

Speech of nurse managers related to conditions that (dis)favor the control of tuberculosis in the elderly



Discurso dos enfermeiros gestores relacionado aos condicionantes que (des)favorecem o controle da tuberculose em idosos

Discurso de enfermeras gerentes en relación con restricciones que (des)favorecen el control de la tuberculosis en el anciano

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ABSTRACT

Objective: To analyze the discourse of nurse managers related to conditions that (dis)favor the control of tuberculosis in the elderly

Method: This study is qualitative and was held in a city considered a priority in the control of tuberculosis in Paraíba. Data collection was carried out between February and May 2014, through semi-structured interviews with eleven nurse managers. French Discourse Analysis was used to analyze the empirical material.

Results: The following discursive block was identified in the analysis: Conditions that (dis)favor the control of tuberculosis in the elderly. It was made evident that the training processes represent an important component in the effective control of this disease in the elderly. However, the speeches pointed to the maintenance of traditional educational practices in training and that tuberculosis in older people is not perceived as a priority.

Conclusion: The nurse managers should trigger training processes to improve the control of tuberculosis in elderly patients based on continuing health education.

Keywords: Nursing. Tuberculosis. Health of the elderly. Health management.

RESUMO

Objetivo: Analisar o discurso de enfermeiros gestores relacionado aos condicionantes que (des)favorecem o controle da tuberculose em idosos.

Método: Estudo de natureza qualitativa realizado em município prioritário no controle da tuberculose, no Estado da Paraíba. A coleta de dados foi realizada entre fevereiro e maio de 2014, por meio de entrevistas semiestruturadas, com onze enfermeiros gestores. Para a análise do material empírico, foi utilizada a Análise de Discurso, linha francesa.

Resultados: Na análise, identificou-se o bloco discursivo: Condicionantes que (des)favorecem o controle da tuberculose em idosos. Constatou-se que os processos de qualificação constituem um condicionante importante no controle efetivo do agravo em idosos. Entretanto, os discursos evidenciaram a manutenção de práticas educativas tradicionais nos processos de qualificação e que a tuberculose em pessoas idosas não é percebida como prioritária.

Conclusão: Os enfermeiros gestores devem disparar processos de qualificação para a melhoria do controle da tuberculose em idosos baseados na educação permanente em saúde.

Palavras-chave: Enfermagem. Tuberculose. Saúde do idoso. Gestão em saúde.

RESUMEN

Objetivo: Analizar el discurso de las enfermeras gestoras relacionadas con las condiciones de que (des)favorecen el control de la tuberculosis en las personas mayores.

Método: Estudio cualitativo realizado en una ciudad prioritaria en el control de la tuberculosis, de Paraíba. La recolección de datos se realizó entre febrero y mayo de 2014 a través de entrevistas semiestructuradas con once enfermeros responsables. Para el análisis del material empírico se utilizó el Análisis del Discurso.

Resultados: En el análisis se identificó el bloque discursivo: Restricciones que (des)favorecen el control de la tuberculosis en las personas mayores. Se hizo evidente que los procesos de cualificación representan un componente importante en el control efectivo de esta enfermedad en los ancianos. Sin embargo, los discursos destacaron el mantenimiento de las prácticas educativas tradicionales en la calificación y que la tuberculosis en las personas mayores no se percibe como una prioridad.

Conclusión: Los enfermeros responsables deben desencadenar procedimientos de calificación para mejorar el control de la tuberculosis en las personas de edad en base a la educación permanente en salud.

Palabras clave: Enfermería. Tuberculosis. Salud del anciano. Gestión en salud.

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■ INTRODUCTION

The elderly population growth, combined with the resurgence of tuberculosis (TB) causes greater concern to scholars and to the health authorities. The acute vulnerability of the elderly to TB is explained by the functional loss associated with age, such as immune deficits, the decline in T-cell mediated response, changes in mucociliary *clearance* and lung function resulting from the natural aging process, which increase the risk of infection and death from TB⁽¹⁾.

