

Conference Paper

Relationship Spirituality and Quality of Life in HIV Patients: A Systematic Literature Review

Fahira Nurfitria¹ and Linlin Lindayani²¹Undergraduate Education Program, Sekolah Tinggi Ilmu Keperawatan PPNI Jawa Barat, Bandung, Indonesia²A Department of Nursing, Sekolah Tinggi Ilmu Keperawatan PPNI Jawa Barat, Bandung, Indonesia**ORCID:**Fahira Nurfitria: <https://orcid.org/0000-0003-1003-5330>Linlin Lindayani: <https://orcid.org/0000-0002-1569-4098>**Abstract**

This study aims to describe the relationship between spirituality and quality of life in HIV patients, where spirituality is understood as experience and religiosity as religious rituals of religious groups. This approach emphasizes the wholeness and multidimensional needs of HIV patients, besides reviewing their lives, interpreting what they find, and applying what they have learned to their new lives with HIV. The type of research used is Literature Review. A sample of 45 people was taken from 1,595 HIV patients. There are four articles stating the relationship between spirituality and quality of life considered in this article, that is, the value obtained (p-value: $p < .01$).

Keywords: spirituality, quality of life, HIV, Systematic Literature Review

Corresponding Author:

Linlin Lindayani

lnlindayani@gmail.com

Published: 15 March 2021

Publishing services provided by
Knowledge E

© Fahira Nurfitria and Linlin

Lindayani. This article is
distributed under the terms of
the [Creative Commons](#)[Attribution License](#), which
permits unrestricted use and
redistribution provided that the
original author and source are
credited.Selection and Peer-review under
the responsibility of the IVCN
Conference Committee.

1. Introduction

HIV can destroy CD4 cells thus causing weak immunity against other infections such as tuberculosis and cancer, people diagnosed with HIV should be given antiretroviral treatment (ARV) (WHO, 2019) **1**. HIV is a global problem where there has been an increase in the number from 36,700,000 million people living with HIV in 2015 to 37,900,000 million people living with HIV until the end of 2018 (UNAIDS, 2018). **2**

The number of HIV positive cases reported from year to year tends to increase, data from the Ministry of Health of the Republic of Indonesia (Kemenkes RI, 2019) **3** reports that the cumulative number of HIV cases up to June 2019 is 349,882. Most HIV sufferers from year to year are occupied by sero discordant couples as much as 84.91% (one partner who has HIV), customers of sexual workers as much as 9.36% and men like men as much as 6.94% (Kemenkes RI, 2019).**3**

 OPEN ACCESS

Being diagnosed with HIV is a process of finding new meaning as a person who has to live with HIV for the rest of his life with the stigma inherent in it (Lindayani, 2018)⁴. The search for new meaning is a unique process and is not easy because it will cause stress and feelings of anger, feelings of regret or feelings of guilt (Collein, 2010)⁵. Thus, religion and spirituality are needed to help patients with HIV review their lives, interpret what they find, and apply what they have learned to their new lives with HIV. In simple terms, spirituality and religion help a person find new meaning in life after being diagnosed with HIV (Chikoki, 2007)⁶.

Spirituality is related to the physiological indicators of HIV development (Ironson, Kremer & Lucette, 2016)⁷. Patients with good spirituality after HIV diagnosis had higher CD4 cells and lower viral loads over four years than patients whose spirituality decreased post diagnosis (Ironson, Kremer & Lucette, 2016)⁷. In addition, spirituality has a positive role in people with HIV, namely increasing peace and happiness, fostering inner strength, understanding illness and self-acceptance, improving independent health services, developing compassion, finding purpose in life, maintaining hope, creating relationships and a sense of connection. (Yuttachai 2019)⁸. Someone who has good religiosity and spirituality will be able to have positive coping in overcoming problems (Clarissa, 2017).⁹ Furthermore, research conducted by (Thinganjana, 2007)¹⁰ reports that spiritual practices help relieve symptoms or symptoms and in some cases can change the prognosis of disease. The results of previous research indicate that trust and spirituality are related to the level of health and client self-care behavior and quality of life (Hamid, 2009).¹¹ Research conducted by Lenni (2019)¹² shows that as many as 70% of people with bad spirituality have a bad quality of life too. In addition, Agustin Lusiana (2018)¹³ emphasized that the higher the spiritual level of an individual, the better the quality of life that is owned by the individual, and vice versa that the better the quality of life of an individual, the higher the level of spirituality they have.

Quality of life in general is a condition of an individual within the scope of abilities, limitations, symptoms and psychosocial traits to function and carry out various roles satisfactorily (Donner, Karone, & Bertoliti, 1997)¹⁴. Quality of life consists of four dimensions, namely mental and physical health, communication, autonomy, and function (WHO, 2002)¹⁵. The quality of life in HIV patients is very important to pay attention to because this infectious disease is chronic and progressive so that it has a wide impact on all aspects of life, both physical, psychological, social and spiritual (Erika Untari 2016)¹⁶.

