Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

INTEGRATIVE REVIEW ARTICLE

SOCIAL REPRESENTATIONS OF THE NURSING TEAM IN THE PATIENT WITH HIV/AIDS: AN INTEGRATING REVIEW

REPRESENTAÇÕES SOCIAIS DA EQUIPE DE ENFERMAGEM PERANTE O PACIENTE COM HIV/Aids: UMA REVISÃO INTEGRATIVA

REPRESENTACIONES SOCIALES DEL EQUIPO DE ENFERMERÍA FRENTE AL PACIENTE CON VIH/SIDA: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to characterize the national and international scientific productions in health about the social representations of the nursing team in the patient with HIV/AIDS. ***Method***: this is an integrative review of the literature of complete articles in Portuguese, English or Spanish, through the databases BDENF, IBECS, LILACS, MEDLINE and the virtual library SciELO. It was held in January 2016, using time cut from January 2009 to December 2015. The keywords "Acquired Immunodeficiency Syndrome," "HIV" and "Nursing Care" and the Boolean operator "and" were used to restrict the sample. ***Results***: nine articles composed the sample. According to their results and conclusions, they were distributed in two themes: "Social representations focused on nursing practice and care" and "Social representations focused on risks, the vulnerability of the team and protective measures." ***Conclusion***: the social representations end up influencing the care given to the patients, through the excessive preoccupation with biosafety and additional care. ***Descriptors***: Acquired Immunodeficiency Syndrome; HIV; Nursing Care.

RESUMO

Objetivo: caracterizar as produções científicas nacionais e internacionais no âmbito da saúde acerca das representações sociais da equipe de enfermagem perante o paciente com HIV/Aids. ***Método:*** revisão integrativa da literatura de artigos completos em português, inglês ou espanhol, por meio das Bases de dados BDENF, IBECS, LILACS, MEDLINE e da biblioteca virtual SciELO. A pesquisa foi realizada em janeiro de 2016, utilizando recorte temporal de janeiro/2009 a dezembro/2015. Foram utilizados os descritores "Síndrome de Imunodeficiência Adquirida", "HIV" e "Cuidados de enfermagem" e o operador booleano "and" para restringir a amostra. ***Resultados:*** nove artigos compuseram a amostra. De acordo com seus resultados e conclusões, foram distribuídos em duas temáticas: << Representações sociais voltadas à prática e cuidado de enfermagem >> e << Representações sociais voltadas aos riscos, vulnerabilidade da equipe e medidas de proteção >>. ***Conclusão:*** as representações sociais acabam influenciando o cuidado dispensado aos pacientes através da preocupação excessiva com a biossegurança e cuidado adicional. ***Descritores:*** Síndrome de Imunodeficiência Adquirida; HIV; Cuidados de Enfermagem.

RESUMEN

Objetivo: caracterizar las producciones científicas nacionales e internacionales en el ámbito de la salud acerca de las representaciones sociales del equipo de enfermería frente al paciente con VIH/Sida. ***Método:*** revisión integradora de la literatura de artículos completos en portugués, inglés o español, por medio de las Bases de datos BDENF, IBECS, LILACS, MEDLINE y de la biblioteca virtual SciELO. Realizada en endero de 2016, utilizando recorte temporal de enero/2009 a diciembre/2015. Fueron utilizados los descriptores "Síndrome de Imunodeficiencia Adquirida", "VIH" y "Cuidados de enfermería" y el operador booleano "and" para restringir la muestra. ***Resultados:*** nueve artículos compusieron la muestra. De acuerdo com sus resultados y conclusiones, fueron distribuidos en dos temáticas: << Representaciones sociales dirigidas a la práctica y cuidado de enfermería >> y << Representaciones sociales dirigidas a los riesgos, vulnerabilidad del equipo y medidas de protección >>. ***Conclusión:*** las representaciones sociales acaban influyendo el cuidado dispensado a los pacientes, a través de la preocupación excesiva con la bioseguridad y cuidado adicional. ***Descriptors***: Síndrome de Inmunodeficiencia Adquirida; VIH; Atención de Enfermería.

