Systematic Review of Spiritual Experiences in HIV Patients

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Abstract

One of the consequences caused by problems that occur in HIV patients is a change in the quality of life, particularly that relating to spirituality. This article offers a systematic review of previous studies regarding the spiritual safety of HIV patients. Inclusion criteria for article searches were studies conducted on patients with HIV, over 18 years of age, diagnosed with HIV for more than 6 months, qualitative studies, and exploring spiritual experiences. The quality assessment of each article was carried out using the standard format of the JBI Critical Appraisal Checklist for Qualitative Study. The results of this study include eight articles matching the criteria, and produce four themes that can represent all the articles analyzed: getting closer to God; having hope and life goals; needing support; and finding meaning in life. By identifying and classifying the spiritual experiences of HIV patients, it is hoped that their families will be able to provide motivation in dealing with the problems that occur. It is also hoped that practitioners will be able to use the results of this study as material in collecting assessment data on HIV patients.

Keywords: Spiritual Experience, HIV, Qualitative and Literature Review

1. Introduction

HIV (Human Immunodeficiency Virus) is a global health problem, where there has been an increase in the number of HIV patients from 36.9 million in 2017 to 37.9 million in 2018 [2]. Indonesia ranks first with the highest number of HIV sufferers in Southeast Asia [3]. In 2019 in Indonesia, there was an increase in the number of HIV cases in the third quarter from 11,081 people in the first quarter to 11,519. The cumulative number of HIV cases reported up to June 2019 was 349,882, 60, 7 % of the estimated 640,443 PLHAs in 2016 [4].
West Java Province is the third province after DKI Jakarta and East Java with the highest number of HIV cases. From 2019, 36,853 patients were diagnosed with HIV, where the number increased by 12% from 2010. In 2019, Bandung was the city with the highest number of HIV in West Java, with 236 HIV positive cases [4]. The mortality rate for patients with HIV has decreased from 2017 by 800,000 to 770,000 in 2018, with the highest population being homosexual, with 4,412 cases [3].

HIV patients experience complex problems including biological, psychological, social, and spiritual aspects [5]. Based on the results of previous research on HIV patients in Indonesia in the age range of 20-49 years, many complained about physical fatigue, depression, hopelessness, lack of community support, and tend to commit suicide [6]. Another study conducted on 215 patients with HIV in Singapore stated that fatigue is the most common problem experienced by patients with HIV, followed by sleep disorders, pain, fear because of disease progression as well as additional spending on treatment [7].

Other studies not only in Indonesia but also in several countries, according to a study conducted in Brazil of 364 HIV patients stated that patients with HIV experience mental disorders and are even at the risk of suicide [14]. Also, the same study conducted in Canada on 1,422 HIV patients stated that depression was the most common problem in patients with HIV [15]. So that considering the complex problems in patients with HIV, the attention of health workers is increasing to be able to overcome all possible problems that occur in patients with HIV.

Apart from the above problems, many patients with HIV experience stigma [16]. Research conducted in Kupang and Manado stated that the picture of the stigma of society towards HIV patients, namely patients with HIV get the stigma in the form of isolation and physical violence from family and friends, a prohibition from participating in community activities, limited rights, and power to make decisions on their own. negative, exclusion, humiliation, and being judged [17].

The results of a study conducted in Bandung suggest that self-stigma, and public-stigma affect the quality of life of patients with HIV. Where self-stigma will further affect the psychology of HIV patients. For example, feelings, while public-stigma can affect social and environmental support [18]. Not only in Indonesia, But a similar study was conducted on female patients with HIV in the age range of 20-49 in Iran which stated that the stigma dimensions of HIV patients include fear, shame, experiencing rejection by family or friends, and feeling frustrated [19].

One of the consequences of problems that occur in HIV patients is a change in the quality of life [6]. The quality of life of patients with HIV is influenced by spirituality,
where spirituality is an important contributor to the well-being of patients with HIV [12]. According to Cichocki, stating that having a low spiritual level with HIV can make patients pessimistic about the future, view themselves as worthless, tend to shut themselves up and do not socialize with other people, and consider themselves to be people who are cursed by God [8].

