

Experiences of caring for people with HIV/AIDS during Nursing Education

Experiencias de cuidado hacia la persona con VIH/SIDA durante la formación en Enfermería

Experiências de cuidados a pessoas com VIH/SIDA durante a educação de enfermagem

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Abstract

Objective: To understand the experience of care provided to the person living with HIV/AIDS during undergraduate nursing education. **Method:** Qualitative, hermeneutic phenomenological study, in which 10 students of the Nursing Program participated. The information was collected through semi-structured interviews, and the analysis followed Van Manen's approaches. **Results:** 35 units of meaning emerged, organized into the following 6 phenomenological themes: social constructions about HIV/AIDS; Knowledge about HIV/AIDS; Academic spaces for theoretical learning about HIV/AIDS; Experiences related to the care of the person with HIV/AIDS during formative practices; Feelings and emotions related to the care and attention to the patient with HIV/AIDS and Proposals for the promotion of social and academic awareness of HIV/AIDS care. **Conclusions:** The experience of HIV/AIDS care, means for students an exercise of individual and collective confrontation against the delegitimization of principles and transgenerational convictions of the disease, it also outlines the imperative need to consolidate intra and extracurricular theoretical-practical educational scenarios for the approach to HIV, which contribute favorably in the professional exercise of care.

Keywords: Nursing Care, Students Nursing, Hermeneutics, Acquired Immunodeficiency Syndrome, HIV.

Resumen

Objetivo: Comprender la vivencia del cuidado brindado a la persona que vive con VIH/SIDA durante la formación de pregrado en enfermería. **Materiales y método:** Estudio cualitativo, fenomenológico hermenéutico, en el que participaron 10 estudiantes del Programa de Enfermería. La información fue recolectada mediante entrevista semiestructurada, y el análisis siguió los planteamientos de Van Manen. **Resultados:** Emergieron 35 unidades de significado organizados en los siguientes 6 temas fenomenológicos: Construcciones sociales sobre el VIH/SIDA; Conocimientos sobre el VIH/SIDA; Espacios académicos para el aprendizaje teórico del VIH/SIDA; Vivencias relacionadas con el cuidado de la persona con VIH/SIDA durante las prácticas formativas; Sentimientos y emociones relacionados con el cuidado y atención al paciente con VIH/SIDA y Propuestas para el fomento de la sensibilización social y académica del cuidado en VIH/SIDA. **Conclusiones:** La vivencia del cuidado en VIH/SIDA,

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significa para los estudiantes un ejercicio de confrontación individual y colectiva frente a la deslegitimación de principios y convicciones transgeneracionales de la enfermedad, esboza además la necesidad imperante de consolidar escenarios educativos teórico-prácticos intra y extracurriculares para el abordaje del VIH, que contribuyan favorablemente en el ejercicio profesional de cuidado.

Palabras clave: Atención de Enfermería, Estudiantes de Enfermería, Hermenéutica, Síndrome de Inmunodeficiencia Adquirida, VIH.

Resumo

Objetivo: Compreender a experiência dos cuidados prestados às pessoas que vivem com VIH/SIDA durante a formação de enfermagem universitária. **Materiais e métodos:** Estudo qualitativo e hermenêutico fenomenológico, no qual participaram 10 estudantes do Programa de Enfermagem. A informação foi recolhida através de entrevistas semi-estruturadas, e a análise seguiu a abordagem de Van Manen. **Resultados:** emergiram 35 unidades de significado, organizadas nos seguintes 6 temas fenomenológicos: construções sociais sobre VIH/SIDA; Conhecimento sobre VIH/SIDA; Espaços académicos para aprendizagem teórica sobre VIH/SIDA; Experiências relacionadas com os cuidados da pessoa com VIH/SIDA durante as práticas formativas; Sentimentos e emoções relacionadas com os cuidados e atenção ao doente com VIH/SIDA e Propostas para a promoção da consciência social e académica dos cuidados com VIH/SIDA. **Conclusões:** Para os estudantes, a experiência dos cuidados de VIH/SIDA é um exercício de confrontação individual e colectiva face à deslegitimação de princípios e convicções transgeracionais da doença. Também delinea a necessidade imperativa de consolidar cenários teórico-práticos intra e extracurriculares para a abordagem do VIH, que contribuem favoravelmente para o exercício profissional dos cuidados.

