



THE IMPORTANCE OF TEAMWORK IN THE REALIZATION OF DIRECTLY OBSERVED TREATMENT FOR TUBERCULOSIS

A IMPORTÂNCIA DO TRABALHO EM EQUIPE NA EFETIVAÇÃO DO TRATAMENTO DIRETAMENTE OBSERVADO EM TUBERCULOSE

LA IMPORTANCIA DEL TRABAJO EN EQUIPO EN LA EFECTUACIÓN DEL TRATAMIENTO DIRECTAMENTE OBSERVADO EN TUBERCULOSIS

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ABSTRACT

Objective: to analyze the importance of teamwork in the realization of directly observed treatment for tuberculosis. **Method:** descriptive and exploratory study with quantitative and qualitative approaches developed in basic health units of Areia Branca/RN with 28 professionals: physicians, nurses, nursing technicians and community health agents. Descriptive statistics were used for analysis of quantitative data and the technique of thematic analysis was used for qualitative data. **Results:** all professionals recognized the importance of teamwork in achieving the DOT. However, care is centralized in the nurse and, only afterwards, other professionals are called to have a share in the care. **Conclusion:** the professionals lack reconstruction in the provided assistance, supported by interaction, dialogue and in the overcoming of the segregation of knowledge. **Descriptors:** Tuberculosis; Patient Care Team; Primary Health Care.

RESUMO

Objetivo: analisar a importância do trabalho em equipe na efetivação do tratamento diretamente observado em tuberculose. **Método:** estudo descritivo e exploratório, com abordagens quantitativa e qualitativa, desenvolvido nas unidades básicas de saúde de Areia Branca/RN, com 28 profissionais: médicos, enfermeiros, técnicos de enfermagem e agentes comunitários de saúde. Para análise dos dados quantitativos, utilizou-se a estatística descritiva e, para os qualitativos, a modalidade técnica de análise temática. **Resultados:** todos os profissionais reconheceram a importância de trabalhar em equipe na realização do TDO, porém, o cuidado é centralizado pela enfermeira e, posteriormente, outros profissionais são requisitados, compartilhando o cuidado. **Conclusão:** os profissionais carecem de reconstrução na assistência oferecida, respaldada na interação, no diálogo e na superação da segregação de conhecimentos. **Descritores:** Tuberculose; Equipe de Assistência ao Paciente; Atenção Primária à Saúde.

RESUMEN

Objetivo: analizar la importancia del trabajo en equipo en la efectucción del tratamiento directamente observado en tuberculosis. **Método:** estudio descriptivo y exploratorio, con enfoque cuantitativo y cualitativo, desarrollado en las unidades básicas de salud de Areia Branca/RN, con 28 profesionales: médicos, enfermeros, técnicos de enfermería y agentes comunitarios de salud. Para análisis de los datos cuantitativos, se utilizó la estadística descriptiva y, para los cualitativos, la modalidad técnica de análisis temática. **Resultados:** todos los profesionales reconocieron la importancia de trabajar en equipo en la realización del TDO, sin embargo, el cuidado es centralizado por la enfermera y, posteriormente, otros profesionales son solicitados, compartiendo el cuidado. **Conclusión:** los profesionales no tienen reconstrucción en la asistencia ofrecida, respaldada en la interacción, en el diálogo y en la superación de la segregación de conocimientos. **Descriptor:** Tuberculosis; Equipo de Asistencia al Paciente; Atención Primaria a la Salud.

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INTRODUCTION

Tuberculosis (TB) has always been considered one of the infectious diseases with high rates of incidence throughout the history of global health. Despite of being an ancient disease, TB is still a public health problem that requires strategies for control involving various aspects of the society: socio-economic, cultural and biological.¹

In its Notebook of Guidelines, goals, targets and indicators 2013-2015, the Ministry of Health launches the increase in the cure rate of new cases of pulmonary TB as a target to be reached. Under these guidelines, a committed, ethical and humanized performance of the three SUS management levels, of health professionals and of the population towards social mobilization in the actions of treatment of TB patients is essential. Therefore, the main strategy for achieving this goal is the Directly Observed Treatment (DOT) of TB.²

Because this is performed in a supervised manner, the DOT consists of a strategy to combat and control TB, as this represents an essential factor to promote real and effective control of this disease. The DOT promotes increased patient compliance, the discovery of more sources of infection, the establishment of a link that facilitates higher cure rates, thus reducing the risk of transmission within the community.³

The DOT represents the decentralization of strategies related to the endeavor to control TB and, in order to advance with the guarantee of quality of actions, involvement of all health professionals is critical in multidisciplinary teams, in which the participation of each component is essential to the success of the actions. Anyway, this teamwork and with a focus on the user are key to achieving the goals and overcoming the challenges associated to tuberculosis.⁴

Given the above, this study aims: to analyze the importance of the teamwork to the realization of the Directly Observed Treatment in tuberculosis in Areia Branca, RN.

