



Nursing actions promoting adherence to tuberculosis treatment: scoping review

Ações de enfermagem promotoras da adesão ao tratamento da tuberculose: revisão de escopo

Acciones de enfermería promotoras de la adhesión al tratamiento de la tuberculosis: revisión de alcance

How to cite this article:

Zago PTN, Maffaccioli R, Mattioni FC, Dalla-Nora CR, Rocha CMF. Nursing actions promoting adherence to tuberculosis treatment: scoping review. Rev Esc Enferm USP. 2021;55:e20200300. DOI: <http://dx.doi.org/10.1590/1980-220X-REEUSP-2020-0300>

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ABSTRACT

Objective: To analyze actions promoting adherence to tuberculosis treatment that are being carried out by nurses in different countries. **Method:** Scoping review with selection of articles on the subject in LILACS, MEDLINE, IBECs, BDENF, SciELO, CINAHL, Embase, Web of Science, and Scopus databases. **Results:** Forty studies, published between 2009 and 2020, allowed the identification of nursing actions in two thematic categories. In the category “Nursing care: TB patients’ specific needs to promote adherence to treatment”, actions involving clinical aspects, professionals’ knowledge and skills, educational and relational processes were identified. In the category “The role of nursing in coping with the social determinants of health to promote adherence to treatment”, interventions related to the strengthening of family and community support, the inclusion of socioeconomic issues in care plans, and respect for cultural differences were highlighted. **Conclusion:** Nursing work directed to the adherence to disease treatment requires the development of technical, ethical and, above all, political skills, aiming to increase the success of the actions carried out by these professionals.

DESCRIPTORS

Tuberculosis; Medication Adherence; Public Health Nursing; Health Policy; Review.

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Received: 08/17/2020
Approved: 04/22/2021

INTRODUCTION

Tuberculosis (TB), an airborne infectious and contagious disease of high mortality, has a high chance of cure when drug treatment is universally available and the indicated therapeutic regimen is maintained with no interruption until its conclusion⁽¹⁾. Adherence is defined by the collaborative acceptance by the person with TB of the treatment instituted by the health professional⁽²⁾. Non-adherence to treatment results in an increase in the clinical complexity of cases, with the development of resistance to tuberculostatic drugs, as well as an epidemiological impact with the persistence of sources of disease transmission⁽¹⁾.

Several aspects lead to complications in the process of adherence to TB treatment, including unfavorable socio-economic conditions, insufficient supply/quality of health services, clinical complications of the disease, as well as subjective and cultural characteristics of the person undergoing treatment⁽³⁻⁵⁾. These aspects are associated with social determinants in the health and disease process, knowledge that gave new meaning to the problem of illness and refounded the Health Promotion movement, with new perspectives of interdisciplinary health work linked to the knowledge and values of individuals and communities. In the debate regarding TB, it is worth emphasizing the concept of Vulnerability and Human Rights that, incorporating the ideas of the social determinants of health and the New Health Promotion, expands the potential of this fusion of expertise and knowledge by assuming that collective and sympathetic construction of care actions can only thrive in contexts favorable to human rights and where the principles of social justice, equity, and human dignity⁽⁶⁾ are followed.

In the poorest regions, especially in Latin American, African and Asian countries, the highest burdens of the disease and the highest burdens of co-infection (TB-HIV) are recorded⁽¹⁾. Brazil, a country with one of the highest income inequalities in the world⁽⁷⁾, has a high burden of TB and cases of co-infection (TB/HIV), an unsatisfactory cure rate (71.4%), and high treatment dropout (10.8%)^(1,8). In European countries, the disease is concentrated among immigrants who live in precarious living conditions generated in political contexts of denial of citizenship rights⁽⁹⁻¹⁰⁾.

As a response to this epidemiological scenario, the World Health Organization (WHO)/United Nations Fund and the signatory countries of their recommendations have been formulating strategies focused on promoting adherence to TB treatment^(2,11-12) and facing the social determinants associated with the disease. Currently, the "End TB Strategy" aims to eradicate TB, with programmatic actions emphasizing the implementation of multisectoral actions, as well as the prevention and person-centered care⁽²⁾. Such actions are structured in the context of universal access to health and the expansion of Primary Health Care (PHC) services. With regard to the enhancement of therapeutic adherence, the recommendations emphasize the role of nursing professionals in the elaboration of care plans that include not only help for diagnosis but also operationalization of directly observed therapy (DOT)^(2,13-14).

