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

ORIGINAL ARTICLE

DEFINITION OF NON-CONSTANT TERMS IN THE INTERNATIONAL CLASSIFICATION FOR NURSING PRACTICE FOR ELDERLY WOMEN WITH VULNERABILITIES TO HIV / AIDS

DEFINIÇÃO DE TERMOS NÃO CONSTANTES NA CLASSIFICAÇÃO INTERNACIONAL PARA A PRÁTICA DE ENFERMAGEM PARA MULHERES IDOSAS COM VULNERABILIDADES AO HIV/AIDS

DEFINICIÓN DE TERMINOS NO CONSTANTES EN LA CLASIFICACIÓN INTERNACIONAL PARA LA PRÁCTICA DE ENFERMERÍA PARA MUJERES ANCIANAS CON VULNERABILIDADES AL VIH / SIDA

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ABSTRACT

Objective: to define non-constant terms in CIPE® 2015 for Nursing practice with elderly women with vulnerabilities to HIV / AIDS. ***Method:*** quantitative, descriptive, exploratory study, documentary developed in four stages: Update of the bank of terms next to CIPE® 2015 with analysis of similarity and comprehensiveness; Classification of non-constant terms based on the Seven-Axis Model of CIPE®; Elaboration of a data collection instrument with terms not included in CIPE® 2015 and sources of theoretical definition; Elaboration of theoretical definitions of terms. ***Results:*** 55 non constant terms, in CIPE® 2015 were theoretically, defined, with 31 terms in the focus axis; four in the judgment axis; five in the action axis; ten in the middle axis, and five in the client axis. ***Conclusion:*** it is important to define these terms to facilitate an understandable and standardized registry of Nursing care, allowing the continuity of the care provided. ***Descriptors***: Nursing; Aging; Vulnerability in Health; HIV; Women's Health.

RESUMO

Objetivo*:** definir termos não constantes na CIPE® 2015 para a prática de Enfermagem com mulheres idosas com vulnerabilidades ao HIV/Aids. ***Método*:** estudo quantitativo, descritivo, exploratório, documental, desenvolvido em quatro etapas: Atualização do banco de termos junto à CIPE® 2015, com análise de similaridade e abrangência; Classificação de termos não constantes com base no Modelo de Sete Eixos da CIPE®; Elaboração de instrumento de coleta de dados com termos não constantes na CIPE® 2015 e fontes de definição teórica; Elaboração de definições teóricas dos termos. ***Resultados*:** definiram-se, teoricamente, 55 termos não constantes na CIPE® 2015, ficando 31 termos no eixo foco; quatro no eixo julgamento; cinco no eixo ação; dez no eixo meio e cinco no eixo cliente. ***Conclusão: destaca-se a importância da definição desses termos para facilitar um registro compreensível e padronizado da assistência de Enfermagem, permitindo a continuidade do cuidado prestado. ***Descritores*:** Enfermagem; Envelhecimento; Vulnerabilidade em Saúde; HIV; Saúde da Mulher.

RESUMEN

Objetivo: definir termos no constantes en la CIPE® 2015 para la práctica de Enfermería con mujeres mayores con vulnerabilidades al VIH / SIDA. ***Método:*** estudio cuantitativo, descriptivo, exploratorio, documental, desarrollado en cuatro etapas: Actualización del banco de términos junto a la CIPE® 2015, con análisis de similitud y alcance; Clasificación de términos no constantes basados en el modelo de siete ejes de la CIPE®; Elaboración de instrumento de recolección de datos con términos no constantes en la CIPE® 2015 y fuentes de definición teórica; Elaboración de definiciones teóricas de los términos. ***Resultados:*** se definieron, teóricamente, 55 términos no constantes en la CIPE® 2015, quedando 31 términos en el eje foco; cuatro en el eje de juicio; cinco en el eje de acción; diez en el eje medio y cinco en el eje cliente. ***Conclusión:*** se destaca la importancia de la definición de estos términos para facilitar un registro comprensible y estandarizado de la asistencia de Enfermería, permitiendo la continuidad del cuidado prestado. ***Descriptores***: Enfermería; Envejecimiento; Eulnerabilidad de la Salud; VIH; Salud de la Mujer.