METHOD

This article is based on the Bachelor Nursing thesis entitled << **The importance of teamwork in the realization of directly observed treatment for tuberculosis** >> presented to the School of Nursing of Nova Esperança Mossoró. Mossoró-RN, Brazil, 2014.

The research has descriptive and exploratory nature with quantitative and qualitative approaches and it was developed

in all Basic Health Units (BHU) of the municipality of Areia Branca/RN, a total of seven BHUs, assuming that the professionals of these units deal directly with the Directly Observed Treatment (DOT) in the daily routine of their health actions.

The population was made up of professionals of the Family Health Strategy, engaged in Directly Observed Treatment (DOT) of tuberculosis in the city of Areia Branca/RN. These were seven Physicians, seven Nurses, seven Nursing technicians and seven Community Health Agents.

Inclusion criteria were: be assigned for a Family Health Unit of Areia Branca for more than 6 months and be older than 21 years. Exclusion criteria were subsidized to the inclusion criteria.

The instrument for data collection was a form composed of a script of objective, as well as subjective questions, built on several aspects that sought to characterize the professional status of health professionals, evaluate the role of health professionals in DOT, focusing in their duties and seeking advice from health professionals about improving teamwork in the DOT for TB.

Data were collected after approval by the Ethics Committee of the FACENE-PB and after participants signed the Informed Consent Term. Data collection was carried out in the Basic Health Units. A form was applied to nurses, community health workers, physicians and nursing technicians.

Quantitative data were analyzed using descriptive statistics. Qualitative data were analyzed using the content analysis technique, under the thematic analysis modality, exposed as follows: interviewees' speeches, opinion of the researcher and citations of authors. In order to ensure the confidentiality of health professionals, codenames were used, such as: Physician 1 (PHY 1), Physician 2 (PHY 2), Nurse 1 (NUR 1), Nurse 2 (NUR 2), Nurse 3 (NUR 3), Nurse 4 (NUR 4) Nursing Technician 1 (NTEC 1) Nursing Technician 2 (NTEC 2), Nursing Technician 3 (NTEC 3), Nursing Technician 4 (NTEC 4), Community Health Agent 1 (CHA 1), Community Agent health 2 (CHA 2), Community health Agent 3 (CHA 3) and Community health Agent 4 (CHA 4).

RESULTS AND DISCUSSION

The study showed dominance of female (86%) over male (14%) sex among professionals of the Family Health Strategy. The average age of respondents was 33 years. It is observed that 78% of professionals are under

Costa HMGS, Leite AR, Duarte VF et al.

40 years of age, representing, therefore, a young population.

With regard to vocational training, each professional category (community health agent, nursing technician, nurse, physician) corresponded to a quarter (25%) of the total number of respondents. As for education, four (14%) had completed high school, six (21%) had technical degree, two (7%) were completing higher education, 14 (50%) had completed higher education and two (7%) had post-graduate training.

In relation to working time in the FHS, 28% are newly admitted (less than one year working in the FHS). Most professionals, 12 (43%), have been working for about one to five years in the FHS, three professionals (11%) have been for five to ten years and five (18%) have been for more than ten years.

Regarding the opinion of professionals, with respect to the need to work as a team in the practice of DOT in TB, it was found that 28 (100%) of the professionals recognize that it is essential that the team be united to realization of the DOT.

It is believed that this result will awaken a reflective thought on these health professionals and also expand their knowledge about the theme, contributing not only to the intellect, but particularly to better provision of care to the patient.

In order to acquire basis that have a relation with the information of the FHS professionals concerning the importance of teamwork in the execution of the DOT, according to the categorization of Bardin,⁵ the employment of the following categories was critical: 1 - The concept of teamwork in the DOT in the view of professionals; 2 - The role of professionals in the dynamics of DOT; 3. The involvement of staff in the practice of DOT; 4 - Proposals for the enhancement of teamwork in the DOT.