The meaning of spirituality is something that is believed by someone about a higher power (God), which raises a need and love for the existence of God, and apologies for all the mistakes that have been done [20]. The results of research in the United States state that spirituality is an aspect of humanity that refers to the way individuals express the meaning and purpose of life and is considered a source of calm and emotional support [21]. In New York, spirituality is considered capable of showing a variety of human understanding, especially patients with HIV, about experiences including self-actualization, acculturation, and prevention of depression [10]. The understanding of patients with HIV varies across cultures because culture shapes expressions, perceptions, beliefs, and treatment preferences so that each culture has its way based on a set of beliefs [22].

Indonesia is a country with a Muslim majority. In 2019, the total population of Indonesia was 268,074 million, and 87, 17% adhered to Islam. In Indonesia, patients with HIV are included in groups that are always associated with heinous acts including heterosexuality, homosexuality, commercial sex workers (CSWs), and drug use which is not recommended by Islamic teachings [24]. So that patients with HIV often experience unfair treatment, neglect, neglect, and unacceptability in society [22].

According to the results of a study in North Kalimantan, it was stated that people perceive conditions with HIV as an embarrassing, taboo, and deadly condition. This is due to moral errors such as sexual deviance so that patients with HIV deserve punishment [23]. Given this, patients with HIV not only experience physical-spiritual problems but also from a religious point of view. According to Trevino, spirituality is associated with beneficial outcomes in patients with HIV [9]. According to research conducted in Bukittinggi on 10 Muslim patients with HIV, it is stated that Spirituality helps in the acceptance of disease by creating a better life [5]. A study from the United States stated that 142 participants reported being more spiritual since being diagnosed with HIV and believed that spirituality helped them to live longer and had lower levels of anxiety [25]. A similar study was also carried out on HIV patients in Bangladesh, the results of the study reported that spirituality was thought to be able to reduce feelings of depression during HIV diagnosis [26]. Another study conducted on 25 HIV patients in the City of Haiti New York also reported that spirituality is considered the highest
support for HIV patients to survive by determining the goals and hopes of HIV patients in living a new life [11].

According to the results of previous studies, four of the eight studies were conducted on patients with HIV using a phenomenological approach, namely research by Neila Sulung, Rohmah Miftahul, Sugiyanto, and Wahyuni. Meanwhile, four other studies use grounded theory, namely research by Charles A. Emlet, Karen Tang, Sharon T. Smith, and Samuel Pierre, MD. Most researchers choose to include religious diversity in the research they do. Overall, the study was conducted on HIV patients in the age range 18 to 55 years and resulted in four main themes, the first was to worship better or be closer to God, the second to live a better life, the third to have hopes and life goals, and fourth. self-acceptance of disease [5].

The discovery of spiritual meaning in patients with HIV is a unique personal experience for each patient with HIV and can give different meanings due to the influence of each individual’s strengths, integration of knowledge, and beliefs [10].

So even though there has been a lot of research on the spiritual experiences of HIV patients, it might be different for each patient with HIV [28]. This attracted researchers to conduct a systematic review of spiritual experiences in patients with HIV.

2. Method

2.1. Types of research

This study is a systematic review of the existing literature to determine the results of previous studies on spiritual experiences in patients with HIV. A systematic review is a method of carrying out article reviews with standards, structured criteria, and is planned before the implementation of particle synthesis. A systematic review can be an alternative method of writing articles based on a review of existing articles, and systematic review is not just looking for literary sources but is a structured study with perfect planning [5].

In principle, a systematic review is a research method that summarizes the results of primary research to present a more comprehensive and balanced fact. Meanwhile, meta-analysis is one way to synthesize the results statistically (quantitative technique). Another way is meta-synthesis to synthesize results using narrative techniques (qualitative techniques) [28]. Both quantitative and qualitative systematic reviews have systematic stages as well as the stages in the research methodology in general. Qualitative systematic review includes the following steps:
1. Formulate research questions
2. Conduct a literature search for systematic reviews
3. Screening and selecting suitable research articles
4. Conduct analysis and synthesis of qualitative findings
5. Enforce quality control
6. Prepare a final report [29].