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INTRODUCTION

The HIV / AIDS epidemic has been changing in its epidemiological profile, with an increase in the number of cases of infected elderly people and, more specifically, elderly women with AIDS, characterizing the feminization of HIV contamination in the elderly. Data reported by the SINAN, reported in the Mortality System (SIM) and recorded in the Laboratory Examination Control System (SISCEL), show that, in Brazil, between 1980 and 2015, there were 25,784 cases of Aids in among whom, 16,366 are male and 9,418, are female. An increase in the incidence rate of AIDS was detected in people aged 60 years or over from 2002 to 2014, increasing from 9.7% to 13.8% in males and 4.4% in females, to 6.7% .[1]

The index of HIV contamination in the elderly population is influenced by several vulnerability factors. Among them, are: failure in the specific prevention work for the elderly, taboos involving their sexuality and technological advances to improve their sexual performance.[2] It is also recognized that in the third age, gender inequalities, low financial conditions, violence and prejudice contribute to increasing the vulnerability of older women, especially, HIV / AIDS.[3]

It is understood as vulnerability the chance of exposure of people to illness, resulting from a set of aspects related to three components - the individual, the social and the programmatic or institutional.[4]

The individual component refers to cognitive issues, such as the quality of information that individuals have, and behavioral issues, such as the ability to transform that information into protective actions. The social component involves access to information, coping with and overcoming cultural and social barriers. The institutional or programmatic component involves public policies and institutional actions regarding the vulnerability, degree and quality of commitment and management of national, regional or local prevention and care programs.[4]

When considering the elderly woman in the context of vulnerability to HIV / AIDS, we highlight some factors that contribute to the increase of their vulnerability, such as the non-perception of susceptibility to the disease, limitations on condom use and disinformation about changes due to the phase of old age.[5,6] It is important that these vulnerability factors be observed for the development of health practices that attend to the assistance needs of this population.[3]

The perception of older women, as a group inserted in this context of vulnerability to HIV / AIDS, instigated their insertion in the National Plan of Policies for Women - PNPM, whose objective is to promote the sexual and reproductive rights of women in all phases of their life cycle without discrimination, including, as a goal, to reduce the incidence of HIV / AIDS and other STDs among young and old women. In addition, PNPM advocates the need to promote actions and increase access to information on prevention, treatment and control of sexually transmitted diseases, HIV / AIDS and viral hepatitis.[7]

Considering the importance of providing care to this clientele, through the implementation of PNPM in Nursing care, the Nursing Care Systematization (NCS) is a tool to be used by the Nursing team to organize, plan and execute actions.

The use of NCS in health institutions has led to good results, such as the possibility of evaluating Nursing and planning procedures, with safety and resource savings, in order to reduce hospitalization time, among other benefits provided.[8]

The Nursing Process is one of the ways to implement the NCS. In it, the needs of the client can be identified and, thus, a proposal of care be elaborated with direction of which actions should be carried out by the Nursing team as a priority. According to Resolution nº358 / 2009 of COFEN, the Nursing Process is established in five interrelated stages: Nursing History; Nursing Diagnosis (ND); Planning; Implementation; and Evaluation.[9]

In Nursing, there are some classification systems that favor the implementation of the Nursing process. Among them, the International Classification for Nursing Practice (CIPE®), which consists of a standardized terminology capable of directing nurses to obtain data on health care, assisting the analysis of the care environment, Nursing resources, Nursing care and client outcomes.[10]

When considering the need to use a proper nomenclature to define the elements of Nursing care, as well as the importance of recording phenomena of interest for professional practice, it is justified to use CIPE® as a way of contributing to the description and communication of the activities of the Nursing practice, characterizing a standardized language.[10]

Recognizing that the classifications do not cover all areas of Nursing, the International Council of Nurses (ICN) seeks to collect and codify terms that Nursing professionals have used in assisting clients and in specific areas to create terminological subsets (set of

statements diagnosis, results and Nursing interventions).[10]

In order to encourage the registration of Nursing care provided to elderly women with vulnerabilities to HIV / AIDS, this study contemplates new terms relevant to Nursing practice, that are not yet included in CIPE® 2015[11], defining them theoretically. They are considered relevant as a consequence of their approach in the context of Nursing practice, provided to this clientele, as well as in the literature regarding the feminization of the epidemic.

