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HIV/AIDS SERVICE PROVIDERS' VIEWS OF SPIRITUALITY  
AS A MECHANISM FOR CLIENT COPING

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Jody Lynn Reimer  
September 2006

HIV/AIDS SERVICE PROVIDERS' VIEWS OF SPIRITUALITY  
AS A MECHANISM FOR CLIENT COPING

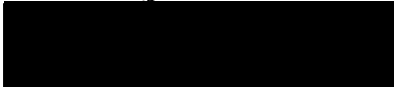
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A Project  
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by  
Jody Lynn Reimer  
September 2006

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## ABSTRACT

This study examined HIV/AIDS service providers' views of spirituality as a legitimate coping mechanism and how often service providers ask clients about spirituality during assessment and treatment. The survey included thirty-one participants from four different agencies who work with clients infected with HIV/AIDS. The results indicated that service providers feel that spirituality is a legitimate coping mechanism. However, social support is viewed as being a more commonly used coping mechanism. Further, service providers were hesitant to offer spirituality as a method of coping during therapy and expected the client to bring it up if they wished.

## ACKNOWLEDGMENTS

The researcher would like to acknowledge those who participated in the study from the UCSD Treatment Center, Foothill AIDS Project, Inland AIDS Project, and Bienestar.

DEDICATION

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## CHAPTER ONE

### INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) are steadily increasing in the number of lives they affect. HIV/AIDS is an illness that affects a person's immune system and there is no cure for it. HIV/AIDS is transmitted from one person to another through bodily fluid. The main way the illness is transmitted is through sexual encounters or through the sharing of needles during intravenous drug use.

HIV/AIDS is a disease that is not only detrimental to the human body; it is also detrimental to a person psychologically and socially. Although HIV/AIDS has been running rampant in the United States since 1981 and much research has been done since the early days of the disease, there is still a very negative stigma that results from a person being infected. Many clients are unable to disclose their status to family, friends, and even sex partners. More and more clients are in need of services to aid them in coping with living with HIV/AIDS.

It is important that HIV/AIDS service providers are providing services that fully meet clients' needs.

#### Problem Statement

Worldwide, at the end of 2004, 37.2 million adults and 2.2 million children were living with Human Immunodeficiency Virus. In the United States alone there are 415,193 people living with AIDS (Avert.org). Cases of HIV/AIDS (Acquired Immunodeficiency Syndrome) are steadily increasing in the United States and around the world. Due to the increase in people who are being infected, as well as the impact antiretroviral therapy has had on aiding people who are infected to live longer, HIV/AIDS services are in greater demand. As a result of the increased number of HIV/AIDS cases, there has been an increasing amount of research done to determine therapeutic interventions that work with this population as well as determining how clients cope with HIV/AIDS.

As will be explored in further detail, many clients who are infected or affected by HIV/AIDS have reported that spirituality has played a major role in their ability to cope with this life-threatening illness. Spirituality has aided persons infected with HIV/AIDS to

have inner peace, have meaning in their life, and discover a purpose for their life. This study will address the legitimacy that HIV/AIDS service providers place on spirituality as a way for a person living with HIV/AIDS to cope.

Due to the nature of the disease and the impact it has on a person's social support network, it is extremely important for a person infected with HIV/AIDS to be fully supported and accepted wherever they choose to receive services for their illness. In regard to the fact that many clients who are infected rely heavily on spirituality as a way to cope, (Coleman, 2003; Siegel & Schrimshaw, 2002; Somlai & Heckman, 2000; Simoni, 2002), it is essential that their service provider recognizes spirituality as a legitimate way to cope. With this population, recognizing spirituality as a legitimate way to cope is part of adhering to the values of social work by meeting the client "where they are at" and also allowing for client self-determination.

This is an issue that is of great concern to me as well as to several clients I know who are infected or affected by HIV/AIDS. These clients have expressed to me the importance of their spirituality and the various

practices that come along with that, such as praying or fellowshiping with others who share the same faith. Several of these clients have expressed that their spirituality has not been taken into account when obtaining services for coping with their illness. In addition to testimonials from clients, in my experience in the field of social work as well as in the MSW program at California State University San Bernardino (CSUSB), I have not seen a great deal of importance placed on spirituality as a coping mechanism for a client.

When placed alongside the research that has been done on the importance clients infected with HIV/AIDS place on spirituality as a coping mechanism, this study will aid the profession of social work to see whether or not HIV/AIDS service providers are sufficiently responsive to clients' potential spiritual needs. This study will examine if HIV/AIDS service providers think spirituality is a legitimate way for their clients to cope with being infected with HIV/AIDS. In addition, this study will assess various ways that service providers integrate spirituality into therapeutic approaches with clients from the HIV/AIDS population.

