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RESEARCH

Luz, câmera, tuberculose: profissionais protagonistas, fragilidades coadjuvantes ou vice-versa?

Light, camera, tuberculosis: professional actors, supporting weaknesses or vice versa?

Luz, cámara, tuberculosis: profesionales actores, debilidades apoyo o viceversa?

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ABSTRACT

Objective: To analyze the strengths and weaknesses of practicing managers who develop actions related to the control of tuberculosis in the metropolitan region of João Pessoa-PB. **Method:** We performed a descriptive, exploratory qualitative study between May and July 2009, with a sample consisting of eight professionals. **Results:** showed that the scenario of action for those who play the actions of tuberculosis control is fraught with controversies and difficulties that leverage the existing weaknesses. **Conclusion:** to observe the performance of the actors / managers visualizes disarticulation of service, often lack of knowledge of the true script of action, lack of profile to step in and, above all, health teams extras, ie, uncommitted and disqualified to live the starring role in combating this condition. **Descriptors:** Professional practice, Management in health, Tuberculosis, Primary health care.

RESUMO

Objetivo: analisar as potencialidades e fragilidades da prática de gestores que desenvolvem ações relacionadas ao controle da tuberculose em municípios da região metropolitana de João Pessoa-PB. **Método:** realizou-se um estudo qualitativo, descritivo-exploratório, entre maio e julho de 2009, com amostra constituída de 8 profissionais. **Resultados:** evidenciaram que o cenário de atuação para aqueles que desempenham as ações do controle da tuberculose é repleto de controvérsias e de dificuldades que potencializam as fragilidades já existentes. **Conclusão:** ao observar o desempenho dos atores/gestores visualiza-se desarticulação do serviço, muitas vezes ausência de conhecimento do verdadeiro *script* de atuação, falta de perfil para entrar em cena e, sobretudo, equipes de saúde figurantes, ou seja, descomprometidas e desqualificadas para viver o papel de protagonista no combate a esse agravo. **Descritores:** Prática profissional, Gestão na saúde, Tuberculose, Atenção primária à saúde.

RESUMEN

Objetivo: Analizar las fortalezas y debilidades de los directivos en ejercicio que desarrollan acciones relacionadas con el control de la tuberculosis en la región metropolitana de João Pessoa-PB. **Método:** Se realizó un estudio cualitativo descriptivo, exploratorio entre mayo y julio de 2009, con una muestra que consta de ocho profesionales. **Resultados:** mostraron que el escenario de la acción para los que juegan las acciones de control de la tuberculosis está plagado de controversias y dificultades que aprovechan las debilidades existentes. **Conclusión:** para observar el desempeño de los actores / directores visualiza desarticulación de servicio, a menudo carecen de los conocimientos de la verdadera secuencia de comandos de acción, la falta de perfil para intervenir y, sobre todo, los equipos extras de salud, es decir, sin compromiso y descalificado vivir el papel protagonista en la lucha contra esta enfermedad. **Descriptores:** Práctica profesional, Gestión en salud, Tuberculosis, Atención primaria de salud.

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INTRODUCTION

The process of incorporation of the actions of control of tuberculosis (TB) has occurred gradually and diversified in the basic attention in health (ABS), with some stocks tend to stay centered in the tuberculosis control program (PCT) with vertical organization model[1], once the TB ends up being seen as a disease that requires punctual actions related to "programmatic practices by configuring a lack of continuity of control and prevention activities, not incorporating changes in the shape of team work.[2] These characteristics tend to remain, because the action of managers, contrary to the perspective of integrality in health, tends to strengthen a model of tight organization and disjointed expanded concept of health.

In relation to the inclusion of TB control actions on ABS[3], in a study conducted in the State of São Paulo, identified itself as main obstacles: the lack of preparation of the professionals, human resource deficiency and centralized and fragmented vision of the organization of these actions in health services; moreover, the lack of involvement of managers, a factor that compromises the management of actions. However, it is seen that overcoming these deficiencies by managers is no easy task, requiring continuous adaptation process organizations, which implies flexibility and capacity for continuous learning.

Thus, organizations that reach this goal, i.e. be able to valorize the permanent education, stand out for having the ability to give resolution to problems in a systematic way, to meet new approaches, learning from their own experiences and the experiences and practices of others, in such a way, that transfer effectively and in a timely fashion the knowledge throughout the organization. In this way, will obtain positive results through the establishment of systems and processes supported front integration of activities in the everyday actions.[4]

It is in this scenario, organized and permanently trained, which the bearer service of TB should be inserted, because as the WHO[(5)] this implies dealing with a disease whose complexity requires resourcefulness of actors of ABS, since this user needs a differentiated service, covering social, economic and cultural aspects of the patient. Also be considered a chronic condition, whose appearance changes from the different scenarios, the management and control of TB strategies demand that lack of professional adaptation to each situation that comes across.[6]

In this perspective, it aimed to analyzing the potential and weaknesses of managers who develop actions related to the control of TB in municipalities of the metropolitan region of João Pessoa-PB.