Moreover, it is believed that most TB infections in the elderly are due to the reactivation of primary outbreaks, since the current elderly population was initially exposed to TB in times of high prevalence and when treatment and disease control were inefficient. Numerous immunosuppressive conditions to which the elderly are commonly exposed, such as diabetes, cancer, renal and / or liver failure, malnutrition and prolonged corticosteroid therapy, also contribute to the development of TB and to worsening the clinical condition⁽¹⁾.

Given the seriousness of the problem in the country, TB is recognized as a priority area for actions in the health field and that it should be addressed in primary health care services (APS), which in Brazil is represented by the Family Health Strategy (ESF).

The ESF teams are in charge of preparing and developing strategies to ensure the care with resoluteness in the face of health problems of the enrolled population. However, there is a need for such services to have skilled health workers, proper working conditions and a network of care to ensure the assistance at other health system complexity levels.

In the context of TB, limited knowledge of health professionals can result in delayed diagnosis and early treatment. Permanent Health Education (EPS), is an important strategy for training, and consequently adapting the actions of the ESF professionals, particularly with regard to the incorporation of control actions, assuming that the EPS constitutes a potentiating tool in the active search and subsequent early identification of Respiratory Symptoms (RS)⁽²⁾ when addressing the issue of tuberculosis.

In this perspective, health management as a political action and linked to the exercise of government has responsibilities in implementing the health policy considering its health character, the resources needed for the development of good work and in promoting dialog among different instances and care spaces, as well as a responsibility to stimulate and facilitate specific training for ESF professionals⁽³⁾.

By understanding that management is an integral part in the care process and that a good or bad management

can bring a positive or negative influence when conducting a health system, and that the gravity of TB in the country's elderly is notorious, it is necessary to understand, which conditions (dis)favor the control of TB actions in older people based on the manager's discourse.

Despite the severity of the problem, only a few studies in the last fifteen years were found addressing the context of TB in the population group in question. It is important to consider that the elderly population has been constituting itself as a group that is vulnerable to the disease, as the Indians, the homeless population and those deprived of their liberty, already considered as priority control groups.

The few studies identified indicate that the effect of senescence and comorbidities increase the risk of developing TB, and the high prevalence of adverse reactions due to the use of chemotherapy drugs, are compounded by the very organic changes of aging and the presence of comorbidities⁽⁴⁾. In addition to these studies, others consider that the delay in the diagnosis of TB in the elderly is due to a low clinical suspicion that culminates with the delay in diagnosis and implementation of treatment⁽¹⁾.

However, the lack of national studies that portray the issue of conditions that (dis)favor the control of TB in elderly people in the APS is made evident, especially related to the discourse of nurses in the role of health managers.

The choice of the nurse was made based on the professional category's historical contribution to TB control. Currently the nurse is one of the professionals most involved in control measures and patient care in APS⁽⁵⁾. As a manager, the nurse acts as an important professional in implementing the system and health services in the country, contributing, among other things, to planning and evaluation, promotion and integration of team work in the field of APS, and coordination between staff / management / community⁽⁶⁾.

In this study, the theoretical and analytical device used was the French Discourse Analysis (AD)⁽⁷⁾. The AD reflects how language embodies the ideology and how the ideology is manifested in language. With regard to ideology, in Althusser's conception⁽⁸⁾, it is the relationship between the interpellation, the recognition, the submission and the State Ideological Apparatuses (AIE) – a reality that presents itself to the subject in the form of a distinct and specialized institution, working prevalently in favor of the dominant ideology, the ruling class.

For Althusser, the interpellation of a subject by ideology through the recognition and subjugation of the individual to said ideology occurs within an AIE – be it based on religion, school, family, politics, etc. Hence, the individual, questioned by the the AIE's ideology as a subject, will put

the ideas of the ideological apparatus chosen free and consciously, in to practice.