The relevance of the study lies in the need for nurses to use their own nomenclature to define the elements of Nursing care, as well as the need to register the phenomena of interest for professional practice.

OBJECTIVE

- To define theoretically non-constant terms in CIPE® 2015 for Nursing practice with elderly women with vulnerabilities to HIV / AIDS.

METHOD

A quantitative, descriptive, exploratory, and documentary study, presented as a Course Completion Work (CBT) of the Nursing undergraduate program at the Federal University of Paraíba / UFPB. In order to meet the proposed objective, the following stages were developed:

Step 1 - We updated the terms not included in CIPE® 201112 from the database of terms for Nursing practice with elderly women with HIV / AIDS13 at CIPE® 2015, through the cross-mapping technique, which consisted of the comparison between the terms.

After the cross-mapping, the non-constant terms underwent the similarity, comprehensiveness and specificity analysis of Leal (2006) 14 along the terms of CIPE® 2015, considering the following criteria:

a) The term was considered a perfect match in relation to the term of CIPE® 2015 when, when crossed with the 2015 version of CIPE®, it was spelled out and had the same meanings as some constant term in CIPE®;

b) The term was considered similar to the term of CIPE® 2015 when it did not present similarity in the spelling, but its meaning was identical to the one existing in CIPE® 2015;

c) The term was considered more comprehensive in relation to the term of CIPE® 2015 when it differed in spelling and presented a broader meaning than that of the existing term in CIPE® 2015;

d) The term was considered more restrictive in relation to the term of CIPE® 2015 when it differed in spelling and presented a more specific meaning regarding the meaning of the term existing in CIPE® 2015;

e) The term was considered unmixed in relation to the term of ICESP 2015 when it differed in spelling and its meaning was completely disconnected from the meaning of the term existing in CIPE 2015.

The terms considered in perfect or similar combination with respect to the terms of CIPE® 2015 were replaced by them and became constant terms, while the terms considered more restrictive, more comprehensive and unmixed than the terms of CIPE® 2015, maintained as non-constant terms, and, consequently, have been defined theoretically.

Step 2 - Terms not listed in CIPE® 2015, were classified according to the Seven-Axis Model of CIPE®.

Step 3 - A data collection instrument was prepared with the listing of 55 terms not included in CIPE® 2015 and the various possibilities of available theoretical definition sources.

Step 4 - Theoretical definitions of terms not included in CIPE® 2015 were prepared based on consultations with textbooks, dictionaries of technical terms of medicine and health[15], as well as with CIPE® 2015, NANDA-I[16], scientific literature pertinent to the area of interest, and to the website of Descriptors in Health Sciences - DeCS[17]. The definition steps suggested by Waltz, Strickland and Lenz (2005), are the development of a preliminary definition, a review of the literature, the identification of specific characteristics of the term, the mapping of the meaning of the concept and the affirmation of the final definition.[18]

In the elaboration of these definitions, we sought to clarify the meaning of the terms, in order to discriminate relevant aspects of Nursing care, and a discussion of the pertinence of these terms for the practice of Nursing with elderly women with vulnerabilities to HIV / AIDS.

RESULTS

The update of the terms database, based on the similarity analysis of Leal (2006), was characterized by changes between the terms, such as the one that happened in the terms Sexual Abuse and Relationship of affinity, that appeared in ICPOE 2011 and were not included in CIPE® 2015; the term Presence or absence

was replaced by the term Present of CIPE® 2015, continuing as constant; the term Pre-Orientation was considered similar to the term Pre-Orientation Orientation and continued as constant in CIPE 2015; Prevention of contamination was considered similar to the term Prevent Contamination of ICNP 2015 and continued as a constant. The terms of Quality of life and Follow-up were not present in CIPE® 2011 and are now included in CIPE® 2015.

Among the results of the mapping, 22 terms were considered similar to terms of CIPE® 2015, which became constant terms. As an example, there is the term Prevention of contamination, that was replaced by the term Prevent contamination; 17 terms were considered more comprehensive, when compared to the terms of CIPE® 2015, thus not suffering, any change in the lack of classification; 27 terms were considered more restrictive than terms of CIPE® 2015, remaining classified as non-constant terms; and five terms did not show a combination in terms of CIPE®2015 terms, also continuing as non-constant terms.