Therefore, this study aimed to assess the team's participation in the DOT, from their stand on the importance of teamwork in the practice of DOT until the role played by the professional in this activity, in order to examine if the teamwork is being held, its importance for the DOT and its impact on the patient's prognosis.

♦ The concept of teamwork in DOT from the point of view of professionals.

When inquiring the family health professionals on the concept of teamwork in the DOT, we can analyze whether the health professional is involved in teamwork and particularly the DOT. The responses of

The importance of teamwork in the realization...

participants were mostly similar, with some variations between them.

(...) for the effectiveness and efficiency of DOT, it is necessary to create a link and empathy between the user and all members of the team (...) making the patient feel welcomed (...). (NUR 3)

(...) The DOT is not limited only to one professional, as each professional has its role in this practice. (CHA 3)

(...) When working in a team, we add the knowledge and the role of each professional to that of the others, contributing to a more effective treatment. (NTEC 5)

(...) it will develop strategies to better assess the health status of the patient. (NUR 2)

Because one complements the other, the aspects that one does not see the other sees. (NUR 1)

As we can see, the answers of the research subjects are quite consistent with the literature, assuming that professionals observe the importance of DOT with a focus on teamwork offers benefits for both the patient and the team itself. Moreover, speeches emphasize the establishment of a bond between user and professionals involved in DOT, making the user more confident with respect to these actions.

For this to occur, it is necessary that the health team have a critical and comprehensive view of the factors that are related to each of the individuals with tuberculosis, and on how to mobilize the team to make the approach to the subject with a view to reduce or attenuate the interference that these factors may have over the treatment.

Characterized by its new way of working in health, supervised treatment for TB was prepared to bring about changes in the activities of the subjects involved.⁶

Thus, it is essential to know how the process of DOT happens, it is not who performs; since it is considered that if the DOT is developed according to the strategy of hosting as organization of the service and access, this will result in practices based on quality of care and will preserve the individuality of each patient within their needs.⁷

Essential for an ongoing communication and harmony of knowledge and experience among staff components to occur, the work of the teams of the Family Health is identified as a key element for effective development of these actions.⁸

Dialogue is essential for obstacles to be overcome in the power of resolution of the

Costa HMGS, Leite AR, Duarte VF et al.

work and the interaction between the professional classes of the multidisciplinary team, producing a sensible care service.⁹

The way to systematize the team for the development of service is critical to stimulate the acceptance of the patient to treatment, reproducing healing.⁴

Given this complexity, it is important that the treatment of the patient be shared among components of the multidisciplinary team, so that they may share in the same purpose: to contribute to an improvement of adherence to treatment and cure of TB.⁴

♦ The role of professionals in the dynamics of DOT.

About the performance dynamics of the DOT, participants identified their role in the DOT:

(...) My role is not in the active sense (...)
(NTEC 3)

Going in the house twice a week to observe the taking of medication, weight and then I give the medication. (CHA 2)

Bringing the problem to the unit. (CHA 4)

Take the medication there every day, bring the patient to the doctor's appointment and schedule exams. (CHA 1)

In consultations three times a week. (NUR 4)

I give medicines, observe the patient taking it and I assess his evolution. (NUR 2)

It is noticed that some professionals do not develop any action in the DOT. Others emphasize the delivery of medicines and checking the patient taking the medicine, and clinical evaluation of the user with TB.

The following participants were more consistent in their responses, and reported to play a role in DOT:

Investigating, diagnosing and monitoring the evolution of the patient's treatment. (PHY 2)

Through the scheduling of consultations, delivery of medication in at least three days a week, and guidance to health agents for home delivery through the visit. (NUR 1)

Make the diagnosis after performing the notification and initiate treatment, follow up both, at the unit and at home; as well as guidance and active search for contacts. (NUR 3)

We do weekly monitoring for three times a week to see if the person is following the treatment and we give some necessary information. (CHA 3)

The speech of professionals makes a reflection to spring on the way health services are organized in the realization of DOT, focusing on assistance provided by professionals. At a first moment, we can see the lack of knowledge of professionals on their

The importance of teamwork in the realization...

actual role in DOT; in a second moment, we found that professionals exercise their activity with a great commitment to the patient and providing continuity of treatment.

