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NURSES' DISCOURSES ON ACTIONS AND STRATEGIES OF CARE FOR THE ELDERLY WITH TUBERCULOSIS

DISCURSOS DE ENFERMEIRAS SOBRE AÇÕES E ESTRATÉGIAS DO CUIDADO AO IDOSO COM TUBERCULOSE

DISCURSOS DE LAS ENFERMERAS SOBRE ACCIONES Y ESTRATEGIAS DE ATENCIÓN A LOS ANCIANOS CON TUBERCULOSIS

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Objective: to analyze the nurses' discourses about the actions and strategies of care for the elderly with tuberculosis in primary health care services. Method: exploratory study, with qualitative approach, developed in the municipality of João Pessoa, Paraíba. Nurses working in Primary Health Care and who assisted elderly people diagnosed with tuberculosis in the municipality were included in the study. The empirical data were analyzed using the theoretical analytical device of the Discourse Analysis of the French matrix. Results: it was evidenced that the effective implementation of active search, incentives, home visits, comprehensive care for the elderly, health education and exams favor the control of the disease, in addition to the therapeutic adherence of the elderly. Final considerations: the nurses' discourses elucidated that professionals should rethink how they are producing care for the elderly, especially those with tuberculosis, because this population lacks specific attention, with their own singularities.

Descriptors: Nursing care. Old. Tuberculosis. Primary Health Care. Speech.

Objetivo: analisar os discursos de enfermeiras sobre as ações e estratégias do cuidado ao idoso com tuberculose em serviços da Atenção Primária à Saúde. Método: estudo exploratório, com abordagem qualitativa, desenvolvido no município de João Pessoa, Paraíba. Foram incluídos no estudo enfermeiras atuantes na Atenção Primária à Saúde e que assistiram a idosos diagnosticados com tuberculose no município. Os dados empíricos foram analisados por meio do dispositivo teórico analítico da Análise de Discurso de matriz francesa. Resultados: evidenciou-se que a implementação eficaz da busca ativa, incentivos, visitas domiciliares, cuidado integral ao idoso, educação em saúde e exames favorecem o controle da doença, além da adesão terapêutica do idoso. Considerações finais: os discursos

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das enfermeiras elucidaram que os profissionais devem repensar a forma como estão produzindo o cuidado à pessoa idosa, principalmente as que têm tuberculose, pois essa população carece de atenção específica, com singularidades próprias.

Descritores: Cuidados de Enfermagem. Idoso. Tuberculose. Atenção Primária à Saúde. Discurso.

Objetivo: analizar los discursos de las enfermeras sobre las acciones y estrategias de atención a los ancianos con tuberculosis en los servicios de atención primaria de salud. Método: estudio exploratorio, con enfoque cualitativo, desarrollado en el municipio de João Pessoa, Paraíba. En el estudio se incluyeron enfermeras que trabajan en Atención Primaria de Salud y que asistieron a personas mayores diagnosticadas con tuberculosis en el municipio. Los datos empíricos fueron analizados utilizando el dispositivo analítico teórico del Análisis del Discurso de la matriz francesa. Resultados: se evidenció que la implementación efectiva de la búsqueda activa, incentivos, visitas domiciliarias, atención integral a los ancianos, educación para la salud y exámenes favorecen el control de la enfermedad, además de la adherencia terapéutica de los ancianos. Consideraciones finales: los discursos de las enfermeras dilucidaron que los profesionales deben repensar cómo están produciendo la atención a los ancianos, especialmente a los que tienen tuberculosis, porque esta población carece de atención específica, con sus propias singularidades.

Descriptores: Cuidados de enfermería. Viejo. Tuberculosis. Atención Primaria de Salud. Discurso.

Introduction

Tuberculosis (TB) is considered one of the major causes of morbidity and mortality in developing countries. In Brazil, for example, recent data recorded the occurrence of 73,864 new cases, which corresponds to an incidence coefficient of 35 cases per 100,000 inhabitants. Diagnosis is one of the priority actions to control TB, because undiagnosed and untreated patients are the main source of transmission[1].

In order to make the care of TB patients horizontal-centered in Brazil, the decentralization of the actions of the *Programa de Controle da Tuberculose* (PCT) for Primary Health Care (PHC) is seen as an indispensable functional structure to achieve disease control, standing out as an item in the guidelines recommended by the *Ministério da Saúde* (MS). Thus, PHC is the gateway and ordering of the service network, with the task of problem-solving, coordination and accountability[2].