2.2. Search Strategy

The search strategy aims to find articles that have already been published. The search was carried out through Google Scholar and Pubmed because this database is one of the largest databases in the health sector. The keywords used are a combination of spirituality, HIV, and qualitative. The search focused on journals exploring spiritual experiences in patients with HIV using qualitative methods published from 2015 to December 10th, 2019. The articles used were articles in English and Indonesian.

The inclusion criteria for the search were studies conducted on patients with HIV, over 18 years of age, diagnosed with HIV over 6 months, qualitative studies, and exploring spiritual experiences.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studies of HIV patients</td>
<td>These criteria refer to the title of the study, which is a systematic review of spiritual experiences in HIV patients.</td>
</tr>
<tr>
<td>Sample age &gt; 18 years</td>
<td>At this time, is a period of seeking self-confidence, beginning with the process of questioning beliefs or beliefs that are cognitively linked as the right form to believe in them. At this time, thinking is rational and belief or belief continues to be associated with rationality (Uliyah, 2016).</td>
</tr>
<tr>
<td>Diagnosed with HIV&gt; 6 months</td>
<td>The results of several studies stated that the process of receiving the disease to HIV patients is more than 6 months after HIV diagnosis, so it is said that more than 6 months is effective to explore spiritual experiences in HIV patients.</td>
</tr>
<tr>
<td>Qualitative Study</td>
<td>The purpose of this study was to review previous journals on spiritual experiences in HIV patients, where research explored these experiences by producing narrative data. Therefore, researchers made qualitative studies the criteria searching for journals.</td>
</tr>
<tr>
<td>Explore spiritual experiences</td>
<td>The search for journals focuses on journals that explore spiritual experiences, this makes it easier for researchers to screen journals that match the research title.</td>
</tr>
</tbody>
</table>
2.3. Article Screening

Article screening is carried out through the initial title and then abstract screening is carried out to identify which articles have the potential to match the desired criteria. Thereafter, all articles deemed significant at baseline were reviewed. Additional articles not found in the initial literature search were obtained by reviewing references in the study. Two reviewers reviewed each abstract based on inclusion criteria. The first reviewer (Researcher) checks all headings and abstracts the aim is to avoid repetition of the article. Separately, a second reviewer (supervisor) assessed the title and abstract sample according to the same criteria for selection. Furthermore, the two reviewers agreed on which articles met the inclusion criteria.

2.3.1. Data extraction

Data were extracted by the reviewers and summarized by using the JBI data extraction tool. Collected data includes author, year, country of origin research, types of research, samples (including the sample size and the inclusion criteria), interview guidelines, results, and limitations of the study.

2.4. Study Quality Assessment

The assessment of the quality of each article is carried out using the standard format of the JBI Critical Appraisal Checklist for Qualitative Study in Indonesian. The provisions used in the selection of articles, namely articles meet the inclusion criteria described by the researcher. The purpose of this assessment is to assess the methodological quality of a study and to determine the extent to which a study has addressed possible biases in its design, implementation, and analysis. The criteria used to evaluate whether each study is of good quality and the minimum risk can consist of 3, namely whether it fits the research methodology and research objectives, whether it fits the research methodology and data representation and analysis, will the research have a local impact.

A total of 10 checklist items were used to assess with yes/no / unclear / not valid answer choices. The answer is yes when all the information in the checklist is explained in detail and correctly, no, that is, when it is not explained in detail, it is not clear, the meaning is explained but not in detail, while it is not valid, the meaning is not by the context of this research. In conclusion, the assessment of the quality of the article was...
carried out by making presets for the answer to yes from a total of 10 questions. An article is concluded as good when the score is more than 80%.

