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Nurse attitude in ontological care to critical patients with human immunodeficiency virus

Actitud del enfermero en el cuidado ontológico a pacientes críticos con virus de inmunodeficiencia humana

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Cite as: Ávila Rivas NB, Regalado Herrera MB, González Cano JA, Padilla Urrea CM, Cabrera Olvera JL, Barragán Sánchez DM, et al. Nurse attitude in ontological care to critical patients with human immunodeficiency virus. Health Leadership and Quality of Life. 2025; 4:759. <https://doi.org/10.56294/hl2025759>

Submitted: 05-06-2025

Revised: 18-07-2025

Accepted: 12-09-2025

Published: 13-09-2025

Editor: Prof. Javier Gonzalez-Argote 

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ABSTRACT

Introduction: the ontological care to critical patients with HIV, is a specific problem that addresses the way in which nursing professionals manage, provide and deliver care, which give answers to the care needs of patients facing the complexity of living with this disease.

Method: qualitative research, with phenomenological design, 12 nurses from both private and public Intensive Care Units in Ecuador participated, obtained by convenience sampling, to whom semi-structured interviews were applied, for the analysis the Colaizzi model was followed, complementing it with the implementation of Atlas software. Ti

Results: 6 categories emerged: 1. Nursing care to HIV patients in ICU from an ontological viewpoint; 2. Technique, action and effect that stand out in the care of HIV patients in an ICU; 3. Nursing competencies to provide quality care to critical patients with HIV; 6. Nurses' attitude towards health prognosis reserved in the care of critical patients.

Conclusion: the care of HIV patients in critical care services continues to be a paradigm for health professionals, which makes it necessary for staff to have cognitive, attitudinal and procedural skills to ensure the safety and quality of care.

Keywords: Critical Care; Humanized Care; Ontology; Human Immunodeficiency Virus.

RESUMEN

Introducción: el cuidado ontológico a pacientes críticos con el VIH, es un problema específico que aborda la manera en que los profesionales de enfermería gestionan, proporcionan y brindan cuidados, que den respuestas a las necesidades de atención de pacientes que enfrentan la complejidad de vivir con esta enfermedad.

Método: investigación cualitativa, con diseño fenomenológico, participaron 12 enfermeras, de Unidades de Cuidados Intensivos tanto privadas como públicas de Ecuador, obtenidos por un muestreo por conveniencia, a los cuales se les aplicó entrevistas semiestructuradas, para el análisis se siguió el modelo de Colaizzi,

complementándolo con la implementación del software Atlas. Ti.

Resultados: surgiendo 6 categorías: 1. Cuidados de enfermería al paciente con VIH en UCI desde una visión ontológica; 2. Técnica, acción y efecto que sobresalen en el cuidado a pacientes con VIH en una UCI; 3. Impacto de la situación laboral en el personal de enfermería sobre la atención y cuidado a personas con VIH ingresadas a áreas críticas; 4. Valores vulnerados y conflictos de intereses en la atención a pacientes con VIH de unidades críticas; 5. Competencias de enfermería para brindar atención de calidad a pacientes críticos con VIH; 6. Actitud de las enfermeras frente a pronóstico de salud reservado en el cuidado a pacientes críticos.

Conclusión: la atención al paciente con HIV en los servicios de cuidados críticos sigue siendo un paradigma para los profesionales de la salud, esto hace necesario que el personal posea competencias cognitivas, actitudinales y procedimentales para garantizar la seguridad y calidad del cuidado.

Palabras clave: Cuidados Críticos; Cuidados Humanizados; Ontología; Virus de Inmunodeficiencia Humana.

