Humanized nursing care according to the opinion of people living with HIV/AIDS

Cuidado humanizado de enfermería según opinión de las personas viviendo con Virus de la Inmunodeficiencia Humana en estado de SIDA

ABSTRACT. Objective: To describe the characteristics of the humanized care nursery offers according to the opinio of people living with HIV/AIDS. Materials and Methods: It is a quantitative, descriptive and transverse court study; with 66 patients from the Service of Medicine N° 1 of the Guillermo Almenara Irigoyen Hospital. The technic applied was the survey and the instrument was a 40 items Likert Scale of 05 options. The instrument was subjected to a content validity test, criteria and constructo test, being p> 0.05, for expert judgements and the reliability was based on the Cronbach’s Corealtion Coefficient Alpha, being of 0.940. Results: From all the patients, 61 % stated nurses always offers a humanized care and 2 % says they never received humanized care from nurses. The category with major percentage was “prioritize when being taken care” with 54 % and the category with minor percentage was “emotional support” with 29 % as a humanized care provided by nurses. Conclusions: The humanized care provided by the nurse is good according to the opinion of people living with HIV/AIDS.

Keywords: Characteristics, care, humanization, HIV.

RESUMEN. Objetivo: Describir las características del cuidado humanizado que brinda la enfermera según las personas viviendo con VIH en estadio SIDA. Material y método: Estudio de enfoque cuantitativo, tipo descriptivo y de corte transversal, la población estuvo conformada por 66 pacientes del Servicio de Medicina N° 1 del Hospital Guillermo Almenara Irigoyen. La técnica que se aplicó fue una encuesta de 40 ítems de una Escala Likert de 05 opciones. La validez del instrumento fue sometido a la prueba de validez del contenido, criterio y constructo siendo p>0,05, por juicio expertos y la confiabilidad de coeficiente de correlación Alfa de Cronbach siendo de 0,940. Resultados: Del total de pacientes el 61% expresan que siempre las enfermeras brindan un cuidado humanizado y el 2% refieren que nunca reciben humanizado care from nurses. La categoría con mayor porcentaje fue la categoría priorizar al ser cuidado con un 54% y la categoría con menor porcentaje fue la categoría apoyo emocional con 29% como un cuidado humanizado que brindan las enfermeras. Conclusiones: Las características del cuidado humanizado que brinda la enfermera son bueno según las personas viviendo con VIH en estadio SIDA.

Palabras clave: Características, cuidado, humanización, VIH.
INTRODUCTION

In today’s society there is a need to humanize patient care, sensitizing the health professional to psychosocial problems that the person presents when they are sick. It is also necessary to reflect on the fact that the advance of scientific and technological development is leaving aside the humanitarian attitude on the part of health professionals.

According to the World Health Organization (WHO), humanize is a communication and mutual support process among people, prosecuted towards the transformation and understanding of the essential spirit of life. This process seeks to generate a link between the nurse, the patient and their family in order to create timely, rapid and quality solutions.1

In people with HIV, the fact of facing their chronic infection carries many problems such as: stigmatization and discrimination by society against HIV-positive people; suffering and pain when the disease occurs and the fear of death. This represents an emotional problem that must be faced daily.2,3

Patients with HIV depend on the care of the nurse, who must have the necessary knowledge to provide quality care, positive interaction and nursing actions linked to the progressive deterioration of health care and changes in lifestyle to strengthen both their well-being and their living conditions. The attitude of the nurse before a patient with AIDS should be the same as that of any patient with any other type of pathology.4 It must cover the needs that the patient can not cover on its own, providing the psychic, physical and emotional support that the patient need, avoiding rejection or overprotection, should be looked for an approach to the patient and establish a relationship with the patient giving human treatment, where communication is a priority that favors a true nurse-patient relationship.5

During the time they are hospitalized, the patient with HIV/AIDS does not usually receive comprehensive care according to their needs, being observed in various health institutions during the hospital stay the approach by the nurse is minimal, either by fear of contamination or for any other reason related to the disease, which leads to showing an attitude of indifference, discrimination, marginalization towards the patient, which may experience feelings of isolation and loneliness.6

Direct care is not planned; nursing records evidenced lack of actions aimed to the satisfaction of the human needs, especially the spiritual and emotional needs; as well as lack of guidance to the patient with HIV and family about the interpersonal relationship, treatment and care.

