

Reasons that take patients with tuberculosis to discontinue treatment: the nurse's perspectives

Razões que levam os pacientes com tuberculose a abandonarem o tratamento: perspectivas do enfermeiro

Mirian Adriana Sackser¹ • Anelise Miritz Borges²

RESUMO

Objetivo: Identificar os motivos que levam os pacientes a desistir do tratamento da tuberculose no município de Santa Cruz do Sul, a partir da visão dos enfermeiros que atuam em unidades de atenção primária de saúde. **Metodologia:** Trata-se de uma pesquisa descritiva, exploratória, com delineamento qualitativo, realizada em cinco Unidades Básicas de Saúde (UBS) e cinco Estratégias de Saúde da Família (ESF) vinculadas ao município de Santa Cruz do Sul/Rio Grande do Sul. Para a coleta de dados foi realizada entrevista, utilizando um questionário semiestruturado, gravado, aplicado individualmente. A Análise foi conduzida pela análise de Conteúdo, temática de Bardin 2011. **Principais resultados:** Foram 10 enfermeiras entrevistadas, metade possuía menos de um ano de experiência na unidade, referiram dificuldades no manejo dos sintomas respiratórios como a falta de tempo, recursos humanos e dificuldades de envolver o usuário no tratamento. Na perspectiva das enfermeiras entre os motivos envolvidos no abandono, estão o tempo terapêutico elevado, fatores sociais, e os efeitos colaterais dos medicamentos. **Conclusão:** A qualificação contínua da equipe sobre o manejo frente a doença, fortalece a assistência em saúde, tornando o usuário mais seguro quanto ao seu autocuidado, reduzindo as chances de abandono do tratamento.

Descritores: Tuberculose; Enfermagem; Saúde coletiva; Pacientes desistentes do tratamento

ABSTRACT

Objective: To identify the reasons that lead patients to give up tuberculosis treatment in the municipality of Santa Cruz do Sul, based on the view of nurses working in primary health care units. **Methodology:** This is a descriptive, exploratory, qualitative study, carried out in five Basic Health Units (UBS in Portuguese) and five Family Health Strategies (ESF in Portuguese) linked to the municipality of Santa Cruz do Sul/Rio Grande do Sul. For the data collection, an interview was conducted using a semi-structured, recorded questionnaire, applied individually. The analysis was conducted by the analysis of the thematic content of Bardin 2011. **Main results:** Ten nurses were interviewed and half of them had less than one year of experience in the unit, they reported difficulties in the management of respiratory symptoms such as lack of time, human resources and difficulties to involve the user in the treatment. From the perspective of nurses between the reasons involved in the abandonment, are the high therapeutic time, social factors, and the side effects of the medications. **Conclusion:** Continuous qualification of staff on the front handling the disease, strengthens health care, making the user more secure about their self-care, reducing the chances of noncompliance.

Keywords: Tuberculosis; Nursing; Public Health; Patient Dropouts

NOTA

¹Enfermeira. Graduada pelo Curso de Enfermagem junto à Universidade de Santa Cruz do Sul (UNISC). Atua no Hospital São Sebastião Mártir, Unidade de Terapia Intensiva, no município de Venâncio Aires, Rio Grande do Sul (RS). Email: amiritz@unisc.br

²Enfermeira. Mestre em Ciências da Saúde pela Escola de Enfermagem junto à Universidade Federal de Pelotas (UFPEL). Doutora em Enfermagem pela Escola de Enfermagem junto à Universidade Federal do Rio Grande (FURG). Professora do Departamento de Enfermagem e Odontologia da Universidade de Santa Cruz do Sul (UNISC), Rio Grande do Sul (RS).

INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by the bacterium *Mycobacterium tuberculosis*, which can affect the lungs, is called pulmonary TB, or affects other organs and is called extrapulmonary TB, the latter being less frequent. It is a disease that has treatment, as long as the patient follows the medication schedule and the correct time¹.

