

ATTENTION TO THE BASIC HUMAN NEEDS OF THE INDIVIDUAL WITH AIDS

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ABSTRACT: This study aimed to report the use of the Systematization of Nursing Care elaborated based on the Basic Human Needs of an individual hospitalized with Acquired Immunodeficiency Syndrome in December 2011. The method was a case study, which was approved by the Research Ethics Committee; among the nursing diagnoses, 11 specified physiological needs, six specified security needs, four specified social needs, three specified esteem needs, and one, self-actualization needs. The existence of unmet needs, such as hope and actualization, hindered the individual's motivation to meet elementary needs such as the physiological ones. It is concluded that the process of assisting must be planned, based on the individual's needs, as he or she is the center of the nursing actions.

DESCRIPTORS: Nursing care; Nursing Theory; Acquired immunodeficiency syndrome.

ATENÇÃO ÀS NECESSIDADES HUMANAS BÁSICAS DO INDIVÍDUO COM AIDS

RESUMO: Objetivou-se com este estudo relatar a utilização da Sistematização da Assistência de Enfermagem elaborada a partir das Necessidades Humanas Básicas de indivíduo hospitalizado com Síndrome da Imunodeficiência Adquirida em dezembro de 2011. O método foi estudo de caso, que obteve aprovação do Comitê de Ética em Pesquisa, entre os diagnósticos de enfermagem, 11 determinavam necessidades fisiológicas, seis de segurança, quatro sociais, três de estima e um de autorrealização. A existência de necessidades não satisfeitas, como esperança e realização, prejudicou a motivação do indivíduo para satisfazer necessidades elementares, como as fisiológicas. Conclui-se que o processo de assistir deve ser planejado a partir das necessidades do indivíduo, pois é o centro das ações de enfermagem.

DESCRIPTORIOS: Cuidados de enfermagem; Teoria de enfermagem; Síndrome de imunodeficiência adquirida.

ATENCIÓN A LAS NECESIDADES HUMANAS BÁSICAS DEL INDIVIDUO CON SIDA

RESUMEN: La finalidad de este estudio fue relatar la utilización de la Sistematización de la Asistencia de Enfermería elaborada considerando las Necesidades Humanas Básicas de individuo hospitalizado con Síndrome de la Inmunodeficiencia Adquirida en diciembre de 2011. El método fue por estudio de caso, que obtuvo aprobación del Comité de Ética en Investigación; entre los diagnósticos de enfermería, 11 determinaban necesidades fisiológicas, seis de seguridad, cuatro sociales, tres de estima y un de autorrealización. La existencia de necesidades no satisfechas, como esperanza y realización, ha perjudicado la motivación del individuo en la satisfacción de necesidades fundamentales, como las fisiológicas. Se concluye que el proceso de asistir debe ser planeado a partir de las necesidades del individuo, pues es el centro de las acciones de enfermería.

DESCRIPTORIOS: Cuidados de enfermería; Teoría de enfermería; Síndrome de inmunodeficiencia adquirida.

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INTRODUCTION

Nearly 35 years after the description of the first cases, Acquired Immunodeficiency Syndrome (AIDS) has devastated millions of lives around the world. It is understood that the consequences of the Human Immunodeficiency Virus (HIV) cause needs which need to be met. Considering this, the nursing team aims to mitigate the suffering, cooperate for the prevention of health problems, the promotion and recovery of health and the improvement of well-being. It is therefore essential for the nursing professional to establish a method for guiding the undertaking of the attendance⁽¹⁾.

The nursing process is established as a solution for the organization of the nurse's actions and, in the Systematization of Nursing Care (SNC), there is an instrument which regulates this and assists in its application. Due to its importance, the Federal Nursing Council (COFEn) states that SNC should be established in all health institutions in which nursing actions are undertaken⁽²⁾. For the use of SNC, one possibility is to guide it using the Theory of Wanda Horta, which asserts that people instinctively seek the meeting of their needs and that the nursing professionals contribute, through using knowledge and scientific principles, to assist human beings in meeting these needs⁽³⁾.

The concepts of Wanda Horta's Theory of Basic Human Needs (BHN) permeate the nursing process, with observation of, and interaction and intervention with, the individual. The Theory names five levels of need which need to be met, in order of importance. These are: the level of physiological needs; the level of security needs; the level of social needs; the level of ego or esteem needs; and the level of self-actualization needs⁽⁴⁾.

