

Effects of Spiritual Counseling on Spiritual Health-Quality of Life in Patients with HIV/AIDS

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ABSTRACT

Background: HIV/AIDS is a chronic and progressive disease that has complex health problems which affect the quality of life. Patients with HIV/AIDS need spiritual support to increase their spiritual health. A more effective therapeutic approach using spiritual counseling is seen as effective for improving health in chronic conditions.

Purpose: This study aimed to examine the effects of spiritual counseling on the quality of life-spiritual health in patients with HIV/AIDS.

Methods: This study employed a pre-posttest quasi-experimental design with a control group. The samples were 30 patients each in the experimental group and the control group recruited using purposive sampling. The experimental group received three sessions of spiritual counseling intervention. Data of the quality of life-spiritual health were collected using the WHOQOL-SRPB BREF and analyzed using t-test with significance <0.05 .

Results: Results indicated significant differences in the spiritual health-quality of life between the control and experimental groups. The result of paired t-test before and after the intervention in the experimental group showed a p-value of <0.05 , whereas in the control group, the p-value was >0.05 . After the intervention, the p-value in the experimental and control groups was <0.05 , indicating significant differences between the two groups.

Conclusion: This study concluded that spiritual counseling interventions had an effect on increasing the quality of life-spiritual health in patients with HIV/AIDS. Thus, it is necessary for the hospital to consider the results of this study as one of the interventions in providing nursing care to HIV/AIDS patients.

Keywords: HIV/AIDS; quality of life-spiritual health; spiritual counseling

BACKGROUND

HIV/AIDS is one of the chronic and progressive diseases that have complex health problems, which affect the quality of life. This situation can inhibit normal activities in daily life that it requires comprehensive care with regard to HIV care and opportunistic infections (Basavaraj, Navya, & Rashmi, 2010). Fayers and Machin (2015) state that HIV/AIDS patients in their daily lives are required to be able to face complex problems, both physical, psychological, and spiritual. The complexity of the problems faced has an impact on the quality of life.

HIV is a chronic and life-threatening disease which requires lifelong therapy and treatment; therefore, it is difficult to change the lifestyle and make a commitment to survive and maintain the quality of life (Dalmida, Holstad, Dilorio, & Laderman, 2011). Maintaining health care is important to improve the quality of life and increase life expectancy. Problems that arise among the patients are not only handling physical decline problems but also anticipating and managing spiritual aspects (Vanwingaard, 2013).

Dalmida et al. (2011) proposed a more effective therapeutic approach using spiritual and psychological counseling. Spiritual/religion has important and positive aspects to help health professionals in the treatment of patients with HIV/AIDS (Trevino et al., 2010). It is in line with the research conducted by Jeffries et al. (2014) reporting gays infected with HIV claim that spiritual is an important factor in improving health status. Spirituality is used to overcome the trauma of HIV-stressed life, namely facing death, HIV as sin, stigma, poverty, and health care (Kremer & Ironson, 2014). To realize these conditions, there is a need to make an effort in facilitating patients with HIV/AIDS in their lives with happiness by paying attention to spirituality/religion/personal beliefs.

The spiritual aspect plays an important role in improving the quality of life, so health professionals must use knowledge about religiosity and spirituality in professional practice in patients with HIV/AIDS (Pinho et al., 2017). Research conducted by Rocha and Fleck (2011) mentions the importance of planning interventions to improve quality of life. Spirituality/religion/personal belief is a dimension that is highly valued in different cultures, especially those related to patients with chronic disease (Panzini, Maganha, Rocha, Bandeira, & Fleck, 2011)

Several studies have shown the effectiveness of spiritual interventions to improve quality of life (Izabdkhsh & Shafiabady, 2016; Kashani et al., 2014; Zamaniyan, Bolhari, Naziri, Akrami, & Hosseini, 2016). There has been no evidence of spiritual counseling intervention for HIV/AIDS patients. Hodge and Roby (2010) explain that patients with HIV/AIDS need coping strategies in handling spiritual problems in the form of counseling. Spirituality may be a useful component in dealing with trauma, taking into account the socio-cultural context (Kremer & Ironson, 2014). Therefore, it is important to conduct a study to examine the effectiveness of spiritual counseling on the quality of life-spiritual health in HIV/AIDS patients.