TB is considered a global public health problem due to its high prevalence in many countries, among them Brazil, is associated with the socioeconomic conditions of the population, as well as problems related to prevention, diagnosis, treatment and quality of health services². Brazil is part of the group of 22 countries prioritized by the World Health Organization, which concentrate 80% of TB cases reported worldwide, ranking 16th in absolute number of cases³.

The State of Rio Grande do Sul stands out with the highest indexes of cases of patients in retreatment of TB, therefore, when directing the perception to Santa Cruz do Sul, it is verified that the city is on alert, since it is part of the 15 priority municipalities for the control of TB in Rio Grande do Sul, before the National Tuberculosis Control Plan (PNCT)⁶.

Regarding treatment abandonment, this is one of the main challenges for the Brazilian health system, and for health professionals, it is characterized by the non-attendance of the patient to the health service for more than thirty consecutive days after the date set for the next appointment⁴. Discontinuation of TB treatment can be observed to a large extent when prevention actions are not planned and carried out properly².

The nurse has relevance in minimizing the cases of treatment abandonment, and it is necessary that the same one approaches the real reasons that lead the users affected by TB to give up the treatment. This action allows health orientations to be consistent with the individual care plan and the social reality of the user, so that he or she can assume joint responsibility for the treatment. Therefore, the objective of this study is to identify the reasons that lead patients to withdraw from tuberculosis treatment in the city of Santa Cruz do Sul (SCS), based on the view of nurses working in Primary Health Care (PHC) units.

METHOD

It is an exploratory and descriptive research, with qualitative design, conducted in the city of SCS, which has a population of approximately 118,374 inhabitants, is located in the northeast of the state of Rio Grande do Sul, 155 km from its capital, Porto Alegre. It has an area of 733km² and is a regional economic reference in the Vale do Rio Pardo⁶ region, and includes a Municipal Refer-

ence Unit for TB Treatment (URTB), located in the Academic Unit of Santa Cruz Hospital (HSC), where positive cases are referenced by the APS for the reference unit, where professionals specialized in the treatment of TB are located⁶.

The research was carried out in five Basic Health Units (UBS): Avenida, Esmeralda, Verena, Jacob Schmidt and Farrroupilha. And in five Family Health Strategies (ESF): Gaspar Bartholomay, Faxinal, Cristal / Harmonia, Margarida and Viver Bem, all these units, located in the urban area of the municipality of SCS. The definition of these research sites occurred from the survey of the largest number of cases reported in the year 2016, obtained from the SCS Epidemiological Surveillance.

Ten nurses who worked in the units referred to above were part of the sample of this study. Therefore, as inclusion criteria, they were: being a nurse responsible for the unit. For the data collection, an interview was performed using a semi-structured, recorded questionnaire, applied individually by the student at the participants' places of performance, on previously scheduled days. Regarding the identification of the nurses, this was done using the questionnaire number, according to the order of application of the same.

The obtained data were transcribed based on Microsoft Word 2013, and the results analyzed through the content analysis by themes⁵, which has three methodological moments: the first moment consists in the pre-analysis; the second in the exploitation of the material, and the third in the treatment and interpretation of the results. Thus, for the presentation of the analysis were defined four thematic, which are: Guidelines on tuberculosis: the preparation of the nurse and the ACS; Nurses' performance: routines, flows and mobilizations in the prevention of tuberculosis; Suspected and assisted patients with tuberculosis: and the abandonment and difficulties of nurses and users in coping with the control and abandonment of tuberculosis treatment.

The ethical and scientific requirements were recommended in the research with human beings, based on the ethical principles set forth in Resolution 466/2012 of the National Health Council. The authorization of the Municipal Health Department and approval of the Ethics Committee in Research of the University of SCS, under protocol No. 2,190,879. Clarifications were provided about the work and ethical responsibility was assured through the Informed Consent Form to the participants.