Palavras chave: Cuidados de Enfermagem, Estudiantes de Enfermagem, Hermenéutica, Síndrome de Inmunodeficiencia Adquirida, HIV.

Introduction

Acquired Immunodeficiency Syndrome (AIDS) is considered a public health concern characterized by the destruction of the body's defense cells due to the Human Immunodeficiency Virus (HIV) (1). In the 1980s, when it was first identified, it caused high mortality, which significantly decreased following the development of scientific research, the support of the pharmaceutical industry, and the subsequent introduction of antiretroviral therapy, leading to increased life expectancy and learning to live with the disease (2,3).

From a social perspective, this pathology has been conditioned by stigma and subsequent discrimination against those who experience it, culturally associated with negative social stereotypes (4). Various international bodies, such as the London Declaration, the World Health Organization (WHO), the Human Rights Com-

mission, and the United Nations General Assembly, have recognized the problem, adopting the principle of avoiding stigmatization of people with this diagnosis (4).

However, the stigma towards people living with HIV/AIDS (hereafter PLWHA) is influenced by factors such as age, religious beliefs, sexuality, intrinsic moral aspects of each person, among others (4), in addition to the tendency to associate the transmission of the disease with risk behaviors historically rejected by society (5,6). According to Martin Foreman et al., although stigma seems constant over time, it should be considered a process influenced by knowledge about the subject and by the changing power structures and hierarchies that establish new social norms of the current reality (4).

From a health perspective, addressing the problem

transcends stigma and discrimination, as caring for PLWHA involves individual introspection about one's beliefs about the phenomenon (7) and the perception of it, favorably or unfavorably influencing the quality and warmth of care provided. Thus, negatively valuing or appreciating the disease or individuals ends up conditioning attitudes that can directly violate the human rights of others, as well as the right to health itself (4).

Studies argue that despite scientific advances, health care for PLWHA is hindered by the lack of knowledge and training of health personnel, leading to barriers in care and attitudinal conditioning in such personnel, which in turn affects adherence to programs and treatment (4,5,8,9).

A perception study by Tran et al. found positive scores regarding knowledge about HIV; however, the scores were low concerning attitudes and beliefs (10). Other research found lower levels of stigma in those who had prior training in managing seropositive individuals, as well as in those with more advanced semesters, agreeing on the need to improve information, education, and communication strategies to reduce stigma (5,11). Similarly, various studies have shown that negative perceptions are intrinsically conditioned to the training of students in areas where training and discussion spaces to learn and debate the topic are not allowed (5,6,12). In Huila, and particularly in Neiva, research developed does not address the care experiences of this population during nursing education.

The study is justified as it addresses a persistent and visible problem in care provision contexts and addresses a population whose rights have historically been violated. Additionally, it relevantly involves the academic sector, which is responsible for being a transformative axis in the comprehensive vision of care. These results are expected to serve as a reference and encourage new research from the multiple disciplines that provide direct care to these patients.

Objetivos

To understand the experience of providing care to people living with HIV/AIDS (PLWHA) during undergraduate nursing education at Universidad Surcolombiana (USCO), 2020.

Specific Objectives

1. Describe the behaviors and attitudes of nursing students towards addressing PLWHA based on their lived experiences.
2. Explore the influence of undergraduate education on the configuration of behaviors and attitudes towards PLWHA.

Materials and Methods

A qualitative, hermeneutic phenomenological study was conducted, focusing on the search for meanings of the phenomena experienced by individuals and through the analysis of their descriptions. This approach centers on the lived experience of a person and identifies similarities and shared meanings (13).

The sampling was intentional, involving ten undergraduate nursing students in semesters three through eight. Selection criteria included: being enrolled in the Nursing Program, having passed the second semester, and consequently being enrolled in specific training courses from the third to the eighth semester, and voluntarily agreeing to participate. It should be noted that at USCO, from the second semester onwards, students begin clinical and/or community training practices and take courses that may address HIV/AIDS topics. Exclusion criteria were: 1. Having a family member diagnosed with HIV. 2. Not having conducted training practices in clinical settings.