INTRODUCTION

Ontological care for critically ill patients with Human Immunodeficiency Virus (HIV) continues to be a problem for nursing professionals who manage, provide, and deliver care, responding to the care needs of these patients who face the complexity of living with this disease, considering the social, emotional, and spiritual factors that can affect the effectiveness and quality of care provided to these patients.⁽¹⁾

HIV is currently presented as one of the main health challenges in all countries. According to projections by the World Health Organization (WHO), in the early years of the epidemic, more than 10 million people were infected globally. Currently, an estimated 39 million people are living with HIV.⁽²⁾

Similarly, in Latin America and the Caribbean, approximately 3 million people are infected with this virus, making it the second highest prevalence rate for this disease after Africa. This phenomenon affects people of all ages.⁽³⁾ On the other hand, in Ecuador, the number of people with HIV exceeds 40 000 cases, with a greater impact on those between the ages of 20 and 35, according to the National Institute of Statistics and Census (INEC), which reported 5 142 cases in 2022.⁽⁴⁾

In this context, people affected by the virus may need to be admitted to intensive care units (ICUs) for various reasons. Although in the early years of the epidemic the admission of these patients to these units was questioned, today the benefits of intensive care for this group of patients are recognized. However, there is still debate about the appropriateness of their admission, involving legal, social, medical, and economic issues that have not yet been resolved.⁽⁵⁾

It should be noted that between 5 % and 10 % of HIV patients require hospitalization in the ICU, either for life support or for rigorous monitoring. Despite the introduction of highly effective antiretroviral therapy (HAART), the admission of these patients to these units with this pathology continues to occur and in some cases has even increased.⁽⁶⁾

Thus, most ICU hospitalizations are due to infectious diseases, accounting for 70-80 % of cases; These include infections caused by pneumonia, cerebral toxoplasmosis, and tuberculosis. The mortality rate of these HIV patients in the ICU is estimated to be 25 % and is associated with factors such as CD4 counts $\leq 50/\text{mm}^3$, the severity of the patient's condition, functional impairment, the urgency of mechanical ventilation, and the presence of heart failure.⁽⁷⁾

On the other hand, healthcare personnel express fear of needle stick injuries while caring for patients with this condition. The main concern and perception of risk lies in the possibility of accidental exposure to infection during their work or through contact with infectious body fluids, especially when biosafety standards are not met. About 80 % of healthcare workers who care for HIV patients have experienced situations of this type, with incidents involving sharp instruments being the most common.⁽⁸⁾

In addition, there are challenges related to equitable access to treatment and limited resources, such as beds in intensive care units and antiretroviral drugs, as well as dilemmas about who should receive priority, further complicated by the nature of the disease and the potential stigma associated with it. In the terminal stage, an additional conflict arises when making difficult decisions about withdrawing or limiting treatment in critically ill patients.⁽⁹⁾ Therefore, the objective was to describe the attitudes of nurses in ontological care for critically ill patients with human immunodeficiency virus.

METHOD

The research was qualitative in nature, with a descriptive phenomenological design, which facilitated the analysis of the experiences of professionals focusing exclusively on the care of HIV patients, allowing for an understanding of the reality of attitudes towards the care provided. It should be noted that this will be done under the guidance of the Consolidated Criteria for Reporting Qualitative Research (COREQ).^(10,11)

It should be noted that the population consisted of nursing professionals, with a sample of 12 participants from public and private institutions in Ecuador, from emergency services and intensive care units. This was obtained through information saturation once the purpose of the study had been explained in writing and verbally. Codes were assigned to ensure the privacy and confidentiality of the information.

In order to collect relevant information, semi-structured virtual interviews were conducted using the ZOOM platform, which were recorded with an average duration of 40 minutes.⁽¹²⁾ During these sessions, participants provided sociodemographic data, including educational level, age, gender, and workplace. These included the following questions, which had been previously validated through a pilot test: What is the attitude of nursing professionals towards ontological care

to people with HIV in critical care? What aspects stand out for nurses in the care provided to critically ill patients with HIV? What values, bioethical principles, and conflicts of interest are violated during the care of patients with HIV? How do nurses perceive the care provided to critically ill patients with HIV from an ontological perspective?

The information obtained was then transcribed using Microsoft Word software. For analysis, an open coding process based on the Colaizzi method was applied, which allowed the participants' experiences to be synthesized, organized, and detailed in a systematic manner. The EMIC-ETIC approach was also used to identify patterns and connections between the data. This methodology facilitated a deep understanding of the experiences of nursing staff when caring for patients with this disease, using color codes to identify meanings, which, after integration, gave rise to the final categorization.⁽¹³⁾

In addition, the study was conducted under strict ethical principles, ensuring autonomy and respect for participants by obtaining informed consent, which was collected after a clear and detailed explanation of the research objectives. This protocol was approved by the Ethics Committee of the headquarters in Santo Domingo, Ecuador, on March 19, 2024, under approval code DIVI-PUCESD-202401_25.