RESULTS

Participating in the study were 10 nurses working in PHC units in the city of SCS, five of them worked in UBS, were between 29 and 42 years old and four of them had a postgraduate degree in public health, regarding the

minimum time of service, this was from one month to three years. In FHT, the ages ranged from 30 to 61 years, four had postgraduate degrees in public health, and the minimum time to practice was between nine months and 13 years. All the results can be verified in table 1 below:

Guidelines on tuberculosis: the training of nurses and community health workers

When questioning the nurses about their participation in training or training on tuberculosis, nine answered affirmatively, detailing the contents discussed, as we can see below:

“Yes, guidelines on the identification of symptomatic respiratory, guiding about the collection, home care with other family members, about treatment that is no longer as in the past, decreased the number of tablets, medications are no longer so aggressive, the importance of take the medication and do the checkups, the medications are more effective. Even though it is a very old disease, it exists and has taboos [...]”. (04)

“Yes, how to guide the patient, the active search of the respiratory symptomatic, the whole team needs to be attentive. How to make the collection, where to make this collection, the first can do at any time of day and

the second must be in the morning in fasting [...]”. (06)
“Yes, about the collection, active search of the respiratory symptomatic, treatment, notification ...”. (10)

As for the institutions that made the guidelines on tuberculosis feasible, four participants reported being the nurse linked to the Municipal Health Department, which is responsible for the program. Two cited were provided by the Municipal Health Department and two other respondents were the 13th Regional Health Coordination. One nurse did not remember who had promoted the training and another did not receive training.

It is noteworthy that, despite the skills received, two nurses showed difficulties in the effectiveness of what was advised, since the flow from the sputum collection to the efficient treatment requires an infrastructure more adapted to the context and demands of the municipality, the which may contribute to the underreporting of cases and possible increase of people with tuberculosis, a result verified in the following speech:

“We have in the unit, the pot, but our great difficulty, most of the time, is for the patient to take the exam. Then we guide you to collect the first sample in the unit, it guides you from the second sample, but often it does

TABLE 1 – Profile of nurses working in 10 units of primary health care in Santa Cruz do Sul, Rio Grande do Sul, Brazil, 2017.

Variables	Basic Health Unit	Family Health Strategy
	n	n
Age		
29-39 years	03	02
40-50 years	02	01
51-61 years	-	02
Postgraduate studies		
Lato sensu		
Public Health	02	-
Family Health	04	02
Worker's Health	-	02
Elderly Health	02	-
Intensive care unit	01	-
Multiprofessional Residence	01	-
Urgency / Emergency / Trauma	-	01
Oncology	01	-
Stricto sensu		
Masters Health Sciences	01	-
Acting time		
< 1 year	03	02
>1 ≤ 5 years	02	-
>5 ≤ 10 years	-	01
>10 ≤ 15 years	-	02

Source: research data.



not return with the examination because it does not collect the second sample and does not lead to the laboratory. And we do not have here, still a place, because as he lives nearby, he could bring the second sample here and we're on our way. This is being seen by the coordinator, to have a minibar in the unit itself, [...] a flow, a collection logistics every Friday, just like other exams. Since it has to be stored in an appropriate and refrigerated place, we do not have this proper place [...]" (02)

"The first collection can be done at any time of the day and the second collection has to be fasting in the morning. In the unit one does not have an appropriate place [...]" (06)

Also on the training and training received, eight of the nurses evaluated that the Community Health Agents are prepared to participate in the dissemination of guidelines on the prevention and treatment of tuberculosis in their micro areas, which indicates a strengthening in the process health education in the home.