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INTRODUCTION

The Human Immunodeficiency Virus (HIV), which causes the acquired immunodeficiency syndrome (AIDS), represents a serious public health problem, due to its pandemic character and severity. Thirty-five million people around the world are infected with the virus. However, about 19 million are still unaware of their condition.[1]

In Brazil, the number of infected reaches 734 thousand people. In 2014, there were 44,000 new infections and 16,000 deaths.[2] The first identified cases of the disease occurred in the 1980s. In this period, facing with uncertainty about means of transmission and contagion, everything that was thought about the disease was based on current information that involved questions regarding the patient´s profile, such as sexual orientation, drug use, and other deviant behaviors.[3]

During the evolution of the AIDS epidemic in Brazil and the world, several social representations about the disease and its patients appeared. In this context, it is emphasized that social representations are a set of attitudes, based on empirical and/or rationalist knowledge guiding practices and behaviors and justifying decision-making. In the case of HIV-positive patients, they are most of the time linked to practices related to prejudice, stigma, and discrimination.[4-5]

Thus, AIDS and its respective social representations also have repercussions on health professionals, especially the nursing team, since it is one of the professions closest to the patient, living with the patient daily and performing activities of promotion, maintenance and recovery.[6]

Taking into consideration that the nursing team is made up of subjects that are part of society, it is expected that, in the act of caring for a HIV-positive patient, the professional has several behaviors influenced by the social environment in which he is inserted, such as excessive fear of contagion, many self-protection measures, and the willingness to be distanced from the patient (whether because they do not want to deal with physical degeneration and death or because they are immersed in contempt and moral judgment).[7]

On the other hand, professionals can also be found, who instead of being prejudiced, have empathy, an understanding of others' feelings, and attentive to the clinical aspects of pathology such as the appearance of opportunistic diseases, turning to promotion and education of health, aiming adherence to the treatment and reach of quality of life[5].

It can be seen that nursing care for patients with HIV/AIDS can be influenced by social representations and this topic is considered relevant for the academic environment, as well as for health care practice and research, being of fundamental importance the development of studies that focus the scientific production linked to this theme.

OBJECTIVE

- To characterize the national and international scientific productions in the health area about the social representations of the nursing team towards the patient with HIV/AIDS.

METHOD

This is an integrative review, guided by six different phases: identification of the theme and research question for the review; Establishment of inclusion and exclusion criteria of studies; Data search; Data Analysis; Interpretation of the results of the studies and the presentation of the synthesis of the review.[8]

The guiding question proposed for this research was: What is the characterization of national and international scientific productions in health about the social representations of the nursing team in the patient with HIV/AIDS?

The time cut was from January 2009 to December 2015. This cut sought to include an up-to-date and significant period in terms of the representativeness and quantity of publications, since in 2009 the World Health Organization (WHO) and the Joint United Nations Program on HIV/AIDS (UNAIDS) with a report containing compliments to Latin America, with a special focus on HIV prevention policies in Brazil.[9] Based on this, it is assumed that from this year, the publications on the subject have gained greater proportions.

The inclusion criteria defined to select the studies were: studies published in Portuguese, English or Spanish; Publications available in full (original) articles format, from January 2009 to December 2015. Theses, dissertations, monographs and articles were excluded, although they presented the selected keywords, they did not directly approach the theme.

The data collection took place in January 2016 and it was done through an online search conducted in the databases: Nursing Database (BDENF), Spanish Bibliographic Index of Health Sciences (IBECS), Latin Literature (LILACS) and

Medical Literature Analysis and Retrieval System Online (MEDLINE), and in the Electronic Library Scientific Electronic Library Online (SciELO).

This library and databases were chosen because they include journals in the area ofhealth and nursing, allowing to obtain original articles of high national and international impact.

The search was carried out by two researchers, as a way of ensuring rigor to the selection process of the articles. The following keywords, standardized and available in Health Sciences Descriptors (DeCS) were used: "Acquired Immunodeficiency Syndrome," "HIV" and "Nursing Care." The Boolean operator "and" was used next to the selected terms as a way to restrict the sample.

The articles that had a sample or part of the sample composed of nurses and/or nursing technicians and/or nursing assistants were considered relevant for the study.

