

Humanization of Care for People Living With HIV / AIDS: Integrative Review

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Abstract: - *Introduction: AIDS is a chronic disease caused by the HIV retrovirus that, when in the body causes chronic and progressive immune dysfunction due to the decline of CD4 lymphocyte levels. In face of the discrimination a person living with HIV/AIDS suffers, it is a great challenge for the health practitioner to develop a communication bond with the patient. Objective: Pointing through the literature the benefits of humanized treatment in nursing to patients with HIV/AIDS. Method: integrative review of the literature, searching through the databases SCIELO, LILACS and BDEFN crossing three descriptors: HIV, nursing care, humanization of assistance. Articles with complete texts published between 2013 and 2018 were included. Results: 200 articles were found and, after analysis, 12 articles were kept for discussion. Conclusion: Respect for the singularities of each patient and the sensitivity to the difficulties faced by people living with HIV/AIDS may guide humanized nursing care, which is capable of improving the acceptance of the diagnosis of the disease, of promoting self-preservation and consequent adherence to the treatment, besides contributing to the increase of self-esteem, quality of life and trust in the team that accompanies their treatment.*

Keywords: - *HIV, Nursing Care, Humanization of Assistance.*

Introduction

Acquired Immunodeficiency Syndrome (AIDS) was first described in 1981 after a succession of cases of people developing uncommon infections and rare neoplasms found only in advanced immunodeficiency states. Later, it was discovered that this syndrome occurs at a late stage of human immunodeficiency virus (HIV) infection, a retrovirus that targets CD4 + T lymphocytes. It is present in the blood of infected people, as well as in other fluids such as semen, vaginal secretion and breast milk.¹

The HIV virus can be transmitted in the following ways: sexual - anal, oral and vaginal intercourse - with penetration and without condom; blood transfusion; materials that pierce or cut the skin, the sharing of syringes, needles; Vertical transmission: HIV-infected women can pass the virus to the fetus during childbirth or during breastfeeding if there is no prevention from prenatal care.²

The main direct consequence for most people infected with HIV is Immunodeficiency. In most cases, the host's immune system eventually reaches such a degradation point that it allows the "doors to

be opened" almost permanently, through that opening the infected organism becomes vulnerable to numerous opportunistic agents such as: Herpes, Tuberculosis, Candidiasis, Kaposi's sarcoma, Pneumocystosis, among others.³

In Brazil, the first case occurred in 1982, in the city of São Paulo. By 2016, the number of people living with AIDS is 36.7 million, with adult groups, women over 15 and children under 15 years old. It is known that approximately 1.8 million people acquired AIDS in the year 2016. ⁴

Then, in 1988, the National Program on Sexually transmitted disease (STD)/AIDS was created and in 1999 the National Program Policy STD/AIDS was instituted, which sought to systematize the guidelines proposed by the program through the Unified Health System (UHS).⁵

With the discovery that treatment with antiretroviral drugs promotes greater survival of people living with HIV/AIDS, the National Program STD/AIDS launched in 1996 the first consensus on antiretroviral therapy, presenting Brazil as one of the first countries to guarantee the free and universal right to receive antiretrovirals and drugs for opportunistic diseases by the UHS, causing a significant reduction in morbidity and mortality rates, hospitalizations and the involvement of opportunistic diseases, and thus significantly improving the quality of life.⁶

The importance of the nurse in the treatment and follow-up of patients with HIV is paramount. Even today, even with all the resources offered by the Ministry of Health, the HIV sufferer continues to suffer discrimination from society. Given this, it is a great challenge for the health professional to develop a communication link with the patient, since, often, the patient present's difficulty in accepting the diagnosis of HIV, being able to adopt depressive behavior (isolation) or aggressive behavior. Way to another person). Efficient communication is essential and can be obtained through a trained professional to guide, inform, support and meet the needs of the patients through the practice of humanized nursing care, with quality and competence.⁷

Care as a fundamental practice in the area of health is a word that has come to assume different meanings over time. In Latin, it means healing and this, as it was written in antiquity, had a sense of love and friendship. Others relate the word care to cogitate, think, pay attention, show interest, reveal an attitude of care and concern. Whatever the meaning, care is part of the human being and everything that has life cries out for care. In reality, care is the basis of creativity, freedom and human intelligence, so important for humanity, that each one of us must develop affectivity towards others, that he can perceive their needs, so that the construction of a better world is not just utopia.⁸

When examining the issue of humanization in the private health care field of people living with HIV / AIDS, a privileged condition is observed when compared to the public health network as a whole, both in the supply of treatment inputs and in the called "human factors" of attention.⁹

As for the interactional and "human" aspects of care, however, many challenges are still identified for the construction of new praxis in the STD/AIDS services, especially when a new model of care is being pursued.¹⁰

Objective

To point out through literature the benefits of humanized treatment in nursing to patients with HIV/AIDS.

