

Nurse's Attention in Primary Health Care Towards the Cancer Topic: From Real to Ideal

Atuação do Enfermeiro na Atenção Primária à Saúde na Temática do Câncer: Do Real ao Ideal

Actuación del Enfermero en la Atención Primaria a la Salud en la Temática del Cáncer: Del Real al Ideal

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ABSTRACT

Objective: The study's purpose has been to identify in the Brazilian literature the nurse practitioner's role in Primary Health Care with regards to the cancer topic. **Methods:** It is an integrative review of the literature with a search in the databases LILACS, BDNF and the SciELO library, in October 2016, answering the following question: What is the performance of the nurse professional in Primary Health Care with regards to the cancer topic? The publications were analyzed in light of the National Policy for the Prevention and Control of Cancer in the Health Care Network of People with Chronic Diseases under the *Sistema Único de Saúde (SUS)* [Unified Health System] framework. **Results:** Eight studies addressed the accomplishment of assistance activities, such as the accomplishment of nursing consultations focused on preventive exams for cervical and breast cancer, educational activities and home visits. **Conclusion:** There was a shortage of studies on the nurse's role in the cancer issue. This action, when it exists, is related to the curative model of care.

Descriptors: Neoplasms, Primary Health Care, Nursing Care, Comprehensive Health Care, Health Services.

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RESUMO

Objetivo: identificar na literatura brasileira a atuação do profissional enfermeiro na Atenção Primária à Saúde na temática do câncer. **Métodos:** revisão integrativa da literatura com busca nas bases de dados LILACS, BDENF e biblioteca SciELO, em outubro de 2016, respondendo a questão norteadora: Qual a atuação do profissional enfermeiro na Atenção Primária à Saúde na temática do câncer? As publicações foram analisadas à luz da Política Nacional para a Prevenção e Controle do Câncer na Rede de Atenção à Saúde das Pessoas com Doenças Crônicas no âmbito do Sistema Único de Saúde. **Resultados:** oito estudos abordaram a realização de atividades assistenciais, como a realização de consultas de enfermagem com foco em exames preventivos do câncer de colo de útero e mama, atividades educativas e visitas domiciliares. **Conclusão:** verificou-se escassez de estudos sobre a atuação do enfermeiro na temática do câncer. Essa atuação quando existente volta-se ao modelo curativo de atenção.

Descritores: Neoplasias, Atenção Primária à Saúde, Cuidados de Enfermagem, Assistência Integral a Saúde, Serviços de Saúde.

RESUMEN

Objetivo: Cidentificar en literatura brasileña la actuación del profesional enfermero en Atención Primaria a Salud en temática del cáncer. **Métodos:** revisión integrativa del literatura con búsqueda en bases de datos LILACS, BDENF y biblioteca SciELO, en octubre de 2016, respondiendo la cuestión: ¿Cuál es la actuación del profesional enfermero en la Atención Primaria a Salud en la temática del cáncer? Las publicaciones fueron analizadas a luz del Política Nacional para Prevención y Control del Cáncer en Red de Atención a Salud del Personas con Enfermedades Crónicas en ámbito del SUS. **Resultados:** ocho estudios abordaron la realización de actividades asistenciales, como realización de consultas de enfermería con foco en exámenes preventivos del cáncer de cuello de útero y mama, actividades educativas y visitas domiciliarias. **Conclusión:** verificó escasez de estudios sobre la actuación del enfermero en temática del cáncer. Esta actuación cuando existe, se vuelve al modelo curativo de atención.

Descriptores: Neoplasias, Atención Primaria de Salud, Atención de Enfermería, Atención Integral de Salud, Servicios de Salud.

