

Second Annual Doctors Of Nursing Practice: Defining Ourselves



Spirituality in HIV Positive Women

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Objectives

- ❏ Understand the importance of spiritual assessments in patient care.
- ❏ Understand our own feelings on spirituality.
- ❏ Understand the importance of spirituality in wellness.

- ❏ Care of the HIV infected patient has evolved rapidly since the virus was first identified.
- ❏ Today women account for more than one quarter of all HIV diagnoses.
- ❏ HIV is the leading cause of death among all women aged 35 to 44 years.
- ❏ This study is a first phase in obtaining information that might be helpful in future clinical practice for nurses in order to address the spiritual needs of patients.

Purpose

- Describe the spiritual well-being and spiritual practices of HIV positive women.
- Determine the relationship between spiritual well-being, spiritual practices and CD4 counts.
- The results emphasize the importance of developing a spiritual assessment tool.

Spirituality

- Expressed individually in the search for the ultimate meaning of life.
- Spirituality is an awareness of nature, a connection to a higher power an awareness of one's inner self or a connection to a purpose greater than oneself and not necessarily religion.

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- **Successful treatment of HIV is dependent upon strict adherence to antiretroviral therapy.**
- **One of the factors that influenced adherence were religiosity and faith.**
- **Women reported better adherence when they had a connection with healthcare providers.**
- **The CD4 T Lymphocyte count is a critical measure of the immune system.**
- **A CD4 cell count of < 200 is a diagnosis of AIDS.**

Significance to Nursing

- **Spirituality remains an important component of survival for women with HIV.**
- **Medications alone cannot provide comfort and reassurance.**
- **The study has proven statistically that spiritual practices are correlated to CD4 counts.**
- **There is a need for education on spirituality in all nursing curriculums.**
- **There is a need for all nurses to be in touch with their own spirituality.**
- **Nurses need to become comfortable in discussing spirituality with their patients.**

Theoretical Framework

- Based on Jean Watson's theory of Human Caring developed between 1975 and 1979.
- Organized around 10 carative factors which are the core of nursing.
- The theory of Human Caring is based on the caring-to-caring relationship between the one who is caring and the one who is being cared for.

Literature Review

- It was identified that spirituality was a source used by HIV positive women, that positively effected their health related quality of life.
- The search was done using CINAHL, Medline, Questia and Google Scholar between the years of 1991 through 2007.
- Research conducted by Draper 2002, showed that positive beliefs, comfort, and strength gained from religion, prayer, and meditation can contribute to healing and a sense of well-being.
- Ambs (2007) observed that cancer survivors and persons with chronic illnesses were more likely to use spiritual and religious prayer and healing practices than those with no disease.

Study Variables

- █ **Independent** - Disease Status (HIV or AIDS)
- █ **Dependent** - Spiritual practices of HIV positive women
- █ **Dependent** - Spiritual well-being of HIV positive women

HIV/AIDS-CD4 T Lymphocyte Count

- █ HIV is a virus that can make billions of copies of itself in an infected person's body. The virus attacks CD4 cells an important part of the body's immune system. (CD4 > 200)
- █ AIDS develops when so many CD4 cells are destroyed that the immune system cannot function properly. (CD4 < 200).
- █ CD4 T lymphocyte counts are obtained through venous blood samples obtained within 30 days and recorded in the patient's chart.

Methods

- The research design was quantitative descriptive .
- An a-priori analysis was conducted to determine the number of participants required to detect a medium effect size ($d = .50$) with power = .80 for a two-tailed independent samples t-test $\alpha = .05$. The power analysis suggested that 128 individuals (64 per group) would be needed to achieve a power of .80.

Setting and Population



Design Setting and Sample

- The study took place in an HIV clinic in Jersey City NJ.
- The participants were 83 HIV positive women. The ages ranged from 18 to 62 and the average age was 43. the majority of the participants were African American.
- They were all English speaking and documented HIV positive patients and their CD4 counts were documented within a 30 day period, in their medical charts.

Instruments

■ Background Data Questionnaire

- Contained questions pertaining to age, race, education, income, marital status, religion, length of time HIV positive, knowledge of CD4 count, as well as the actual number of the CD4 count and was developed by the researcher.