Considering the analyses of the global epidemiological situation of TB and the importance of adherence to treatment in disease control actions, some questions shall be answered about the role of nursing in the various geopolitical and sanitary contexts in which the disease is highlighted on the agenda of health problems. Most of the available literature on the subject results from investigations on therapeutic adherence, focusing on factors related to TB treatment dropout^(5,15-20). Many of these studies, even though they signal the importance of nursing in this process, do not show which actions are feasible in different health services and in different contexts, which constituted an important knowledge gap to be explored.

In this regard, the objective of this study was to analyze the actions promoting adherence to tuberculosis treatment that are being carried out by nurses in different countries.

METHOD

TYPE OF STUDY

The scoping review⁽²¹⁻²²⁾ was used as a method that aims to obtain broad and comprehensive results in the review of the scientific literature⁽²³⁻²⁴⁾.

The five methodological steps followed in this scoping review include: (1) identification of the research question, (2) identification of relevant studies, (3) selection of studies, (4) data mapping, and (5) collection, summary and reporting of results⁽²²⁾.

The question elaborated for this review is based on the PCC (population, concept and context) mnemonic strategy⁽²⁴⁾, namely: what actions to promote adherence to TB treatment are being carried out by nurses to control the disease in the world?

DATA COLLECTION

The studies were selected from different portals and databases: Latin American and Caribbean Literature on Health Sciences (LILACS); Spanish Bibliographic Index of Health Sciences (IBECs); Nursing Database (BDENF); Scientific Electronic Library Online (SciELO); Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed; Embase; Web of Science, and Scopus.

The inclusion criteria were original articles published in English, Portuguese and Spanish, whose objects addressed actions of the nursing team that promote adherence to TB treatment. Thus, studies with quantitative, qualitative, and mixed designs were included. Studies that had as participants professionals of the nursing team involved in the care of TB and/or sick people who were undergoing treatment, or who had already obtained a cure for the disease, attended in public or private health services, were listed. To obtain the most scientifically robust evidence on the topic, review studies, case studies, dissertations, theses, or theoretical articles were not included. Due to the large volume of publications found in the databases, it was also decided that gray literature would not be included.

For the literature search, the time limit of studies published from January 2009 to November 2020 was established. The time limit of 2009 corresponds to the period from which TB is treated as a serious public health problem, a fact that guided the main disease control strategies⁽¹¹⁻¹²⁾ for coping with its social determinants.

The research team defined a search strategy for each database, considering the selected Health Sciences Descriptors (DeCS) and/or Medical Subject Headings (MeSH) and keeping the Boolean operator AND (Chart 1). When many results appeared, the descriptors and/or MeSH were expanded using 3 terms, and they were combined using the operator AND to increase the level of search specificity. The search strategy was also carried out in Portuguese and Spanish.

The selection of studies took place in three consecutive steps: reading of the title, abstract, and full article. This process was carried out by two researchers, and use of consensus by a third researcher in case of disagreement regarding findings.

Data systematization was performed using a structured instrument that allowed the following information to be synthesized: year of publication, journal, place of study, type of service, research participants, type of data collection, method used, type analysis, theme addressed, and main results (adherence actions with the involvement of the nursing team).

Chart 1 – Search strategies for the databases surveyed – Porto Alegre, RS, Brazil, 2020.

Database	Search Strategy
LILACS	<i>Tuberculosis AND Nursing; Tuberculosis AND Nursing Care; Tuberculosis AND Nursing AND Medication Adherence.</i>
IBECs	<i>Tuberculosis AND Nursing; Tuberculosis AND Nursing Care; Tuberculosis AND Nursing AND Medication Adherence.</i>
BDENF	<i>Tuberculosis AND Nursing; Tuberculosis AND Nursing Care; Tuberculosis AND Nurse's Role; Tuberculosis AND Nursing AND Medication Adherence; Tuberculosis AND Nursing Care AND Treatment Adherence and Compliance.</i>
SciELO	<i>Tuberculosis AND Nursing; Tuberculosis AND Nursing Care; Tuberculosis AND Nurse's Role; Tuberculosis AND Treatment Refusal; Tuberculosis AND Nursing AND Medication Adherence.</i>
MEDLINE/PUBMED	<i>Tuberculosis AND Nurse's Role; Tuberculosis AND Nursing AND Medication Adherence; Tuberculosis AND Nursing Care AND Treatment Adherence and Compliance; Tuberculosis AND Nurse's Role AND Treatment Refusal.</i>
Embase	<i>Tuberculosis AND Nursing Care; Tuberculosis AND Nursing AND Medication Adherence; Tuberculosis AND Nursing Care AND Treatment Adherence and Compliance.</i>
Web of Science	<i>Tuberculosis AND Nurse's Role; Tuberculosis AND Nursing AND Medication Adherence; Tuberculosis AND Nursing Care AND Treatment Adherence and Compliance.</i>
Scopus	<i>Tuberculosis AND Nurse's Role; Tuberculosis AND Nursing AND Medication Adherence; Tuberculosis AND Nursing Care AND Treatment Adherence and Compliance; Tuberculosis AND Nurse's Role AND Treatment Refusal.</i>

