

Nursing Interventions which promote the quality of life of HIV/AIDS patients

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Human immunodeficiency virus\Aids is devastating many individuals, families and communities all around the world disorganizing communities, orphaning children and hindering nation's economic growth. Nurses are in the forefront of this epidemic advocating for patients, creating awareness and working with other health care providers in the design and implementation of prevention programs. The purpose of this thesis was to identify the nursing interventions which promote the quality of life of HIV/AIDS patients.

The methodology was literature review conducted through NELLI electronic library with inductive content analysis. Pubmed and CINHALL were the two databases used to acquire the articles used for analysis. The inclusion and inclusion criteria to retrieve the seven articles was: free, full/text, English language and articles published between 2005 and 2016.

Our findings produced three nursing interventions deducted from the data: Psychosocial nursing intervention, health education and stigma reduction intervention. Psychosocial nursing intervention included guidance to HIV/AIDS patients and their families, interventions to develop and strengthen cognitive coping skills and implementation of spiritual needs. Health education included empowering HIV/AIDS patients and their families through health education and enhancing adherence to treatment. Stigma reduction intervention is comprised of individual level stigma reduction intervention, stigma reduction in health care facilities and group level stigma reduction intervention.

To conclude, we recommended trainings for nurses and professional collaboration for an effective implementation of nursing interventions which promote the quality of life of HIV/AIDS patients. The ethical considerations and trustworthiness of the thesis were clearly documented.

Keywords: HIV/AIDS, Nursing Intervention, Quality of life

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1 Introduction

Human Immuno Deficiency Virus (HIV) continues to be a worldwide health problem endangering not only human's well being but also the economic development of countries all over the world. Regardless of the challenges this pandemic has brought, global efforts have been undertaken to tackle the disease, especially within the last decade making the epidemic to show change of course. Antiretroviral therapy combined with other medications to attack the virus and treat opportunistic infections respectively have played a great role in the stabilization of the disease and decline of HIV/AIDS related deaths (Ashford 2006).

The number of adults and children living with HIV/AIDS worldwide has reached 38,600,000 and around 25.3 million have died since 2000. The hardest hit region is sub-Saharan Africa where the 25,800,000 of the infected people are living at making up for 70% of the global total (Avert 2015).

According to Ashford (2006), in countries where the prevalence of the diseases is higher, the horrifying loss of parents and productive citizens has extremely affected the productiveness of workplaces, farms, schools, health systems and governments. The age group primarily affected by this disease is 25-45 resulting in an altered age structure of populations.

Stigma and discrimination are some of the challenges HIV/AIDS patients are faced with as a result of the historical fear and socio cultural factors associated with the illness. The other forms of stress that contribute to the psychological problems of HIV patients are disclosing to others about being HIV positive, alteration in physical appearance due to the disease, coping with loss of a family or loved one because of AIDS, managing with antiretroviral therapy and isolation as a result of decreased social support.

Nurses play a major role in the prevention and care of HIV/AIDS as they are at the forefront of patient care with the opportunity to educate patients' how to manage their lives with the disease. Also they are uniquely trained to provide holistic care with the goal of treating the person as a whole.

The multi-disciplinary knowledge and experience they possess in health promotion makes them key elements to promote public health. With the collaboration of other health care providers, nurses address the issue of stigmatization of HIV/AIDS infected patients and promote their social acceptance. They assist in the facilitation of treatment for HIV/AIDS positive patients and provide behavioral change programs for risk groups (KFF 2015).

This destructive health crisis is touching every facet of life devastating families and communities throughout the world standing fourth in the line of causes of death worldwide and first in sub-Saharan Africa (Ashford 2006).

The purpose of this thesis is to identify the nursing interventions which promote the quality of life of HIV/AIDS patients.

The guiding research question is:

What are the nursing interventions which promote the quality of life of HIV/AIDS patients?

2 Definition of key concepts

2.1 HIV/AIDS

HIV (Human Immunodeficiency Virus) is a type of virus transmitted through certain fluids and attacks the Human's immune system. This deadly virus particularly minimizes the CD4 cells or T cells which are helpful in fighting off infections and diseases leaving the person weak and vulnerable to other conditions like opportunistic infections or infection-related cancers. This deadly virus was first discovered in Kinshasa; The Democratic Republic of Congo around 1920 after the chimpanzee version of the immunodeficiency virus called simian immunodeficiency virus or SIV was transmitted to humans. Some studies also suggest that HIV may have crossed from apes to humans dating back in the late 1800s (AVERT 2015).

There is no clear evidence how many people were infected by this fatal virus up until the 1970s. According to the available documentations, The HIV epidemic started in the mid- to late 1970s even though there were infrequent cases of AIDS before 1970. It is believed to have spread across Africa and later to the four continents of the world (North America, South America, Europe and Australia) by the year 1980 infecting between 100000 and 300000 people (AVERT 2015).

HIV is a cureless virus which once enters the body, the immune system is unable to fight and completely get rid of but science has developed antiretroviral therapy or ART with which HIV can be controlled. This remedy helps infected people manage their level of CD4 cells enabling them to live a nearly normal life span. The introduction of this treatment has decreased the number of HIV infected people advancing to AIDS in just a few years. There are two types of HIV known as HIV 1 and HIV 2. HIV 2 is more pernicious, easily spreads and is the explanation to the vast majority of acute HIV infections globally (AIDS info 2015).

AIDS (Acquired Immunodeficiency Syndrome) is the last phase onto which the HIV virus advances into. It usually happens when the number of the CD4 cells falls below 200 cells per cubic millimeter of blood. The normal CD4 counts are between 500 and 1600 cells/mm³. As described above, HIV progresses to AIDS when the body is vulnerable to opportunistic infections irrespective of CD4 count. It is very important for HIV patients to adhere to antiretroviral treatment and adjust their life not to fall to the last level of HIV infection and prolong their life. The maximum life span of patients without treatment and diagnosed with AIDS is usually three years. The AIDS patient will be in risk of dying within a year if any kind of illness due to the weakened immune system occurs and is receiving no treatment (AIDS.gov 2015).

2.1.1 Prevalence of HIV/AIDS in the world

Based on the facts and figures issued by World Health Organization (WHO) approximately 36.9 million people are living with HIV globally at the end of 2014. Among the infected people, 2.6 of them are children who are less than 15 years of age. The area hit hardest by the epidemic is sub-Saharan Africa where 25.8 million people are living with the virus. Almost 70 percent of all new HIV cases are also being accounted in this continent (WHO 2015).

The sub-Saharan HIV prevalence is 4.7% but differs from region to region within the continent as well as individual countries. One of the worst affected countries is South Africa which is the focal point of this epidemic. It is estimated that there are 5.9 million people within the country. HIV prevalence is highest in Swaziland accounting for 27.4% while it lower in Western and Eastern Africa ranging from 0.5% in Senegal to 6% in Kenya (AVERT 2015).