In this context, among the various actions and strategies for TB control that are the responsibility of PHC services, we highlight the *Busca de Sintomáticos Respiratórios* (BSR) in the enrolled community, the performance of tests for diagnosis (sputum smear microscopy, tuberculin test, radiography), the guarantee of efficient communication flow with laboratories, the monitoring of treatment with appropriate clinical management and the control of communicators[2]. Other preventive actions concern the BCG vaccine, home visits and educational activities directed to patients[3].

A difficulty in TB control in the elderly refers to the fact that symptoms are not easily identified, since they have, concomitantly, respiratory, cardiovascular and systemic diseases, with an analogous clinical picture, sometimes associated with difficulty in reporting complaints, memory deficit, states of confusion, senility and verbalization problems, which may result in delayed diagnosis[4], requiring increasingly qualified professionals to diagnose TB early in the older person.

Thus, the nursing team plays a fundamental role in the care process for the old person diagnosed with TB, which has contributed to the control of the disease. This contribution has been implemented over decades to the present day with the *Programa Nacional de Controle da Tuberculose*, since these professionals have a relevant importance in the health education of the population. Since TB is a public health problem, there is a greater concern for the old, because in addition to the physiological changes of aging, they have comorbidities

that can significantly interfere in the diagnosis and treatment. Therefore, there is need for professionals committed to good practices to fight the disease and act appropriately[5-6].

In this sense, being one of the professionals who promote the care of the elderly with TB, the nurse has a relevant role in the activities of disease control, in the field of PHC and in the articulation between the multidisciplinary team and the user[7-8].

Given the limited scientific production in this area and in view of the consequences of TB in the elderly, the production of this study becomes significant, whose objective is to analyze the discourses of nurses about the actions and strategies of care for the elderly with tuberculosis in Primary Health Care services.

Method

Exploratory study, of qualitative approach, based on the Consolidated criteria for reporting qualitative research (COREQ), originally developed in English. The study was developed in the municipality of João Pessoa, Paraíba (PB), defined by the Ministry of Health as a priority in TB control actions, specifically in the *Unidades de Saúde da Família* (USF) located in the five Health Districts of the municipality.

The study included five nurses working in PHC and who assisted elderly people diagnosed with TB in the municipality. A survey was initially carried out with the *Área Técnica de Tuberculose e Hanseníase da Secretaria Municipal de Saúde de João Pessoa* (SMS-JP), with the objective of obtaining the number of elderly aged 60 years or older, whose notification of TB in the *Sistema de Informação de Agravos de Notificação* (Sinan) occurred in the years 2016, 2017 and 2018. These cases, completed or under treatment, were used as inclusion criteria of the research. After this identification, a second survey was carried out to identify the nurses who provided assistance to any of these elderly identified in the first search for information. Nurses who were on sick leave, maternity or vacation were used as exclusion criteria.

Therefore, in the period from 2016 to 2018, 34 cases of TB in the elderly were recorded in Sinan. However, of this total, not all were followed by PHC nurses: 26 elderly were assisted by the *Complexo Hospitalar Clementino Fraga* (CHCF), 3 at the *Hospital Ortotrauma de Mangabeira Trauminha* and only 5 were followed by nurses in the Basic Health Units (BHU).

Data were collected from April to June 2019 in the UBS, using a semi-structured interview script with questions related to the object of study, using the audio device of a mobile phone as an aid. It is noteworthy that the interviews were recorded and later fully transcribed.

Data analysis was performed through theoretical and methodological basis of Discourse Analysis (DA) of French matrix, which is innovative and can assist in further studies. According to the theory of knowledge, it merges into a linguistic, materialistic and psychoanalytic philosophy[9]. The DA is identified by the discourse in which one understands the meanings produced as a function of the Discursive Formations (DFs) of a given ideology, being possible to understand the individual and collective discourse[10]. During the analysis, in order to safeguard the anonymity of the interviewees, the acronym "N" was used, representing the abbreviation of Nurses, being distributed from N1 to N5.

This research followed the ethical observances contemplated in Resolution n. 466/2012 of the *Conselho Nacional de Saúde* (CNS)[11], being approved by the Research Ethics Committee (REC) of the *Centro de Ciências da Saúde* (CCS) of the *Universidade Federal da* Paraíba (UFPB), under Protocol n. 0193/2017/CEP/CCS/UFPB, Opinion n. 3.173.004 and *Certificado de Apresentação de Apreciação Ética* (CAAE) 7511419.9.0000.5188.

Results

In view of the data provided by the SMS-JP, the study included five (N=5) nurses who provided care to elderly with TB in the PHC of the municipality. When characterizing these professionals regarding working time,

two of the nurses (N1 and N2) have more than 30 years in the health service, one (N5), 25 years and the other two (N3 and N4), more than 10 years.