PURPOSE

This study aimed to examine the effects of spiritual counseling on the quality of life-spiritual health of patients with HIV/AIDS.

METHODS

Designs and samples

This study used a pretest-posttest quasi-experimental design with a control group. The number of samples was 30 patients in the experimental group and 30 patients in the control group. The total samples were 60 patients purposively recruited in a regional public hospital in Indonesia in 2018. The inclusion criteria were: (1) patients aged ≥ 18 -40 years, (2) able to read and write, and (3) willing to follow the complete stages of

spiritual counseling. The exclusion criteria were: (1) patients being in a state of serious illness and experienced a decreased condition so that it might not be possible for them to participate, and (2) patients under the influence of drugs.

Spiritual health intervention

The interventions of spiritual counseling consisted of three sessions based on themes related to spiritual problems in HIV/AIDS patients. The interventions were carried out weekly; each session lasted for 50-60 minutes. The first session was the identification of the three priority issues of spiritual problems among the patients. Next, the researchers did spiritual counseling for the first priority and set up follow-up plans with patients. The second session was counseling problems for the second and third priorities as well as follow-up plans. The last session was evaluating, repeating, strengthening the plan for all three problems.

Ethical consideration

This research was reviewed and approved by the Health Research Ethics Commission of the Faculty of Medicine, Universitas Padjadjaran, and Local Public Service Agency Banjar Public Hospital. The researchers explained the purpose, benefits, and procedures of the study to HIV/AIDS patients who were willing to become respondents. They also signed informed consent. Fair treatment rights or fair interventions were met by researchers by giving the same intervention to each respondent in the experimental group, whereas in the control group, there was a plan to give spiritual counseling intervention after the completion of this study.

Measurements

In this study, the instrument used to measure the quality of life-spiritual health was the WHOQOL-SRPB BREF (WHO, 2002). This instrument was chosen because it has been used in many previous studies and can be easily understood and administered. This WHOQOL-SRPB BREF instrument has been tested in sixteen countries in 5087 respondents, with a Cronbach alpha value of α 0.85, indicating that the consistency of reliability is very good for the SRBP domain (Skevington, Gunson, & O'connell, 2013). This questionnaire used a Likert scale with a 5-point scale, consisting of 32 questions given a score of 1-5. The score range from 32 to 160, and will be added to the mean score and then divided into two categories, namely the good quality of life-spiritual health and poor quality of life-spiritual health. The quality of life-spiritual health category is good when the score is ≥ 90 , and the quality of life-spiritual health is less good when the score is < 90 (WHO, 2002; Skevington et al. 2013).

Data analysis

Data were analyzed using descriptive analysis (frequency, percentage, deviation standard, and mean) and inferential analysis (paired and unpaired t-test) with a significance of < 0.05 . Chi-square, paired, and unpaired t-test were used to analyze the data in this study.

RESULTS

Characteristics of participants

The results (Table 1) showed that the majority of participants in both groups were aged 26-35 years, male, the high school graduate, employed, not married, having HIV for 1-2 years, and health insurance. Results also showed that there was no difference in the characteristics of participants in the experimental group and the control group ($p>0.05$).

Table 1. Characteristics of participants (n=60)

Variables	Experimental (n=30)	Control (n=30)	χ^2	p
	f(%)	f(%)		
Age				
18-25 years	9 (30)	9 (30)	1.404	0.496
26-35 years	14 (46.7)	17 (56.7)		
36-40 years	7 (23.3)	4 (13.3)		
Gender				
Female	6 (20)	10 (33.3)	0.767	0.381
Male	24 (80)	20 (66.7)		
Education				
Primary school	1 (3.3)	2 (6.7)	4.288	0.232
Junior high school	9 (30)	15 (50)		
Senior High School	12 (40)	10 (33.3)		
College	8 (26.7)	3 (10)		
Employment status				
Employed	26 (86.7)	23 (76.7)	0.445	0.505
Unemployed	4 (13.3)	7 (23.3)		
Marriage				
Married	11 (36.7)	8 (26.7)	0.785	0.675
Not married	17 (56.7)	19 (63.3)		
Widowed	2 (6.7)	3 (10)		
Long-suffering from HIV				
< 1 years	6 (20)	7 (23.3)	3.175	0.529
1-2 years	10 (33.3)	11 (36.7)		
2-3 years	5 (16.7)	5 (16.7)		
3-4 years	2 (6.7)	4 (13.3)		
4-5 years	7 (23.3)	3 (10)		
Health insurance				
Yes	29 (96.7)	26 (86.7)	0.873	0.350
No	1 (3.3)	4 (13.3)		