The results of a study conducted by (Handayani Fitri et al, 2017)¹⁷ in Indonesia reported that 100% of HIV patients have a poor quality of life in each domain of quality of life. Another study reports that HIV patients who experience depression show a poor

quality of life (Meurah, 2017).¹⁸ Other research shows that there is a poor quality of life for people with HIV, especially the spiritual dimension (Wawan, et al, 2011).¹⁹ According to (Carsitas 2019)²⁰, HIV patients have a good quality of life in all domains including, physical, psychological, social, autonomy, spirituality, and environment. The results of studies on the quality of life in HIV patients from previous studies tend to be different. Quality of life in HIV patients is influenced by several factors such as education level, CD4 level, retroviral queuing therapy and medication adherence (Handajani, 2012).²¹

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 (Hariyati, 2011)²².

2.2. Search Strategy

The search strategy aims to find articles that have already been published. The search was conducted through Google Scholar and Pubmed because journals about the relationship between spirituality and quality of life in HIV patients can only be found in the search application. The keyword used is a combination of spirituality AND quality of life AND HIV. The search focused on journals exploring the relationship between spirituality and quality of life in patients with HIV using quantitative methods published from January 1, 2010 to March 30, 2020. The articles used were articles in English and Indonesian.

The inclusion criteria for search were studies conducted on patients with HIV, patients over 18 years of age, a type of qualitative research that was cross-sectional and focused on the relationship between the two variables.

2.3. Article Screening

Article screening is carried out through the initial title and then abstract screening is carried out to identify which one fits the desired criteria. All articles significant at baseline were then reviewed. Additional articles not found in the initial literature search by reviewing references in the study. Two reviewed each abstract based on inclusion criteria. Quickly check all titles and abstracts is to avoid repetition of articles. Separately, selected after the sample and abstract assessment according to the same criteria to be selected. Furthermore, the two agreed on which articles met the inclusion criteria.

2.3.1. Data extraction

The data was extracted by the researcher and summarized using the JBI data extraction tool. The researcher collected any data that had to be obtained from each of these journals, the data that the researcher extracted included the name and year of the study, the focus of the study, the research method, the characteristics of the respondents (age and gender), the place of origin of the study, samples, instruments, and the results of the research.

2.4. Study Quality Assessment

The assessment of the quality of each article was carried out using the standard format of the JBI (The Joana Briggs institute critical appraisal tools) and the PRISMA guidelines. We used the PRISMA guidelines for protocol review and study selection. The PRISMA Guidelines are evidence based instrument items for reporting in a Systematic Review. The criteria used at JBI to evaluate whether each study is of good quality and minimal risk of bias. In total there were 8 checklist items which included an explanation of the inclusion and exclusion criteria, the subject and place of the study, valid instruments, specific standard instruments, confounding factors, the measured outcomes were valid and reliable, the use of correct statistics. There are four answer choices in the JBI, namely "yes", "no", "unclear", "not applicable". The conclusion is based on the results of the review and directly from the results of the review, the more yes answers in the JBI critical appraisal column, the better and more valid the journal will be.

2.5. Summary of Study Assessment Results

In terms of the quality of the articles, the 8 articles are declared to be of good quality, with all articles having a JBI score of more than 75%.

3. Result

From the search results conducted through Google Scholar and Pubmed, a total of 181 journals were obtained using a combination of the keywords Spirituality, quality of life and HIV. Potentially eligible studies were screened after duplicate removal. About 82 studies have been ruled out. Quality assessment on 40 papers and after quality evaluation. Finally, eight studies were included in the literature review process.

