LUMEN ET VIRTUS

# Nursing students and the representation of care for people living with HIV/AIDS

https://doi.org/10.56238/levv15n39-017

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## ABSTRACT

Objective: To describe the social representations of nursing students about the care of people living with HIV. Method: A descriptive study with a qualitative approach was carried out with 39 nursing students, whose evocations were processed by EVOC software and analyzed based on the Theory of Social Representations. Results: The term acceptance leads to a visibility of the suffering of living with HIV; The need for family support and the bond that must be established with the professionals appeared and, in contrast, the students bring representational elements about care where fear and prejudice are present. Conclusion: The representations that emerged present two divergent poles. Pointing out the need to prepare students to understand HIV and its implications in the provision of quality care.

**Keywords:** HIV, Care, Social Representations, Nursing.

## INTRODUCTION

The *Human Immunodeficiency Virus* (HIV) virus has as its main target the immune system, which is responsible for the body's defense against diseases. The inability of the body to defend itself makes the individual susceptible to opportunistic infections, and the Acquired Immunodeficiency Syndrome (AIDS) arises, which presents a set of signs and symptoms that are not only related to one disease(1).

Because it is a disease that brings so many physical and psychological impairments, health care for individuals living with HIV should not be restricted only to the care of the pathology. The

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care provided should be welcoming, aiming to establish relationships between professional and patient in order to ensure improvement in the health status and quality of life of this population[2].

Addressing the theme of HIV/AIDS in Higher Education Institutions (HEIs), specifically in undergraduate nursing courses, provides students with the opportunity to be drivers in the construction of knowledge, contributing to the formation of future professionals prepared to guide the population on ways to prevent and cope with the challenges brought by HIV, in addition to constituting competent professionals to serve and care for the population with sensitivity and ethics[3].

Thus, the training of these professionals should be aimed at obtaining a critical sense about the care to be provided, seeking to ensure a professional practice with equity and respect. It is important to highlight that care is the essence of nursing, as care consists of what the actions performed with and for the care subject preponderate[4].

The Theory of Social Representations (SRT) is a theory focused on the understanding of social thoughts based on common sense, which makes it possible to enter the universe of academics and unveil real knowledge through individual communications, making their daily lives understood[5-6].

The importance of knowing the social representations of nursing students in their training process is clear, since the HEI is an environment for the construction of opinions that, through debates, provides the formation of competent citizens and professionals. Upon graduation, nursing students must know how to deal with existing risks, ensure care and reception without discrimination, and encourage people living with HIV to actively participate in their self-care, thus facilitating the adherence of this population to the reduction of comorbidities and, consequently, mortality from the disease[7].

This study sought the social representations of the care provided to people living with HIV and may contribute to the development of a contextualized spectrum of care provided to this vulnerable population. We also consider that the research may provoke in the participants a broad reflection on the social representations they carry about the theme in question.

Thus, the study aims to describe the social representations of nursing students about the care of people living with HIV.

## METHODOLOGY

This is a qualitative study, based on SRT, as it seeks to understand how students elaborate and share knowledge about the care of people living with HIV.

As for the approach, it is a qualitative research, this method requires as fundamental attitudes openness, flexibility, the ability to observe and interact between the group of researchers and the

social actors involved[8]. It is therefore concerned with aspects of reality that cannot be quantified, focusing on the understanding and explanation of the dynamics of social relations.

Based on SRT, which is placed as a theoretical model and also as a scientific knowledge that aims to understand and explain the construction of knowledge through a theory of common sense. Thus, SRT makes it possible to work with social thought in all its varieties, seeking its own universe[9].

The participants of the research were students of the Nursing course of the State University of Bahia (UNEB) – Campus VII. Of the total of 109 students regularly enrolled in the course, the sample consisted of 60 of them. The choice of participants enrolled in the 6th, 7th and 8th semester was necessary because we believe that they already had knowledge about the theme studied, either through theoretical contributions, since they have already taken several disciplines over three or more years in academia; or the provision of direct care to HIV-positive individuals; or assistance to those who perform serology exams or rapid tests in practical activities that take place both in the hospital context and in Primary Care.

The inclusion criteria were: being regularly enrolled in the IES and attending components of the 6th, 7th or 8th semester of the course. Thus, respecting the criteria, among the 60 students enrolled, 39 participated in the Free Word Association Technique (TALP).

Because it refers to research involving human beings, that is, research that, individually or collectively, involves human beings, directly or indirectly, in all or parts of it, including the handling of information or materials[10], all the ethical principles recommended by the National Health Council (CNS) were considered. Likewise, we respect resolution No. 510/2016, specific to the Human Sciences[11].

The participants were invited to participate in the research voluntarily, according to their presence and availability, respecting the ethical and legal aspects of the National Health Council, which was approved by the Research Ethics Committee of the State University of Bahia through the Brazil Platform, under CAAE 74221317.2.0000.0057. This study is linked to the Final Paper in the Nursing Course at the State University of Bahia-Campus VII.