Figure 1 shows the search, exclusion, and selection process of the studies found according to PRISMA recommendations⁽²⁵⁾.

DATA ANALYSIS AND TREATMENT

At this step, the compilation and communication of results was carried out, to present an overview of all the material. These results are presented through a numerical and thematic synthesis⁽²⁴⁾. In the numerical synthesis, the characteristics of the studies included were described, such as the total number of studies, method, year of publication, characteristics of the studied population and countries where the studies were developed. The thematic synthesis, on the other hand, was organized according to the nature of the actions to promote adherence to TB treatment that have been carried out by the nursing team, generating a broad presentation of the scoping review on the topic.

RESULTS

The application of search strategies in portals and databases allowed the identification of 1,568 articles. In the selection step, 90 articles were obtained, which were analyzed in full. In the eligibility step, 40 studies were selected, the results of which answered the research question.

The period of publication of the reports covered the years 2009 to 2020, with 22 publications referring to the period from 2015 to 2018. The 40 articles report studies developed in Latin American countries: 13 in Brazil⁽²⁶⁻³⁸⁾ and three in Peru⁽³⁹⁻⁴¹⁾. On the African continent, nine studies were developed, namely: six in South Africa⁽⁴²⁻⁴⁷⁾, one in Kenya⁽⁴⁸⁾, one in Nigeria⁽⁴⁹⁾ and one in Namibia⁽⁵⁰⁾. In Europe, six studies were carried out: two in Spain⁽⁵¹⁻⁵²⁾, two in the United Kingdom⁽⁵³⁻⁵⁴⁾, one in Macedonia⁽⁵⁵⁾, and one in Ukraine⁽⁵⁶⁾. In Asia, there were five studies: two in Japan⁽⁵⁷⁻⁵⁸⁾, one in Indonesia⁽⁵⁹⁾, one in Singapore⁽⁶⁰⁾, and one in Thailand⁽⁶¹⁾. In Oceania, two studies were carried out, in Australia and Malawi⁽⁶²⁻⁶³⁾. In North America, two studies were identified in the United States of America⁽⁶⁴⁻⁶⁵⁾.

The distribution of studies according to the method used was 23 (57.5%) qualitative^(26,28-35,37-38,40-42,44-47,53-54,56-57,65), 14 (35%) quantitative^(27,36,39,43,48,50-52,55,59,60-62,64), and 3 (7.5%) mixed studies^(58,61,63).

The analysis of the articles allowed the organization of two main thematic categories: 1) Nursing care: TB patients' specific needs to promote adherence to treatment and 2) The role of nursing in coping with social determinants of health to promote adherence to treatment.

The first category addresses actions required for the promotion of adherence to the disease treatment, based on the clinical aspects inherent to the occurrence of TB; of educational health actions; of the construction of bonds and incentive to autonomy of the sick person; of embracement and humanization of care; and of professionals' knowledge and skills. Such care actions are those carried out in the daily service, aimed at TB patients and their families (Chart 2).