It was important when conducting this study to be aware of service providers' issues of counter transference when working with this particular population and evaluating their own spirituality. As with clients, amongst service providers there are varying levels of spirituality.

#### Purpose of the Study

An important aim of this study was assessing service providers' perspectives on spirituality as a legitimate coping mechanism for clients who are infected with HIV/AIDS. Meeting the client where they are at and allowing for client self determination is essential for working with this population and dealing with issues of spirituality. In addition, looking at clients' strengths will also be assessed in this study. Strengths Based theories are emerging in the field of Social Work which encourage service providers to identify strengths that clients possess versus pathologies. This study will contribute to literature that views spirituality as a strength in clients for coping with being infected with HIV/AIDS. The study explores whether service providers working with the HIV/AIDS population are implementing

appropriate interventions to address spirituality as a client strength for coping with the HIV/AIDS illness.

This study will contribute to the profession of social work by assessing services provided to persons with HIV/AIDS in regards to spirituality as a coping mechanism. A goal of this study is to encourage social workers to examine their own viewpoints regarding spirituality as a coping mechanism for clients with HIV/AIDS and how well they integrate this method of coping into treatment. Service providers within this population will be able to evaluate and improve their use of a client's spiritual worldview as a tool for coping with living with HIV/AIDS.

The research design that best addresses this problem or issue is a survey design. The study was designed to investigate the perspectives of HIV/AIDS service providers from four different HIV/AIDS service provider organizations in Southern California. In order to effectively gather information from the various organizations in the amount of time given, the researcher requested permission to inform service providers of the research project and set a specific day with each organization to administer the questionnaire to the

service providers employed within each particular organization.

The best data source for this study was from the service providers themselves. Due to the direct contact that the service provider has with the client, they were the best source of information to determine the importance practitioners working with clients with HIV/AIDS place on spirituality as a coping mechanism. In this study, in order to gain the necessary data from the service providers, questionnaires were issued to direct service providers from the four different HIV/AIDS organizations chosen throughout Southern California.

#### Significance of the Project for Social Work

This study is necessary to assess the extent to which clients living with HIV/AIDS are receiving services that incorporate spirituality as a legitimate coping mechanism in interventions. It is important for the profession of social work to investigate whether spirituality is being incorporated as a client strength. The study will not only be beneficial to direct practice, but may have major implications on policy as well.



If shown to the Council of Social Work Education, this may then increase awareness of the importance of social workers' practices regarding HIV/AIDS and spirituality. The Council of Social Work Education may consider implementing more spirituality content into social work education curriculum. Depending on the results, this study could be used as evidence for the need for social workers to be trained on the importance of spirituality in their clients' personal lives.

This study will affect the assessing, planning, and implementing stages of the generalist intervention process. During the assessment phase, it is important for the service provider to ask the client about spirituality and if this is a way that they cope with life's obstacles. This way the service provider will have a broader sense of the client's coping mechanisms. During assessment, if spirituality is found to be a coping mechanism then it should be incorporated into the treatment plan. It is important that the service provider ask the client about this coping mechanism as it may not be one about which the client is fully aware.

The study was designed to discover if service providers working with persons infected with HIV/AIDS

assess a client's spirituality as a strength, and whether or not social workers utilize a client's spirituality as a means for coping when planning and implementing treatment with the client. The main focus of this study is to examine HIV/AIDS service providers' view of spirituality as a legitimate means of coping for their clients.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

A review of literature was conducted on the spiritual views of persons living with HIV/AIDS, effects spirituality has on coping with a terminal illness, and viewpoints of spirituality from the service providers' perspective.

#### Effects of Spirituality and the Well-being of Persons with Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome

Coleman (2003) studied the relationship between spirituality, sexual orientation, mental well-being, and functional health status amongst 117 African Americans infected with HIV/AIDS. A cross-sectional survey design utilizing convenience sampling was used to obtain the necessary data to arrive at the conclusions. The results revealed that having a sense of well-being and purpose in life (spirituality) affected mental well-being amongst African Americans infected with HIV/AIDS in a positive way. The implication for practice for this study was that

interventions addressing spirituality in clients with HIV/AIDS should be implemented.

Somlai and Heckman (2000) conducted a study to determine relationships between spirituality, quality of life, perceptions of social support, and coping and adjustment efforts amongst people infected with HIV/AIDS. The study included a community sample of 275 persons, primarily white and male, infected with HIV/AIDS. Spiritual practices included praying, American Indian rituals, New Age rituals, body therapies, and participation in formal religious ceremonies and traditions. The results of the study showed that participants who showed high levels of spirituality had a more positive way of coping with being infected with HIV/AIDS, therefore showing better health and social functioning.

