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RESEARCH

NURSING DIAGNOSIS FROM NARRATIVES OF PEOPLE LIVING WITH HIV/AIDS IN GUINEA-BISSAU

DIAGNÓSTICOS DE ENFERMAGEM A PARTIR DE NARRATIVAS DE PESSOAS VIVENDO COM HIV/AIDS EM GUINÉ-BISSAU

DIAGNÓSTICOS DE ENFERMERÍA A PARTIR DE LOS RELATOS DE PERSONAS QUE VIVEN CON EL VIH/SIDA EN GUINEA-BISSAU

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ABSTRACT

Objective: to identify and analyze the most frequent Nursing diagnoses of people living with HIV/Aids in outpatient care in Guinea-Bissau through their narratives. **Method:** this is a secondary analysis of data from a study with a qualitative approach whose participants were sixteen people living with HIV/Aids. To identify the Nursing diagnoses, the Diagnostic Process was used, which is a complex intellectual process in the application of Critical Thinking. **Findings:** there were sixteen participants, twelve were female, and the median age was 33.5 years old. From the participants' narratives, 26 different Nursing diagnoses were identified. Of these, 10 had a frequency equal to or greater than 10%. The 10 most frequently identified diagnoses belong to the following Domains: Self-perception, Coping/stress tolerance, Health Promotion, Comfort, Perception/cognition and Role relationship. Although the diagnoses identified with the most positive meaning appeared in 50% of the participants (Readiness for enhanced self-concept and Readiness for enhanced health management), the narratives also indicated that the process of living with HIV/Aids has been quite challenging for the Guineans participating in the study, with presence of the Risk for compromised human dignity (50% of the participants) and Impaired resilience (43.7% of the participants) diagnoses. **Conclusions:** the more frequent Nursing diagnoses of people living with HIV/Aids that participate in this study were Readiness for enhanced self-concept, Risk for compromised human dignity and Readiness for enhanced health self-management. **Implications for the Nursing practice:** in Nursing care, the full implementation of the Nursing Process is fundamental since, in this way, provision of care not only occurs in the biological sphere but also in the promotion of care that meets the patients' needs, aiming for more dignity, citizenship and quality of life.

Keywords: HIV; Acquired Immunodeficiency Syndrome; Narration; Nursing Process; Nursing Diagnosis.

RESUMO

Objetivo: *identificar e analisar os diagnósticos de Enfermagem mais frequentes de pessoas vivendo com HIV/aids em atendimento ambulatorial em Guiné-Bissau por meio de suas narrativas.* ***Método:*** *trata-se de uma análise secundária dos dados de um estudo com abordagem qualitativa, cujos participantes foram 16 pessoas vivendo com HIV/aids. Para identificar os diagnósticos de Enfermagem, foi utilizado o Processo Diagnóstico, que é um processo intelectual complexo na aplicação do Pensamento Crítico.* ***Resultados:*** *havia 16 participantes, sendo 12 do sexo feminino, e a mediana de idade foi de 33,5 anos. A partir das narrativas dos participantes, foram identificados 26 diferentes diagnósticos de Enfermagem, dos quais 10 tiveram frequência igual ou superior a 10%. Os 10 diagnósticos mais frequentemente identificados pertencem aos seguintes domínios: autopercepção; enfrentamento/tolerância ao estresse; promoção da saúde; conforto; percepção/cognição; e papéis e relacionamentos. Embora os diagnósticos identificados com significado mais positivo tenham aparecido em 50% dos participantes (disposição para o autoconceito melhorado e disposição para cuidado da saúde melhorado), as narrativas também indicaram que o processo de viver com HIV/aids tem sido bastante desafiador para o guineenses participantes no estudo, com presença de diagnóstico de risco de dignidade humana comprometida (50% dos participantes) e resiliência prejudicada (43,7% dos participantes).* ***Conclusões:*** *os diagnósticos de Enfermagem mais frequentes das pessoas vivendo com HIV/aids participantes deste estudo foram: disposição para autoconceito melhorado; risco de dignidade humana comprometida; e disposição para cuidado da saúde melhorado.* ***Implicações para a prática de Enfermagem:*** *na assistência de Enfermagem, é fundamental a implementação integral do Processo de Enfermagem, pois, dessa forma, a prestação de cuidados não ocorre apenas na esfera biológica, mas também na promoção de cuidados que atendam às necessidades dos pacientes, visando mais dignidade, cidadania e qualidade de vida.*

Palavras-chaves: HIV; Síndrome de Imunodeficiência Adquirida; Narração; Processo de Enfermagem; Diagnóstico de Enfermagem

