scope of health investigations beyond traditional care settings, recognizing social networks as spaces for producing and circulating information about care. The findings also point to the diversity of narratives present in the digital environment and reinforce the importance of understanding the role of social media in shaping perceptions of ICHPs, while indicating possibilities for future research involving different social actors and communication contexts.

Conclusion

Analysis of the Instagram publications showed that ICHPs are predominantly represented as strategies aimed at promoting comprehensive care, relieving pain and suffering, promoting well-being, and improving the quality of life of people receiving palliative care. The narratives emphasize benefits related to the physical, emotional, and spiritual dimensions of care, highlighting practices such as acupuncture, meditation, aromatherapy, and music therapy, in line with the principles of comprehensiveness and humanization of care.

The findings demonstrate that Instagram is an important space for producing and circulating information about PC and ICHPs, influencing the construction of meanings about these practices. However, there was a predominance of content emphasizing their benefits, with limited contextualization regarding levels of scientific

evidence, indications, contraindications, and therapeutic limitations, demonstrating the need to improve the quality of information shared in digital environments.

For Nursing, the results reinforce the role of professionals in producing and disseminating evidence-based content, contributing to health education and combating misinformation on social networks. In addition, the study expands knowledge about the interface between digital communication, palliative care, and ICHPs by showing how these practices are socially represented on a widely used platform. Future research should include other social networks, analyze users' interaction with published content, and incorporate different perspectives, such as those of patients, families, and professionals, in order to deepen understanding of the dissemination and appropriation of ICHPs in digital environments.

References

1. World Health Organization (WHO). Palliative care [Internet]. Geneva (CH): WHO; 2020 [cited 2026 May 30]. Available from: <https://www.who.int/news-room/fact-sheets/detail/palliative-care>.
2. Worldwide Hospice Palliative Care Alliance, World Health Organization (WHO). Global atlas of palliative care [Internet]. 2nd ed. London: WHPCA; 2020 [cited 2026 May 30]. Available from: <https://thewhpca.org/resources/global-atlas-on-end-of-life-care>.
3. Guirro UBP, Perini CC, Fileno LOZ, Fioravanti GB, Siqueira JE. Competências em cuidados paliativos entre estudantes do curso de medicina. *Rev Bioét.* 2023;31(2). doi: 10.1590/1983-803420233363PT.
4. Santana G, Griebeler Oliveira S. Prácticas integradoras y complementarias en cuidados paliativos en oncología: una revisión integrativa. *Enfermería (Montev).* 2025;14(2):e4556. doi: 10.22235/ech.v14i2.4556.
5. Ministério da Saúde (BR). Secretaria de Atenção Primária à Saúde. Departamento de Gestão do Cuidado Integral. Núcleo Técnico de Gestão da Política Nacional de Práticas Integrativas e Complementares no SUS. Relatório de monitoramento nacional das práticas integrativas e complementares em saúde [Internet]. Brasília (DF): Ministério da Saúde; 2024 [acesso em 2026 maio 30]. Disponível em: <https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/relatorios/2024/relatorio-de-monitoramento-nacional-das-praticas-integrativas-e-complementares-em-saude.pdf/view>.
6. Souza SS, Abreu PTC. Sites e aplicativos móveis como estratégias de comunicação durante a pandemia de Covid-19 no Brasil. *REVisA.* 2023;12(3):568-74. doi: 10.36239/revisa.v12.n3.p568a574.
7. Soares SSD, Stengel M. Netnografia e a pesquisa científica na internet. *Psicologia USP.* 2020;31(2):1-13. doi: 10.1590/0103-6564e200066.
8. Silva AV, Souza CH. Instagram e a educação: algumas considerações. *Rev Bras Educ.* 2022;27:e270059. doi: 10.1590/S1413-24782022270099.