Simoni et al. (2002) conducted a study amongst 230 African American and Puerto Rican low-income women, age twenty-four through sixty one, who are living with HIV/AIDS in New York City. The study's purpose was to determine persons' living with HIV/AIDS reliance on spirituality as a way of coping with being infected with this particular terminal illness. The participants in the

study responded to Likert-type formatted scale questions regarding demographics, drug use, social support, coping, spirituality, and psychological adaptation. The results of the study indicated that a high level of psychological adaptation was positively related to high levels of spirituality and spiritual based coping.

Siegel and Schrimshaw (2002) conducted a study that examined religious and spiritual coping among 63 older adults living with HIV/AIDS. The sample included a range of religious affiliations. The results of the study showed that nearly all participants, even those who did not identify with a particular religion, confessed that spirituality played a major role in their ability to cope with living with HIV/AIDS. The participants reported that their spirituality evoked comforting emotions and feelings, offered strength, empowerment, and control, eased the emotional burden of the illness, offered social support and a sense of belonging, offered spiritual support through a personal relationship with God, facilitated meaning and acceptance of the illness, helped preserve health, relieved the fear and uncertainty of death, and facilitated self acceptance and reduced self-blame.

The implications for practice from these studies are that persons living with HIV self report that spirituality plays a large role in their coping, regardless of religious affiliation. Due to the findings showing the benefits of spirituality when used as a coping mechanism, service providers working with this population should be sensitive to client use of spirituality as a legitimate method of coping.

#### Service Providers' Views on Spirituality

In addition to reviewing literature about clients' perceptions and emphasis on spirituality as a legitimate coping mechanism for aiding in living with HIV/AIDS, it is essential to examine the viewpoints of service providers on this matter. Hodge (2003) examined 108 Licensed Clinical Social Workers' views on spirituality. The results demonstrated that 70% of the sample rejected a personal belief in God but held deistic, pantheistic, or atheistic spiritual worldviews.

Hodge (2003) discussed a study conducted by Sheridan, Wilmer, and Atcheson in which social work educators' views on spirituality were studied. For this study, educators from 25 different social work programs

were studied. The sample size was 280. The results showed that 62% of the educators reject a personal belief in God, favoring nontheistic understandings of transcendent reality. According to Hodge, these findings are comparable to those of Furman, Canda, and Benson (2001), which included a sample size of 2,069 National Association of Social Workers affiliated Social Work professionals.

In Hodge's article, he compares the findings of the above studies to studies conducted determining the general public's stance on spirituality. According to Gallup and Castelli (1989), a national survey reveals that 66 percent of the general public believes in a personal God. Therefore, the profession of Social Work appears to not be representative of the general public's views on spirituality. There are no studies that have been conducted specifically on HIV/AIDS service providers' views of spirituality as a coping mechanism for their clients.

#### Theories Guiding Conceptualization

When conducting research on this topic, the main theory that guided the current studies was the strengths

perspective. The reviewed studies revealed that spirituality is a strength in coping, especially when a client is dealing with a terminal illness such as HIV/AIDS. Spirituality often gives a client meaning and a purpose for their life. Clients can feel empowered by participating in spiritual activities. In addition, spirituality is a strength in many ways because through participating in spiritual activities the client is able to gain a larger social support network.

In Eriksson's stages of development, when a person either reaches an age where death occurs or when a person is diagnosed with a life threatening illness, the person begins to question the meaning of life and examine their life to date. Service providers working with this population should keep in mind that end of life questions are being raised in clients' minds, therefore placing them within end of life stages of development regardless of the age of the client. Correspondingly, service providers should be aware that clients may have more thoughts and questions about their spirituality.

These questions should be encouraged to be expressed and explored within the safe relationship of the social worker and client, especially since literature shows this



aids the client in adapting more positively to living with HIV/AIDS. It is important for social worker service providers working with this population to not allow their own biases or view on spirituality to undermine or overly encourage a client's spirituality. This is a sensitive area and must be handled in a culturally competent and non-biased manner.

#### Summary

As demonstrated in the review of literature on the subject of HIV/AIDS, persons living with HIV/AIDS, and service providers, there is a lack of research done on service providers' views of spirituality as a legitimate coping mechanism amongst the population of persons living with HIV/AIDS. However research shows that persons living with HIV/AIDS feel that spirituality plays a major role in their ability to cope with being infected with HIV/AIDS. Research on the importance service providers place on spirituality reveals that more education on this subject needs to be done in order for service providers to recognize the importance that spirituality could play in their clients' coping with living with HIV/AIDS. The implications for social work practice with persons

infected with HIV/AIDS show that spiritual based coping does in fact have a positive impact and should be included in interventions when working with this population. As findings of the studies reveal, spirituality amongst clients in this population is an important mechanism for coping, and it is essential for service providers to have an understanding and ability to move past personal biases in spirituality to aid the client in developing their coping skills.

