Age-structured, Self-protective and Media-Related Dynamics of a Hybrid HIV/AIDS Model

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Abstract

The objective of this study is to comprehend how medical staff interacts with patients who have been diagnosed with HIV. Data collection took place between 2020 and 2021 as part of the study methodology for this analysis, which used the constructivist approach of grounded theory. By the analysis of the in-depth interviews, the core category, "Revealing the relationship between the professional and the person at the time of the positive result for HIV/AIDS," was developed. The patient's care, bonding, acceptance, and adherence to the recommended course of treatment are all impacted by the nurse's proximity to the patient in terms of their sentiments and behaviours.

Keywords: Nursing • HIV • Grounded theory • Nursing care

Introduction

Human immunodeficiency virus (HIV) infection and the clinical manifestations of the virus (AIDS) are currently regarded as chronic conditions and require ongoing multidisciplinary action for comprehensive care for people with HIV/AIDS. This is due to the reduction in morbidity and mortality and the intensive use of antiretroviral therapy (ART). By 2020, there would be 37.7 million HIV-positive people worldwide, 73% of whom would have access to treatment, 1.5 million would have recently become infected, 680,000 would have died from AIDS-related illnesses, and around 6.1 million would not have known they were positive for the virus. Nurses play a reference role for quick testing and the diagnosis of other sexually transmitted infections in primary care since they are the healthcare professionals who have served as an example for these practises in the health services. There is a pressing need for high-quality, effective means of designing, developing, presenting, implementing, evaluating and maintaining all types of clinical decision support capabilities for clinicians, patients and consumers. Using an iterative, consensus-building process we identified a rank-ordered list of the top 10 grand challenges in clinical decision support. This list was created to educate and inspire researchers, developers, funders and policy-makers. The list of challenges in order of importance that they be solved if patients and organizations are to begin realizing the fullest benefits possible of these systems consists of: improve the human computer interface disseminate best practices in CDS design, development and implementation; summarize patient-level information; prioritize and filter recommendations to the user create an architecture for sharing executable CDS modules and services combine recommendations for patients with co-morbidities prioritize CDS content development and implementation create internet-accessible clinical decision support repositories use free text information to drive clinical decision support mine large clinical databases to create new CDS [1,2].

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Literature Review

A negative HIV test result means that no HIV antibodies were detected in the blood. However, it is essential to note that it can take several weeks to months after exposure to HIV for the body to produce detectable levels of antibodies. This period is known as the window period, and during this time, a person may test negative for HIV even if they are infected. Therefore, it is crucial to wait at least three months after potential exposure to HIV before testing for accurate results. A positive HIV test result means that HIV antibodies were detected in the blood, indicating that the person is infected with HIV. A positive test result does not mean that a person has AIDS or that they will develop AIDS, but it does mean that they need to take steps to manage their infection and prevent the transmission of the virus to others. It is important to note that HIV is not a death sentence, and with proper medical care and treatment, people living with HIV can lead long and healthy lives [3-5].

Discussion

There are still clear limitations despite the many advances made in terms of prevention, early diagnosis, decentralisation of the quick test to primary care, treatment with effective medications, and improvements in quality of life. The findings of this study highlight several of them, including the inability to diagnose, a lack of knowledge on the seropositivity conditions of those who have the disease, and communication strategies. The socio-cultural elements that raise the risk of infection, provide considerable challenges to the control of epidemics, and restrict fair application of accessible biomedical technologies for the benefit of people still remain, decreasing the quality of care given. To better understand the causes of under treatment, it is crucial to better understand people's needs, especially in primary care. In Brazil, other researchers point out that at the core of relationships there is still stigma and discrimination linked to HIV/AIDS, in a context permeated by situations of violence.

However, this ability to advance equity in care is constrained by routine actions that support discriminatory patterns or ignore inequalities. In the face of the worry that confidentiality would be violated, PHC might be a threat or increase the processes of vulnerability, increasing vulnerabilities. The nursing professional must develop fundamental clinical, administrative, and management skills in order to better mediate the relationship of care between nurses and the patient in the diagnosis of HIV infection. This will enable the professional to better handle patient demands, take initiative, manage and administer the workforce, as well as physical and material resources and information. According to the literature, these professionals require a foundational set of skills, such as familiarity with the moral and legal standards

that govern their industry, training in teamwork, knowledge of how to better manage their interpersonal relationships, and an understanding of how to approach both the team and the individual [6].

Conclusion

Treatment for HIV involves a combination of antiretroviral therapy (ART) drugs, which work by suppressing the virus and slowing the progression of HIV infection. ART can reduce the amount of virus in the blood to undetectable levels, which not only improves the person's health but also prevents the transmission of HIV to others. Undetectable viral load is a term used to describe when the amount of HIV in the blood is so low that it cannot be detected by standard viral load tests. People with undetectable viral loads cannot transmit HIV sexually, according to current medical knowledge. Knowing one's HIV status is crucial for both individual and public health. People who are aware of their HIV status can take steps to manage their infection

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Conflict of Interest

None.

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