Method

Integrative literature review For the bibliographical survey, the electronic databases were used: Nursing Database (BDENF), Latin American and Caribbean Literature in Health Sciences (LILACS) and Virtual Health Library Scientific Electronic Library on Line (SciELO). Three descriptors were defined: HIV, nursing care, humanization of care.

The research was carried out in the second half of 2018, following the inclusion criteria: articles published in Portuguese between 2013 and 2018 available in the databases consulted and in full text. The exclusion criteria adopted were: bibliographic review articles; editorials; abstracts, dissertations and theses. In relation to articles found in duplicate

in a same database or in more than one were considered, for the search, only the first found.

Results

Table 1 shows the articles found in the respective databases when the appropriate filters were used at the time of the search and the number of articles that presented practices with positive results for nursing care in relation to HIV / AIDS, from methods that promoted the prevention of illness until the care of the patient under treatment and his family.

We found 197 articles and, after analysis, we selected a total of 19, of which 6 were repeated in different databases. After the elimination of duplicate articles, 12 articles were kept for discussion.

In order to explain the reason for selecting articles, Table 1 summarizes the methods and results described in each one following the chronological order of publication.

Table 1: Relationship of the association of descriptors used, databases, number of articles found and articles selected. Jundiaí/SP.

Data Base	Descriptors used	Articles found	Selected articles
BDENF	“HIV” AND “Nursing Care”	16	4
	“HIV” AND “Humanization of care”	0	0
	“Nursing Care” AND “Humanization of care”	57	1
LILACS	“HIV” AND “Nursing Care”	17	5
	“HIV” AND “Humanization of care”	0	0
	“Nursing Care” AND “Humanization of care”	43	1
SCIELO	“HIV” AND “Nursing Care”	34	8
	“HIV” AND “Humanization of care”	0	0
	“Nursing Care” AND “Humanization of care”	29	0
TOTAL		197	19

Chart 1: Relação dos artigos selecionados de acordo com a base de dados, ano, autor, tema e resultados em ordem cronológica de publicação. Jundiaí/SP.

Base	Year/Author	Theme	Conclusion
Lilacs Scielo	2013. Sousa e Silva	Care for people with HIV/AIDS from the perspective of health professionals.	Training professionals with knowledge and awareness. Create a confidentiality link. Empathy. Adherence to treatment. Share experiences.
Scielo	2013 Ribeiro <i>et al</i>	The daily life of adolescents with HIV/AIDS: impersonality and willingness to fear.	Qualitative and phenomenological research. Teenage, family and health professional interaction can make the teenager protagonist of his or her permanent care.
Scielo	2014 Santos <i>et al</i>	Representations of vulnerability and empowerment by nurses in the context of AIDS.	Qualitative research; vulnerability manifests itself in the best psychosocial understanding. Healthier work environment contributes to better nursing practice in preventing illness.
Bdenf Lilacs Scielo	2015 Koerich <i>et al</i>	Management of nursing care for adolescents living with HIV/AIDS.	The nurse plans, administers and executes actions in health, with interdisciplinary action in the teen-adult transition.
Bdenf Lilacs	2015 Rocha <i>et al</i>	Nursing care for seropositive individuals: reflection in the light of phenomenology.	Humanization of health care considering emotional, social and cultural aspects. Quality of life. Adherence to treatment. Longevity. Share experiences.

Bdenf Lilacs	2015 Nogueira <i>et al</i>	Health care for the person living with HIV / AIDS: social representations of nurses and physicians.	Educational actions are the basis for nursing care. Acceptance, adherence to treatment, information, longevity.
Bdenf Lilacs	2015 Pereira <i>et al</i>	Transformation of professional care practices in the face of AIDS: social representations of health professionals.	The patient-professional interaction makes it possible to achieve longevity, adherence to treatment, improvement in the habit of life and promote self-care.
Scielo	2015 Poletto e Motta	Health education in the waiting room: care and actions of children living with HIV/AIDS.	Descriptive-exploratory research; The activity in the waiting room brings the nurse to the child and his family, enabling the expression of feelings, thoughts and emotions that are essential factors in the care-giver relationship.
Scielo	2015 Silva <i>et al</i>	Complex thinking subsidizes care strategies for STD / AIDS prevention in adolescence.	Qualitative approach research; to contemplate the problem of AIDS prevention in adolescence by perceiving the individual differences and the different contexts of care.
Scielo	2015 Langerdorf <i>et al</i>	Understanding of the lived of being-couple in the face of the prophylaxis of vertical HIV transmission.	Research with a qualitative, phenomenological approach, with theoretical, philosophical and methodological reference of Martin Heidegger; strengthen the protagonism in the self-care of the couple, not just the woman in her pregnancy-puerperal cycle.
Bdenf Lilacs	2016 Cabral <i>et al</i>	Educational technology to promote the quality of life of people living with HIV.	Acceptance of diagnosis. Sharing experiences. Adherence to treatment. Quality of life. Teaching-service link.
Scielo	2018 Domingues <i>et al</i>	Social representations of the quality of life of people living with HIV/AIDS.	Humanization in nursing, caring for oneself and the other, caring about the other, aiming at quality of life, care, mental, physical - body.