## CHAPTER THREE

### METHODS

#### Introduction

In order to successfully examine the research question of this study, it is important to accurately collect data from an appropriate sample. The design of the study, how sampling will be done, as well as information on procedures and instruments for data collection are discussed in detail here.

#### Study Design

The purpose of this study is to examine HIV/AIDS service providers' view of spirituality as a coping mechanism for clients living with HIV/AIDS.

This study employs an exploratory survey design using a self-administrated questionnaire. The study explores the attitudes of service providers working with HIV/AIDS infected clients toward spirituality as a client's chosen method of coping.

#### Sampling

The population from which the sample in this study came is all service providers who work with clients

infected with HIV/AIDS in Southern California. The element is each individual service provider within this population. There was a sampling frame compiled of the various AIDS service organizations (ASOs) that provide services to clients infected with HIV/AIDS within Southern California. All service providers with direct contact with clients infected with HIV/AIDS in the sampling frame were asked to participate in the survey and data was collected from those who are readily available and willing to participate.

An estimated sample size for this particular study was 50 service providers. In order to effectively gather an appropriate sample size for the study to be valid, the researcher traveled to the various organizations and encouraged service providers to participate in the study by having the surveys available.

The following selection criterion was used. Each participant in the study must have direct therapeutic contact with clients infected with HIV/AIDS. This includes, but is not limited to, being a long-term treatment counselor, case manager, or support group facilitator. In addition, participants could have had only one time contact with the client if their role is to

provide counseling to clients who have just found out their HIV/AIDS status. This way, the study accounted for long term counseling as well as brief counseling that often occurs with this population.

Although the service providers may be fulfilling social work roles, many may not have a formal social work education. Therefore sampling criteria is not limited to professional social workers only.

#### Data Collection and Instruments

A survey questionnaire developed by the researcher was used to collect data. The questionnaire consists of 30 items. The survey was developed specifically to assess HIV/AIDS service providers' view of spirituality pertaining to client coping. Included in the survey are questions about service providers' views of commonly used coping mechanisms, such as social support and the therapeutic therapy relationship. However, the researcher specifically analyzed the data in regards to spirituality and service providers' view of it pertaining to client coping and used the other commonly used coping mechanisms for comparisons.

The survey questionnaire included several similar questions with different wording that should yield the same result from each participant. However, if due to the wording of the question, participants answer differently, the instrument's reliability may be in question.

#### Procedures

Prior to data being collected, a sampling frame was compiled of various HIV/AIDS service organizations in Southern California. The sampling frame was compiled through a comprehensive Internet search using the key words "HIV/AIDS," "Southern California," and "service providers."

From the sampling frame, introductory phone calls were made to the agencies to determine how to go about gaining clearance to collect data from the service providers in the agency. Once clearance was gained, the researcher traveled to the site to collect data from willing participants. The researcher arranged with each agency the best way to provide the participants with the informed consent form and ask for participation.

Data was gathered at the agency site from each individual participant. The survey was self-administered

meaning each participant filled out their own questionnaire.

#### Protection of Human Subjects

All surveys were confidential and anonymous. The participants were not required at any time to give their name or share any personal information with the researcher. All surveys were kept confidential, with no one having access to a completed questionnaire except the researcher and researcher's advisor.

Before each participant completed the survey, they signed an informed consent form explaining the study as well as their option at any time to decide not to continue participating in the study. The researcher was available to discuss any concerns the participant may have as a result of participating in the study. Once the study was completed, all surveys were destroyed.

#### Data Analysis

This study is a quantitative study. The study is designed to be an exploratory, descriptive study. Therefore there are no dependent or independent variables. Data that was collected was used to show the extent to which HIV/AIDS service providers view

spirituality as a way of coping for their clients living with HIV/AIDS. Therefore the data will be presented using descriptive analysis.

Frequency distribution tables were used to show the results of survey questions, such as comparison of spirituality being implemented into treatment plans versus more commonly utilized coping methods. Measures of central tendency including mean, median, and mode were utilized to describe the results and examine the range of participants whose answers differed from the average of the participants. All data analyzed was used to provide a general overview of service providers' view of spirituality and coping amongst clients infected with HIV/AIDS.

#### Summary

The study design, methods, and data analysis of this study were all designed to obtain an accurate picture of HIV/AIDS service providers' views of spirituality as a means of coping for clients infected with HIV/AIDS.