The second category encompasses the collective nature of nursing interventions capable of strengthening treatment

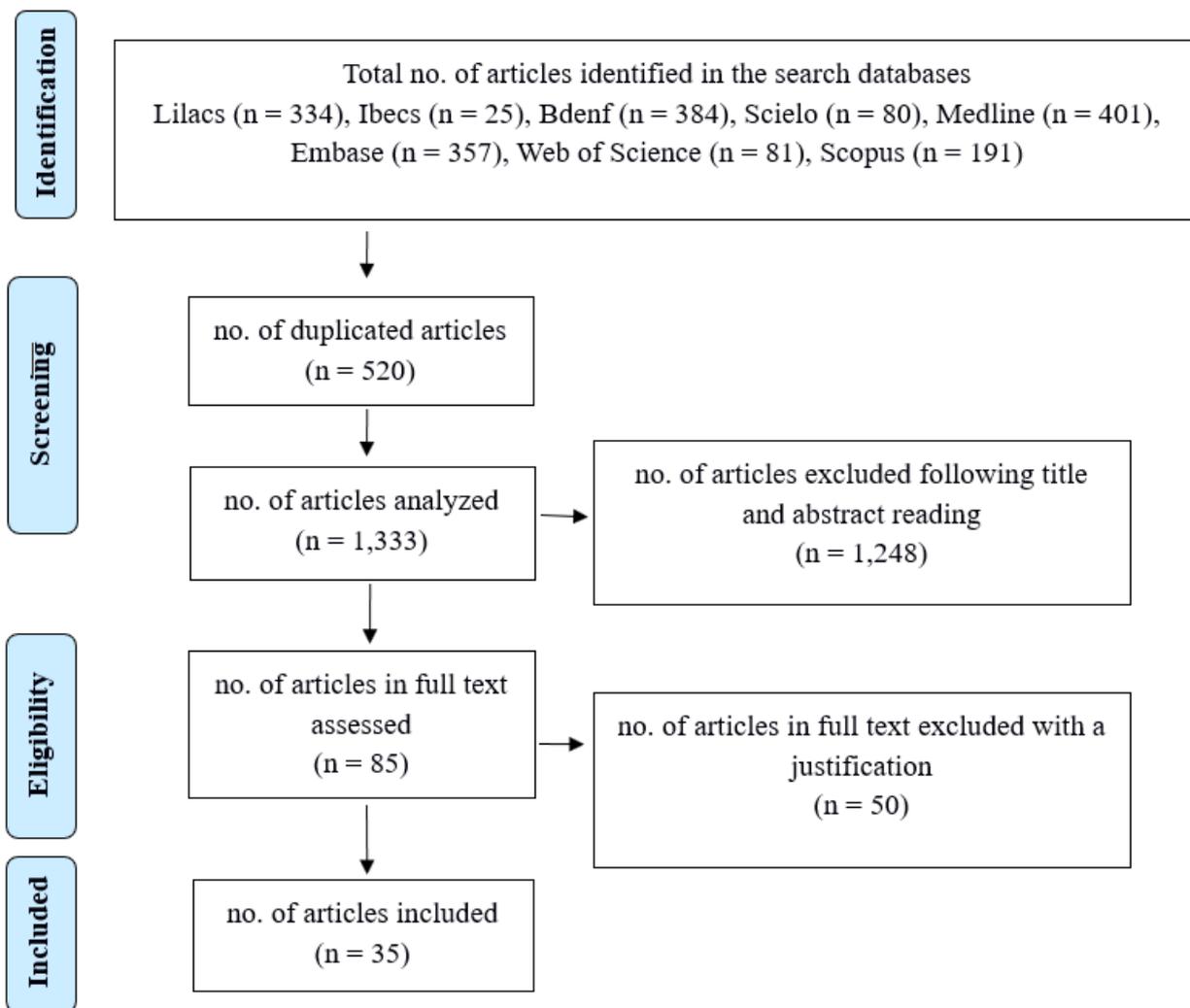


Figure 1 – Inclusion and exclusion process of the studies found according to PRISMA recommendations⁽²⁵⁾.

Chart 2 – Nursing care: TB patients’ specific needs to promote adherence to treatment – Porto Alegre, RS, Brazil, 2020.