METHOD

It is a descriptive and exploratory nature study with a qualitative approach, which used the semi-structured interview technique for gathering information. The main issues focused on the potentialities and weaknesses in managerial/administrative/finance/operational of the control of TB in two priority municipalities for TB activities in Paraiba.

Data collection took place in the months of May and June 2009, involving eight professionals who exercised management positions. The interviews were recorded after the consent of respondents and subsequently transcribed.

In order to analyze the information was employed the technique of content analysis, understood as a set of communications analysis techniques, with the purpose of obtaining, by means of systematic procedures and objectives of description of the content of messages, the indicators that allow you to infer knowledge of the conditions of production and reception of these messages.[7]

To this end, three moments were decisive: the pre-analysis, exploration of the material and the processing of results. In this kind of analysis, to compose and record units of context are used semantic cutouts that originate from the analytical categories, understood as a statement about a subject, a phrase, or a sentence, or phrase composite synthesized by influence which can span large set of individual formulations.[7]

The adoption by the Committee of ethics in research in the Health Sciences Centre (CEP/CCS) at the Federal University of Paraiba-UFPB proves itself by the Protocol n° 1248. Based on inherent guidelines of resolution nº 196/96 of the National Health Council[8], ensured the confidentiality of the identity of the participants, establishing a code for managers (G1, G2, etc.) followed by the letter "M" for differentiation of municipalities (M1, M2).

RESULTS AND DISCUSSION

Protagonists in scene, fragilities behind the scenes

In order to meet the reality of the team who plays in the control of TB of each municipality, wondered about the actors involved and, as expected, the narratives of managers have proved to be consistent.

> *The doctor, the nurse - who is the head Chief, the communitarian agents of health and nursing technician right? (G1/M1)*

> *Doctors, nurses, health officers, laboratory staff. It's basically these people who so much involved (G3/M1)*

> *His own family health team. The doctors and nurses, right? (G6/M2)*
>
> *The actors are the community health agent, the whole team, the doctor, the nurse, the nursing technician, everyone involved saw? (G7/M2)*

Is perceived the presence of a repetitive speech, which demonstrates a look directed to TB, but the common sense of the people, where these professionals cited can be seen as protagonists of the family health teams, paying attention to all the sicknesses that are part of routine work. There are so few questions: This multidisciplinary team includes interdisciplinary actions? I wonder if there's some overhead and others are outside the bearer service of TB?

Stresses that, to watch a user diagnosed with TB, it is relevant to have an articulated health team with management, to work in line with the guidelines of SUS and has ethical and political commitment, recognizing his role as health promoters. However, it was observed that most professionals don't talk that the work is done in partnership with the management, of which only two managers reported this action together in daily life for combating TB.

> *The work here is the whole family health team by the managers of the municipality (G8/M2)*
>
> *Those involved with actions are the coordination of primary health care, of course, the TB epidemiology, all of these work in conjunction with the family health teams (G4/M1).*

In addition, joint statements expressing that realization of trainings by the municipality is also of great importance to improve the quality of care provided to patients with this disease.

> *The municipality it offers working conditions for people, you know? So any action that we want to develop, any work, such as training, continuing education, the Administration is always prepared to meet us. The pros are always qualified, including tuberculosis. (G4/M1)*
>
> *We carry out training not just for TB, but also for leprosy, but tuberculosis was a priority. (G2/M1)*

Contrary to the lines above, speeches of a survey conducted in the same city in the present study, reveal that the professionals who work in health units make it clear the absence of professional investment, emphasizing that "*in terms of TB anyone here received training.*"[9:43]

Therefore, some of the managers asserted that, in fact, the municipality still wouldn't be enabled to put into practice the DOTS in its fullness, thus creating controversy vis-à-vis the quality of actions that probably would be being developed for users of family health teams with regard to the control of the disease, as in the following line:

> *In reality the professionals have not yet had a proper training in relation to the DOTS and it leaves a lot to be desired, is a major difficulty here. (G3/M1)*

The statements bring up the lack of articulation between actors/managers of the same municipality. Some try to mask the reality, hide the situation, others expose the difficulties and feature the actual conditions. This leads the reader to think that something is wrong, distorted, raising questions of type: there is truth in facts? Why some make it a point not to expose reality? Why the lack of knowledge about TB in the municipal context? Here are some thoughts that remain unanswered.

