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FEELINGS REPORTED BY HEALTH WORKERS WHEN FACING THE AIDS EPIDEMIC (1986–2006)¹

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ABSTRACT: The aim of this study was to understand and describe the feelings reported by health workers when facing the emergence of AIDS in a reference hospital for infectious diseases during the period from 1986 through 2006. For data gathering, we employed oral history collected from 23 health workers. For data treatment, we used content analysis, which yielded three categories: attitudes and/or feelings of health workers concerning AIDS; health workers' perception of the feelings and attitudes of patients and their families when faced with a positive diagnosis of HIV; and attitudes and/or feelings of the population in reaction to the emergence of AIDS. Feelings such as discrimination, stigma, rejection, and shame, as well as feelings about death marked the history of the AIDS epidemic because, far beyond physical death, AIDS also brought feelings of social death.

DESCRIPTORS: Prejudice. Discrimination. Acquired Immunodeficiency Syndrome. Health professionals. History of nursing.

SENTIMENTOS RELATADOS PELOS TRABALHADORES DA SAÚDE FRENTE À EPIDEMIA DA AIDS (1986-2006)

RESUMO: Este estudo objetivou descrever e compreender os sentimentos relatados pelos trabalhadores da saúde frente ao surgimento da aids, em um hospital de referência em doenças infectocontagiosas, no período de 1986 a 2006. Para a coleta de dados utilizamos entrevistas, com base na da História Oral, com 23 trabalhadores da saúde, e para o tratamento dos dados, a análise de conteúdo, da qual emergiram três categorias: Atitudes e/ou sentimentos dos trabalhadores da saúde acerca da aids; Percepção dos trabalhadores da saúde quanto aos sentimentos e atitudes dos pacientes frente ao diagnóstico soropositivo para o HIV e de seus familiares; e Atitudes e/ou sentimentos da população frente ao surgimento da aids. Sentimentos como discriminação, estigma, rejeição, vergonha, morte marcaram a história da epidemia da aids; pois, mais que morte física, a aids trouxe consigo sentimentos de morte social.

DESCRITORES: Preconceito. Discriminação. Síndrome da Imunodeficiência Adquirida. Profissionais da saúde. História da enfermagem.

SENTIMIENTOS RELATADOS POR LOS TRABAJADORES DE SALUD FRENTE A LA EPIDEMIA DE SIDA (1986-2006)

RESUMEN: Este estudio objetivó describir y comprender los sentimientos relatados por los trabajadores de salud frente al surgimiento del SIDA, en un hospital de referencia en enfermedades infectocontagiosas, en el periodo de 1986 a 2006. Para la recolección de los datos, utilizamos la historia oral con entrevistas a 23 trabajadores de salud y para el tratamiento de los datos, el análisis de contenido, del cual emergieron tres categorías: Actitudes y/o sentimientos de los trabajadores de la salud sobre el SIDA; -percepción de los trabajadores de salud en cuanto a los sentimientos y actitudes de los pacientes frente al diagnóstico seropositivo del SIDA y de sus familiares, Actitudes y/o sentimientos de la población frente al surgimiento del SIDA. Sentimientos como discriminación, estigma, rechazo, vergüenza, muerte marcaron la historia de la epidemia del SIDA; pues más que la muerte física, el SIDA trajo consigo sentimientos de muerte social.

DESCRIPTORES: Preconcepto. Discriminación. Síndrome de Inmunodeficiencia Adquirida. Profesionales de salud. Historia de la enfermería.

