Contextual analysis of nursing assistance to a person with HIV/AIDS

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Análise contextual da assistência de enfermagem à pessoa com HIV/Aids

Contextual analysis of nursing assistance to a person with HIV/AIDS

Análisis contextual de cuidados de enfermería a la persona con VIH/SIDA

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ABSTRACT

Objective: To analyze the context of nursing assistance regarding the person with HIV/Aids. **Method:** The use of Hinds, Chaves and Cypress's context perspective, which highlights the four interfaced layers: immediate, specific, general, and meta-context. **Results:** The process of taking care of a person with HIV/Aids is an area of nursing that comprises a set of actions that are little appreciated in the hospital context, prioritizing technical actions. In such a context, nursing will only be able to reach full autonomy when caretaking is eventually regarded as a privileged sphere of the health sector. **Conclusion:** It is important to emphasize that despite the advancements reached in nursing assistance, there are still a lot of challenges to face and a lot of difficulties to overcome. Still it is safe to say that caretaking is undoubtedly the main characteristic of nursing.

Descriptors: Nursing care, Aids, Nursing.

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RESUMO

Objetivo: Analisar o contexto da assistência de enfermagem relacionada à pessoa com HIV/Aids. **Método:** Utilizou-se a perspectiva de contexto de Hinds, Chaves e Cypress, que destacam as quatro camadas interfacetadas: o imediato, o específico, o geral e o metacontexto. **Resultados:** O processo de cuidar à pessoa com HIV/Aids é uma área da enfermagem que faz parte de um conjunto de ações que são pouco valorizadas em contexto hospitalar, primando por ações tecnicistas. Em tal contexto, a enfermagem só poderá adquirir plena autonomia quando o cuidado passar a ser visto como uma esfera privilegiada na área da saúde. **Conclusão:** É importante enfatizar que, apesar dos avanços obtidos na assistência de enfermagem, ainda enfrenta-se uma série de desafios e dificuldades a serem superados, apesar de não restarem dúvidas de que o cuidar é a principal característica da enfermagem.

Descritores: Cuidados de enfermagem, Aids, Enfermagem.

RESUMEN

Objetivo: Analizar el contexto de la atención de enfermería en relación con la persona con VIH/SIDA. **Método:** Se utilizó la perspectiva del contexto de Hinds, Chaves y Cypress, destacando las cuatro capas interfacetadas: la inmediata, específica, general y metacontexto. **Resultados:** El proceso de cuidado de la persona con VIH/SIDA es un área de enfermería, que es parte de un conjunto de acciones que están infravaloradas en el contexto hospitalario, la búsqueda de acciones tecnicistas. En tal contexto, la enfermería sólo puede adquirir la plena autonomía cuando el gasto en atención a ser vista como una esfera privilegiada en la asistencia sanitaria. **Conclusión:** Es importante destacar que, a pesar de los progresos alcanzados en la atención de enfermería, aún enfrenta una serie de retos y dificultades que hay que superar, aunque sin duda restante que cuidar es la característica principal de la enfermería.

Descriptores: Atención de enfermería, SIDA, Enfermería.

INTRODUCTION

The epidemic caused by the Human Immunodeficiency Virus (HIV) represents a global, dynamic and unstable phenomenon, whose form of occurrence in different regions of the world depends, among other factors, of the individual and collective human behavior. The Acquired Immune Deficiency Syndrome (Aids) stands out among infectious diseases because of its magnitude and the extent of damage caused to the population. Its characteristics and implications have been discussed and studied by the scientific community and society in general.[1]

Most public policies are from the health sector, which has also been executing almost all of the programmatic prevention and epidemic control actions.[2]

HIV transmission is related to modes of interaction and beliefs of different population groups. In addition to the individual, local and personal factors, vulnerability to HIV/Aids is determined by a general context of development of the country, which includes the population's income level, respect for fundamental human rights, access to social services, health and education, as well as their circumstances.[3]