In this sense, this study aims to analyze the speech of nurse managers related to the conditions that (dis)favor TB control in older people, with the following guiding question: *What explains the discourse of managers as a perspective of improvements in TB control in the elderly?*

■ METHODOLOGY

Qualitative study, developed in one of the eleven municipalities of the state of Paraíba, considered priority for TB control by the Ministry of Health (MS), extracted from the dissertation entitled "The discourse of nurse managers related to the delay in the diagnosis of tuberculosis in elders"⁽⁹⁾, presented in the Graduate Nursing Program at the Federal University of Paraíba (PPGEnf / UFPB), in 2015.

Currently, the network of municipal primary care has 181 Family Health teams (eSF), 08 Community Health Agent Programs (PACS) and 34 Family Health Support Centers (NASF), distributed in the five Health Districts (DS). It presents a population of 742,478 inhabitants and an ESF coverage of 84.1%.

The inclusion criteria selected were: that the person exercise management activities in the Municipal Program for Tuberculosis Control (PMTC) and/or exercise the function of health surveillance and primary care coordinators for at least 01 year, accept to and be available to participate in the research, answer the data collection instrument and sign the Free and Informed Consent Form (TCLE). Of the twelve nurses who held management positions in the DS and Municipal Health Department (SMS), eleven met the inclusion criteria constituting the sample of this study.

All interviews were conducted individually, and, according to the subjects' choice, in their work environment, some were held in the morning shift and other in the afternoon, in a private room, with only the presence of the manager and interviewer / researcher.

In order to preserve anonymity and identify the discourses of those who collaborated with this study, we adopted the letter E, to represent the word *Nurse*, followed by the sequence of the interviews – E1, E2, E3 ... E11. The file is composed of textual material produced by the 11 members of Primary Care, DS and SMS management. The statements were obtained through semi-structured interviews, held between February and May 2014.

Overall, the conference addressed issues related to the conditions that (dis)favor the control of TB in the elderly found in the municipality, the setting of this study. All interviews were conducted according to a previously estab-

lished schedule where location and time were determined jointly with the collaborators and registered in full with the help of an MP4 and portable audio recorder.

Each recorded interview was done so using a field book, in order to register impressions about the contact with the subject and the environment in which the interview was conducted and the difficulties encountered along the way to collect information.

The theoretical framework used to analyze the empirical material was the French Discourse Analysis⁽⁷⁾. The first stage of analysis in AD, is the *corpus* outline. "The analysis process begins by establishing the *corpus*, and is organized considering the nature of the material and the question (point of view) that organizes it"^(7:34), this question refers to the main questioning of the study.

Thus, the *corpus* of this research consisted in the textualization of the eleven subjects, prepared by transcribing the interviews, which made it possible to clip discursive fragments for later analysis of the French AD.

From the definition of the *corpus*, the textualization analysis was conducted in the following steps (or procedures): the de-superficialization of the *corpus*, explicitation of the discursive formations and identification of the ideological formations⁽⁷⁾.

In the de-superficialization stage of the *corpus*, the analyst works with linguistic materiality, considering what, how, who and in what specific discursive circumstances it is said, correlating the production conditions, which include the circumstances of enunciation, and the broader socio-historical and ideological context. This de-superficialization also considers the imaginary formations based on evidence reflected in the speech, apprehending the enunciation forgetting, the one in which we feel as if that would be the only way to say what was said, meaning the referential illusion. The de-superficialization leads to the identification of the discursive object^(7,10).

The discursive formations (FD) are made up of the confluence of the interdiscourse and intradiscourse. The interdiscourse is related to what is speakable, to a set of formulations made and already forgotten that determine what, in these production conditions, is important to discursivity. The intradiscourse, on the other hand, deals with the materiality (speech), the wording of the text, the chain or linearization of speech. The interdiscourse corresponds to constituting the meanings and the intradiscourse, to the formulation, what is said at a certain moment, in a given discourse situation⁽¹⁰⁾.