The Critical Apprenticeship Skills Program (CASP) was used to perform the analysis, and critique of the studies included in the research, being an instrument adapted from the Critical Reading Skills Program prepared in 2002 by the University of Oxford.[10] This instrument is validated and classifies the studies according to the scores: minimum of five points (satisfactory quality methodology, but with an increased risk of bias) and six to ten points (good quality methodology and reduced bias).

A data collection instrument was elaborated by the authors in Microsoft Excel 2007 to provide the categorization of the studies and the understanding of the information, encompassing the following items: journal title, year of publication, authorship, research title, database or library (1 - systematic reviews or meta-analysis of relevant clinical trials, 2 - evidence of at least one well-designed randomized controlled clinical trial, (3) well-delineated clinical trials without randomization, 4 - well-delineated cohort and case-control studies 5 - systematic review of descriptive and qualitative studies 6 - evidence from a single descriptive or qualitative study 7 - opinion of authorities or expert committees including interpretations of information not based on Research).[11]

The data obtained from the collection instrument are presented by figures, in a way that allows a better understanding of the studies of the integrative review and exposed in a descriptive way. By the thematic or categorical analysis, type of content analysis technique[12], the text was broken up into categories, according to analogical systematic regrouping.[13]

RESULTS

In the initial search, 166 studies were found. There were 10 in SciELO, 27 in BDENF, 6 in IBECS, 55 in LILACS and 68 in MEDLINE. The abstracts of the articles were read and evaluated so that the productions that met the previously established search criteria were selected for this research and read in full.

After reading the abstracts, 27 publications responded to the guiding question. However, 4 of them were not available in full, and 14 were repeated, being indexed in more than one base. Thus, of the 27 articles, 18 were not adequate, remaining 9 studies that defined the final sample of this review and they were read in full. According to the evaluation of the methodological rigor of research of the CASP[10] used in this study, all the productions included in the sample have a score between 6 and 10, so they had a good methodology and a lower risk of bias.

Of these nine articles, 3 (33.3%) were indexed in the BDENF, 1 (11.1%) in LILACS and 5 (55.6%) in SciELO.

Regarding the journals, the Nursing Journal UERJ and the Acta Paulista de Enfermagem had two publications each (22.2%). The other journals had only one publication (11.1%).

As for the year, most of the studies were in 2009, 2010 and 2014, presenting two in each (22.2%), followed by 2011, 2013 and 2015 that carried a study (11.1%) each. No publications were found in 2012.

Regarding the method, the qualitative study occurred in 8 (88.9%) articles and the quantitative in 1 (11.1%). The techniques and/or analysis software found in the articles were: Bardin Content Analysis, Narrative Structural Analysis, QSR NVivo 9.0, Analytical Lexicale Context of a Segment Ensemble of Texte (ALCESTE) 4.7, Free Evocation Analysis EVOC) 2005 and Statistical Package for the Social Sciences (SPSS). All articles (100%) presented a level of evidence VI, as shown in Figure 1.

