ABSTRACT

Objective: analyzing the professional-patient interaction in adherence to tuberculosis treatment by the patient in the light of the Conceptual Model of Interacting Open Systems and of the Theory of Goal Attainment of Imogene King. Method: a theoretical-reflective essay, conducted in a dialectical process between relevant literature, theoretical framework and reflection. Results: it was found that perceptions, judgments and actions of the nurse and patient, when congruent, produce transactions directed to goals. It was noticed that the quality of patient-profession communication can ensure adherence to the treatment, having a positive impact on the control and cure of tuberculosis. Conclusion: the need for treatment adherence requires effective interaction, which can occur by mutual goals set with each patient. It is believed that such a conceptual model and theory have applicability among these patients with complicated course, which may discourage them to treatment, leading them to abandon and recurrence. Descriptors: Tuberculosis; Nursing Theory; Adherence to Medication.

RESUMO

Objetivo: analisar a interação profissional-paciente na adesão ao tratamento da tuberculose pelo doente, à luz do Modelo Conceitual de Sistemas Abertos Interatendentes e da Teoria de Alcance de Metas de Imogene King. Método: ensaio teórico-reflexivo, realizado num processo dialético entre literatura pertinente, aporte teórico e reflexão. Resultados: verificou-se que percepções, julgamentos e ações do enfermeiro e do paciente, quando congruentes, produzem transações dirigidas às metas. Percebeu-se que a qualidade de comunicação paciente-profissional pode garantir a adesão ao tratamento, tendo um impacto positivo no resultado do controle e cura da tuberculose. Conclusão: a necessidade de adesão ao tratamento requer interação efetiva, que pode ocorrer pelo estabelecimento de metas mútuas fixadas com cada paciente. Acredita-se que tal modelo conceitual e teoria tenham aplicabilidade junto a esses pacientes que apresentam evolução complicada, o que pode desestimulá-los ao tratamento, levando-os ao abandono e recidiva. Descritores: Tuberculose; Teoria de Enfermagem; Adesão à Medicação.
Tuberculosis afflicts mankind since ancient times, but only at the beginning of the 40s of the XX century, gave a chance to cure it with medications. However, today, at the beginning of the XXI century, tuberculosis remains a primary focus of attention in public health worldwide, considering that this continues with prevalence of great magnitude, and wide vulnerability and transcendence.

Although serious, the disease is curable in virtually 100% of new cases, provided that the principles of treatment are followed. The proper combination therapy, the correct dose, use long enough and supervising the administration of medication by professionals are the means to avoid complications such as bacterial persistence and the development of drug resistance, thereby ensuring the patient healing. In this case, the discontinuity of the therapeutic regimen is the main problem to be addressed.

The dropouts of tuberculosis has been recorded as ranging from 6.8% to 33.8% and by various causes, such as low level of education, administration of treatment without proper supervision and adverse reactions to the drug itself, as well as the false sense of healing due to improvement after initiation of treatment, between others. In addition, the lack of interaction and the breaking of the professional relationship with the patient also configured as causes of noncompliance to the extent that the patient feels abandoned and neglected, and the trader, in turn, knows the difficulties of the patient and not shared search for solutions problems.

Inserted in this issue, we highlight the adhesion term that emphasizes the patient’s perspective as a being capable of a more aware and responsible for his treatment. For adherence to tuberculosis treatment decision effectively occur, it is necessary that the patient and the health care team to establishing between themselves a relationship of trust and mutual commitment in pursuit of achieving the common goals. Following this thought of establishing relationships between the professional and the patient, emphasizes the importance given by the Ministry of Health on providing support to patients in various issues such as psychosocial and labor, in order to seek to remove obstacles that hinder patients’ adherence to treatment. Therefore, it is expected that the approach of the professional and the patient is fully and individually, in order to ensure success in the treatment of TB. Thus, also, the importance of carrying out a process of building interpersonal professional-patient relationships comes seeking to achieve shared goals, from the interaction between them and the emergence of linkages that promote and ensure compliance, along with other measures, effective treatment and consequently the cure of the individual.