RESULTS

The interview participants were 6 females and 6 males, aged between 28 and 55, all from intensive care units (ICUs) in both public and private health institutions, with tertiary (6) and quaternary (6) education, as shown in table 1.

Participants	Gender	Age	Level of education	Area of work	Sector
E1	Female	28	Master's degree	UCI	Private
E2	Male	31	Bachelor's degree	UCI	Public
E3	Male	26	Master	UCI	Private
E4	Female	32	Bachelor's degree	UCI	Private
E5	Male	35	Bachelor's degree	UCI	Audience
E6	Male	33	Master's degree	UCI	Private
E7	Female	34	Bachelor's degree	UCI	Public
E8	Male	30	Bachelor's degree	UCI	Public
E9	Female	42	Master's	UCI	Public
E10	Female	29	Bachelor's degree	UCI	Public
E11	Male	38	Master	UCI	Public
E12	Female	55	Master's	UCI	Public

After the analysis process, six thematic units were identified as categories, which group together the participants' convergences as described below:

Category 1. Nursing care for HIV patients in intensive care units from an ontological perspective

This category arises from the interviewees' statements regarding the emphasis they place on the nature of the patient's being and existence. Not only are the physical and clinical aspects of care examined, but also how the experience of being an HIV patient in an ICU is perceived and understood. This includes aspects such as dignity, identity, the meaning of illness, and how these dimensions influence the care provided, according to the responses of the following interviewees:

"Ontology is what allows us to inform and enrich nursing practice by providing a deeper understanding of the nature of human beings and their experience of health and illness" E3

Subcategory 1. Critical reflection on the ontological framework in critical patient care

This subcategory questions and evaluates how conceptions of human existence and nature influence the way care is provided to critically ill patients. This type of reflection can help identify and improve care practices, ensuring that they are more holistic and human-centered, according to the responses of the following interviewees:

“I define ontology as a branch of philosophy that deals with the study of human beings and reality. Ontology seeks to answer fundamental questions about the nature of being, existence, and reality.” E5

“In the context of nursing, ontology is fundamental because it helps us understand the nature of human beings, their health, illness, and the meaning of their existence. It allows us to reflect on our patients’ experiences, beliefs, and values.” E4

Subcategory 2. Application of ontology in a humanized care framework for patients with HIV

This refers to the use of philosophical concepts that examine the nature of being and existence with a healthcare approach that prioritizes dignity, respect, empathy, and comprehensive consideration of HIV patients in critical care units, as stated by the following interviewees:

“Ontology also guides the way I relate to my patients, knowing that my presence and attitudes can have a significant impact on their emotional and mental well-being.” E7

Category 2. Technique, action, and effect that stand out in the care of HIV patients in a critical care unit

According to the interviewees, this category focuses on outstanding practices, interventions, and significant outcomes in the care of HIV patients, covering the most important and effective aspects of care in a critical care unit. For an ICU nurse, the most outstanding techniques, actions, and effects in the care of these patients involve specific skills, competencies, and specialized procedures, such as the administration of antiretroviral drugs, the management of opportunistic infections, and the constant monitoring of vital signs. In addition to the nurse’s direct interventions, which include coordinating care, providing emotional and psychological support to the patient, and implementing preventive measures to avoid complications. According to the responses of the interviewees mentioned below:

“It’s hard to work in the ICU as a critical care nurse. My main goal is to provide the best possible care to all my patients, regardless of their health condition. When I care for patients with human immunodeficiency virus (HIV), I feel an even greater responsibility to provide compassionate and non-judgmental care. My priority is to ensure that they receive adequate medical care to manage their disease and any other medical conditions they may have.” E1

Subcategory 1. Nurses’ perceptions of caring for critically ill patients with HIV

This subcategory uses the narratives of ICU nurses to assess how they perceive and manage the care of patients with HIV. It refers to how nurses view and understand their experience and performance in caring for these patients. This includes their opinions, feelings, knowledge, and attitudes regarding the care they provide to critically ill patients with HIV.