Article code	Journal/Year/ Authors	Title/Database or Virtual Library	Objective	Methods/ Level of evidence
A1	Revista Enfermagem UERJ 2011 Gomes AMT, Barbosa BFS, Oliveira DC, Wolter RMCP, Silva MVG	Nurses´ social representations about the HIV seropositive child: interface with care[14] (Original article) BDENF	Analyzing the social representations of nurses about the seropositive child based on the established institutional relationships between the professionals and the child	A qualitative study was carried out in two University Hospitals (one State and one Federal) of a city of Rio de Janeiro. A semi-structured interview and Bardin Content Analysis were used. Twenty nurses participated. (VI)
A2	Online Brazilian Journal of Nursing 2014 Santos EI, Tosoli AMG, Oliveira DC, Marques SC, Rocha MMB	Challenges and confrontations in care by nurses: a study of social representations[15] (Artigo Original) BDENF	Analyzing the challenges faced by nurses in the care of individuals with HIV/AIDS and their means of confrontation seen in the social representation of their vulnerability and strength	Qualitative study, conducted at a Municipal Hospital of Rio de Janeiro. A semi-structured interview and QSR NVivo 9.0 software were used. There were 30 nurses participating. (VI)
A3	Revista Mineira de Enfermagem 2009 Souza MCMR, Freitas MIF	Representations of primary care professionals on HIV/AIDS[16] (Original article) BDENF	Understanding the representations and practices of professionals working in basic HIV/AIDS care	A qualitative study carried out in two Basic Health Units of the city of Belo Horizonte. An open interview and Structural Analysis of Narration was used. Twelve health professionals participated (7 nurses). (VI)
A4	Revista Enfermagem UERJ 2015 Nogueira VPF, Gomes AMT, Machado YY, Oliveira DC	Health care for people living with HIV/AIDS: social representations of nurses and doctors[17] (Original article) LILACS	Identifying the social representations of nurses and doctors about health care for the person living with HIV/AIDS	A quantitative study carried out in eighteen Health Units in the city of Rio de Janeiro. A questionnaire, and the software SPSS and EVOC 2005 were used. There were 81 health professionals participating (27 nurses). (VI)
A5	Acta Paulista de Enfermagem 2009 Formozo GA, Oliveira DC	Professional self-protection and nursing care for HIV-positive patients: two facets of a representation[7] (Original article) SCIELO	Identifying and analyzing the contents related to professional self-protection in the social representation of the nursing team about the care provided to HIV-seropositive patients	Qualitative study, conducted at a University Hospital of Rio de Janeiro. A structured questionnaire, semi-structured interview, and software ALCESTE 4.7 were used. There were 40 nursing professionals participating (20 nurses and 20 nursing assistants). (VI)
A6	Texto & Contexto Enfermagem 2014 Santos EI, Gomes AMT, Oliveira DC	Representations of vulnerability and empowerment by nurses in the context of AIDS[18] (Original article) SCIELO	Analyzing the social representations of vulnerability and empowerment elaborated by nurses in the context of the relationships maintained in the work environment in which they care for people with HIV/AIDS	Qualitative study, conducted at a Municipal Hospital of Rio de Janeiro. A semi-structured interview and QSR NVivo 9.0 software were used. There were 30 nurses are participating. (VI)
A7	Revista Latino-Americana de Enfermagem 2010 Souza MCMR, Freitas MIF	Representations of primary care professionals about occupational risk of HIV infection[19] (Original article) SCIELO	Analyzing the representations of health professionals who work in primary care on the risk of HIV infection, exposed in the daily routine of work	A qualitative study carried out in two health centers in the city of Belo Horizonte. An open interview and Structural Analysis of Narration were used. Twelve health professionals participated (7 nurses). (VI)
	Revista Brasileira de	Social representations of	Identifying and comparing the social	Qualitative study, conducted at a Public

A8	Enfermagem 2010 Formozo GA, Oliveira DC	the care provided to patients seropositive to HIV[5] (Original article) SCIELO	representations of nursing care to the person living with HIV/AIDS in two categories of the nursing team that work in a hospital institution	(VI)	University Hospital of Rio de Janeiro. A semi-structured interview and software ALCESTE 4.7 were used. Ther were 40 nursing professionals participating (20 nurses and 20 nursing assistants).
A9	Acta Paulista de Enfermagem 2013 Santos EI, Gomes AMT	Vulnerability, Empowerment, and Knowledge: Nurses' Memories and Representations about Care[20] (Original article) SCIELO	Analyzing the interfaces between knowledge, vulnerability, and empowerment in the memories and social representations about nursing care for people with HIV/AIDS	(SAW)	Qualitative study, conducted at a Public Hospital of Rio de Janeiro. A semi-structured interview and Qivo NVivo 9.0 software were used. There were 30 nurses participating.

Figure 1. Distribution of studies according to code, jorunal, year, author, title, database or virtual library, objective, methods and level of evidence. Recife (PE), Brazil, 2016.

According to the results and conclusions of each publication, the data analysis made it possible to classify the publications into two thematic categories, according to figure 2.