Another weakness identified in the scenario of ABS in two municipalities surveyed was the turnover of professionals, both of the family health teams as well as their own managers, what determines rupture into routine services, hindering and preventing the continuity of strategies implemented.

> *The municipality changes as professional who changed his clothes. (G1/M1)*
>
> *The change of managers in the municipality is a major difficulty, because it hinders the progress of the service, right? After I got here I've changed three times for Secretary of health and that contributes a lot to that thing doesn't go as it should be. (G3/M1)*
>
> *Not only in our municipality, I actually think it is the national reality, there's a big turnover. From the time that you have invested in that professional, you trained, qualified and loses, it's a loss for the city, a loss to the users who already were being accompanied by him. (G7/M2)*

The above-mentioned speeches reveal, even if intrinsic way, a fact quite common in small municipalities of Brazil, the issue of nomination politics. The pros are a true "tightrope" and their permanence in Office depends on political influence and not of its competence and qualification. It portrays the most pure reality of politicking and exchange of interests on the part of rulers.

Next statement is expressed the indignation of the manager facing the lack of profile and the absence of ethical commitment of professionals in family health teams.

> *Occurs very lack of professionalism, in profile, you know? There are professionals who say on our guy who doesn't want to treat TB because you're afraid of the disease. This is something absurd, disturbing the service. What kind of professionals are those? (G8/M2)*

The narrative in its subtext, induces thinking about how higher education is still in deficit, how health workers still need to deepen their knowledge and practices. Maybe this "fear manifesto" either by absence of theoretical-practical domain in relation to illness resulting from the non-academic training prepares you for the reality of the Brazilian health services.

So, how to conduct an effective job in order to ensure the completeness of the care to patients with TB, if they themselves do not demonstrate preparation assistance providers and ethical commitment with the profession they have chosen? The hard part is to dissolve the barriers that go beyond the question of training, the subjectivity of the beliefs and

values that the professional carries, rooted in prejudices that are part of a society filled with stigmata and hypocrisy.

Monitoring of health professionals, especially nurses and physician, is of extreme relevance for the treatment and rehabilitation of sick with TB, because this patient supervision for the whole team it is essential, as all professionals must understand their role as a taxpayer in the same reinsertion into society. Involvement in TB carrier customer should be multiprofessional, requiring professionals who perform simultaneously, in order to provide full assistance to the patient.[10]

The priority given to TB in municipal health agenda, the competence of the management of the PCT, the proper qualification and the involvement of health teams dealing with TB, are ways to achieve the desired success in controlling the disease, so that they reached the goals agreed nationally and internationally.[11]

However, the absence of qualification of health professionals for the management of TB, allied to gaps in their training raises a distorted view of the health-disease process. So, if you coach a strategic vision that goes beyond the walls of the health institution, which consider the individual and collective needs, bringing with it the responsibility before the treatment.[12]

It is essential then get a new professional profile, however, if the formation is not modified since the former institution, there will be no changes in the daily practices, because the reality of SUS transcends the issues management, putting the human resources as a priority theme in the current agenda of health.[13]

In research conducted[(14)] it was noted as serious fragility the difficulty of finding qualified individuals not only in relation to the technical and managerial skills, but above all in terms of interpersonal skills and emotional support to cope with the adversities of the reality of the patient and his family in the home context. It is believed that the insecurity in the qualification of human resources reflects absolutely in the arrangement of services and performance of health teams, preventing recognition of the problems to be faced in the process of assistance to patients with TB.

It should be noted that empower is to enable someone to fulfill a particular function, is to qualify that person to carry out a job. The training value is precisely to allow access to information and knowledge, thus providing subsidies for the exercise of its role as a professional. Is relevant work all the skills, the person should be encouraged to exercise their basic skills, that is, its communication, interpersonal relationships and their ability to participate in teamwork.[15]

The need for training comes from the hope in improving care for the patient with TB, considering that this attitude can be an important tool in treatment adherence, to the extent that raises basic skills and information acquisitions for the trader can act directly with communities.[16] It is therefore considered that the training is a significant requirement for inclusion and sustainability of control actions of various diseases in the context of ABS, especially the TB.[17]

It is at this point to mention that despite the qualification of professionals to work in the context of ABS constitute one of the commitments that must be undertaken by municipalities, it turns out that TB does not represent priority and, thus, there is no way to ensure the presence of people to act effectively in control of the disease.[6]

Front of the exposed, emphasized[18] the need to strengthen the management capacity through a policy of human resources (HR) that invest in material resources, equipment and incentives to patients as well as on awareness of health teams about the importance of the implementation of the DOTS. However, currently the HR policy faces some obstacles imposed by capitalist Brazilian model, which represents serious challenges for the management of health policies. The inadequacy of RH as well as its poor distribution in the field of health, collaborates to assistance become precarious and of questionable quality.[19]