After the analysis of similarity, of the 71 terms analyzed and described above, 55 non-constant terms were obtained in CIPE® 2015, which were classified according to the Seven-Axis Model of CIPE®, as presented in table 1.

Table1. Terms not included in CIPE® 2015 for Nursing practice with elderly women with HIV / AIDS vulnerabilities, classified according to the Seven-Axis Model of CIPE®. João Pessoa (PB), Brazil, 2017.

Axis	Terms
Focus N=31	Sexual abuse; Reception; Related searches Biological-physiological aspects; Affectivity; Citizenship; Commitment; Context of life; Physical damage; Sexual harassment; Defense of rights; Epidemic; Vulnerability factor; Feminization; Fragility; Prevalence; Affinity ratio; Public health; Sex; Sexuality; Serological Status; Heterosexual transmission; Blood transmission; Sexual transmission; Life; Health surveillance; Human immunodeficiency virus; HIV positive; To live; Living with HIV / AIDS; Vulnerability.
Judgement N=4	Integrated; Integral; Healthy; Vulnerable.
Actiom N=5	To adopt; To share; Provide; Face; Use.
Location N=0	In this axis, non-constant terms were not identified.
Means N=10	Diagnostic input for STD / HIV / AIDS; Input of STD / HIV / AIDS prevention; Provision of STD / HIV / AIDS prophylaxis; Input of STD / HIV / AIDS treatment; Condom; Female condom; Male condom; Reference service; Health Unic System; Antiretroviral treatment.
Time N=0	In this axis, non-constant terms were not identified.
Client N=5	Husband; Woman; Sexually active woman; Partner; User (s).

The 55 terms not included in CIPE® 2015, classified according to the Seven-Axis Model of CIPE®, were defined theoretically. The terms classified in the Focus axis as well as their theoretical definitions, are shown in table 2.

Table 2. Terms not contained in CIPE® 2015, classified in the Focus axis, and its theoretical definitions. João Pessoa (PB), Brazil, 2017.

Terms not shown (focus axis)	Theoretical definition
Sexual abuse	Forced sexual contact between an aggressor and his victim by inducing sexual practices that involve violence or threat of violence against the victim.
Reception	Receive the user and direct the assistance to the resolution, strengthening the principle of universality, completeness and
Diseases	equity. It is based on building links between professionals and the population through practices based on ethics and citizenship.
Biological-Physiological Aspects	Interdependent factors that act directly or indirectly in the exacerbation of disease or symptom, affecting the quality of life.
Affectivity	Psychic function involving the affective phenomena, comprising emotion and its varieties, feelings, inclinations and passions .
Citizenship	Quality of citizen who has a set of rights and duties established or not by a Legislation or by principles of collectivity.
Context of life	Involvement of someone with their environmental, psychosocial, cultural and economic aspects.
Citizenship	Quality of citizen who has a set of rights and duties established or not by a Legislation or by principles of collectivity.
Physical damage	Damage caused to the organism and may be caused by violence or accidental causes.
Sexual harassment	Damage caused by someone to the physical and mental health of others, resulting from the practice of violent sexual activity, and may involve the transmission of sexually transmitted diseases and physical injuries.
Defense of rights	Promotion and protection of constitutional guarantees required in accordance with laws, through practices of respect for life, dignity and freedom.
Epidemic	Sudden outbreaks of disease or health problems in a country or region that were not previously recognized in that area, or an increase in the number of new cases of a previously existing endemic disease.
Vulnerability factor	Individual, collective or contextual aspect that competes to make the individual vulnerable or susceptible to illness, as well as to health or death.
Feminization	Gradual appearance of female characteristics, with a tendency to predominate or increase the quantity of women in a certain place or in a certain condition.
Fragility	Quality of fragile, characteristic of weakness or incapacity due to chronic diseases or multiple affections.
Prevalence	Total number of cases of a given disease or persons affected by this disease, as well as other morbid events occurring in a given population at a designated time.
Inffinity relationship	Relation of conformity, approximation, analogy or similarity.
Public health	Area of knowledge and individual and collective actions related to the promotion, protection and recovery of collective health, prevention of preventable diseases, improvement of physical and mental health, increase of well-being and prolongation of life.
Sex	Physical and anatomical differences in reproductive structures, functions, phenotype and genotype, which distinguish the male organism from the female organism.
Sexuality	Function or activity that happens by natural process and obeys a physiological and emotional need of the individual, manifesting differently in the different phases of human development, aiming at pleasure, well-being, self-esteem and the pursuit of an intimate relationship which contributes positively to the quality of life.