It is understood that properly take care of patients always requires a partnership. First, is a partnership between patients and health professionals; quality care can never be attained without collaboration between those who provide care and those who receive care. This partnership extends the service providers themselves, since a high quality of service also depends on the relationship between the team of service providers, however, aspects related to patient care and staffs were not always appreciated. In the last two decades, for example, there has been great progress in the extension of care for patients with tuberculosis, especially but not exclusively in countries with the highest number of cases.

In this work, it is proposed that the nurse, as a member of the healthcare team responsible for the therapeutic care in primary care, favors the establishment of the bond of trust and communication between patient and service required for adherence to tuberculosis treatment. It is argued that nurses have features that allow you to establish this type of relationship, given that the interactionist principles are elements inherent in nursing practice since the early days of the profession and are inserted into the training curricula of this person. Similarly, the concept of interaction is the central focus of several theoretical models that guide nursing practice nurses, some dating from the 1960s, which demonstrates evaluative tradition of this concept in nursing.

Additionally, nurses who work in the context of primary care articulates the actions taken at the health unit, makes dialogue with the various services offered, with the professionals who work there and the responsibilities of care. It is believed that this course of action provides the promotion of co-participation-user health staff required for the development of the bond and the favorable patient adherence to treatment relationships.

Such considerations underlie the assumption that the nurse, member of the healthcare team caring for the patient with TB, has theoretical and technical training and scientific knowledge to act during patient treatment effectively interacting and identifying goals and ways to achieve next to...
the health team, the common goals of improving the quality of life and healing.

Between theoretical references that guide to action this perspective, we highlight the conceptual model of interacting and Open Systems Theory of Goal Attainment Imogene King. This theory, considered large, focuses on the patient-nurse interaction in finding common goals and provides a dynamic for this process.7

The study has relevance in that nursing scholars propose the examination of concepts in nursing models,8 both the method of analysis of the concept, as its representation in reality. The analysis brings a situation of integration of theory and practice. Moreover, such a study meets the need of improvement of bond issues and individual attention in primary health care and the development of strategies that can guide the process of nursing work with his team of family health in promoting adherence to tuberculosis treatment. It is structured on two axes of analysis, namely: 1) Interaction Theory of Goal Attainment of Imogene King and 2) The interaction as a strategy to promote adherence to TB treatment. Each topic has been developed from reflections undertaken in order to elucidate thoughts about the theoretical ideal, accompanied by relevant literature that support the assertions.

This study aimed to analyzing the professional-patient interaction in adherence to tuberculosis treatment by the patient in the light of the Conceptual Model of Open Interacting Systems and Goal Attainment Theory of Imogene King.

- Interaction in the Theory of Reaching Goals of Imogene King

This topic discusses the concept of nurse-patient interaction and assumptions that support it, according to the theory of Goal Attainment. It is noteworthy therefore that for this purpose, it is first important to relate the position of a theoretical concept in several instances of nursing.

Starting with nursing theories, it is considered that these provide a systematic way of looking at the world, being defined as articulated conceptualizations of reality, invented or discovered, in order to describe, explain, predict or prescribe nursing care.6 Accordingly, the concepts are clearly expressed and related in order to facilitate their study in reality. Have the conceptual model, characterized as a framework or a framework of concepts and general and abstract propositions, which provides a frame of reference or different perspective on a specific area of research, the concepts are more abstract and difficult to test scientifically.9

More broadly, conceptual frameworks offer subsidies for professional practice. Thus, the applicability of a nursing theory allows to explain the purposes, contexts, and variables, theoretical explanations, and empirical evidence using new approaches to nursing practice that determine the nature of its descriptive elements. The meanings of the theories to the nursing profession raise a posture alert and committed to scientific intention that turns into a self, feedback and analysis of assumptions and the theoretical and philosophical underpinnings of nursing statement as the body of knowledge put to the service of formation, exercise and professional development, for the benefit of mankind.10

