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NURSING PROBLEMS AND INTERVENTIONS IDENTIFIED IN THE NURSING CONSULT FOR PEOPLE LIVING WITH HIV

Problemas e intervenções de enfermagem identificados na consulta de enfermagem a pessoas que vivem com HIV

Problemas e intervenciones de enfermería identificados en la consulta de enfermería para personas que viven con VIH

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ABSTRACT

Objective: to identify the problems and their interventions registered by nursing professionals in the first nursing consult of people living with HIV in a Specialized Care Service of a Municipal Health Center. **Method:** this is a descriptive, quantitative, retrospective and documentary study. In a universe of 300 medical records admitted in 2021, 110 patients of both sexes and adults were included. **Results:** in 88.5% of the consultations, nurses registered biological/physical problems and 91.6% of the interventions were requests for laboratory tests. In 47.3% there was no connection between the nursing problem and the intervention. **Conclusion:** the main problems and interventions identified during the nursing consultation are related to the physical and biological aspects of people living with HIV, demonstrating that nursing care is still attached to a biomedical paradigm and that it urgently needs to be overcome.

DESCRIPTORS: Nursing care; HIV; Humanization of assistance; Nursing process

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RESUMO

Objetivo: identificar os problemas e as respectivas intervenções registrados pelos profissionais de enfermagem no primeiro atendimento de pessoas que vivem com HIV em um Serviço de Atendimento Especializado de um Centro Municipal de Saúde. **Método:** trata-se de um estudo descritivo, quantitativo, retrospectivo e documental. Em um universo de 300 pacientes admitidos em 2021, foram incluídos 110 prontuários de ambos os sexos e adultos. **Resultados:** em 88,5% das consultas, os enfermeiros registraram problemas de natureza biológica/física e 91,6% das intervenções foram solicitações de exames laboratoriais. Em 47,3% não havia conexão entre o problema de enfermagem e a intervenção. **Conclusão:** os principais problemas e as intervenções identificadas durante a consulta de enfermagem estão relacionados com os aspectos físicos e biológicos das pessoas que vivem com HIV, demonstrando que o cuidado de enfermagem ainda está centrado em um paradigma biomédico e que urge ser superado.

DESCRITORES: Assistência de Enfermagem; HIV; Humanização da Assistência; Processo de Enfermagem.

RESUMEN

Objetivo: identificar los problemas y sus intervenciones registradas por los profesionales de enfermería en la primera consulta de enfermería de personas que viven con VIH en un Servicio de Atención Especializada de un Centro Municipal de Salud. **Método:** se trata de un estudio descriptivo, cuantitativo, retrospectivo y documental. En un universo de 300 historias clínicas admitidas en 2021, se incluyeron 110 pacientes de ambos sexos y adultos. **Resultados:** en el 88,5% de las consultas, las enfermeras registraron problemas biológicos/físicos y el 91,6% de las intervenciones fueron solicitudes de pruebas de laboratorio. En el 47,3% no hubo conexión entre el problema de enfermería y la intervención. **Conclusión:** los principales problemas e intervenciones identificados durante la consulta de enfermería están relacionados con los aspectos físicos y biológicos de las personas que viven con VIH, demostrando que el cuidado de enfermería todavía está apegado a un paradigma biomédico y que necesita ser superado con urgencia.

DESCRIPTORES: Atención de enfermería; VIH; Humanización de la atención; Proceso de Enfermería

INTRODUCTION

HIV (human immunodeficiency virus) primarily affects the cells of the immune system, known as CD4+ T-lymphocytes.[1] AIDS is the most severe form of HIV infection.[2] According to United Nations Program on HIV/AIDS (UNAIDS) statistics, 37.7 million people worldwide were living with HIV in 2020 and 1.5 million people were newly infected with HIV in 2020.[1]

At the time of the emergence of AIDS, various forms of discrimination due to this disease emerged and are perpetuated to this day.[3] In the 1980s, the association as an epidemic seemingly restricted to homosexuals, drug users, and sex workers resulted in stigma towards people living with the virus. Feelings and prejudices influenced the social imaginary, thus determining negative conceptions about the disease, which can compromise the quality of life of people living with HIV (PLHIV). Negative perceptions, discrimination, and lack of knowledge potentiate the suffering of those living with HIV.[4]

Stigma and discrimination are among the main barriers to HIV prevention, treatment, and care. The scientific literature has shown that these barriers hinder efforts to combat the epidemic, since they accentuate people's fear of seeking information, services, and methods that reduce the risk of infection and of adopting safer behaviors, for fear that their serologic status will be suspected.[1] Research has also shown that fear of stigma and discrimination, eventually related to fear of violence, discourage PLHIV from disclosing their HIV status even to family members and sexual partners, and hinder their willingness to access and adhere to treatment.[1]