A stratified, heterogeneous sampling strategy was used, involving one or two students from each indicated semester, which could help demonstrate that findings vary among individuals in the sample. Relevant aspects of the research were discussed during the development of specific component courses to capture participants, resulting in ten students voluntarily agreeing to participate. Semi-structured interviews were conducted with them. This type of interview was chosen to obtain descriptions of the student's life world and interpret the meaning of the study phenomenon (14).

The interview was conducted in person in university classrooms with only the interviewee and the interviewer present. The role of the latter was performed by the two researchers. The necessary number of interviews was conducted until data saturation was

achieved, following the reflections proposed by Ortega Bastidas (15). Each interview lasted approximately one hour and included the following four topics: a) Knowledge about HIV; b) Learning about HIV in the university context; c) Care experiences for PLWHA; and d) Feelings generated by caring for PLWHA.

Before conducting the interviews, an exploratory exercise was carried out with two students from the program, which helped enrich and improve the interview guide, estimate its approximate duration, prepare the interviewer and observer, refine the four preliminary phenomenological themes for analysis, and define and delimit the units of meaning using Holsti's reliability coefficient calculation (16), which yielded an 88% when comparing the units of meaning independently identified by the researchers.

Each interview was transcribed using a word processor, maintaining data fidelity, compared with the recording, and saved electronically. Subsequently, data immersion was conducted, reading line by line to proceed with the analysis. This process was carried out for all interviews, which were labeled with a consecutive number followed by the letter "P" indicating the participant number and "S" corresponding to the semester.

To deeply understand the nature of the meaning of the nursing students' care experience at USCO regarding HIV/AIDS, the findings were analyzed following Van Manen's approach structured by Smith (17). Phase I involved describing the lived experience through the expression of the interview; Phase II involved interpreting the lived experience by identifying 35 units of meaning and grouping them into six phenomenological themes, considering both verbal and non-verbal expressions. Two themes emerged from this process, while the other four corresponded to the pre-established interview guide themes. Finally, in Phase III, which combines description and interpretation, a phenomenological text was written, reflecting on the lived experience and establishing relationships between the themes for a better understanding (18). The information was manually analyzed with the support of Excel tables.

Finally, the study adhered to the international ethical guidelines for Biomedical Research Involving Human Subjects from the Council for International Organizations of Medical Sciences (CIOMS) of the United Nations (19), the guidelines in Resolution 8430 of 1993

from the Ministry of Health, now the Ministry of Health and Social Protection (20), and the ethical principles for medical research involving human subjects stipulated in the Declaration of Helsinki (21). Additionally, it was approved by the Research Ethics Committee of USCO as per Act 003 dated April 20, 2018. According to Colombian regulations, the research was considered to have minimal risk. All participants signed informed consent and authorized the recording of the interview.

Resultados

The gender distribution among participants was equal, with ages ranging from 17 to 21 years. Sixty-seven percent practiced a religion, while 33% did not.

The development and analysis of the interviews allowed us to understand the meaning of caring for people living with HIV/AIDS (PLWHA) for undergraduate nursing students through emerging units of meaning and phenomenological themes, thus answering the research question and objectives.

Phenomenological Theme 1: Social Constructions about HIV/AIDS

The social construct of HIV/AIDS is linked to value judgments that trigger stigma, rejection, and discrimination towards those living with the disease, mainly due to misinformation and a lack of knowledge in society. HIV is rarely addressed in primary and secondary education, leading to persistent misconceptions, such as associating the disease with specific populations:

“Maybe sex workers, or those who frequent sex workers, or maybe homosexual people, but anyone can acquire it” (P2S4), reflecting a lack of understanding of the social reality and behavior of the disease.

Phenomenological Theme 2: Knowledge about HIV/AIDS

When investigating general knowledge about the disease, weaknesses were evident, such as in differentiating between HIV and AIDS, and in transmission routes, prevention, and pharmacological treatment:

“Mainly blood transmission is what I know” (P7S4).

These knowledge gaps were more pronounced in stu-

dents below the fifth semester. Even a student nearing graduation provided incorrect information about pharmacological treatment:

“I think Acyclovir is one, honestly, I don't remember more, I think it's the most commonly used” (P6S8).