RESUMEN

Objetivo: *identificar y analizar los diagnósticos de enfermería más frecuentes de las personas que viven con VIH/SIDA en atención ambulatoria en Guinea-Bissau a través de sus narrativas.* ***Método:*** *Se trata de un análisis secundario de datos de un estudio con enfoque cualitativo cuyos participantes fueron dieciséis personas que viven con VIH/SIDA. Para identificar los diagnósticos de enfermería se utilizó el Proceso Diagnóstico, que es un proceso intelectual complejo en la aplicación del Pensamiento Crítico.* ***Resultados:*** *hubo dieciséis participantes, doce eran mujeres y la edad media era de 33,5 años. A partir de los relatos de los participantes, se identificaron 26 diagnósticos de enfermería diferentes. De ellos, 10 tenían una frecuencia igual o superior al*

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10%. Los 10 diagnósticos identificados con mayor frecuencia pertenecen a los siguientes dominios: Autopercepción, Afrontamiento/Tolerancia al estrés, Promoción de la salud, Confort, Percepción/cognición y Roles y relaciones. Aunque los diagnósticos identificados con un significado más positivo aparecieron en el 50% de los participantes (Voluntad de mejorar el autoconcepto y Voluntad de mejorar la atención sanitaria), las narrativas también indicaron que el proceso de vivir con el VIH/SIDA ha sido bastante desafiante para los guineanos participantes en el estudio, con la presencia de los diagnósticos Riesgo de comprometer la dignidad humana (50% de los participantes) y Deterioro de la resiliencia (43,7% de los participantes). ***Conclusiones:*** *los diagnósticos enfermeros más frecuentes de las personas que viven con VIH/SIDA participantes en este estudio fueron Voluntad de mejorar el autoconcepto, Riesgo de comprometer la dignidad humana y Voluntad de mejorar la atención sanitaria.* ***Implicaciones para la práctica de enfermería:*** *en los cuidados de enfermería, la plena aplicación del Proceso de Enfermería es fundamental, porque, de esta forma, la prestación de cuidados no ocurre sólo en la esfera biológica, sino también en la promoción de cuidados que atiendan a las necesidades de los pacientes, buscando más dignidad, ciudadanía y calidad de vida.*

Palabras clave: *VIH; Síndrome de Inmunodeficiencia Adquirida; Narration; Proceso de Enfermería; Diagnóstico de Enfermería.*

INTRODUCTION

Cancer is a public health problem and is among the fourHuman Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) epidemic, although completing four decades now, remains a global public health problem. By the end of 2019, 38 million people worldwide were infected with HIV, 1.7 million (4.5%) were new HIV infections, and 690.000 people (1.8%) had died from aids-related diseases[1]. In this scenario, more than 60% of all new HIV infections occurred in Sub-Saharan Africa[2], the region where Guinea-Bissau is located.

Republic of Guinea-Bissau is considered a fragile, politically insecure and low-income country, reflected in the low level of human development and with a Human Development Index (HDI) of 0.483, occupying the 177th position of 191 countries[3]. Country's estimated population in 2021 was 2.060.721 inhabitants[4], and with great linguistic, religious and ethnic diversity[5]. The HIV/aids epidemic, together with malaria and tuberculosis, make up a list of three diseases with the highest prevalence in the country. It was estimated that in Guinea-Bissau, in 2021, 40.000 people were living with HIV and that prevalence in the population aged from 15 to 49 years old was 3.1% (2.2% in men and 4.0% in women)[6]. Among people living with HIV (PLWH), 45% had access to Antiretroviral Therapy (ART) and 1.700 died from aids-related causes. In the same period, 2.100 new HIV infections were recorded in the country, reaching an incidence of 1.56 per 1.000 inhabitants[6].

In response to this epidemic, in addition to the National Secretariat for Fight against HIV/AIDS, the country's government has Outpatient Treatment Centers (OTCs) to specifically serve PLWH. The OTCs have nurses to care for these patients; however, the fundamental role of this professional in care of PLWH is not evidenced in their records. Nursing Process (NP), a scientific and reflective method of patient care, is not regulated in the country, nor is it used at all stages in most health services. Records of nurses in OTC of Simão Mendes National Hospital are carried out in clinical follow-up form, in checklist format. However, it is believed that use of NP as a methodological instrument to support clinical decision-making[7] is differential in care provided by nurses.

This process is initiated with collection and subsequent analysis of subjective and objective data, which make it possible to identify Nursing Diagnoses (NDs). As world reference, to label NDs, NANDA International (NANDA-I) classification stands out as one of the most notorious, becoming a respectable parameter for identification of NDs[8].