Spiritual life-health quality category

Table 2 describes the quality of life-spiritual health of the patients. It can be concluded that in the experimental group, there were changes before and after the intervention, whereas in the control group, there were no changes before and after the intervention with a fixed number.

Table 2. Distribution of spiritual-health quality of life before and after the intervention in the control and experimental groups.

Categories	Experimental groups (n=30)		Control groups (n=30)	
	Before (%)	After (%)	Before (%)	After (%)
Good	7 (23.3)	30 (100)	8 (26.7)	8 (26.7)
Poor	23 (76.7)		22 (73.3)	22 (73.3)

Effect of spiritual counseling in both groups

Table 3 showed that there was an increase in the mean score of before and after the intervention with a p-value=0.000, which means significant. In the control group, it was indicated a slight increase in the mean score of before and after the intervention with a p-value >0.05, which means not significant. It was concluded that significant changes were found between before and after intervention in the experimental group, whereas in the control group, there were no significant changes between before and after the intervention

Table 3. The comparison of spiritual-health quality of life before and after the intervention in both groups

Groups	The differences in mean		t	p
	Before	After		
Experimental	75.63(±17.482)	127.77(±12.199)	-17.959	0.000
Control	77.80(±15.577)	77.93(±15.364)	-0.559	0.580

Based on the unpaired t-test in Table 4, it was found that in the experimental group, there was an increase in the mean score of before and after the intervention indicating a difference. In the control group, the mean score before and after the intervention indicated no difference. From the mean value, it could be ascertained that the quality of life-spiritual health before and after in the two groups was different. Furthermore, the p-value before the intervention in the experimental and control groups was (0.614)>0.05, meaning that there was no significant difference. Moreover, the result of the p-value after the intervention in the experimental and control groups was (0.000) <0.05, meaning that there was a significant difference.

Table 4. The results spiritual-health quality of life after the intervention in both groups

Treatment	Groups		t	p
	Experimental	Control		
Before	75.63(±17.482)	77.80(±15.577)	-0.507	0.614
After	127.77(±12.199)	77.93(±15.364)	13.913	0.000

DISCUSSION

The present study aimed at examining the effects of spiritual counseling on the quality of life-spiritual health in patients with HIV/AIDS. Based on the results of the study, it was found that there were differences in the quality of life-spiritual health categories before and after the intervention in the control and experimental groups.

The level of spiritual health-quality of life

Based on the research obtained, the quality of life-spiritual health in both groups was influenced by spiritual counseling interventions and was not influenced by demographic characteristics. Some previous researches have shown the importance of spiritual intervention in overcoming spiritual problems (Adegbola, 2011; Corey, 2015; Cashwell & Young, 2014). It is also supported by Ibrahim (2014), who stated that patients with HIV/AIDS need a way to overcome and support for strengthening spirituality in improving the quality of life.

Based on the spiritual life-health quality category obtained in respondents, the control group indicated the quality of life-spiritual health before and after the intervention in the experimental group with an 80% poor category. In the experimental group, before the intervention, there was an 80% poor category, and there was an increase in this category after the intervention. Based on these results, it was found that the quality of life-spiritual health was poor in the control and experimental groups as obtained before the intervention. This result is in line with a study by Hodge and Roby (2010) that spiritual health in quality of life is at a low level in patients with HIV/AIDS in Nigeria. A study conducted by Cronje, Williams, Steenkamp, Venter, and Elkonin (2017) also reported that the lowest score is spirituality in the quality of life.