"Yes, [...] because often the patient does not look for the unit for a medical appointment or to say its signs and symptoms, plus the ACS being inside the patient's home during the routine visit, he can verify that the patient is presenting cough, reporting weight loss, night sweats, he is attending and may also be referencing and requesting the examination. ACS is the link between the unit and the patient [...]" (02)

"Yes, actions for ACS have a lot, sometimes we notice that the rest of the team is lacking, the ACS is there on the tip, they are relevant professionals, they are well trained, they have a look at identifying the cases, and they they often bring us demands, they give directions to patients because we are inside the unit and cannot see all the patients [...]" (03)

"Yes, they (ACS) are well aware of the respiratory symptoms and the active search [...]" (10)

Another relevant aspect regarding the knowledge of the ACS on tuberculosis focuses on the updated training of the unit nurse, since it is the reference in the clarification of doubts. Often, faced with the demand for tasks in the unit or even, the lack of human resources in the team, the nurse can not participate in all the skills offered.

"The ACS have a lot of doubts [...] they question me a lot and receive training from the Nurse of the Municipal Health Secretariat ..." (04)

"The ACS is prepared, they have more skills than the nurse himself, we ended up getting stuck in the unit, due to lack of staff ..." (07)

A nurse reported that as a result of the substitution of the ACS contracted by the participants, the group of agents would need investments in health education on tuberculosis, in order to qualify the assistance provided to the users.

"At that moment the team changed, and it would have to have skills, about five months ago that changed the whole team of ACS in function of the competition [...]" (06)

Given the training theme, the greater the preparation of nurses and CHW on tuberculosis, the greater the chances of reducing the impact of the disease, given that being able to strengthen health care and the possibility that what is learned by the community is multiplied in favor of disease prevention. And faced with some difficulties pointed out, the act of reflecting on the best to be done is something dialogue between the nurses and their coordination.

Nurses' performance: routines, flows and mobilizations in the prevention of the abandonment of tuberculosis treatment

Regarding the nurse's role in the unit, in view of the systematization of the work with users suspected or notified of tuberculosis, it was verified that there is a routine for seven nurses. However, even in the face of all the team members' involvement in obtaining the possible diagnosis, some users do not return the result to the unit, which can be identified in the following statements:

"Yes, when a TB patient is suspected and has had a cough for more than two or three weeks, afternoon fever or not, when there is a suspicious sign, the doctor asks us to make the guidelines for sputum collection, so the people guide how to collect the first sample and the second sample. We put in the book, the vials already named, the first sample and second sample, with the name of the patients and already sends together with the authorization, with the name of the unit, of the patient very well, who already goes with the reference laboratories. And it guides the patient how to collect and how to take these samples, and we ask that this patient return with the result, and that is the problem, most do not return with the result [...]" (01)

"Yes, both in a nursing consultation and in a medical consultation, we always have this look of the respiratory symptomates and already request exams, and we are also always reminding them of the ACS [...] so that they are attentive in the houses [...] people advise them to ask or send the patient to the unit [...]" (03)

Among the routines, it was also mentioned by nine nurses, their confidence in the work of the ACS, which are important in their work on the subject and have professional support to act along the front line, in guiding users with possible suspicion of tuberculosis.

"The ACS themselves can request the exam, have the specific form, they can deliver the pots, give the guidelines, but it is difficult, because depending on how this approach is done, or the level of understanding of the patient, he may panic, so I always ask them to ask the patient to come to the unit, but they can give these guidelines [...]" (04)

"The ACS have a kit that the Program Coordination did, so they can already send it. These three patients I mentioned to you, two have already been discharged, we are still with one still in treatment [...]" (09)

There were three nurses, who reported not presenting a routine / systematization to respiratory symptomatic users, a fact related to the non prioritization of this conduct or even to the insertion of actions within the daily routine of the team, without a specific approach.

"What we did was write down a phone and make a call to see, but what we found, is that they say they did not take the exam, so it will not have worked [...]" (02)

"Not yet, I need to organize these actions [...]" (05)

"No. But if at home visit the ACS perceives a patient with a lot of coughing, persistent, he will direct to drive. And we will facilitate the access of this patient in the consultation. It is included as demands of the unit, but does not have a specific job for that [...]" (06)

When questioning the nurses how they performed the guidelines of the collection for the users, one can verify the care regarding the reception, the detailing and the discernment before the equity since the first consultation in the unit, so that this happens the trust in the service provided and success in the desired action. As for flow, seven nurses reported guiding the user to be fasted to collect the second sample.

