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REFLECTIVE ANALISIS ARTICLE

CHALLENGES OF NURSES IN MANAGEMENT PROGRAM OF TUBERCULOSIS IN BASIC HEALTH NETWORK

DESAFIOS DO ENFERMEIRO NO GERENCIAMENTO DO PROGRAMA DE TUBERCULOSE EM REDE BÁSICA DE SAÚDE

RETOS DE ENFERMEROS EN PROGRAMA DE GESTIÓN DE LA TUBERCULOSIS EN LA RED BÁSICA DE SALUD

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ABSTRACT

Objective: to identify in the literature the challenges that nurses face forward the management of the National Program of Tuberculosis Control in the Basic Health Unit. ***Method:*** a study of reflective character from the literature review. Data were collected in the Virtual Health Library (VHL), the databases of the Latin American and Caribbean Health Sciences (LILACS), Database of Nursing (BDENF), and virtual library *Scientific Electronic Library Online* (SciELO). ***Results:*** the challenges were presented in two categories: **1) challenges related to aspects of health macro policy and, 2) the challenges arising from the socioeconomic status of clients, along with the characteristics of the disease Tuberculosis.** ***Conclusion:*** the study shows that, in general, the challenges are linked to the small autonomy of the local nurse-manager and the need for human, material and financial resources to the units that work in primary care. ***Descriptors:*** Tuberculosis; Management; Primary Health Care; Basic Health Services; Community Health Nursing.

RESUMO

Objetivo: identificar na literatura os desafios que o enfermeiro se depara frente à gerência do Programa Nacional de Controle da Tuberculose na Unidade Básica de Saúde. ***Método***: estudo de caráter reflexivo, a partir de revisão da literatura. Os dados foram coletados na Biblioteca Virtual de Saúde (BVS), nas bases de dados da *Literatura Latino Americana e do Caribe em Ciências da Saúde* (LILACS), Base de Dados em Enfermagem (BDENF) e biblioteca virtual *Scientific Eletronic Library Online* (SciELO). ***Resultados***: os desafios foram apresentados em duas categorias: **1) Desafios ligados a aspectos da macropolítica de saúde e, 2) Os desafios oriundos da situação socioeconômica dos clientes, somados às características da doença tuberculose**. ***Conclusão***: o estudo aponta que, em geral, os desafios estão ligados à pequena autonomia do enfermeiro-gerente local e à necessidade de recursos humanos, materiais e financeiros às unidades que trabalham na atenção básica. ***Descritores***: Tuberculose; Gerência; Atenção Primária à Saúde; Serviços Básicos de Saúde; Enfermagem em Saúde Comunitária.

RESUMEN

Objetivo: identificar en la literatura los desafíos que los enfermeros se deparan frente a la gestión del Programa Nacional de Control de Tuberculosis en la Unidad Básica de Salud. ***Método:*** estudio de carácter reflexivo de la revisión de la literatura. Los datos fueron recogidos en la Biblioteca Virtual de la Salud (BVS), en las bases de datos de la Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS), Base de Datos de Enfermería (BDENF) y la Biblioteca Virtual *Scientific Electronic Library Online* (SciELO). ***Resultados:*** los desafíos se presentan en dos categorías: **1) aquellos relacionados con aspectos de la macropolítica de la salud, 2) los desafíos derivados de la situación socioeconómica de los clientes, junto con las características de la enfermedad de la tuberculosis.** ***Conclusión:*** el estudio muestra que, en general, los desafíos están relacionados con la pequeña autonomía de la enfermera-jefe local y con la necesidad de los recursos humanos, materiales y financieros a las unidades que trabajan con la atención básica. ***Descriptores:*** Tuberculosis; Gestión; Atención Primaria de Salud; Servicios Básicos de Salud; Enfermería en Salud Comunitaria.

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INTRODUCTION

The nurse as any other professional challenges is provided in primary care manager health. Driven by the decentralization of health facing municipalities, Basic Health Units and Family Health Strategy began to have important meanings in the development of health. In this context, points to the need for discussion and analysis of the management of health services in Brazil, since they are the gateway to the local system, where problems can be worked out by the team, believing that, this time, the manager has the ability to promote changes in the mode of health care.