INTRODUCTION

The emergence of AIDS in the state of Santa Catarina was marked by rejection and fear, given the fact that it was a new, devastating disease whose routes of transmission were unknown. As consequence, society's perception of the epidemic – including those of health workers, patients, and their families – included discrimination, prejudice, and stigmas.¹ AIDS was featured in the tabloids almost daily, and some of those articles caused panic in the population and solidified moralistic and prejudiced ideas. Those news pieces were the first contact between society and AIDS, thus contributing to reinforce the image of HIV/AIDS carriers in association with death, prejudice, and groups such as homosexuals and people who inject drugs.²⁻⁴

In this context, it is possible to attest that the media, in a way, had a defining role when it came to the discrimination against carriers of the disease. The spread of the disease was intensely covered by the media, which had a decisive role in the dissemination of information. If, on one hand, it disseminated reports on the efforts of the scientific community to educate the public on the disease, on the other hand it also brought many negative consequences for the understanding of AIDS, because it reinforced, in the popular imagination, the idea of the disease as a consequence of socially objectionable behaviors.⁵ For that reason AIDS, in the beginning of the epidemics, was called the disease of the 4 Hs: homosexuals; hemophiliacs; Haitians; and heroin users, which shows the stigmatizing potential and prejudice created around these groups by society.⁶

Thus, addressing AIDS is not a simple task, because this disease, from its inception until this day – although to a lesser degree today – has always been the carrier of taboos, fears, and prejudices, because at the time it affected groups that were seen as at-risk. These groups were strongly stigmatized for their behaviors, which were not accepted by society at the time.⁷

Therefore, studying, searching the past, particularly the memories of health workers, in order to better understand their care methods and their feelings when facing the emergence of AIDS, enables us to consider their cultural, moral, and social conditionings and to assess them critically to avoid prejudiced attitudes, thus establishing an ethical

relationship. Within this context and considering the exposed theme, the aim of this study was to describe and understand the feelings reported by health workers when facing the emergence of AIDS in a reference hospital for infectious diseases in the period 1986 to 2006.

METHODOLOGY

The methodology was socio-historical research with a qualitative approach that employed oral history (OH) as a source method for data gathering. This type of research consists of a systematic gathering of data related to past occurrences, and whose aim is to shed light on the past so that it can enlighten the present time, going as far as revealing some future issues.⁸⁻⁹

Data gathering occurred in the period of March to October 2011, through semi-structured interviews with 23 health workers who participated in and directly or indirectly performed care for HIV/AIDS carriers being treated at Nereu Ramos Hospital (NRH) in the period of 1986 to 2006. Among them were four physicians, eight nurses, four nursing technicians, three nursing assistants*, one dentist, one nutritionist, one social worker and one psychologist.

When recovered, their memories enabled us to understand the past under the light of the personal views of each human being, and not only under the light of the social, political, economic, and cultural context of the time to which they referred.¹⁰

Considering that the first hospitalizations of HIV/AIDS carriers in NRH happened in 1985, we predicted that many health workers were available to participate in the study and share their memories. Inclusion criteria were: health workers who performed care for HIV/AIDS carriers in the period under research; health workers who had good recollection about the development of their work activities when attending HIV/AIDS carriers; and health workers who were available and interested in participating.

All interviews were scheduled in advance according to the availability of each respondent, observing a place, date, and time suggested by them. Subjects were chosen based on a request sent to the Human Resources department of NRH and

* In Brazil, nursing is divided into three categories: nurse, nursing technicians and nursing auxiliaries, being the highest level is a nurse, followed by technicians and auxiliaries. Translator's note.

by recommendation of workers who had already been interviewed.

Regarding the analysis of the gathered data, we chose content analysis.¹¹ Transcription and organization of data consisted of sorting and categorizing speeches, which happened through exhaustive readings and rereadings, with the aim of temporarily grouping/compiling possible enunciations. Following this path, we tried to identify relevant structures and to regroup by themes, which yielded the following categories: attitudes and/or feelings of health workers concerning the AIDS epidemic; health workers' perception of feelings and attitudes of patients and their families when faced with a positive diagnosis of HIV; and attitudes and/or feelings of the population in reaction to the emergence of AIDS. These categories revealed the various feelings and attitudes of health workers and of the population when facing the emergence of AIDS, as well as the perception of health workers regarding the feelings of patients and their families when facing an HIV-positive diagnosis.