2.5. Summary of Study Assessment Results

In the assessment of the quality of these articles, these 8 articles were declared to be of good quality, where all articles had a JBI score of more than 80%. Overall, the article has a weakness in point 8, namely whether the participants’ voices are sufficiently represented?

3. Result

From the search results conducted through Pubmed and Google Scholar, it was found that 149 journals were obtained using a combination of the keywords spirituality, HIV, and qualitative. A total of 103 journals from journals found according to the search keywords were then screened, 68 journals were executed because there was no full articles Text. Furthermore, a total of 35 journals full-text review, journal duplication and does not comply with the inclusion criteria be executed as many as 26 journals, so that got only 8 journals full text carried out the review.

3.1. Summary of Search Results

![Figure 1: Summary of Search Result](image)

3.2. Research Characteristics

The range of the publication of eight articles included in this literature review was from 2015 until the year 2019. The study was conducted in several countries including
Indonesia as many as four articles and the United States as much as 4 articles. This type of research is known to have 4 articles using the phenomenological method [5]. 4 articles use a qualitative descriptive method [11]. Overall the article used a *purposive sampling technique* in sampling, the number of samples ranged from 4 to 30 samples and the age range ranged from 18 years to 55 years. In the whole article using semistructured interview guidelines.

The opening sentence is how are you doing now? followed by a content sentence that focuses on the spiritual experience of HIV patients, namely in the form of spiritual changes that occurred after and before being diagnosed with HIV? how was your life after being diagnosed with HIV? how an association with other people and the environment around next? closing sentence in the form of a question about the expectations, what your greatest expectations regarding the future? [11].

### 3.3. Summary of Research Results

From the 8 previous studies, there were several common themes, for research in Indonesia there were 12 themes, namely being able to take lessons from their disease, praying better after HIV diagnosis, stopping bad behavior that had been done in the past, emerging with a new personality, reflected on the meaning of life, in need of support, have hope in life, process grieving in people with HIV, the value of HIV for the sufferer, the nature of prayer for people living with HIV, expectations for nursing services, and realized Power of God [5].

Not only in Indonesia, but research in America also found 9 themes, namely a close relationship with God, feeling more grateful, caring and learning new skills, giving up on the fate of the almighty, needing support from service providers, caring more for children, set life goals, survive as usual and survive drug adherence [10].

Research conducted in Indonesia, one of them the research Neila against 10 Muslims with HIV at the age range of 29 up to 46 years in London. The results of this study using the phenomenological method state that spiritual experiences in Muslims with HIV are categorized by two main themes, namely the ability to take lessons from their illnesses and the ability to accept illnesses, which results in four sub-themes including better worship after being diagnosed with HIV, stopping bad behavior which has been done in the past, appears with a new personality, and lives a better life [5]. Research with other phenomenological methods was carried out on 6 samples with HIV using the purposive sampling technique at the Poncol Public Health Center in Semarang City, which stated that the results in this study were four themes, namely giving meaning to
life, practicing religious rituals more diligently, requiring support and having hope in life [20].

Similar studies conducted on four men with HIV in hospitals Sawerigading city of Jakarta with an age range between 20 to 45 years, declare the results of the study with seven themes, namely the grieving process in people with HIV, the family support to people living with HIV, the value of HIV disease for patients, how to get closer to God, the essence of prayer for HIV sufferers, hope for life and hope for nursing services [20]. Another phenomenological study was conducted on 7 Muslims with HIV in Ambon, the sampling technique used *purposive sampling* with an age range of 20 to 60 years. The results of this study stated that identified five themes, namely I ore closer to the Lord, life is more valuable, aware of the power of God, need the support of those closest, and have hope for a better life in the days to come [13].

Not only in Indonesia, but similar research is also carried out in other countries. The results of a study conducted on 20 Christian HIV patients in New York stated that the spiritual meaning of HIV patients is a commitment to maintaining belief by remaining actively involved in spiritual activities in the Church [10]. In Canada, a study of 30 patients with HIV stated that spiritual experiences were considered unique. This study resulted in the idea of a patient’s life journey with HIV including a close relationship with God, feeling more grateful for life, and learning new skills in survival. [9]. Another study was conducted on 25 patients from a total population of 910 in GHESKIO, New York with an age range of 43 to 55 years and had been diagnosed for more than 10 years. The results of the study stated that there were six themes, namely being more spiritual, having support from service providers, caring more about children, setting life goals, surviving and living as usual, and being obedient to medicine [11].