The quality of life of PLHIV is directly related to the biopsychosocial dimensions that encompass the subjective experience of HIV infection, requiring health professionals to provide comprehensive health care.[3]

In this perspective, it is worth highlighting the insertion of nursing professionals in the care provided to PLHIV, emphasizing the importance of establishing nursing problems for the planning of interventions with the nurse, aiming a humanized consultation, based on scientific knowledge and the systematization of nursing care (SAE) directed to PLHIV. Thus, the nursing actions should emphasize adherence to treatment and self-care of PLHIV.[3]

The performance of nurses should be based on the SAE through the nursing process (NP) that is comprised of steps.[5] When performed in outpatient care, the NP corresponds to what is called a nursing consultation.[6] The NP is a method used to implement a nursing theory in care practice.[7]

According to COFEN resolution 358/2009, the NP has five steps: nursing data collection or nursing history; nursing diagnosis; nursing care planning; nursing implementation; and nursing assessment.[6] However, the execution of the NP goes beyond the execution of these steps: it means taking on a professional identity, marked by the nurse's conduct regarding decision making based on scientific knowledge. The establishment of diagnoses deals with the phenomena that Nursing has the competence to identify and intervene, that is, to establish problems proper to Nursing science. The planning of actions for the intended results deals with the goals that are tangible to the interventions and actions that nursing is competent to take.[8]

In primary care, nurses play an essential role in the care of PLHIV. It is in this context that the therapeutic bond provides

a holistic care to the user, establishing from the moment of diagnosis.[9]

Nursing can have a strong influence on the moment of linkage, since the first consultation of a person newly diagnosed with HIV in the care service to which he/she has been referred can be performed by the nurse. Attachment is the process that consists of welcoming, orienting, directing, and referring a person newly diagnosed with HIV to the health care service so that he/she can have the first consultations and exams as soon as possible and develop autonomy for continued care.[2]

The diagnosis of HIV/AIDS is permeated by reactions involving psychological, physical, and social aspects. After the diagnosis, impacts are generated for individuals, who experience feelings related to death, guilt, fears, and internal conflicts, related to the deep-rooted stigma of the infection, intensifying the patient's suffering. Research has shown that the disclosure of a positive HIV diagnosis causes changes in various aspects of life, such as in their sexual practices, social relationships, psychological, and in aspects of their personality. These negative feelings generate concern because they can trigger stressful situations that affect the physical and mental health of PLHIV.[10,11]

Although HIV infection is chronic and still has no cure, adherence to treatment is related to the decrease in viral load and consequent decrease in clinical manifestations associated with HIV. Therefore, the importance of welcoming PLHIV since the first consultation, considering their expectations, doubts and needs, providing the environment for the expression of their fears and concerns about HIV infection. In this sense, during the first nursing consultation after the diagnosis, it is important to offer emotional and social support to strengthen bonds, so that there is a better confrontation and understanding of the disease by the user, enabling a better quality of life and also greater adherence to treatment.[10]

The moment of the nursing consultation with PLHIV requires a professional prepared to handle the acceptance of the diagnosis and strive to help adherence to treatment, through welcoming attitudes. This attitude during the consultation is essential for comprehensive care and humanized care that requires the moment.[12]

However, the context of health care is dominated by the biomedical model, also called the flexnerian model, since the 19th century. It is characterized by scientific truth, teaching with emphasis on anatomy by segments (creating medical specialties), the observation that diseases always have a causative agent (biological, chemical, physical), being centered on the physician's figure, on the cure, and only on the individual (excluding social groups and the community), constituting a hospital-centric model.[13]

Through the various changes in the health field, based on the proposals implemented by the Unified Health System (SUS) and criticism of the biomedical model, services that value the particularities of the assisted users, as well as their subjectivities, have been proposed. And the nursing consultation can be configured as a device for building clinical practice based on user needs, so as not to prioritize only biological issues in the health-disease process.[14]

From day-to-day practice, it was observed that nurses are little focused on investigating problems and performing interventions that are problem-solving and of their competence during the consultation, despite this being a way to gain autonomy and professional improvement. The professional nurse has an essential role in this process of identifying human responses to health and illness conditions to contribute to the promotion, prevention, and protection of health.[14] From this perspective, we have the following research problem: What are the problems and nursing interventions identified during nursing consultations in the first care of people living with HIV?

Given the above, the present study has as its theme: the nursing consultation to PLHIV, in which it was established as the object of study: the problems identified during the nursing consultation and the respective interventions proposed.