Continued

Spirituality Index of Well-Being (SIWB)

-  This tool was designed by Daaleman and Frey (2004). It is a Likert scale consisting of 12 questions with two subscales; self-efficacy and life scheme domain. Responses for each item on the scale range from one to five.
-  Scoring for each of the possible responses was 1 = strongly agree to 5 = strongly disagree.
-  A total score is obtained from the subscales and the higher the score number, the higher the participant's spiritual well-being.
-  The SIWB is a valid and reliable instrument that can be used in health-related quality-of-life studies (Frey et al., 2005)

Spirituality Index of Well-Being Questionnaire

Strongly agree-1 Agree-2 Neither agree nor disagree-3 Disagree-4 Strongly disagree-5

- There is not much I can do to help myself
- Often there is no way I can complete what I started.
- I can't begin to understand my problems.
- I am overwhelmed when I have personal difficulties and problems.
- I don't know how to begin to solve my problems.
- There is not much I can do to make a difference in my life.
- I haven't found my life's purpose yet.
- I don't know who I am, where I came from, or where I am going.
- I have a lack of purpose in my life.
- In this world I don't know where I fit in.
- I am far from understanding the meaning of life.
- There is a great void in my life at this time

Continued

The Spiritual Practices Checklist (Fitzpatrick and Quinn-Driffin, 2003)

-  Is a 14 item checklist of spiritual and religious interventions. The interventions selected were those commonly referred to in the literature regarding spiritual and complimentary and alternative interventions (Quinn-Griffin, Salman, Lee, Seo, & Fitzpatrick.
-  Each question has a yes or no answer and percentages are used for scoring. The Spiritual Practices Checklist has face validity, checking against what was in the literature regarding spiritual, complimentary and alternative practices (Quinn-Griffin et al., 2007)

Spiritual Practices Checklist

- | | |
|---|--|
|  Mediatation |  Listening,playing music |
|  Yoga |  Relaxation |
|  Recall positive memories |  Helping others |
|  Pray alone |  Visit house of worship or quiet place |
|  Pray with others |  Family activities |
|  Exercise |  Reading spiritual materials |
|  E.g. walking | |

CD4 T Lymphocyte Count

-  This is a standard laboratory test to assess for the prognosis for the progression to AIDS. It is a white blood cell and is crucial to the immune system. The CD4 coordinates all the other immune cells.
-  The average adult CD4 is 800-1500 per cubic millimeter. All patients should be aware of their CD4 cell counts and a copy is always in the medical chart. Patients are aware that a CD4 cell count below 200 is a diagnosis of AIDS and puts patients at risk for opportunistic infections.

Procedure

-  Approval was obtained from the Institutional Review Board from Case Western University and the Medical Center.
-  Participants were registered and their eligibility was determined. In most cases the participants were escorted to the investigator's exam room. The investigator explained the study and the questionnaires and that copies would be kept in a locked cabinet and would be anonymous. At the conclusion of the study all study materials will be kept at Case Western University.
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Protection of Human Subjects

- Participation in the study was voluntary.
- Names of subjects were not collected.
- Most questionnaires were be completed in a private exam room.
- Questionnaires were kept separate from consent forms and kept in a locked cabinet in the investigator's office.

The five most frequently used spiritual practices were:

- Praying alone
- Helping others
- Exercise
- Listening to music
- Praying with others

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- █ **Pearson's Correlation was conducted to determine that there was a statistical significance between CD4 counts, spiritual well-being and the number of spiritual practices.**
 - █ **$R = .26, p < .05$ and $r = .31, p < .01$ respectively.**

What is the spiritual well-being of HIV positive women?

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- █ **Spiritual well-being 3.84**
 - █ **Self Efficacy 3.66**
 - █ **Life Scheme 3.94**



■ Spiritual well-being was significantly related to CD4 counts $r = .26, p < .05$

■ The positive relationship among spiritual well-being and CD4 counts suggests that spiritual well-being also increases with increasing levels of CD4 counts



■ The mean number of spiritual practices used was 8.12 (SD = 2.53). Pearson correlations were used to determine the relationship between CD4 counts and the number of spiritual practices used by participants. There was not a significant relationship between CD4 counts and the number of spiritual practices used. ($r = .19, p > .05$).



An independent t-test was used to compare, the AIDS and HIV patients on the number of spiritual practices used. The t-test failed to reveal a significant difference between the two groups on the number of spiritual practices used, $t(76) = -0.38, p > .05$

An independent t-test was utilized to compare the AIDS and HIV positive patients on spiritual well-being.

Levene's test was not significant suggesting that the two groups were equal.

Summary

- 83 HIV positive women participated
- Majority were African American
- Average age was 43
- Average educational level was 11th grade
- 74% were unemployed
- Average length of diagnosis was 10 years
- Predominantly Christian
- Average CD4 count was 505
- Greater than 50% were not aware of their CD4 count
- All participants used some type of spiritual practices
- One was a 12 step program not mentioned on checklist

- No significant relationship between CD4 counts and the number of spiritual practices used.
- Spiritual well-being was significantly related to CD4 counts.
- The t –tests failed to reveal any statistical differences in HIV and AIDS patients in spiritual well-being and spiritual practices.

Limitations

- Small sample size
- Women only
- Geographic location
- Convenience sample