According to Watson, nurse have as main function to help the patient to increase the harmony of their mind, body and soul through experience they achieve an understanding that the human being is a person with weaknesses and needs that they will not always be able to supply, that is when the nurse must supply them.7 Nevertheless, several research studies has demonstrated the nursing care is aimed at the dehumanization of care and is focused on the development of technical skills, with few humanistic contents and that result in professionals with high scientific knowledge but sometimes, unable to recognize the sick person as an end in itself.

The study aimed to determine the humanized care provided by nurse according to the opinion of people living with HIV/AIDS.

MATERIAL AND METHOD

A quantitative approach, descriptive and cross-sectional study was used. The study developed in a Essalud Hospital in the city of Lima, in the Medicine Service that has 11 beds for HIV patients. The population consisted of 66 patients with AIDS-postive diagnoses with at less of seven days of hospitalization during July – September in 2014. For the selection of patients the inclusion and exclusion criteria were taken into account.

The technique used was the survey and the instrument applied was a modified Likert questionnaire by the research according to the study objectives, applied only eight categories of Watson’s theory and the instrument was submitted to the test by judges of the experts being p> 0.05.

For the analysis of the information, the frequencies reached by each category were considered; establishing in this way, what are the care provided by nurses to AIDS patients, the following information was taken into account: 61 – 80 as good, 31 – 60 as regular and 0 – 30 as bad. According to the categories it was taken into account: 7 – 10 as good, 4 – 6 as regular and 0 – 3 as bad.

For the processing of information, the statistical package SPSS 15.0 was used and for the descriptive analysis of the data was expressed in frequencies, percentages, averages and standard deviation. For the collection of information, a fact sheet was used for patients in AIDS status, who participated in the voluntary way and the information became confidential and private.

The research study took into account the ethical considerations that are based on respect for vulnerable people, ensuring their dignity and maintaining confidentiality; which was possible with the authorization of the research committee of the Hospital for the application of the instrument for which
the informed consent was given prior to the application of the instrument, giving the option to withdraw at any time from the investigation, as deemed appropriate, respecting in this way the principle of autonomy.

RESULTS

Table 1.
Humanized nursing care according to the opinion of people living with HIV/AIDS.

<table>
<thead>
<tr>
<th>Humanized nursing care according to the opinion of people living with HIV/AIDS.</th>
<th>N°</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>40</td>
<td>61</td>
</tr>
<tr>
<td>Regular</td>
<td>24</td>
<td>36</td>
</tr>
<tr>
<td>Bad</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

From the total number of patients, 61% stated that nurses always provide humanized care and 2% report that they never received humanized care provided by nurses.

Table 2.
Humanized nursing care by category according to the opinion of people living with HIV/AIDS.

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>Good</th>
<th>Regular</th>
<th>Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient feelings</td>
<td>35</td>
<td>53</td>
<td>17</td>
</tr>
<tr>
<td>Emotional support</td>
<td>29</td>
<td>44</td>
<td>27</td>
</tr>
<tr>
<td>Physical support</td>
<td>32</td>
<td>48</td>
<td>29</td>
</tr>
<tr>
<td>Nurse performance quality</td>
<td>30</td>
<td>45</td>
<td>22</td>
</tr>
<tr>
<td>Proactivity</td>
<td>34</td>
<td>52</td>
<td>23</td>
</tr>
<tr>
<td>Empathy</td>
<td>30</td>
<td>45</td>
<td>27</td>
</tr>
<tr>
<td>Prioritize the patient</td>
<td>54</td>
<td>82</td>
<td>12</td>
</tr>
<tr>
<td>Attention disposition</td>
<td>31</td>
<td>47</td>
<td>20</td>
</tr>
</tbody>
</table>

The category of humanized care best evaluated by the participants of the study was to prioritize patient care with 54% and the second category best evaluated was the category feelings of the patient with 35%; The categories with the lowest percentages evaluated in the study were the categories of emotional support, empathy and qualities of doing the nurse with 29%, 30% and 30% respectively.

DISCUSSION

The quality of care people receive today is the main objective of the Health system, which involve the need of showing the humanized care that consist in improving the quality of people existence, work with sensibility highlighting the values, always looking for the welfare of the neighbor, especially in vulnerable populations and already outlined by the nature of their health situation. For this reason, it was sought to determine the humanized care provided by the nurse according to the opinion of people living with HIV in a AIDS status; finding a majority perception in the positive sense of humanized care by the nursing professional. 61% of the patients surveyed expressed that nurses always provide humanized care and 2% report that they never receive humanized care. The results would confirm that frequently the population receiving the care perceives all nursing actions, which allow the care to be classified as humanized. In the case of differentiated populations such as people living with the HIV, especially in the AIDS status; that due to social stigmatization, populations are still susceptible to differentiated treatment; the nurse should have a positive attitude by providing humane care. It also reveals that the nurse, regardless of the institutional setting in which she works, is perceived as having similar capacities to carry out a humanized and person-centered practice.