Research was submitted to the Human Research Ethics Committee (HREC) of the *Universidade Federal Santa Catarina* and approved under ruling n^o 920/10. Subjects who accepted to participate in the study signed a Free and Informed Consent Form. As some study subjects did not accept to be named, we opted to grant anonymity for all. Subjects were identified by letters related to their professional fields and by numbers in order to follow the chronological order of employment at NRH.

RESULTS AND DISCUSSION

Attitudes and/or feelings of health workers related to the AIDS epidemic

In this category, some questions, such as those around the lack of knowledge of the real method of transmission of HIV and the fact that the disease emerged in such a devastating manner in the people who developed it – with an undertone of a mortal disease – resulted in aggravation of some feelings such as anguish, fear, apprehensiveness, rejection, and even discrimination in a large part of the population. This even included health workers. Even though HIV transmission was initially associated with the so-called risk groups, some health workers considered it to have the potential risk of infection for themselves, considering that they were directly

exposed to blood and other bodily fluids when caring for HIV/AIDS carriers. We can observe this fact in the following speeches:

The first patient, I attended with a lot of fear. The procedure was simple, but the fear of AIDS was present. Then I took some gloves home and told my wife: 'Put these gloves on, take my clothes off, put them into some bleach. By the love of God, do not come close to me. I'm going to take a shower and I want alcohol (D1).

I remember that many workers quit, requested transfers so that they didn't have to work with AIDS. At the time there were very few patients and few workers and, with a lot of effort, some worker was sent from another unit, but no one worked hard. There was a lot of fear, apprehension, prejudice, because everything was new and a lot of people were dying because of the disease (TE2).

Some physicians, in the beginning of AIDS, were forced to perform procedures because they had to. Because if they had the option, they would pass it on to another physician. Fear of a new disease caused apprehension, prejudice in some of them, who wore lots of clothes and equipment to not even enter the room, only stand at the door and ask: 'Hey, are you OK?' (TE4).

There were some workers who did not like to work with AIDS; they used to say that it was a disease that would put them under risk, since it was an unknown disease that killed a lot of patients. There was so much fear that some workers even quit (E2).

It is noticeable that, in the beginning of the epidemic, lack of knowledge regarding the real routes of HIV transmission generated a lot of fear and preoccupation among health workers, as well as rejection and discrimination against HIV/AIDS carriers. These feelings negatively influenced care practices, because some workers refused to treat HIV/AIDS carriers and quit, requested transfers, or missed days of work. Because of this situation at the time, it was necessary to constantly learn more about AIDS, with the aim of instrumentalizing and educating workers, especially in nursing, for safe, ethical, and effective care.

The new, the unknown, such as AIDS in the beginning, caused fear, apprehension, and insecurity in health workers, in the sphere of care offered to HIV/AIDS carriers.¹² Lack of knowledge about AIDS, especially about its actual routes of transmission, ended up making health workers more susceptible to risks related to being exposed to possibly contaminated biological material.¹² In this regard, the search for knowledge, as well as the integration between different professional cat-

egories, was essential not only to guarantee more safety for workers, but also to offer care that was free of discrimination and prejudices.

Health workers' perception of feelings and attitudes of patients and their families when facing an HIV-positive diagnosis

First, it is important to emphasize that this category addresses some manifestations of feelings coming from patients when faced with an HIV-positive diagnosis, from the point of view of health workers, to highlight stigmas, discrimination, outrage, feelings of imminent death, as well as feelings of rejection, discrimination, and shame by family members of HIV/AIDS carriers under treatment at NRH.

