



## NURSING CONSULTATION IN PEOPLE WITH TUBERCULOSIS: PROPOSAL OF AN INSTRUMENT

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### ABSTRACT

**Objective:** To build a script for nursing history aimed at standardizing the nursing consultation to people with tuberculosis and subsidize an adequate record and the completeness of the nursing process. **Method:** this is qualitative research based on the action research methodology, carried out in the Tuberculosis Control Program, located in Pinheiro, Maranhão, Brazil, from November 2018 to May 2019. The target audience of the research was composed of people registered in the Program, under treatment and who abandoned it, and service nurses. **Results:** the proposed instrument has 67 items that contemplate the basic human needs of people with tuberculosis and the place to register physical examination, investigating individual and family tuberculosis. **Conclusion:** the suggested instrument qualifies, guides, and brings science to the nursing history record. When used, after its validation, it can support the documentation of the other stages of the nursing consultation for people with tuberculosis.

**Keywords:** Tuberculosis. Nursing theory. Communicable disease control. Patient care planning. Nursing care.

### INTRODUCTION

Tuberculosis (TB) is an infectious disease and one of the main public health problems in the world. It is a cause of morbidity and mortality, especially in developing countries. The incidence of this disease is associated with social inequalities, aging, and inequity in access and monitoring of health services. As it is a long-term disease and treatment, it is very sensitive to the organization of care in the health care network<sup>(1)</sup>.

In 2017, it is estimated that 10 million people fell ill from tuberculosis and that the disease had caused 1.3 million deaths worldwide, which kept it among the top 10 leading causes of death on the planet. In Brazil, 72,788 cases of the disease and 4,534 deaths were reported in 2018. In Maranhão, 2,132 new cases of tuberculosis were diagnosed in 2018, which is equivalent to an incidence coefficient of 30.2/100 thousand inhabitants<sup>(1)</sup>.

In this perspective, TB is a worldwide public health concern, representing a challenge because of the access difficulties, the

organization of health services, and the non-responsibility of professionals for early detection of cases, directly influencing the delay in diagnosis and beginning of treatment, contributing to non-adherence. Thus, the recommendations of the World Health Organization (WHO), to prevent deaths and achieve favorable outcomes, involve intensification in preventive actions and the early diagnosis and treatment interventions, which actions require collective and collaborative knowledge<sup>(2)</sup>.

Nursing is part of this context of global efforts, providing care to people with TB at different levels of health care. For the development of the care process, nurses must use the scientific Nursing method, that is, the Nursing Process, which includes the following steps: investigation, diagnosis, planning, implementation, and evaluation, promoting individualized and adequate care for each patient, subsidized by theoretical references<sup>(3)</sup>.

Nursing consultation for people with TB is an important tool for clinical nursing care. The nursing consultation establishes nursing care

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planning that involves interventions to be developed during the care process. Nurses who work in the Unified Health System (SUS), whether in specialized outpatient clinics or Basic Health Units (UBS) must develop the nursing process, providing systematic and formally registered assistance<sup>(4)</sup>.

Therefore, this study is important, contributing to improving the quality of nurses' work in assisting people with TB, building an instrument that makes systematic nursing planning feasible, by the lack of instruments that guide nursing consultation to people with TB<sup>(5)</sup>. Thus, the question is: how can an instrument contribute to the execution of the nursing process?

Thus, when considering the inexistence in the national literature of a specific data collection instrument model for consultation with TB patients, the objective was to build a script for nursing history aimed to standardize the nursing consultation to people with TB and subsidize the proper record and the completeness of the nursing process.

## METHODS

The research methodology used was action research, a strategy that combines research and action simultaneously, in which based on evidenced problems, it is intended to resolve a situation<sup>(6)</sup>.

### DEVELOPMENT AND DATA COLLECTION

Action research has a flexible methodology and does not have a predefined methodological path. It is an instrument of work and research to fill gaps between theory and practice, with the characteristic of being able to intervene in the process innovatively. It organizes the investigation around the conception of the development and the evaluation of a planned action<sup>(6)</sup>.