Discussion

From an analysis of the results, it is possible to perceive that the nursing care provided in an integral way to the patient is able to promote a better quality of life for the individual living with HIV/AIDS. That is, when nursing perceives it as a biological being, with its own thoughts (being psychological), participant and being affected by the society in which it is inserted, it is able to define care strategies that are really effective for each user.

The nurse must be able to perform a humanized care, based on the National Humanization Policy, contemplating welcoming and qualified listening and providing a holistic care and follow the SUS principles. This practice should guide the nursing diagnosis for the planning of assistance to people with HIV/AIDS because it is of the utmost importance. Thus, people living with HIV/AIDS

will benefit in order to collaborate with treatment and increase the quality of life.¹¹

The trust of the user with HIV/AIDS in the nursing team is an important factor in maintaining internality in care. Study showed the psychosocial benefits that the health team provides to the individual, such as acceptance of the patient's HIV/AIDS diagnosis, adherence to the proposed treatment, and confidence in the team and in oneself, being encouraged to self-care.¹²

Regarding the integration of the individual into the nursing team responsible for care, nursing care is beneficial when it preserves privacy, attentive to the pluralities of care and encourages dialogue between adolescents with HIV / AIDS and family, favouring the process of acceptance and promoting greater comfort for the adolescent.¹³

It is possible to reflect on what can be improved in the care provided by the nurse in order to improve

the care provided to clients with HIV / AIDS through the dialogue between clients and professionals from the different ways of thinking of the users of the services.14

Knowing the relevance of nursing care to the patient with HIV/AIDS and in order to find ways to adapt nursing care to different contexts, in the case addressing the different age groups, where the users with HIV/AIDS are, the approach with space for individual expression of the child with HIV/AIDS in the waiting room is an effective action of the nursing team for education and health interventions.15

The singularity of the individual as a main element in the care provided by the nurses interviewed. These nurses referred to encourage the autonomy of the patient in their self-care and assist the adolescent with HIV/AIDS with interdisciplinary, worrying even with the physical environments in which the patient is inserted, so that all care is of the best quality. It was also emphasized that the promotion of the inclusion of this adolescent in the social context and the integration with his family are of paramount importance when one wishes to attend with humanization.16

Nursing as a contributor to the protagonism of the couple, which leads to the maintenance of pregnant women's health with HIV/AIDS, as well as the reduction of neonatal and infant morbidity and mortality due to HIV/AIDS.17

Health education activities, as they are based on dialogue, provide sharing of experiences, building bonds, co-responsibility and affection, motivating to face the problems secondary to diagnosis and reconstructing knowledge, adherence to treatment and the need for healthier living habits.18

Care based on humanization shows the concern of the professional with the issue of respect for the patient, listening and keeping the AIDS program focused on their real needs.19

In the counselling the professional can get the client to talk about feelings, doubts, seek guidance and information. Therefore, the care taken should go beyond the technique by creating a relationship between people, in view of the extent of improved health status.20

Care management should focus on the needs of human beings, promoting and preserving life in the face of feelings of comfort and discomfort. Nursing consultations involve guidelines regarding adherence to treatment and sexuality, making the patient responsible for treatment.21

Professional experience leads the professional to overcome the issues of suffering that AIDS causes and redirect care and treatment to the most subjective aspects, the demonstration of affection is a form of care and attention with the other facilitating the interaction between the caregiver and the being caution.7

Final considerations

Because it is the main source of humanized care in health care, it is fundamental that the nursing team working in the care of the person living with HIV/AIDS be prepared to attend using strategies that contemplate the individual in an integral way.

Respect for the singularities of each patient and the sensitivity to the difficulties faced by individuals living with HIV/AIDS guide the care that is capable of improving the acceptance of the diagnosis of the disease, of promoting self-preservation and consequent adherence to treatment, besides contributing to the increased self-esteem, quality of life and confidence in the team that accompanies their treatment.

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