"I usually advise you to do it at home, but if I observe that you are a very vulnerable person, I already do the first collection in the unit, the ideal is to get out of bed and collect, I advise not to eat anything, do not brush the before collecting. That which can not be saliva, it must be spit [...]" (04)

"We are always guided to do the fasting collection, it is two consecutive days of collection, in the first hour of the morning, that is a ventilated environment and without flow of people, that inspires deep a few times before the collection, that obtains the maximum of possible sputum [...]" (10)

About the time the sputum test takes to get the result, three nurses responded that this is from one week to 10 days, yet one of these nurses directs the user to contact the laboratory in order to get the answer. Two nurses responded that it takes between two or three days, another two said it takes about a month to 45 days, and three other nurses did not know how to respond.

"I believe it takes around 10 days to get the test result out. When the patient is very anxious, I ask him to question the laboratory about the time it takes to get the result [...]" (04)

"It takes around 45 days, I think, for the exam to be ready [...]" (05)

"The time it takes to get ready I can not say [...]" (01)

When the patient returns to the unit with the result

of the sputum examination, the routine adopted by nine nurses was to contact the tuberculosis outpatient clinic in order to refer the patient. Only one nurse revealed that she performed the treatment in the primary care unit, not mentioning the outpatient clinic.

"If positive, refer to the TB clinic, the patient is already leaving the APS unit, with the appointment scheduled with the infectious physician [...]" (02)

"Guide to use medications correctly, not abandon treatment, if you are a well aware patient, can follow up the station, but he needs to go to the clinic to get the medication, I have followed patients who needed to come to the unit to we watch him take the medication [...]" (08).

Thus, it is very important for the user with TB to leave the APS unit well oriented, with referral due to the referral clinic, making evident in this process the need for constant dialogue among the professionals of these services, in order to identify possible failures adherence to treatment and initiatives for active search.

Suspected and assisted tuberculosis users: and abandonment?

Regarding tuberculosis case reports in the year 2016, in the target units of the research, it can be seen that eight patients were diagnosed with tuberculosis, the eight patients being linked to three health units, data obtained from the book of symptomatic patients respiratory.

It is noteworthy that 66 symptomatic respiratory patients were referred by eight target units for the sputum examination in 2016, the other two units had no records in the respiratory symptom book, and the nurses did not know how to respond, since one did not act in the unit in this period and the other did not register.

Regarding the eight users with tuberculosis in 2016, the nurses were questioned regarding the abandonment of the drug treatment, being affirmed the desistence of a user, which can be seen in the following speech:

"Yes, a patient left, had to go to hospital in Porto Alegre at Paternon Hospital and when he returned to Santa Cruz, he finished the treatment [...]" (07)

As shown in the above results, it is understood that it is important to provide clear and safe guidance to the user, seeking to consciously take responsibility for self-care with their health.

Difficulties of nurses and users in coping with tuberculosis control and cessation of treatment

Faced with the daily difficulties of nurses in the management of LSR, nine said they did not present any doubts in completing the book, but one of them stated that the great demand for activities in the unit sometimes hinders the recording of cases. Another nurse mentioned that doctors could participate in this work.

“You do not have difficulties, what happens sometimes is the difficulty of recording, because of the demands. Sometimes it is left for later and ends up forgetting [...].” (06)

“The difficulty is for the doctors to register. Difficulty in the patient bringing the result to register in the book [...].” (07)

Still about the difficulties, all nurses expressed some point, such as lack of time, human resources and awareness of the user to adhere to professional conduct. Only for the UBS the low physical structure was emphasized and the unit does not have defined territory, reasons of which, can interfere positively in the cases of abandonment.