The entire journal is devoted to spiritual experiences in patients with HIV. Research on spiritual experiences in patients with HIV reports that patients after being diagnosed with HIV have different and unique experiences. Overall, the study was conducted on patients with HIV in the age range 18-55 years with the same sampling technique, namely purposive sampling. Not apart from these similarities, research has differences in the methods used, where 4 studies use the phenomenological method while 4 other studies use qualitative descriptive methods. The results showed similarities with the existence of several themes in general, namely being closer to God, having hopes and goals in life, needing support, and finding meaning in life. Meanwhile, it is known that different results were found in Charles’ study in Canada, where the results showed a theme that was not found in other studies, namely the feeling of feeling more grateful after being diagnosed with HIV.
<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Country</th>
<th>Method</th>
<th>Sample</th>
<th>Guideline interview</th>
<th>JBI Value</th>
</tr>
</thead>
</table>
| N Eldest, R Asyura., 2019              | Indonesia              | Phenomenology   | **Inclusion criteria:**
|                                       |                        |                 | - Muslim                                                                | 9 item questions    | 9         |
|                                       |                        |                 | - Age range 29-46 years                                               |                     |           |
|                                       |                        |                 | - HIV diagnosed between 2-11 years                                      |                     |           |
| **Number of samples:** 10 people      |                        |                 |                                                                         |                     |           |
| Charles A. Emlet, Lesley Harris., 2017 | United States of America | Qualitative Descriptive | **Inclusion criteria:**
|                                       |                        |                 | - Age 50 years or older                                                | 9                   |           |
|                                       |                        |                 | - Lives in Greater Toronto, Canada                                     |                     |           |
|                                       |                        |                 | - diagnosed HIV over 4 years                                           |                     |           |
| **Number of samples:** 30 people      |                        |                 |                                                                         |                     | 9         |
| Rohmah, Miftahul and Ulliya, Sarah., 2019 | Indonesia              | Phenomenology   | **Inclusion criteria:**
|                                       |                        |                 | - Number of samples: 6 people                                          |                     | 9         |
|                                       |                        |                 |                                                                         |                     |           |
| Karen Tang, RN, PNP, MSNa, Wei-Ti Chen., 2018 | United States of America | Qualitative Descriptive | **Inclusion criteria:**
|                                       |                        |                 | - Come from Asia                                                       |                     | 9         |
|                                       |                        |                 | - HIV positive                                                         |                     |           |
|                                       |                        |                 | - Willing to share personal stories                                    |                     |           |
|                                       |                        |                 | - Minimum age 18 years                                                 |                     |           |
| **Number of samples:** 30 people      |                        |                 |                                                                         |                     | 9         |
| Sugiyanto, E Tarigan, I Kusumaningsih., 2018 | Indonesia              | Phenomenology   | **Inclusion criteria:**
<p>|                                       |                        |                 | - HIV positive                                                         |                     | 9         |
|                                       |                        |                 | - Age between 20-45 years                                              |                     |           |
|                                       |                        |                 | - Not currently in a neurological disorder                              |                     |           |
|                                       |                        |                 | - Has been or is being treated at the Sawerigading Hospital, Palopo City|                     |           |
| <strong>Number of samples:</strong> 4 people       |                        |                 |                                                                         |                     | 9         |