According to Aids.gov (2015), in 2014, 2.0 million people became newly infected whereby the 222,000 of them were children less than 15 years of age. Most of the infected children live in sub-Saharan Africa and is believed that they acquired the virus from their HIV positive mothers during pregnancy, childbirth or breast feeding. The report by Aids.gov (2015) has also shown that among the people infected by HIV worldwide, 17.1 of them are not aware that they have the virus in their blood and they also need to be reached with HIV testing services, and approximately 22 million don't have the means to get HIV treatment, including 1.8 million children.

Low and middle-income countries are host to the large number of people living with the virus. It is estimated that 34 million people have died from AIDS-related causes so far, including 1.2 million people in the year 2014. Even though our knowledge about this pressing infectious disease and the means to control and prevent it has advanced, most people living with HIV or who are at risk of contracting the virus still don't have access to prevention, care and treatment (AIDS.gov 2015).

Number of people living with HIV worldwide

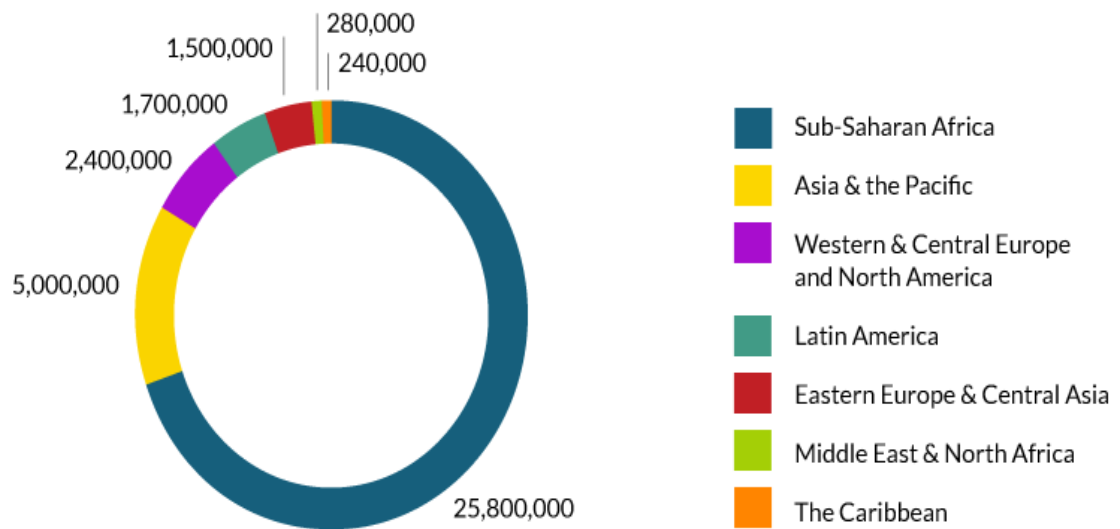


Figure 1: Global HIV and AIDS statistics (AVERT 2015)

2.2 Nursing Intervention

According to Higdon (2013), nursing intervention is part of nursing process whereby the nurse makes a plan of actual treatments and actions to help clients achieve the goals that are set for them. The primary goal of the planning process involves interaction with the client, family and the health care providers. This process involves decision making and problem solving. There are different types of nursing interventions and the nurse uses her/his knowledge, experience and critical thinking to determine the type of intervention the client will benefit the most from. Independent, dependent and interdependent are the different types of nursing interventions. The independent ones are initiated by the nurse independently while the dependent activities require order from another health care provider like the doctor in order to be executed. Interdependent nursing intervention is achieved by the participation of multiple members of the health care team (Higdon 2013).

McMahon (2016) explains that the four stages of nursing intervention are assessment, formulating an appropriate intervention plan, implementing the treatment and evaluating the patient to determine what the problem is.

McMahon (2016) further illustrated that nursing interventions could be anything from promoting bowel functioning, teaching clients about the side effects of a medication to caring for one self. Addressing basic and complex physiological needs, counseling, referrals, patient advocacy, administration of medication, and the performance of minor medical procedures,

caring for family, safety issues and behavioral functioning are some interventions carried out by the nurse. The primary goals of a nursing intervention is maintaining client's stability to deliver proper treatment while the secondary goal is assessing the needs of clients and deciding on a course of action (McMahon 2016).

Nursing schools offer a number of theoretical cases to students in which they are presented with a hypothetical assessment requiring students to develop a plan which includes specific interventions. Nursing students are also acquainted with the knowledge of routine interventions used on a regular basis and how to assess clients, how to work with other medical personnel to accomplish a treatment plan and how to communicate with client and their families to ensure that they are informed, comfortable and contented (McMahon 2016).

2.3 Quality of life

The well/being of individuals and societies is known as quality of life. In the field of health care, it is directly related with the effect a certain type of condition\illness has on individual. According to Landro (2013), health care providers are able to transform their clients into healthier and happier patients by targeting and intervening on their quality of life.

Nowadays, programs which encourage nurses and other trained care providers to assess patients' conditions and how it affects their day to day performance are being implemented. This inquiry enables the health care provider to offer effective counseling services to patients which helps in sustaining a good quality of life (Landro 2013).

A good quality of life decreases patients' hospitalizations, emergency room visits, absence from work increasing productivity, emotional well being and more engagement in the society. Landro (2013) further demonstrates that patients are more likely to cope with their conditions and follow their clinical regimen when their quality of life is not compromised and they have more accessible and personal goals.

3 Purpose statement and research questions

The purpose of this thesis is to identify nursing interventions which promote the quality of life of HIV/AIDS patients by systematically reviewing relevant studies.

The authors were interested in writing this topic as HIV/AIDS is the most destructive health crises of our time taking a toll on societies and we as nurses play an essential role in the development of interventions to tackle this epidemic and improve the quality of life of patients carrying the disease.

The guiding research question is as follows:

What are the nursing interventions which promote the quality of life of HIV/AIDS patients?

4 Methodology

4.1 Literature review

The research methodology used for this research was literature review. This method is a critical and in-depth assessment of previous research which collects, identifies, evaluates and summarizes the findings of previously done multiple studies by explaining how that integrates into the proposed research program. A Literature review has an organizational pattern which includes specific conceptual categories of an integrated summary and synthesis. Literature review is helpful in identifying new ways of illustrating prior research and any gaps that occur in the literature. It settles conflicts among seemingly contradictory studies done in the past and assists in the location of the writer's own research within the framework of existing literature (Shuttleworth 2009).

Literature reviews have always been used in the healthcare literature to combine previously done literatures addressing a well formulated question. They are helpful in making sense of the large amount of information published concerning a particular subject. Health care professions thus are able to provide a summary and evaluation of previously done literature through this methodology (Aveyard 2010).