INTRODUCTION

About 26 million new cases of cancer will be diagnosed worldwide by 2030.¹ Nowadays, an estimated 420,310 new cases of cancer are estimated for 2016 in Brazil, excluding non-melanoma skin tumors.² With such expressiveness, cancer is already the second most common cause of death in our country.²

Considering the public policies for this aggravation, as of Ordinance No. 874 of May 2013, the National Policy for the Prevention and Control of Cancer in the Network of Attention to Health of People with Chronic Diseases was established within the scope of the *Sistema Único de Saúde (SUS)* [Unified Health System], and is currently the main policy in force in the country for this aggravation, which aims to reduce the mortality and disability caused by cancer, reduce the incidence of some cancers, and contribute to quality of life of users with neoplasms, through promotion, prevention, early detection, timely treatment and palliative care.³

The aforesaid policy³ seeks to integrate the different health services to assist users with cancer, including Primary Health Care (PHC). In the PHC are the Family Health Strategy (FHS) teams, with actions focused on the individual and collective with a focus on health promotion and cancer prevention, as well as early diagnosis and support for tumor therapy, palliative care and clinical actions for the follow-up of treated individuals, as well as actions for information sharing, through information subsystems for the purpose of using them in health promotion.³

As one of the components of the FHS in the PHC, the nurse usually is responsible for the leadership and coordination of the team, which plays a crucial role in the development of the actions proposed by the cancer policy.⁴⁻⁶ However, there are few national productions which focus on the role and actions of nursing professionals in the face of cancer in PHC, highlighting the gap present in this axis and the need for current discussions on this topic, mainly due to the increase in the incidence of cancer in Brazil and in the world, and the growing demand in health services. These aspects reinforce the importance of conducting research on this subject, especially with a focus on the primary level, as it is a gateway to health services.

Given the aforementioned, this study aimed to identify in the Brazilian literature the nurse practitioner's role in Primary Health Care with regards to the cancer topic.

METHODS

The Integrative Literature Review was used as a research method based on the following steps: 1) Selection of the question for review; 2) Establishment of criteria for sample selection; 3) Presentation of the characteristics of the primary research; 4) Data analysis; 5) Interpretation of results and; 6) Presentation of the revision.⁷

As a question that guides the present study was established: What is the performance of the nurse professional in Primary Health Care with regards to the cancer topic?

The following inclusion criteria were used to select the material to be analyzed: complete publications, Brazilian, indexed and made available in the Portuguese language and; This was because 2005 was the year of the creation of the National Policy of Oncological Care by the Health Ministry (HM).⁸

The search was conducted during the month of October 2016, based on the electronic consultation in the online databases "Latin American and Caribbean Literature in Health Sciences" (LILACS), "*Base de Dados de Enfermagem*" (BDENF) [Nursing Database] and "The Scientific Electronic Library Online" (SciELO), using the descriptors in health sciences combined with the Boolean operator "AND": Neoplasias; Nursing; Nursing care; Primary Health Care; Public health. 172 publications were published in LILACS, 76 in BDENF and 312 in SciELO, totaling 560 publications.

Based on this initial selection, the material was analyzed based on the evaluation of titles and abstracts, after inserting the year and country of publication filter, being submitted to the inclusion criteria mentioned. Thus, 475 records were evaluated and, afterward, 39 were selected for eligibility. From these studies, eight were excluded due to the repetition of productions within the selected databases, then remaining 31 publications.

After a dynamic reading of the remaining articles, 23 productions were excluded due to incomplete publications, editorials, revision work, incoherence with the proposed theme, and studies and reports published by other areas of knowledge other than nursing.

Hence, the final sample consisted of eight publications. Subsequently, the complete and thorough reading of the selected material was extracted, extracting concepts that were approached and of interest to the study. In order to better visualize the results and analyze the data obtained, the publications were organized in spreadsheets of the computer program Microsoft Excel® 2010.

From the systematization of the information, the results were structured from two stages. In the first stage, the data related to the profile of the publications were identified, containing the following: title, authors, study type, methodological nature, objective, publication year and origin. In the second stage, the analysis process was based on the actions performed by nurses working in primary health care in cancer. The results are presented in a table and descriptive language, discussed in the light of the National Policy for the Prevention and Control of Cancer in the Health Care Network of People with Chronic Diseases under the SUS framework.³

In respect to the ethical precepts in research,⁹ the sources and ideas of the authors of the analyzed productions were assured, and all the works used are referenced in the text.