|                                       |                        |                 |                                                                         |                     |           |</p>
<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Country</th>
<th>Method</th>
<th>Sample</th>
<th>Guideline interview</th>
<th>JBI Value</th>
</tr>
</thead>
</table>
| Sharon T. Smith, J Blanchard, S Kools, D Butler., 2017 | United States of America | Qualitative Descriptive | **Inclusion criteria:**  
- Age 18-25 years  
- Knowing being diagnosed with HIV  
- Can read, speak and understand English  
**Number of samples:** 20 samples of male Christians  
**Sampling technique:** Purposive sample | 23 items | 9 |
| Samuel Pierre, MD, V Riviera, BS, Dkk., 2017 | United States of America | Descriptive Qualitative | **Inclusion criteria:**  
- Have had ART  
- HIV diagnosed more than 10 years  
- Age between 43-55 years  
**Number of samples:** 25 people  
**Sampling technique:** Purposive sample | 5 items | 9 |
| Wahyuni Aziza, T Payapo, 2015 | Indonesia | Phenomenology | **Inclusion criteria:**  
- willing to participate in research and willing to retell his experience stated with informed consent,  
- positive for HIV,  
- Age 20-60 years,  
- HIV diagnosed more than 6 months  
- not currently suffering from neurological disorders,  
- not experiencing a serious illness,  
- able to communicate clearly in Indonesian.  
**Number of samples:** 7 people (5 women and 2 men) 3 Muslims 4 Christian  
**Sampling technique:** Purposive sampling | | 9 |
<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Result/theme</th>
<th>Research limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>N Eldest, R Asyura., 2019</td>
<td>The results of this study are: 1. Be able to take lessons from their illness 2. The participant’s ability to accept disease is categorized under the following themes: 3. Better worship after HIV diagnosis, 4. Stop bad behavior that has been done in the past, 5. Come up with a new personality. 6. Live a better life.</td>
<td>This article is very good to be used as material for literature reviews, but it has shortcomings related to ethical research where this article does not convey about ethics by the right body.</td>
</tr>
<tr>
<td>Charles A. Emlet, Lesley Harris., 2017</td>
<td>The results of this study are: 1. Gives meaning to life 2. Practice religious rituals more diligently 3. Need support 4. Have hope in life.</td>
<td>In this journal, it is not very clear in conveying the theoretical or cultural linkages to the main idea of the research, so that it causes readers to wonder about the factors that influence the main idea of the research taken. In this journal, it is not conveyed about the theoretical or cultural linkages to the main idea of the research so that it causes the reader to wonder about the reasons for the main idea of the research taken.</td>
</tr>
<tr>
<td>Karen Tang, RN, PNP, MSNa, Wei-Ti Chen., 2018</td>
<td>Three distinct groups emerged from the participants’ narratives and their treatment of religion. These groups are: 1. Those who have no religion 2. Those with weak religions 3. Those who have a strong religion Generated themes: 1. Resigned to fate to the sublime power 2. Get closer to God 3. Spiritual fulfillment through prayer and having a supportive spiritual community</td>
<td>This journal has a limitation, namely the small sample size, as we know that in this study the sample was 4 male HIV patients.</td>
</tr>
<tr>
<td>Sugiyanto, E Tarigan, I Kusumaningsih., 2018</td>
<td>The results of this study reveal seven themes, namely: 1. The grieving process for people with HIV 2. Family support for people with HIV 3. The value of HIV for sufferers, 4. How to get closer to God, 5. The essence of prayer for people with HIV, 6. Hope for life, 7. Expectations for nursing services.</td>
<td>This journal has a limitation, namely its small sample size, as we know that in this study the sample was 4 male HIV patients.</td>
</tr>
<tr>
<td>Author, Year</td>
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</tr>
<tr>
<td>Sharon T. Smith, J Blanchard, S Kools, DButler., 2016</td>
<td>The results of this study are: 1. Stay actively involved in spiritual activities 2. Hold fast to hope 3. Believe that they are normal 4. Commit to belief in the church</td>
<td>This journal is not sufficiently representative of the population, where it is known that the whole sample of this journal is male and Christian, so this makes the study only focuses on men and is unable to represent the diversity of existing religions.</td>
</tr>
<tr>
<td>Samuel Pierre, MD, V Riviera, BS, Dkk., 2017</td>
<td>The results of the research are six themes: 1. More Spiritual 2. Have support from service providers 3. Care more for children 4. Setting life goals 5. Survive and live as usual 6. Stick to drug adherence</td>
<td>This journal does not convey the theoretical or cultural linkages to the main ideas of the research, resulting in the inability of the presentation for readers to understand the reasons for the main ideas of the research taken.</td>
</tr>
<tr>
<td>Wahyuni Aziza, T Payapo, 2015</td>
<td>The results of the study identified 5 themes, namely: 1. Closer to God, 2. Life is more valuable, 3. Realizing God's Power, 4. Need support from those closest 5. Have hope for a better life in the future</td>
<td>This journal is very good to be used as material for literature review, it's just that this journal is not conveyed regarding the ethics of research and evidence of ethical approval by the proper body.</td>
</tr>
</tbody>
</table>