While doing this thesis, we have followed the steps as described by Hemingway (2009). First we had to define an appropriate healthcare question. The second step was searching for literature. The third was to assess the studies, fourthly combining the results and lastly placing the findings in context. Criteria for inclusion and exclusion of studies was clearly described and fairly applied.

4.2 Data sources and electronic search

Literature search is a way of collecting data which involves identifying and examining research reports, books and published papers. Answering a research question in a specific way requires a proper identification and location of the broad range of published materials through systematic literature search strategy (Aveyard 2010).

After consulting the librarian of Laurea AMK, the data for this thesis was searched from two different databases which were accessed through the school's electric portal NELLI. Pubmed and Cumulative Index of Nursing and Allied Health Literature (CINAHL) were the databases through which search was conducted. The data search included the steps of planning, searching, assessing and writing. As illustrated in Table 1, data searches were done in the selected

two databases. The titles were analyzed for the purpose of the study according to the re-search task. The terms used were “*Nursing intervention+Hiv\Aids*”, “*Nursing interven-tion+Hiv\Aids patients*”, “*Nursing Interventions+Hiv\Aids patients+quality of life* ” The opera-tors OR and AND were used while the search was conducted. The combined result for the search was 981 hits and 7 articles were chosen to be reviewed for the thesis (Table 1). The criteria for choosing the articles was that they were supposed to be published between years 2005 to 2016, the text had to be full, free and written in English.

DATABASES	SEARCH WORDS	LIMITATIONS	NO OF HITS	RELEVANT	NOT MEETING CRITERIA
CINAHL	Nursing Interven-tions + Hiv\Aids	2005-2016, free full text, English	41	3	38
CINAHL	Nursing Interven-tions + Hiv\Aids patients	2005-2016, free full text, English	22	1	21
CINAHL	Nursing Interven-tions + Hiv\Aids patients + quality of life	2005-2016, free full text, English	0	0	0
Pubmed	Nursing Interven-tions + Hiv\Aids	2005-2016, free full text, English	113	2	111
Pubmed	Nursing Interven-tions + Hiv\Aids patients	2005-2016, free full text, English	12	1	11
Pubmed	Nursing Interven-tions + Hiv\Aids patients + quality of life	2005-2016, free full text, English	3	0	3

Relevant Total=7

Table 1: Illustration of the data search process

4.3 Data screening

While doing this thesis, articles were selected based on the research protocol comprised of an inclusion and exclusion criteria set in advance. Inclusion criteria are a set of pre defined features used to select subjects which will be included in the research study while a set of pre-defined criteria implemented to exclude subjects which will not be used are called exclusions (Salkind 2010). The inclusion and exclusion criteria applied in this thesis assured that information gathered was not too generalized and high quality articles with the potential to answer our research question were selected.

Literature search was narrowed to articles published from the year 2005 to 2016 so that we will have the chance of including the most recent articles in the study. The publications had to be in English, full texts and free as well. The publications that were not journal articles, theoretical books or national reports were eliminated. Literatures that were in relation to the research question and did not conflict with the previously mentioned exclusion criteria were approved as data for further analysis.

The relevance of titles and significance of abstracts set the grounds for the initial step of choosing the articles. During the second and final step, articles which were selected in the first stage were read thoroughly and the ones which answered the research question were chosen for further analysis. Seven articles were selected for this literature review: three from Pubmed and four from CINHALL.

Inclusion Criteria	Exclusion Criteria
Articles published after 2005	Articles published before 2005
Articles\journals written in English language	Articles\Journals not written in English language
Full, free text articles	Studies which are not in full text and free
Studies relevant to this study	Studies not relevant to this study

Table 2: Tabularized illustration of the inclusion and exclusion criteria

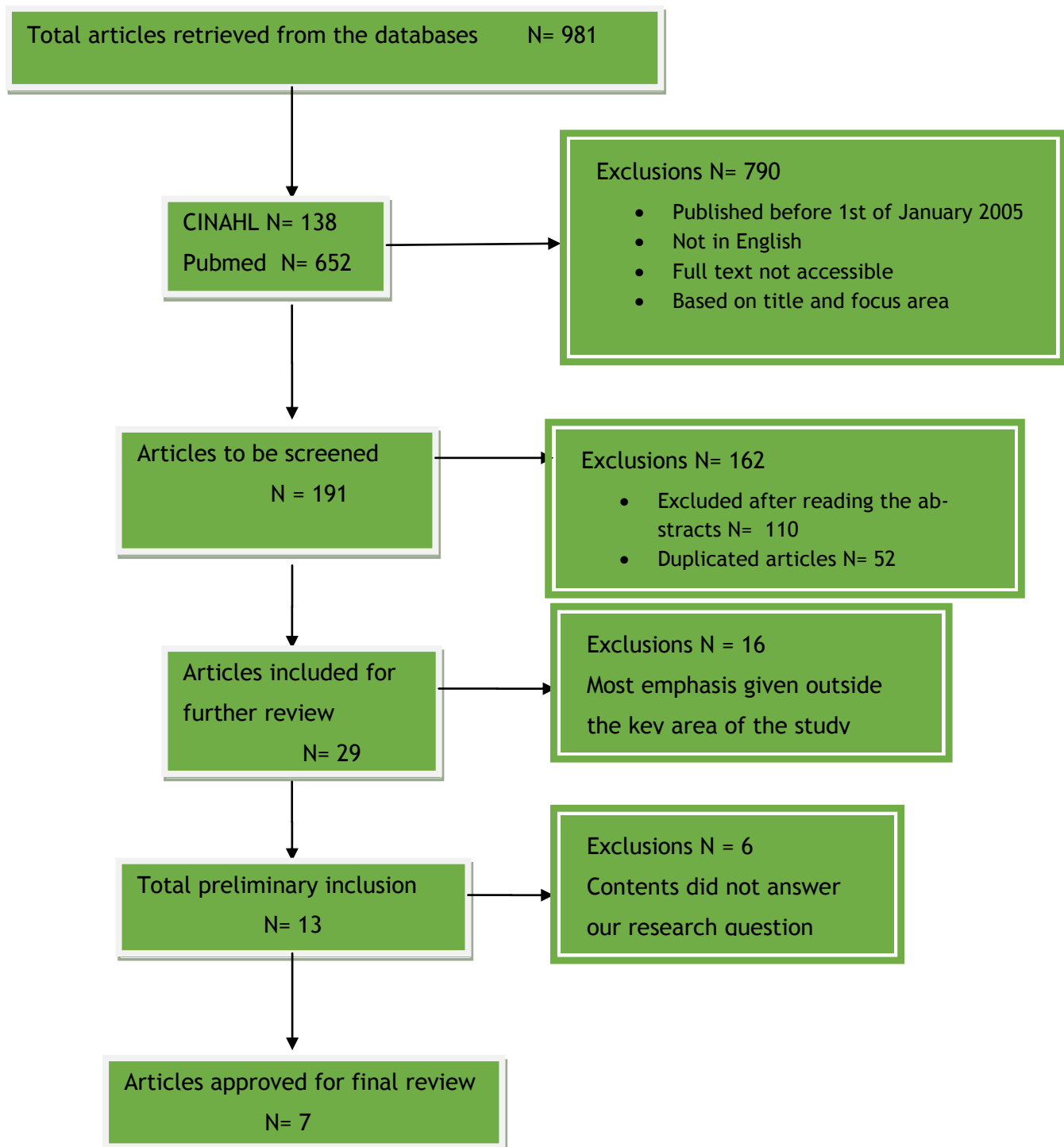


Figure 2:Flow chart of the data selection process based on the inclusion and exclusion criteria