The AIDS epidemic has been accompanied, since its beginning, by situations of discrimination, since it was initially linked to homosexuality and promiscuity. This caused one of the challenges for carriers, namely experiencing the various processes of coping after the diagnosis.¹³⁻¹⁴ In this strongly social entanglement in the study, health workers, who were directly involved in care for HIV/AIDS carriers, could witness feelings of outrage, isolation, anguish, and fear on the part of the patients when revealing their situation to their families.

Sometimes carriers hid their diagnoses from their own families for fear of their reaction and of how they would handle this new situation, as well as for fear of rejection and discrimination coming from them. Still on this subject, it is striking how HIV/AIDS carriers had the need to constantly hide their diagnoses from society for multiple reasons, such as: shame; fear of stigmatization; and fear of being victims of prejudices associated with the disease.¹⁵ These facts are confirmed in this study through the following speeches:

Patients discriminated among themselves; they were scared, fearful of being discriminated against. Then they lied; they changed names. There were cases of children of important people who gave the names of other people so that they wouldn't be categorized as victims (AE1).

At the time, stigmatization, fear of a positive result, and of having to face their families was such that, in the very beginning, among the first cases, a young person was admitted, had all the exams done, and ended up committing suicide. He didn't even wait for the results, and they were negative. So, I remember this very strongly (E1).

Unfortunately, the patients themselves were prejudiced, or rather, they feared being discriminated against. Just so you have an idea, some patients were so scared or ashamed, I don't know, that they would ask me to get their medication so that they wouldn't be seen by some family member or acquaintance while getting AIDS medication (TE4).

We were very involved with patients. They used to ask: 'How am I going to tell my family that I have this? What about work?' Yeah, at the time, AIDS was a problem at the workplace. If someone found out they had AIDS, they were fired. And the patient having the role of telling their family was also complicated, because behind AIDS there was a whole backstory of drugs, prostitution, homosexuality... (E2).

It was very hard to see those patients. I remember that some of them would get outraged, resentful; they wouldn't accept that they had the disease. But what was really sad was seeing the fearful faces of some of them waiting for death. They knew they were going to die and they isolated themselves (AE3).

When I started working there, there already was Ward 5, so everybody who was admitted to this ward had AIDS. Lots of patients with AIDS did not want to be admitted, because if they were admitted to Ward 5, their whole families would know they had AIDS (M3).

These speeches show different types of coping related to the delicate situation of learning about their diagnoses, the need to hide their infection – which resulted from the discrimination and prejudice that they faced – and the constant perception of death. In addition, they expressed feelings such as shame, preoccupation with their families, abandonment, loneliness, sadness, fear of death, and anxiety.

An AIDS diagnosis is a catastrophic event because it is associated with a quick and deteriorating clinical evolution, in addition to having no curative treatment and an extremely bad prognosis. In this regard, doubts about the disease process emerged and about how painful and inevitable the diseases' progress would be, causing patients to live permanently sure of early death.²

The relationship between the disease and death seems inevitable, with aspects related to private life and with deep repercussions in social life. Most HIV-positive individuals put their lives under the microscope. Thus, they review their histories and their plans, and reassess what they consider essential.¹⁶⁻¹⁷

In this study, health workers emphasized that the feeling of imminent death could be observed

in some of the patients, who knew they were carrying a disease that was lethal then. This caused various distressing feelings, such as fear, anxiety, and depression. Along with all of these feelings, patients experienced stigma, prejudice, isolation and, frequently, abandonment.

An HIV diagnosis is considered a shock because of the physical, emotional, and social trauma it causes.¹³ When faced with an AIDS diagnosis, individuals feel uncertain and insecure, which leads to moments of crisis. The way each person reacts to the changes that result from the disease depends on many factors. Among them are personality and social-family contexts.