In addition, it covers their perception of the effectiveness of treatments, the difficulties and challenges they face, and the need for additional training or resources to provide optimal care. This subcategory also examines the attitudes and specific practices of nurses in this particular context of intensive medical care. This is evidenced by the participants who state the following:

“Sometimes it can be emotionally challenging, especially if the patient is struggling with HIV-related complications. But at the same time, I feel privileged to be able to provide support and care at such critical moments in my patients’ lives. Working with HIV patients has taught me the importance of empathy, education, and fighting the stigma associated with this disease. Every patient is unique and deserves to be treated with respect and dignity, and it is an honor for me to be part of their healthcare team.” E12

Subcategory 2. Methods of preparation for providing care to critically ill patients with HIV

This subcategory addresses the specific methods and preparation procedures that nursing professionals use to care for critically ill patients with HIV, which involve ensuring that they are well informed about the latest guidelines for the treatment and management of HIV/AIDS. This includes understanding the interactions between antiretrovirals and other medications, as well as being trained in the management of common complications such as opportunistic infections. In addition, it is crucial for nurses to be adequately prepared and sensitive to the unique medical and emotional needs of these patients, which will allow for open and understanding communication to ensure that they receive the necessary emotional support during their stay in the ICU. As evidenced in the following accounts:

“To take on this role, you need the technical preparation to assume responsibility for providing care to critically ill patients with HIV, which requires a combination of formal education, clinical experience, continuing

education, and specialized training, as well as mentoring and constant updating on best practices in HIV/AIDS management.” E9

Category 3. Impact of the work situation on nursing staff providing care to people with HIV admitted to critical care areas

This category addresses the impact of how working conditions and demands affect the ability of nursing staff to provide optimal care to HIV patients in critical situations. This includes everything from workload to stress management, and how these variables can influence the quality of care provided to these vulnerable patients. This is evidenced by the following statements from participants:

“The experience with these patients has been challenging but also rewarding. Working in a critical care unit involves dealing with complex situations and patients with diverse medical conditions. The first thing I want to emphasize is that HIV is no longer necessarily a death sentence. Thanks to advances in antiretroviral treatment, many patients with HIV can lead long and healthy lives.” E4

Subcategory 1. Experience in caring for critical care patients with HIV

This subcategory is based on what participants said about having acquired in-depth knowledge about the specialized management of HIV patients who require intensive care. This includes understanding the specific complications of this disease, such as opportunistic infections and challenges in managing antiretroviral medications during hospitalization.

It also involves being familiar with specific nursing interventions to ensure comprehensive care that is sensitive to the unique needs of these patients, promoting both their physical and emotional well-being during their stay in the ICU, as evidenced by the following statements:

“My experience as a critical care nurse caring for patients with human immunodeficiency virus (HIV) has been both complex and enriching. HIV patients who arrive in critical care often present with very severe clinical conditions.” E10

Subcategory 2. Work history in critical care for people with HIV

This refers to the accumulated experience and work history specifically in the intensive care of patients living with HIV. This includes knowledge acquired about the particularities of managing the disease in a critical care setting, the necessary medical necessary medical and nursing interventions, as well as strategies for providing comprehensive care comprehensive and sensitive to the unique needs of these patients, as described below:

“I really started caring for critically ill patients with HIV three years ago when I started working in the ICU.” E1

“About three years ago, not counting the time during my internship when I did have patients when I rotated through the ICU and emergency room.” E2

Category 4. Violated values and conflicts of interest in the care of HIV patients in critical care units

This category refers to situations where fundamental ethical or moral principles are compromised or cannot be adequately fulfilled in the care of HIV patients in critical care units. This may include ethical dilemmas related to confidentiality, respect for patient autonomy, and equity in access to care.