Serological Status	An expression used to designate a pathological state by which the individual is categorized as seropositive or seronegative to some condition.
Heterosexual transmission	Transmission of infection by sexual contact from one infected individual to another of the uninfected opposite sex.
Blood transmission	Transmission of infectious agents by blood contact with contaminated blood.
Sexual transmission	Unprotected relationship infection.
Life	A state that distinguishes living organisms from inorganic matter manifested by growth, metabolism, reproduction and adaptation. It includes the course of existence, the sum of experiences, the mode of existence or the fact of being, and it has duration time from birth to death.
Health surveillance	Data collection through practical and rapid methods, consolidation, analysis and dissemination of data on health-related events, aiming at the detection of changes of a factor, planning and implementation of public health measures.
Human immunodeficiency virus	Non-taxonomic historical term that refers to any of the two species (HIV-1 and / or HIV-2). They are the viruses of the subfamily Lentivirinae (family Retroviridae) that are etiologic agents of the acquired immunodeficiency syndrome.
Positive	Positive reaction to the application of a serological diagnostic method capable of detecting specific antibodies against a particular pathogen.
To live	Process of what is alive and lasting through the development of life activities (keeping the environment safe, breathing, eating, eliminating, communicating, personal hygiene and clothing, working and having fun, mobility, expressing sexuality, sleeping and dying) will last for a certain time.
Living with HIV / AIDS	The process of being alive with HIV / AIDS, facing individual, social and programmatic barriers, necessitating social commitment and health services with their quality of life.
Vulnerability	Chance of exposing people to illness and suffering damage as a result of a set of individual, collective and contextual aspects.

The terms classified in the Judgment and Action axes, as well as their theoretical definitions, are shown in table 3.

Table 3. Terms not included in CIPE® 2015, classified in the Judgment and Action axes, and their theoretical definitions. João Pessoa (PB), Brazil, 2017.

Non constant terms(judgment axis)	Theoretical definition
Integrated	Whole set and total articulated, as a continuum of actions, services and professionals.
Integral	It involves a number of instances, from disease prevention to the most difficult treatment of a pathology, not excluding any disease, with priority for preventive activities, but without prejudice to health care services, recognizing the autonomy and cultural and social diversity of people and populations.
Healthy	Who enjoys good physical or mental health, having the capacity to manage their own lives, as well as determining when, where and how they will give their leisure activities, social life and work.
Vulnerable	Context of fragility of someone who may become ill, suffer injuries, be injured, be attacked or die, including lack of protection, disfavor and helplessness or neglect.
(Action axis)	Theoretical definition
To adopt	Free and voluntary act on the part of the adopter in making choice, preference for actions and behaviors.
To share	To participate in something, to take part in something, to share, to share with others.
	Make it accessible, available.
Provide Face	To attack from the front, to face with confrontation and pretension of overcoming.
Use	Employ, serve yourself.

The terms classified in the Mean axis, as well as their theoretical definitions, are set forth in table 4.

Table 4. Terms not contained in CIPE® 2015, classified in the Medium axis, and its theoretical definitions. João Pessoa (PB), Brazil, 2017.