“Emotional wear that you have when you have a patient that he does not want to do the treatment, the biggest interested had to be him.” (03)

“There are areas that do not have ACS, the area of the UBS is very big, we can not have control of everything [...].” (04)

“Lack of personnel, today I am disabled with technicians, and it turns out that we got stuck in unity and we could not make the visits as it should do [...]” (07)

“There is no transportation to go to the patient and do this active search for the missing. Time is also lacking, because the demand is great, you can observe in my table the amount of papers that I do not give account, that today gave a truce in the movement because of the time [...].” (05)

“As it is an open unit, you do not have a defined population, a person can come here to consult and not be resident of the neighborhood, we discover and finally do not have ACS, anyone can consult here and you end up not having that link to know better the patient, knowing where he lives, structure question too, because he does not even have to do a nursing consultation with better guidelines, I do not have a room for me, that space has been improvised here for me. It only has a doctor’s office, a vaccine room [...].” (08)

Regarding the difficulties that the nurses identified that the patient with tuberculosis had to follow the treatment, six nurses referred to the high therapeutic time, as well as the social factors, regarding the use of drugs, alcoholism, lack of family structure and being bedridden. It was also pointed out the action of the side effects of the medicines as harm to the human body.

“Drug use, alcoholism. Unfavorable partner issues, unstructured families [...].” (06)

“Patients with alcoholism, drug addicts. In the case of abandonment in our unit was the mother and son who used alcohol, and the child gave up treatment [...].” (07)

“For us the greatest difficulty is the social factors, because almost everyone who presented problems in treatment, were alone and bedridden [...].” (09)

“I think it is the effect of medication, they complain that at the beginning they have many side effects and after a while they abandon it, if they are not followed up and advised soon when it starts the treatment I think the abandonment is very big [...] .” (02)

In view of the number of tuberculosis cases reported in 2016, it can be seen that of the eight patients on TB treatment and one drop-out, the greatest difficulty still lies in the absence of return to the unit with sputum results, since many take the samples to the laboratory. A fact that denotes a chain failure, in which the record in the books of the respiratory symptomates, also fails to be duly effected.

DISCUSSION

Acting in the APS is essential, from the point of view of the prevention of the spread of the disease and maintenance of health. For this purpose, it is visualized in the study⁷ carried out with 14 nurses working at ESF, in Belém, Pará, where nurses are young, aged between 27 and 64 years. Most of them had taken specialization courses, with emphasis on Public Health or Family Health, but also on the hospital area. In another study carried out at ESF, in Rio Grande do Norte, the majority belonged to the professional nurse category, were female, with ages varying between 23 and 48 years, acting from three to four years in the units⁸.

Thus, it can be seen that the profile identified in the present study also shows realities in other regions, showing that the nurses are young and the majority of the female, however, compared to the time of performance, this was a little lower for the nurses of SCS, since half of them had less than a year of experience in the units.

The study carried out in Espírito Santo, Vitoria, showed that 50% of the nurses worked in the team between one and four years, already under the detailed analysis by states, it was identified that the percentage of nurses working for less than one year in FHS and UBS ranged from the state of Piauí, with 13% and Amapá, with 52%. Nevertheless, it stands out for Rio Grande do Sul, the rate of 23% and Santa Catarina, 32%⁹.

The rotation of nurses and other staff members compromises the establishment of a link with the population, as well as the planning and execution of health actions, whether conducted in FHS or UBS. Another aspect related to the rotation is the work overload for the professionals who remain in the units, besides disrupting the organization and flows, the new professionals demand training on the part of the team⁹.

Thus, developing health activities that seek to guide the population requires nurses to understand their roles and the legal provisions governing their performance in basic health services, and it is important to know the

health policies in force in the country and to be up-to-date on the demands of its unit⁸, action concerning the subject of tuberculosis.