In the discursive object's passage to the discursive process, the relationship between the FD is analyzed- outlined using the meaning signification processes: synonymic,

paraphrastic etc. – with the ideological formations that govern this relationship, making the way meaning effects are produced in that material visible.

Therefore, at this stage, based on the discourse of the nurses, an attempt is made to make contradictions explicit, explore the form-subject concept, identify silences, erasures, slips, repetitions, hesitations and analyze the weakening of dissonant and minority discourses in the discursive universe of managers working with TB in the elderly.

In the last stage of the analysis, there is an attempt to identify ideological formations (IF). At this point, the analyst should observe how the metaphorical effects – A semantic phenomenon produced by a contextual substitution, the way event and structure are articulated between themselves – enable the assimilation of slips in meaning, observing the effects of language in the ideology and the materialization of it in the language, confirming the historicity of the text⁽⁷⁾.

Thus, the analyst will investigate the position of the subject with respect, mainly, to the conception of health to which it is affiliated – biomedical model, social determinants of health, among others – to the municipal assistance model in which the subject acts, in order to identify positions that promote the continuity of the biomedical model or postures showing evidence of breaks.

Therefore, in the discursive *corpus'* analysis, the following discursive block was identified: *Conditions that (dis)favor the control of TB in the elderly*. The discursive fragments will be presented in Discursive Reference Sequences (SDR), clips of the textualization of the eleven subjects that refer to FD and FI identified during the analysis of the discursive *corpus*.

This study was submitted to the Committee of Ethics in Research of the Health Sciences Center of the Federal University of Paraíba (CEP/CCS-UFPB), taking into account the ethical aspects of research, guided by Resolution No. 466/12 of the National Health Council (CNS) on research involving human beings, respecting their items and fulfilling all duties to maintain the privacy and dignity of the people involved. Approval was given on October 22, 2013, under number 0461 and CAAE No 15845613.1.00000.5188.

■ RESULTS AND DISCUSSION

Guided by the question *What explains the discourse of managers as a perspective of improvements in TB control in the elderly?*, this section condenses the FD evidenced by the discursive materiality of the subjects regarding the conditions that (dis)favor the control of TB in the elderly as seen in the SDR below:

SDR nº 1: *According to the identified need, if the number of cases are increasing, if I think actions are not effective, then we hold the sessions (training).* (E7)

SDR nº 2: *It exists, although it would be a lie to say it's linear, but it exists. [...]. So we must attempt to promote the actions according to the epidemiological reality, because it's useless to bring it here, we do it, but not with the same intensity.* (E10)

In SDR No. 1, one notices a contradiction regarding the qualifications only being made “if the number of cases is increasing,” or “if things are not being effective,” and the proposal of the Municipal Health Plan (MHP) and MH in regarding EPS. It is clearly an erasure of meanings given by these nurse managers to the importance of EPS in the effective control of TB.

This deletion in AD is related to speech forgetting, in this case, an enunciation forgetting⁽¹¹⁾ of semi-conscious character, in which the subject favors some forms and “erases” others, selecting certain wordings over others. Therefore, the subject takes on the position in which continuous qualification processes are not needed, reproducing a discourse based on continued education, whose aim is to train professionals seeking only the improvement of work execution, contrary to what is recommended by the MS and PMS.

In contrast, the EPS⁽¹²⁾ presumes the continuous process of learning at work by incorporating assimilation and instruction to the routine of organizations and work, aiming to expand the resoluteness of services based on the individual and collective needs, management and social participation.

It is possible to see a change in the speech of subjects to one that overestimates the quantification of cases as a guide for the TB control actions, subsequently reproducing a speech based on positivist epidemiology. The valuation of the positivist epidemiology as a fundamental bases for health actions presupposes the subject is a member of the institutionalized Public Health in Brazil during the twentieth century, in contrast to the organizational logic of services in the APS⁽¹³⁾.