Dimensions	Description of findings
Clinical aspects that influence the care provided by the nursing team	Nursing role emerges as a way to allow the early diagnosis of tuberculosis, the operationalization of directly observed treatment, and the identification of adverse effects of medications ^(28–30,33,35–37,45–46,49–50,54–55,57,64) . The construction of care plans articulating the psychosocial uniqueness of each subject to clinical interventions is also highlighted, through guidelines and protocols, as well as cases monitoring using multiple technologies. To facilitate patients’ follow-up/clinical progression, the use of the internet for video calls, use of applications or visits to people undergoing treatment was evidenced ^(32,36,44,48,52,55–56,59,63) . Nursing conduction of Directly Observed Therapy also appears as a factor that facilitates treatment adherence ⁽⁵⁸⁾ .
Educational health actions	The studies mentioned nursing professionals as important agents to guide and clarify doubts about the disease and treatment. The guidelines provided by these professionals are based on an open dialogue during consultations and counseling and also on educational actions involving the use of printed material, newsletters, internet, and information provided in writing ^(27–28,30,33,35,39–43,46,51,53,55,61,65) . These actions are configured as motivational for changes in behavior and lifestyles that promote adherence to treatment ^(47,59) . A study mentioned training and qualification of people in the family or community to act in the directly observed therapy ⁽⁵⁰⁾ .
Bonding and incentive to autonomy	The bond built from an empathetic relationship and good communication is highlighted, as well as the promotion of people’s autonomy as facilitators of treatment adherence ^(27–28,30,33,35,39–43,47,51,53,55–56,61) . This bond provides emotional and social support to the person with tuberculosis and their family, in order to encourage co-responsibility in the treatment ^(26–27,30,32,35,40,53,57,59,62) . Bond development requires the nurses to be prepared to work in areas with a high concentration of the disease, having to face conditions of poverty, food insecurity and precarious access to housing ^(38,45–46,53) .
Embracement and humanization of care	Nursing performance in a welcoming space allows care provision with attention and commitment. These are factors related to the attachment of people to the service, influencing the reduction of treatment dropout ^(26,28,30,32–34,40,45,49,53,57,63) . Embracement and humanization are related to gestures of affection, empathy, politeness, and respect from the professional ^(35,42–43,64) .
Professionals’ knowledge and skills	Studies have emphasized the importance of knowledge and preparation to deal with cultural differences, stigmas, and patient refusals to treat tuberculosis ⁽⁴⁷⁾ . One of them shows the nurse as a professional qualified to work in the management of health services and programs to promote adherence to treatment ⁽⁴³⁾ .

Chart 3 – Nursing performance in coping with social determinants of health to promote adherence to treatment – Porto Alegre, RS, Brazil, 2020.

Dimensions	Description of findings
Social protection: food, housing, transport, income, and work	The importance of treatment incentives, related to socioeconomic aspects, was mentioned ^(27–28,30,34,42,46,53–55,57) . Social support in assisting immigrants is also a form of social protection that influences treatment adherence ^(26,35,37–38,40,47,54) .
Family and community support	Studies have indicated the importance of encouraging the participation of family members in the treatment and prevention of new cases of the disease through contact assessment ^(26–28,30,35,46,53,55,57) . This family support aims to face prejudices associated with the disease ^(34,40) , especially when it comes to approaching immigrant people and carrying out the treatment directly observed in community centers ^(44,46–47,53–54) .
Approach to socioeconomic aspects in care plans	The studies mentioned the multidimensional approach – clinical, epidemiological, economic, social, and cultural aspects – as a potential to prevent treatment dropouts and reduce the stigma generated by the disease ^(31–32,34,40–41) . The approach to socioeconomic factors is recognized based on the inclusion of social determinants of health in care plans ^(37–38,45–47,53–54,57,62,64–65) .
Respect for the culture of the person with tuberculosis	Respecting the culture of the person undergoing treatment is defined by considering the psychosocial singularities of the subjects inserted in a certain cultural context, which leads to their greater engagement in the treatment of the disease ^(27,30,32,47,59,61) .

adherence based on acting in contexts with unfavorable socioeconomic and cultural conditions. These actions refer to social protection: food, housing, transport, income, and work; family and community support; addressing socioeconomic aspects in care plans and respecting the culture of people with TB (Chart 3). In addition to being associated with the work of professionals from other areas, these actions also rely on social protection policies being elaborated by different sectors of the government. In the first category, we identified actions in which nursing has more autonomy and their performance occurs in the encounter with individuals and families affected by TB. In the second category, how the actions dialogue with collective demands in contexts of social vulnerability is highlighted, and the perspectives of nursing practice in the face of social protection policies aimed at people with TB are evidenced.