4. Discussion

4.1. Spiritual experiences in HIV patients

The results of this review show that the spiritual experience of each patient with HIV is different and unique in perceiving each other’s experiences. The results of this study are consistent with Mutaqin’s research in West Java which states that spiritual experiences in patients with HIV are unique personal experiences for each patient with HIV and can give different meanings due to the influence of each individual’s strength, integration of knowledge, and beliefs. So even though there have been many studies on the spiritual experiences of HIV patients, it might be different for each patient with HIV [27].

The meaning of spirituality is something that is believed by someone about a higher power (God), which raises a need and love for the existence of God, and apologies for all the mistakes that have been done [20]. According to Young and Koopsen, the personal aspect of human beings that gives strength and influences individuals in living their lives is spiritual [30]. Suffering or life events experienced by a person will be interpreted differently by each person. The meaning depends on one’s spiritual level and belief in suffering. So that the spirituality approach cannot be general but must focus on the needs of each patient.
TABLE 4: Thematic maps of the study

<table>
<thead>
<tr>
<th>Name, Year and Country</th>
<th>Get closer to God</th>
<th>Have hope and purpose in life</th>
<th>Need support</th>
<th>Find meaning in life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Worship better/more diligent after being diagnosed with HIV</td>
<td>Have hope in life</td>
<td>Setting life goals</td>
<td>Support from family</td>
</tr>
<tr>
<td>N Sulung, R Asyura., 2019</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Indonesia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Charles A. Emlet, Lesley Harris., 2017 Canada</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rohmah, Miftahul and Ulliya, Sarah., 2019 Indonesia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Karen Tang, RN, PNP MSNa, Wei-Ti Chen., 2018 San Francisco and New York City</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sugiyanto, E Tarigan, Kusumaningsih., 2018 Indonesia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Samuel Pierre, MD, V Riviera, BS, Dkk., 2017 New York</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Wahyuni Aziza, T Payapo, 2015 Indonesia</td>
<td>✓</td>
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</tr>
</tbody>
</table>
4.2. Get closer to God

The suffering felt by individuals, apart from providing value, also gives new meaning to their life. New meanings emerge through cognates when individual coping mechanisms have responded well through complex processes of information perception, learning, decision making, and emotions [11]. This research reveals a new meaning that is felt by all participants diagnosed with HIV, this new meaning is felt in their spiritual life, namely closer to God in the form of increased religious activity that begins with reviewing their spiritual life after being diagnosed with HIV, most of the participants said they repented to God after being diagnosed. HIV. The desire to be closer to God by most of the participants was manifested by increasing the intensity of worship [13].

4.3. Have hope and purpose in life

Hope is one of the spiritual domains of an individual’s understanding of life so that hope is the basis of the spiritual aspect [12]. Likewise, the purpose of life and spiritual values that most of the participants believed had changed after being diagnosed with [13].

The closeness to God will bring new hope to the participants. HIV patients in this study hope that they want to recover, live a normal life, return to work, and reunite with their loved ones. Hope can help individuals find the meaning of the pain they suffer, namely when individuals with HIV feel uncomfortable with the symptoms of the disease they feel, increasing the inability and fear of facing death [5]. Hope can help individuals to deal with discomfort, live their lives with the illnesses they suffer, and live life powerfully [12] Also, some participants set long-term goals in living their lives. In this study, it was stated that living a healthy life after being diagnosed with HIV was the goal of life for most of the participants [11].