Superficial knowledge of health professionals to deal with TB in addition to the flaws in their training on this disease generates a work based on rules and routines established by the service organization, neglecting thus the essence of DOT (the uniqueness of each patient).

Therefore, a tactical look that may enable an expanded patient care and that, above all, may go beyond the walls of the health institution, considering their needs at the individual, family and collective context is necessary.

However, if health professionals do not exercise their competence in the conduct of DOT and, above all, do not contribute to the sum of knowledge among team members, the scene of negligence will remain and TB will continue to be a disease out control.

A shared approach and a consolidation of the interaction of professionals of the primary health care is needed due to the diversity and complexity required while dealing with TB.¹⁰

The duties of professionals are: state and prescribe the basic outline of the DOT, monthly smears for control until the end of treatment, early identification of the occurrence of adverse effects, receive counter-referenced cases and forward to the reference unit the cases that fall in the following situations: cases with strong clinical, radiological suspicion with negative sputum smears, cases difficult to diagnose, cases of adverse effects that determine the suspension of treatment, failure; any kind of resistance and cases with poor clinical outcome.¹⁰

It is notable that tasks are associated with categories meet their professional duties of who carries them out. Therefore, it is imperative that each team subject in DOT may offer assistance based on completeness.¹¹

Responsibility for actions in the DOT should be shared among all health professionals. This makes the professional to awaken for the sense of authorship of this work strategy. Overall, the interaction between the professionals of the FHS should directly favor actions to control TB.¹²

Since its implementation in the 90s, the DOT has brought significant progress in global indices, but it can be noticed that there are still some difficulties to be effectively deployed. Among the main difficulties, the need to strengthen the work process of FHS

Costa HMGS, Leite AR, Duarte VF et al.

teams, and TB should be fully disseminated at this level of attention.¹³

In order to respect the principle of integrity of the patient with TB, the dynamic of teamwork must be incorporated into the working process of the professional and, relations of dialogue with the patient, exchange and interdisciplinarity between the diverse kind of knowledges must be established.¹²

The integration between the different professionals produces innovations in work relations and rearrangements of functions and roles, making them the authors responsible for the treatment. The decisive command is still decentralized, contributing to the development of actions focused on local difficulties.¹⁴

When asked about the existence of teamwork in the dynamics of DOT, they said:

Yes, because there is a commitment and endeavor of all for the treatment of the patient. (CHA 1)

There is, we always help each other. (CHA 2)

The speeches denote that an action based on teamwork often requires decisions and performances of different professional categories and functions. This creates, in practice, a greater responsibility and involvement of the group with the treatment of the patient. However, there are few units where this relationship between professionals actually happens, as in most cases, health care is provided in a fragmented way. The portions of the lines described below show that care is not done by the team, because the patient under DOT, at first, receives attention from the nurse and then (if complications occur) from other professionals.

Thus, although it is acknowledged that the diversity of expertise contributes to the control of the disease, the statements also revealed that care actions to the TB patient is very frequently centralized in the nurse.

Thus, opposing the previous testimonies, they reported that:

(...) Some professionals have greater participation. (NUR 4)

No, I think that this issue is always the nurse's part (...). (NTEC 3)

No, the reality is that, what we see is that the responsibility is mainly of the nurse with little participation of other professionals who just share in the treatment in case of complications. (NUR 1)

Not everyone in the team participates (...). (NUR 2)

In this sense, it is essential to develop articulation of the professional dialogue,

The importance of teamwork in the realization...

overcoming the barriers that generate this segregation of knowledge. This would lead professionals to develop assistance built on interdisciplinarity, where the skills of each professional and of the team are defined aiming at a prognosis of high quality to be offered to the patient.

The implementation and sustainability of the DOT strategy, among other factors, depends on the involvement of key actors regarding the assurance of continued care given to the TB patient.¹⁵

It is urgent that health professionals have this awareness and see TB with another look, especially with respect to the organization of health services.⁶

The way that family health teams have organized their work processes lacks articulation.¹⁶

♦ Proposals for the enhancement of teamwork in the DOT.

When surveyed participants were questioned about what proposals would promote the enhancement of teamwork in the DOT, they suggested the following changes:

(...) to have the resources available to do it (assistance). (CHA 4)

Make resources available to carry out the activities. (CHA 2)

(...) The need is more about the structural aspect, which does not give enough support to perform the work. (PHY 1)

Given the situation reported above, professionals find themselves in the need to improvise and carry out their activities under unfavorable circumstances, what likely damages the relation between professionals and patients and the performance of health services, negatively affecting the continuation of the DOT.