4.4 Data Extraction

The main goal of data extraction is to extract findings from the chosen studies in a consistent pattern enabling a final stage of data synthesis and interpretation. This level of the systematic literature review is accomplished by developing a data collection form to precisely document the information the authors obtain from the primary studies. This phase is one of the most crucial and time-consuming aspect of a systematic literature review (Kitchenham 2004).

Higgins and Deeks (2011) define data collection form as a platform between what is addressed by the original investigators and what is finally addressed by the new review authors. The data collection form was to perform four main duties. To evaluate the eligibility of the current study as it directly links to the review questions and criteria, to produce a summary table of study characteristics that were chosen for inclusion, to act as a historical record throughout the writing process and finally as a source of data for the analysis process (Higgins & Green, 2011).

Articles that met both the inclusion and exclusion criteria were selected after screening the studies chosen. We made sure that those elected were relevant to the purpose of the study and fulfilled the extraction criteria as some of the search engines brought back many articles which still contained broader topics on the study.

While conducting this stage of the thesis, there was mutual agreement and reconciliation of differences among the authors in order for reliability and none data entry errors to be assured (Wright et al. 2007). Consideration of the most recent source was done during the overlapping of data contents. After identifying the eleven studies that met the inclusion criteria, the researchers of this thesis read and reread the articles to collect suitable raw data guided by the research question. The seven articles selected for the data analysis are all listed in appendix 1 showing the author, year of publication, title, source, study objectives and key findings.

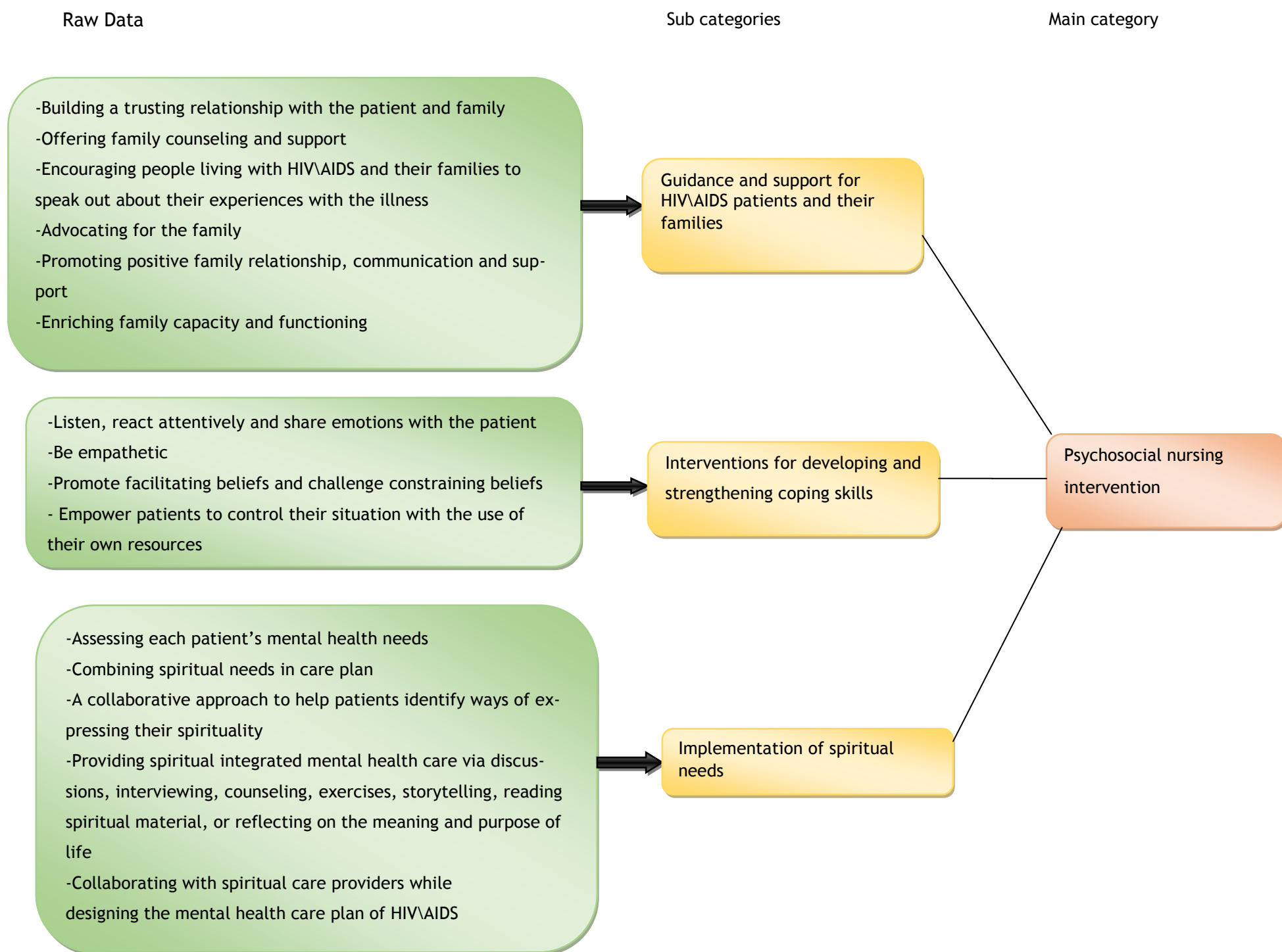
4.5 Data Analysis

The core step in a systematic literature review is data analysis which involves the collection and summarization of the findings from the chosen primary articles (Kitchenham 2004). The main goal in data analysis is to make one self familiar with the data. It is therefore a must to have a clear understanding of the data before dividing them into categories. A qualitative approach of data analysis was used which included reading the articles thoroughly, identifying important aspects of the content, gathering and finally interpreting the data (LoBiondo-Wood & Haber 2006).