This is social type research with a political function, associated with an action or resolution of a collective problem, in which researchers and participants representing the situation are involved, in a cooperative or participatory way, in which the people involved have something to

“ say ”or“ do ”, and the concern that the knowledge generated is not for the exclusive use of the investigated group.

### Phase I - Exploratory

The investigation was carried out at the Medical Specialties Center, located in the municipality of Pinheiro (MA), with participants who were undergoing TB treatment and two nurses who attended these patients in the referred service. Abandoned patients did not participate in the research due to the difficulty of locating them.

In this phase, we explored the research field, in which nurses and people with TB were stimulated to the problem, a perceived weakness in the execution of the nursing consultation, as well as for the record. The analysis of the different forms of action was emphasized, with recognition of the structural aspects of social reality, in an action that involved a set of structurally determined social relations, for detecting support and resistance, convergences and divergences, optimistic and skeptical positions of patients and nurses.

### Phase II - Research Theme

A conversation with people with TB and nurses sensitized the problem, conducted by the research coordinator to explain the development of the research.

On that occasion, we presented the work proposal, with consensus and agreement for the construction of the script for data collection for the first stage of the nursing consultation, supported by the Theory of Basic Human Needs (TBHN), which should allow devices for changes in the care products, making the nursing service responsible for the new way of acting in the patient care.

### Phase III - Placement of Problems

this phase, we identified and delimited the problem by excessive weakness for the execution and documentation of the nursing consultation, resulting in unfavorable outcomes, such as the considerable proportion of treatment abandonment by unknown reasons;

the potential number of retreatments due to recurrence or abandonment, with losses to meet the needs of patients, that is, comprehensive care. On the other hand, there was a work process centered on the production of procedures, with a strong appreciation of the biomedical model and centered on the delivery of medicines.

#### **Phase IV - Place of Theory**

Departing from a theoretical field and activities on the scientific and practical relevance of these concepts, the work was methodically organized, seeking relevant information on the nursing consultation, respective steps, documentation, and scripts for nursing history to reflect and dialogue about how nurses think about the production of care and, with people with TB, about how they feel or evaluate the fulfillment of nurses' needs.

#### **Step V - Data Collection**

We used the basic office material (printed and pen for registration) as material resources. For human resources, the research coordinator moderated during a meeting and an assistant contacted the participants, organized the environment, noted the speeches, and controlled the time. Four meetings were held: one with people with TB and three with the nurses.

The data were collected from November 2018 to May 2019. The meeting held with people with TB was guided by the following question: do you think that using a script during the consultation with nurses would promote better attention to their problems?

The three meetings with the nurses were guided by the following questions: Do you consider a script for data collection important during the nursing consultation? In your opinion, what data should they contain in this consultation?

During the meetings, the discussions were duly noted by the research assistant, building the action planning.

The study complied with Resolution 466/12, of the National Health Council, and approved by the Research Ethics Committee, Opinion No. 3.345.675.

#### **Phase VI - Action Planning**

In this phase, the elaboration of the action plan used the statements during the meetings with the groups, in which priority gaps were listed, such as the fragility in the establishment of patient/professional/service relationships, arising from the patients, and the nurses' lack of knowledge about conceptual issues and the application of nursing consultation, as well as the relevance of carrying out all stages of this activity.

Thus, the action plan to work on the needs identified during the meetings was elaborated, entitled "Systematizing for better care", from the notes collected during the group meetings.

In the first and second meetings with nurses, we presented the contents through a dialogical exposition: Resolution COFEN 358/2009, theoretical reference of Wanda de Aguiar Horta, with reflection and exchange of knowledge on the importance of this knowledge for the care management<sup>(4)</sup>. In the third meeting, we discussed the legal need for professional documentation to be performed, highlighting a data collection script for nursing consultation. In the meeting with people with TB, we considered expectations about the nursing consultation.

### **RESULTS**

The script for data collection was created during the development of the research stages, structured in six groups: identification, psychobiological needs, psychosocial needs, psychospiritual needs, physical examination, and tuberculosis investigation. The identification consists of personal data of the person with TB: full name, surname, gender, age, children, marital status, occupation, address, nationality, education, religion.