The above-mentioned nursing process was proposed in six stages: the nursing history; the nursing diagnosis; assistential plan; care plan; nursing progression and nursing prognosis⁽³⁾. In the light of the above, it was asked how the nursing process can meet the BHN of the individuals diagnosed with AIDS. The aim was to report the application of the SNC, elaborated based on the BHN of an individual with a diagnosis of AIDS receiving inpatient treatment.

METHOD

This is a descriptive study, of the case study type, undertaken in an isolation unit in a hospital which is a center of excellence in the treatment of infectious diseases, in the State of Ceará, in Brazil. An adult individual, chosen randomly, with a diagnosis and clinical manifestations of AIDS, participated in the study. The data were collected through individual interview and from the information from the hospital records. An instrument was used which had questions referent to the clinical history and to the BHN.

The SNC based on the Theory of BHN and on the Nursing Process proposed by Horta⁽³⁻⁴⁾ was used. Data collection occurred in December 2011. Data analysis was undertaken descriptively. The study respected the ethical criteria of the National Health Council regarding research with human beings⁽⁵⁾. The project was approved by the Research Ethics Committee of the State University of Ceará, under process N. 11517349.

RESULTS

The first stage of the nursing process, that of the nursing history, brought the following results: a female patient, 27 years old, single, born in Fortaleza, receiving inpatient treatment for two weeks in isolation with a provisional diagnosis of ganglion tuberculosis (TB). She was diagnosed with AIDS six years ago and has received inpatient treatment previously for pulmonary TB. She abandoned drug treatment for both pathologies and currently uses alcohol, tobacco, crack cocaine and marijuana.

In the second stage, 25 nursing diagnoses were identified, based on the North American Nursing Diagnosis Association (NANDA) taxonomy, Nursing Interventions Classification (NIC) and Nursing Outcomes Classification (NOC)⁽⁶⁾. In this way, 11 were classified as determinants for physiological needs, six for security needs, four for social needs, three for esteem needs and one for self-actualization needs. For study purposes, five principal needs were selected representing each level of BHN. The selection was made by their possibility for greater impact on the individual's situational clinical picture. The stages of the nursing process, such as diagnosis, assistential plan, care plan and progression, are summarized in Tables 1 to 5, in accordance with level of BHN.

The sixth stage of the nursing process relates

Table 1 - Summary of stages of the Systematization of Nursing Care referent to the physiological needs. Fortaleza, CE, Brazil, 2011

Diagnosis	Assistential plan/ Care plan	Progression
Unbalanced nutrition: below the bodily needs related to the biological factors, and intake below the bodily needs.	Encourage the acceptance of the diet; Provide guidance on the importance of nutritional balance for her recovery; Monitor her weight; Receive support from the nutrition team.	Understand the need for weight gain; to continue with partial acceptance of the diet.

Table 2 - Summary of stages of the Systematization of Nursing Care referent to the security needs. Fortaleza, CE, Brazil, 2011

Diagnosis	Assistential plan/ Care plan	Progression
Health behavior prone to risk, related to reduced personal efficiency and negative attitude in relation to health care.	Investigate this behavior's determinants; Use therapeutic communication; Receive support from the psychologist; Recognize the potential which the individual perceives in her current life conditions; Check her consumption and abuse of drugs.	Does not demonstrate increase in interest in self-care; Does not recognize the existence of problems in the maintenance of her own health.

Table 3 - Summary of stages of the Systematization of Nursing Care referent to the social needs. Fortaleza, CE, Brazil, 2011

Diagnosis	Assistential plan/ Care plan	Progression
Impaired social interaction related to therapeutic isolation.	Review the social history with the individual; Encourage the individual to verbalize feelings of discomfort relating to the social situation; Recommend the undertaking of group activities or participation in support groups.	Does not show interest in being part of a group; Relates the discomfort of hospitalization and her health condition to the impossibility of helping her mother; Demonstrates indifference in relation to the other members of her family, including her children.