According to Hsieh and Shannon (2005), the goal of qualitative content analysis is to subjectively analyze the data by a systematic categorization process establishing themes and patterns. LoBiondo-Wood et al (2006) illustrates that this approach compresses extensive and varied raw data into a summary format after a comprehensive reading of the articles, figuring out the significant areas and determining the main points of the contents. Generally speaking content analysis is a method which can be applied on a qualitative or quantitative data.

Qualitative content analysis can be used in either an inductive or a deductive way. In this paper, the selected articles were analyzed through inductive content analysis to report the findings. Inductive approach includes open coding, categorizing and abstracting to interpret the raw data (Elo and Kyngäs, 2007). It progresses from specific to general level as explained by Chinn and Krammer (1999).

The data analysis process is comprised of the different phases of preparation, organizing and reporting (Elo and Kyngäs, 2007). During the first step, the seven articles were read and re-read by the authors to define the data. In the organizing step, the extracted data were grouped into sub headings in accordance to arising themes that answered the research question. Based on the similarity of data content and conforming to the research question, the subcategories were pooled into three main categories and eight subcategories. The main themes identified were psychosocial nursing intervention, health education and stigma reduction intervention.



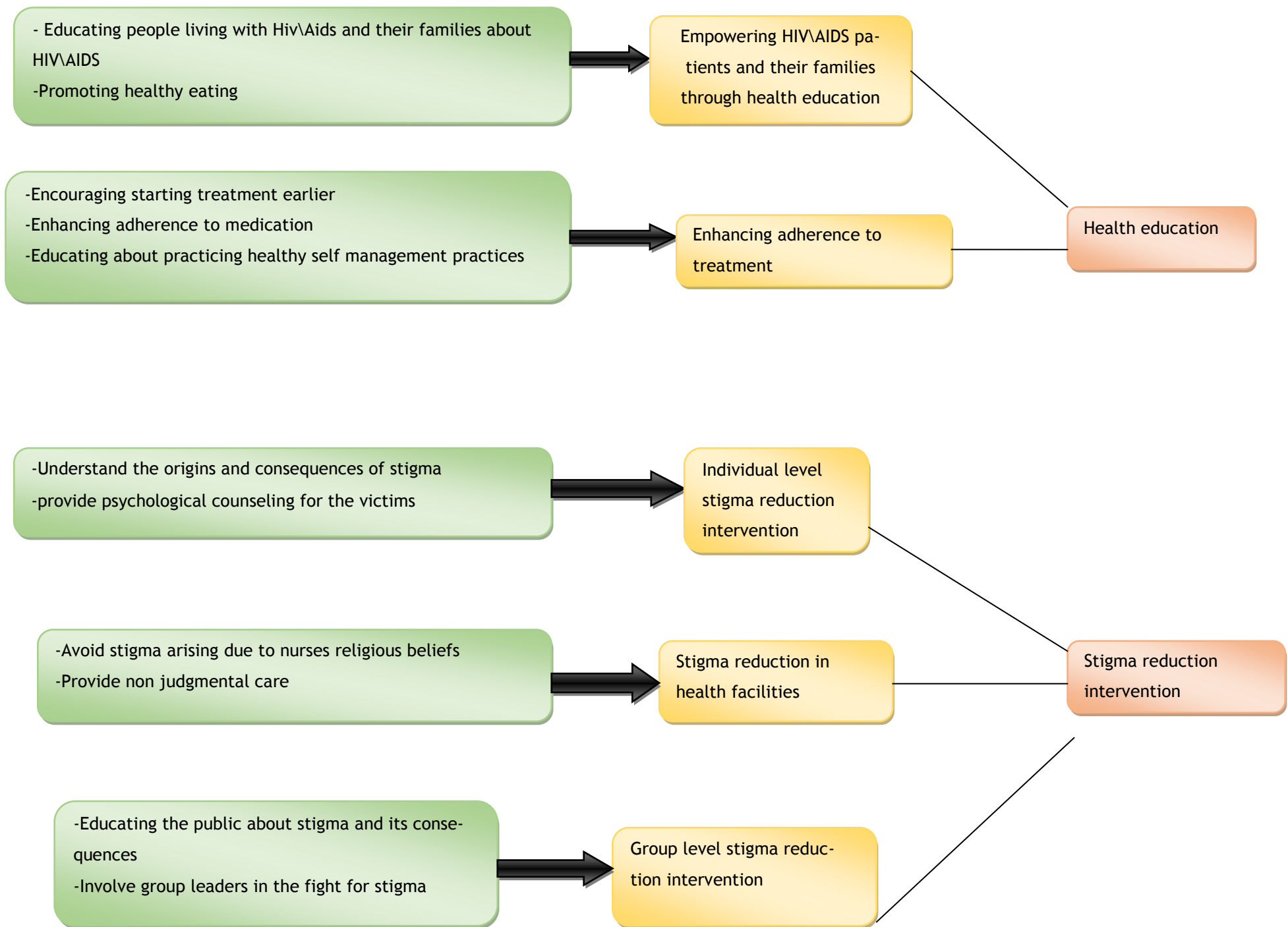


Figure 3: Illustration of the inductive content analysis process

5 Findings

This part of the thesis presents the findings of the literature review relating to the purpose statement and research question. After a thorough inductive analysis process of the seven articles, the findings which identified the nursing interventions to improve the quality of life of HIV/AIDS patients were comprised into three main descriptive categories.