On the other hand, conflicts of interest arise when personal or institutional objectives conflict with the duty to provide ethical and equitable care to these patients. These conflicts can affect clinical decision-making, resource allocation, and the quality of care provided, as the participants refer to below:

“I believe that treating patients with HIV causes a lot of controversy because many people stigmatize these patients. I believe that the following values are violated during treatment: dignity and respect, autonomy and informed decision-making, equity and justice, confidentiality and privacy, non-discrimination, and social justice.” E4

“Caring for patients with human immunodeficiency virus can raise several conflicts of interest, both for the patient and for healthcare professionals. I think some of these conflicts include confidentiality vs. disclosure because there is a conflict between maintaining the confidentiality of the patient’s HIV diagnosis and the need to disclose this information to certain healthcare professionals to ensure safe and adequate care.” E11

Category 5. Nursing competencies to provide quality care to critically ill patients with HIV

This expresses the respective competencies to provide quality care to patients with this condition, which implies having a deep understanding of the disease. In addition, it is crucial to have skills in managing infectious and non-infectious complications related to HIV. Care focused on these patients is essential to provide comprehensive and empathetic care. As the participants express below:

“As a nursing professional with work experience in caring for critically ill patients with immunodeficiency

virus, I believe it is necessary to have these skills: specialized knowledge, competence in antiretroviral therapy (ART), intensive care management skills, effective communication, teamwork and collaboration, quick and accurate decision-making, empathy, and cultural sensitivity.” E3

“By treating each patient with dignity and respect, understanding that they are going through an extremely difficult situation. My empathetic approach helps me establish a relationship of trust, which is fundamental to the patient’s emotional well-being.” E6

Category 6. Nurses’ attitude toward a guarded health prognosis in critical care

This addresses the attitude of nurses who face challenging situations where they must maintain a balance between hope and clinical reality. It is therefore crucial to maintain an empathetic and professional attitude, providing continuous support to the patient. In addition, the attitude of healthcare professionals must reflect a firm commitment to comprehensive care and patient comfort, ensuring that they feel cared for and respected at all times. As the participants express below:

“As a nurse, I recognize that it is normal to experience difficult thoughts and emotions in response to caring for critically ill patients with human immunodeficiency virus. Seeking adequate support and practicing self-care is what can help us remain resilient and continue to provide quality care to our patients.” E7

“I try to remain calm and not get emotionally involved with the patient, as it can affect my nursing care by showing compassion or pity for their poor prognosis.” E9

DISCUSSION

Health care continues to be a paradigm of constant change, which makes it necessary to care for the person from an ontological perspective, centered on values and principles that dignify the care provided by health professionals. In this sense, healthcare treatment and services must be provided within a framework of respect, acceptance, and ethical-moral values that guarantee the humanization of care for people in vulnerable situations, such as those with HIV.⁽⁵⁾

Similarly, the application of humanized care in an ontological context ensures the prevention of stigmatization among healthcare workers when caring for patients with HIV, as well as mitigating inequalities in access to healthcare systems, linking dignity in treatment and healthcare services.⁽¹⁴⁾ This is related to the participants’ statements about the need for critical reflection focused on a vision of professional commitment when providing care to HIV patients admitted to critical care areas.

Therefore, the study highlighted the need for nursing professionals to examine the art of care from an ontological perspective focused on the existence and nature of people living with HIV. In this vein, professionals must work as a multidisciplinary and interdisciplinary team to provide rational services, reformulate behaviors and skills during the humanized care of patients with this pathology, under a model of personhood and legal and professional commitment.

Undoubtedly, caring for critically ill patients with HIV requires nurses to adopt specialized and outstanding practices. In addition, they must coordinate care and provide emotional and psychological support, which contributes to a notable improvement in patient stability, the prevention of new infections, and a better quality of life. For this reason, the care of these patients requires a comprehensive approach that combines advanced techniques and specific actions. The effective use of antiretroviral therapy, hemodynamic monitoring, and mechanical ventilation, along with continuous assessment and nutritional support, are essential to improve the clinical outcomes and quality of life of these patients.^(16,17)

Furthermore, nursing professionals must examine the specific procedures and methods they use to care for critically ill patients with this condition, for which they must keep up to date with the latest guidelines and protocols on

HIV/AIDS; therefore, it is necessary for nurses to be prepared and emotionally sensitive to the needs of these patients. For this reason, there is a need for nurses to be adequately trained to improve clinical outcomes and quality of care. Continuing education, the development of specific protocols, and multidisciplinary coordination are key methods for ensuring effective care.⁽¹⁸⁾

Our study shows how work demands and conditions influence nurses’ ability to provide quality care to patients. Stress management, combined with workload, can impact the care provided to these patients. In contrast, the working conditions of nursing staff in ICUs, who provide care to people with HIV, have a significant impact on the quality of care provided. Therefore, support strategies and improvements would result in more effective and humanized care for patients with this condition in these types of areas.⁽¹⁹⁾