In this study, the majority of respondents were aged between 26-35 years, male sex, secondary education, working, not married, having HIV 1-2 years, and having health insurance. This is related to the age of 26-35 years in which at the age of adulthood, an individual realizes that his life must be much closer to God. There were acceptance and submission to God through spiritual therapeutic management in chronic patients (Nuraeni, Nurhidayah, Hidayati, Sari, & Mirwanti, 2015). Low education and unmarried status can affect self-management skills to deal with problems. Patients who are employed and have automatic insurance are capable enough to pay for their treatment and care (Imam, Karim, Ferdous, & Akhter, 2011). According to McGowan et al. (2017), showing a longer time with a diagnosis of HIV infection over 1-2 years is one of the factors that contribute to a lower psychological and quality of life.

Factors of spiritual issues, including guilt without hope, feelings of despair, will die, and stigma are problems that must be addressed immediately. This spiritual problem can affect the development of the disease, physical and mental health, and quality of life. This can lead to obstacles to the success of the HIV/AIDS prevention program (Dalmida et al., 2011; Pinho et al., 2016). Obstacles in spiritual problems that occur to respondents are about the problem of stigma from family and society which can reduce the spirit of life, do not want to socialize so that a decrease in appetite causes the immune system to decrease. This results in a decrease in physical health, psychological, disruption of the ability of daily activities and a decrease in quality of life, especially in spiritual health (Szaflarski, 2013). The impact of the existence of spiritual problems in HIV/AIDS patients requires the need for interventions to improve the quality of life-spiritual health.

The effects of spiritual counseling on spiritual health-quality of life

Based on the results in this study, it was ascertained that this research has proven that spiritual counseling has a positive influence on improving the quality of life-spiritual health in HIV/AIDS patients. This was supported by data showing an increase in scores before and after the intervention of eight domains in the experimental group. The highest score increase was in the domain of faith and belief, and the lowest was in the domain of wholeness and integrity. In addition, the results of the research data indicated that there was an increase in the mean of quality of life-spiritual health and the eight domains before and after the intervention in the experimental group.

Health care providers need to use a spirituality approach in each patient, because the influence of one's beliefs may have a significant positive (or negative) impact on prosperity comprehensively (Doolittle, Justice, & Fiellin, 2018; Kremer & Ironson, 2014). Spiritual care is important as part of holistic support and is key to rediscovering hope and meaning in life (Vanwyngaard, 2013). The role of nurses in spirituality is needed to be able to provide support in nursing plans in the form of counseling (Caixeta, Nascimento, Pedro, & Rocha, 2012). Nurses are HIV counselors who are trained to help HIV/AIDS patients with HIV-related problems, one of which is a spiritual problem (Ministry of Health Republic of Indonesia [MOHRI], 2012). Spiritual problems experienced will be explored, so that they can find meaning, spiritual use, and realize the importance of spirituality in health (Dalmida et al., 2011). This is obtained during the implementation of the spiritual counseling process. Patients use spiritual resources as coping strategies, and as a source of spiritual support. The nurse allows patients to discuss the actual or potential role and impact of spirituality on their health (Caixeta et al., 2012).

The results of the evaluation of the implementation of spiritual counseling during the three meeting sessions indicated that all respondents could openly share their experiences and issues related to spirituality. Most are aware that HIV disease has been suffered due to previous deviant behavior. They wanted to change behavior towards a better one with healthy living and activities as normal. All respondents tried to surrender and accept the disease. This was evidenced by routine treatment at the clinic. Some respondents who could share their spiritual problems said there was guilt, stigma towards themselves and stigma from others, facing death, limited health, desire to commit suicide, stress facing illness and circumstances, feeling no support, no purpose and meaning of life. This is in line with previous studies (Caixeta et al., 2012; Kremer & Ironson, 2014; Szaflarski, 2013; Vanwyngaard, 2013). The efforts to overcome them are important in counseling spirituality with each respondent and determining their role in the management and involvement of religious activities (praying, *sholat*, reciting). However, there were some respondents who showed discomfort by discussing issues of spirituality, which was in line with a study conducted by Szaflarski (2013). However, this can be overcome by using HIV counseling guidelines, and important aspects of spiritual counseling were considered (Cates, 2009; Chou & Bermender, 2011; Dailey, Curry, Harper, Hartwig-Moorhead, & Gill, 2011; Imanuddin, 2017).