Table 4 - Summary of stages of Systematization of Nursing Care referent to esteem needs. Fortaleza, CE, Brazil, 2011

Diagnosis	Assistential plan/ Care plan	Progression
Defensive coping characterized by denial of evident problems or weaknesses and refusal to receive help.	Evaluate the ability to understand the current situation; Determine the coping mechanisms used; Use therapeutic communication; Encourage the detection and expression of feelings; Recognize the individual's strong points; Adopt an attitude of acceptance and respect; Refer for cognitive and behavioral monitoring.	Demonstrates limited ability to understand her own situation; Uses coping mechanisms such as drug addiction and denial of problems; becomes animated in dialog regarding her strong points.

Table 5 - Summary of stages of the Systematization of Nursing Care referent to self-actualization needs. Fortaleza, CE, Brazil, 2011

Diagnosis	Assistential plan/ Care plan	Progression
Risk of feeling of impotence related to the disease and inadequate coping patterns.	Evidence the causative or contributing factors; Evidence the awareness and use of support resources: Demonstrate hope and encourage review of successful experiences; Involve the individual in the planning of her care; Support efforts to adopt positive and hopeful attitudes.	Verbalize feelings of despair in relation to the future, and of giving up the struggle for her own life; Does not demonstrate interest in using the support network; Expresses feelings of inability to change her own personal context.

to the definition of the nursing prognosis, which means the calculation of the ability which the human being has to meet her basic needs. In this case, the prognosis identified was of partial dependence for satisfying the five levels of needs, with the prevalence being related to the physically weakened condition.

DISCUSSION

Generally speaking, in the NANDA taxonomy, there are nursing diagnoses directed at the first levels of need, to the detriment of the subjective or higher needs. To care comprehensively, however, the nursing actions must encompass all the levels equally. In the physiological needs, there were weaknesses consequent to the manifestations of AIDS and opportunistic illnesses. HIV/TB co-infection, common among those infected by the virus, is identified in the case studied. TB is the biggest source of death among people living with HIV/AIDS, the death rate in co-infection being 20%⁽⁷⁾. Worldwide, approximately 13% of cases of TB occur among individuals living with HIV⁽⁸⁾.

Among the security needs, the low educational level and the impairment in the understanding of concepts of hygiene and health were shown to be harmful to the behavior of seeking health, such as non-adherence to the treatment and vulnerability to new infections, a fact which validates results of studies in the area⁽⁹⁾. In this case, the nursing team needs the support of the multi-professional team in order to offer global care to the individual, reaching her in her need⁽⁶⁾.

The social needs met were related to the use of illicit drugs and to the physical weakness resulting from the illness. Besides the social consequences,

the use of alcohol and other drugs contribute to non-adherence to the therapy⁽¹⁰⁾. Regarding the esteem needs, the defensive attitude was constant. It is understood that, among the consequences of the disease, fear of discrimination, and shame, contribute to the situation of isolation and constitute a serious obstacle to the promotion of the access to treatment and monitoring of health⁽¹¹⁾.

In addressing self-actualization needs, questions regarding self-concept and self-value were understood with difficulty. The limitation in treating subjective issues was an obstacle in attending the last levels of BHN through the SNC. In accordance with BHN Theory, the elementary needs, such as physiological and security needs, needs to be met before those which encourage the search for satisfaction of the other levels⁽⁴⁾. For the case under study, however, needs which are unmet in the last levels, such as those of self-actualization and esteem, negatively interfere in the desire to meet the primary levels.

Finally, the framework of Wanda Horta's BHN Theory⁽³⁾ was necessary in the elaboration of the care priorities. The identification of needs through the nursing diagnoses contributed to the care involving the other, as it was based on her complaints. Besides this, this care is accepted by the nursing professionals as it is intrinsic to the nurse's work process⁽¹²⁾.

FINAL CONSIDERATIONS

The nursing process proposed by Wanda Horta constituted an essential instrument for putting the nursing care into effect in an organized way and directed towards the BHN. However, the individual's difficulties in understanding

concepts regarding esteem and self-actualization constituted a barrier for implementing the SNC in the more subjective levels of needs.

In contrast with Maslow's Theory of hierarchy of needs, unmet needs of hope and actualization extinguished the individual's desire to meet primary needs of food, health and security. As a result, attentive listening so as to know the individual is the first step for adjusting the health care, such that the focus may be on the individual, rather than on the institutional routine or the instrument of the nursing process.

More prolonged interactions are suggested between professionals and patients, allowing the existence of a therapeutic relationship, links and trust, allowing more effective action in assisting the meeting of the higher needs.

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