Thus, as a hypothesis: The main problems and the respective interventions identified during the nursing consultation are related to the physical and biological aspects of people living with HIV, to the detriment of the social and emotional dimensions.

When reflecting on the nursing care process, we realize that the emphasis on the knowledge of the specialist, with consequent devaluation of the subjective experience of those involved and the naturalization and biologization of human suffering have direct repercussions on the possibility of building new care models.[14]

The motivation for this study was the interest in identifying whether nurses search for problems that are specific to the nursing field, and the interest in recognizing whether there is more to the nurses' work than the biological dimension, and what they investigate when they are willing to care for people living with HIV. As an importance for nursing care, to reflect on the central actions of the nurse's work when performing the nursing consultation, so that professional autonomy and qualification of care are increasingly sought.

This article is part of a course completion work that has as a general objective: to identify the problems and the respective interventions recorded by nursing professionals in the first care of PLHIV in a Specialized Care Service (SAE) of a Municipal Health Center. And as specific objectives: 1) To characterize the population of the study; 2) To verify the main problems related by the nurses during the first attendance to the PVHIV; 3) To relate the nursing interventions proposed during the first attendance to the PLHIV.

As relevance, for nursing and nursing students, in the care of the PLHIV, it is understood the importance of developing a plan of care that is not restricted to the technical-scientific conducts, necessary for the control of the disease and the modeling of behaviors, but that can also contemplate the subjectivities within the process of illness.[15]

For the community and society, it has as relevance a greater understanding of the role of nursing in services that provide care to PLHIV, as in the first consultations after diagnosis, and consequently an improvement in the quality of care provided to users.

METHOD

This is a descriptive, quantitative, retrospective, and documental study. Data collection was conducted in an adult Serviço de Atendimento Especializado (SAE)) of a Municipal Health Center, located in a city in the metropolitan region of Rio de Janeiro, in July 2022. The service has three nurses who perform the consultations. In this SAE, admission consultations to the HIV/Aids Program of the service are performed by nurses in cases in which patients are asymptomatic and with CD4+ T lymphocytes above 350 cells/mm3.

The study was carried out based on the records of nursing consultations of patients who were admitted to the service in the year 2021, in a universe of 300 records. The records of patients seen by the medical team and who were transferred from other units were excluded. This criterion was established with the intention of characterizing the group of patients who start the follow-up through the nursing consultation, as is the routine of the service.

Eight records were not located and, therefore, were not included. Finally, 110 records of adult patients of both sexes were included.

A virtual questionnaire was used as a data collection tool with questions that allowed us to characterize the group studied and to achieve the research objectives, containing 10 closed questions. The questionnaire was divided into two parts: characterization of the population (age, marital status, gender and sexual behavior), the types of nursing problems and their respective interventions, recorded by categories.

After data collection, they were organized in Excel® spreadsheets for analysis by descriptive statistics, and for the construction of tables and graphs.

It should be noted that all ethical precepts of research involving human beings were observed, in attention to Resolution 466, of December 12, 2012 of the National Health Council. The project was submitted and approved by the Ethics Committee/ UERJ under opinion 5.532.471.

RESULTS

A total of 110 medical records of individuals who started the follow-up by nursing professionals in the adult SAE of a Municipal Health Center of a city in the metropolitan region of Rio de Janeiro were analyzed.

Table 1 presents the social characteristics and MSM sexual orientation of the study population. Most (66.4%) of the participants in the analyzed medical records were male; they were young (21-30 years); 77.3% were single; and among the men (n=73), 36 were MSM and six could not determine their sexual orientation.

Table 2 points out the problems and Nursing interventions identified by nurses during the nursing consultation. It was observed that the nurses registered nursing problems in about 87.3% of the consultations. In one consultation, problems of different natures were recorded.

Among the problems identified, 88.5% are of biological/physical nature, being included in this category, for example: fever, pain, thin patient, muscle weakness, cough, headache, fatigue, syphilis, outdated vaccination. It is also worth mentioning that the 27.1% represented in "Others" were behavioral category problems such as non-use or irregular use of condoms, besides "untested partner", "delayed menstruation", and "pregnant woman".