3.1. Summary of Search Results

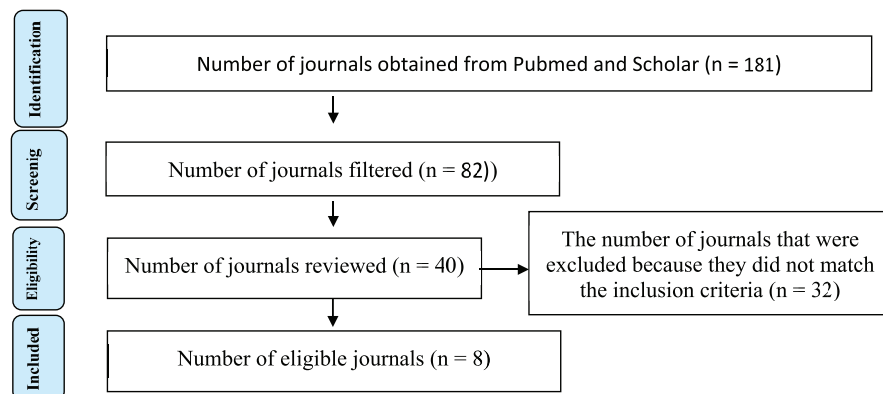


Figure 1: Summary of Search Results

3.2. Research Characteristics

The range of the publication of eight articles included in this literature review was from 2006 until the year 2020. This type of research was conducted from the eight articles using the Cross Sectional Study approach, in which the researcher carried out measurements or research at one time. Of the eight articles studied for data analysis used multiple linear regression (Kalan et al, 2020)²³. Then using Pearson correlation (Cho et al, 2019)²⁴, then (Chang et al, 2018)²⁵ using descriptive (Correlations, means, and standard deviation), multiple logistic regression used by (Carrico et al, 2017)²⁶, descriptive, (Lyon, 2016)²⁷, Univariate analysis (Superkertia, 2016)²⁸, Descriptive: Mean Standard Deviation of Frequency (Dalmida et al, 2010)²⁹, and the multivariable linear

regression model used by (Cotton et al, 2006)³⁰. All data analysis above is used to obtain the results of the journals under study. The number of samples on average ranged from 45 people (Superkertia et al, 2016)²⁸ to 1,595 people (Carrico et al, 2017)³¹, with criteria for adults aged 18 years to 65 years, in addition to being diagnosed as HIV positive, willing to become respondents, and live and become residents in the city that is being studied.

3.3. Summary of Search Results

Of the eight journals that were obtained, there were four that were related to spirituality and quality of life, but there were four other journals not related to spirituality and quality of life. Among them in research conducted by (Cho et al, 2019) **24** There is a relationship between spirituality and quality of life (p -value: $p < .01$). Overall, it shows that all domains are significantly correlated with each other except that physical health is not correlated with overall QoL and "satisfaction with health. However, Spirituality is associated negatively with others, except psychological health. Research by (Chang et al, 2018) There is a significant relationship between spirituality and quality of life. Spirituality and is positively related to growth associated with stress ($B = 7.18$, $p < .001$), which is significantly and positively related to happiness and negatively related to stress. grief ($B = .15$ and $-.31$, respectively, $p < .001$).

Meanwhile (Lyon, 2016)⁽²⁷⁾ concluded that there was a relationship between spirituality and quality of life. The relationship was significantly varied across the four latent religions / spirituality profiles (overall Chi-square statistical value $P < 0.001$). The mean scores of emotional functioning differed significantly between Profiles 1 and 2 ($P < 0.001$), Profiles 2 and 3 ($P < 0.001$), and Profiles 2 and 4 ($P = 0.005$). However, the other three HRQoL measures (e.g., physical functioning, school functioning, and social functioning) did not differ significantly between the latent religion / spirituality profiles, except that Profiles 1 and 3 also differed significantly in mean scores of social functioning ($P = 0.032$). Likewise research conducted by (Superkertia, 2016)²⁸ There is a relationship between spirituality and quality of life ($p = 0.000$, $p < 0.05$). Given that there is a very strong and significant relationship between the level of spirituality and the quality of life in HIV patients, it is hoped that foundations or NGOs will be more intensive and maintain spiritual services for HIV sufferers so that their quality of life will be better.

The research conducted by (Kalan et al., 2020)³² There is no relationship between spirituality and quality of life (p -value > 0.05) because the convenience sample is not representative of all PLHIV in the area studied because the results obtained are difficult

to obtain. generalized to the HIV population in Iran. For research conducted by (Carrico et al, 2017) 31 there is no relationship between spirituality and quality of life. Cronbach's alpha = 0.74; M = 9.7, SD = 3.9), this is because an annual place-based survey was conducted to examine changes in the level of society in the wider population of sexually active young black men (Young Black Men Sex Men) in Dallas and Houston. While research (Cotton et al, 2006)30. There is no relationship between spirituality and quality of life ($p \neq 0.000$, $p > 0.05$) this is because the longitudinal findings provide support for a possible causal relationship between spirituality / religion and other variables, it is impossible to conclude that the relationship is causal. And so is the research conducted by (Dalmida et al, 2010)29 There is no relationship between spirituality and quality of life ($p \neq 0.000$, $p > 0.05$). Quality of life score $\beta = .74$; $p = .014$) and spirituality score: ($\beta = .57$; $p = .024$).

There are four articles that state the relationship between spirituality and quality of life, namely the value obtained (p-value: $p < .01$.) Of the articles studied by Cho et al, 2019, Chang et al, 2018, Lyon, 2016, Superkertia, 2016 and four other articles that report no relationship between spirituality and quality of life with the value obtained ($p \neq 0,000$, $p > 0.05$) articles studied by Kalan et al, 2020, Carrico et al, 2017, Dalmida et al, 2010, Cotton et al, 2006.

