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SHORT COMMUNICATION

Humanized Care for people with HIV/AIDS: an unresolved issue

Cuidado Humanizado en personas con VIH/SIDA: un problema no resuelto

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ABSTRACT

There is a concerning increase in HIV infections worldwide. In Latin America, Chile is one of the countries that has experienced one of the highest surges. This translates to an increasing number of people needing hospitalization for disease management. Humanized care could be a strategy to improve treatment adherence, reduce stress, and promote empathy and compassion among nursing professionals. However, evidence has shown that discriminatory and stigmatizing treatment for this group continues to occur today.

Keywords: Humanized Care; Nursing Care; Health Care; HIV; AIDS.

RESUMEN

Existe una preocupante alza de contagios de VIH a nivel mundial. En Latinoamérica, Chile es un país que ha presentado una de las mayores alzas. Esto se traduce a que cada vez más personas deben ser hospitalizadas para manejo de la enfermedad. El cuidado humanizado podría ser una estrategia para mejorar la adherencia al tratamiento, reducción del estrés, fomento de la empatía y compasión en los profesionales de enfermería. Sin embargo, la evidencia ha demostrado que tratos discriminatorios y estigmatizantes para este grupo se siguen presentando en la actualidad.

Palabras clave: Cuidado Humanizado; Cuidados De Enfermería; Cuidado De La Salud; VIH; SIDA.

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INTRODUCTION

According to the latest estimates provided by UNAIDS on Human Immunodeficiency Virus (HIV), 38,4 million individuals worldwide were living with HIV in 2021.[1] In Chile, at December 31st, 2021, the Ministry of Health (MINSAL) reported that 84 000 people were living with this disease in the country, ranking it as the country with the highest number of infections in the Latin American context.[2,3,4] An alarming statistic is that 36,48 % of the newly reported cases correspond to males aged between 20 and 29 years old, highlighting that a significant number of these diagnosed individuals are in the AIDS stage at the time of disease confirmation.[4,5] Consequently, many of these people need to be treated in the healthcare services where nursing professionals play a fundamental role in individual care, with the humanization of care being a pillar for this.[6,7] One relevant issue in the healthcare of this group is the stigma and discrimination faced by nursing and healthcare professionals in general.[8]

DEVELOPMENT

Caring is an interactive process that unfolds in the relationship with the other, in this case, between the nursing professional and the patient.[9] Humanized care involves the type of care, conditions, and requirements for a quality practice that meets the physical, emotional and social needs of individuals.[10,11] Nowadays, the act of caring is becoming increasingly deficient in daily practice, where actions related to care are often focused on procedures or techniques rather than on the individual as a holistic being.[12,13] This is observed more frequently in those individuals living with HIV/AIDS, who require dignified treatment and care given their conditions of vulnerability, stigma, and discrimination that society holds against them due to the disease.[7]

Emotional support, empathy and nursing qualities are some of the most poorly evaluated characteristics when it comes to humanized care for people living with HIV/AIDS.[7] The lack of knowledge regarding the disease among the nursing professionals could be the leading cause of dehumanized treatment, acting as a barrier to timely access to health services and significantly affecting the quality of life of these individuals.[8,14] On the other hand, the confidentiality of the diagnosis and disease management has also exacerbated how individuals are treated, as all professionals share information about the disease. This leads to problems of anxiety and depression as a consequence of disclosing the disease, and in more extreme cases, treatment abandonment has been observed.[15]

Another issue highlighting evidence on this topic is paternalistic behavior. The power exercised by nursing professionals over the patient undermines autonomy and rights, casting doubt on the individual's knowledge and management of their own disease.[16] Collaborative participation in the decision – making would be a positive element to eliminate this attitude in nursing professionals. Providing sufficient tools and knowledge would enhance autonomy and decision – making for the individual.[14]

Familiar accompaniment during hospitalization has been observed to be declined by certain nursing professionals, as it induces heightened stress throughout the hospital stay.[8] This is noteworthy, considering that multiple studies indicate that family support during hospitalization and the disease process has been a favorable factor in confronting the pathology.[17,18] Hence, nursing professionals are encouraged not to withhold this entitlement, as it could be advantageous in disease management.

Despite being equipped with tools and knowledge throughout their years of education, nursing professionals still harbor fear towards this disease, which has negatively impacted patient care. This fear encompasses concerns about contagion and a perception of helplessness in dealing with this potentially life-threatening disease.[19] This may be happening because of contents from professional training provided during undergraduate studies are not taken into consideration.[20] Enhancing the knowledge and skills of both students and healthcare personnel would promote the capacity to deliver quality care services within this group.[21] A proficient professional could offer guidance on sexual health, a crucial aspect for seeking treatment. This could contribute to improved survival rates, better health outcomes, and consequently, ensure the provision of high-quality humanized care.[22,23]

The absence of ethical principles among healthcare professionals could be attributed to the lack of pursuit and adherence to the treatment, underscoring the significance of these principles for individuals with HIV/AIDS.[24] Hence, a professional demeanor rooted in ethical considerations would promote the inclination to seek assistance within this group.[25]

Last, but certainly not least, various hospital administrative factors contribute to the detrimental situations for humanized care within this group. Examples encompass the number of assigned patients, long working hours, increased administrative duties, multiple delegated medical tasks, and low-quality care.[11] Enhancing the administrative and managerial conditions that nursing professionals encounter in their daily duties would prove advantageous for humanized care.[8,11]

CONCLUSION

The quality of life for individuals living with HIV/AIDS is intricately linked to the humanized care provided by nursing professionals, underscoring its relevance in the confrontation of the disease.

Ensuring the confidentiality, privacy, and dignity of individuals with HIV/AIDS is imperative for providing dignified treatment and care.

Open and empathic communication would be essential elements for humanized care. Ensuring the understanding and education of individuals about their own disease is an activity that nursing professionals should actively engage in. This approach provides tools to maintain autonomy and decision – making within the context of the disease.

Efforts should be directed towards eliminating stigma and discriminatory treatment against individuals with HIV/AIDS. This approach could alleviate conditions such as anxiety and depression, improving access to healthcare services.

The nursing professional should possess a comprehensive view of the patient, addressing not only the treatment of the disease but also the emotional and social needs. This has the potential to enhance treatment adherence.

It is imperative to ensure that individuals receive the necessary follow-up, addressing their evolving needs promptly and without complications.

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Lastly, nursing professionals should undergo continuous training on HIV/AIDS and stay abreast of advancements in the field to deliver high-quality care.

Taking into consideration all that has been discussed, we could, to some extent, address the dehumanization in the care provided to individuals with HIV/AIDS.

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