One of the problems that appear in the daily life of working in primary care, especially in the Basic Health Unit, is Tuberculosis. It presents itself as a challenge for all of Brazilian society. Currently, the World Health Organization to detect 80% of TB cases worldwide are distributed in 22 countries and Brazil occupies 16th place in this regard. [1]

According to sources, 2008 of the Ministry of Health, Brazil registers 80,000 new cases of tuberculosis per year, and the first cause of death in clients with AIDS. Features characteristic epidemiological fact 70% of customers are restricted to 315 municipalities for a total of 5,570. [2]

Thus, [2] Brazil established to combat tuberculosis the following goals: expand the coverage of supervised treatment for the 315 municipalities (2006 = 86%), reduce to 70% the number of new cases of tuberculosis by 2011; offer testing anti- HIV to 100% of adults with TB (2006 = 70%), reporting on the outcome of 100% of diagnosed cases (2006 = 75%).

Concerned with this situation of calamity, the World Health Organization declared TB as a state of urgency, creating the Stop TB program. Brazil adopted each of the elements of the Stop TB strategy, highlighting the Directly Observed Treatment (DOT). Within this context, the Ministry of Health launches a manual that considers the role of nursing, fundamental category for the conduct of public health activities in the country, is particularly important in the implementation of actions to control tuberculosis. [3] This quote draws attention to the characteristics of professional nursing, who experiences managing their own formation as an activity inherent to the profession, what it implied that professional always had some training, though minimal to assume this role.

The decentralization of health actions triggered by the Unified Health System (SUS), refers to a reflection on the process of decentralization of health, which is part of the movement of administrative reform of the Brazilian state. For municipalities, these innovations are possible, from health, to reorganize and restructure local government, and are guided for democratic, participatory, technically competent and managerially efficient.[4]

Whereas the Basic Health Units should work with most programs possible and that resources are scarce these days, there is a need to know what are the main challenges identified in the scientific literature that the nurse is as manager of the National Tuberculosis Control? Based on the above, the aim of this work is to identify the challenges in the literature that nurses are faced against the management of the National Tuberculosis Control in the Basic Health

METHODOLOGY

Study reflective character from literature review, conducted from scientific articles on the theme of the program management of tuberculosis in the Basic Health The search for literature occurred in the Virtual Health Library (VHL). The databases of scientific and technical literature consulted were the Latin American and Caribbean Health Sciences (LILACS) and the Database of Nursing (BDENF), and virtual Library Scientific Electronic Library Online (SciELO)

We used the descriptors associated individually and in pairs and later in trio tuberculosis, management, primary health care and basic health services. Already in SciELO, we used the affairs manager and nurse. We observed the following inclusion criteria: articles available in full in Portuguese, as a criterion for exclusion: review, Annals of Congress, editorials, and articles that do not address the issue directly.

The search resulted in six potential articles, one in 2006, one 2008, two 2009 and two in 2010. For organization of potential articles for review and discussion, it was shown in Figure 1, containing: authors, year of publication, title, type of study and objective.

RESULTS AND DISCUSSION

Authors	Year	Title	Type of Study	Objetive
Silva, L. Palha, P. Villa, T. Netto, R. Nogueira, J. Sá, L.	2010	The basic health unit Management in the control of Tuberculosis: a field of challenges 5	Quantitative and qualitative research	Analyze the vision of basic health unit managers in relation to tuberculosis control actions in the basic attention.
Santos, M Villa, T. Vendramini, S. Gonzales, R. Palha, P. Santos, N. Gazetta, C. Ponce, M.	2010	Management of tuberculosis control actions in Priority Municipalities in the State of São Paulo 6	Qualitative research	Analyze the management of tuberculosis control actions in priority municipalities in the State of São Paulo in Brazil.
Weirich, C. Munari, D. Mischima, S. Bezerra, A.	2009	The Management Work of Nurse in the basic health Network 7	Quantitative descriptive, exploratory	Identify elements of managerial work of nurses in basic health Network of Goiânia.
Peres, A. Ciampone, M.	2006	Management and General Skills of Nurse 8	Descriptive	Describe the General competences mentioned in DCN and relate the knowledge needed for their training.
Figueiredo, T. Villa, T. Scatena, L. Gonzales, R. Netto, R. Nogueira, J. Oliveira, A. Almeida, S.	2009	Performance of the basic attention in the control of Tuberculosis 9	Descriptive survey	Analyze the access to treatment for tuberculosis in health services linked to family health program and on an outpatient basis.
Monroe, A. Gonzales, R. Palha, P. Sassaki, C. Netto, R. Vendramini, S. Villa, T.	2008	Involvement of teams of basic attention to health in tuberculosis control 10	Qualitative research	Analyze the involvement of teams of basic attention to health in tuberculosis control activities, the perception of the coordinators of the tuberculosis control program of nine priority municipalities of the State of São Paulo in Brazil.