There was also a lack of understanding about populations at higher risk of acquiring the virus, with most attributing vulnerability primarily to homosexual individuals:

“Generally, when one talks about HIV in society, it refers to homosexual people, it's more frequent there...” (P5S7).

Although some mentioned other groups like sex workers, men who have sex with men, and healthcare personnel, no one referred to heterosexual populations. Nursing education plays a crucial role in transforming and solidifying knowledge, changing misconceptions about the disease and those living with it:

“Before, I thought HIV and AIDS were the same... I was unaware and thought you could get infected easily or that you had to treat the person from a distance. But now, many doubts are clarified, and you realize it's not a scandalous or foreign topic” (P6S8).

However, students noted that the education on this topic was superficial, with an emphasis on the lack of focus on the care aspect:

“We weren't taught about care, they just mentioned the disease... I feel empty in terms of actual care” (P3S5).

Phenomenological Theme 3: Academic Spaces for Theoretical Learning of HIV/AIDS

Participants identified four courses in the curriculum where the HIV/AIDS topic should be comprehensively covered: Health Education, Family Health, Fundamentals of Health Care, and Care for Patients with Chronic Conditions.

They emphasized the need to integrate the subtopic of care provision for PLWHA, apply this knowledge in practical training, and incorporate care in community settings. They suggested extending learning beyond classrooms and hospitals, such as through social pro-

jection projects with this population, and highlighted the importance of teaching by example:

“Teach more about the disease, care, how to approach it, and not to discriminate. They talk little about it and skip over it” (P3S5), *“There's nothing better than the example set by a professor”* (P6S8).

Phenomenological Theme 4: Experiences Related to Caring for PLWHA During Nursing Training

Eight participants reported not having contact with HIV/AIDS patients during their training, often due to teachers' fear of potential biological risk, which limits learning opportunities and perpetuates stigma:

“Since third semester in clinical practices, I've had three encounters, two of which were avoided because the teachers said -we're not going to touch those patients-, because they have AIDS” (P6S8).

Even near graduation, some procedures were carried out by teachers instead:

“Recently, a patient came to the ER, we were going to insert an IV, but they mentioned a code I didn't understand. The teacher said -I'll insert the IV due to the pathology- and later said the patient had HIV” (P4S6).

Such actions increase nursing care discrimination. Some justified teachers' actions positively, perceiving it as protection for students:

“I think it's okay because we're very inexperienced while studying” (P4S6), *“It's due to the fear that we might make mistakes”* (P9S8).

However, those who disagreed argued that biosecurity measures and techniques should be the same for all patients, regardless of their HIV status:

“We aren't trained for proper technique and care, but the technique should be the same for all patients, and there shouldn't be more concern for HIV patients” (P10S5).

Phenomenological Theme 5: Feelings and Emotions Related to Care for PLWHA

Despite supporting teachers' decision to restrict care for

HIV patients during practice, participants acknowledged that direct care experience would help overcome fear:

“It would be interesting as we learn to behave and reduce anxiety” (P3S5).

This fear stems from the disease's characteristics in the AIDS stage and its historical social connotations:

“Fear of catching such a terrible and deadly disease” (P10S5).

When it comes to invasive procedures for patients with HIV, the feelings about this become more acute, going easily from the satisfaction generated by the consolidation of skills and abilities in practice to feelings of anxiety, nervousness and insecurity. However, fear is also present when faced with elementary nursing care, mainly due to unconsolidated knowledge on the subject *“Touching the patient is the main fear of the students” (P5S7)*, which leads them to discriminatory behaviors such as wearing masks to greet the patient, using double gloves to take vital signs, for example, and conceiving sweat and saliva as sources of transmission of the virus.