Despite the benefits achieved in the control of the disease, we live many of the "traces" left by the fear that characterized the beginning of the epidemic, giving this disease singular repercussions even nowadays. Thus, despite efforts to deconstruct this stigmatized image, the cause of infection of Aids is still, in most cases, associated with the adoption of behaviors that are not socially accepted.[4]

Thus, in the social level, vulnerability to HIV/Aids is mediated by the notion of citizenship and rights, in particular, the human rights to health, sexual and reproductive rights and the right to free sexual orientation; the repertoire of beliefs and values related to the exercise of sexuality, the health/disease/care process; the senses and social meanings attributed to ethnic and racial belonging, masculinity, femininity and gender identity, age and generation, religious denomination, among other dimensions.[5]

As noted, people living with Aids are affected physically and psychologically. The impact of diagnosis brings feelings such as fear of the unknown, of social rejection, sickness, death, abandonment from family, partner and friends, anxiety, decreased self-esteem, sensation of loss of control, loss of social function and stigmatization.[6] This diagnosis is often interpreted as a warning sign on the end of dreams, plans and possibilities of future life.

Thus, the feelings of patients during the discovery of seropositivity with HIV are of pain and suffering, making it quite difficult to care both for them and for professionals involved in the treatment.[7]

Nevertheless, coping strategies by nursing staff are needed in order to respect the care process and construction of new paths, particularly when they experience the peculiarities of an infection such as HIV, chronic and incurable.[8] From this premise, nursing not only requires specific techniques, but also professionals capable of developing a broader vision of care holistically, ie that has an effective hology and holopraxis.[9]

The dedicated nursing care for people with Aids is complex and should be coordinated to provide an intervention that modifies the reality, acting in a specific way in the points identified as sensitive, as well as providing emotional and spiritual support.[11] A properly developed assistance can significantly improve the quality of life of people with Aids.

Based on the above, the article aims to analyze the context of nursing care related to people with HIV/Aids in the contextual levels of immediate, specific, general and metacontextual. Using the context view of Hinds, Chaves and Cypress (1992), which highlights the four interfaced layers: immediate, specific, general and metacontext. It is clarified that these layers are distinguished from each other by the way they share meaning, going from the individual to the universal, enabling the analysis of the conceptual aspects through the interpretation of study results.[12]

In order to facilitate this study, contextual perspective is organized as follows: 1) Immediate context: Nursing care; 2) Specific context: Nursing education and the Specialized Care Service (SAE) in HIV/Aids; 3) General context: The

care in health and nursing to the person with HIV/Aids; 4) Metacontext: Evolution process of nursing care.

Immediate context: Nursing care

Nursing care consists of transferring forces from one human being to another, to protect, promote and preserve humanity, helping people find meaning in illness, suffering and pain. And it is also helping another person to achieve self-awareness and control.[13] Nursing is caring at its core and was the first to professionalize care.[14]

The main action of nursing is not a cure, but an action that encompasses attitudes and behaviors that "aim to alleviate suffering, maintain the dignity and facilitate means to manage with the crisis and with the experience of living and dying"[15]. Caring is a way to demonstrate the know-how, as it requires knowledge that qualifies the nurse's work.

The care is also related to the scientific competence of health professionals, of utmost importance in all areas of intervention, whether in the context of health promotion and disease prevention, as well as recovery and rehabilitation. It is the responsibility of the nursing staff to guide people to expand their knowledge to make decisions and change behaviors toward health and wellness. The ways to show affection, to be fully present and appreciate each other, involving a relationship of esteem and confidence, are also linked to care.[16]

Professionals should take care of the patient in an integral manner, going beyond physical care, considering their psychosocial complaints and electing the quality of life as a builder which includes the satisfaction of the people in their daily life, thus fulfilling one of the basic principles of health care policy in SUS, which is, comprehensiveness of health care.[17] According to experience, the team can identify and assess individual needs, intervening in biopsychosocial and spiritual aspects, in order to achieve balance and well-being within the limits imposed by the disease.