The psychobiological needs group consists of questions related to 11 subgroups of needs: main complaint, hydration, nutrition, elimination, sexuality, sleep and rest, exercise and physical activity, shelter, body care, regulation: thermal, hormonal, neurological, hydrosaline, electrolytic, immunological, cell, vascular growth; locomotion; perception: olfactory, visual, auditory, tactile, gustatory,

painful; environment; and therapeutics. The psychosocial needs group is composed of five subgroups of needs: orientation in time and space, communication, leisure, sociability, and self-esteem. The fourth group had the psychospiritual needs, including two subgroups of needs: religious or theological and ethics or philosophy of life.

The fifth group of the instrument consists of physical examination, that is, the investigation of clinical findings, covering the conditions that establish the patient's general state, clothing conditions, mental state, anthropometric measures, alcohol and smoking, allergies, the use of licit and illicit drugs, vital signs and physical examination using propaedeutic techniques, inspection, palpation, percussion, and auscultation, in the cephalocaudal sense.

The sixth group had the investigation of tuberculosis. At this stage, the interview was for the signs and symptoms presented by the patient, knowing the clinical signs characteristic of tuberculosis, with an investigation for the tests performed for diagnosis, if there was any monitoring during treatment, and who is the professional involved in this follow-up, doubts regarding the health condition, family history of tuberculosis, evaluation of contacts, carrying out follow-up smear microscopy, how the disease affected personal and professional life, what is the perception and expectations regarding treatment and how nursing has in the treatment and care provided. This instrument is at the end of the article.

## DISCUSSION

Systematic nursing care is a commitment of the professional nurse to ensure continuity and quality of care. Systematic care requires comprehensive data collection, and, at the same time, directed to the specific needs of the patients<sup>(8)</sup>. All subsequent stages of the nursing process are linked to the quality of data collection<sup>(9)</sup>.

Thus, the organization of the complete data and organized in a single instrument allows a structure. Thus, the nurses have the decision making about nursing diagnoses and determine the results they hope to achieve, based on the

selection of nursing actions or interventions<sup>(10)</sup>.

These data must be grouped and correlated with the patterns of human response and functioning since this grouping constitutes one of the bases of critical thinking and favors an objective view of health problems with more accurate judgment and inferences. Therefore, the proposed instrument was constructed to contain relevant information and based on comprehensive care, considering the biological, social, psychological, and spiritual dimensions<sup>(11)</sup>.

The process of building the instrument for data collection in the nursing consultation with people with TB in this study considered the elements brought by Horta. These elements are the service philosophy, the place where it will be implemented, the patient's needs, and looking at the relational aspect, a fundamental characteristic of the care process<sup>(7)</sup>.

TB is a disease that develops in a context of social disadvantage. Therefore, the person with TB still experiences stigmatizing social aspects that distance them from collective, affective environments, as well as from health services perhaps due to the absence of bonds, which require a care process beyond the procedures and technical activities<sup>(12)</sup>.

Therefore, we believe that the instrument resulting from this research, based on the TBHN reference by Wanda de Aguiar Horta will allow interactions that promote perceptions and actions, strengthening the bond between professional/patient/service, through welcoming and humanized systematic assistance.

The use of TBHN by Wanda de Aguiar Horta applies to different contexts. Because it is based on the laws of the balance of adaptation and holism, it allows the achievement of positive results in the care of people with TB<sup>(7-13)</sup>. The reference also describes factors that must be grouped in the development of an instrument for data collection. These are factors related to the patient, the professional, and the institution.

As for the patient, it shows factors such as age, gender, culture, education, and communication patterns. Regarding the professional, the factors are the preparation and training of nurses, when carrying out the

history, and the self-knowledge and available time are necessary to apply the nursing history. Finally, concerning the institution, the philosophy of the institution, the proposal of the nursing service, and the quantity and quality of the nursing staff are essential factors. Therefore, the instrument as the object of this study is in line with the service philosophy and the place where it will be implemented, so that nursing care is directed to meet the needs of people with TB, evidenced during the care process<sup>(14)</sup>.

The data were grouped and interrelated in the proposed instrument, so that the first group - patient identification - should be as complete as possible, including full name, age, gender, marital status, origin, nationality, occupation, school, and education level<sup>(13)</sup>.