The conceptual model used in this paper is the conceptual framework upon which rests the Theory of Goal Attainment. In the Conceptual Model of Open Systems, health is defined as a continuous adjustment to stressors in the internal and external environment by optimizing resources of the person to achieve their full potential to live. Its interactive focus of the three interactive systems: personal, interpersonal, and social, those, by coordinating with health goals, form the source model for the known theoretical elaboration.11

The concepts related to personal, interpersonal and social systems provide a conceptual network on which the model is based, tracing a theoretical tangle delimiting each system. Perception, self or I, growth and development, body image, space and time: the personal system, the concepts are defined. All these concepts relate to a dynamics with human beings, living in continual interaction with the environment and with the increasing number of individuals; it also increases the complexity of the relationships, which occurs in the interpersonal system.

These interpersonal systems are composed of human beings interacting. Two interacting individuals form a dyad, three, a triad and four or more, small or large groups. As increasing the number of interacting individuals, increases the complexity of the interactions. The concepts are relevant: interpersonal interaction, communication, transaction, role and stress,7 which are discussed more detailed.

The interactions are the observable behaviors of two or three people or groups in mutual presence. In the iterative process, two individuals identify goals and means to
Garcia MCC, Cirino ID, Elias TMN et al.

Achieve them mutually, with one of the highest forms of interaction is speech. When a person interacts with another action happens, it will run a reaction, because that person reacts in the presence of another. The development of this reaction will determine whether or not interaction continues. If you continue, the transaction will be effected. This interaction is very high in order to provide a more reliable relationship between them, causing them to pass from a time of an initial transaction interaction, the expression of which there is already a relationship more stable.9

Considering the interactions between nurse and patient, King believes that the perceptions of nurses and patient influence the interaction process; goals, needs and values of nurse and patient interfere in the interaction process; individuals have the right to participate in decisions that affect their lives, their health and community services; individuals have the right to accept or reject care; and the goals of health professionals and the receivers of health care may not be congruent.10

Thus, some researchers point out that in situations of nursing is important to have reciprocal interaction in establishing a positive interpersonal system.11 The interaction will be influenced by the performance of communication and individual roles, concepts also covered by the theorist Imogene King.

Communication is seen as the process by which information is passed from one person to another, directly or not. The primary function of language in a society is to facilitate cooperation and interaction between individuals. Communication is an exchange of thoughts and opinions among individuals. Can be verbal, if it satisfies desires for recognition, participation and self-realization in direct contact between people or nonverbal, while includes gestures, facial expressions, actions and postures to hear and feel.9 Nursing care involves knowledge and skills communication with a variety of individuals seeking to achieve goals that occur in the presence of transaction.11

This line of thought, there are two types of communication, defined by King: intrapersonal, which is genetically communicated information. And the interpersonal, which is the communication between individuals through speech, gestures. This is more complex and is the information component in human interactions and interpersonal systems.9

Transactions are human behaviors directed at targets. Happen in situations where humans actively participate in this event and active participation in the movements/actions to achieve a goal causes change in individuals. The transactions are not related to the movement of “transactional analysis”. Human interaction leads to transactions that reduce stress in a situation. The transaction is always required during the formation of dyads in interpersonal system.9

The Role defined as a construct is relevant to each of the three systems in dynamic interaction in this conceptual model. Interpersonal system in the interactive relations and communication modes are identified. The concept of role requires individuals to communicate with each other and interact in order to achieve goals. The paper can be learned in the family or other social groups. It’s situational, it depends on the experienced situation and the people involved in the interaction.9

The nurse’s role can be defined as interaction with one or many others, in a situation of nursing in which the nurse, as a professional, uses skill, knowledge and values, identified as nursing, to identify targets and to aid in order to reach their targets other than.7

Where a conflict of role in nurse, the patient, or both, there will be stress on interactions between nurse and patient. However, if nurses with special knowledge and skills appropriate to the patients reported information will occur to establish mutual goals and accomplishments. Perceptions, judgments and actions of the nurse and the patient, if congruent, produce transactions directed to targets.10

