



Adherence to tuberculosis treatment in primary health care: a theoretical model under construction

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ABSTRACT

OBJECTIVE: to understand the process of adherence to the treatment of tuberculosis in Primary Health Care and to build an explaining theoretical model allusive to the phenomenon. **METHOD:** qualitative research, in the light of the Grounded Theory, under the Straussian strand. For data collection, individual interviews will be carried out in depth, from the triggering of guiding questions. After this stage, the data will be organized in the NVivo[®] software, version 12, and will be analyzed by means of the Straussian coding system: open, axial and integration and, after processed, they will be interpreted according to the theoretical framework of Symbolic Interactionism.

Descriptors: Tuberculosis; Treatment Adherence and Compliance; Primary Health Care; Grounded Theory; Nursing.

PROBLEM AND SIGNIFICANCE

Tuberculosis (TB) consists of a severe global Public Health Problem and it is estimated that nearly one fourth of the world's population is infected by *Mycobacterium tuberculosis*. As a result of the re-emergence of TB in the world, a new milestone in the history of the disease was established in 2015, as the World Health Organization (WHO) proposed to eradicate TB as a public health problem. In the meantime, TB treatment and its continuity is fundamental and has as its objective to strengthen the adherence of the patient to the therapeutics, as well as to prevent the onset of mycobacteria strains resistant to the treatment, in order to reduce the number of cases of abandonment and increasing the cure probability⁽¹⁾.

Adherence to the treatment is, undoubtedly, an important factor for the outcome of the disease, specially, cure or abandonment related to the lifestyle of patients with TB; therefore, high adherence rates result in high cure rates and indicate the quality of the health service provided, in order to translate not only the fulfillment of protocols but also the positive level of qualification of the health team associated with awareness of patients and continuity of the treatment⁽¹⁾.

Despite the above, the difficulties to control TB are many and are mainly aimed at the organizational constituents

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of the health services and of the human behavior itself, including, in this aspect, patients and health professionals. Added to that, the lack of a Family Assistance network is also verified, which appears as negative since, not rarely, these patients evolve towards physical weakness and therefore need support and special care. Thus, the adherence to TB treatment is a complex and dynamic phenomenon, with a wide range of factors that affect human behaviors⁽²⁾.

Given the above, the need to build models that evidence the adherence process to TB treatment is indisputable, as it will presumably provide the possibility of understanding the way in which adherence to treatment is achieved in the relationships among individuals of groups affected so as to develop interventions which are appropriate to them⁽³⁾.

GUIDING QUESTION

How has the process of adherence to the treatment of tuberculosis occurred in the face of the acceptance of the sick person to undertake it completely, in Primary Health Care? And what meanings are assigned by these people to the adherence process?

OBJECTIVES

To understand the process of adherence to the treatment of tuberculosis in Primary Health Care and to build

an explaining theoretical model allusive to the phenomenon.

METHOD

This is a qualitative research, guided by the Grounded Theory (GT), under the Straussian strand, which will take place in the Family Health Strategy (FHS) units in the city of Cajazeiras, Paraíba-PB, Brazil.

People who have adhered to the TB treatment will be interviewed in order to achieve theoretical data saturation. The inclusion criteria adopted will be the following: completeness of TB treatment among individuals notified in 2017 and 2018, as well as being eighteen years of age or older. Those who have been transferred from the municipality and have carried out the treatment in another location will be excluded from the survey.

The data will be collected and analyzed concomitantly. To do so, individual interviews will be carried out in depth, by the use of guiding questions ("Could you tell me how the TB treatment was? / How was for you going through the tuberculosis treatment?"); these will trigger the other questions, in order to stimulate the deepening of the interview with the participant.

Theoretical sampling will be used, a process of data collection with the objective of looking for places, people,

or events that boost the identification of modifications between concepts, as well as the densification of the categories, their properties, and dimensions, according to information needs identified in the development of the research.

The interviews will be recorded (upon previous authorization of the participant) by means of a portable, digital voice recorder, one by one, stored in a personal computer of the researcher, and transcribed in full in *Microsoft Office Word*® 2016. Subsequently, the data will be reviewed by the responsible participants, who will rectify their validity. After this stage, the data will be organized in the *NVivo*® software, version 12, and analyzed by means of the Straussian data coding system: open, axial, and integration. Once processed, they will be interpreted according to the theoretical framework of Symbolic Interactionism (IS).

It is worth mentioning that this study is the result of a research project of the academic doctorate at the Graduate Program in Nursing of the Federal University of Rio Grande do Norte (*Universidade Federal do Rio Grande do Norte*, UFRN) and had been submitted to the Ethics Committee (CEP) of UFRN, in accordance with Resolution 466/2012, having obtained favorable opinion under CAAE number 08005919.0.0000.5537.

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