As emotional problems (16.7%), problems such as anxiety, depression, crying, alcohol and illicit drug addiction were described. Social problems were described as unemployment, divorce, number of children, lack of income, living in shelters or

Table 1 – Characterization of the study population according to social variables and MSM sexual orientation. Rio de Janeiro, RJ, Brazil, 2022

Variables	n	n = 110
		%
GENDER		
Male	73	66,4
Female	36	32,7
Trans woman	1	0,9
AGE (years)		
Up to 20 years	14	12,7
21 to 30 years old	49	44,5
31 to 40 years old	20	18,2
41 to 50 years old	18	16,4
51 to 60 years old	5	4,5
61 to 70 years old	4	3,6
CIVIL STATUS		
Single	85	77,3
Married	15	13,6
Ignored	5	4,5
Other	3	2,7
Divorced	2	2
MSM (Men who have sex with men)		n = 73

Table 1 – Cont.

Yes	36	49,3
No	31	42,5
Undetermined	6	8,2

Source: Prepared by the authors, August, 2022.

Table 2 – Problems and Nursing interventions identified during the nursing consultation. Rio de Janeiro, RJ, Brazil, 2022

Variables	n	n = 110
		%
RECORD OF THE IDENTIFIED NURSING PROBLEM		
Yes	96	87,3
No	14	12,7
CATEGORY OF REGISTERED NURSING PROBLEM		
Biological/ Physical	85	88,5
Other	26	27,1
Emotional	16	16,7
Social	10	10,4
Cognitive	2	2,1
RECORD OF THE IDENTIFIED NURSING INTERVENTION		
Yes	106	96,4
No	4	3,6
REGISTERED NURSING INTERVENTION CATEGORY		
Routine laboratory tests	98	91,6
Referral to a physician	75	70,1
PPD	70	65,4
Chest X-ray	69	64,5
Other	47	43,9
CD4 cell count and viral load	40	37,4
Guidance on treatment adherence	31	29
Condom use orientation	28	26,2
Guidelines on Living with HIV	20	18,7
Referral to social servicesl	15	14
Referral to another specialty	5	4,7
INTERRELATIONSHIP BETWEEN THE IDENTIFIED PROBLEM AND NURSING INTERVENTION		
Yes	58	52,7
No	52	47,3

Source: Prepared by the authors, August, 2022.

on the street. As cognitive problems (2.1%), speech and reading difficulties were observed.

Nursing interventions/conditions were observed in most of the consultations (96.4%). Among the interventions identified and registered, as emphasis, it was observed that 91.6% were requests for routine laboratory tests according to institutional protocol and 70.1% were referrals to the service physician. In the category "Others" (43.9%) were observed records of conducts such as: orientation about the functioning of SAE, treatment of syphilis, referral to vaccinations, referral to mental health, partner testing, referral to tuberculosis evaluation, referral to prenatal care, orientation to perform the blood pressure curve, realization of the SINAN Notification.

About the interrelationship between the nursing problem recorded and the intervention recommended to the patient, it was observed that in 47.3% there was no connection. While in 52.7%, there was correspondence between the nursing intervention and the proposed nursing problem.

DISCUSSION

Most of the population attended (44.5%) in first-time consultations with nurses was between 21 and 30 years old, showing the involvement of a young population. This reinforces the literature and current data from the Ministry of Health, in which the highest incidence of new HIV cases is among the population aged 20 to 34 years.[16]

The incidence of 66.4% men and 32.7% women reiterates the statistics described in the literature. Since the beginning of the HIV epidemic, the proportion of cases among men has always been higher than among women. The most recent data from the HIV/AIDS Epidemiological Bulletin reinforce this statistic

and show an increase in the last decade.[16] It is worth noting the inclusion of only one trans woman among the group studied, despite this population, according to UNAIDS, being a key population at higher risk for HIV infection.[1]

It is observed in the study that the percentages of men who have sex with MSM men (49.3%) and heterosexual men (42.5%) are close. Studies have shown that MSM have a high prevalence of HIV. However, it is important to note that because the HIV epidemic initially targeted so-called "key populations" such as homosexuals, sex workers, and injection drug users[17], there was a neglect of risk in relation to other population groups.

Practices such as multiple sexual partnerships, illicit drug use, and alcohol consumption, which may contribute to vulnerability to HIV, end up not being associated with a higher risk of HIV infection. An indicator of this naturalization is the small production of studies on HIV/AIDS with men who identify themselves as heterosexual when compared to MSM, sex workers, and drug users. We highlight the persistent invisibility of heterosexuals and its consequences for the configurations of this epidemic in the current scenario.[17]

The study evidenced, as proposed in the hypothesis, that the main problems and respective interventions identified during the nursing consultation are related to the physical and biological aspects of people living with HIV, to the detriment of the social (10.4%) and emotional (16.7%) dimensions.

Among the nursing problems registered, 88.5% were biological/physical where we can identify the terms: asthenia, cough, syphilis, fever, and headache. Thus, we observe that these elements are not specific terms to denominate the nursing problems, and that the evaluation of nurses is permeated by the influence of the biomedical model, focused on the disease and its physiological manifestations.