Article code	Category	Results/Conclusions
A1	1	AIDS leads to many uncertainties, and the first one is in the thoughts of the caregiver, such as the nurse, who suffers from the association of illness with death, feelings of punishment, and depression.
A2	2	Because it requires great responsibility, nursing care for patients with HIV/AIDS can generate situations of vulnerability, such as the deterioration of the physical and mental health of professionals, the negative consequences of work on quality of service, a tendency to leave the institution and/or a large number of absences and dissatisfaction with the customer service.
A3	1	Professionals have representations about HIV/AIDS as a stigmatizing disease, surrounded by prejudice and discrimination. They find it very difficult to reveal the diagnosis because more involvement is required.
A4	1	The participants of the study consider that it is impossible to care without education since through the exchange of knowledge, they can help the person living with HIV/AIDS in coping with the syndrome and the barriers that it can cause. Also, they consider that reception is essential for greater openness to information and consequently adherence to treatment.
A5	2	The diagnosis of HIV seropositivity can change the nursing care provided to the patient, since the members of the team demonstrate, in this case, a greater concern about occupational exposure. To that end, they covered contents regarding the standard precaution and the forms of exposure to which they are exposed during the execution of the care.
A6	2	Hourly participants feel vulnerable due to inadequate equipment, lack of material, lack of staff. This creates anxiety, stress, and physically and psychologically debilitates them.
A7	2	The health professionals interviewed know the risk of infection in their daily work, representing it as very low in basic care, because they relate it to the technological complexity, which they consider not to exist in the level of care in which they work. They believe that the use of personal protective equipment can minimize the risks of exposure to HIV/AIDS.
A8	1	Among the nursing assistants, the daily contents of the nursing care provided to the HIV/AIDS patient were characterized, while the nurses brought content focused on the quality of life. It was concluded that the social representation of nursing assistants is anchored in practical elements of daily life, while nurses are an anchor in the reified knowledge.
A9	2	The vulnerability was expressed in fear arising from the feeling of unpreparedness, professional insecurity, and scarcity of scientific information. The nurses´ fragilities, by caring for other beings in a situation of vulnerability, are answered with attitudes, knowledge, and practices whose objective is to move the subjects to a more favorable context, in which a greater degree of empowerment can be achieved.

Figure 2. Article code, thematic category, and synthesis of results and conclusions. Recife (PE), Brazil, 2016.

The first theme is composed by the articles of code A1, A3, A4 and A8 and refers to the "Social representations focused on nursing practice and care." The work A1, A3, and A4 had only nurses, and A8 had nurses and assistants as a sample of the nursing team.

The second theme is formed by code articles A2, A5, A6, A7 and A9 and refers to the "Social representations geared to risks, the vulnerability of the team and measures of protection." The A5 survey had as a sample of nursing staff nurses and assistants. A2, A6, A7 and A9 presented only nurses.

DISCUSSION

♦ "Social representations focused on nursing practice and care."

The publications related to this category address the theme of the social representations of the team dedicated to the care of patients living with HIV/AIDS. In these

studies, the Theory of Social Representations (TRS)[4] is considered fundamental for the understanding of the mental constructions that are part of the common reality of the studied subjects.

It is observed in the studies that, according to the interview with the nursing team about the disease, there is a collective recognition that AIDS is a stigmatizing disease, provoking prejudice and discrimination and there is a representation of the disease as incurable, but having control, going back to the idea of chronicity.

The context of working with HIV/AIDS and/or other infectious diseases with stigmatizing culture, generates direct contact with the threat, or reality, of death and dying. This creates a hostile environment for the well-being of nursing professionals.[21-2]

The demands by patients during intense suffering, physical and mental fatigue, excessive hours of work, routines that may hinder their professional freedom, imminence of death on a daily basis, and many other elements can also influence the roles of the team.[15]

Regarding the professional approached in the studies, most of the nurses were found, besides doctors, psychologists and nursing assistants. Regarding the nursing team as object of this study, it was verified that the social representation of the nursing assistants level is based on the daily professional practice, that is, the social representation about the care represented as real, with the interpersonal relationship and the modalities of precautions adopted in care and its relations with care practices.

However, the social representations of health professionals (nurses) were largely based on scientific knowledge, which shows an association between opportunistic infections, the chronicle of AIDS and the institutional aspects involved in caring, representation of care as ideal.

The nursing profession follows all stages of the HIV/AIDS epidemic, providing care to all individuals, from the state of health in equilibrium to the one in which the disease is installed.[5, 23] In this area, one of the studies of the category 1[17] went beyond when bringing to the discussion the impossibility of caring without education. In other words, besides taking care of the body, it is necessary for the professional to transmit knowledge to the patient, so that he can learn more about his health condition, how HIV infection manifests, how he must protect himself and take care of himself, in this way adapting to treatment, with the aim of achieving a better quality of life.