TABLE 1: Summary of Research Characteristics

Author, Year	Country	Method	Sample	Instrument	JBI Value
Kalan et al, 2020	Iran	Cross sectional	Samples: Sample 200 people Inclusion criteria: Located in Tehran and Tabriz, two major cities in Iran, Age from 8 years, Diagnosed as HIV positive	WHO-QOL-BREF	There is no shortage in the journal, reaching 100% of the total questions with the answer "YES".
Cho et al, 2019	Carolina South	Cross sectional	Samples: 402 people Inclusion criteria: 18 years old, Lives in south corolina.	WHO-QOL-BREF	There is no shortage in the journal, reaching 100% of the total questions with the answer "YES".
Chang et al, 2018	India	Cross sectional	Samples: 178 people Inclusion criteria: Participants' ages ranged from 19 to 54 years Married	Spirituality: Two single-item measures tapping spirituality and religiosity	There is no shortage in the journal, reaching 100% of the total questions with the answer "YES".

Author, Year	Country	Method	Sample	Instrument	JBI Value
Carrico et al, 2017	Texas	Cross sectional survey	Samples: 1,595 people to the young black men who have sex with men (YBMSM) 2. Inclusions: ages 18-29 have or have not had HIV.	Spirituality: Using detailed intervention trials and recruitment procedures	There is no shortage in the journal, reaching 100% of the total questions with the answer "YES".
Lyon, 2016	in the south and the central Atlantic region of the United States	Cross sectional	Samples: 105 people Inclusion criteria: Speak English, At least 14-21 years old, Know that you are diagnosed with HIV	HRQoL Multidimensional Measure of Religiousness/Spirituality (BMMRS)	There is no shortage in the journal, reaching 100% of the total questions with the answer "YES".
Superkertia,2016	Denpasar Indonesia.	Cross sectional	Samples: 45 people Inclusion criteria: 19 - 35 years old	WHO-QOL-BREF WHO-QOL-SPRB	weakness: the criteria in the sample are not clearly defined, there are no specific standards for this study, the weighted score in this journal reaches 75%
Dalmida et al, 2010	Atlanta	Cross sectional	Samples: Sample of 118 African American women Inclusion criteria: Age at 18 years Using ARVs	HRQoL spiritual well-being (SWB) Religious well-being (RWB),	There is no shortage in the journal, reaching 100% of the total questions with the answer "YES".
Cotton et al, 2006	Washington city	Cross sectional	Samples: 450 people Inclusion criteria: Age ranges from 18 - 50 years.	FACIT-Sp the Duke Religion Index (DUREL) the Brief RCOPE (HAT-QoL)	There is no shortage in the journal, reaching 100% of the total questions with the answer "YES".

TABLE 2: Summary of research results

Author, Year	Result/theme	Research limitations
Kalan et al,2020	<ul style="list-style-type: none"> •There is no relationship between spirituality and quality of life (p-value> 0.05). •Feelings of guilt and blame ($\beta = -2,694$) and male gender ($\beta = 5,216$) are associated with spirituality. •Quality of life is associated with stigma ($\beta = -0.426$), unemployment ($\beta = -0.470$), age ($\beta = -0.703$) and participant income $\leq 8MR$ ($\beta = -0.487$) 	In the cross-sectional study, the convenience sample was not representative of all PLHIV in the study area because the results obtained were difficult to generalize to the HIV population in Iran. Furthermore, the cross-sectional nature of this study makes it impossible to infer causation or determine the direction of the observed association.