Spiritual counseling in this research was more effective in improving the domain of faith and belief. This was probably because almost all used faith in facing the challenges

of everyday life including comfort, welfare, and joy of life and meaning in life. Efforts to maintain faith and improve faith are by participating in religious activities, recitation, worship, prayer. This is in line with the research conducted by Dalmida et al. (2011) stating that patients with HIV/AIDS in increasing faith and coping by following religious practices and participating in religious activities.

Based on the spiritual life-health quality category obtained by respondents, the control group showed a quality of life-spiritual health before and after the intervention with an 80% poor category. In contrast to the experimental group before the intervention, there was an 80% poor category and there was an increase in the category after the intervention (good category). The change in spiritual life-health quality occurs due to the influence of spiritual counseling interventions. This relates to the model used to view individuals holistically where spirituality and religious involvement are included in the concept of the mechanism of Levin's religious coping models (McCullough, 1999; Pargament, Tarakeshwar, Ellison, & Wulff, 2001). But it can also increase the quality of life which is influenced by many factors including age, education, employment, income, support, HIV status, marital status (Bello & Bello, 2013; Degroote, Vogelaers, & Vandijck, 2014; Nojomi, Anbary, & Ranjbar, 2008).

Spiritual problems in HIV/AIDS patients have an impact on life because HIV has shifted from terminal illness to chronic disease (Deeks, Lewin, & Havlir, 2013). The role of religion and spirituality in the lives of patients with HIV/AIDS has also changed; for example, the role of the spiritual as a strategy in finding meaning in preparing for future deaths. People living with HIV now survive using spirituality as a means of healthy adaptation to HIV. Trevino et al. (2010) in their study, suggest that spirituality provides beneficial results in people living with HIV infection, including psychological stress, pain, and depression. Spirituality clearly plays an important role in the lives of patients with HIV/AIDS, by identifying as a guiding force in life, maintaining a relationship with God as the highest power.

Among the limitation of the study, the present study was only carried out in one place so that it might not generalize to the entire HIV/AIDS patient population elsewhere. The spiritual counseling guide used in this study is the first guide used by researchers and still needs to be tested elsewhere to produce standardized guidelines for future research.

CONCLUSION

Based on the results of this study, it is concluded that spiritual counseling interventions had an effect on increasing the quality of life-spiritual health in HIV/AIDS patients. Thus, it is important for the hospital to consider the results of this study as one of the interventions in providing nursing care to HIV/AIDS patients. It is recommended for future researchers to do a study in a special group to analyze the success factors of counseling techniques for the quality of life-spiritual health.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