NANDA-I adopted this name in 2002, in response to its growth and international interest in development[8]. Classification represents knowledge of Nursing science and offers standardized language for communicating human responses of people who are cared for by nurses. NANDA-I NDs are used internationally, with translations to nearly 20 languages[8].

Considering that: a) NANDA-I's vision is to be global force for development and use of standardized Nursing terminology to improve health care for all[8]; b) high prevalence of HIV/aids in Guinea-Bissau; c) that socioeconomic conditions exert an impact on person's susceptibility to diseases; d) subjectivity of experience of living with this virus; e) that identification of accurate NDs favors safe care; and f) that there is no knowledge of studies that address NDs in PLWH in Bissau (capital of Guinea-Bissau), importance of identifying NDs in this so diverse context is justified.

From this perspective, the aim of this article is to identify and analyze the most frequent Nursing diagnoses of people living with HIV/aids in outpatient care in Guinea-Bissau through their narratives.

METHODS

Trata-se de uma análise secundária de dados de um esThis is a secondary analysis of data from a study entitled "The daily life of people living with HIV in Bissau, Guinea-Bissau: perspectives, challenges and vulnerabilities", with qualitative approach, which aimed at understanding, through narratives, perspectives and challenges in the daily lives of people after the discovery of living with HIV in Bissau, Guinea-Bissau, considering different contexts of vulnerability[5]. Development of study followed Consolidated Criteria for Reporting Qualitative Research (COREQ).

Primary study was carried out at the OTC of a large hospital. The OTC is a public service and reference for

PLWH, which offers tests for HIV detection, laboratory tests, follow-up consultations and control and dispensing of antiretrovirals. This service has the following health professionals: two pharmacy technicians, a pharmacist, two laboratory technicians, three psychologists, two social workers, six doctors (three infectologists and three general practitioners) and three nurses. The nurse in this service is responsible for nursing consultations, focusing on monitoring clinical signs and symptoms in people living with HIV, guidance on the use of ART, identification of barriers and facilitating aspects of adherence to ART, and the elaboration and implementation of strategies promoting adherence to ART.

Study participants were sixteen individuals, intentionally selected, through a personal invitation in approach in person. The following inclusion criteria were adopted: being Guinean, residing in Bissau, having command of Portuguese or Creole and being aged 18 years or over. Information was collected through semi-structured interview, carried out in Creole, and later transcribed and fully translated into Brazilian Portuguese. The inclusion of new participants was terminated when the information collected seemed repetitive (saturated), indicating that the primary information was sufficient to achieve the objectives outlined and understand the object under study[9]. Interviews were carried out from January to April 2019. Script included sociodemographic aspects such as gender; age; education; marital status; number of children; ethnic group; religion; neighborhood of residence; who they live with (number and bond) and occupation/profession; conceptions about HIV/AIDS; changes in daily life after diagnosis of disease; search for formal and informal health care; and social support networks. Research was approved by the Research Ethics Committee, CAAE 3,060,595 and had approval of the General Directorate of HNSM, through Institutional Acceptance Form. All participants in the primary study signed the Informed Consent Form in formal consent to data collection. To preserve participants' identity, the letter "E" for Interviewee ("Entrevistado" in Portuguese) was used in description of results, followed by a number from 1 to 16, according to order of interviews.

For this study, Diagnostic Process (DP) was used as a method of surveying diagnostic indicators and defining NDs[10]. DP is a fundamental element for decision-making because, when searching for real evidence and information, it leads to establishment of more accurate NDs and, consequently, more assertive interventions and results. Therefore, DP is a complex intellectual process in application of Critical Thinking (CT), reasoning and clinical judgment, resulting in identification of NDs. Together with CT, DP aims at defining priority Nursing diagnoses, ensuring precise decisions. CT involves a set of skills and attitudes fundamental to clinical reasoning, and this set can be defined as a thinking process[8]. We followed stages of thinking process shown in Figure 1 as way to qualify decision-making.