RESULTS AND DISCUSSION

The final sample consisted of eight national scientific productions. In the *BDENF* database, an article was selected, in the SciELO four articles and in the *BDENF/LILACS* a dissertation and two articles for analysis.

The characteristics of Brazilian scientific productions about the nurses' performance in primary health care in cancer are presented in **Table 1**.

Table 1 - Characteristics of Brazilian scientific productions on "performance of the nurse professional in Primary Health Care with regards to the cancer topic", Jan 2005 – Oct 2016. *Maringá*, 2016.

Study	Title*/Author	Tudy Type	Methodological Nature	Objective	Publication Year/Origin
A1	Acompanhamento de usuários, portadores de câncer, por trabalhadores da saúde da família.	Original paper.	Quantitative and descriptive study.	To identify and analyze the follow-up actions developed by the workers of 13 Family Health Strategy (FHS) Teams towards	2010. <i>BDENF/LILACS</i>

D1	Alterações no modo de viver de idosos com câncer. Severo, IM.	Master thesis.	Quantitative case study.	To identify changes in the lifestyle of the bearing cancer elderly people at their homes.	2008. <i>BDENF/LILACS</i>
A2	Atenção a pacientes oncológicos na Estratégia Saúde da Família: olhar do usuário. Wakiuchia J, Marcon SS, Sales CA.	Original paper.	Quantitative and descriptive study.	To understand the experiences of cancer patients regarding the care received and the relationship with the professionals of the Family Health Strategy.	2016. SciELO
A3	Conhecimento, atitude e prática relacionada ao exame colposcópico entre usuárias de uma unidade básica de saúde. Vasconcelos CTM, Pinheiro, AKB, Castelo ARP, Costa LQC, Oliveira RGO.	Original paper.	Quantitative, cross-sectional and survey type study (Knowledge, Attitude and Practice).	To assess the knowledge, attitude and practice of colposcopic examination among users of a Basic Health Unit (BHU) and to verify its association with sociodemographic variables.	2011. SciELO
A4	Humanização da assistência na atenção básica às pessoas com neoplasias: percepção de profissionais de enfermagem. Baratto F, Ferreira CLL, Ilha S, Nunes SS, Backes DS, Pereira ADA.	Original paper.	Exploratory, quantitative and descriptive study.	To know the perception of nursing professionals working in basic care about the humanization of care for people with neoplasias.	2016. <i>BDENF</i>
A5	Prevenção do câncer de mamas e colo uterino na perspectiva de mulheres: implicações para o serviço. Duarte SJH, Gaspar RA, Alves VH, Rodrigues DP.	Original paper.	Quantitative and descriptive study.	To describe the factors that influence the performance of the Pap smear in the opinion of women and their implications for the service.	2015. <i>BDENF/LILACS</i>
A6	Prevenção do câncer de próstata na ótica do usuário portador de hipertensão e diabetes. Vieira LJS, Santos ZMSA, Landim FLP, Caetano JA, Neta CAS.	Original paper.	Quantitative and Exploratory study.	To identify user knowledge about prostate cancer prevention	2008. SciELO
A7	Rastreamento oportunístico do câncer de mama desenvolvido por enfermeiros da Atenção Primária à Saúde	Original paper.	Quantitative, cross-sectional and descriptive study.	To identify the actions of opportunistic screening of breast cancer performed by nurses from the Basic Health Unit	2016. SciELO

Source: Research data, 2016.

***Note:** The titles were kept as in their original language.

The articles were categorized according to the type of study and the methodological nature adopted. Regarding the type of study, seven are original articles and only one dissertation.

According to the methodological aspects used in the studies, the majority used descriptive studies (A1, A2, A4, A5, A7), followed by exploratory (A4, A6), cross-sectional (A3, A7), case study (D1) and survey type study (Knowledge, Attitude and Practice) (A3). It is noteworthy that several studies adopted more than one methodological nature. Regarding the approaches used, five studies are quantitative and three are qualitative.