DISCUSSION

Given the specificities of the results systematized in the category “Nursing care: TB patients’ specific needs to promote adherence to treatment”, the designation of nursing care considered actions that cover the technical-scientific, educational, ethical and political dimensions of professional performance⁽⁶⁶⁾. This was the category with the highest density of mentions on the topic presented in the studies. Studies^(16–18,66–67) report that over the last ten years, even in different contexts, the success of treatment is consistent with nursing care capable of impacting the conditions related

to treatment dropout, of expanding support for the person affected by the disease and ensure treatment maintenance.

The dimension of clinical aspects that influence the care provided by nursing, which explores early diagnosis of TB, attention to adverse events, supervision and guidance on treatment, gained prominence among the studies. In this regard, there is evidence that keeping nursing care offered continuously is highly promising for achieving improvement in adherence behavior, as well as better cure rates, greater satisfaction with the work of professionals, greater acquisition of knowledge about the disease, and improved quality of life⁽⁶⁸⁾.

Regarding the effectiveness of DOT, in regions with a high burden of TB and HIV in sub-Saharan Africa⁽⁶⁹⁾ there are still difficulties to operationalize this practice. In the Brazilian context, for example, despite the recommendation to adopt DOT⁽²⁰⁾, it is observed that its implementation process relies on the transfer of this practice to Primary Health Care (PHC), which took place from the year 2000 on, being in charge of nursing professionals^(13,70). However, it is understood that, to prevent nursing actions from becoming isolated activities and restricted to making people with TB aware of taking medication, the implementation of more robust technical approaches is required. Therefore, management qualification and intersectoral articulation, ensured in public policies, should provide conditions for the operationalization of DOT. Moreover, ensuring qualified and sufficient human resources for the work demand and improving the environment in the health units would be more successful in contributing to actions that promote adherence⁽⁷¹⁾.

Among the findings, nursing actions from the monitoring of people undergoing TB treatment were highlighted, with the use of various technologies such as the internet, video calls, and the use of software in the form of applications for smartphones. This fact does not necessarily reflect the maintenance of adherence to treatment, as these strategies effectiveness is dependent on access and training to use the technologies chosen for this purpose. This depends on the mobilization of health service managers and coordinators to plan actions that contemplate the implementation of these resources, making them viable with the respective monitoring of their results⁽¹³⁾.

Among the health educational actions highlighted, those that mobilize assertive communication during consultations and counseling were successful. These actions were linked to the supply of printed material, provision of written information, and use of the internet. The importance of these initiatives has also been recognized in the improvement of early diagnosis of TB in studies that draw attention to the fact that people’s psychosocial singularities are taken into account in educational interactions^(72–73).

The use of educational approaches in health by nursing has been consolidated in the history of the profession and there is no doubt about the value of these strategies in care actions. The reflection on these experiences, however, shall be done to identify which pedagogical strands support the best practices. For instance, non-dialogue-based approaches, which emphasize individual responsibility for the disease or

even blame the person for the failure of treatment, give low contribution to health-favorable habits being incorporated into their routine of life. Thus, it is understood that health education actions, in the context of adherence to TB treatment, find the best conditions to be effective when there is an interaction between the technical-scientific knowledge of professionals and the practical knowledge of people, generating understanding and support for self-care⁽⁷⁴⁾.

Bonding and incentive to autonomy, embracement, and humanization of care were mentioned as relational components that can be incorporated into the nursing care process, favoring treatment adherence and access to the health service. This aspect is highlighted when it comes to populations in situations of extreme social vulnerability, such as the homeless population, as bonding and humanization are prerequisites for meeting the basic needs of these specific populations, whose risk of getting TB is higher⁽⁷⁵⁾. The promotion of adherence in these populations benefits from projects capable of breaking with the essentially instrumental professional training, to encourage the use of relational and socio-affective technologies for the qualification of care for people in these conditions⁽⁷⁶⁾. Regarding the qualification of nursing care, professionals' values and beliefs regarding social differences should be analyzed, as respect for human diversity leads to relationships based on equal rights and mitigation of vulnerabilities⁽⁷⁷⁾.

The professionals' knowledge and skills were aspects less addressed in the studies included in the review. Those carried out in some regions of South Africa, with a high incidence of TB and HIV, highlight the professional's ability to build motivational strategies for treatment, in situations in which the lack of information and certain beliefs and attitudes about the illness are configured as barriers to care. In the context of some countries on the African continent⁽⁷⁸⁾, the various aggravating factors, such as armed conflicts, extreme poverty and deprivation of access to school, appear as limiting the improvement of health conditions, preventing economic growth from being accompanied by investments in the area. Such factors can hinder interventions by the nursing team, which, lacking the minimum human and material resources necessary for a multidisciplinary and networked work, is restricted to specific motivational actions between the professional and the person undergoing treatment.