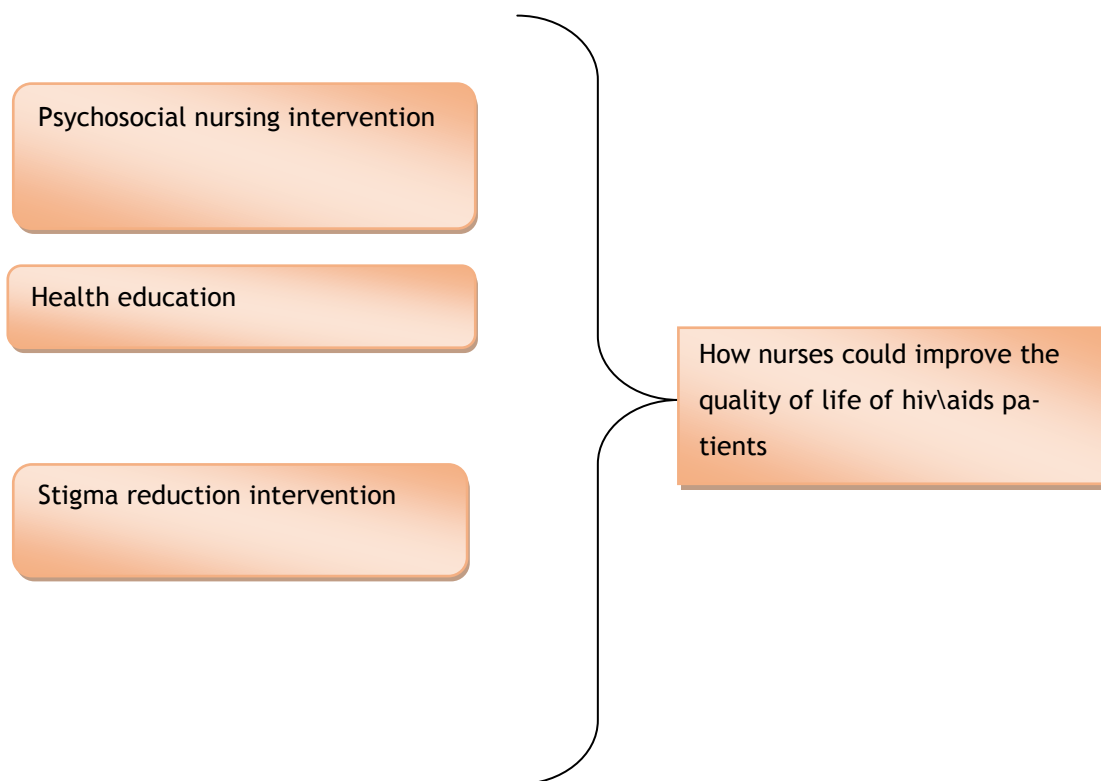


Figure 4:Nursing interventions to improve the quality of life of HIV/AIDS patients

5.1 Psychosocial nursing intervention

5.1.1 Guidance and support for HIV/AIDS patients and their families

Wacharasin (2010) carried out a qualitative research which included 16 families as participants with one or more HIV/AIDS positive family member whereby they were offered three to four family clinical sessions by a family nurse to highlight how guidance and support for HIV/AIDS patients and their families improve the quality of life of the HIV/AIDS positive members.

In like manner Eustace (2012) conducted a literature review discussing the role of guiding and supporting HIV/AIDS patients and their families to achieve an improved quality of life. According to (Wacharasin 2010; Eustace 2012), HIV/AIDS not only inflicts suffering on the person carrying the disease but also his/her family members reciprocally influencing the illness of the person living with the virus making it essential to provide guidance and support not only to the patients but also to their family members.

This intervention encompasses building a trusting relationship with the patient and family and Offering family counseling and support. The nurse should have a trusting relationship with the patient and his/her family as it will promote the cooperation among the nurse, the persons living with HIV/AIDS and their family. It will also develop feelings of sincerity and security for patients and their families making them share their experiences without fear and worry. Family counseling and support improves communication within the family members and strengthen their relationship as well as build the self-esteem of the family members. Thus it should be offered by the nurse who is in charge (Wacharasin 2010; Eustace 2012).

According to Wacharasin (2010) encouraging HIV/AIDS patients and their families to speak out about their experiences with the illness is another part of the intervention which was seen to have helped HIV/AIDS patients and their families. Expressing emotions and sharing challenging experiences has a positive outcome on both the mental and physical status of health. When tension is relieved, the likelihood of developing stress related problems decreases. Advocating for the family, enriching family capacity and functioning as well as empowering them to lead their lives with confident and peace are also the nursing interventions included in guidance and support for HIV/AIDS patients and their families (Wacharasin 2010; Eustace 2012).

Due to the stigmatization nature of the disease HIV/AIDS patients choose not to disclose their diagnosis inhibiting them and their families from accessing health care and social support. That causes emotional loneliness and places them in increased illness suffering and incompetent stage (Wacharasin 2010; Sowell et al. 2010). In like manner, Eustace (2012) found that HIV/AIDS has an effect on the healthy functioning of the lives of the patients and their families by disrupting their sexual, reproductive process and interpersonal relationship. This situation also impacts their utilization of health care services. Therefore it is of great importance that nurses are able to manage family processes that lessen risks and advance protective factors one of which is effectively counseling and supporting HIV/AIDS patients and their family members throughout the disease trajectory (Eustace 2012).

In a clinical research project done by Wacharasin (2010), 16 Thai families having one to four HIV/AIDS positive members were offered the above mentioned interventions by a nurse and the outcome was very effective giving the patients and their families new meaning and purpose in life and a change in restraining beliefs which used to affect their quality of life.

“I didn’t understand why it happened to me. I felt fear, guilty, tired, and worried that I had to take care of my son and grandson who have HIV/AIDS. My husband had paralysis and always needed my help. I didn’t know what caused me this suffering...My grandson is a very young and good boy. Why does he have this suffering? ...But now [after talking to the nurse during the clinical session] I understand my family life....I can let it go. I can do my best to live my life (W, 309). ”

“I used to believe that I was so weak, no energy to work, just rested all day at home and waited for my wife to come back from work. It was very boring. After the sessions, I understood my thoughts, problems, fears... I felt good about myself, not paranoid as before. We now know how to take care of ourselves; we can express our feelings to each other. We are happier now. I gained 4 kilos, in a month and felt energetic... I am able to start working to earn money (W, 312). ”

5.1.2 Interventions for developing and strengthening coping skills

According to Côté and Pepler (2005), another nursing intervention to improve the quality of life of HIV/AIDS patients was helping them strengthen their coping skills and regulate the emotional response caused due to exacerbation of the virus. The intervention designed by Côté and Pepler (2005) puts the HIV patient in a learning process encouraging him/her to take an active role. Through effective nurse-patient collaboration, the patient will be taught how to develop coping strategies and enhance quality of life.

The nursing intervention of Côté and Pepler (2005) tested on 90 hospitalized HIV/AIDS positive patients had a major function of building more on the already existing coping skills the patients had. Through listening and asking, the nurse first assessed what kind of coping methods they were using in the present. The ones deemed weak were developed and the ones which were found effective were strengthened. Basically the actions taken by the nurse were; encouragement of patients to describe their current situation, guidance towards an awareness of how thoughts mediate emotional arousal, helping in the development of skill to identify unnecessary thoughts, guidance in the adjustment of the patient's thoughts by talking to themselves in a constructive way, assistance in the creation of thoughts which would lessen bad emotional state and the last one was encouraging and strengthening the patient's cognitive coping skills by promoting facilitating beliefs (Côté & Pepler 2005).

Côté and Pepler (2005) further noted that the intervention should be carried out within the limits of the psychological resources of the patient.

Another matter the intervention included was empathy whereby the nurse understood the patient's experience with the disease by listening compassionately and reacting and sharing emotions. Listening skills of the nurse, warmth, non judgmental look, authenticity and genuineness were all necessary during the nurse patient relationship and as Côté and Pepler (2005) pointed out, very important for the effectiveness of the implementation.