The logic of the organization of services in the APS through the ESF is based on Health Surveillance, knowledge of the territory and the local epidemiological profile – frequency distribution of diseases and harm to public health – for the planning, implementation and assessment of health actions, seeking the involvement of the population and considering the clinical and epidemiological determinants within the individual and collective, and social context⁽¹⁴⁾.

Thus, it is understood that the incidence, trend and prevalence of TB in the territory are important data to the organization's attention to TB in that area. However, health actions, based on Health Surveillance, change the focus of attention for incorporating intersectoral actions, community participation and activities throughout the territory. This fact generates the possibility of expanding prospects of access to health services and diagnosis and treatment of elderly users with TB⁽¹³⁾.

In SDR No. 03, it is clear that the nurse manager points qualification actions as an important process in the implementation of disease control and that the question of TB in the elderly is now emphasized. It also recognizes the importance of talking about TB in the elderly, since the incidence of the disease in this population is increasing.

SDR nº 03: *We intend to direct some specific workshops for ACS [...] I will emphasize the issue of tuberculosis in the elderly, that deserves to be highlighted due to its increasing incidence in this age group. [...] we will develop this training process of all health professionals in TB control actions for next year [...] I think if the professionals have this awareness that TB can affect the elderly they could incorporate within their weekly research during the team's daily activities. (E1)*

A study conducted in a public hospital in Rio de Janeiro regarding the treatment of pulmonary TB found the elderly have higher toxicity compared to the treatment, which contributes to a high mortality regarding the disease, especially those that coexist with other health problems, like diabetes mellitus and pulmonary diseases. The authors add that there was no differentiation in the elderly treatment dropout rate when compared to non – elderly, suggesting weaknesses in the system to maintain control of the disease⁽⁴⁾. These results are important for this study, since they show the severity of the disease in elderly people, and the need to offer health services with diagnosis potential, treatment and monitoring that is suitable for this type of complication.

Another study based on the discourse of the elderlies diagnosed with TB highlighted that health professionals are being releases of their responsibility in the suspicion and diagnosis of TB in the health services, which pointed out the professionals' lack of knowledge on the problem of TB in the elderly and, consequently, control actions to be used for this disease⁽¹⁵⁾.

These results confirm the meaning given by the nurse manager to TB control actions in the elderly, when the subject (E1) makes it evident through his speech that the training actions regarding TB in the elderly directed towards

health professionals are not a priority. There are indications that, while the importance of training directed to APS professionals is recognized, and the increased incidence of the disease in the elderly population is worrying, the training process does not occur.

Corroborating this result, another survey of APS health professionals in the same municipality also revealed the lack of training as a barrier to providing proper attention to the TB control actions in the elderly⁽²⁾.

The National Program for Tuberculosis Control (PNCT) states that it is management's responsibility to develop training activities for health professionals that focus on TB control actions⁽¹⁶⁾. There is a need for municipal administration and the MS to encourage and facilitate training processes that enhance the exchange of knowledge permeated by interdisciplinarity and that contribute to changing health practices aimed at disease control actions⁽¹⁷⁾.

In SDR No. 04 and 05, the nurse managers state that they have held training sessions aimed at enhancing TB control actions in the elderly. The need for health professionals to have a different view towards the elderly in order to detect suspected cases of TB at an early stage is stated as a challenge.