The approach to the undergraduates took place in a friendly way, where there was respect for privacy and confidentiality. To ensure anonymity, the data collection instruments were identified with the letter "E" for student and sequential number, (e.g., E1... E39).

The data collection through the TALP aimed at the search for evocations, that is, to obtain the first five words that immediately come to mind when hearing the inducing term[12]. For this study, the stimulus or inducing term was: "Care for the person living with HIV". After the request, the evocations were recorded in direct order (order in which they were mentioned).

Next, the characterization data of each interviewee were collected using the variables (age, gender, family socioeconomic level, previous education).

The *corpus* of the research with TALP data was initially processed by the *EVOC software* (*Ensemble de Programas permettant I' Analyse de Évocations*) generating the four-house chart, through the frequency and average order of the evocations. The quadrants that constituted the four-house picture exhibit important information that analyzes the representation. The central nucleus presents the evoked elements with a higher degree of importance and frequency, while the other quadrants are formed by the elements of low frequency, peripheral zone, which in turn are capable of conveying meanings to the central elements[13].

Following the structural approach, the central core is composed of elements belonging to the collective memory that manifest themselves with harmony, security and resistance, and is often insensitive to the social context. The central nucleus presents the concrete and absolute representativeness of thought. The peripheral system, on the other hand, is constituted by the other elements, exposing a more flexible thought that gives meaning to the central elements[14].

The four-house chart was analyzed and interpreted according to the students' understanding of the theme, based on the structural approach of SRT in the light of the current literature.

## RESULTS

Among the participating students, 29 were female (74.4%); The prevalent age group was 20-25 years (71.8%), and they self-described as lower class (51.3%). Most were in the 8th semester (61.5%), followed by participants enrolled in the 6th semester (38.5%); When asked about the previous level of education, 89.7% stated that they had only high school, 10.2% already had higher education and/or completed or incomplete.

Figure 1: Table of four boxes of the free evocations of nursing students to the inducing term "Care for the person living with HIV/AIDS", Senhor do Bonfim, Bahia, Brazil, 2024.

| CORE<br>Frequencia > = 10 rang < 2,9 | PROXIMO PERIPHERAL SYSTEM<br>Frequencia > = 10 > teeth = 2.9 |
|---|---|
| | |
| Acceptance 21 2,857 | Caution 11 3,455 |
| Host 14 2,786 | Information 10 3,600 |
| Medication 15 2,400 | |
| Respect 11 2,364 | |
| NEARBY PERIPHERAL SYSTEM<br>FREQUENCY < 10 RANG < 2.9 | DISTANT PERIPHERAL SYSTEM<br>FREQUENCY < 10 > = 2.9 |
| CTA 4 2,000 | Ethics 4 4,750 |
| Exams 5 2,400 | Humanization 8 3,000 |
| Fear 7 2,286 | Treatment 9 3,000 |
| Guideline 7 2.857 | |
| Prejudice 8 2,250 | |
| Prevention 7 2,714 | |

Source: EVOC

According to the evocations, the corpus was made up of 156 terms and/or words, of which 18 were different. The EVOC software processed the corpus with a Mean Order of Evocations (OME) of 2.9 and a minimum frequency of 4. The analysis of data on the social representation of nursing students regarding the care of people living with HIV/AIDS brought to the fore among the central elements the terms 'acceptance', 'welcoming', 'medication' and 'respect' (Figure 1), which portray the essence of the care process appropriate to the practice of care and standardized by the Ministry of Health.

## DISCUSSION

The term *acceptance*, figure 1, is presented as a central element because it was the most evoked by the students, with a frequency of 21 evocations. This term has a subjective meaning, which makes it necessary to resort to the database for a better understanding of the term, thus seeking the representativeness reproduced by the research participants. It is clarified that the term 'acceptance', in the lemmatization process, was closely linked to the terms 'family support' and 'bonding'.

From this perspective, "acceptance" led us to make visible that, in moments of great upheaval and anguish, characteristic of the suffering of living with HIV, the students believe that there is a need for family support and the establishment of a professional bond as essential to care. Thus, in the imagination of the students, for these individuals to accept the disease (diagnosis) and seek appropriate treatment, family support and bonding make up the understanding of care.

The family is characterized as a source of care, contributing to the physical and mental balance of individuals living with HIV([15]). In addition, the authors point out that the family occupies the place of the necessary link for greater adherence to treatment, thus helping to improve the quality

of life of these people. A study on resilience reinforces the importance of family support as the main source of support for HIV-positive individuals, as individuals who receive family support have lower levels of stress, depression and loneliness[16].

From the point of view of health professionals, the terms 'acceptance' and 'bond' demonstrate that the basis of care for people living with HIV demands commitment and respect. Among the professionals involved in this process, the nurse stands out with greater relevance in supporting this population with the intention of promoting acceptance, understanding and information about the disease[17].