One of the important tools for TB control is training for PHC professionals, which assists them in the successful planning, early detection of cases and the quality of care provided¹⁰. The offer of courses, workshops and other training modalities keeps the professionals updated⁸. Therefore, having an administration in APS that provides training to the professional team is a differential in the present research, which denotes a space for the continuous construction of knowledge.

In João Pessoa, a study conducted with 10 FHS nurses demonstrated that this professional is an important actor for effective TB care, since it manages control actions against the complexity involved in this process¹¹. However, in Teresina, in Piauí, the authors¹², reinforce that the nurse needs to qualify his / her performance in the management of SR users, in order to enable an integral and humanized care linked to PNCT actions.

As for the ACS, these have gained even more prominence with the implementation of the FHT, they are the communication link between the health team and the population, because they are inserted in the community, developing home visits and health orientations, allowing the transfer of their actions for the team¹³. The ACS has direct contact with the knowledge of popular education, having seen the attributions of its work, which also directs it, to ally this data obtained in the community, with the scientific knowledge¹⁴.

As in other regions, according to the SCS nurses, the ACS performs an important work together with the unit team, and is increasingly engaged in the search for knowledge to bring correct information to the population.

As for the team's active search for SR users, this objective is to identify people with an equal or superior cough for three weeks, and should be a prioritized activity in health services¹⁵. Therefore, a diagnosis of TB and a rapid onset of treatment are the main strategies for controlling the disease, so the planning of the actions should be developed with a focus on the identification of the SR user, so as soon as it is carried out to obtain the diagnosis and the beginning of the appropriate treatment¹⁵.

The PNCT guides municipalities to offer Directly Observed Treatment (DOTS), a Directly Observed Treatment (DOTS)¹⁵ treatment. The TDO is a team-defined method, together with the user, and consists of the administration of the medication, which is conducted by a trained professional to observe the consumption of medication made by the user, from the beginning of treatment until its cure. This action requires the creation of a link between the two in the health service, to remove barriers that prevent

adherence to treatment. This requires the adoption of strategies aimed at social rehabilitation, improvement of self-esteem and social interaction¹⁵.

Regarding the flow of TB collection, diagnosis and treatment, a study conducted in São Paulo reveals difficulties in providing assistance to SR¹⁶ users. In a School Health Center managed by the University of Pará, the flow of TB patients starts from the reception by the nursing technicians, who request two samples of sputum smear microscopy. The result is obtained in two moments, the first sample being collected in the unit and its result obtained in one day, on average, and in two days, for the second one, which is collected in the residence. The authors also point out that in view of the positive results in bacilloscopy, SR users are referred to the referral unit at their referral unit, and the treatment is started on the same day by the nurse. For those with negative bacilloscopy, but with TB symptoms, referral is made to the pulmonologist¹⁷.

According to the Ministry of Health, the collection, conservation and transport of sputum samples is the responsibility of the health services¹⁵. However, in SCS, the nurses informed that the unit does not have an appropriate place for the storage of the samples, being the responsibility of the user to send them to the laboratory. As for the collection process, it is recalled that in SCS, it is the user who performs it at his residence and withdraws the result from the service, with an approximate time of at least two to three days, up to a maximum of 45 days.

As for fasting, most SCS nurses cited as an important user orientation, being fasted to collect the second sample on the day after the first. Regarding this aspect, the research carried out at a UBS, at the University of Pará, showed that the unit does not have a specific environment to perform the collections, therefore, they are advised to collect samples at the residence, the first collection being the next day fasting, and the second on the day after the first¹⁷.