When caring for PLHIV, nurses need to think of interventions that have the ability to transcend the pathology beyond the clinical aspect, going beyond the biologicist view[3] that serves the biomedical model that is medical-centered, focused on the disease, on the cure, on the biological, disassociated from the social context.

It shows the need to reconsider and propose to professionals discussions and reflections about nursing practice, which, when recognizing the need for assistance, it is necessary to provide humanized and integral care, taking into consideration that health is not only physical, but also emotional.

It must be considered that PLHIV still have to face the stigma of living with a chronic diagnosis and, therefore, it is a care that deals with the subjectivity of the person where one must value the emotional, social and cultural factors, and not only the disease itself. Thus, considering the health of these individuals as a complex entity is an important factor for treatment adherence, for example.[3]

Resolution 358/2009 determines the mandatory implementation of the Nursing Process (NP) in a deliberate and systematic way in all environments where Nursing care is provided, organized in stages. The NP guides professional nursing care and contributes to the documentation of nursing practice.[6]

In the service where the study was carried out, it was observed that there was no instrument used in consensus by the nurses to standardize the records with the steps of the nursing consultation. This led to incomplete records from the point of view of the NP and relied on what each nurse recorded as pertinent diverging from how it is legally established to systematize the NP.

Article 6 of Resolution 358/2009 determines that the execution of the NP should be formally recorded, involving: a summary of the data collected about the person, family, or human community at a given moment of the health and disease process; nursing diagnoses about the responses of the person, family, or human community at a given moment of the health and disease process; nursing actions or interventions performed in view of the identified nursing diagnoses; and the results achieved as a consequence of the nursing actions or interventions performed.[6]

The hegemony of the current biomedical model compels the non-reporting in medical records of the set of social determinants of health, since it overvalues the physical and biological aspects, fragmenting care and distancing the user from comprehensive health care.[18]

The nursing process should be implemented in the perspective of establishing goals, however, the weaknesses found in the records indicate that it is not carried out, proceeding in the fragmentation of care,[18] as also observed in this study.

It is noteworthy that 47.3% of the recorded interventions were not related to the proposed nursing problem, indicating a weakness in clinical reasoning for establishing a nursing care plan.

About 70.1% of the recorded interventions were "refer to physician", corroborating, once again, a physician-centered attitude. Despite the importance of the physician's figure in the care of PLHIV, it is also important to propose interventions of own action that can be proposed with a complete evaluation, establishment and identification of problems within the scope of nursing care, which was not observed in the care provided by nurses. In the current system, the nurse's work is seen as cheap labor, as a form of substitution in which medical work activities are transferred to the nurse.[19]

One example is a still existing culture that is concerned only with doing and not with recording, despite being a legal support and a way to demonstrate the work done. Another challenge, which is perhaps the main problem, is the inadequate dimensioning of nursing professionals and the work overload that hinders quality care.[20]

Nursing diagnosis is equivalent to identifying a nursing problem, and corresponds to one of the most complex steps, because it requires interpretation and clinical judgment of the data collected.6 And as observed in this research, it is difficult for nurses to establish a relationship between the identified nursing problem and a corresponding intervention.

Among the limitations of this study, we highlight the arrangement of the charts, which sometimes did not follow a logical order. Because they were filled out manually and due to the lack

of standardization, there were illegible and incomplete sections in some cases. However, these limitations did not compromise the development of this research, and the results found here help in the reflection of the proposed objective, serving as a reference for future research.

CONCLUSION

It is concluded that the main problems and respective interventions identified during the nursing consultation are related to the physical and biological aspects of people living with HIV. More than 80% of the problems identified as nursing problems were physical and biological, showing that nursing care is still stuck in a biomedical paradigm and that there is an urgent need to consider the determinants and conditioning factors of health of PLHIV during the nursing consultation.

It is also worth reflecting on the fragility of the higher education model of institutions in which both the training and the very evolution of knowledge in health areas is around diseases in isolation, disregarding individual characteristics. The traditional biomedical model that predominates in nursing education goes back to the flexnerian proposal of teaching fragmentation (division of the basic cycle and professionalizing cycle, disassociating the integration of theory and practice). Being a nurse requires knowledge of the biological area, and one cannot eliminate the biomedical aspect in the training of this professional; however, it is necessary to provide care that considers a broad concept of health.

It highlights the need for further studies in order to develop strategies for nurses to develop a care with a comprehensive look acting on problems that are own to the science of nursing, in addition to record the nursing process that is essential in the practice of nurses for a quality care to PLHIV and the population in general.

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