The quality of care provided by nurses is mainly permeated by the ability to listen, interact and raise awareness, ensuring special attention focused on the individuality of each being[18]. Thus, it is necessary to ensure security and confidentiality, building a relationship of bond and trust between professional/patient, as a possibility of influencing the acceptance of the disease and, consequently, greater adherence to treatment.

In this sense, the role of the professional at the time of receiving a positive HIV diagnosis is fundamental, as the person usually presents anguish and depression. Among those who are more accepting of the diagnosis, the proactive way in which they deal with the disease is noticeable. This leads us to believe that the efficiency of care depends first on the patient's acceptance and, after that, that professionals strip themselves of prejudices and offer effective welcoming[19].

Corroborating the aforementioned information, the Ministry of Health states that it is necessary to pay special attention to the symptoms of depression and anxiety in the post-diagnosis. Individuals with this symptomatology and other anxiety disorders, in addition to psychotic syndromes, are more likely to not adhere to treatment[20].

Still, regarding the central nucleus, the term 'welcoming' is significant in the imagination of the students, when it comes to care for people living with HIV, as they demonstrate affection and receptivity to those who receive care, which is in line with the proposition of the national HIV/AIDS policy. The terms 'medication' and 'respect' reinforce the importance of voluntary adherence to drug treatment and the commitment of the Brazilian State to the population under study.

According to the Ministry of Health, welcoming is a practice that permeates all care relationships in the acts of receiving and listening, and can happen in various ways, in meetings between health professionals and people assisted in the Unified Health System (SUS). Welcoming means receiving the individual from the moment they arrive, being responsible for them, listening attentively to their complaints, allowing them to show their concerns about the disease, making them comfortable to seek the health service and the multidisciplinary team whenever necessary, facilitating access to the service and treatment[1].

In figure 1, among the elements that make up the central nucleus, it is possible to state that it is a representation that portrays care based on biological and humanization aspects, as there is an association between adherence to 'treatment' and 'acceptance' of the diagnosis, with professional attributes such as 'welcoming' and 'respect'.

In the nearby peripheral system in figure 1, the terms 'care' and 'information' are identified, both of which reinforce the meanings of the representations that structure the central nucleus. We emphasize that the element 'care' is shown to be the most representative term in this quadrant, having been evoked 11 times. As it is a representation of nursing students, the word "care" can be presented as the one that carries the meaning of the actions that support the professional practice of nursing, therefore, when responding to the stimulus, the term care can actually be associated with the practice of the profession.

Still in the nearby peripheral system, the terms 'CTA', 'exams', 'fear', 'guidance', 'prejudice' and 'prevention'. And, in the distant peripheral system, the terms 'ethics', 'humanization' and 'treatment'. In both, for the most part, the terms strengthen and support the actions of care as understood by Nursing. However, the terms 'fear' and 'prejudice' that are in tune with negative feelings and, in a way, oppose the promotion of humanized care by nursing, which may reveal a possible lack of knowledge and/or distancing from the practice of care for people living with HIV by the students.

People living with HIV often suffer prejudice and rejection in their families and social groups, as well as embarrassment in health services and disrespect for their rights. This practice contributes to the isolation of these people, since there is a fear of rejection in affective, social and sexual relationships when sharing their serological status. Emotional demands are as important as physical symptoms, and need to be welcomed by all health professionals, from a perspective of humanized and integrated care, in addition, psychological aspects can be causes or consequences of physical symptoms[1].

The results presented in the four-house chart structure a representation of nursing students that points to a reified discourse, anchored in the PNH. However, even if peripherally, they also point to stigma and insecurity, which are marks present since the beginning of the epidemic in the 80s, corroborated by the terms 'fear' and 'prejudice' still present in the imagination of academics.

By referring to a place of importance to the term 'welcoming', we can infer that the HEIs are preparing their professionals not only to carry out an adequate practice, but are concerned with preparing them to carry out a more comprehensive comprehensive care that aims to provide care directed to the patient and understood as something complex, which arouses welcoming, and is based on the perspective of integrality.

We can infer that when they answered the TALP, through words that immediately came to mind, the social representations of the nursing students proved to be pertinent and coherent with the PNH, since the terms evoked refer to humanized care based on the integrality of care for people living with HIV. This contradiction, pointed out through the analysis, points to the importance of reflection on the part of HEIs in the training process of future altruistic professionals.

## FINAL CONSIDERATIONS

The representations described in this study are expressed in two directions. On the one hand, the picture of four houses showed a social representation of care for people living with HIV that permeates feelings of compassion/solidarity, supported by the term 'acceptance' and having 'welcoming' as fundamental for the provision of quality care. On the other hand, it is emphasized that fear and prejudice are still present in the provision of care.

The research contributed to understanding the representations of the group studied, with a view to subsidizing the discussion about the modes of teaching in the nursing education process to vulnerable populations. It is understood that the problem of care for people living with HIV still needs to be further discussed, especially in the university environment, as they demand specific care and the need for specialized attention from nursing professionals.

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