5.1.3 Implementation of spiritual needs

HIV/AIDS is known for affecting both the physiological and psychological condition of a patient. According to Dalmida (2006), spirituality has been used as a resource to improve the quality of life of HIV positive patients aside from other forms of treatment. Its benefit is much greater especially in cases where the patient is in depression and other forms of coping are weakened. Spirituality as explained in the nursing discipline contains the characteristics of unfolding inner strength and giving meaning and purpose to our existence. It is placed as a fundamental factor to find meaning and purpose in life (Dalmida 2006).

Spiritual practice promotes psychological wellness by boosting happiness and increasing a greater satisfaction in life. It is related to a healthy immune system functioning and intensifies one's ability to manage with stress. Dalmida (2006) explains that emotional assurances are gained through spiritualism which increases mental relaxation and lowers stress induced catecholamines. Thus an improved social interaction and a better quality of life will be achieved.

Dalmida (2006) reported that through group or individual settings using methods like discussion, interview, counseling, exercises and storytelling, spiritual needs of patients could be addressed. However, patient's autonomy should be respected and they should be able to determine the degree to which spiritual care could be included in their treatment plan. Thus a thorough evaluation of a patient's mental status as well as past experience of the patient with spirituality is necessary before proceeding with the plan.

In a case study done by Dalmida (2006), an HIV/AIDS positive woman Mrs. V, in her mid 50's with low CD4 count and in a depressed state of mood was seen to enjoy the benefits of experiencing spiritual care after she started attending a nurse- led discussion group provided for HIV carrier women. Mrs. V reported being inspired after hearing the story of another woman who beat depression through reading spiritual materials and connecting with her spiritual community. After talking with the nurse, pastor and mental health counselor, Mrs. V started a prayer journal and meditating. Three months later, she reported feeling better and thankful about the things she have in her life. Consequently, she was taking her medicines properly and her CD4 count increased. Growth in spiritual care was seen to enhance her health related quality of life (Dalmida 2006).

Therefore, Dalmida (2006) suggests that nurses should advocate for the integration of spiritual care within the context of patient's own religious frame of reference and collaborate with spiritual care providers for the improvement of health related quality of life of HIV/AIDS patients.

5.2 Health education

5.2.1 Empowering HIV/AIDS patients and their families through health education

According to (Eustace 2012) empowering HIV/AIDS patients and their families through health education is another popular nursing intervention which improves the quality of life of HIV/AIDS patients. Educating patients and their families about HIV/AIDS had a positive outcome in the sense that HIV/AIDS carriers and their families were acquainted with the knowledge of how to take care of themselves and lead a healthy life (Eustace 2012).

Furthermore Eustace (2012) noted that promoting healthy eating and educating about the prevention and management of co morbidities is very necessary to enhance HIV/AIDS patient's quality of life. The HIV virus weakens the immune system and only through a healthy diet can the body defend itself against germs and infections. Also a healthy eating plan is important to boost energy and avoid complications arising from HIV/AIDS and its medications. HIV/AIDS patients are at a greater risk of contracting other co morbidities which will worsen their health

condition. Thus, nurses should be knowledgeable enough to educate patients how to avoid this kind of issues at any cost (Eustace 2012).

5.2.2 Enhancing adherence to treatment

Promoting a complete adherence to HIV/AIDS medications and the practice of healthy self management practices are other interventions mentioned by Eustace (2012) to improve the quality of life of HIV/AIDS patients. Adhering to antiretroviral treatment improves the outcome for HIV/AIDS infected people lowering their risk of developing other complications. CD4 cell count is also related with the patient's medication adherence condition. Practicing healthy self management practices like attending to health professional's appointments, good communication with health care providers, taking balanced diet, exercising and managing stress could all be included in the health education kit nurses use to educate HIV/AIDS patients to improve their quality of life (Eustace 2012).

5.3 Stigma reduction intervention

5.3.1 Stigma reduction in health facilities

Stigma towards HIV carriers at health care centers is caused due to different reasons and creates a wide barrier for an effective health care provision affecting both the physical and emotional state of the patient (Reyes -Estrada et al. 2015). According to Reyes -Estrada et al. (2015), one of the main reasons that fosters stigma in health facilities has been found to be the religious beliefs of nurses. A conclusion that patient's illness is a result of violation of the strict moral codes in the context of Christianity has caused negative nurse-patient relationship, denial of services and absence of patients from using the health center. As a result, adherence to treatment decreases and poor quality of life develops as patients stop accessing these facilities.

To combat this problem (Reyes -Estrada et al. 2015) recommend that nurses should maintain professionalism and prevent their religious beliefs from negatively interfering in the care process of HIV patients. Each and every nurse should have an awareness of the side effect of religious beliefs regarding HIV/AIDS patients and act in an ethical manner while serving them.

In addition, Lewis (2011) in her study about stigma in HIV/AIDS reminds that nurses are obliged to provide health care that is unrestricted by consideration of social or economic status, personal attributes, or of the nature of health problems. Thus they should provide non judgmental care and act as role models to help reduce stigma coming from different directions (Lewis 2011).

Reyes -Estrada et al. (2015) additionally propose that nursing schools should prepare students with adequate knowledge of the effects of religion while caring for HIV/AIDS patients as well as how to implement stigma reducing strategies in health care facilities.

5.3.2 Individual level stigma reduction intervention

Sowell et al. (2010) noted that stigmatizing behavior of society towards HIV infected people has a strong potential of influencing their quality of life by inducing loneliness, depression and feelings of guilt. Because of stigma, it is common to see HIV patients struggling with disclosure issues and refraining from seeking professional care. Consequently poor adherence to treatment is a risk factor for a reduced health related quality of life (Sowell et al. 2010).

According to Sowell et al. (2010), effective stigma response can only be achieved if nurses have an adequate understanding about the foundation of stigma, and the negative consequences it has on the health related quality of life of patients. An understanding of the role of gender equality and the decreased status of children in activating stigma is another matter nurses are expected to be aware about before addressing this issue. This knowledge helps them identify individuals who are at the risk of being stigmatized and implement individual level strategies which are providing Supportive counseling and psychological intervention directly to the victims and their families (Sowell et al. 2010).

5.3.3 Group level stigma reduction intervention

In the study done by Sowell et al. (2010) the measures nurses could undertake in group level strategies are; raising awareness and educating the public, groups and communities who practice stigmatizing HIV/AIDS patients. One example is involving religious or other group leaders to reach the society. There has been documentation that many HIV/AIDS patients turn to religion to cope with the physical and emotional distress the disease brings about. Such dependence on religion provides the opportunity for the leaders to play a role in the reduction of stigma related with HIV/AIDS. The leaders could be trained to influence the attitudes of their congregation members in ways which promote acceptance of HIV/AIDS patients and compassion towards them (Sowell et al. 2010).