We need to consider that the conception of an individual's health need, in the context of nursing, is based on the understanding of the principle of action and reaction, the biological, psychological and social spheres react to stimuli, in search of adaptation to a new situation<sup>(15)</sup>. Thus, the instrument proposes a humanized approach to people with TB, detached from the biomedical and integral model, that is, meeting the biopsychosocial and spiritual needs.

As a way of ensuring a comprehensive evaluation, the instrument also includes a space for physical examination, based on the collection of objective data that will support nursing diagnoses, allowing reports of generalized weakness, fatigue, dry or productive cough, afternoon fever, followed by chills and/or night sweats, tachycardia, tachypnea, and dyspnea on exertion. Regarding the examination of the respiratory system, there is increased respiratory rate, decreased or absent bilateral or unilateral breathing sounds, post-tussive rales, asymmetry in the respiratory excursion (in cases of pleural effusion), softness to percussion and decreased thrill (in cases of pleural fluid). Thin crackling stains are present after coughing. Vesicular murmurs are reduced or show anaphoric murmurs. Reports of aggravated chest pain with recurrent cough may be present. Sputum may present yellowish mucus, with or without streaks of blood, be scarce or abundant<sup>(16)</sup>.

Regarding the investigation of tuberculosis, some aspects are included in the physical examination, but it is worth investigating the signs and symptoms of the disease, for how long it has been present, contacts with individuals with tuberculosis, tests performed during treatment, professional monitoring, nursing care, perceptions and concerns about the disease and follow-up sputum smear microscopy.

The tuberculosis investigation group was built considering the feelings reported by people with TB. During the meeting, the patients reported situations such as isolation, rejection from family, and friends due to the stigma and prejudice of the disease. They also showed difficulties in the ability to resume social and work roles, due to physical limitations caused by tuberculosis. Feelings of denial of the disease may be present and interfere with the drug treatment instituted, causing revolt, anxiety, apprehension and irritability, and, consequently, the abandonment of treatment<sup>(16,17)</sup>.

Thus, we believe that the instrument can significantly contribute to the practice of nurses in the care services for people with TB, qualifying professional performance and enhancing systematized care, as well as the documentation of the nursing consultation.

## FINAL CONSIDERATIONS

Light-hard technology was built used to direct the planning of nursing care to people with TB. The implications of using this technology refer to the possibility of identifying needs that, without using the instrument, could not be met. Thus, comprehensive care is a possible gain with the use of the proposed instrument.

The construction process of this instrument may motivate changes in the nursing assistance service, in the Tuberculosis Control Program, of the Medical Specialties Center, in Pinheiro, Maranhão, Brazil, enabling systematic assistance. However, we suggest conducting a validation study in a future approach, to assess the properties and applicability of the instrument.

## CONSULTA DE ENFERMAGEM A PESSOAS COM TUBERCULOSE: PROPOSTA DE INSTRUMENTO

### RESUMO

**Objetivo:** construir um roteiro para histórico de enfermagem, de forma a padronizar a consulta de enfermagem às pessoas com tuberculose e subsidiar adequado registro e a completude do processo de enfermagem. **Método:** pesquisa qualitativa, fundamentada na metodologia da pesquisa-ação, realizada no Programa de Controle da Tuberculose, situado em Pinheiro, Maranhão, Brasil, de novembro de 2018 a maio de 2019. O público-alvo da pesquisa foi composto por pessoas cadastradas no Programa, em tratamento e em abandono, e enfermeiros do serviço. **Resultados:** o instrumento proposto conta com 67 itens que contemplam as necessidades humanas básicas das pessoas com tuberculose e o local para registro do exame físico, além da investigação da tuberculose individual e familiar. **Conclusão:** o instrumento sugerido qualifica, orienta e traz cientificidade para o registro do histórico de enfermagem. Ao ser utilizado, após validação, poderá sustentar a documentação das demais etapas da consulta de enfermagem às pessoas com tuberculose.

**Palavras-chave:** Tuberculose. Teoria de enfermagem. Controle de doenças transmissíveis. Planejamento de assistência ao paciente. Cuidados de enfermagem.