REFERENCES

- Adegbola, M. (2011). Spirituality, self-efficacy, and quality of life among adults with sickle cell disease. *Southern Online Journal of Nursing Research*, 11(1), 5.
- Basavaraj, K. H., Navya, M. A., & Rashmi, R. (2010). Quality of life in HIV/AIDS. *Indian Journal of Sexually Transmitted Diseases and AIDS*, 31(2), 75-80. doi:10.4103/0253-7184.74971
- Bello S. I. & Bello I. K. (2013). Quality of life of HIV/AIDS patients in a secondary health care facility, Ilorin, Nigeria. *Baylor University Medical Center*, 26(2). doi: 10.1080/08998280.2013.11928933
- Caixeta, C. R. D. C. B., Nascimento, L. C., Pedro, I. C. D. S., & Rocha, S. M. M. (2012). Spiritual support for people living with HIV/AIDS: A Brazilian explorative, descriptive study. *Nursing & Health Sciences*, 14(4), 514-519. doi: 10.1111/j.1442-2018.2012.00705.x
- Cashwell, C. S., & Young, J. (2014). *Integrating spirituality and religion into counseling: A guide to competent practice*. Alexandria, VA: American Counseling Association.
- Cates, K. (2009). *Counselor spiritual competencies: An examination of counselor practices* (Doctoral dissertation). Auburn-Alabama: Auburn University
- Chou, W. M., & Bermender, P. A. (2011). *Spiritual integration in counseling training: A study of students' perceptions and experiences*. Retrieved from http://counselingoutfitters.com/vistas/vistas11/Article_98.pdf
- Corey, G. (2015). *Theory and practice of counseling and psychotherapy*. CA: Nelson Education.
- Cronje, J. H., Williams, M., Steenkamp, L., Venter, D., & Elkonin, D. (2017). The quality of life of HIV-infected South African university students: Experiences with the WHOQOL-HIV-Bref. *AIDS care*, 29(5), 632-6.
- Dailey, S. F., Curry, J. R., Harper, M. C., Hartwig-Moorhead, H. J., & Gill, C. S. (2011). *Exploring the spiritual domain: Tools for integrating spirituality and religion in counseling* [online]. Retrieved from http://counselingoutfitters.com/vistas/vistas11/Article_99.pdf
- Dalmida, S. G., Holstad, M. M., Diiorio, C., & Laderman, G. (2011). Spiritual well-being and health-related quality of life among African-American women with HIV/AIDS. *Applied Research in Quality of Life*, 6(2), 139-157. doi:10.1007/s11482-010-9122-6
- Deeks, S. G., Lewin, S. R., & Havlir, D. V. (2013). The end of AIDS: HIV infection as a chronic disease. *Lancet*, 382(9903), 1525-1533. doi:10.1016/S0140-6736(13)61809-7
- Degroote, S., Vogelaers, D., & Vandijck, D. M. (2014). What determines health-related quality of life among people living with HIV: An updated review of the literature. *Archives of Public Health*, 72(1), 40.
- Doolittle, B. R., Justice, A. C., & Fiellin, D. A. (2018). Religion, spirituality, and HIV clinical outcomes: A systematic review of the literature. *AIDS and Behavior*, 22(6), 1792-1801. doi: 10.1007/s10461-016-1651-z

- Fayers, P. M., & Machin, D. (2015). *Quality of life: The assessment, analysis and interpretation of patient-reported outcomes*. John Wiley & Sons.
- Hodge, D. R., & Roby, J. L. (2010). Sub-Saharan African women living with HIV/AIDS: An exploration of general and spiritual coping strategies. *Social Work, 55*(1), 27-37.
- Ibrahim, K. (2014). *Improving quality of life of people living with HIV infection through strengthening spiritual aspect*. A paper presented at the 4th Padjadjaran International Nursing Conference 2014. Retrieved from http://pustaka.unpad.ac.id/wp-content/uploads/2016/02/Presentasi-makalah_improving-qol_spiritual.pdf
- Imaduddin, A. (2017). Spirituality in the context of counseling. *Journal of Innovative Counseling: Theory, Practice, and Research, 1*(01), 1-8.
- Imam, M. H., Karim, M. R., Ferdous, C., & Akhter, S. (2011). Health-related quality of life among the people living with HIV. *Bangladesh Medical Research Council Bulletin, 37*(1), 1-6.
- Izadbksh, F., & Shafiabady, A. (2016). The effectiveness of spirituality to enhance the quality of life of a group of married women. *International Journal of Humanities and Cultural Studies (IJHCS), 1*(1), 2342-2353.
- Jeffries IV, W. L., Okeke, J. O., Gelaude, D. J., Torrone, E. A., Gasiorowicz, M., Oster, A. M., ... & Bertolli, J. (2014). An exploration of religion and spirituality among young, HIV-infected gay and bisexual men in the USA. *Culture, Health & Sexuality, 16*(9), 1070-1083.
- Kashani, F. L., Vaziri, S., Akbari, M. E., Jamshidifar, Z., Mousavi, M., & Shirvani, F. (2014). Spiritual interventions and distress in mothers of children with cancer. *Procedia-Social and Behavioral Sciences, 159*, 224-227.
- Kremer, H., & Ironson, G. (2014). Longitudinal spiritual coping with trauma in people with HIV: Implications for health care. *AIDS Patient Care and STDs, 28*(3), 144-154. doi:10.1089/apc.2013.0280
- McCullough, M. E. (1999). Research on religion-accommodative counseling: Review and meta-analysis. *J Counsel Psychology, 46*, 1-7.
- McGowan, J. V., Chung, R., Maulik, A., Piotrowska, I., Walker, J. M., & Yellon, D. M. (2017). Anthracycline chemotherapy and cardiotoxicity. *Cardiovascular Drugs and Therapy, 31*(1), 63-75.
- Ministry of Health Republic of Indonesia (MOHRI). (2012). *Guidelines for sustainable implementation of HIV-IMS services* (2012th ed.). Jakarta: Ministry of Health Republic of Indonesia.
- Nojomi, M., Anbary, K., & Ranjbar, M. (2008). Health-related quality of life in patients with HIV/AIDS. *Archives of Iranian medicine, 11*(6), 608-612.
- Nuraeni, A., Nurhidayah, I., Hidayati, N., Sari, C. W. M., & Mirwanti, R. (2015). Spiritual needs in cancer patients. *Jurnal Keperawatan Padjadjaran, 3*(2), 57-66.
- Panzini, R. G., Maganha, C., Rocha, N. S. D., Bandeira, D. R., & Fleck, M. P. (2011). Brazilian validation of the Quality of Life Instrument/spirituality, religion and personal beliefs. *Revista de Saúde Pública, 45*(1), 153-165. doi: 10.1590/S0034-89102011000100018