Regarding the social-family context, we emphasize the importance of the family as a foundation, as support in coping with the diagnosis of such a stigmatized disease as AIDS.¹⁵⁻¹⁶ However, according to the speeches of health workers, that was not what they experienced in the beginning of the emergence of AIDS in NRH, but rather feelings of discrimination, prejudice, and shame by some family members, especially parents, regarding the serological situation of their children. This fact can be observed in the following speeches:

When the patients' families found out that the reason for AIDS was homosexuality, they would be even more ashamed. It was very complicated. Beyond AIDS, it was a sin to be homosexual in those times; families were very prejudiced (M1).

Look, it was very sad to see patients depressed, isolated, discriminated against by their own families. Many patients were abandoned and blamed for having the disease, for being homosexuals, drug users (TE2).

Some families brought the patient to be admitted here and locked the room; then only authorized personnel got in to give them medication, baths. These families didn't want their hospitalized family members to be seen because, more than AIDS, they didn't want them to be known as homosexuals (TE4).

Some mothers didn't want other people in the family to know that their children had AIDS. They were afraid of discrimination from others toward their children; it was a protective measure (E4).

In the health workers' speeches, it is noticeable how striking were the stigmatization, discrimination, shame, and isolation on the part of some families when they learned about their relatives' HIV diagnoses, as well as their feelings of the culpability of the carrier relative. These feelings and actions result from the fact that HIV/AIDS was first

seen through the concepts of perversity and human misery, such as the issues of male homosexuality, female promiscuity, and use of injection drugs.

HIV infection, which was loaded with moral implications in society, was enough to lead carriers to feelings of guilt and victimization, because it transmitted the idea that AIDS was a type of divine punishment against people whose sexual behavior did not correspond to religious dogmas.⁷

Still in this context, because of its initial association with socially deviant behaviors – which could be condemned by society – contamination by the virus caused an additional problem not only for HIV-positive individuals but also for their family members. Publically announcing that there was an infected family member, especially for mothers, became one of the dilemmas that some families experienced in regard to the HIV-positive status of their children. They were led to hide their diagnoses due to fear of stigmatization and rejection, in addition to being victims of prejudice.¹⁵⁻¹⁶ Families, for fear of judgement and social exclusion, preferred to keep their relatives' diagnoses away from society as a protective measure. If society knew, it would look at them differently and treat them with indifference.

Attitudes and/or feelings of the population in reaction to the emergence of AIDS

In this category, the speeches address feelings of discrimination, prejudice, and a fear of society, including other hospitals and health institutions for HIV/AIDS carriers, as well as NRH itself and its employees.

Feelings of discrimination, rejection, and fear of HIV/AIDS carriers were present since the disease's emergence, in connection with the negative influence of the media, which disseminated the concept of the disease as a consequence of socially objectionable behaviors. Thus, prejudice and intolerance were present in the speeches and the term "infect" came into prominence, viewing HIV/AIDS carriers as an enemy doomed to physical death, with no use for social development, taking away from them their rights to be citizens.⁵

This resulted from the fact that the emergence of AIDS was directly associated with homosexuality and injection drug users, who were put into stigmatized risk groups. Up to that point, this disease's path caused a certain perplexity. First it was said that it only affected male homosexuals. Soon after, there was the story of African monkeys who

transmitted the virus to humans. Then, drug users were affected.¹⁸ It is possible to notice that, up to that point, only groups that were seen as marginalized, who deviated from society, were affected, which solidified the stigma of a risk group for society.

People, if they could, would throw themselves into an iron armor when passing by an "infect"; that's how people called carriers of the disease (D1).

When AIDS was first appearing at the hospital, patients with the disease were very stigmatized by society, encouraged by the prejudiced media. Blame was placed on people who had the disease, like: "He has AIDS because he did this and this and that wrong (AE2).

A lot of prejudice in the beginning, but I think that the biggest prejudice was not so much the disease, but the lifestyle, the sexual behavior of the individual. Because homosexuality was reprimanded, society blamed homosexuals, claiming they were to blame for having the disease, that it was their choice (M2).