Concerning the years of publication of the articles, as shown in **Table 1**, it can be seen that the data collected had the following distribution: 2008 (2); 2010 (1); 2011 (1); 2015 (1) and 2016 (3). There is an absence of publications on the subject between the years 2005 to 2007, 2012 to 2014, and also in the year 2009.

The main activities carried out by nurses working in PHC on the theme of cancer, the types of actions developed and their respective studies are presented below as shown in **Table 2**.

Table 2 - Main activities performed by nurses on the subject of cancer in PHC, the types of equivalent actions and the review studies that point out these findings, Jan 2005 – Oct 2016. *Maringá*, 2016.

Main activities	Types of actions	Study
Performing colposcycytological exams	Prevention	A3/A5
Breast exams	Prevention/Tracking	A5/A7
Prostate Cancer Guidelines	Prevention	A6
Nursing consultation	Prevention/Screening/Early diagnosis	A5/A7
Health education	Promotion/Prevention	A5
Home Visit	Promotion/Prevention/Treatment	D1/A1/A4
Team Meetings	Promotion/Prevention/Treatment	A1/A4
Support given to the caregiver and/or family member	Treatment/Rehabilitation	A1
Technical procedures (dressing, medication, hygiene care at home)	Treatment/Rehabilitation	A1
Welcoming and active listening	Prevention/Screening/Early Diagnosis/Treatment/Rehabilitation	A2/A4

Source: Research data, 2016.

The studies point out that PHC is the structuring scenario for the development of several actions in the control of cancer, and it is the main entry point of the user in the health services, characterizing itself as a privileged place for the accomplishment of educational actions. In this way, PHC professionals play a fundamental role in the development of health promotion, educational, preventive and disease tracking actions, among them cancer, especially the nurse, considered the main articulator between the health team and the users of services.⁴

With regards to the nurse practitioner's work, PHC and cancer, actions aimed at prevention of the same are highlighted. A study (A3) pointed out that the nurse is the professional who has performed the colposcycytological exams and it has been verified that it is performed exclusively by nurses. However, this professional has been distanced from educational activities at the expense of consultations, which is alarming for the profession.⁴

According to the National Policy for the Prevention and Control of Cancer, the actions taken by health professionals in face of this aggravation should go beyond prevention activities. Nurses play a major role in Health Promotion and must carry out strategies and actions that expand the ways of living that are more favorable to the health and quality of life of the population and that overcome the fragmentation of health actions. They should also assist in the treatment as close as possible to the home of the user and accompany those who need rehabilitation and palliative care, offered in a timely manner, allowing the continuity of care in a comprehensive manner in the context of PHC.³

In addition to the colposcycytological examination, the nurse also performs screening tests for breast cancer, which was studied (A7) as an important practice performed by the nurse in PHC, which consists of the systematic and periodic examination of asymptomatic women, as well as detection for symptomatic women with a view to diagnosis in the early stages, when the treatments are considered more efficient and the chances of cure of the disease are higher.¹⁰ The policy, in this sense, points out that health professionals, including nurses, should perform the cancer screening, such as the

uterine cervix, according to the protocols and guidelines of the federal or local protocols, based on scientific evidence and locoregional reality.³

Another important point is the nursing consultation (A5) when through it, nurses investigate the risk factors of breast cancer and guide women to perform self-examination of the breasts as a means of prevention for the early diagnosis of neoplasia mammary.⁵

Regarding the human health, the role of the nurse practitioner in the development of guidelines on prostate cancer and its respective prevention is highlighted, with the task of directing these individuals to perform the preventive examination of prostate cancer (A6).¹¹

According to the HM, monitoring of cancer risk factors in order to plan actions that can prevent, reduce harm and protect life is a very important action. Communication strategies should be established with the population and health professionals in order to disseminate and broaden knowledge about cancer, its risk factors and various both prevention and control strategies, seeking the translation of knowledge to the target audiences.³