Humanized care becomes a fundamental element that consists in developing a process of continuous care, generator of life, safe for the patient, culturally acceptable, with application of technology, with a human touch, and fundamentally centered on the person.

The category best evaluated by the participants of the study was to prioritize the care, in which behaviors are evaluated as being respectful, putting the patient first, calling them by their name, respecting decisions, respecting the privacy of the patient and prioritizing the person. It must be taken into account that aspects such as respecting the decisions and privacy of the patient in a AIDS status make the trust and ties of the relationship between nurse-patient increase and transcend respectively, this also opens the field to establishing a satisfactory communication in which the patient can inform the nurse about their feelings and sensations making reference to
the second best evaluated category, feelings of the patient in which they estimate the positive and negative feelings obtained from the nurse-patient relationship. This was evaluated through the items of the instrument: to feel like an individual, informed, attended, satisfied and grateful. In which the nurse has to be prepared for positive and negative thoughts, picking up that the intellectual understanding and emotional understanding of a situation are different. In the above it is shown that nursing care is a continuous process that is related to each other, that one situation leads to another.

The categories with the lowest percentages evaluated in the study were emotional support, empathy and qualities of doing the nurse with 29%, 30% and 30% respectively. This would be explained by the fact that health personnel are also under stress due to the frequent need to solve acute problems, lack of resources, overwork and increasing proliferation of cases, feelings generated in the management of the terminal patient and require also of emotional support in their participation in the care of the AIDS patient.”

Next and making an approach of the categories it is observed: Sentiments category: the population subject of the research considered 53% as positive humanized care provided by nurses and 21% considered negative humanized care. Results similar to the study by Ortiz et al.\textsuperscript{11} where 85% of the patients surveyed always perceived humanized care behaviors associated with feelings and 11% sometimes. The identification of the feelings of the patient with HIV before the attitudes of rejection, stigmatization and discrimination because of society takes as starting point an interpersonal relationship in which two people propitiate and establish a communication through which a start is set up a certain process, thus producing an exchange of ideas and thoughts, recognizing both their feelings and their reality and exploring, in turn, the process of patient evolution.\textsuperscript{12} In the patient who is hospitalized, the physical, emotional, social and economic dimensions are affected. The balance in these dimensions determines their quality of life, which is defined as “the perception of an individual about their position in life, in the cultural context and the value system in which they live, in relation to their goals, objectives, expectations and concerns”\textsuperscript{13}

Category - Emotional support: 44% of the population reported that the humanized care provided by the nurse is good and 15% consider it as bad. This coincides with the study by Miranda, Monje and Oyarzun\textsuperscript{14} where patients perceive 83% of humanized care from nurses always. Patients with HIV/AIDS are discouraged and may also exhibit behavioral changes such as isolation and irritability; they are exposed to suffer the neurovegetative changes characteristic of this disorder, such as insomnia, lack of appetite and changes in body weight.\textsuperscript{15} In conjunction with the stigma, it should be specified that the patient with HIV/AIDS has a negative impact on the pathology that causes a physical, psychological and social imbalance; this affects not only the person carrying the virus, but also the entire environment, family, colleagues and friends; fear of death is generated, the reaction of family members, to be rejected by society, with the subsequent emergence of anxiety, depression and isolation.\textsuperscript{16} An open attitude is necessary to recognize that the relationship of the nurse and the patient is not a neutral or objective relationship but a deep interpersonal relationship that, like any interpersonal relationship, involves aspects of personality on both sides and mobilizes more or less conscious feelings of both subjects.\textsuperscript{17}

Category - give physical support: the population affirmed that 48% received good humanized care and 21% rated the humanized care that the nurse gave as bad. A similar result was found in the Farfán study\textsuperscript{18} where 54% answered that they have almost always felt supported by the health professional, considering staff actions related to respectful physical contact, response to the need for accompaniment, pain relief and patient comfort. The physical support is based on making the user feel good and implies that each nurse, when valuing his patient, treats him as a person who deserves respect and not as a disease anymore, to look at his face when spoken to, reduce their pain, meet their needs and provide both physical and mental comfort, are the aspects that comprise this category.\textsuperscript{19}