With regard to the specialized management of critically ill patients with this disease by nursing professionals, it is necessary that they, through their experiences, gain a greater understanding of the complications associated with the disease, which implies having knowledge of specific nursing interventions to provide comprehensive care tailored to each person’s needs. Similarly, as research advances and clinical practices are refined, it is essential that nurses continue to adapt their approaches to address the unique challenges presented by these

patients. Continuing education, research, and interdisciplinary support are key to improving the experience and outcomes of critical care for patients with HIV.⁽²⁰⁾

The present research reflected the difficulty of the working hours faced by nursing staff, which is due to the need to maintain an intensive approach to manage the various complications specific to HIV. Likewise, constant personalized care, coupled with the management of serious medical complications, increases the pressure on the team. In this regard, effective management of the workday in these units, where care is provided to these patients, is essential to ensure high-quality care and preserve the health of healthcare personnel. It is imperative that healthcare institutions adopt policies and practices that address these challenges, promoting a healthy and efficient work environment.⁽²¹⁾

On the other hand, caring for these patients presents unique challenges due to the ethical values and conflicts of interest that may arise in this context, affecting the quality of care and decision-making, encompassing ethical dilemmas such as autonomy, patient privacy, confidentiality of diagnosis, stigma, and differential treatment in care. Therefore, addressing these challenges through robust ethical training, the implementation of clear protocols, and the promotion of a supportive work environment can improve the quality of care and ensure that the dignity and rights of all patients are respected, regardless of their condition.⁽²²⁾

It should be noted that critically ill patients with this virus have a guarded prognosis, which poses significant challenges in both clinical care and the emotional management of the healthcare team. Nurses, as the first point of contact in the care of these patients, play an essential role in managing their needs and communicating with family members. Therefore, it is necessary for nurses' attitudes toward a guarded health prognosis to be multifaceted and influenced by emotional, ethical, and professional factors. Continuous training in coping skills, emotional support, and the promotion of a collaborative work environment are essential to improve their ability to handle these challenging situations.⁽²³⁾

It should be noted that this study delved into ontological care in intensive care units for people living with HIV, highlighting how nursing attitudes are shaped at the intersection of technique, ethics, and humanization. It highlights that care goes beyond the biomedical, focusing on dignity, empathy, and critical reflection on the existence and meaning of illness. In doing so, the study broadens the debate on the ontological role of nursing in highly vulnerable contexts, highlighting ethical dilemmas, work tensions, and the skills necessary for comprehensive and non-stigmatizing care.

On the other hand, the scope of the study is limited to the Ecuadorian context, with a small sample of 12 nurses obtained for convenience. The phenomenological design privileges the understanding of meanings but limits the generalization of findings.

Therefore, there is a need to evaluate anti-stigma interventions in critical areas and to integrate fidelity indicators to monitor consistency between discourse and practice. It is recommended to strengthen ethical and ontological training in nursing, as well as to generate multicenter and mixed studies that allow experiences to be contrasted with clinical results. Future lines of research should explore institutional strategies for psychosocial support and management policies that reduce the impact of work stress on the quality of care.

CONCLUSIONS

Caring for HIV patients in critical care services remains a challenge for healthcare professionals, requiring staff to possess cognitive, attitudinal, and procedural skills to ensure the safety and quality of care. However, limitations such as workload make timely and effective care difficult. Therefore, the study highlights the need for continuous training and professional development to provide dignified and humanized care. Consequently, this makes it necessary to visualize the need to reformulate the training curriculum within a framework of ethical aspects, humanization, and legislation that guarantee professional commitment during the provision of services.

In addition, nursing professionals perceive care as a deeply human process that goes beyond the physical aspects of the disease. They see the person as a complete human being with their history, emotions, and inherent dignity, and they strive to establish an authentic connection based on respect, empathy, and understanding of their unique situation. Despite being aware of the prejudices that may affect these HIV patients, they are responsible for creating a care environment that is safe, non-judgmental, and fully respects the patient's confidentiality and autonomy. From an ontological perspective, nurses perceive the care of these patients as a practice centered on the dignity, humanity, and safety of individuals.

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FUNDING

None.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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