A study carried out in *Ribeirão Preto-SP*, whose objective was to identify the actions of opportunistic screening of breast cancer performed by nurses at the Basic Health Unit (BHU), about 70% of nurses reported to guide, during the nursing consultation, the woman about the age she should undergo clinical examination of the breasts, and 95.2% reported that they request medical evaluation when finding any changes. Moreover, 65% performed an active search for cases whose mammography reports were suspect. Still, the interviewees reported not being able to follow the users' attendance, since the examination is performed outside the BHU; and 73.3% did not refer users with suspected breast cancer to the reference BHU.¹⁰

Also on prevention and nursing, the role of nurses in the educational process is of great importance, based on the provision of information relevant to cancer prevention. Nonetheless, the information is not always enough to allow behavioral change to favor adherence to breast and cervical cancer screening exams in women.⁵

Other important aspects of the nurses' work process regarding cancer are related to the Health Care Network (HCN), known as organizational arrangements of actions and health services of different technological densities. We seek with HCN a continuous and integral attention to a specific population, coordinated by PHC, rendered in the right time, in the right place, at the right cost, with the right quality, and in a humanized way.¹² Thus, with regard to paper of nurses and their performance in the HCN focused on the issue of cancer, it has been that this professional should support the regulation and flow of users with cancer or with alterations in exams between the points of attention of the health care network, aiming at the guarantee reference and against regional reference, according to the health needs of users.³

Although the PHC consists of a gateway and a regulator of the attention flow, it is pointed out that after the user is referred to the specialized level, the professionals of the basic network lose contact with the same.⁶ Ignorance regarding the reference is made present among nurses.¹³ Therefore, it is evident the lack of continuity of care provided in PHC and that the user attention model is still disease-centered.

The professional nurse has the role of being the link between what is advocated by HM and the need of the population, reducing cancer mortality and thereby reducing the negative implications for service, such as the generation of high demands on services in the secondary and tertiaries.⁵ The National Policy for Cancer Prevention and Control emphasizes the need to ensure the training and qualification of health professionals and workers in accordance with the guidelines of the National Policy on Continuing Education in Health,¹⁴ for the transformation of professional practices and the organization of work, related to the qualification of health promotion actions, disease prevention and care provided to users with cancer.³

It was verified that the main reasons for not carrying out preventive examinations by nurses were the lack of knowledge and the lack of time, besides the insecurity in performing tracking actions, either because they were unknown, or because of the assistance model still preponderant in the municipality that privileges the complaint. Knowledge of the National Policy for the Prevention and Control of Cancer by professionals working in the FHS is fragile.^{10,13}

Nurses are not yet familiar with the protocols defined by HM, even in priority programs such as breast cancer control. Gaps are observed in the process of professional training, since several nurses did not attend refresher courses and are unaware of the availability of the documents recommended by HM.¹⁰

Among PHC professionals, the nurse stands out in the role of educator, once he has lived the educational process since his academic formation. The performance of the health professional with the clientele is permeated by education, with a view to changing behaviors, promoting health, even though studies do not point to the relationship of health promotion, directly related to cancer.¹¹

Thus, on health promotion within the scope of the National Policy for Cancer Prevention and Control, the importance of the nurse in identifying and intervening on the determinants and determinants of cancers, and carrying out education and promotion actions aimed at the population on healthy eating habits, promotion of physical activities, coping with the impacts of pesticides, coping with smoking, alcohol consumption, overweight, obesity and inadequate food consumption.³

In this sense, the lack of training leads them to implement actions that are not in line with what is advocated by public policies for cancer screening.¹⁰

Another action performed by nurses in the context of PHC is the follow-up of cancer patients through the Home

Visit (HV) and team meetings to discuss cases related to these users and their relatives. Still related to the HV, the nurse has the highest frequency of home visits to the users with this aggravation, behind only the Community Health Agents (CHA).^{6,13}