The nurse is instructed in their role during their training in nursing schools and, later, to join their professional team. Knowledge of the role is important to nurses to facilitate their performance in health care systems. The conflict of roles in an interpersonal system, ie, the inadequacy of the self to the role to be played, you can increase the tension or stress on the environment, interfering positive way or not in human interactions.11

King states that a professional nurse with special knowledge and skill, and a client in need of care in nursing, with knowledge of self and perceptions of personal problems, are like strangers in a natural setting. They interact with each other to identify problems and set and achieve goals. The personnel system of the nurses and staff client system are in interaction with the system of their dyad, creating their interpersonal system,
which is influenced by the social systems that surround them.\textsuperscript{7}

In the experiences of nurses, a base of knowledge about social systems is essential as it provides the framework for defining social relationships and establishing rules of behavior, mood and action. The social system is a system of organized limit of social roles, behaviors, and practices developed to maintain values and mechanisms of these reactions regulation.\textsuperscript{9} The relevant theoretical concepts that imply that system are: organization, authority, power, status, decision making.

The goal of this theory is to help individuals maintain a healthy state and thus help them to perform their roles in society. The means to achieve a common goal range in each professional group and according to their roles and functions in society. The overall goal of nursing is to promote health, prevent disease and worry about the patient.\textsuperscript{9}

It can be argued, on the conceptual description presented, nurses and patients are reactive human beings that interact in specific situations to achieve specific purposes. It is worth noting that in this process, Imogene King not only holds your concern about the hospitalized patient, but also on individuals with chronic diseases and those requiring rehabilitation. We observe, therefore, the suitability of these concepts in the search, treatment and monitoring of patients with TB case, since, as pointed out by researchers in a guide guidelines for applying best practices for the care of patients with TB, interaction is an important factor for patient adherence to treatment of this disease.\textsuperscript{11} Thus, the nurses take care of all these individuals, an attempt to train them to use their potential ability to function as human beings, developing maximum performance of your roles everyday.\textsuperscript{9}

- Interaction as a strategy on the promotion of adherence to the treatment of tuberculosis

The nurse and patient interaction has been identified as critical to the development of effective practice of nursing and quality concept, according to the Conceptual Model of Open Systems Theory and interacting Goal Attainment Imogene King. Thus, the concept of interaction, the constitutive theory proposed Imogene King, when related to adherence to tuberculosis treatment, can be considered as a viable strategy to be used with this goal of care.

Regarding attention to TB patients, the doctor-patient interaction is identified as paramount in all cases where therapeutic regimen, but especially for individuals who temporarily interrupt, and for those who do not complete treatment. The non-occurrence of positive interaction can determine a node to the process of adherence to treatment, to the extent that the bond-service professional-patient weakens and feelings of abandonment, neglect and uncertainty about the commitment of the professionals come to the fore in patients. In this sense, it is known that patients who do not trust in the health system or physicians are more likely not to adhere to medication regimen.\textsuperscript{1}

The prevention of abandonment of treatment, the patient's perspective in decisions and negotiations on the therapeutic rules must be taken into consideration for all professionals serving patients with TB. However, although the entire team is responsible for ensuring adherence to treatment, this usually falls on the nurse, due to its role of supervisor of follow-up actions of patients under treatment.\textsuperscript{13}

It is emphasized the responsibility of professionals who also appreciate the motivations and context behind the health behaviors of patients, regarding the possibility of non-compliance. This requires communication and dialogue of the health professional in the investigation of treatment failures. Requires a genuine care and go beyond some existing derogatory labels, including assignment of noncompliance by the patient, without analyzing the situation as a whole.\textsuperscript{14} This classification can be view from thoughts those do not emphasize the importance of supervision on the treatment of the patient and the effective follow-up, situations where professional assistance establishes a one-way, no interaction between professional and patient, and no attempt to solve problems.