Regarding the time of activity of nurses in the SFS, three (N1, N2 and N5) have over 10 years old, one (N4), 6 years and one (N3), 9 months. As for labor issues, N1, N2 and N5 are effective employees, while N3 and N4 are contracted service providers. All of them have a postgraduate degree in Family Health. Regarding the care of the elderly with TB in PHC, each of these participants followed only one elderly person in the following years: 2016 (N2 and N4), 2017 (N1 and N5), 2018 (N3).

To better expose and analyze the statements, and due to the density of the object of study, the following discursive block was constituted: Actions and strategies used to subsidize the care of the elderly with tuberculosis in PHC. This block emerged from the textual marks identified in the discourses of the enunciating subjects, which are considered "windows" of entry for analysis[10], as indicated in Chart 1.

The textual marks were grouped according to the similarity of the meanings that question it, based on the heuristic procedures of the analyst. Thus, after a floating reading of the corpus, the discursive block referring to actions and strategies was identified.

Chart 1 – Discursive block: actions and strategies used to subsidize care for the elderly with tuberculosis in primary health care. João Pessoa, Paraíba, Brazil – 2019 (continued)

Discursive formations	**Textual segmentation**
Active Search	*We do an active search, we call all relatives to raise awareness* [...] (N2). *Yeah, we try to do the active search, sometimes it becomes difficult because of time, anyway* [...] (N3). *It is the patient who comes or a clinical complaint or is already registered in some program* [...] (N4). *The strategy, as I told you, is the one that we really use the care of the elderly itself, the active search* [...] (N5).
Incentives	*They receive the fair as an incentive, to see if they do not give up the medication.* (N1). *You still have the fair, right, that the TB patient receives monthly.* (N5).
Visits	*Communication with the elderly is always the CHW, if they* (family) *give medication or if he comes to take here, it is always about our direct care.* (N2). *If you make a home visit to the patient, describing the care he has to take* [...] (N3). *We make the monthly follow-up, the CHW makes the visit.* (N5). *The visit, the consultation, follow-up with the CHW, with the doctor, nurse, dentist, because we work in the whole, we do not separate the dentist from the doctor and the nurse no, everything goes. Follow-up everything* [...] (N5).
Elder Care	*And so, those general guidelines right, with the family for the symptoms he can have of medication and send the family to come to the evaluation, to see, but in general it is the family that takes over. We make a general guidance.* (N1). *I can not speak directly from the care in TB to the elderly, but I can speak of care with the elderly, where we discover TB. So all the elderly of us have a care, a more supported look* [...] (N2). *Describing the care he has to take, the family that has also take* [...] (N3). *We do not have a protocol aimed at the elderly, not, he is attended by pathology, right, by TB, and not for age. He has no protocol that differentiate him.* (N4).

Chart 1 – Discursive block: actions and strategies used to subsidize care for the elderly with tuberculosis in primary health care. João Pessoa, Paraíba, Brazil – 2019 (conclusion)

Discursive formations	**Textual segmentation**
Elder Care	*We have the TB program and have the elderly program that are distinct things that within the elderly program is a wide-way assistance, in general and not a specific thing*. (N4). *Treating elderly is not easy, because he wants to do his way and sometimes he does not take medication at the right time* [...] (N1). *Because the elderly already forgets the medication, does not want to take, he does not accept to be with TB* [...] (N5).
Biomedical Model	*Because there are other pathologies involved* [...] (N4).
Health Education	*Knowledge with the disease does not have much, as much as we guide, there is taboo, these things for them* [...] (N5).
Tests	*Why did not you come? Why did not you underwent the requested test? Bacilloscopy? So we investigated everything!* (N3). *Because even though basic attention does not detect you are sent to the Clementino, the sputum test, because the people of the unit does not.* (N4). *What will differentiate is the question of us to observe the taking of medication, the request of tests, accompany how treatment is* [...] (N5).

Source: Created by the authors.

Discussion

The manual of recommendations for TB control in Brazil points to the active search for Respiratory Symptomatic patients as one of the strategies that should be performed by all health services, at all levels of care and, especially, in the elderly population with associated comorbidities, which makes the diagnosis of the disease even more difficult[12-13].

Through DA, there is a difficulty in performing the active search, which may be associated with the lack of understanding on the part of nurses how to implement this action, since these professionals do not understand that the active search is their responsibility. Therefore, in their discursive memory, an ideological subjection is identified in the textual segmentations of N4 and N3, respectively: "It is the patient who comes, we try to make the active search [...]" and "Yes, we try to make the active search, sometimes it becomes difficult because of time [...]". Another point evidenced is a probable lack of professional qualification or a distancing of nurses from this user, which reflects the difficulty in detecting cases and delay in diagnosis.

