

Dynamics of an Age-Structured, Self-Protection and Media-Related Hybrid HIV/AIDS Model

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Abstract

Understanding the interaction of care between medical personnel and those who have been diagnosed with HIV is the goal of this study. The study technique for this analysis, which used the constructivist approach of grounded theory, involved collecting data between 2020 and 2021. The core category, "Revealing the relationship between the professional and the person at the time of the positive result for HIV/AIDS," was created through the analysis of the in-depth interviews. The proximity of the nurse to the patient affects both parties' feelings and behaviours, which have an impact on how well the patient is cared for, bonded with, accepted, and following the prescribed course of treatment.

Keywords: Nursing • HIV • Grounded theory • Nursing care

Introduction

Due to the reduction in morbidity and mortality and the intensive use of antiretroviral therapy (ART), human immunodeficiency virus (HIV) infection and the clinical manifestations of the virus (AIDS) are currently regarded as chronic conditions and demand ongoing multidisciplinary action for comprehensive care for people with HIV/AIDS. Globally, there were 37.7 million HIV-positive individuals by 2020, of whom 73% had access to treatment; 1.5 million had recently contracted the virus; 680,000 had passed away from AIDS-related illnesses; and roughly 6.1 million had no idea they were HIV-positive. Since nurses are the health care professionals who have served as a reference for these practises in health services, they play a reference role for rapid testing and the detection of other sexually transmitted infections in primary care scenarios. They also contribute to surveillance and better clinical management of cases. Additionally, it's important to keep in mind that people constantly interact within the contexts in which they are inserted, related, influenced, and influenced. "How does the relationship between the health professional and the person getting the HIV-positive diagnosis occur?" was the study's research topic. Understanding the interaction of care between medical personnel and someone who has been diagnosed with HIV infection is the goal of this study [1,2].

Methods

A constructivist methodology known as grounded theory (GT) was used to create qualitative research. It is an interpretative study that aims to comprehend the interpretations that participants make of the phenomenon, as well as their points of view, insertions, ways of thinking, doing, and feeling. It investigates how and why people behave in certain situations that are framed by time, place, and culture.

The study was conducted in a municipality west of Santa Catarina, which is regarded as an agro-industrial hub of southern Brazil and has a population

of about 227,587 people. The municipality provides 84.24% of family health team (eSF) coverage among its health services, and it has a specialised care service (SAE) in HIV/AIDS that serves as a model for 36 other towns in the area [3-5].

Discussion

Despite the numerous advancements made in terms of prevention, early diagnosis, decentralisation of the rapid test to primary care, treatment with efficient drugs, and improvements in quality of life, there are still significant limitations that are evident. Among them, the results of this study show the failure to diagnose, the lack of understanding of the seropositivity conditions of those who have the disease, and the methods of relating to them. The socio-cultural factors that increase infection risks, provide significant obstacles to epidemic control, and limit equitable use of available biomedical technologies for the benefit of people continue to exist, lowering the standard of treatment provided. It is important to better recognise, especially in primary care, people's needs to better understand the reasons for low treatment adhesion, one of the differentiated strategies to deal with limitations and, in turn, help the formation of bonds. 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

The proximal relationships formed between nurses and people living with HIV have an impact on both parties' emotions and behaviours, affecting care, bonding, acceptance, and treatment in accordance with the therapeutic regimen. They also help people with HIV overcome prejudice and improve their quality of life. Identifying the factors that feed the distance between these subjects from the moment the positive result is delivered, eliminating forms of

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diagnosis omission within the confines of confidentiality and ethical behaviour, and investing in the training of professionals to increase their knowledge of the conditions of seropositivity of people as well as provide support to better understand their emotions and the emotions of others are all necessary to deepen the aspects that distance these subjects.

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Conflict of Interest

None.

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