The success of the DOT strategy is underpinned by five key pillars (political commitment, detection of active tuberculosis cases, supervised administration of medication, regular supply of first-line TB drugs and implementation of a case reporting and monitoring system) highlighting the need for political and financial commitment to support it. It is worth noting that this support is understood as the assurance for the continuity of TB control actions, through financial provision for material and human resources.¹⁶

The different instances of the government (Federal, State, Municipal and District) must work vigorously with the strategy and establish the control of tuberculosis as a political priority.¹⁷

Costa HMGS, Leite AR, Duarte VF et al.

Awareness, involvement, integration and ongoing coordination of those responsible for controlling the disease in the various levels of the health system are key elements for the viability of TB control actions on PHC and for the feasibility of policy, planning, evaluation and adaptation along with strategies and technologies mostly adopted at the municipal level - which is where there is in fact the implementation of policies.¹⁸

The supervised treatment - added to routine care as a daily service - creates room for innovative organizational possibilities of labor, demand, readjusting of functions and roles of team members, as well as provides new working relationships between professionals from different decision-making levels. Thus, this new way of acting is directed towards a change of perspective in the model of care to the patient.¹³

♦ The involvement of staff in the practice of DOT.

Concerning the interaction and involvement of professionals in the dynamics of DOT, the following changes were proposed:

Greater integration of the nursing technician in the DOT. (NUR 3)

Further integration of nursing technicians. (NTEC 1)

Greater participation of the physician. (NTEC 4)

Increased cooperation of medical professionals. (NUR 4)

That other professionals may feel co-responsible for the treatment (...). (NUR 1)

Greater involvement of the whole team. (NUR 2)

This other point, regarding the participation and involvement of professionals evidenced in the testimonies reported above, also deserves attention, since a difficulty of engagement between team members is noticeable. There is, thus, the need to increase the interaction and permanent and continuous participation of the entire health team in the daily services.

It is hoped that this tactic may narrow the relations among professionals, expanding the knowledge and the link between these actors in the medical work.

Permanent education in TB plays an important role and ensures the understanding of the disease and its determinants, as well as the technologies used for its control and prevention.¹³

About the need for continuing education in TB, it was recommended:

To do more meetings to structure the monitoring (...). (CHA 3)

The importance of teamwork in the realization...

Encourage regular meetings between staff to update the data in relation to the patient follow-up (...). (PHY 2)

The use of a policy of permanent education at Family Health Units with health professionals in relation to activities related to TB, providing greater insight to these professionals, is crucial.

The routine of health teams makes professionals to centralize their actions in their work shaft and disperse their attention to the TB patient. This makes the healthcare merely mechanical and hinders the course of treatment and, therefore, discourages its development or makes it not achieve the desired outcome.

CONCLUSION

The main objective of this research was to analyze the importance of teamwork in the execution of DOT in Areia Branca, RN. Due to the great relevance of TB as a disease of social order that produces a profound impact on public health indices, it is essential to articulate health professionals highly committed so that there may be understanding of the social agents of the health-disease.

The development of the research showed that, despite all professionals (100%) recognize the need and the importance of teamwork in achieving the DOT, most basic health units did not perform this as recommended by the Ministry of Health.

The failure of DOT is conditioned by factors like a disjointed team and a visible segregation of knowledge, preventing the patient from feeling protagonist of his health-disease process. This situation does not only negatively affect the service of professionals who end up overloaded, but also violate the principles of SUS (completeness), giving a fragmented care to the patient.

It was observed that in the assistance, at first, the care is centralized in the nurse, and that only afterwards, the inclusion of other professionals happens, thus fragmenting the healthcare. Thus, it was noted that despite professionals recognize the importance that the diversity of knowledge has on the health-disease process, they do not contribute actively to the development of the relationship within the team.

Thus, the study gives evidence that professionals have an urgent need for a systematic reconstruction of the assistance provided. This reconstruction, in turn, must be based on the interaction, dialogue

between the agents and the elimination of segregation of knowledge.

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Costa HMGS, Leite AR, Duarte VF et al.

The importance of teamwork in the realization...

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