9. Fontanella BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde. *Cad Saúde Pública*. 2008;24(1):17-27. doi: 10.1590/S0102-311X2008000100003.
10. Costa NNG, Barreto RS, Souza SS, Brito LP, Servo MLS. #VACINAPARATODOS: sentidos atribuídos por brasileiros à primeira dose da imunização contra a covid-19 no Instagram. *RECIIS*. 2024;18(2):344-58. doi: 10.29397/reciis.v18i2.3937.
11. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2016.
12. BRASIL. Lei nº 13.709, de 14 de agosto de 2018. Lei Geral de Proteção de Dados Pessoais (LGPD). Brasília, DF: Presidência da República, 2018. Disponível em: https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2018/lei/l13709.htm. Acesso em: 24 jul. 2026.
13. Costa NNG, Peixoto MT, Barreto RS, Souza SS, Moraes LGS, Servo MLS. O itinerário e o pluralismo terapêutico das práticas integrativas e complementares em saúde: estudo teórico. *Rev JRG Estud Acad*. 2024;7(14):e141195. doi: 10.55892/jrg.v7i14.1195.
14. Ministério da Saúde (BR). Departamento de Atenção Básica. Política Nacional de Práticas Integrativas e Complementares no SUS. Brasília, DF: Série B - Textos Básicos de Saúde, 2006.
15. Mentink M, Verbeek D, Noordman J, Timmer-Bonte A, von Rosenstiel I, van Dulmen S. The effects of complementary therapies on patient-reported outcomes: an overview of recent systematic reviews in oncology. *Cancers (Basel)*. 2023;15(18):4513. doi: 10.3390/cancers15184513.
16. Büssing A, Recchia DR, Koenig HG, Baumann K, Frick E. Spirituality and spiritual care in oncology and palliative care: a systematic review of the recent literature. *Support Care Cancer*. 2021;29(10):5821-38. doi: 10.1007/s00520-021-06199-2.
17. Dallegrave D, Machado VPL, Siqueira MM, Xavier FG, Wickert DC, Pilger C, et al. Prevalence of graduate nurses with training in integrative and complementary health practices. *Rev Bras Enferm*. 2025;78(4):e20240318. doi: 10.1590/0034-7167-2024-0318.
18. Rezende M, Martins LD, Silvério-Lopes S. Efeito da acupuntura nas extrações de terceiros molares: uma revisão de literatura. *Res Soc Dev*. 2022;(12):e522111234952. doi: 10.33448/rsd-v11i12.34952.
19. Nogueira AJS, Silva MKL, Pachú CO. O uso da musicoterapia como uma ferramenta terapêutica na área da saúde. *Res Soc Dev*. 2023;12(1):e9612139377. doi: 10.33448/rsd-v12i1.39377.
20. Lemes AG, Nascimento VF, Rocha EM, Silva LS, Almeida MASO, Volpato RJ, et al. A terapia comunitária integrativa no cuidado em saúde mental: revisão integrativa. *Rev Bras Promoç Saúde*. 2020;33:10629. doi: 10.5020/18061230.2020.10629.
21. Schwambach LB, Queiroz LC. Uso de práticas integrativas e complementares em saúde no tratamento da depressão. *Physis*. 2023;33:e33077. doi:10.1590/S0103-7331202333077.
22. Jaman-Mewes P, Pessoa VLMP, Souza LC, Salvetti MG. Heidegger's philosophical foundations and his contribution to palliative nursing and spiritual care. *Rev Esc Enferm USP*. 2024;58:e20240155. doi: 10.1590/1980-220X-REEUSP-2024-0155en.
23. World Health Organization (WHO). WHOQOL: User manual [Internet]. Geneva (CH): WHO; 2012 [cited 2025 May 16]. Available from: <https://iris.who.int/server/api/core/bitstreams/4c5cd94a-599e-450f-9141-4a21a7b74849/content>.

24. Perroti MRC, Lucato JJJ, Aquino LM. Associação do uso das práticas integrativas e cuidados paliativos na qualidade de vida dos pacientes com as principais doenças neurológicas. In: Castro LHA. Condições teórico-práticas das ciências da saúde no Brasil. Ponta Grossa: Atena; 2020.
25. Costa SRD, Castro EAB, Acioli S. Apoio de enfermagem ao autocuidado do cuidador familiar. Rev Enferm UERJ. 2015;23(2):197-202. doi: 10.12957/reuerj.2015.16494.
26. Secretaria da Saúde do Estado da Bahia. Governo da Bahia inaugura primeiro hospital público de cuidados paliativos do Brasil [Internet]. Secretaria da Saúde do Estado da Bahia; 2025 [acesso em 2025 jun 06]. Disponível em: <https://www.saude.ba.gov.br/2025/01/31/governo-da-bahia-inaugura-primeiro-hospital-publico-de-cuidados-paliativos-do-brasil/>.
27. Hey AP, Tonocchii RC, Agudo AT, Garraza TS, Szczypior DM, Massi GAA. Percepções sobre a atuação do enfermeiro às pessoas no fim de vida. Rev Enferm UFSM. 2021;11:e21. doi: 10.5902/2179769243525.
28. Gonçalves S, Marques P, Matos RS. Exploring aromatherapy as a complementary approach in palliative care: a systematic review. J Palliat Med. 2024;27(9):1247-66. doi: 10.1089/jpm.2024.0019.
29. Pontes-Gomes R, Reis-Pina P. Reiki and Therapeutic Touch for symptom burden and quality of life in palliative settings: a systematic review. Palliat Med. 2026;40(7):958-70. doi: 10.1177/02692163261437606.

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