## CHAPTER FOUR

### RESULTS

#### Introduction

The results of the surveys collected from service providers working with persons infected with HIV/AIDS will be outlined in this chapter. Participants were asked questions regarding their age, gender, education level, and years on the job. Those surveyed also answered questions regarding their view of social support, spirituality, and the therapy relationship. The role that participants have in working with clients infected with HIV/AIDS was also included as a question in the survey. The results of all surveys completed have been compiled and the results are as follows.

#### Demographics

The sample was collected from four different agencies that specialize in providing services to clients with HIV/AIDS. The agencies utilized in the study were the University of California San Diego (UCSD) Treatment Center, Foothill AIDS Project, Inland AIDS Project, and Bienestar. A total of thirty-one questionnaires were completed and turned in.

The UCSD Treatment Center contributed eleven surveys (35.5%), Foothill AIDS Project contributed four surveys (12.9%), Inland AIDS Project contributed eight surveys (25.8%), and Bienestar contributed eight surveys (25.8%). UCSD Treatment Center is a University Hospital that is dedicated to researching and taking care of the medical and psychological needs of clients infected with HIV/AIDS. Foothill AIDS Project and Inland AIDS Project are similar agencies that provide case management, housing, and transportation among other services for people infected with HIV/AIDS. Bienestar is an organization that offers services tailored towards Spanish speakers who are infected with HIV/AIDS.

The sample consisted of both male and female participants. Eighteen (58.1%) of the participants were female and thirteen were male (41.9%). The ages of the participants ranged from age eighteen to sixty. The mean age was 39.8 years old.

In addition to the above-mentioned participant characteristics, the education level of the participants was studied as well. The education categories were High School Diploma/GED, Bachelor's Degree, Master's Degree and other. The participants were invited to specify what

their degree was in. Of the thirty-one participants, eight (25.8%) of the participants had obtained a High School Diploma/GED as their highest level of education. Nine (29%) of the participants had obtained a bachelor's degree as their highest level of education. Nine (29%) had obtained a master's degree as their highest level of education, and five (16.1%) marked other as their level of education.

Included in the nine participants who had obtained a bachelor's degree as their highest level of education were degrees in hotel management, criminology or criminal justice, in culinary arts, Spanish language and culture, social sciences, social work, and nursing. Included in the nine participants who had obtained a master's degree as their highest level of education were degrees in business administration, nursing, the medical field, and social work. The mean number of years participants had been working with clients infected with HIV/AIDS was 6.3 years.

Table 1. Demographic Information

	N	%
Data Collection Location		
UCSD Treatment Center	11	35.5%
Foothill AIDS Project	4	12.9%
Inland AIDS Project	8	25.8%
Bienestar	8	25.8%
Total	31	100%
Gender		
Male	13	41.9%
Female	18	58.1%
Total	31	100%
Education Level		
High School Diploma/GED	8	25.8%
Bachelor's Degree	9	29%
Master's Degree	9	29%
Other	5	16.1%
Total	31	100%
Age		
18-36	15	48.4%
37-60	16	51.6%
Total	31	100%
Years of Experience		
1-6	19	63.3%
7-16	11	33.5%
Total	30	96.8%

### Close-Ended Questions

Participants were asked about their personal involvement in organized spiritual activities. Ten (32.3%) of the participants disagree when asked if they participate in any type of organized spiritual activities. Twenty-one (67.7%) of the participants agree when asked if they participated in any type of organized spiritual activities.

The participants reported their role in providing services to clients living with HIV/AIDS. These roles included case management, direct patient care through nursing, providing health education, counseling, and being a mentor and peer counselor.

Participants in the study answered questions regarding their view of social support, spirituality, the therapy relationship and clients' ability to cope with living with HIV/AIDS. Two of the participants strongly disagree that social support and spirituality are legitimate coping mechanisms for a client infected with HIV/AIDS while one participant strongly disagrees and one disagrees on the importance of the therapy relationship as a legitimate coping mechanism. Seven of the participants agree that social support is a legitimate

coping mechanism while twenty-two strongly agree. In comparison thirteen of the participants agree that spirituality is a legitimate coping mechanism while only sixteen strongly agree. In regard to the therapy relationship sixteen agree the therapy relationship is a legitimate coping mechanism and twelve strongly agree.