4.4. Find meaning in life

Individuals who have an effective coping mechanism will perceive the events or suffering they experience to give new meaning to themselves and become basic values to change and do better or in other words try to learn from mistakes [11]. In this finding, an expression was obtained which said that the suffering he was experiencing at this time was interpreted as a moment to repent for all the mistakes he had committed in the past [5]. In general, repentance is a change of mind or deed for mistakes, violations, crimes, or sins that have been committed and turning to religious teachings or beliefs
that they believe to be the truth which results in changes in behavior [10]. In this finding, it was found that changes in behavior conveyed by participants included stopping bad behavior that had been done in the past [5], caring more about children [11], continuing to do useful activities such as looking for a new job or continuing their work to take advantage of life opportunity given by God [13], and feel more grateful for what God has given him [9]. Another meaning revealed in this finding is that the disease that the participants suffered was a test or trial from God that had to be passed. An exam or trial is a process that must be passed by someone as an indicator of the ability or strength to go through an event [12].

4.5. Needs support

The spiritual needs of clients with HIV / AIDS include the need to strengthen relationships with oneself, others, God, and nature. The support and support system available in the environment around the participants will help participants deal with the disease process [13]. The grieving process that occurs in HIV patients makes patients need support from various parties, one of which is family support. Participants expected family support to motivate themselves to survive. Support from family can be in the form of attention or the form of prayer [10].

Motivation to survive and live all the realities that occur in HIV sufferers is a form of response to the support and interactions that have been given by the people around them [12]. In this study, most of the support and interactions came from the family, in this case, the spouse (husband or wife), siblings, parents, and children. The support referred to in this finding is a relationship of giving and receiving love or affection, attention, and mutual respect. Spiritual is considered effective in maintaining the well-being of the quality of life of patients with HIV, by being able to reduce physical fatigue, reduce anxiety, and increase self-confidence [23]. Also, great evidence was reported by the Eve study in Canada which stated that spirituality was able to reduce the problem that most often occurs in patients with HIV, namely depression [15]. There is no doubt that spirituality is effective in preventing the occurrence of complex problems in patients with HIV.

One study reported that HIV patients with high spirituality had a good quality of life and were even considered to be able to live longer than HIV patients who had low spirituality [25]. This finding seems to corroborate with another systematic review conducted in New York reporting that HIV patients with spiritual experiences that convey them have more hope and purpose in life [11]. Spiritual is considered as an important
contributor to the survival of patients with HIV [5]. However, HIV disease, especially in Indonesia, experiences a lot of stigmas [16]. Therefore, patients with HIV among them have fear, shame, experience rejection by family or friends, and feel frustrated [19]. So that it will interfere with the quality of life of those living with HIV. Therefore, exploring spiritual experiences in patients with HIV can be an alternative in maintaining the quality of life of patients with HIV or even encouraging patients with HIV to remain confident and have hope in living their lives.

4.6. Research Limitations

In this finding, 8 articles met the predetermined criteria, and it is clear that exploring the spiritual experiences of patients with HIV is very important and to achieve maximum results it needs to be improved either method or strategy. The limitation of the research on this finding is the lack of cultural or ethnic diversity so that the findings do not represent all existing ethnicities.

5. Conclusion

After analyzing 8 articles about spiritual experiences in HIV patients aged 18 years to 55 years, the number of respondents ranged from 4 to 30 participants. 4 studies were conducted in Indonesia with the Phenomenology method and the range of themes was around 12 themes, while the other 4 studies were conducted in the United States with a qualitative descriptive method which resulted in themes spanning 9 themes. The results were 4 themes representing all articles analyzed, namely getting closer to God, having hope and purpose in life, needing support, and finding the meaning of life.

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Conflict of Interest

The author has no conflict of interest to declare.
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