SDR nº 04: *What we emphasize today in training is a closer look at the elderly, and using this information to approach more elderly groups, elderly caregivers. [...] we have a clinical investigation for adults, for children, for the elderly, which follows a pattern, but what we actually need to be more aware today is that, we need to awaken the professionals' view to research in the elderly. (E2)*

SDR nº 05: *[...] When we train health professionals [...] we say that children and the elderly, are people, are age groups that require a little more care, a different look, because they are a unique clientele that presents signs and symptoms that are not as specific as those adults present [...] we emphasize that. (E5)*

In AD, the textual marks are the entries of language in the speech. It is necessary to search the texts that were left out and what the missing texts mean. In this understanding, the textual marks: *What we emphasize today in the training sessions (E2); when we hold training sessions [...]. So every time we hold a training session (E5)*, reveal a discourse permeated by health education practices based on the transmission of knowledge. It is important to note that the *we* refers to nurses who are in management positions in the Municipal Health Department, meaning the core of management.

The management of the studied municipality represents the ideas of a left-wing policy that is implemented in the various fields of municipal action. In health, through the PMS, the policy's guiding principle is to *produce comprehensive and humanized care* in the recognition of health as a social right and duty of the State. It adds that to achieve such purposes, management will use strong ideas, such as the EPS.

Since the mid 2000s, EPS has designed the health workers' training policy through Ordinance GM/MS No. 198/2004, updated by Ordinance GM/MS No. 278/2014. The EPS is a pedagogical proposal that aims to transform work practices and reorganize the work process by questioning the reality experienced, which uses meaningful learning as a teaching strategy⁽¹²⁾.

Continuing the analysis and considering the discursive processes, nurse managers indicate an educational practice based on the vertical transmission of knowledge. This operation logic enhances the reproduction of health practices based on transferring information and the emphasis on technical knowledge⁽²⁾, which does not contribute to reflection by health professionals about the prism involving TB control actions in the elderly.

Therefore, based on the Althusserian line of thought⁽⁸⁾ on ideology, we can infer that, ideologically, these subjects are positioned in a manner that is contrary to a health model compatible with the SUS and PMS work logic – based on *comprehensive and humanized care recognizing health as a right of citizenship* – since, according to this line of thought, the subjects materialize their ideological affiliation in practice.

Thus, it is understood that managers, through the anticipation mechanism – in which every individual has the ability to position themselves in the place of the other party, regulating the argument according to the effect they believe to produce in their listener – and the relation of forces – in which the value of the position that the subject occupies is crucial in communication – culminating with the imaginary formation, the projection made on the subject that managers, in their speeches, attempted unconsciously to express the meaning effect supposedly expected, due to their PMCT manager position.

Still based on this theory, we can infer that a crucial determinant of the health professionals' working logic is their formation process, guided by the school, which is conceived as AIE.

About school AIE, the author points out^(8:60) [...] *"we think that the Ideological State Apparatus which has been placed in a dominant position in mature capitalist formations, after a violent struggle between political and ideological classes*

against the former dominant Ideological State Apparatus, is the school State Ideological Apparatus."

Correlating the study to the Althusserian assertive that the school plays a decisive role in the reproduction of production relations, through the teaching of practical skills involved in intense imposition of the ideology of the ruling class, we can notice the correspondence between this and the perpetuation of the biomedical model in the curriculum of health professionals' educational institutions.

This fact was made noticeable in another study⁽¹⁸⁾, showing the need to adapt the curriculum of these institutions to the NHS principles and the APS conceptions, and the consequent break with the traditional model of education, based on the biomedical model.

This reality, for the Nursing course, has been implemented since 2001, through Resolution No. 3 of the National Education Council, establishing the nursing course curriculum guidelines, guiding the education of nurses with a view to acting in line with the SUS principles and guidelines. For nurses trained with the previous curriculum guidelines, in the context of TB, it is believed that the EPS, inserted in these professionals' training processes, is a potentiating tool with regard to the incorporation of control measures, implying their work logic will be adjusted⁽²⁾.

The analysis of SDR No. 06 shows that the subject relates improvements in TB control actions in elders to qualifications directed to the Community Health Agents (ACS).