Table 2. Providers' View of the Following in Importance to the Client's Ability to Cope

	Social Support	Spirituality	Therapy Relationship
Strongly Disagree	2	2	1
Disagree	0	0	1
Agree	7	13	16
Strongly Agree	22	16	12
Total	31	31	30

Participants were asked to rate the percentage that they ask clients about spirituality, the client's social support system, client's view of the therapy relationship, if the client has a spiritual belief, if the client participates in spiritual activities, what gives the client meaning for their life, what coping mechanism the client has used in the past, and if the client feels they have a purpose in life. Participants

were asked about the percentage they ask these questions during assessment and also during treatment. Thirty-one of the participants responded to the questions regarding assessment and twenty-nine responded regarding asking the above questions during treatment.

The questions that participants were surveyed about included asking the client about their spirituality, social support system and their view of the therapy relationship. The participants were also surveyed about asking the client if they have a spiritual belief, if they client participates in spiritual activities, what gives the client meaning for their life, what coping mechanisms the client has used in the past, and if the client feels that they have a purpose in life.

The data collected from the surveys show that social support is asked about the most out of all the questions. It is asked 100% of the time during assessment and during treatment. During assessment spirituality, spiritual belief, meaning in life, and purpose in life were asked 0% of the time by the majority of the participants. This same trend continued in the same areas for questions asked during treatment.

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Total	31	31	31	31	31	31	31	31
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Table 3. During Assessment How Often the Service Provider Asks the Client About These Areas

	Spirituality	Social Support	Therapy Relationship	Spiritual Belief	Spiritual Activities	Meaning in Life	Coping Mechanisms	Purpose in life
0%	7	2	4	6	11	7	2	6
25%	10	4	14	11	9	3	3	6
50%	5	2	4	5	4	7	4	4
75%	5	3	5	4	3	9	8	8
100%	4	20	4	5	4	5	14	7

Table 4. During Treatment How Often the Service Provider Asks the Client About These Areas

	Spirituality	Social Support	Therapy Relationship	Spiritual Belief	Spiritual Activities	Meaning in Life	Coping Mechanisms	Purpose in Life
0%	7	4	6	5	5	5	4	7
25%	7	2	4	8	10	6	5	5
50%	8	2	6	6	6	5	4	6
75%	2	8	7	4	4	4	3	4
100%	5	13	6	6	4	9	13	7
Total	29	29	29	29	29	29	29	29

#### Open-Ended Questions

In addition to the above mentioned questions, the participants were asked open ended questions to gain understanding of their opinions on legitimate coping mechanisms with their clients. There were three questions asked. The questions were, "In your opinion, is spirituality a legitimate coping mechanism for clients infected or affected by HIV/AIDS and why or why not," "what role does spirituality play in your own life," and "how do you feel about spirituality being incorporated into therapy when working with clients infected or affected by HIV/AIDS" (see Appendix A).

Thirty of the participants said that in their opinion spirituality is a legitimate coping mechanism for their clients infected with HIV/AIDS. One participant answered that spirituality was not a legitimate coping mechanism with this population. All thirty-one of the participants answered that spirituality plays a moderate or important role in their own lives.

Regarding how the participants feel about spirituality being incorporated into therapy with clients infected with HIV/AIDS, three participants responded that they did not feel it was appropriate to have spirituality incorporated into therapy. Twenty eight of the participants responded that although they felt it was important to the clients' ability to cope, they felt that it was up to the client to determine if spirituality was a legitimate coping mechanism.

#### Summary

The finding of the surveys collected included participant characteristics such as age, education level, gender, and role working with clients infected with HIV/AIDS. Participants' views of spirituality, the therapy relationship, and social support were included in

the data collected. How often participants ask clients about coping mechanisms including spiritual belief, meaning and purpose in life, and social support among other coping mechanisms was assessed according to percentage of times participants asked clients about these during assessment and during treatment. The surveys conveyed data concerning participant characteristics and their view of legitimate coping mechanisms when working with clients' infected with HIV/AIDS.

## CHAPTER FIVE

### DISCUSSION

#### Discussion

This study compared service providers' views of spirituality as a legitimate coping mechanism with their views of social support and the therapy relationship as a coping mechanism for clients infected with HIV/AIDS. The study also rated the percentage of the time that service providers ask questions about these coping mechanisms during assessment and during treatment. This chapter will discuss the results of the study, the limitations of the study, and the implications the results have for social work practice, policy, and research.

The results of the study convey that service providers' view of spirituality as a legitimate method of coping is equal to that of social support and the therapy relationship. The participant characteristics in this study reveal that seventy five percent of service providers themselves participate in organized spiritual activities. The fact that many of the participants have a sense of spirituality themselves could contribute to the results showing service providers' view that spirituality

is as legitimate of a coping mechanism as social support and the therapy relationship.