However, we know from experienced reality that, with increasing overload of work and poor conditions in health facilities, care becomes compromised effectively. Therefore, the fewer the team the hardest will be the possibility to understand the problem faced and lower the ability to face it properly, for both service users and for the professionals themselves. Being able to combine good results, healing, promotion, protection and holistic care is a critical node to be worked by the nursing team.

The process of care and patient care is a specific area of nursing that is part of a set of actions that are undervalued in the hospital context, striving for technicists actions and leaving in the background humanized actions. In such a context, nursing can only acquire full autonomy when care moves to be seen as a privileged sphere in health, both scientifically and practically. Only a scientific paradigm shift could give emphasis to care, along with the human aspect.[18]

Many professionals give little importance to the paradigms that permeate nursing practice and its influences. In fact, they are unaware of the theoretical and conceptual bases involving nursing care. Thus, we must always be looking for new knowledge, in order to qualify for assistance, in a view towards the human being.[19]

Specific context: The training of nurses and the Specialized Care Service (SAE) on HIV/Aids

The academic nursing education has in its trajectory an interface with the knowledge of various sciences, being taught by professionals from various related fields. Nurses teach Nursing Science disciplines as well as other professionals who share their experiences in different performances, such as: psychologists, anthropologists, philosophers, which give a solid foundation of relationships and human behaviors.

The training of nurses for care, as professional practice, begins in 1860 with Florence Nightingale, in Victorian England, where there was the categorization of the nursing team, with a fragmentation of tasks related to the care, whereas the ladies were responsible for teaching and supervision, and the nurses by manual tasks.[20]

In the 80s and 90s, the health conditions in the country inspired the need for change in nursing education, even before the construction of curriculum guidelines, geared to attend health in an integral manner.[21]

In 2001, a breakthrough is consolidated when, through Resolution CNE/CES number 3 of November 7th 2001, the National Curriculum Guidelines for Undergraduate Nursing Course are instituted. Thus, the formation of nursing professionals has been the focus of great change in our political process, being influenced by the course of time, but studies also show a dichotomy between what one does and what one thinks.[22]

We must build in health professional education models, pedagogical practices that enable the understanding of comprehensiveness as an assumption that needs to be built throughout the training, developing skills and competencies that ensure focused action to the human being in their subjectivity.[23]

In Specialized Care Services, ambulatorial modality, are met in full and registered patients with positive diagnosis for HIV, which are welcomed by nursing professionals, who makes their consultation and then forwards them to other professionals, obtaining clinical follow-up required by a multidisciplinary team.

In conducting the nursing consultation, listening is the primary mechanism used by the professional to enable the construction of empathy and trust with the patient, so that they feel free to express anxieties, fears and longings, fundamental factors for the therapeutic process being established efficiently and effectively.[24]

The complexity of HIV treatment in relation to its clinical management and social and psychological aspects has brought great challenges to health professionals. It stands out particularly the unpreparedness of the professionals regarding the direction of their actions, in view of the

vulnerabilities associated with the disease, for example, the low educational level of the majority of affected individuals, the use of illicit drugs and the lack of family and psychosocial support. In this sense, it is important to assess the quality of outpatient services and the actions of the professionals of the Specialized Care Services (SAE).[25]

General context: The care in health and nursing to people with HIV/Aids

For the nursing staff, care is to develop direct and indirect actions that aim to meet the needs of patients. Most of the time nurses portray nursing care as the meeting of basic human needs. This concept was first introduced by the Brazilian nurse Wanda de Aguiar Horta, in her theory called "Theory of Basic Human Needs."[26]

It is still possible to find gaps regarding the care to people with HIV/Aids from the perspective of health professionals. Even taking into account the advancement of science and contemporary technology, it must be said that in terms of humanization, although there is a national policy of the Ministry of Health[27], in practice the theory is different.