Author, Year	Result/theme	Research limitations
Cho et al,2019	<ul style="list-style-type: none"> •There is a relationship between spirituality and quality of life (p-value: p <.01). Overall, it shows that all domains are significantly correlated with each other except that physical health is not correlated with “overall QoL” and “satisfaction with health”. However, Spirituality is associated negatively with others, except psychological health. •The assessment was carried out with 6 domains of quality of life with 29 question items including, physical health (4 items, Cronbach alpha = 0.70), psychological health (5 items, Cronbach alpha = 0.81), freedom level (4 items, Cronbach alpha = 0.70), Social Relations (4 items, Cronbach alpha = 0.84), Environmental Health (8 items, Cronbach alpha = 0.84). Spirituality score: Spirituality / Religion Domain (4 items, Cronbach alpha = 0.50) 	<p>In a cross-sectional study that limits inferential ability. Cronbach’s alpha for spirituality was relatively low compared to other domains. This study examined the quality of life among PLHIV associated with care in a large number of urban clinics, because this study used the revised WHOQOL-BREF with six domains. In conclusion, the research shows that the well-being of PLHIV associated with treatment is considered generally acceptable and affects their perception of quality of life.</p>
Chang et al, 2018	<ul style="list-style-type: none"> •There was a significant relationship between spirituality and quality of life. Spirituality was significantly and positively associated with growth associated with stress (B = 7.18, p <.001), which was significantly and positively related to happiness and negatively associated with sadness (B =.15 and -.31, respectively, p <.001). 	<p>Because these findings are based on a cross-sectional design, it is important in future research to examine spirituality as a predictor of changes in stress-related growth and psychological adjustment over time, although these findings provide evidence of spirituality as an important source for cultivating stress-related growth. As this study focuses on HIV-positive Indians, it is important to check the generalizability of presenting the findings to other cultural groups.</p>
Carrico et al, 2017	<ul style="list-style-type: none"> •There is no relationship between spirituality and quality of life. Cronbach’s alpha = 0.74; M = 9.7, SD = 3,9). 	<p>The findings of this cross-sectional study must be interpreted in the context of several important limitations. Because an annual place-based survey was conducted to examine community-level changes in the broader population of sexually active YBMSM in Dallas and Houston, we were unable to examine whether spirituality / religiosity was associated with temporal changes in binge drinking, stimulant use, and HIV testing. recently.</p>

Author, Year	Result/theme	Research limitations
Lyon, 2016	<p>•There is a relationship between spirituality and quality of life. Relationships vary significantly across the four latent religions / spirituality profiles (overall Chi-square statistical score $P < 0.001$). The mean scores of emotional functioning differed significantly between Profiles 1 and 2 ($P < 0.001$), Profiles 2 and 3 ($P < 0.001$), and Profiles 2 and 4 ($P = 0.005$). However, the other three HRQoL measures (e.g., physical functioning, school functioning, and social functioning) did not differ significantly between latent religion / spirituality profiles, except that Profiles 1 and 3 also differed significantly in mean scores of social functioning ($P = 0.032$)</p>	<p>This study includes a cross-sectional analysis, possible selection and information bias, confounding, and lack of generalization outside of urban populations primarily African-Americans and Hispanic / Latino ALWH living in the South and mid-Atlantic US. The data for this study relied exclusively on self-reports, collected in an outpatient hospital setting; Therefore, scores can represent individual self-representational bias and can potentially also be influenced by measures of religion / spirituality</p>
Superkertia,20	<p>•There is a relationship between spirituality and quality of life ($p = 0.000$, $p < 0.05$). Given that there is a very strong and significant relationship between the level of spirituality and the quality of life in HIV patients, it is hoped that foundations or NGOs will be more intensive and maintain spiritual services for HIV sufferers so that their quality of life will be better.</p>	<p>This study includes a cross-sectional analysis. For future researchers to develop research on the relationship between the level of spirituality and quality of life in HIV / AIDS patients with homogeneous sample characteristics such as age, education level, and occupation so that the results obtained are more accurate.</p>
Dalmida et al, 2010	<p>•There is no relationship between spirituality and quality of life ($p \neq 0.000$, $p > 0.05$). Quality of life score $\beta = .74$; $p = .014$ Score of spirituality: ($\beta = .57$; $p = .024$)</p>	<p>This cross-sectional study has several limitations. First, we studied outpatients who had access to advanced care for HIV / AIDS: more than 75% received ART and 53% had HIV viral load below baseline detectable levels. Our findings, therefore, cannot be generalized to patients who do not have access to ART. Moreover, while the longitudinal findings provide support for a possible causal relationship between spirituality / religion and other variables, it is not possible to conclude that the relationship is causal. Nevertheless, this study is the first study on spirituality / religion to follow a large group of patients with HIV / AIDS and to examine spirituality / religion using various measures at various sites.</p>
Cotton et al, 2006	<p>•There is no relationship between spirituality and quality of life ($p \neq 0.000$, $p > 0.05$).</p>	<p>This cross-sectional study has several limitations. First, outpatients who have access to sophisticated care for HIV / AIDS: more than 75% received ART and 53% had HIV viral load below baseline detectable levels. Therefore, it cannot be generalized to patients who do not have access to ART. Moreover, while the longitudinal findings provide support for a possible causal relationship between spirituality / religion and other variables, it is not possible to conclude that the relationship is causal.</p>

4. Discussion

4.1. The relationship between spirituality and quality of life in HIV patients

The results of this review indicate that the relationship between spirituality and the quality of life of patients with HIV, there are four articles that are related and the other four are not. This shows that the higher the spiritual level of an individual, the better the quality of life that is owned by the individual, and vice versa that the better the quality of life of an individual, the higher the level of spirituality that is owned. However, no one has conducted a literature review on this. Spirituality has a huge impact on the quality of life because the greater the individual spirituality, the higher the quality of life (Lusiana, 2018).³³ spiritual makes a person more responsible for his life. Feeling a responsibility towards life in people with HIV / AIDS is to understand that their existence is from the various obligations that must be fulfilled. Swinton and Pattinson (Coyte, 2007).³⁴