Advancing with the discourse analysis, the textual marks of N1 and N5 highlighted the incentive of the basic basket, as something that enhances adherence to therapy, especially for the elderly who usually have a minimum income, in addition to various expenses with medication and the care of other basic needs.

The supply of basic baskets provides a positive increase in adherence to treatment, assuming that the provision of food, in a certain way, involves aspects of abandonment, such as low educational level, unemployment, income and hunger, directly interfering in adherence to therapy[14]. In this sense, the incentive is highlighted as a significant strategy in the context of TB control, placing it as a strong aspect in the cure process of the disease.

Another relevant aspect for TB control concerns home visits, considered a favorable occasion for guidance on treatment, follow-up of the clinical evolution of patients, besides enabling a greater bond between the elderly and the health team[15].

A study identified that the home visit emerged, for the interviewed users, feelings of safety, gratitude and recognition of the good work of professionals. These visits represent

a moment of knowing how the patient is, if he/she needs something, making an analysis of the clinical evolution of the disease, in addition to the physical, economic and social situation of the patient[16].

In the context of this analysis, only N5 emphasized the visit in a multiprofessional way, being a positive aspect for the care of this population that has its singularities. Thus, the work process based on multidisciplinary teams aims to qualify care centered on integrality, in addition to facilitating greater bond between professionals and users[17].

Regarding discursive formations for the care of the elderly, according to the speech of N4, it was noticed that the nurse could not establish a care centered on the particularity of the elderly, evidencing a possible fragility in the production of care to this population. In their intradiscourse, the elderly are treated according to the care model, which is centered on pathology. Thus, this type of model, often incorporated in society, articulates behaviors that do not cooperate for the specific care of the elderly, ignoring, for example, the signs of physical and functional decline, since they associate these manifestations with the naturalness of age.

However, N2 emphasizes care in a singular way, due to the vulnerability of the elderly, being something positive, because the care to these individuals should be redoubled, considering their particularities.

In the textual segmentation of N1, there was the relevance placed regarding the role of the family in the care of the elderly. However, in the textual mark "[...] but in general it is the family that takes care [...]" there are indications that the professional silenced another saying, because he wanted to place total responsibility in the family, dodging that of the team and demonstrating fragility in recognizing his commitment in the production of care.

It is still a great challenge to look at the elderly in their entirety. However, a study revealed that professionals tried to see beyond the old person, taking into account their family context, however, this does not ensure their implementation in daily practice. Therefore, when the elderly are not observed contextualizing their family, an inverse logic of integrality is observed[18].

The discourses of N1 and N5 reveal the textual marks that the old person is often seen as a fragile person, powerless, difficult to receive care, underestimating their functional domains. There is a need for these professionals to re-mean general aspects related to the elderly, so that care can be qualified and without prejudice, because they place the elderly person in the position of incapable subject, resulting in a difficulty regarding the interaction of the subjects and the provision of care.

Thus, through the textual mark "[...] treating the elderly is not easy [...]" (N1), the non-valorization of the older person is identified, seen as an obstacle, an object that has no more value. In the discursive memory of the enunciator it is rooted that the elderly is the one who is old, spent by time, disused, obsolete, and that, for him, it is not easy to take care of them. Therefore, it is essential to perform a more detailed clinical approach in the health care of these individuals, plus effective care[19].

On the other hand, in non-Western societies, such as in China and Japan, the elderly have always been traditionally approached with reverence and zeal, resulting from the extensive experience accumulated throughout their lives, with the family as their safe haven. The other younger family members express pride in the efforts made by their elderly for the family, because from an early age they sought work in order to support their children and provide them with study[17].

Therefore, in the process of enunciation of subject N1, the saying was in his discursive memory and this ideological subjecting was configured in his interdiscourse, because the meaning of his words were produced by the ideology of the society where he lives, in this case the Western, which does not have the same concepts of the Orientals about the old person.

In addition, it was perceived the centralization of discourse in the practices of care to the biological body, since it showed the disease as something of great relevance for the caregiver subjects, who performed their functions based mainly on the

biomedical model, ratified in the discourse of N4. It was noticed in the nurse's speech that she could not break with the biomedical model to try to progress in a more advanced conception of health and, consequently, reproduce in practice.