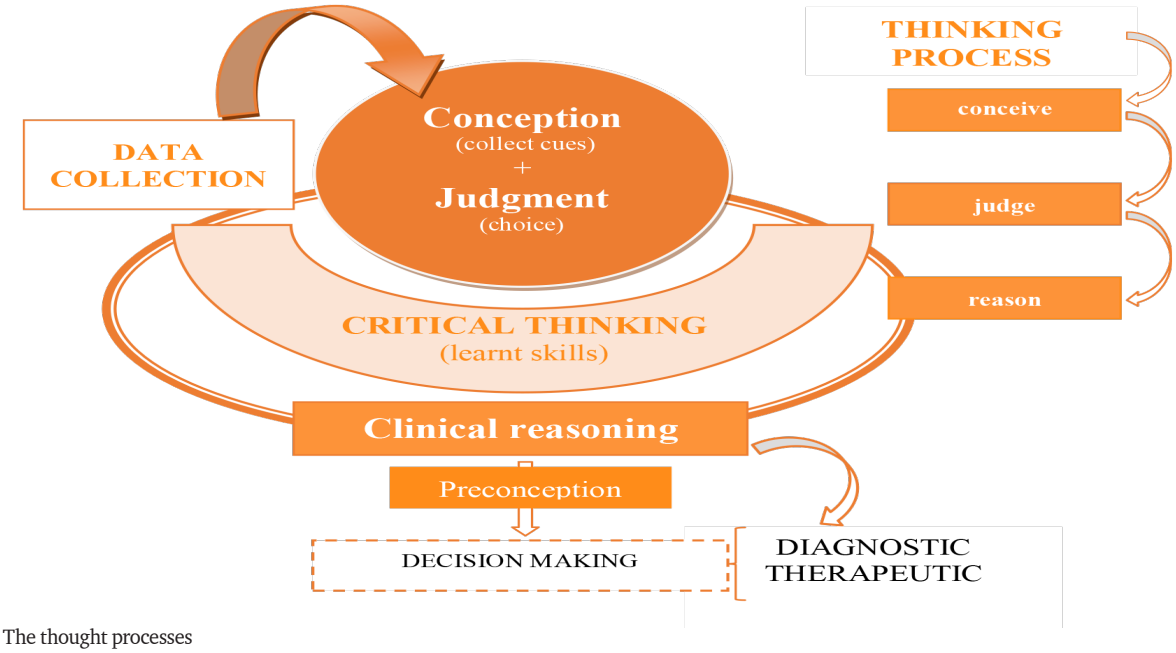

Figure 1 - The thought processes
Source: Carvalho; Oliveira-Kumakura; Morais, 2017

Analysis of interviews was carried out at two moments. First, two nurses with clinical experience, in NANDA-I NDs and with research studies on the subject, individually carried out the clinical reasoning process to identify diagnostic concepts present in narratives. Secondly, these two nurses, together with one who carried out interviews and a senior researcher professor on the theme of Nursing classifications, gathered in eight meetings to discuss clinical indicators identified in each narrative and for decision-making regarding accurate Nursing diagnoses. Considering that a patient's assessment usually generates several Nursing diagnoses, through DP, prioritization was carried out according to prevalence in individuals interviewed.

RESULTS

Of sixteen participants in this study, twelve were female, and median age was 33.5 years old (21-59). All study participants were literate, ranging from three to 12 years of study. Seven participants claimed to be single, four declared themselves married, three widowed and two divorced. Half (eight) of participants reported being unemployed, while two worked as salespeople, two in general services/cleaning, one in civil construction as bricklayer, tailor, street fair marketer and student. As for religion, five participants stated being Muslims, three professed African Religions (ARs), three were Catholics, three were Evangelicals, one professed the Catholic and African Religions and one professed Evangelical African Religions concurrently. The median use time of antiretroviral therapy was 23 months (1-204).

From participants' narratives, we identified 26 different NDs belonging to Coping/Stress Tolerance (n=10), Self-perception (n=6), Health Promotion (n=3), Activity/Rest (n=2), Comfort (n=1), Nutrition (n=1), Roles/Relationship (n=1), Perception/cognition (n=1) and Life Principles (n=1) domains. Of these NDs, 10 had a frequency equal to or greater than 10%, present in two or more participants, and remaining 16 diagnoses were present in only one participant each. NDs with frequency greater than 30% among study participants belong to the NANDA-I Self-Perception, Coping/Stress Tolerance and Health Promotion Domains. The more frequent Domains and NDs are shown in Tablel 1, accompanied by their

Figure 2 - The most frequent Nursing diagnoses of PLWH, diagnostic indicators and excerpts from the illustrative narratives, by Domains. Porto Alegre, 2021.

Diagnosis	n(%)*	Diagnosis components	Excerpt from narratives**
Domain 6. Self-perception (30%) Definition: Awareness about the self			
Readiness for enhanced self-concept (00167)	8(50)	Expresses desire to enhance acceptance of limitations [A]	[…] it's a disease like any other. [...] even when treating, there's no way to get cured because there's no cure, but the person is fairly OK (E5). [...] I'm not healthy like any other person, but I always feel a little motivated (E10). […] it's a disease that requires me to be in treatment if I don't want to get very sick. That I have to use a condom if I'm going to have sex with someone. It's a normal disease in which the person simply needs to follow the treatment (E16).
Risk for compromised human dignity (00174)	8(50)	Disclosure of confidential information [C] Humiliation [C] Perceived social stigma [C]	[...] [...] society stigmatizes people with this disease and criticizes them for living a mundane life (E14). [...] I do everything so that no one knows about my disease [...] Shame and fear of other people learning about it (E1).