Spirituality is part of the quality of life in the domain of self-capacity or being which consists of personal values, personal standards and beliefs (University of Toronto, 2010).³⁵ Patients report that spiritual practices help relieve symptoms and in some cases can change the prognosis of disease. Superkertia et al (2016) ²⁸stated that if the patient has a good quality of life and good spirituality, it will change the prognosis of the disease, this can give new life meaning to patients with HIV. There are four things that are recognized as spiritual needs, namely the process of finding new meaning in life, forgiveness, the need to be loved and hope (Potter & Perry, 2005).³⁶ For HIV patients, the process of seeking new meaning in life can facilitate self-forgiveness (Potter & Perry, 2005). ³⁶ Nurses can help HIV patients to develop life expectancy in an honest way, and build trusting relationships when patients experience stress and chaos.

Spirituality has a significant relationship to the quality of life in people with HIV, although not as a major predictor of predicting and improving quality of life (Lusiana, 2018).³³ This is because there are many other factors that can be predictors of improving the quality of life. spirituality can help people with HIV / AIDS in improving psychological well-being in balance with other factors which also affect the overall quality of life. Another aspect of spirituality is the dimension of altruism, namely the emergence of a belief in social justice, which is oriented that each individual needs each other and that no individual is able to live without social interaction with others (Lusiana, 2018).³³

In a study conducted by (Imam et al, 2011)³⁷, it is known that in addition to psychological factors of 59.8%, there are several factors that play a role in determining the

quality of life in people with HIV, including the domain of social relationships of 64.6%, physical 58, 5%, environment 52.4%, and spirituality 52.4% (Lubkin et al, 2006)³⁸ in their research said that spirituality is everything about life, the deepest part of the individual, gives hope, improves relationship relationships and improves quality of life. better. This is in line with research (Tuck et al., 2007)³⁹ which states that spirituality is a source of inspiration in the form of hope, faith and strength to nurture life or receive gifts, besides it is a process of searching for the meaning of life manifested with good hopes for life. In addition, (Basavaraj et al, 2010)⁴⁰ also explained several important predictors that affect the quality of life in people with HIV, namely psychological well-being, social support, coping strategies, spiritual well-being, physical manifestations of psychiatric comorbidities, even including ART (Antiretroviral therapy).

Research Limitations

In this search, eight articles have met the predetermined criteria, spirituality and quality of life are very important in the lives of HIV patients because they can improve the maximum results for the lives of HIV patients, to improve spirituality and quality of life easily, therefore it needs to be improved again. method or strategy. The limitations of this study are the lack of access to free full text, limited access to free databases and language limitations.

5. Conclusion

Of the eight articles studied all used research with a cross sectional approach, the number of samples ranged from 45 people to 1,595 people, with the criteria for adults aged 18 years to 65 years, for the instrument used the average using the instrument (BMMRS). Multidimensional Measure of Religiousness / Spirituality, The Functional Assessment of Chronic Illness Therapy – Spiritual Well-Being (FACIT-Sp), WHO-QOL-SPRB is used for spirituality while WHO-QOL-BRIEF is used to measure quality of life. Then there are four articles which are related between spirituality and quality of life and four articles have no relationship between spirituality and quality of life. The results obtained were 3 themes representing all the articles analyzed, namely spirituality can affect the quality of life, spirituality and quality of life can provide enthusiasm for life for HIV patients and can lead a better life and can give meaning to their lives.

Recognition

The authors would like to thank their colleagues for their contributions and support for this research. They are also grateful to all reviewers who provided their valuable input for the manuscript and helped complete the paper.

Conflict of Interest

The author has no conflict of interest to declare.