Category - Qualities of the nurse's work: 45% perceived that the humanized care provided by the nurse is good and 21% consider a poor humanized care. Similarly with the study by Gonzales and collaborators\textsuperscript{20} where 51% responded that they have almost always felt support for the health professional, finding relationship with the delivery of care by the health professional, that is, their availability, cordial treatment, that is able to identify the patient’s needs and educate them. The patients reported that the great majority of the nursing staff presents a positive attitude at the time that provide care, are tolerant and avoids feelings and attitudes of rejection and fear. The presence and work of the nursing professional are fundamental, both to educate the patient and their family, emotionally support the person affected with HIV and to promote their adherence to a complex treatment to follow and often due to its adverse effects, avoid reinfections and help them to understand that it still makes sense to take care of themselves and keep their life projects in the best possible way. The nurse must be prepared to assist, understand, accompany and help any human being in difficult moments such as the terminal and the whole process that continues until death. One of the situations where this issue is present is in people with HIV/AIDS. This raises a whole set of attitudes and behaviors that in no case can be qualified as indifferent and in which nursing should continue studying both theoretical and practical, without forgetting aspects such as social environment, culture, education, etc. which also contribute considerable influence on these issues.\textsuperscript{21}

Category - Proactivity: 45% consider the humanized care pro-
vided by the nurse as good and 21% that the humanized care provided by the nurse was bad. Results that coincide with Acosta's study in hospitalized patients, where 59.6% always perceive proactivity behaviors. The nurse plays a very proactive role in the control and monitoring of the physical and emotional health of patients with HIV since they are vulnerable people. Its fundamental role in the care of these patients is aimed at adapting to this new situation, providing assistance that encourages acceptance and promotes a prompt and effective adherence to treatment, as well as the reorganization of relationships, whose ultimate goal will be to train them for the self-care.

Category - Empathy: 45% received a positive humanized care and 21% reported a bad humanized care. Similar results to the study of Salvanha where the perception of the patient in the Empathy dimension is good in 78.9%, 17.8% patients perceive a moderate empathy and 3.3% patients perceive a low empathy. In the nursing actions corresponding to this category, which is one of the categories with the lowest percentage evaluated by the patient, empathy is highlighted as one of the key elements in care, which is the ability that the nurse must have to understand the needs, the feelings and problems of others and respond correctly to their emotional actions. The nurse relates the care with the daily action and considers technology as a power, oriented many times its practice towards the technical, thus distancing itself from moral values where the routine execution of procedures prevails.

Category - Prioritize patient care: 82% received good humanized care. “HASTA” reason also their care must be integral to achieve the greatest success in patient recovery. When providing care it is important for the nurse to keep in mind that the patient is a being with multiple dimensions since in HIV patients not only the physical part is affected but also the emotional part and for this reason also their care must be integral to achieve the greatest success in patient recovery.

Category - Availability for care: 47% of the surveyed population considered a humanized care provided by the nurse as good and 23% considered a humanized care as bad. Similarly, Rodríguez's study mentions that the level of humanized care is high by 61% in the provision for care dimension. The nurse bears increasing workload in the face of new challenges such as the aging of the population, the increase in chronic diseases, the increased presence of the immigrant population with the appearance of new social and health problems, the globalization of health and disease, as well as the growing expectations and demands of patients. Patients with HIV suffer from opportunistic diseases, in which suffering for pain and death that approaches the inevitable, are beings of extreme vulnerability and need for special care. Therefore, the nurse must be prepared to offer a comfortable care, not only physical, but also spiritual, use of relaxation techniques, evidencing and transmitting, both gestures, words and words as in silence, courage, request and compassion. Listening is a care with a lot of attention and when the patient cannot or do not want to talk, the silence and the touch, in addition to the affectionate look, can be done by themselves.

A limitation for future research is to conduct studies specifically designed to evaluate behaviors humanized by nurses… “HASTA”, in addition to providing closeness, accompaniment and support in the crisis. It is recommended to carry out studies that seek to delve into the categories with a lower percentage of negative responses such as regular or bad because this causes a decrease in the perception that patient have about the humanized care provided by the nurse. Carry out a qualitative study on the perception that patients have about the humanized care provided by nurses with greater emphasis on the category of emotional support and empathy. The emotional support to people in a AIDS status requires a professional nurse to transmit information under a humanistic approach, in addition to providing closeness, accompaniment and support in the crisis.

In conclusion, the opinion of the patient regarding the care provided by the nurse to people in a AIDS status in front of each of the categories; showed that humanized care was given, which strengthens the work of the nursing professional to achieve patient satisfaction.

Conflicts of interest: The authors declare that there are no conflicts of interest.
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