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Diagnóstico	n(%)*	Componentes do diagnóstico	Trecho das narrativas**
Risk for disturbed personal identity (00225)	2(12.5)	Perceived social discrimination [C]	[...] I think that it was because of this disease that I lost my job (E9). [...] I never told her (neighbor) about my disease, but as I went with her to take the same test, she knows about the tips given at the maternal center, so she knows that I have some kind of problem to not breastfeed my child (E7).
Domain 9. Coping/Stress tolerance (30%) Definition: Contending with life events/life processes.			
Impaired resilience(00210)	7(43.7)	Low self-esteem [A] Impaired health status [A] Ineffective coping strategies [A] Expresses shame A Social isolation A Dysfunctional family processes [B] Inadequate social support [B] Perceived vulnerability [B] Women [D] Individuals with large families [D]	[[...] when I'm with people, for example, in a social place, despite not letting it show, I feel a little lonely and sad, because I feel that I'm not like other people, I'm not healthy like them. I keep thinking about how I was and how I am now (E10). [...] before I knew, I attended classes more, I felt more at ease in society, but now I feel the terrible burden of this disease that I will have to carry for the rest of my life (E11). [...] there are many, about ten eleven people [people living in the house] [...] I'm talking little by little with him [husband] and preparing him so I don't have to tell him at once. [...] he's an uninformed, sexist and retrograde man (E3)
Anxiety(00146)	5(31.2)	Expresses insecurity [A] Expresses anguish [A] Expresses anxiety about life event change [A] Interpersonal transmission B Stressors [B] Unmet needs [B]	[...] you end up setting limits in your sexual life so that you don't infect other people because the worst thing you can be doing is infecting other people [...] it's the same as killing them (E5). [...] I really get worried about thinking about this disease, but as I'm following the treatment, my concern is more related to sexual relationships (E15).
Death anxiety (00147)	2(12.5)	Expresses concern about the impact of one's death on significant other [A] Uncertainty of prognosis [B]	[...] sometimes I feel (discouraged) because of my children. I keep thinking: how will they be without me? Who will take care of them? (E7). [...] only this issue of concern with the disease. I have a 17-year-old daughter to take care of and I won't be able to take care of her if something happens to me (E10).
Domain 1. Health Promotion(10%) Definition: The awareness of well-being or normality of function and the strategies used to maintain control of and enhance that well-being or normality of function			
Readiness for enhanced health self-management (00293)	8(50)	Expresses desire to enhance inclusion of treatment regimen into daily living [A]	[...] when I went out and ended up not taking it with me, but now it's different, I always take medication and I even set an alarm clock to remind myself (E1). [...] I'm calm because I'm doing treatment. What worries me is not failing in the treatment (E15).
Domain 12. Comfort (10%) Definition: Sense of mental, physical, or social well-being or easel			
Social isolation (00053)	3(18.7)	Altered physical appearance [A] Reports feeling different from others [A] Preoccupation with own thoughts [A] Sad affect [A] Social withdrawal[A] Difficulty establishing satisfactory reciprocal interpersonal relations [B]	[...] meu primo, que também trabalha comigo, me procurou dizendo que estou doente e não deveria trabalhar com eles porque todos que estavam naquele emprego eram pessoas saudáveis. Eu me senti muito mal e tive que ir para casa (E11). [...] Não assumi nenhum compromisso de relacionamento, nem tive outros relacionamentos. [Por qual motivo?] Mais por uma questão de confiança. Sei que tem o preservativo e que poderia estar usando, mas não me sinto à vontade em ter um relacionamento (E10).

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Domain 5. Perception/cognition (10%) Definition: The human processing system including attention, orientation, sensation, perception, cognition, and communication.			
Deficient knowledge (00126)	2(12.5)	Inaccurate follow-through of instruction [A] Inaccurate statements about a topic[A] Inadequate information [B]	[...] they told me to take it at 9 am and 9 pm, they didn't say if I can take it after the established time if I forget to take it on time. They explained that I should take it at 9 am, so when the drug reaction is losing strength, I take it at 9 pm (E5).
Domain 7. Role relationship (10%) Definition: The positive and negative connections or associations between people or groups of people and the means by which those connections are demonstrated.			
Ineffective relationship(00223)	2(12.5)	Reports unsatisfactory communication with partner [A] Inadequate communication skills [B]	[...] I even wanted to try to convince him (husband) to go and take the test, but he's doesn't like to seek health services. He has a fever these days and is losing weight rapidly. (Didn't you say anything to him?) No, but I would very much like to convince him to go and take the test (E14).

