Chapter 5

Main Findings, Implications, Contributions to knowledge and Suggestions for Future Research
5.1 Main Findings

The psychometric properties i.e. reliability through internal consistency (Cronbach $\alpha$), and factorial validity of the scale were determined. The Spiritual Distress Scale and Spiritual Coping Scale have acceptable psychometrics properties and appear to be a valid and reliable instrument to assess spiritual distress and spiritual coping in people living with HIV/AIDS.

The objective of using quantitative method was to examine the influence of gender and stages of HIV/AIDS on spiritual distress and spiritual coping. This study found that gender, stages and the interaction between them influences positively on spiritual distress and its dimensions, namely, feeling of alienation, meaninglessness, hopelessness, and spiritual loss. The stages of HIV/AIDS influence positively on spiritual coping and its dimensions, namely, spiritual practices and spiritual transformation. Besides, the influence of gender was also found significant on spiritual practices, God’s support and spiritual transformation.

5.2 Implications

When people living with HIV/AIDS reach the brink and are just about to give up hope, God provides support to them. Sometimes HIV/AIDS people physical and psychological, and spiritual needs are deeper. God answers every prayer of faith but in his own way and time.

HIV/AIDS people faced distress and hopelessness, one after another; they share little their feelings and emotions with God. They, however, live selfish lives. They cannot think beyond themselves. Their defeat makes them cowered instead of making them brave and able to stand up to cope with their distress. Many are driven to despair and lose the will to live.
Spiritual coping is one solution to many of the problems we face today. People living with HIV/AIDS require a change of attitude and being able to sacrifice at some cost to oneself. The tools developed in the present study can be helpful to the clinicians to identify the spiritual distress and suggest coping strategies to the HIV/AIDS people to overcome their problems.

Spiritual distress can be a devastating experience. If it occurs during the course of an illness, a time when there is increased likelihood that it can happen, the effects on the patient’s course, outcome, and quality of life can be quite negative and destructive. Spiritual distress can prevent growth, healing, and recognizing one’s own potential for change and coping at a time when such entities are so helpful. Most would define spiritual distress or spiritual pain as a loss of a sense of wholeness. There is a feeling that things are not right and that life has lost meaning, hope, and purpose. There may also be a loss of identity, since the HIV/AIDS may no longer have his/her usual role or independence. In addition, a sense of disconnectedness may occur where relationships with family, friends, and the world may have lost their usual character. People living with HIV/AIDS may have a real sense of floating where nothing makes sense and life does not seem worthwhile. They may use their beliefs when coping with symptoms related to illnesses, and the cure can also be influenced by the positivist reinforcement and the coping strategies they use.

Results of this study confirmed the significance of assessing spiritual distress and spiritual coping. For people living with HIV/AIDS who believe on never give up faith and hope can make sure that their spiritual needs and support are being met. The findings of the present study will be methodological benefit in studying these variables together as it will lead to a psychological treatment which is globally acceptable.

Counsellors can help HIV/AIDS individuals in identifying coping strategies as well as to take shift from ill-being to well-being. Spousal support would also benefit to enhance meaning in life and spiritual well-being.

Frankl believes that sexual intercourse among young persons should be discouraged when it does not follow from genuine love but any such discouragement must not be followed but only hinted at in actual practice because it is a personal moral problem in which the responsibility of deciding is solely in the hands of the person.
5.3 Contributions to knowledge

This research potentially adds knowledge to the standardization of psychological tests in respect of spiritual distress and spiritual coping. For instance, spiritual coping empowers the people living with HIV/AIDS to cope their problems. In addition, the health caregivers can use the results of this research to develop intervention programmes for the prevention of symptoms of HIV/AIDS in different clinical stages. Finally, these results add new knowledge to counsellors, health psychologists, and community health workers with regard to the identification of spiritual distress and to suggest spiritual coping strategies to enhance their well-being.

5.4 Suggestions for Future Research

Health caregivers need to promote spiritual integrity as a means to strengthen the client’s ability to manage life’s challenges and problems.

Provide psychosocial and spiritual support to the patient:

- Other patients active listening, counselling and social/emotional support.
- Spiritual support is very important to eliminate existential frustration and vacuum by helping the HIV/AIDS people to achieve meaning in their life and to accept responsibility for themselves.
- Be prepared to discuss all matters if patient would like to.
- Learn to listen with empathy.
- Understand reactions to the losses in their life (the different stages of grief).
- Be prepared to “absorb” some reactions, for example anger expressed onto the healthcare provider.
- Do not impose your own views.
- Share religious/spiritual beliefs with the appropriate person (e.g. religious leader, spiritual counsellor etc.) as required.
- Empower the family to provide care
- Help the family come to terms with the fact that the HIV individual is leaving him soon: let family members be around to see and talk to him.
- Deal with their anxieties and fears gently.
- Give information and skills.
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It is recommended for future research to conduct studies with a qualitative approach to identify the causes of spiritual distress.

Future researches regarding the interventional studies are recommended to deal with distress emanating from HIV/AIDS. Spiritual distress evokes the feeling that PLWHA their physical, emotional, mental, and social health is falling apart. The key elements of the psycho-educational interventions should focus and discuss their problems and their new experiences to resolution.

Future studies can also apply emotional focused educational intervention and mental health counselling. It will give an opportunity to the PLWHA to grow, evolve, and transcend one’s limitations to a new sense of self and one’s relationship to the world.

It is recommended for future research to explore the physical, social, emotional, and spiritual symptoms associated with HIV/AIDS.

It is recommended to provide training to the health caregivers and family health caregivers to increases their knowledge and understanding about the different effective coping strategies for helping and alleviating the psychosocial and spiritual problems related with HIV/AIDS.

Health caregivers should assist patients with health education and spiritual counselling that focuses on strategies to cope with the negative effects of Anti Retroviral Treatment.

Future research should examine the role of explanatory or attributional styles in improving the HIV/AIDS peoples’ emotional and behavioural functioning. Attributional styles may help them to cope with the negative effects of ART and adjustment.

It is recommended to study certain other variables such as death anxiety, positive and negative affective states, daily experiences, nearness to death experiences, spiritual support in HIV/AIDS people of different stages.

Further training of health caregivers such as nurses, oncologist and cardiologist for assessing spiritual distress of patients by the SDS would be recommended for the future study. Further, the content and construct validity of the SDS need to be determined to assess spiritual distress of patients suffering from types of stress-related disorders.