- Pargament, K. I., Tarakeshwar, N., Ellison, C. G., & Wulff, K. M. (2001). Religious coping among the religious: The relationships between religious coping and well-being in a national sample of Presbyterian clergy, elders, and members. *Journal for the Scientific Study of Religion*, 40(3), 497-513.
- Pinho, C. M., Dâmaso, B. F. R., Gomes, E. T., Trajano, M. D. F. C., Andrade, M. S., & Valença, M. P. (2017). Religious and spiritual coping in people living with HIV/AIDS. *Revista Brasileira de Enfermagem*, 70(2), 392-399.
- Rocha, N. S. D., & Fleck, M. P. D. A. (2011). Evaluation of quality of life and importance given to spirituality/religiousness/personal beliefs (SRPB) in adults with and without chronic health conditions. *Archives of Clinical Psychiatry (São Paulo)*, 38(1), 19-23. doi: 10.1590/S0101-60832011000100005
- Skevington, S. M., Gunson, K. S., & O'connell, K. A. (2013). Introducing the WHOQOL-SRPB BREF: Developing a short-form instrument for assessing spiritual, religious and personal beliefs within quality of life. *Quality of Life Research*, 22(5), 1073-1083.
- Szaflarski, M. (2013). Spirituality and religion among HIV-infected individuals. *Current HIV/AIDS Reports*, 10(4), 324-32. doi:10.1007/s11904-013-0175-7
- Trevino, K. M., Pargament, K. I., Cotton, S., Leonard, A. C., Hahn, J., Caprini-Faigin, C. A., ... & Tsevat, J. (2010). Religious coping and physiological, psychological, social, and spiritual outcomes in patients with HIV/AIDS: Cross-sectional and longitudinal findings. *AIDS and Behavior*, 14(2), 379-389. doi: 10.1007/s10461-007-9332-6
- Vanwyngaard, A. (2013). Addressing the spiritual needs of people infected with and affected by HIV and AIDS in Swaziland. *Journal of Social Work in End-of-Life & Palliative Care*, 9(2-3), 226-240. doi: 10.1080/15524256.2013.794064
- WHO. (2002). *WHOQOL spirituality, religiousness and personal beliefs (srpb) field-test instrument*. Retrieved from <https://apps.who.int/iris/handle/10665/77777>
- Zamaniyan, S., Bolhari, J., Naziri, G., Akrami, M., & Hosseini, S. (2016). Effectiveness of spiritual group therapy on quality of life and spiritual well-being among patients with breast cancer. *Iranian Journal of Medical Sciences*, 41(2), 140-144.