It is considered the proximity of experiences and knowledge about the daily lives of people living with HIV/Aids, all professionals involved in the care that can and should use of opportunities, as a way to aid in the performance of the best strategies to minimize difficulties and/or weaknesses that may be faced by this target population. Working practices involving the various demands of care gives opportunity for a daily approach, enabling monitoring of disease progression, as well as actions by encouraging the prevention and treatment of Aids and opportunistic diseases that may arise. For the intervention of these practices within the multidisciplinary care, particularly in the care given by the nursing staff, it is important to understand how is the functioning for better establishment and strengthening of actions to be developed.[28]

It is noteworthy that the appreciation of care developed by nurses has a direct impact on personal satisfaction and professional commitment, as well as the main target of their work, which is to promote better quality of life for the patient and the professional and social commitment of those involved in actions. Improving care becomes the target.

Care for HIV/Aids is not seen as an easy activity to be fulfilled in the opinion of professionals who perform it, since conflicts are generated in relation to the management of the care process. With this, the adoption of an ethical position in order to make people with HIV/Aids to share this care through the actions developed, which will serve as a determinant for the restoration of health, is necessary.[29]

The nursing staff, especially those involved with the care of people with HIV/Aids in health institutions may increasingly appropriate care, highlighting the needs of the person with the disease. So that, together, they will build the best strategies to establish such care in order to minimize the weaknesses highlighted in the process of care, and strengthen themselves increasingly as professionals working directly in nursing care in Aids.[28]

Metacontext: Evolution process of nursing care

In the early days, the nursing practiced empirical care for human beings and, over the years, there have been advances in technical and scientific knowledge in health. While technical expertise is recognized, this dimension has been insufficient to ensure the quality of care provided by professionals to individuals who need and seek a comprehensive care.[30]

At the beginning of the epidemic, the admission of patients with HIV/Aids, resulted in disturbances in the nursing team, generating significant difficulties related to the care process. Fear, prejudice, stigma, discrimination, anxiety and insecurity facing the daily work were present because they knew that in addition to transmissible, it was fatal, and they held little knowledge about the disease.[31] Nursing professionals need to be prepared both with regard to the physiological and psychological aspects of their work so that they can overcome their emotions and offer appropriate, optimistic and dignified assistance to patients.

In the last decades of the twentieth century, Nursing sought to overcome the limitations of the traditional model (hospitalocentric and medicalized) dominant in health care, revaluing unmeasured aspects, uncontrollable care, such as the subjective experience, the personal significance of this experience, the being with the other, know each other and their cultural differences.[32]

Combating Aids in Brazil has created foundations for a new type of relationship between the State and society, considering that since the beginning of the establishment of government actions for confronting the epidemic, this relationship was present. It developed the National Policy of STD/Aids in order to build a tool that enables subsidizing health actions in the context of STD/Aids. One can enumerate some achievements in public policies related to the Aids epidemic in Brazil, such as the adoption of a consensual ethical framework; universal access to medicines; the creation of specific services, such as Hospital Day, Specialized Care Services, Testing and Counseling Centers and Home Care Therapy; and legal instruments for the protection of the rights of those affected, such as Law nº 9,313/96 (free distribution of drugs).[33]

CONCLUSION

It is important to emphasize that, despite the advances made in nursing care, still one faces a number of challenges and difficulties to be overcome, although not remaining doubts that the care of people with Aids is the main feature of nursing. It is necessary that the professional resume and reflect for the reconstruction of the philosophical concept of care and the history of their profession, capturing or being captured by this concept.

The emphasis on technical procedures, subject to compliance rules and standards, is still very constant in nursing care, so that care becomes distanced from the practice. The attitudes of professionals should aim a care quality by implementing strategies to break the stabilized identity and demonstrating involvement with aspects related to the care process still considered as a nursing action.