It is emphasized that it is through the HV that the nurse can assist the cancer user when they are experiencing the disease, helping to understand the treatment and ameliorate the possible adverse effects, as well as finding alternatives to decrease the symptoms of cancer, orienting the promotion of physical, relaxing and leisure activities.¹⁵

Nevertheless, it was evidenced that the lack of human resources hinders the nurses' work process with regard to the realization of the HV, making the actions are restricted to the BHU.⁶ In this sense, the National Policy for the Prevention and Cancer Control advocates that technical support should be offered to the FHS teams with the objective of increasing their resolve and instrumentalizing caregivers and family members for home care.³

Considering the other services performed by the nurse, it can be also highlighted the support given to the caregiver and/or family member of the cancer patient, technical procedures, postoperative dressing, information on side effects of medications and hygiene issues in the home. Among the aforementioned, it is verified that the reception to the users is the action considered more frequent.¹³

Reception, listening and dialoguing are important tools in providing care to users with cancer,⁶ and nurses play a fundamental role in their lives, since they are the resources available to offer them help and support. During nursing care, doses of active listening and empathy are essential.¹⁶ The National Policy for Cancer Prevention and Control emphasizes the importance of communication and dialogue as one of its guidelines and reinforces the need to encourage capacity-building actions individual and collective communication in health, promoting changes in favor of health promotion, prevention, and control of cancer.³

In this sense, it is also reinforced the importance of consolidating the principles of another policy, the National Humanization Policy, with the purpose of resizing the senses, retaking integral care and strengthening singular ways of doing health, so that the humanization of care goes beyond of the dimension of the disease, and value the physical and emotional of each being, worrying about establishing a bond and developing integral care.¹⁷

Nonetheless, it should be noted that despite the actions carried out the nursing care provided in the PHC about cancer still occurs in a punctual and linear way, focused on the physical aspects, and not on the biopsychosocial aspects of the human being. The view on health practices in PHC, regarding cancer users, is still based on the curative care model, and this practice can be exemplified when they seek care only for punctual procedures.⁶

From the users' viewpoint who have cancer, the act of caring must go far beyond curative attitudes or to reduce the

symptoms of the disease, they long for the opportunity to know the antineoplastic therapeutic process and understand the clinical manifestations that it can cause; however, they still receive superficial and fragmented information that did not lessen their anxieties about illness.¹⁶

With regards to the difficulties and challenges posed to the attention of users with cancer in PHC, it is related to the need to work with a multi-professional team, training of professionals through continuous and permanent training, shortage of material resources, lack of human resources, disarticulation of network services and actions limited to PHC programs.^{6,13}

Furthermore, studies on PHC and cancer need to be expanded, since focusing on prevention only from the screening of some types of cancer, such as the cervix, breast, and prostate, do not include the whole dimension of comprehensive care for this condition.

Hence, it is necessary to work with the permanent education in the health services, mainly in the knowledge of the National Policy for the Prevention and Control of Cancer, with the objective of professional improvement, improving the theoretical-practical knowledge in order to keep professionals in accordance with the current health system and the new logic of attention on the theme of cancer.^{3,6}

CONCLUSIONS

This integrative review made it possible to verify a shortage of studies regarding the nurses' performance in PHC in the area of cancer, as well as those who return to the deepening of the analysis of care provided at this level of care, considering the Family Health Strategy.

Thus, nurses' work on the topic of cancer in PHC consisted of nursing consultations, focusing on preventive exams, cervical and breast exams; offering guidance on breast self-examination and prostate cancer and follow-up of users with cancer through home visits. These actions must be oriented to the biological aspect, rather than the biopsychosocial aspects of the human being.

It was evidenced by the scientific publications about this issue, gaps in the policy in force in Brazil focused on cancer, especially regarding the health actions and services in the pillars of Promotion, Diagnosis, Treatment, Palliative Care and Management in Oncological Care, which are intensifying in the field of PHC.

Considering the nurse professional, it was verified that the role of this professional in the PHC needs to be expanded. The definition of their actions in primary care should be governed by the current policy through established care protocols in order to reorient the care plan for cancer users.

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