It has been found that the range of the percentage of adherence to tuberculosis treatment was noticeable in units that have complete health team. Moreover, the presence of the visitor program or nursing assistant seem to contribute to the high adherence to treatment in these units.\textsuperscript{15} Thus, one might think that these professionals to have more personal contact and perhaps a closer interpersonal relationship with patients , can implement dialogic and communicative actions that promote the bond and thus stimulate their stay in therapeutic regimen.

The presence of complete health team as extremely relevant in service, is also emphasized in another study, since the strategies of the National Tuberculosis Control Nurse-patient interaction in adhesion to tuberculosis...
Garcia MCC, Cirino ID, Elias TMN et al.

Programme (NTCP) should preferably be developed by multidisciplinary teams with the objective of social inclusion patient, without however forgetting the importance of organizing the service strategy of supervised treatment. In other words, the dialogic interaction that allows the discussion of the goals of both patient and professional, would be an inherent element supervised treatment that would allow for membership. On the other hand, supervision without this feature may not be effective to the extent that the patient's perspective and the difficulties are not considered in this process.

Several factors affect the non-adherence to treatment: socioeconomic factors such as low socioeconomic status, lack of support network, be it social, family or professional, patient-related factors such as patients' beliefs, knowledge, perceptions and attitudes about and experience with the disease and treatment, in addition to factors such as alcohol and drugs, disease severity, co-morbidity and risk factors related to the health system as the quality of relationships and communication between health workers and patients. However, studies have already shown that the behavior, information and communication quality and style of health professionals, patients may influence adherence. It is noted however, that few studies work these aspects in relation to TB treatment, especially at the level National.

Some studies in Africa and Asia show that the behavior of health professionals, the quality of relationships and communication between health professionals and patients are significantly associated with adherence to TB treatment. Non-adherent patients were less knowledgeable about the duration of treatment, have not had the opportunity to ask questions and explanations received from health professionals about the disease and treatment were not satisfactory, showing that the poor quality of communication between patients and professionals is significantly associated with non-adherence to TB treatment.

It is observed in these studies, which distanced the behavior of providers of health care to the patients, associated with poor communication among them, may compromise the trust of the patient - professional, leading to non-adherence to treatment, especially when the treatment is prolonged, as is the case of tuberculosis. In this study, we emphasize that improving the quality of patient communication - professional can ensure treatment adherence and thus have a positive impact on the control and cure of TB.

It is observed that perspective the need for nurses to be competent with regard to the treatment regimen, use of medications, side effects, benefits for membership, risk of abandonment, and especially, develop skills and competencies aimed for communication and interaction with the patient. Thus, it is recommended that the training of health professionals would preferably be developed by multidisciplinary teams with the objective of social inclusion patients, without however forgetting the importance of organizing the service strategy of supervised treatment. In other words, the dialogic interaction that allows the discussion of the goals of both patient and professional, would be an inherent element supervised treatment that would allow for membership. On the other hand, supervision without this feature may not be effective to the extent that the patient's perspective and the difficulties are not considered in this process.

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Nurse-patient interaction in adhesion to tuberculosis...

Is displayed, then, that an alternative is to leave the pointedness when watching the TB patient, making it possible to work and otherwise establish relationships with patients, replacing the unidirectional flow of information through a process of negotiation between professional and patient, with a view to solving the public health problem of tuberculosis in actuality. The conclusion of the treatment becomes more possible to be successful, since it allows the understanding of patients regarding the disease, greater motivation and willingness to participate / adhere to complex regimens of long-term from the inclusion of this patient as the subject of the healing process. Although the technical details of diagnosis and treatment have been the focus of many discussions and investments, and are most commonly discussed by doctors and scientists, the daily patient care activity is also being developed by health professionals, especially nurses. Quality care cannot be sustained without a quality nursing practice.

These findings emphasize the need to keep patients at the center of the control and treatment of TB activities, involving them in decisions and choices, which can be achieved by the relationship agreement, understood the concepts developed by King, as the need for nurses in an interactive process with the patient, identify the goals and the means to achieve mutually, with one of the highest forms of this interaction is speech, communication.