During the study, we can highlight the paucity of research addressing the issue of nursing care for people with Aids. Given this gap, it is suggested that further studies on the care of these patients be developed, aiming thus to increase knowledge and help to achieve more and more the excellence of care.

REFERENCES

1. Lima TC, Freitas MIP. Comportamentos em saúde de uma população portadora do HIV/Aids. RevBrasEnferm, Brasília 2012 jan-fev; 65(1): 110-5.
2. Gome, A MT, Oliveira DC, Santos EI, Santo CCE,Valois BRG, Pontes, APM. As facetas do convívio com o HIV: formas de relações sociais e representações sociais da Aids para pessoas soropositivas hospitalizadas. Esc Anna Nery (impr.)2012 jan-mar; 16 (1):111- 120
3. Brasil, Ministério da Saúde. Diretrizes para o fortalecimento das ações de adesão ao tratamento para pessoas que vivem com HIV e Aids. Brasília : Ministério da Saúde, 2007 Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/diretrizes_tratamento_Aids.pdf.
5. Maliska ICA, Padilha MI, Vieira M; Bastiani, J. Percepções e significados do diagnóstico e convívio com o HIV/Aids. Rev Gaúcha Enferm. Porto Alegre (RS) 2009 mar;30(1):85-91.
6. Garcia S,Souz, FM. Vulnerabilidades ao HIV/Aids no Contexto Brasileiro: iniquidades de gênero, raça e geração. Saúde Soc. São Paulo, v.19, supl.2, p.9-20, 2010.
7. Galvão MTG, Bonfim DYG,Gir E. Carvalho CML,Almeida PC,Balsanelli ACS. Esperança em mulheres portadoras da infecção pelo HIV. RevEscEnfermUSP 2012; 46(1)38-44.
8. Luz PM, Miranda KCL. As bases filosóficas e históricas do cuidado e a convocação de parceiros sexuais em HIV/Aids como forma de cuidar.Ciência & Saúde Coletiva, 15(Supl. 1):1143-1148, 2010.
9. Galvão MTG, Paiva SS.Vivências para o enfrentamento do HIV entre mulheres infectadas pelo vírus. RevBrasEnferm, Brasilia 2011 nov-dez; 64(6): 1022-7.
10. Macêdo SM, Sena MCS, Miranda KCL. Consulta de enfermagem ao paciente com HIV: perspectivas e desafios sob a ótica de enfermeiros. RevBrasEnferm, Brasília 2013 mar-abr; 66(2): 196-201.
11. Costa JP, Silva LMS, Silva MRF, Miranda KCL. Expectativas de pacientes com HIV/Aids hospitalizados, quanto à assistência de enfermagem. RevBrasEnferm 2006 mar-abr; 59(2): 172-6.
12. Pereira CDFD, Tourinho FSV, Miranda FAN de, Medeiros SM. Ensino do processo de enfermagem: análise contextual. J Nurs UFPE online., Recife, 8(3):757-64, 2014.
13. Souza ML, Sartor VVB, Padilha MICS, Prado ML. O cuidado em enfermagem - uma aproximação teórica. Texto Contexto Enferm 2005 Abr-Jun; 14(2):266-70.
14. WALDOW, Vera Regina. O cuidado na saúde: as relações entre o eu, o outro e o cosmos. Petrópolis, RJ: Vozes, 2004.
15. WALDOW, Vera Regina. Cuidado humano: o resgate necessário. Porto Alegre: Sagraluzzato, 1998.
16. Sousa CSO, Silva AL. O cuidado a pessoas com HIV/Aids na perspectiva de profissionais de saúde. RevEscEnferm USP 2013; 47(4):907-14.
17. Corso NAA, Gondim APS, Rocha PC, Albuquerque MGF. Sistematização da Assistência de Enfermagem para acompanhamento ambulatorial de pacientes com esclerose múltipla. RevEscEnferm USP 2013; 47(3):750-5.