Media at the time was horrible and had a complex role in discrimination. The stigma was so strong among the population that people segregated, threw the patients into the hospital, did not want them in the community. So, I and the two social workers, at the time, worked together; we had to handle all of this (P1).

Other hospitals used to call to say: 'We're sending you a patient' and, while we were receiving information, the patient already was at the door of the hospital. We faced absurd things; patients from towns in the countryside used to be left at the door of the hospital and the ambulance would drive away (E3).

Discrimination was very strong for a part of society and even other health services. I remember a famous person at the time, who came in well. I mean "well" between quotation marks, because the other hospital's staff, when they found the patient had AIDS, left him in front of Nereu [...]. It was very hard, even to take patients out for an ultrasound exam, because other clinics would say that they did not have slots (E6).

It is noticeable in the health workers' speeches how much society and, in this context, health services, were influenced by the media to stigmatize and discriminate against people who had the disease. This behavior resulted from the first stories in the media, which associated AIDS with a "gay cancer" or the malady of the century.⁵ This beginning was marked by the process of discovery of the disease which, combined with the absence of information about the routes of infection, undoubtedly led, and still leads, HIV-positive individuals into a degrading discriminatory cycle.

Surely the prejudiced image that society had for AIDS carriers, an image associated with homosexuals and injection drug users, was reinforced by the media which, with its powers, disseminated tabloid-like news, distorting and stigmatizing AIDS as an incurable disease that led to death and was restricted to "risk groups," thus causing panic, rejection, and stigmatization in the population. This situation was not different in Florianópolis, the city where NRH is located and the context of this study, because the population reacted strongly to an incident called the "AIDS Gang." This event, reported by some of the subjects, generated panic and represented a threat to normality in the city, especially for those who lived in the Helsingue Building, located in the neighborhood of Trindade in the capital, who were part of this incident:¹⁹

At the time, there was a well-known case that generated a lot of discrimination and prejudice and was very criticized by the population. There was a group of young people who shared needles contaminated with blood at parties at the condominium where they lived, in the Trindade neighborhood. This case was well known by the media. I remember that they called them the 'AIDS gang'. It was even in the newspapers. And the parents of the young people, who lived nearby, because of the negative influence of the media, said that those depraved had to leave the condominium. And when the media found out that those people came here for blood exams, journalists from the whole country came here. It was crazy (TE4).

The "AIDS Gang" was reported by Florianópolis's papers in October 1987, which incited a wave of persecution, fear, and prejudice against the young people accused of participating in the group. The police started watching them, because they were suspected of transmitting HIV intentionally. The scandal was so serious that public health authorities in the city and in the state were asked to take a stance on the case, beginning the discussion of the need to create mechanisms for control of the epidemic.²⁰ This event also called attention to drug trafficking in the city, which at the time was considered a problem exclusive to big cities.

Marked by the end of dictatorship, the media was very powerful. On the front pages of newspapers and in special articles, they would inform the population about the whole story behind AIDS. They took the bundle of information that a woman who lived at the building released to them and used it to produce tabloid pieces that showed these young individuals as committed to transmitting HIV.¹⁹ It was apparent that this representation, fed by the

media, would guide social practices of discrimination among the population and public authorities, to the point of launching a police investigation and giving the idea that the Trindade neighborhood was central to AIDS transmission.

As if the power of media was not enough for the massive popular discrimination against HIV/AIDS carriers, in the beginning of the epidemic, we should emphasize, these communication channels contributed to the feelings of discrimination, stigma, and prejudice that the population felt against NRH and its workers, especially health workers who worked at the institution, according to the following speeches:

Nereu was already discriminated against by the population because we treated patients with tuberculosis. And with AIDS, the hospital was even more marginalized, stigmatized by the population. And that happened because of the negative influence of the media that was always watching the hospital, feeding the fear (M1).

I saw that the prejudice of society was against Nereu and also against us, for working there. It existed even before AIDS. There was stigma and discrimination against tuberculosis. We had a neighborhood bus route that went to Nereu, but before that we passed through a community behind the hospital and nobody would sit beside us (AE1).