The analysis that supported the construction of the second category called "The role of nursing in coping with the social determinants of health to promote adherence to treatment" allowed us to identify a set of socioeconomic, cultural, and political-institutional elements as social determinants of disease treatment adherence⁽⁷⁹⁾, with repercussions on nursing actions.

The dimension of social protection, which covers food, housing, transport, income, and work and the need for family and community support, was evidenced in the findings. A study⁽⁸⁰⁾ carried out in 42 TB treatment centers in Brazil showed that cash transfer programs, such as the *Bolsa Família* program, had a direct positive effect on the treatment outcome, with the potential to contribute to disease control in the country.

Likewise, the findings refer to the importance of a social protection network for the care of TB patients, especially among immigrants and in community centers. The need for articulation of social protection devices capable of providing support to the family and communities, especially in countries with precarious health networks and a shortage of professionals in the services, can have different impacts on nursing actions. When these devices are not supported, there is a risk of overload and/or limitation in nursing work. On the other hand, this contribution can be mobilized if there is cohesion among the various professionals who make up the health teams and if they take on the responsibility of carrying out intersectoral articulations that address the demands of the territory⁽⁸¹⁾ where individuals, families, and TB-affected communities live.

This debate strains the critical capacity and political positioning of nurses in actions to promote adherence to TB treatment, as there are no conditions to achieve success in these actions, reproducing the technocratic tradition of nursing work, focused on prescriptive procedures and guidelines⁽⁸²⁾. If reality imposes the analysis of social determinants of health and disease process and of vulnerabilities, critical reflections on social policies and on the social and technical organization of health practices belong to the scope of this analysis, and this implies opening to new ways of acting in the field of health and in an ethical-political horizon favorable to solidarity and social justice⁽⁶⁾.

The approach to the social determinants of health and disease process, which covers psychosocial and socioeconomic aspects in care plans, was also highlighted in the results. As a way of including social determinants in care planning, it was observed that several action fronts should be activated, which range from social protection by State policies, operated by different sectors, to the incentive to the maintenance of good family and community relationships, mutual support and emotional support for people with TB⁽⁷⁷⁾. It is noteworthy that action based on public policies requires, from health professionals and managers, skills related to the local planning of actions. The understanding and operationalization of the various stages and technical and political elements of local health planning expand the effectiveness of programmatic actions developed at the macro-structural level of management⁽¹¹⁾.

Respect for the culture of people with TB was highlighted as essential for nursing commitment to subjective uniqueness. Such commitment requires professionals to establish relationships that allow them to understand the main intersubjective components expressed in the conduct of people with TB and their importance for treatment adherence and success. The understanding that the person has about the disease, the degree of involvement and expectations regarding the prescribed treatment, as well as the assessment of the risk of not being treated, both for him/her and for his/her family⁽⁸³⁾, are valuable information for the care plans, which are only obtained when relationships are based on respect and acceptance of differences.

Still on cultural aspects, the findings point to the situation of immigrants. Understanding the different ethno-cultural

characteristics is the way to refute xenophobic attitudes associated with people's distancing from health services or low adherence to TB treatment. A study carried out in Spain warns that the concomitance between the increase in growing migratory flows and the change observed in the profile of the individual affected by the disease in the country signals the need for adaptations in the technical and attitudinal preparation of health professionals⁽¹⁶⁾.

There was a predominance of studies with a qualitative methodological approach, which may have contributed to increasing the visibility of the subjective and social aspects associated with therapeutic adherence. Investigations aimed at understanding these aspects can favor comprehensive care, built from the bond produced in the relationships between professionals and people undergoing treatment and focused on the determinants of the health and disease process. Care, which includes these characteristics, preserves people's dignity, respects their perceptions about the treatment, and mobilizes awareness about which interventions have the greatest potential to reduce social and health vulnerabilities⁽⁸⁴⁾.

It is worth pointing out some limitations of the study, such as the non-inclusion of texts published in other languages and in other indexing bases. Likewise, the authors acknowledge that important published research may have been omitted due to the use of our search strategy. However, it should be noted that this scoping review allowed identifying the role of nursing actions in adherence to TB treatment on several fronts and in different contexts. In addition, it made it visible that such actions cover aspects related to coping with the social determinants of health, which are strongly related to the occurrence of TB in populations in vulnerable situations.