References

- [1] World Health Organization. (2019). *WHO Global Estimates on Prevalence of Hearing Loss. American*. World Health Organization.
- [2] (2018). United Nations Programme on HIV/AIDS. UNAIDS DATA. Switzerland.
- [3] Ditjen P2P Kementerian Kesehatan RI. (2019). *Laporan Perkembangan HIV/AIDS dan Penyakit Menular Seksual Triwulan II Tahun 2019*, Indonesia, pp 1–163.
- [4] Lindayani, L., et al. (2018). Complex Problems, Care Demands, and Quality of Life Among People Living With HIV in the Antiretroviral Era in Indonesia. *Journal of the Association of Nurses in AIDS Care*, vol. 29, issue 2, pp. 300–309.
- [5] Colleijn, I. (2010). *Makna Spiritualitas pada pasien HIV/AIDS dalam konteks asuhan keperawatan di RSUPN dr. Cipto Mangunkusumo Jakarta*. (Depok Universitas Indonesia, 2010).
- [6] Dalmida, S. G., et al. (2009). Spiritual Well-Being, Depressive Symptoms, and Immune Status among Women Living with IV/AIDS. *Women Health*, vol. 49, issue 2–3, pp. 119–4.
- [7] Cotton, S., et al. (2009). Erratum: Spirituality and religion in patients with HIV/AIDS. *Journal of General Internal Medicine*, vol. 24, issue 8, p. 994.
- [8] Basavaraj, et al. (2010). Quality of life in HIV/AIDS. *Journal Departement of Dermatology, Venereology and Leprosy*. JSS medical college, JSS University, Mysore, Karnataka, India.
- [9] Puchalski, C., et al. (2009). Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference. *Journal of Palliative Medicine*, issue 12, pp. 885–904, <https://doi.org/10.1089/jpm.2009.0142>.

- [10] Doolittle, B. R., Justice, A. C. and Fiellin, D. A. (2018). Religion, Spirituality, and HIV Clinical Outcomes: A Systematic Review of the Literature. *AIDS and Behavior*, vol. 22, issue 6, pp. 1792–1801, <https://doi.org/10.1007/s10461-016-1651-z>.
- [11] Komisi Penanggulangan AIDS Nasional (2011). Rencana Aksi Nasional Penanggulangan IIV & AIDS di Indonesia 2007-2010. Jakarta: Kementerian Koordinator Bidang Kesejahteraan Rakyat.
- [12] Astuti, R., Yosep, I. and Susanti, R. D. (2015). Pengaruh Intervensi SEFT (Spiritual Emotional Freedom Technique) terhadap Penurunan Tingkat Depresi Ibu Rumah Tangga dengan HIV. *Jurnal Keperawatan Padjajaran*, issue 3, p. 1.
- [13] American Holistic Nurses Association. (2019). *What is Holistic Nursing?* Retrieved from <https://www.ahna.org/About-Us/What-is-Holistic-Nursing>.
- [14] Jones, K. F. (2018). Spirituality: More Than Just Religion. *Journal of the Australasian Rehabilitation Nurses' Association*, vol. 21, issue 2, pp. 12-14.
- [15] Tate, J. D. (2011). The Role of Spirituality in the Breast Cancer Experiences of African American Women. *Journal of Holistic Nursing*, vol. 29, pp. 249-255, **doi:10.1177/0898010111398655**.
- [16] Nursalam, D. K. and Ninuk, F. K. (2018). *Nursing Care in Patients Infected with HIV/AIDS*. Jakarta: Salemba Medika.
- [17] Ashura, E. and Neila, R. (2019). Analysis of the Spirituality of Patients with HIV/ AIDS in Taking Lessons and Self-Acceptance. *Indian Journal of Palliative Care*, issue 2, pp 145-150
- [18] Rochmawati, E., Wiechula, R. and Cameron, K. (2018). Centrality of Spirituality/Religion in the Culture of Palliative Care Service in Indonesia: An Ethnographic Study. *Nursing and Health Sciences*, vol. 20, issue 2, pp. 231–237, <https://doi.org/10.1111/nhs.12407>.
- [19] Arrey, A. E., *et al.* (2016). Spirituality/Religiosity: Acultural and Psychological Resource among Sub-Saharan African Migrant Women with HIV/AIDS in Belgium. *PLoS ONE*, vol. 11, issue 7, pp. 1–22, <https://doi.org/10.1371/journal.pone.0159488>.
- [20] Ahmad, F., binti Muhammad, M. and Abdullah, A. A. (2011). Religion and Spirituality in Coping with Advanced Breast Cancer: Perspectives from Malaysian Muslim Women. *Journal of Religion and Health*, vol. 50, issue 1, pp. 36–45.
- [21] Kotler, P. and Keller, K. L. (2006). *Marketing Management*. Upper Saddle River: Prentice Hall.
- [22] Lazarus, R. S. (2000). Toward Better Research on Stress and Coping. *American Psychologist*, vol. 55, issue 6, pp. 665–673, **doi:10.1037/0003-066X.55.6.665**.