SDR nº 06: *So, strengthening the ACS with permanent health education, not only the efforts promoted by us, the management, but with the matricial support in team meetings, will allow that look to predict the elderly TB carrier and consequently diagnose it. (E10)*

The E10 nurse manager in his speech recognizes that the training process should not only be the responsibility of management, but also that of the matricial support held in team meetings.

There are indications in the words of nurse manager E10 that point to a break with paraphrastic processes that instill a speech based on traditional teaching practices in the form of knowledge transmission. In its statement, the meaning moves towards the execution of training processes held with the team based on the local health needs identified in the text marks *permanent health education and matricial support*.

In AD, the way language words and the how meaning is produced are based on the tension between the paraphrastic and polysemic processes. The paraphrastic processes are those by which in every saying there is also

something that remains the same, that is, the speakable. While in polysemy, what we have is displacement, disruption of meaning processes⁽⁷⁾.

As already mentioned, the EPS is a learning process based on the questioning of the local reality and significant learning, which involves the various social actors who experience the daily work, the barriers to care quality and care for the population's health.

Matricial support is a work methodology that seeks to provide educational support to the health staff with a focus on shared construction of clinics and health guidelines between the components working in the health service in order to expand the team solving skills in face of the local health needs⁽¹⁹⁾.

There are training practices in the health field based on the traditional school, as discussed. From this perspective, EPS and matricial support are mechanisms that focus on rupturing excessively asymmetrical power structures⁽¹⁹⁾ based on the dominant ideology of the State⁽⁸⁾.

In a study on *Co-management method of Collectives*, democratization of power in institutions is suggested. It reaffirms that a management model based on Taylorist molds produces "steering systems that are rooted in the imprisonment of the will and the expropriation of the possibilities of ruling of the majority" which refers to hierarchy, centralization of power and mastery of people⁽²⁰⁾.

Thus, the E10 nurse manager's speech in the tension between the paraphrastic processes and polysemic points to a rupture from AIE – school and political – that materialize dominant ideals that tend to favor the maintenance of power.

Speeches pointing to a shared management model, as E10 nurse manager's speech, allow the construction of dialogical spaces imbricated in the recognition of health as a right of citizenship. Thus, when thinking about TC Care management targeted towards the elderly, it is necessary to include this understanding by nurse managers in all administrative levels in order to promote early detection of cases and consequently the production of an integral and humanized care for older people across the local health system, as PMS idealizes.

■ CONCLUSION

The analysis of the discourse of the subjects managers showed that the process of training health professionals is considered an important condition for effective disease control in the elderly. However, the speeches of nurse managers, showed the maintenance of traditional educational practices in teaching and learning, and that TB in the elderly is not perceived as a priority.

Also noteworthy is the evidence of ruptures from hegemonic discourses to insert more democratic spaces and meaningful learning in the field of municipal management. In this sense, it was shown that the tuberculosis care management in this municipality is developed by subjects affiliated ideologically to the hegemonic model of management, divergent from the ESF model that is grounded in shared management.

Finally, the contributions of this study to teaching, health management and assistance, with a view to the possibility of extending the discussions related to the attention to elderly people with TB and to its care management, based on the ESF model.

For professional assistance and management qualification through the EPS, seeking the inclusion of this understanding in all administrative and assistance levels is needed, so that the care of elderly TB patients can be provided in view of the completeness and humanization, enhancing this population's access, favoring the early diagnosis and treatment, minimizing complications and deaths from TB, according to the idealizations of the PMS and the PNCT.

The sole inclusion of nurses working in the central municipal administration stands out as the main limitation of this study, which may limit the understanding of the subject studied and not allow the meanings assigned by other professionals within the management of PMCT to be explored. Therefore, it is suggested that further studies be conducted on the subject considering ESF health workers developing direct care to the enrolled population and also with the matricial supporters, as part of the management team. Moreover, it points out the need to investigate other priority municipalities of the Paraíba state in order to identify whether the ideological precepts governing the control of TB in the elderly are consonant with the ideals of the Unified Health System.

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