Non constant terms(judgment axis)	Theoretical definition
Diagnostic input of STD / HIV / Aids	Element or material used to identify STD / HIV / AIDS infection.
STD / HIV / AIDS prevention input	Element or material that aims to eliminate or reduce the involvement of STD / HIV / AIDS, or to contain it.
Provision of STD / HIV / AIDS prophylaxis	An element or material intended to preserve health and prevent STD / HIV / AIDS, contamination before or after exposure to the infectious agent, as well as reduce risks or severity.
Input of STD / HIV / AIDS treatment	Element or material directed to the curative or palliative treatment of STD / HIV / AIDS.
Condom	Latex wrap or fine, hard-wearing material used during sexual intercourse for sperm retention and for the prevention of sexually transmitted diseases.
Female condom	Latex device or related material that is introduced into the vagina for the purpose of contraception and prevention of sexually transmitted diseases, besides allowing women autonomy for the decision making process.
Male condom	Latex wrap or fine, hard-wearing material that engages the penis during intercourse, working for sperm retention and for contraception and prevention of sexually transmitted diseases.
Reference service	Health service that has the purpose of guaranteeing access and continuity of the necessary care to the clientele, according to the logic of complexity and integral care.
Health Unic System	Regionalized and hierarchical network that develops health actions and services, provided by federal, state and municipal public bodies or institutions, of the direct and indirect administration of foundations maintained by the public power. Its principles are decentralization, integrality and community participation in the planning of actions.
Antiretroviral treatment	Therapeutic plan against HIV / AIDS through which drugs are used to treat retrovirus infections.

The terms classified in the Customer axis, as well as their theoretical definitions, are set forth in table 5.

Table 5. Terms not contained in CIPE® 2015, classified in the Customer axis, and their theoretical definitions. João Pessoa (PB), Brazil, 2017.

Non constant terms(judgment axis)	Theoretical definition
Husband	Male person, married to another in relation to this.
Wife	The female element of the species Homo sapiens sapiens, spouse or female person with whom a sentimental and / or sexual relationship is maintained.
Sexually active woman	Woman who maintains routine sexual activity.
Partner	Person who is in partnership with another to achieve the same goal.
Usure	Individual, subject of rights, participant and user of the health care system through the health services for the purpose of receiving therapeutic procedures, diagnoses or preventive inputs / guidelines.

DISCUSSION

The terms that are not included in CIPE® 2015 express realities of the population of elderly women with HIV / AIDS vulnerability, since, even though they are not included in CIPE®, they reflect the determinants of the clientele that were identified in the theme of interest to a population that needs assistance of effective and emancipatory Nursing. They more precisely characterize, the specificities of this population, representing a contribution to the verbal structuring of diagnoses, results and Nursing interventions.

In the literature of the area and in the practical reality with the study population, some terms of the Focus axis are highlighted by directing the planning of Nursing interventions. The term Hosting, of the Focus axis, is inserted in the context of interest based on the perception of the importance of establishing a link based on the relationship of

trust, between professional and user, as a gateway to the service, be it to strengthen the dialogue, favoring the incentive to prevent sexually transmitted infections, or in the interests of the same to be respected, to remain in treatment / follow-up.[5]

In the case of the elderly population, when the elderly perceive themselves receiving institutional support and people they consider important, they may even feel more stimulated to participate in community activities, leading them to develop their social role, symbolizing contextual gains to the community. health.[19-20]

The definition of the term *Welcoming* corroborates with the exposed reality when evidencing this practice, as a tool to reorganize the work process, which aims to receive the user and give resolutive attention.

With regard to the term *Aggravation*, of the Focus axis, it is important to emphasize its importance in the need to provide health care with comprehensive care through the identification of aggravation[5], which can be considered as a factor to which the HIV- if it can be exposed to aggravating conditions, acquire opportunistic infections or even new strains of the HIV virus, in order to aggravate the pre-existing infection, compromising their quality of life.

Thus, it is necessary that nurses, as health professionals, play their role in the implementation of public policies in the assistance to the user to promote and prevent health problems, aiming at the eradication of factors that may promote the exacerbation of the disease or symptom, and thus, promote the quality of life.[21-2]

The terms *Feminization and Sexually Active Women* deserve attention in the planning of Nursing care due to the insertion of the elderly female population among the cases of HIV / AIDS. This involvement may be related to the maintenance of sexual activity in the elderly associated to several factors, such as the association of the condom with the context of contraception and not with STD / AIDS prevention, with confidence in the fixed partner, and with the male power relation on the feminine.[5,23]