Phenomenological Theme 6: Proposals for Promoting Social and Academic Sensitization in HIV/AIDS Care

The educational function in health is intrinsic to nursing, which contributes to the positive transformation of the thinking and behavior of individuals and communities, leading to well-being and good living in all spaces of socialization. Thus, the interviewees propose the use of pedagogical material both in health institutions and in those spaces where society converges when community health strategies are implemented *“in the neighborhoods, it is like knowing what people know and teaching them, so nursing would play an important role there” (P8S6).*

In the academic environment, they expressed the need to implement spaces for dialogue and reflection on the subject, through the analysis of nursing situations that also include the community environment. They also propose academic or outreach projects led by nurses that enable interaction between diagnosed persons and the community in general, and the incorporation of the

subtopic of social coexistence of HIV in the annual campaign of Sexual and Reproductive Health in which the nursing program participates; in addition to the introduction of the subtopic of stigma when dealing with the topic of STIs and Sexual and Reproductive Rights.

Finally, and at the level of training practices, several raise the need for comprehensive learning of the topic through direct provision of care *“At some point in professional practice we would have to assume this responsibility, it would be good if they let us act more.” (P5S7)* *“care should be direct contact with the patient” (P2S4).*

Discussion

The issues associated with the acquisition of knowledge about HIV highlight a significant lack of understanding regarding the definition, transmission methods, diagnosis, treatment, and differences between HIV and AIDS. Similar findings have been reported in other studies, which noted a considerable deficit in the training of future nursing professionals concerning the comprehensive care of patients diagnosed with HIV and the appropriate use of preventive measures for at-risk populations (5, 12, 22). This knowledge gap translates into ineffective health care for patients, characterized by negative and inhumane attitudes (23, 24).

The limited student-patient interaction during clinical placements exacerbates the stigma that HIV patients commonly and socially face. To address these issues, it is essential to incorporate additional teaching methodologies, such as case studies or nursing scenarios that include analyses of stigma and discrimination in health services. The professional education model has evolved over the years, making it feasible to develop educational processes that integrate academia and practice, thereby optimizing learning processes for a more comprehensive education (25, 26).

Participants described feelings ranging from anxiety to fear when considering providing care to HIV patients. This is mainly due to the social implications of the disease, its transmission methods, and its high morbidity and mortality rates, which align with findings by Ramírez and Reinoso (2017) (27). Mekgoe et al. also reported fear and negative attitudes towards HIV patients, attributing these attitudes to the lack of professional support for students (28).

Regarding professional training needs, the results suggest expanding educational spaces on HIV/AIDS and establishing strategies for providing care to this population in both hospital and community settings, as concluded by other studies on healthcare professionals (8, 10, 23). The basic knowledge received by students currently limits their ability to provide comprehensive care (27).

Pickles et al. and Phillips et al. argue that nursing curricula should be strengthened to better understand the stigma associated with HIV and to develop strategies that help students reconcile discrepancies between their personal beliefs and professional roles (6, 8). Additionally, training needs are urgent not only for students but also for professionals who lead continuous educational processes about the disease and its social components (23).

Lastly, various studies indicate that perceptions and attitudes towards HIV/AIDS tend to improve following well-founded education and counseling about the disease, particularly when the care framework is firmly rooted in the principles of nursing practice (3, 11, 29, 30). This reduction in social stigma subsequently influences patients' adherence to pharmacological treatment (2, 31). These findings underscore the significant impact that knowledge about the disease has on the care provided to people living with HIV/AIDS (PLWHA), highlighting the urgent need for student education in both clinical and community settings.

Conclusions

- Experiencing the care of people living with HIV (PLHIV) for nursing program participants means an individual confrontation of their previously constructed premises and patterns, influenced by the family and/or social context or established during their role as nursing students. This requires an integrated approach between the theoretical and practical components congruent with the competencies projected by the university for nursing professionals.
- This confrontation leads to the delegitimization of principles such as justice, beneficence, respect, non-maleficence, and fidelity, and of transgenerational convictions about the disease, highlighting the urgent need to integrate the topic of caring for people with HIV as a curricular priority.
- These results call for a deep reflection on Nursing programs regarding the understanding of so-called comprehensive and humanized care, and its applicability in practical training contexts, especially when care with these characteristics constitutes the hallmark and *raison d'être* of Nursing education. It also urges a rethinking of teaching practices, practice fields, methodologies, and the depth of topic coverage, the use of extracurricular spaces for education on the subject, the coordination between theoretical and practical elements, and the Nursing curriculum as a whole.

Conflict of interest

The authors declare that they have no conflict of interest.

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