- [23] Cotton, S., *et al.* (2009). Erratum: Spirituality and Religion in Patients with HIV/AIDS. *Journal of General Internal Medicine*, vol. 24, issue 8, p. 994, <https://doi.org/10.1111/j.1525-1497.2006.00642.x>.
- [24] Miller, W. R. and Thoresen, C. E. (2003). Spirituality, Religion and Health. *American psychology* issue 58, pp. 24–35.
- [25] Brown, D. R., *et al.* (2013). Assessing Spirituality: The Relationship between Spirituality and Mental Health. *Journal of Spirituality in Mental Health*, vol. 15, issue 2, pp. 107–122
- [26] Dalmida, S. G., *et al.* (2009). Spiritual Well-Being, Depressive Symptoms, and Immune Status among Women Living with HIV/AIDS. *Women Health*, vol. 49, issue 2–3, pp. 119–43.
- [27] Margolin, A., *et al.* (2007). A Preliminary Study of Spiritual Self-Schema (3-S(+)) Therapy for Reducing Impulsivity in HIV-positive Drug Users. *Journal of Clinical Psychology*, issue 63, pp. 979–999.
- [28] Ironson, G., Kremer, H. and Lucette, A. (2016). Relationship between Spiritual Coping and Survival in Patients with HIV. *Journal of General Internal Medicine*, issue 31, pp. 1068–1076.
- [29] Tuck, I. and Thinganjana, W. (2007). An Exploration of the Meaning of Spirituality Voiced by Persons Living with HIV Disease and Healthy Adults. *Issues in Mental Health Nursing*, vol. 28, issue 2, pp. 151–166
- [30] Hamid, A. Y. S. (2009). *Aspek Spiritual dalam Keperawatan*. Jakarta: Widya Medika.
- [31] Nuraeni, A., *et al.* (2015). *Kebutuhan Spiritual pada Pasien Kanker*. Bandung: Fakultas Keperawatan Universitas Padjajaran.
- [32] Nursalam and Kurniawati, N. D. (2018). Model Asuhan Keperawatan pada Pasien HIV/AIDS. *Asuhan Keperawatan pada Pasien Terinfeksi HIV/AIDS*.
- [33] Komisi Penanggulangan AIDS Nasional (2011). *Rencana Aksi Nasional Penanggulangan HIV & AIDS di Indonesia 2007-2010*. Jakarta: Kementerian Koordinator Bidang Kesejahteraan Rakyat.
- [34] Astuti, R., Yosep, I. and Susanti, R. D. (2015). Pengaruh Intervensi SEFT (Spiritual Emotional Freedom Technique) terhadap Penurunan Tingkat Depresi Ibu Rumah Tangga dengan HIV. *Jurnal Keperawatan Padjajaran*, vol. 3, p. 1.
- [35] American Holistic Nurses Association. (2019). *What is Holistic Nursing?* Retrieved from <https://www.ahna.org/About-Us/What-is-Holistic-Nursing>.
- [36] Jones, K. F. (2018). Spirituality: More than Just Religion. *Journal of the Australasian Rehabilitation Nurses' Association*, vol. 21, issue 2, pp. 12-14.

- [37] Tate, J. D. (2011). The Role of Spirituality in the Breast Cancer Experiences of African American Women. *Journal of Holistic Nursing*, vol. 29, pp. 249-255, **doi:10.1177/0898010111398655**.
- [38] Fowler, J. (2017). From Staff Nurse to Nurse Consultant: Spiritual Care Part 1: The Importance of Spiritual Care. *British Journal of Nursing*, vol. 26, issue 478, **doi:10.12968/bjon.2017.26.8.478**.
- [39] Benefiel, M., Fry, L. and Geigle, D. (2014). Spirituality and Religion in the Workplace: History, Theory, and Research. *Psychology of Religion in the Workplace*, issue 6, pp. 175-187, **doi:10.1037/a0036597**.
- [40] Puchalski, C., *et al.* (2009). Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference. *Journal of Palliative Medicine*, issue 12, pp. 885–904, <https://doi.org/10.1089/jpm.2009.0142>.
- [41] Peteet, J. R. and Balboni, M. J. (2013). Spirituality and Religion in Oncology. *CA: A Cancer Journal for Clinicians*, issue 63, pp. 280–289, <https://doi.org/10.3322/caac.21187>.
- [42] Narayanasamy, A. (2002). Spiritual Coping Mechanisms in Chronically Ill Patients. *British Journal of Nursing*, vol. 11, issue 22, pp. 1461–1470, <https://doi.org/10.12968/bjon.2002.11.22.10957>.
- [43] Edwards, A., *et al.* (2010). Review: The Understanding of Spirituality and the Potential Role of Spiritual Care in End-Of-Life and Palliative Care: A Meta-Study of Qualitative Research. *Palliative Medicine*, p. 24, pp. 753–770, <https://doi.org/10.1177/0269216310375860>.
- [44] Doolittle, B. R., Justice, A. C. and Fiellin, D. A. (2018). Religion, Spirituality, and HIV Clinical Outcomes: A Systematic Review of the Literature. *AIDS and Behavior*, vol. 22, issue 6, pp. 1792–1801, <https://doi.org/10.1007/s10461-016-1651-z>.