The nurses can offer patients expert care, repeating the information about the treatable nature of tuberculosis and treatment duration. Every visit that can be taken to the patient, nurses can make use of communication, conducting open questions about the reactions of family and community-related disease and to provide opportunities for patients to actively share their positive experiences of coping, so that is enabling the development of coping mechanisms. Nurses can also encourage patients to talk with each other and even to facilitate the creation of a formal support group to provide social support and contribute to a decreased sense of isolation imposed by the disease and the stigma attached to it.

It is observed that perspective the need for nurses to be competent with regard to the treatment regimen, use of medications, side effects, benefits for membership, risk of abandonment, and especially, develop skills and competencies aimed for communication and interaction with the patient. Thus, it is recommended that the training of health professionals would preferably be developed by multidisciplinary teams with the objective of social inclusion patients, without however forgetting the importance of organizing the service strategy of supervised treatment. In other words, the dialogic interaction that allows the discussion of the goals of both patient and professional, would be an inherent element supervised treatment that would allow for membership. On the other hand, supervision without this feature may not be effective to the extent that the patient's perspective and the difficulties are not considered in this process.

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Garcia MCC, Cirino ID, Elias TMN et al.

professionals, including nurses, should also be based on communication skills and strengthening the bond in order to bring significant changes towards a patient-centered approach, resulting in mutual satisfaction patients and providers of health care, improving patient adherence to therapy, decrease abandonment and the consequent increase in cure rates.19

Regarding the specific training of nurses, it is believed that for this act efficiently in interactive search process, treatment and monitoring of patients with TB, it is necessary to develop a methodology based on the scientific method. There is an effort, nowadays, in order to employ a methodology of scientific research that is guided by theory and knowledge, understood as a process, and more than that, this methodology can be used extensively in education and nursing education. So it is important that during assistance to individuals who have any need for help, the nurses work in theories seeking support in order to base the care they provide in the care process.

In the case of care and monitoring of patients with tuberculosis, there is the need for nurses to utilize the interactive nature of theories, developing relationships of agreement, mutual responsibility and contribution in achieving treatment success, which means taking shared decision between patient and professional, based on interaction, communication and full recovery of the patient experience, their perceptions, desires and beliefs, and mutual, theoretical concepts developed by nursing, among them about Imogene King. This includes perhaps share these concepts and proposed work with other team workers and those who are under their supervision, in case the health care provider.

FINAL CONSIDERATIONS

From the premise of Nursing Theories, specifically the Conceptual Model of Interacting Open Systems and Goal Attainment Theory of Imogene King, it was possible to identify and understand the need for adherence to TB treatment requiring an effective interaction, which can be due to the establishment of mutual targets with each patient, which, due to the disease, undergoes changes in its systems. It is believed that such a conceptual model, as this theory has application with patients with TB, presenting an often complicated course, with strict control of treatment with high doses and some side effects, which may discourage them regarding treatment, and lead to high dropout rate and recurrence as a result of non-adhesion.

Working with targets can encourage them to continue and, with the support of family, this encouragement can achieve the control of the disease, preventing complications and giving them a better life condition. The interaction between personal, interpersonal and social systems, proposed by King, is crucial in this process, because the patient is seen as a personal system greatly influenced by the people with whom they live and the environment in which he lives.

It is believed that the Theory of Goal Attainment of King is not only applicable to the monitoring and treatment of patients with TB, but very desirable to practice as viable a form of nurse-patient interaction required for therapeutic efficacy, we know, requires a professional, family, social, and especially personal care.

With support on the concepts of interaction of King's important to seek out always interact with the user, welcoming it and integrating it with the health team, minimizing barriers during the treatment period, respecting the dignity and autonomy of those who seek health services in order to make it the subject of his treatment process and cure of tuberculosis. Anyway, it is expected that while nurses responsible for ensuring patient adherence to TB treatment, seek to combine clinical and technical knowledge of the disease and treatment, the concepts of Nursing Theories, so that we can pursue nursing grounded in scientifically a body of knowledge that is in itself.

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