Key:A- Defining characteristics; B- Related factors; C- Risk factors; D- At-risk population; E- Associated condition.
* The percentage was calculated over the number of participants for each diagnosis.
** The excerpts from the narratives are examples of the diagnostic components identified. Source: Research data,2020.

diagnostic indicators and by excerpts from narratives that indicate their presence for PLWH participating in the study. The presentation of the results using the division by domains is justified by the need to demonstrate the amplitude of the ND found. In this way, we maintain the link with the NANDA-I, which describes a domain as the "sphere of knowledge" and the NANDA-I domains identify the unique knowledge of nursing.

DISCUSSION

When considering information regarding socioeconomic context among participants, it can be stated that predominant profile was being a woman, with a median age of 33.5 years old and nine years of schooling, as well as being single and unemployed. It is known that, in sub-Saharan Africa since 2015, the political instability that affected all sectors of society and provocaded specific adverse effects on the country's HIV/AIDS response persist. In this context, the prevalence of HIV in 2016 was estimated to be three times more among young women (ages 15–44 years) than young men in the same group (5.2% versus 1.7%). Furthermore, the vulnerability of adolescent girls and young women in a context of extreme poverty and few income-generating opportunities contextualizes the feminization of the country's HIV/AIDS epidemic[11].

HIV/aids prevalence among women aged 15 to 49 in Guinea-Bissau is 6.9%, more than double of the prevalence in general population of country, which is 3%; and four out of every five new infections among adolescents, females and people aged between 15 and 19 years old occur in sub-Saharan Africa[2], fact that represents feminization of disease[5]. The feminization of HIV worldwide may be influenced by biological factors, due to anatomical characteristics of female sexual organ, making it more susceptible to Sexually Transmitted Infections, which are biological facilitators of HIV[12]. Sociocultural factors such as machismo, patriarchy, inequalities that affect women, gender-based violence, female submission and lack of power over their own bodies, among others, also contribute to this scenario.

Another aspect possibly related to feminization of HIV/aids is high prevalence (35%) of physical and/or sexual violence against women worldwide, which in some regions represents the highest chance (1.5 times) for women who have suffered some type of violence by an intimate partner contracting HIV, when compared to those who have not had suffered this violence[1].

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and lack of power over their own bodies, among others, also contribute to this scenario. Worldwide, the high prevalence (35%) of physical and/or sexual violence against women is recognized, aggravated by the greater chance (1.5 times) of women suffering some type of violence by a partner when contracting HIV[1].

Of ten diagnoses identified, 70% focus on the problem, 20% on risk and 10% on health promotion. Although diagnoses identified that appeared in 50% of participants had more positive meaning, such as Readiness for enhanced self-concept and Readiness for enhanced health management NDs, narratives also indicated that process of living with HIV/aids has been faced in very challenging way for Guineans participating in study, as identified in Risk for compromised human dignity ND, also present in 50% of participants and Impaired resilience, present in 43.7%.

In Self-perception (Domain 6), defined as perception(s) about total self[8], there are two diagnoses presented by 50% of participants, respectively. The "Readiness for enhanced self-concept" ND (50%), had as its main defining characteristics Expresses desire to enhance acceptance for all participants. In narratives, it was shown that they do not consider themselves healthy as other people living without HIV/aids, but feel motivated when they realize they are following treatment, they feel better, considering disease as "normal disease" (E16). Qualitative study carried out with aim of exploring the experiences of HIV-positive migrants in their life situations living in western Sweden, among its 14 participants, identified that majority were from Africa and that, in their experiences in dealing with existential uncertainty, struggle to live normal life with integrity and to look positively at life was quite expressive among them[13]

Strong presence of religiousness in the country's culture, emphasized in narratives and in assertion by all participants as to professing religion, cannot be classified as an ND, as NANDA-I taxonomy does not include definitions of diagnoses and ND that may express this feature. However, it is noteworthy that search for spiritual support to accept their situation, as well as search for non-formal health care in these contexts, may be contributing to this acceptance. In this same sense, qualitative study carried out in Brazil aimed at identifying implications and changes in individual's life, considering the moment of HIV diagnosis, influence of religiousness in coping with disease stood out, "translated in sense of promoting hope, emotional and spiritual comfort and as a way to alleviate anxieties"[7]. In a reflective article, the author highlights that spirituality and religion are important for many PLWH, impacting on results of HIV/aids progression and on physical and mental health, as well as on quality of life[14].