The definition of the term *Feminization*, then refers to the predominance of women in a given condition, reflecting what has been happening with the HIV / AIDS epidemic.1 The justification for this may be in this group's exposure to gender-related vulnerability. Difficulties in negotiating condom use and the social position occupied by women within the family, as a submissive in relationships contribute to their vulnerability to HIV infection, and consequently, to the feminization of AIDS.[5]

The role of the health professional and, in particular, the nurse, in this area of epidemiological change, should be focused on the promotion of human health and disease prevention, with a demystifying look, both in relation to the age group and in relation to gender. These professionals should be trained in a natural approach to sexuality with the elderly, giving importance to this topic of discussion, in order to clarify doubts and alert to risks.[21]

In this context, the term *Sexuality*, of the Focus axis, is also inserted, with a definition that emphasizes it as a physiological and emotional need of the individual that can manifest in all phases of human development, not excluding old age, and contribute positively to the quality of life.

Some studies highlight factors favoring sexual practices in the elderly, emphasizing the need to respect the permanence of sexuality in the individuals of this age group.

Medications that help improve sexual performance make it possible to prolong the active sexual life of people of more advanced age groups, while ease of access to antiretroviral therapy ensures greater longevity for people living with HIV / AIDS (PLHA), allowing them to maintain their sexual experiences. Finally, the lack of educational actions on prevention for people of this age group allows practices not to be based on preventive measures.[2,3] These factors increase the vulnerability of the elderly to HIV / AIDS and are contemplated in terms that, even though they are so relevant in this reality, are not included in CIPE®, like the terms *Condom, Antiretroviral Treatment, Vulnerability Factor and Public Health*.

The terms Vulnerability and Vulnerability represent the availability of ways to consider the chances of this population and others being affected by the virus in a Nursing care planning.

The inclusion of elderly women in the population of interest in public policies aimed at STD / HIV prevention depends on the effective perception by the health team of the probability of HIV disease or involvement in this population. In this way, the sexuality of this age group is not marginalized and there is a potential to lead society to this view.[21]

The term to address, from the action axis, considers the need of the PLHA to face the coexistence with the virus and the consequences of it, overcoming adversities, being understood with its own feelings and

needing social collaboration for it. In this case, the health professional should have visibility of the elderly's health needs and be aware of the strategies of care necessary to confront HIV / AIDS.[13,23]

The identification and use of non-constant terms in CIPE® demonstrates precisely this need to contemplate specificities of a group that are not addressed in the classification systems for the available Nursing practice. Thus, nurses' decision-making can be guided both by terms that appear and those that are not in CIPE®.

It is important to emphasize the importance of a proper nomenclature to encourage the elaboration of the elements of Nursing care, as well as the registration of the phenomena of interest for professional practice based on the nurses' reasoning and on the characteristics of the clientele of interest.

CONCLUSION

As it was objectified, 55 terms that were not included in CIPE® 2015 and classified according to the Seven-Axis Model of CIPE® were theoretically defined for their subsequent use in the elaboration of specific Nursing diagnoses / results and Nursing interventions for women clients with vulnerabilities to HIV / AIDS.

These terms are not found in CIPE®, however, they cover specific characteristics of the study, population in order to complement what CIPE® addresses. It is considered that there are no specific nomenclatures that cater to all areas of Nursing practice, making it necessary to elaborate subsidies for a standardized language that will lead nurses to draw elements of Nursing practice to a given population.

The definition of these terms allows a precise description and makes possible the standardized communication between the nurses who work with this specific population, facilitating an understandable and clear record of the care and allowing the continuity of the care provided.

Defining the aforementioned terms theoretically demonstrated the importance of identifying terms that are not in CIPE®. These terms have relevance for the planning of Nursing care to the clientele of interest and, therefore, need to be knowledge of Nursing. Some of them represent specificities and are capable of directing the nurses' perception to determinant characteristics of the care demanded.

We suggest the continuation of this study, in relation to the confirmation of the meanings of the theoretical definitions elaborated with specialists in the area, so that it can subsidize subsequent construction of diagnostic statements, results and Nursing interventions, based on the terms not included in CIPE® 2015, for women with vulnerabilities to HIV / AIDS, in order to make their practical applicability visible.

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Submission: 2017/04/07
Accepted: 2017/09/06
Publishing: 2017/11/01

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