Since nursing is one of the professions that make the activities of health promotion more effective, holistic care is considered fundamental to its practice, characterized as an interpersonal interaction that must add primordial elements such as respect, consideration, compassion, and affection.[24]

♦ "Social representations geared to risks, the vulnerability of the team and measures of protection."

In this category, the problems faced by the nursing team regarding their vulnerability and risks as a caregiver to the HIV patient and what measures are taken as protection were discussed.

The nursing professionals spend much time with the patient and perform various procedures such as dressing, tracheal aspiration, venipuncture and administration of intravenous medications. These procedures involve contact with mucous membranes and non-intact skin and blood and secretion manipulation, putting them at great occupational risk.[7]

Another potential source of contagion is accidents with sharp tools. This occurs mainly when they are placed in inappropriate places, such as in the patient´s bed or when they are discarded in ordinary garbage.[7]

Based on this, it is important to pay attention to the preparation of the sharp tools and to use Personal Protective Equipment (PPE), such as masks, gloves, caps, bonnets and goggles. What has been found in the articles is that these protective measures are generally not used when it comes to a non-HIV positive patient and when the professional knows the disease care is sometimes excessive, which helps to emphasize the social representations that the professional comes with him, evidencing possible fears and prejudices that he carries with regard to those with the disease.[18]

In this context, previous research has already emphasized the importance of using PPE and how much they avoid exposure and contagion from infectious diseases.[25-26] Also, attempts to improve knowledge about the disease and to overcome certain fears and prejudices. These questions go beyond information since they require changes in the worldview and acceptance of the other in their diversity and uniqueness.[6]

Regarding the vulnerability, it may have several concepts according to the context in which it is inserted. In the case of nursing professionals facing the HIV/AIDS patient, the

concept can fit as the deficiency of the professional formation for the work activity with the patients of the disease (together with the presence of fear based on lack of preparation, insecurity and insufficiency theoretical, simultaneous to the need for constant care).[18,20]

Also in this scenario, the vulnerability can also be understood as any reason that impairs care, such as work overload and stress. It has already been evidenced by previous studies among nursing professionals[27-9], that inadequate working conditions, long hours, low remuneration and ethical conflicts between nurses and their respective places of work are factors that contribute to this stress and the feeling of lack of protection.

Regarding all the studies (encompassing the two themes), on the place where they were executed, it was observed that most of them were carried out in the state of Rio de Janeiro (RJ), but all were from the Southeast region. This shows a great concern in studying the social representations of the nursing team by the students of the region and a greater need for production on this subject in other Brazilian localities and the international scope. It is also noteworthy the fact that only three studies[16-7,19] were done with primary care professionals, showing a new need, carrying out more studies of this type at the primary care level.

CONCLUSION

Based on this study, it was possible to identify some of the issues that make up the social representations of the nursing team regarding HIV/AIDS, with emphasis on nursing care actions and self-protection at the risk of contagion and vulnerability.

Professionals are sometimes confused between the concepts of common sense and the knowledge acquired during their training. This is evidenced by the fact that, although the profile of the disease has changed in recent years, it is still treated by the staff at times as fatal and stigmatizing. Moreover, this ends up generating care that is affected by discrimination. It is important to draw attention to the fact that higher level professionals have a clearer and more current view of the disease, which may be linked to the fact that their attitudes are based on scientific knowledge, but making it clear that this fact does not exclude possible exceptions.

It is also possible to highlight that social representation end up interfering with the excessive preoccupation with biosafety, through the use of PPE's (which are mostly not used when the patient is not seropositive) and for the additional protection.

Given the above, this research revealed how the social representations of the nursing team in the HIV/AIDS end up influencing the care given to patients. The limitations of the study are the fact that a small number of articles have been analyzed in this theme. In the meantime, it is suggested to carry out more research on this subject and the need for continuing education of professionals, so that it enables the transformation of some practices that in some way reinforce stigma and prejudice.

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Submission: 2015/06/19
Accepted: 2016/01/05
Publishing: 2017/02/01

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