Disclosure of confidential information, humiliation and perceived social stigma was the most important risk factor that placed study participants in "Risk for compromised human dignity" (50%). In a study carried out in northeastern Brazil with aim of identifying Nursing diagnoses, from Self-perception domain of NANDA-I a similar result was shown when identifying Risk for compromised human dignity ND in 66% of participants, out of 113 research subjects, and risk factor with statistically significant association was humiliation ($p=0.01$)[15]. Qualitative study carried out in Brazil, with aim to identify the conceptions about the social stigma among people living with HIV/AIDS, identified that people living with HIV/AIDS (44 participants) still suffer and internalize stigmas, which are historical cultural and social constructions, revolving around the disease, as well showing fear of the stigma and moral judgment of society[16]. Study carried out in Sweden also found that fear of disclosure, loneliness, perceived stigma and lack of social network made them vulnerable in their social lives. However, socioeconomic status, sexual orientation, gender and family relationships determined degree of vulnerability[13].In this sense, it is highlighted that Perceived social stigma in PLWH is related to social construction of this disease, as HIV/aids is commonly related to promiscuity, prostitution and sinful practices[1].

Less frequently, it was also possible to identify through narratives "Risk for disturbed personal identity" ND (12.5%), which was related to "Perceived social discrimination". In a study carried out with postpartum women living with HIV/aids in Tanzania, participants pointed out both fear of stigma and its consolidation. Some postpartum women reported stigma coming from health workers and most of them highlighted the stigma observed, as in case of sitting in a social environment, while friends, unaware of their HIV status, mocked and ridiculed other women who were known to be infected with HIV, using labels such as: "sinful", "promiscuous" and "whore". These comments left study participants panicked about their fate (in case their HIV status became known) and troubled about how to reconcile their view of themselves with a stigmatizing and altered construction[17].

In Coping/Stress Tolerance (Domain 9) presented two diagnoses that appeared in 43.7% and 31.2% of participants. The "Impaired resilience" ND (43.7%) presented as an at-risk population being women, which, as discussed above, was the case of most of the participants, and

representation of what it is to be a woman living with HIV/aids in relation to the cultural and socioeconomic issues. Low self-esteem, prejudice perceived at work, fact of not breastfeeding their children, shame, and lack of social support exerted impacts on their resilience.

Multiple case studies carried out with four adolescents from Malawi, on the African continent, also found resorting to silence in relation to their HIV serology as a way of not harming resilience and maintaining social support system[18]; because HIV-related discrimination, especially in family environments, can trigger stress and affect psychological resilience. Survey carried out with 748 women in Nigeria, with aim of assessing the relationship between psychological resilience and stress among women living with HIV/aids, confirmed this result, showing that there is significant negative relationship ($p<0.05$) between HIV-related stress and psychological resilience, that is, high level of psychological resilience is associated with lower perceived stress[19].

Therefore, negative stereotypes, prejudices and social exclusion constitute the main adversities intrinsic to the situation of living with HIV/aids. Such factors, mainly social exclusion, contribute to impaired resilience by negatively interfering in interpersonal relationships of PLWH[12].

In the narratives, it was observed that perception of living with HIV as a disease can generate stressors, expression of insecurity, unmet needs, anguish and/or anxiety about changing life events, such as possibility of transmitting HIV to sexual partners, thus showing "Anxiety" ND (31.2%). Research that investigated the evolution and depression in seropositive people corroborates this finding, highlighting the strong relationship between depression and HIV/AIDS, especially regarding the negative impacts on health and quality of life[20]. In a study that assessed quality of life and Nursing diagnoses of 70 women with aids in Brazil, the "Anxiety" ND was also identified in 27 (38.6%) participants[21].

In this study, although not as frequent, in "Death anxiety" ND (12.5%) main concern in dying and leaving their children orphans was identified in the narratives, unable to support growth and development of children and adolescents. Despite reaching its peak in 2009, the number of orphans has been declining annually; however, investments in economic support and social protection will be necessary for coming years to reduce the impact of HIV/aids on the children of PLWH[11]. Advances in antiretroviral therapies have considerably reduced HIV-related mortality; however, they do not eliminate anxiety that potential for death has, making it extremely important to know the negative impact of anxiety on quality of life. Controlling emotions and managing anxiety about death in PLWH is significantly influenced by support networks, which facilitate acceptance and reduce negative thoughts[22].

Study conducted with 701 patients, which sought to understand the influence of death anxiety on quality of life of HIV carriers in Nigeria, pointed out that death anxiety exerts impacts on treatment, especially on greater adherence to antiretroviral therapy[23]. This indicates likely influence on "Readiness for enhanced health self-management" ND (00293). In Brazilian study, this diagnosis was found in 41 (58.6%) participants[21].