## CONSULTA DE ENFERMERÍA A PERSONAS CON TUBERCULOSIS: PROPUESTA DE INSTRUMENTO

### RESUMEN

**Objetivo:** construir un guion para histórico de enfermería, a fin de estandarizar la consulta de enfermería a las personas con tuberculosis y ofrecer adecuado registro y la completitud del proceso de enfermería. **Método:** investigación cualitativa, fundamentada en la metodología de la investigación-acción, realizada en el Programa de Control de la Tuberculosis, ubicado en Pinheiro, Maranhão, Brasil, de noviembre de 2018 a mayo de 2019. El público objetivo de la investigación fue compuesto por personas catastradas en el Programa, en tratamiento y en abandono, y enfermeros del servicio. **Resultados:** el instrumento propuesto cuenta con 67 ítems que contemplan las necesidades humanas básicas de las personas con tuberculosis y el local para registro del examen físico, además de la investigación de la tuberculosis individual y familiar. **Conclusión:** el instrumento sugerido califica, orienta y trae cientificidad para el registro del histórico de enfermería. Al ser utilizado, tras validación, podrá mantenerla documentación de las demás etapas de la consulta de enfermería a las personas con tuberculosis..

**Palabras clave:** Tuberculosis. Teoría de enfermería. Control de enfermedades transmisibles. Planificación de atención al paciente. Atención de enfermería.

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# INSTRUMENT FOR NURSING CONSULTATION IN PEOPLE WITH TUBERCULOSIS

## HISTORY FOR PEOPLE WITH TUBERCULOSIS

### IDENTIFICATION

Full name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Gender: : M ( ) F ( ) Age: \_\_\_\_\_ Marital status: \_\_\_\_\_  
 Children? ☐ Yes ☐ No If Yes, how many: \_\_\_\_\_  
 If Yes, how old are they: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Education Level: \_\_\_\_\_  
 Religion: Catholic ( ) Evangelic ( ) Other, what? \_\_\_\_\_

### PSYCHOBIOLOGICAL NEEDS

#### MAIN COMPLAINT:

- How many liters of water do you drink per day?
- Do you think you drink enough water? ☐ Yes ☐ No
- Where does this water come from?
- How is this water treated?
- Do you consider your diet balanced? ☐ Yes ☐ No
- What do you usually eat for breakfast, lunch, snacks, and dinner?
- Breakfast: \_\_\_\_\_
- Lunch: \_\_\_\_\_
- Snacks: \_\_\_\_\_
- Dinner: \_\_\_\_\_
- Do you have preferences and intolerances? ☐ Yes ☐ No Which ones?
- Do you follow any special diet? ☐ Yes ☐ No Which one?
- What time do you usually eat?
- How are your bladder and intestinal eliminations? ☐ Yes ☐ No
- What is the frequency?
- What are their characteristics?
- Do you have the habit of washing your hands after eliminations? ☐ Yes ☐ No
- Do you have an active sex life? ☐ Yes ☐ No
- Do you have a steady partner? ☐ Yes ☐ No
- Do you use contraceptives? ☐ Yes ☐ No
- How is your sleep and rest pattern? Normal ( ) Altered ( )
- How many hours a day do you sleep?
- When you wake up, do you feel relaxed? ☐ Yes ☐ No
- Do you do any physical activity? ☐ Yes ☐ No
- Which sport (s) do you practice?
- Do you have a preference for any? ☐ Yes ☐ No
- How many rooms are there in the house?
- How many people live in your house?
- What kind of house?
- Are there pets and livestock? ☐ Yes ☐ No
- Do you have electricity? ☐ Yes ☐ No Do you have garbage collection? ☐ Yes ☐ No
- Do you have a septic tank? ☐ Yes ☐ No
- Do you have easy access to your neighborhood? ☐ Yes ☐ No
- Are there means of transport within your neighborhood? ☐ Yes ☐ No
- How many times a week do you usually wash and comb your hair?
- Do you clean your nails frequently? ☐ Yes ☐ No
- How many times a day do you usually brush your teeth?
- Do you think you have healthy hygiene habits? ☐ Yes ☐ No
- Is your vaccine booklet up to date? ☐ Yes ☐ No
- Have you been taking your doses correctly? ☐ Yes ☐ No
- What was the last vaccine you got?
- Can you walk? ☐ Yes ☐ No
- Can you go to the desired place? ☐ Yes ☐ No
- Do you make an effort when walking and sometimes stop to rest?
- Do you walk easily?
- Do you use medication daily? ☐ Yes ☐ No
- If yes, which ones:
- For which diseases:
- Did you have any surgical procedures? ☐ Yes ☐ No
- Do you have periodic medical and dental examinations? ☐ Yes ☐ No