It is believed that, given the vehement biomedical influence on care practices, even in the present day, workers need to take into account that each patient needs care based on their singularities. Thus, the nurses' discourse on the care of the elderly with TB in the BHU was configured as questioned by the ideology of humanism, since the worker, indisputably, is tasked with offering comprehensive care, which does not contemplate only biological aspects.

A study[20] conducted in three provinces in China corroborated the above by showing improvement in the efficacy of TB control, since there was the presence of professionals who were able and qualified to work in this context. Another study[21], developed in Nepal, demonstrated professionals unprepared to provide care to TB patients, lack of Directly Observed Treatment (DOT) strategy and health education, which culminated in the delay of diagnosis, worsening and dissemination of the disease.

Health education, as another important tool in the care process, clarifies aspects related to the disease and also clarifies the existing doubts. However, in the nurses' discourses, it is perceived a distancing of these professionals regarding educational activities, essential for the acceptance of the user to therapy. One of the reasons for not performing health education may be the fact that professionals do not find it relevant for the improvement of the disease, since they do not implement it.

In turn, it was found that the orientation and clarification actions developed by the nurses were approached in a generic way, without focusing on the specificity of the elderly, realizing weaknesses regarding the practice of qualified listening and integration with the other.

Thus, health education aimed at the healthy person brings benefits, such as: valuing life, self-care, personal growth, active search for health, favoring active aging and better quality of life. However, it is seen that professionals are not adequately prepared to implement health education, and training is needed to do so[16].

Another disease control strategy is the strengthening of the laboratory diagnostic network, covering access to diagnostic methods, such as: rapid molecular test (RMT), bacilloscopy, culture, sensitivity test, among others[13]. It was noticed in the discourses that this action is performed by the nurses despite the difficulties faced, being considered mitigating agents in this process, in order to enable a rapid and effective diagnosis.

However, one of the subjects (N4) demonstrated a distancing from this action, since she pointed out that she did not perform this diagnostic method in the BHU. It is understood, through the textual mark of this discourse, that the nurse probably does not have enough supplies to perform this action or does not understand the real meaning of integrality of actions and services as a strengthening instrument for the process of decentralization and care for the elderly.

In view of the analysis of discursive formations, through textual segmentations, it is perceived that, despite all the promotion of the TB control program to eradicate the disease, it still constitutes a problem of great magnitude, since it needs the mutual action of all subjects involved in the process of care for the old person with TB. Thus, the service in a constant and integrated way to this public, by PHC professionals, becomes fragile due to the so many gaps mentioned above. In addition, it is noted the need to provoke discourses on the part of professionals about a possible restructuring of the local health system to control the disease in the old person.

The limitation of the study are the interviews with nurses from the same municipality, which covers singular situations and attributes. Moreover, the number of nurses who met elderly people with TB in the PHC was reduced compared to other levels of care.

On the other hand, this study contributes to enable professionals to change the way they think and act regarding the care of the elderly with TB, according to the principles recommended by the *Sistema Único de Saúde* (SUS).

Final considerations

The discourses of the nurses working in PHC who assisted the elderly with TB in the municipality of João Pessoa evidenced weaknesses in the care process aimed at this population, since this demand a singular attention. The focus of care for the elderly in the biomedical model, centered on pathology, is still noticeable.

The active search in the elderly population should be encouraged, since: the associated comorbidities hinder the diagnosis of the disease; the incentive of the basic basket enhances adherence to therapy; the home visit should be considered as a favorable occasion for guidance on treatment, follow-up and bonding with the elderly; and that health education and the strengthening of the laboratory diagnostic network favor TB control.

It is necessary, therefore, that nurses seek to implement these actions and strategies in an adequate and effective manner. Similarly, other studies involving the theme should be developed, including with other health professionals and managers, as well as with the elderly, since this study was limited to nurses' discourses.

Despite the impact of TB on the elderly, there are few studies on this population, which needs to be further explored in order to support the creation of policies aimed at the theme.

Collaborations:

1 – conception, design, analysis and interpretation of data: Edna Marília Nóbrega Fonseca de Araújo, Sthephanie de Abreu Freitas and Anne Jaquelyne Roque Barrêto;

2 – writing of the article and relevant critical review of the intelectual content: Edna Marília Nóbrega Fonseca de Araújo, Sthephanie de Abreu Freitas, Anne Jaquelyne Roque Barrêto, Amanda Haissa Barros Henriques and Matheus Figueiredo Nogueira;

3 – final approval of the version to be published: Edna Marília Nóbrega Fonseca de Araújo, Sthephanie de Abreu Freitas, Anne Jaquelyne Roque Barrêto, Amanda Haissa Barros Henriques and Matheus Figueiredo Nogueira.

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