18. Bueno FMG, Queiroz MS.O enfermeiro e a construção da autonomia profissional no processo de cuidar. RevBrasEnferm 2006 mar-abr; 59(2): 222 7.
19. Ramos DKR, Mesquita SKC, Galvão MCB, Enders BC. Paradigmas da saúde e a (des)valorização do cuidado em enfermagem. Enferm. Foco (Brasília): 4(1): 41-44, fev. 2013.
20. Souza ACC, Filha MJMM, Silva LF, Monteiro ARM, Fialho AVM. Formação do enfermeiro para o cuidado: reflexões da prática profissional. RevBrasEnferm 2006 nov-dez; 59(6): 805-7.
21. Vieira AN, Silveira LC, Miranda KCL, Franco TB. A formação em enfermagem enquanto dispositivo indutor de mudanças na produção do cuidado em saúde. Rev. Eletr. Enf. [Internet]. 2011 out/dez;13(4):758-63.
22. Salvador PTCO, Dantas RAN, Dantas DV, Torres GV. A formação acadêmica de enfermagem e os incidentes com múltiplas vítimas: revisão integrativa. RevEscEnferm USP 2012; 46(3):742-51.
23. Silva KL, Sena RR. A formação do enfermeiro: construindo a integralidade do cuidado. RevBrasEnferm 2006 jul- ago; 59(4): 488-91.
24. Macêdo SM, Sena MCS, Miranda KCL.Consulta de enfermagem ao paciente com HIV: perspectivas e desafios sob a ótica de enfermeiros. RevBrasEnferm, Brasília 2013 mar-abr; 66(2): 196-201.
25. Lima ICV, Galvão MTG, Paiva SS, Brito DMS. Ações de promoção da saúde em serviço de assistência ambulatorial especializada em HIV/Aids. CiencCuidSaude 2011 Jul/Set; 10(3):556-563.
26. Borges MCLA, Silva LMS, Fialho AVM, Silva LF. Cuidado de enfermagem: percepção dos enfermeiros assistenciais. Rev Gaúcha Enferm. Porto Alegre (RS) 2012 mar;33(1):42-8.
27. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Política Nacional de Humanização. Formação e intervenção / Ministério da Saúde, Secretaria de Atenção à Saúde, Política Nacional de Humanização – Brasília : Ministério da Saúde, 2010; 242 p.
28. Tonnera LCJ. Rede de cuidado a pessoa com HIV/Aids. 2012. 147 p. Dissertação (Mestrado em Enfermagem), Programa de Pós Graduação em Enfermagem, Universidade Federal de Santa Catarina, Florianópolis, 2012.
29. Costa JP, Silva LMS, Silva MRF. et al. Expectativas de pacientes com HIV/Aids hospitalizados quanto a assistência de enfermagem. Revista Brasileira de Enfermagem, v. 52, n 2, p. 172-176, 2006.
30. Ribeiro JP, Rocha LP, Pimpão FD, Porto AR; Thofehrn MB. Implicações do ambiente no desenvolvimento do processo de trabalho da enfermagem: uma revisão integrativa. Enfermería Global Nº 27 Julio 2012. Disponível em: http://revistas.um.es/eglobal/article/viewFile/eglobal.11.3.147871/136451.
31. Resuto TJO, Mendes SN, Oliveira MT, Lourenço EL. A assistência de enfermagem aos portadores de HIV/Aids no vislumbrar da sua epidemia em ribeirão preto. Relato de experiência de uma equipe de enfermagem. Rev.Esc.Enf.USP, v.34, n.3, p.2333-9, set. 2000.
32. Madureira VSF. Os saberes da enfermagem. RevBrasEnferm, Brasília (DF) 2004 maio/jun;57(3):357-60.
33. Brasil, Ministério da Saúde. Política Nacional de DST/Aids: princípios e diretrizes / Coordenação Nacional de DST e Aids. 1. ed. Brasília: Ministério da Saúde, 1999.

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