### PSYCHOSOCIAL NEEDS

- Do you know where are you? ☐ Yes ☐ No
- What day is today?
- Who are you talking to?
- When is your birthday?
- How is your relationship with the family?
- Is there any conflict?
- Do you have a good relationship with neighbors and friends? ☐ Yes ☐ No
- Do you have good communication with your family? ☐ Yes ☐ No
- What do you do in your leisure time?
- Do you usually go out with friends? Do you like to travel? ☐ Yes ☐ No
- Do you have difficulty living with other people? ☐ Yes ☐ No
- Do you feel uncomfortable with some social relationships? ☐ Yes ☐ No
- Do you have difficulty communicating? What prevents you from communicating?
- Are you happy about your achievements? ☐ Yes ☐ No
- What usually makes you sad?
- What do you do to recover from sadness?

- Are you able to take care of yourself? ☐ Yes ☐ No

### PSYCHOSPIRITUAL NEEDS

- Do you participate in church activities? ☐ Yes ☐ No
- Do you participate in support or prayer groups? ☐ Yes ☐ No
- Do you practice your spirituality? ☐ Yes ☐ No
- Do you have values, morals, or thoughts about life? ☐ Yes ☐ No
- Talk about it:
- Do you have a specific belief or culture? ☐ Yes ☐ No
- Could you mention which one?

### PHYSICAL EXAM

#### GENERAL CONDITIONS

- General Status:
- Clothing conditions:
- Mental state:
- Weight:
- Height:
- BMI:
- Smoking: Yes ( ) No ( )
- Use of alcohol: Yes ( ) No ( )
- Other drugs: Yes ( ) No ( ) What?
- Allergies: Yes ( ) No ( ) What?

#### VITAL SIGNS

- H.R.: \_\_\_\_\_ P.: \_\_\_\_\_ R.F.: \_\_\_\_\_ A.T.: \_\_\_\_\_ B.P.: \_\_\_\_\_
- Clinical findings:
- Head and neck
- Respiratory system
- Cardiovascular system
- Abdomen
- Digestive system
- Urogenital apparatus
- UL AND LL

#### TUBERCULOSIS RESEARCH

- Do you have a cough with or without sputum? ☐ With sputum ☐ Without sputum
- How long?
- If you have sputum, is there blood? ☐ Yes ☐ No
- Do you have night sweats? ☐ Yes ☐ No
- Do you have weight loss? ☐ Yes ☐ No
- Have a fever? ☐ Yes ☐ No At what time?:
- Do you have chest pain? ☐ Yes ☐ No
- Do you feel constant weakness? ☐ Yes ☐ No
- Are you immunized? ☐ Yes ☐ No
- Have you ever had contact with an individual with TB? ☐ Yes ☐ No
- How long?

#### IF TB IS CONFIRMED:

- What tests were performed to confirm the TB? ☐ Chest X-ray ☐ PT ☐ Sputum examination
- Was there follow-up in your treatment? ☐ Yes ☐ No
- How long?
- What professional is involved?
- Do you know about your health condition? ☐ Yes ☐ No
- Was there any case of TB in the family before yours? ☐ Yes ☐ No
- How long?
- Do you have a contact investigation done? ☐ Yes ☐ No
- Do you have treatment? ☐ Yes ☐ No How long?
- Did you experience any adverse effects? ☐ Yes ☐ No. If yes, which ones?
- How did the treatment affect your health?
- Has monthly control sputum smear microscopy been performed? ☐ Yes ☐ No
- How has the disease affected your personal and professional life?
- What is your perception of the treatment?
- Did you have guidance from professionals? ☐ Yes ☐ No
- In all tests performed to confirm TB, how was nursing care?
- What is your opinion about the disease?
- Fears or concerns?
- What are your expectations regarding the restoration of health?