RESUMO

Objetivo: Analisar as ações de promoção da adesão ao tratamento da tuberculose que vêm sendo realizadas pela enfermagem em diferentes países. **Método:** Revisão de escopo com seleção de artigos sobre o tema nas bases LILACS, MEDLINE, IBECs, BDNF, SciELO, CINAHL, Embase, Web of Science e Scopus. **Resultados:** Quarenta estudos, publicados entre 2009 e 2020 possibilitaram identificar ações de enfermagem em duas categorias temáticas. Na categoria "Cuidado de enfermagem: necessidades específicas da pessoa com TB para a promoção da adesão ao tratamento" foram identificadas ações que envolvem os aspectos clínicos, o conhecimento e habilidades dos profissionais, os processos educativos e relacionais. Na categoria "A atuação da enfermagem no enfrentamento dos determinantes sociais da saúde para a promoção da adesão ao tratamento", destacaram-se intervenções que se relacionam ao fortalecimento do apoio familiar e comunitário, à inclusão das questões socioeconômicas nos planos de cuidado e o respeito às diferenças culturais. **Conclusão:** A atuação da enfermagem voltada à adesão ao tratamento da doença exige o desenvolvimento de competências técnicas, éticas e, sobretudo, políticas, com vistas a ampliar o êxito das ações realizadas por esses profissionais.

DESCRITORES

Tuberculose; Adesão à Medicação; Enfermagem em Saúde Pública; Política de Saúde; Revisão.

RESUMEN

Objetivo: Analizar las acciones de promoción de la adhesión al tratamiento de la tuberculosis que han sido realizadas por la enfermería en diferentes países. **Método:** Revisión de alcance con selección de artículos sobre el tema en las bases LILACS, MEDLINE, IBECs, BDNF, SciELO, CINAHL, Embase, Web of Science y Scopus. **Resultados:** Cuarenta estudios, publicados entre 2009 y 2020 viabilizaron identificar acciones de enfermería en dos clases temáticas. En la clase- Cuidado de enfermería: necesidades específicas de la persona con tuberculosis para la promoción de la adhesión al tratamiento-, se identificaron acciones que involucran los aspectos clínicos, el conocimiento y habilidades de los profesionales, los procesos educativos y relacionales. En la clase- La actuación de la enfermería en el enfrentamiento de los determinantes sociales de la salud para la promoción de la adhesión al tratamiento, se destacaron intervenciones que se relacionan al fortalecimiento del apoyo familiar y comunitario, a la inclusión de las cuestiones socioeconómicas en los planes de cuidado y el respeto a las diferencias culturales. **Consideraciones Finales:** La actuación de la enfermería con énfasis a la adhesión al tratamiento de la enfermedad exige el desarrollo de competencias técnicas, éticas y, sobretudo, políticas, con el objetivo de ampliar el éxito de las acciones realizadas por esos profesionales.

DESCRIPTORES

Tuberculosis; Cumplimiento de la Medicación; Enfermería en Salud Pública; Política de Salud; Revisión.

CONCLUSION

The results of this review allowed the analysis of actions to promote adherence to TB treatment carried out by nurses in different countries. Such actions are distributed between two strands. The first covers characteristics of nursing care for people with TB and involves clinical interventions, health education actions, development of bonds, and incentive to autonomy, welcoming and humanized relationships, and knowledge and skills of professionals providing this care. The second one contemplates nursing actions, considering scenarios in which social determinants of health and disease process negatively influence adherence to TB treatment. In this aspect, there are social protection actions, family and community support, approach to socioeconomic issues in care plans, and respect for the cultural differences of people undergoing treatment.

The implications of this study for practice may include strengthening the role of nursing actions in adherence to TB treatment in contexts that require adaptations according to different social, economic, cultural, and epidemiological aspects. These actions should not be structured in isolation, as the cases of the disease are concentrated in contexts of vulnerability and violation of human rights, in which social protection and intersectoral actions are identified as a way of confronting the social determinants of health.

It is believed that this study, by giving visibility to nursing care actions that promote adherence to TB treatment, can motivate or support the implementation of new health interventions, as well as qualify existing actions towards the consolidation of programmatic strategies aimed at TB control.

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