The hospital, even before AIDS, was already negatively judged by society; it had the image of a poor people's hospital, forgotten, discriminated against for treating patients with infectious diseases. And with AIDS, this was even more clear; it generated a certain panic in the local population, not only towards the patients, but also against us, the workers (TE3).

In my family, my father was already against me becoming a nurse; then when I started working at NRH, he said: 'But you studied so much to work with tuberculosis?' My mother-in-law was also afraid that I would take tuberculosis home. The discrimination issue was very strong, including among our family members. But for me, it was never a deterrent (E2).

NRH, in the beginning, was a mix of curiosity and tabloid rumors, because AIDS was something that was related to sexuality, drugs, everything. So, reporters would stay there, waiting for news, to see who came in and out of the hospital. This generated a lot of confusion (E3).

We notice from the speeches how much NRH, as well as its health workers, who performed at the institution, were stigmatized by the population. This was encouraged by the media, which disseminated, through written and oral news,

distorted information that clearly contributed to creating prejudice and discrimination against NRH, because it was a reference hospital for the treatment of HIV/AIDS carriers. These news pieces had the aim of disseminating new and unknown facts in a tabloid-like manner, with little precision and without the intention of disseminating educational information.⁵

Initially, even before the emergence of AIDS, NRH, considered a reference hospital for treating infectious diseases in Santa Catarina, was already considered an exclusion hospital, rejected by society and forgotten by the government.²¹⁻²² However, with the emergence of AIDS and because NRH was a reference hospital, it started receiving incentives and financing to improve its structure from public policies focused on improving assistance for HIV/AIDS carriers.¹ These advancements, studies, and AIDS-centered public policies, as well as the dissemination of its results through scientific means, motivated the media to start producing news about AIDS with more responsibility.²³

Finally, we can confirm that AIDS was a surprise and established new values, respectful attitudes, and recognition from society, not only for its carriers, but also for NRH, as well as for the institution's workers.

FINAL CONSIDERATIONS

This study made it possible to learn about the various feelings and attitudes of health workers when facing the emergence of AIDS at NRH, resulting from the lack of knowledge about the real routes of transmission of HIV and the fact that the disease was devastating for its carriers. In this context, it was also possible to learn, from the points of view of health workers, some of the feelings expressed by the patients themselves when receiving an HIV-positive diagnosis, with the main impressions being: stigma; discrimination; neglect; sadness; outrage; and feelings of imminent death. In addition, there were some feelings of rejection, discrimination, and shame from the family members of HIV/AIDS patients being treated at NRH.

Understanding the process of coping with AIDS-related issues was complicated, because the diagnosis carried with it the stereotype of a shameful disease, strongly associated with ideas such as moral and social devaluation. In this sense, various feelings of discrimination, prejudice, society's fear, fear from other hospitals and health institutions

against the HIV/AIDS carriers, as well as against NRH and its workers, were presented in this study.

In this scenario, the tabloid media, when disseminating pieces on AIDS with moralistic and discriminatory biases, were mainly responsible for creating panic in the population. Because the first news articles were the first contact that society had with AIDS, the media thus contributed to reinforcing the image of carriers in connection with death, prejudice, homosexuality, and injection drug users. It is not by accident that, since the emergence of AIDS, there have been various negative feelings associated with carriers, feelings that come from patients themselves and their family members, as well as from the general population.

We understand that this study has social and academic relevance for health, in addition to presenting important data for handling the issues of stigma and prejudice in the AIDS epidemic. Because even though these feelings are unfortunately still present, we can attest, based on this study, that there have been numerous efforts to eliminate the stigma of AIDS in people's perceptions, and that HIV carriers need a different approach, but not unequal, because they still are themselves, with the circumstantial difference of having had contact with the HIV virus.

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