Participants were asked their view of spirituality as a legitimate coping mechanism and also asked to explain their reasoning for this view. When asked this question in a short answer format, thirty of the thirty-one participants responded that "yes" they believe spirituality is a legitimate coping mechanism for clients infected with HIV/AIDS. Those service providers who answered "yes" explained their answer with the majority stating that the clients who have some form of spiritual belief seem to fare better. However, when the same group of participants were asked how they felt about spirituality being incorporated into therapy when working with clients infected by HIV/AIDS, the answers did not match to the overwhelming number of participants who agree that spirituality was a legitimate coping mechanism.

When participants were asked about the legitimacy of clients using spirituality as a coping mechanism, included in their answers saying "yes," the majority included their reasons why it was legitimate. The participants stated that spirituality helps clients to

fare better, can help them cope with many stressors in their lives, gives the client hope, and that it is a natural first refuge.

However, when participants were asked how they feel about spirituality being incorporated into therapy when working with clients infected or affected by HIV/AIDS, the majority of the participants' responses revealed that even though the participants think spirituality is a legitimate way for clients to cope with living infected with HIV/AIDS, there is hesitation on the part of the participants to actually incorporate into therapy spirituality as a way for their clients to cope. The majority of participants stated that spirituality should only be asked about or brought up in therapy if it is by the client. Positively, the participants' responses to how they feel about spirituality being incorporated into therapy revealed that they had been trained to meet the client "where they are at."

#### Limitations

There were several limitations to this study. The first of which is the sample size. For this study to be more relevant, a larger sample size would be essential.

In addition the sample was collected from agencies in Southern California only, the majority being collected from the Inland Empire area. For this study to be more impactful on Social Work practice, policy, and research, it would be important to not only have a larger sample but to include participants in different regions of the country.

When dealing with questions about spirituality, it is important to recognize that the social and political climate as well as cultural norms affects a person's personal view of spirituality in their own lives and the lives of others. Therefore gathering data from participants across the nation would have resulted in a more accurate depiction of HIV/AIDS service providers' view of spirituality as a legitimate coping mechanism.

The participants in the study were aware that they were being asked questions regarding their view of spirituality as a legitimate coping mechanism with their clients. This created a limitation to the study because the participants were already concentrating on spirituality versus if they were told afterwards that spirituality was what the study was concerning. A more accurate way to gather the data without biasing the



participants would be to have the same amount of questions concerning spirituality, social support, and the therapy relationship. This way participants would not be able to discern what the study pertained to therefore answering unbiased. In addition, having the survey have equal questions on all three above mentioned methods of coping would have allowed a more accurate comparison of the participants views of which methods they considered more legitimate. Another limitation is that on the part of the participant. The participant must be honest on their answers. Spirituality can be a touchy subject when it comes to one's personal beliefs and their work environment.

The study is very general as well. All data is based upon the participants self report, without review of their actual case files to see the degree that spirituality is utilized in treatment plans for persons living with HIV/AIDS. However results from the study will aid in describing HIV/AIDS service providers' view of spirituality as a legitimate coping mechanism for clients living with HIV/AIDS.

This study would be more relevant in social work research had the researcher studied clients' views of

spirituality, social support, and therapy as methods of coping. This would have enabled the researcher to compare the emphasis service providers place on these methods of coping versus what clients believe are the most effective coping mechanism for themselves. This would have greatly increased the validity of the study in the sense of what it means for implications for social work practice.

#### Recommendations for Social Work Practice, Policy and Research

This study has several implications for social work practice, policy, and research.

Service providers who work with clients who are infected with HIV/AIDS do believe that spirituality is a legitimate coping mechanism for their clients. This agrees with previous research that has been done that shows clients feel that their spirituality helps them to cope with living with this illness. Therefore, since both clients and service providers are in agreement social work practice should seek to include client spirituality as a coping mechanism that is explored during treatment. As clients are being assessed, a routine practice when working with clients infected with HIV/AIDS should be to

inquire about the importance of spirituality in a client's life.

This study was random in the sample yet the majority of the participants had some form of higher education in the helping field. This implies that many service providers who are seeking jobs working with the HIV/AIDS infected population have received formal training. For social work practice, this shows the importance of training new service providers during their educational endeavors how important spirituality is to clients. Social work education should seek to empower social work students, who are the future service providers, to be able to effectively incorporate all methods of coping into treatment.

Empirical research is very important to the implementation of social work policies. The results of this study showing that service providers believe that spirituality is a legitimate coping mechanism when working with clients infected with HIV/AIDS should affect policies at organizations that provide social services to persons infected with HIV/AIDS. Policies should encourage spirituality being incorporated into services and allow for that option to be presented to clients and then the

client can choose whether or not they would like to have spirituality incorporated into their treatment plans.