Health Promotion (Domain 1), it was present in 50% of participants. In narratives, strong concern in not forgetting to take medication and elaboration of strategies to minimize this risk sustains "Readiness for enhanced health management" ND (50%), Use of ART appeared as an important factor to maintain quality of life and improve prognosis perspective, since its availability and advances in ART technology have allowed HIV/aids prognosis to be changed from terminal disease to chronic and controllable disease,[23] situation also evidenced in "Readiness for enhanced self-concept (00167)" ND.

Evidence of this ND also appeared in records of ART use time among participants, which presented a mean of 4 years. In addition to that, concern related to lack of ART, which occurred at times, showed a trend towards better adherence to therapeutic regimens. With regard to access to ART, UNAIDS Report informs that, in Sub-Saharan Africa, 51% of PLWH have access, which has represented progress throughout history. This achievement is the result of political determination of leaders, power to mobilize community, commitment of professionals and managers in the health area, and results of technical innovation and national and international funding that continue to drive global increase in ART.[11]

Difficulty sharing diagnosis with someone and feeling different from others contribute to reducing the ability to cope, which sustains the "Social isolation" ND (18.7%), from Domain 12, Comfort.Fears of talking to the partner and of contaminating other people lead to the establishment of some limits in interpersonal relationships, leading to social isolation. In a study carried out in Brazil with 21 women living with HIV, it was found that prejudice, stigmatization and feelings such as fear, sadness, guilt and/or shame related to HIV seropositivity encourage social isolation[24].

Narratives also led to identification of Deficient Knowledge ND (12.5%), Domain 5 (Perception/cognition).

As a diagnostic component, the most common one presented referred to issues of medication use and to difficulty following treatment instructions. With increase in antiretroviral therapies, patient's involvement in their care becomes fundamental. It is known that evaluating knowledge related to HIV, especially among PLWH, can lead to an understanding of gaps and opportunities for educational actions[25].

The "Ineffective relationship" ND, from Domain 7 (Role relationship), present in two interviewees (12.5%), refers specifically to ineffective communication with the partner and that partner proved to be a person who could support. In narratives, there were also reports of communication difficulties, mainly to seek care and social support by the partner. Study carried out in Ethiopia with 742 PLWH showed that 558 participants told their partner, mainly for the reason of getting psychological support and not wanting to put the partner at risk. However, 118 participants did not reveal disease, for the following reasons, among others: fear of losing relationships, fear of being perceived as an adulterer and fear of verbal abuse. Study also showed that revealing disease to the partner was associated with greater use of condoms, greater social support, better knowledge of partner's condition and improvement in relationship[26].

As limitations of this manuscript, it is pointed out that most of the listed NDs are not related to biological domain, possibly due to the interview script used in the base study, which incorporated more questions of social aspects than of a biological focus. In addition, the NDs were evidenced only from reports, based on the subjective perception of the participants, since the physical examination step was not performed and the collection of health information was registered in the medical records.

CONCLUSION

The more frequent Nursing diagnoses of people living with HIV/aids that participate in this study were Readiness for enhanced self-concept, Risk for compromised human dignity and Readiness for enhanced health self-management. Knowing the experience of people with HIV/aids in Guinea-Bissau, from the perspective of NDs, allowed identifying that sociocultural aspects exerted an influence on self-concept, self-perception, coping, adaptation, understanding of their condition and control of their health. Such situations appeared similarly in studies with PLWH carried out in other countries.

Therefore, in nursing care provided to patients in reference services, it is fundamental to implement the NP in its entirety, to support quality care not only in the biological sphere but also to promote care that meets needs, seeks more dignity, citizenship and quality of life for these people. From this perspective, it is imperative to implement and carry out NP teaching in educational institutions, as well as in Nursing care. These actions strengthen and contribute to the expansion of NANDA-I as a universal taxonomy, supporting the improvement of nursing care for different populations and cultures.

CONTRIBUTIONS TO THE AREA

Relevance of study is related to teaching, as students will be able to use results to insert themselves in use of a Nursing language system, that is, care, as diagnoses may come to assist nurses in clinical practice to understand patients' experience and better guide care and, eventually, research will enable future studies of improvement and comparison between different national and international realities.

In addition, this manuscript shows that living with HIV/aids deserves special attention from health professionals who care for these people, especially nurses that aim for comprehensive care of human health. (individual, family and community). Although such NDs are not directly responsible for interventions that reduce the incidence and/or prevalence of HIV in the country, they can collaborate in expanding the citizenship, dignity and quality of life of this population.

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