Often, management deficiencies are verified at the heart of the multiple issues associated with health in the public and private organizations, which illustrates many of the existing health problems. It is noted that there is lack of knowledge on the topics of management, a serious inability to establish high-quality services, a huge waste of resources etc.[20]

Thus, there is the important role as Coordinator and Integrator corresponsible between points of attention, as regards the promotion of the quality of care through adequate training of professionals, ensuring teaming with skills essential to the efficient performance of the management of the disease.[5]

As regards the PCT Coordinator while this Manager is responsible for a series of managerial actions that eventually cover other health programs. For this reason, it is a fact that there is a decrease in commitment and in the availability of articulation with the health team, which is essential for the management of TB control actions.[14]

In research conducted in the State of São Paulo "lack and turnover of professionals were identified as obstacles to the Organization of attention to TB in the municipalities."[11:111] The turnover just interfering in efficaciousness ABS services, because the maintenance of qualified teams prevent, sensitized and ready to provide effective assistance to patients[(3)]. Moreover, as primordial attribute the responsibility of municipalities to ensure sufficient qualified human resources and keep them stable for exercising its role facing the challenge of controlling TB in health systems.

However, the limits imposed by the budget crisis of the cities standing in the management of services, limiting its ability to expense, hindering the hiring of staff through contests and, making the reality of RH unprepared and scarce remains a routine services.[21-22] So, this situation stimulates the allocation of HR through temporary contracts, without ties, strengthening the turnover.[3]

Is based on this principle that occurs the increase in precarious work in health, especially in the family health strategy, where this generally is characterized by inappropriate links, informal hiring in temporary character. In addition, there are other irregular forms of insertion into the public service as outsourcing via cooperatives, stock exchanges work, paid internships, among others.[23,24]

The inadequate recruitment of HR forms end up inducing turnover, collaborating for the absence of bond and consequent lack of commitment on the part of the trader. This whole crisis that permeates the HR policy refers the reflection of the complexity that is to deal with TB and the need for people with profile suitable for dealing with the disease.[6]

What really could improve this difficulty would be to create a management system that, at the same time, proposals for change in professional practices, based on critical reflection on work on health and the experimentation of otherness with users.[25] That way, there would be the possibility that, in the daily relations of sectoral management organization and structuring of the learning and teaching were contemplated, resulting in continuous professional way for skilled healthcare, especially, to play its role in SUS.

Regarding training, moreover, that this should not assume as reference only the emphasis in diagnosis, care, treatment, etiology and prevention of aggravations. Has the obligation to cover aspects which give rise to the production of subjectivity, which cause the improvement of technical skills and thought and the proper knowledge of the SUS. Consequently, the proposal would be to change the practices and the organization of work, promoting ability to welcome and take care of the various needs of health of individuals and populations.

There are needed some reflections about the process of training of health workers, questioning whether this can enable the practice of management in health be effectively implemented[26], i.e., if management

> It is being constituted as a tool to print a given directionality to the health working process, towards the production of health care, not restricting the development of administrative activities.[26:2007]

Stressing the importance of reorienting processes of vocational training in the context of health care when sick with TB, so there is a humanized and integral assistance to these patients, it is expected that the professionals are qualified to meet all psycho-socio-cultural issues involving the disease, surpassing the purely factors and understanding pathophysiological indeed their determinants.[9]

In this context, analyzing specifically the actions directed to the control of TB, so that these can promote impact on municipal-level health framework, primarily due to overcome the fragmented paradigm in force and organize the health system so as to provide a qualified attention to chronic conditions.[11]

CONCLUSION

You need to know that the worker process manager requires autonomy, knowledge, creativity and emotional intelligence, because its function includes a series of activities that interact with people, in order to delegate actions, to organize the services in order to

meet the community, causing them to be resolutive, to raise funds and also has compulsory bureaucratic tasks, that only he can accomplish. We should consider that, during the academic formation, most of the managers of the field of health were not prepared to play a leading role. Plus, most of them do not have to be, even in Office. The interesting thing is that participants of this study elucidated on the lack of profile of professionals in health units, but will they-have skills for managers manage, coordinate? The doubt remains.

Therefore, the ABS as practice scenario for those who play the actions of the control of TB is full of controversies and difficulties that leverage the existing weaknesses. When looking at the performance of actors/managers displayed service disarticulation often lack of knowledge of the true acting script, lack of profile to step in and, above all, health teams extras, i.e. uncommitted and disqualified for the starring role in combating this interlocutory appeal.

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