It is recommended that the first sample be collected in the unit's premises in an airy place. For this reason, the SR should perform hand and oral cavity hygiene without using toothpaste or antiseptic solutions, the second sample can be collected in the immediately after waking up, fasting, and following the same recommendations as the first sample¹⁸. Regarding the registration and follow-up of the cases, the LSR is used, all the PHC units must have it duly filled in order to have the SR identification for the diagnosis of TB and the beginning of treatment¹⁵. It also allows to verify the time elapsed between the identification of the case and the accomplishment of the examination by the patient, and observe the follow-up of the protocol that recommends the collection of two sputum

samples for diagnosis and also the index of positive results in each unit¹⁵. This may make it difficult to identify SR due to lack of LSR registration and / or underreporting of cases of neglect, if not properly described.

A study carried out in Lima, Peru, with PHC health professionals, among them nurses, emphasized that the aspects related to treatment abandonment include social issues, adverse effects of medications, and the taboos that this disease because it is contagious, reasons that lead people to move away from the carrier, and this to abandon the treatment¹⁹. In a study carried out in the city of São Paulo, the authors point out that the reasons related to the issue of abandonment in APS are related to the lack of training for the team, delay in laboratory results and scheduling of exams, absence of professionals who dedicate themselves exclusively to the PNCT actions, lack of materials, lack of an adequate environment for the reception of SR, and the absence of a vehicle for professionals to do the active search¹⁶.

The use of drugs or alcoholic beverages is within the social issues cited by professionals as factors related to the abandonment of TB treatment, in a study carried out in Rio Branco, Acre, an APS nurse classified that the treatment of dependents with TB is complicated, and stressed the need to develop strategies for management in these specific cases²⁰. The user needs to be fully assisted, all efforts must be made to involve him in his own care, as well as strengthening the link between the user, professional and health service¹⁶.

In view of the view of three TB patients regarding the abandonment of their treatments, a study indicated that they improved their clinical status before they even finished therapy, as well as the need to ingest alcoholic beverages, giving up treatment²⁰. However, other reasons are also evident, such as the side effects of medications, the lack of attention of the team, mainly on the issue of referrals and basic information about the pathology².

Therefore, maintaining the link with the user diagnosed with TB, as well as his family, is an essential action of the nurse, who needs to dare to receive, involving all of his unit team, in order to articulate strategies that involve the reduction of cases of abandonment and treatment effectiveness.

FINAL CONSIDERATIONS

Even when referring to training on the subject, nurses

were sometimes unable to implement the guidelines in practice, because among the obstacles were the lack of time in the face of many demands in the unit, the change of staff against the need for constant bonding and the need to exchange knowledge among the team.

Another aspect that is highlighted in terms of difficulties is in the physical space of the units, which is sometimes small and could contain a specific place to store the sputum samples, or even a collection system for these crops, weekly in PHC services, reducing thus, inconclusive cases for the disease. Nevertheless, the rotation of users in the open units, whose population is not ascribed also became a difficult factor. Thus, all these factors in some way hamper the effective work of nurses and their staff in the PHC with SR, contributing to underreporting of TB, in the case of cases not registered in the SRH.

As for the difficulties that the users with TB have to continue the treatment, it is possible to be verified through the nurses' speeches that were the high therapeutic time; the various social factors such as drug use, alcohol, users residing alone and the side effects of medications. Therefore, it is necessary for the professionals to be able to welcome this user in an appropriate way, with the intuition of involving him in the therapeutic conduct, thus reducing, the indices of abandonment in the treatment.

Knowing about the flow of care to SR users and also those with TB, requires constant and up-to-date skills, demonstrating that there is disagreement over the time the diagnosis takes to get ready in the reference laboratory, being said to be two to 45 days of wait. This is an important part of the flow of actions, which nurses need to be more informed.

Even though there was a case of abandonment in 2016, it was possible to identify some important aspects in the nurses' behavior, with SR or TB users, who need constant improvements and dialogue between the team and users, as well as coordination meetings, to be continually building a reflexive, informed and integral health work in favor of collective health.

It should be emphasized that the study does not have representativity for SCS, since it does not cover all PHC units in the municipality, but it is of great importance for the intellectual improvement of the researcher and source of information for the municipality and health units targeted by the research.

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