Figure 1. Selected articles

• Analysis of potential bibliography

A health programs managed by nurses is the control of tuberculosis. This task has been a challenge. In this context, authors indicate that 81.3% of nurse managers, consider tuberculosis a disease priority, however, evidence that in recent years, she has been left out, and it is not decreasing TB cases, but by the lack of political interest in investing in the prevention and treatment of disease.

The process of decentralization of health is a key to understanding the challenges through which passes the nurse-manager working with clients affected by Tuberculosis. MS found that the best way to treat customers was locally. This has been done on a smaller scale, the Family Health Strategy (FHS), and regularly through UBS. The point is that, although it has transferred the task of caring for the municipal level, the managerial part is still exerted largely at the federal. The authors6 indicate that the operation of the program is linked to the political will of the manager at the central level, which limits the role of engineers and managers, who do not have the autonomy to capture and manage these resources. Thus, management functions are restricted at the municipal, and show up, so the limits of decentralization itself.

To deal with the challenges of managing a Basic Health Unit (BHU) there must be people with skills and general skills and specific, especially when it comes to running a program as important is the control of tuberculosis.

Considering the importance of such skills - especially for nursing professionals - describes SE7 skills listed in the National Curriculum Guidelines (DCN). Item in health care, the authors point to take care and manage the main functions of professional nursing. Emphasizing the management aspect, they claim that part of the profile of the nurse-manager make decisions taking into account the public's needs and limitations of the team, the leadership, to plan, to stimulate the implementation of the project, mediate relations conflicting, communication to approach both the higher spheres of power and the public; continuing education as a means to improve professional practice aimed at solving problems of everyday life, and the administration and management seeking to rationalize the practice to make it more efficient .

The main management activity performed by nurses, managers,[7] is therefore the promotion of good relations between the teamwork. Next comes the planning and the

performance evaluation of UBS and health programs.

In 1997 the Ministry of Health (MOH) of Brazil, implemented the directly observed treatment (DOTS) to try to reduce the high incidence rates of tuberculosis and avoid the high level of treatment dropout. 8 Between 2001 and 2002 the federal government enacted the Operational Health Care (NOAS) that established the responsibility of the municipality in the treatment of tuberculosis. The enactment of NOAS the UBS began to incorporate various actions under their responsibility at both the managerial and care. Began to be drawn plans and strategies that ensure joint teams of UBS and the Municipal Health Service (SMS), financial resources, however, were still passed by MS. It was, therefore, the transfer of responsibility from the federal government directly to the city. [8]

This initiative started from the MS design that municipalize health care would approach patients from treatment facilities and health professionals, the goal was to create a personalized service that takes into account the needs of each patient. The passage of the responsibility of TB treatment for MS SMS was done with relative success until 2004. This year, however, the federal government changed the rules for the transfer of funds, which caused a shortage of resources for TB program. This shortage became more glaring flaws in the program: lack of training of the staff of UBS, lack of transportation (accessibility) to the patient, lack of financial autonomy and decision-making of managers at the municipal level.

Probably the most serious problem is the lack of political interest in properly treat TB. While AIDS and Tuberculosis are connected, the first receives incentives and financing more effective, because it offers more political visibility governments; these then give managers more autonomy and facilities to develop treatment projects. [6] Tuberculosis, in turn, has been sidelined by municipal managers, it is not treated as a priority because it provides visibility policy, as a result, not enough financial resources to UBS.