This study can be built on for further research to be done concerning the benefits of spirituality and coping with clients infected with HIV/AIDS. In addition, future researchers who are interested in studying service providers' views of spirituality can utilize this study to validate the need for further research in this area.

#### Conclusions

This study showed that service providers working with clients infected with HIV/AIDS do believe that spirituality is a legitimate coping mechanism for clients infected with HIV/AIDS. Further research needs to be done to assess how much this method is being incorporated into client treatment plans and also the importance that clients themselves place on spirituality as a legitimate method of coping.

APPENDIX A  
QUESTIONNAIRE

## Survey Questionnaire

Please write or circle your answer to the questions below. Please answer all questions.

A1: How old are you? \_\_\_\_\_ years

A2: What is your gender?

- \_\_\_\_ 1. Male  
\_\_\_\_ 2. Female

A3: What is your highest educational level?

- \_\_\_\_ 1. High School Diploma/GED  
\_\_\_\_ 2. Bachelor's Degree  
\_\_\_\_ 3. Master's Degree  
\_\_\_\_ 4. Other

A4: If answer to A3 is Bachelor's Degree or Master's Degree, in what field of study?

\_\_\_\_\_  
\_\_\_\_\_

A5: What role do you have in providing services to client's living with HIV/AIDS?

\_\_\_\_\_  
\_\_\_\_\_

A6: How many years of experience do you have working with clients infected or affected by HIV/AIDS?

\_\_\_\_\_ Years.

**For the following questions, please indicate if you strongly disagree, disagree, agree, or strongly agree with the statement.**

A7: Social support is a legitimate coping mechanism for a client infected with HIV/AIDS.

Strongly Disagree      Disagree      Agree      Strongly Agree

A8: Spirituality is a legitimate coping mechanism for a client infected with HIV/AIDS.

Strongly Disagree      Disagree      Agree      Strongly Agree

A9: The therapeutic therapy relationship a legitimate coping mechanism for a client infected with HIV/AIDS.

Strongly Disagree      Disagree      Agree      Strongly Agree

A10: I participate in some form of organized spiritual activities.

Strongly Disagree      Disagree      Agree      Strongly Agree

For the following questions, please check the box that applies to your provision of services to clients infected with HIV/AIDS.

<b>DURING ASSESSMENT</b> <b>What percent of the time do you do the following...</b>	<b>0%</b>	<b>25%</b>	<b>50%</b>	<b>75%</b>	<b>100%</b>
A11: Ask a client about their spirituality.					
A12: Ask a client about their social support system.					
A13: Ask the client about their view of the therapy relationship.					
A14: Ask the client if they have a spiritual belief.					
A15: Ask the client if they participate in spiritual activities.					
A16: Ask the client what gives them meaning for their life.					
A17: Ask the client what coping mechanisms they have used in the past.					
A18: Ask the client if they feel they have a purpose in life.					

<b>DURING TREATMENT</b> <b>What percent of the time do you do the following...</b>	<b>0%</b>	<b>25%</b>	<b>50%</b>	<b>75%</b>	<b>100%</b>
A19: Ask a client about their spirituality.					
A20: Ask a client about their social support system.					
A21: Ask the client about their view of the therapy relationship.					
A22: Ask the client if they have a spiritual belief.					
A23: Ask the client if they participate in spiritual activities.					
A24: Ask the client what gives them meaning for their life					
A25: Ask the client what coping mechanisms they have used in the past.					
A26: Ask the client if they feel they have a purpose in life.					





APPENDIX B  
INFORMED CONSENT

## INFORMED CONSENT

The study in which you are being asked to participate in is designed to assess spirituality as coping mechanisms incorporated in treatment plans for persons living with HIV/AIDS. This study is being conducted by Jody Reimer, under the supervision of Dr. Laurie Smith, ASSISTANT PROFESSOR OF SOCIAL WORK. This study has been approved by the Social Work Institutional Review Board Subcommittee, California State University, San Bernardino.

In this study you will be asked to fill out a questionnaire relating to interventions with persons infected with HIV/AIDS. The questionnaire should take about 10 to 20 minutes to complete. All of your responses will be held in the strictest of confidence by the researchers. Your name will not be reported with your responses. All data will be reported in group form only. You have access to the group results of this study upon completion after September 2006 at the following location: California State University of San Bernardino, PFAU Library.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. When you have completed the questionnaire, you will receive a debriefing statement describing the study in more detail. In order to ensure the validity of the study, we ask that you not discuss this study with other students or participants.

If you have any questions or concerns about this study, please feel free to contact Dr. Laurie Smith at (909) 537-5501.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at 18 years of age.

Place a check mark here.

Today's date: \_\_\_\_\_

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