Another key issue that challenges managers directly relates to the lack of funds and, more than that, the lack of qualified human resources to diagnose and treat customers with Tuberculosis. The transfer of responsibility over the treatment was made without a proper training of employees of UBS to deal with this disease.

Since treatment became the responsibility of municipalities, became evident lack of preparation and failure of technical and administrative employees. Incidentally, some 0.9 to 10 authors7 heard of own municipal officials that the lack of personnel and overhead service are key factors that they do not want to treat and monitor customers with Tuberculosis. These same officials claim that there is a UBS as a reference for the treatment of the disease, an outdated, which sees health services from the perspective of fragmentation, as the health units were isolated and unable to pay continued attention to customers.

The solution proposed by the authors [9-10] is to take a deeper notion of decentralization. With this, they argue that the figure is high local managers responsible for planning, coordination, direction and control of the services and also the mobilization and commitment of the professionals in the organization of services to cater to the population.

The Manager shall exercise the powers of leadership and communication. The involvement of staff in TB treatment can be stimulated by the manager by training, ongoing supervision by the coordination of the National Tuberculosis Control Program (NTCP) and the establishment of a flow of information that allows the exchange of experiences and transformation framework lack of interest from customers and especially the governments in the treatment of tuberculosis.

• Categories and discussion

In the texts analyzed, one can see, in general, two categories of challenges for the manager. Although it is difficult to think of them separately, they are linking up closely all the time.

• Challenges related to aspects of health macropolitics:

The first category to be highlighted concerns the challenges Manager on its position against a huge range of regulatory and legal aspects that come from the three levels of SUS that link the guidelines to be followed. On the other hand the manager has to observe its positioning opposite party political issue within the framework of the municipality.

WHO emphasizes that the organizational dimension and performance of health services are more important than the forms of detection and treatment of TB cases.[6] Within the organization of our health system is included decentralization as envisaged in the Operational Health Care (NOAS), which puts the share of responsibility of the municipality in the treatment of tuberculosis. However,

there seems to be an inconsistency in that authors5 indicate lack of autonomy of the TB program coordinators to manage the funds from the municipality itself or other levels of SUS. Given this situation, it is stressful for the nurse manager to plan health actions for the TB program.

- **Challenges related to the characteristics of tuberculosis and the socioeconomic status of clients**

The second category will be showing when the authors point to the characteristics of tuberculosis either in its aspect of transmission and chronicity, either on their strong link with unfavorable socioeconomic conditions. Thus, they present us with a client with dubious chances of directing your own life, towards a satisfactory completion of TB treatment.

In addition to the legal and regulatory challenges outlined above, the nurse manager is faced with other challenges in their daily lives. The overhead functions by designating multiple activities, programs and technologies that hinder awareness and organizing the work process to incorporate the actions to control TB.[7]

The authors5 bring the issue of communication between various levels of the health system as a challenge, because often the customer is provided misleading information, which requires staff time and knowledge to redirect it.

A situation found among customers Tuberculosis 6 is that many of them do not want to treat near his residence. This puts the nurse manager in a certain impasse, because if it meets the customer's request, will probably be increasing the chances of abandonment due to spending on transport, or making access to contacts. If the customer wants, you can go to court and demand that it meet that unit. As health units work based on standards of executive power, it certainly does not have the force of law, the health unit will have to serve you.

It is important to emphasize that the noncompliance with treatment of tuberculosis is undoubtedly the most important challenge in the program, since its presence above 5%, can reveal failure in some parts of the health system. Another situation of concern for the manager is when the customer reports being homeless, housed in the prison system, drug users, among others. These situations increase the chances of abandonment conform the various authors mentioned in this study. In turn, some clients who have jobs, complain about the long waiting times and incompatible with shift work. This leads to the fear of losing their jobs, while also increasing the possibility of abandonment.[6]

CONCLUSION

The program management of tuberculosis in UBS is characterized by a great effort of the professional nurse. This is major challenges arising from the health system itself, resulting in lack of autonomy of the local manager, and inadequate physical structure to work with Tuberculosis. On the other hand, characteristics such as transmissivity and disease chronicity in association unfavorable socioeconomic conditions of customers, extend the cycle of challenges. We conclude, based on the literature, this hardly contagious disease will be controlled without prior health authorities make with human, material and financial units working in primary care.

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