6 Discussion

6.1 Discussion of the findings

This study focused on identifying the nursing interventions which improves the quality of life of HIV/AIDS patients. The guiding research question was what are the nursing interventions which promote the quality of life of HIV/AIDS patients? A systematic literature review was conducted to gather relevant articles which would answer the research question. After a careful application of the steps of conducting a systematic literature review, seven articles that met the preset eligibility criteria were chosen and reviewed. The articles have resulted findings which were categorized and subcategorized into psychosocial nursing intervention, health education and stigma reduction intervention as shown above in the previous section.

From the articles used in this paper, two of them discussed about guidance and support for HIV/AIDS patients and their families as well as the health education category which contains empowering HIV/AIDS positive patients and their families through health education and enhancing adherence to treatment. One article was focused on the intervention for developing and strengthening coping skills while another one article covered the implementation of spiritual needs part. The rest three articles discussed stigma reduction interventions.

In our findings section, one of the main categories is psychosocial support which is the act of providing psychological, social and spiritual care in a culturally sensitive way. One of the many way nurses could support their patients is by building a dialogue with them to understand the perception patients have about themselves, the disease they are suffering from, what they consider important, how the decisions they make are influenced by their relationship with other people and their capacity to live with those decisions throughout the treatment and then after. The provision of a proper psychosocial care is found to be beneficial for patients as well as their families as it improves quality of life by diminishing psychological distress and physical symptoms (Gamble et al. 2003). This intervention involves a wide spectrum of issues which include spiritual, emotional, physical, social cognitive and psychological symptomology. Nurses are uniquely trained to support their patients both verbally and in written instructions and as they are at the forefront of care, they play a big role in the psychosocial treatment of HIV/AIDS patients throughout the disease journey.

Under this category three subcategories have been included which discuss about the social, psychological and spiritual nursing interventions for the promotion of HIV/AIDS patients.

Guidance and support for patients and their families in forms of family counseling and encouragement is a significant intervention in improving the quality of life of HIV/AIDS patients. The importance of involving family members in the treatment trajectory of HIV/AIDS patients

as discussed by Wacharasin (2010) and Eustace (2012) is due to the fact that the health of family members is affected by the Condition of the HIV/AIDS positive member which in return influences the illness of the patient. This intervention also avoids family-based risk factors for poor quality of life such as criticism and blame, inconsistent family structure, poor argument resolution methods and hopelessness among family members.

From our findings, the nurse in charge should be able to build trusting family relationships with patients and their families before offering family counseling as feelings of sincerity and security will be developed resulting in positive experience for both the parties. To smooth out this process nurses could start by getting to know their patients, preparing for their needs and building credibility (Wacharasin 2010, Eustace 2012). In the study by Wacharasin (2010), most of the participants reported feelings of relief after they discussed their issues regarding HIV/AIDS as a result of the trusting relationship which was built with the nurse. Wacharasin (2010), in her study advocates for the promotion of facilitating beliefs by nurses so that HIV/AIDS patients and their families could find new meaning of life by challenging constraining beliefs. Another intervention which is the encouragement of HIV/AIDS patients and their families to discuss about their illness journey diminishes their fears and helps them become confident.

Out of the 16 families who participated in the study by Wacharasin (2010), 15 of them reported that the sessions offered brought a positive change in their lives. The article by Eustace (2010), has recommended that family must be considered as the client in health care settings to achieve a better outcome.

In our opinion, meaning of family is different from culture to culture and nursing interventions to improve the quality of life of HIV/AIDS patients by including family should be sensitive and appropriate to the patient's way of life. The patient might for example not be willing to have his/her family included in the treatment plan. In this case, the nurse should respect the decision and focus on other interventions which enhance quality of life.

Due to the chaotic and unpredictable character of HIV/AIDS, depression and psychological distress has been reported by patients making it pivotal to develop interventions that address their coping skills. According to Côté and Pepler (2005), psychological stability of HIV/AIDS patients is compromised by the appearance of stressful physical symptoms which also causes deterioration in their quality of life. Nurses being in the front line of HIV/AIDS care have a great opportunity of influencing ways patients relate to their conditions.

The intervention designed by Côté and Pepler (2005) tested on 90 hospitalized HIV/AIDS patients had the goals of developing and strengthening patients coping skills. According to the

intervention, nurses should always encourage patients express their feelings about being HIV/AIDS positive and find out how they interpret their situation. Then the nurse could stress on the fact that feelings of distress could only be reduced by decreasing the unnecessary thoughts creating them. The aim is to show patients that their interpretation of their status directly affects the intensity and period of emotional instability and how adjustment of unhelpful thoughts could activate a more positive psychological state. Once patients realize that their emotions are related with their interpretation, they will know that negative way of interpreting their situation affects their well being. The nurse will then demonstrate how unnecessary thoughts can be adjusted by analyzing them and encourages patients to introduce helpful thoughts through this process of self- talk. The nurse should emphasize on the fact that even though patients have no power over medical realities, they have full control of their emotions created by interpretation of facts and help them maintain and strengthen their coping skills (Côté & Pepler 2005).

Côté and Pepler (2005) however have noted that patients have the right to change or not and that they should also be the ones generating the beneficial thoughts and not the nurses. The intervention must also be carried out within the limits of the patient's psychological resources. In addition it has been stated by Côté & Pepler (2005) that nurses should respect the decisions of patients unwilling to open up about their feelings and cooperate with them. Also for very anxious patients who are overwhelmed by their situation, this intervention might not work as it requires patients to still be receptive to learning new methods even though being in stressful situation. If patients are in an anxious state of mind, their psychological resources might be inadequate to alter their cognitive behavior. The only thing they might want to do is express their feelings to someone. In such situations, the nurse is expected to make the patient feel that she/he is sensitive to the situation and has taken the time to be with him/her to listen to his/her concerns (Côté & Pepler 2005).

This nursing intervention was carried out on hospitalized HIV/AIDS patients who had an exacerbation of symptoms and is recommended for nurses caring for acutely ill HIV/AIDS patients. Since it is based on patients inner strengths generated from their own thoughts, it might not be applicable for patients in total despair and unmotivated on improving their condition.

According to Dalmida (2006), nurses are trained to provide holistic care to patients faced with both physical and emotional pain. HIV/AIDS being a disease which places heavy demands on psychological resources leaves patients in desperate conditions making them question the purpose and meaning of their existence. These situations invite the nurses to assess their spiritual needs and combine it in their care plan to improve comfort level and recovery process. Dalmida (2006) states that spiritual care providers could also be included in this process which is the first step in providing spiritual care. After obtaining the history about their past

experience with spirituality, they could go on to address that particular spiritual practice and help in the advancement of its use.

Spirituality is considered as an important factor in the improvement of quality of life through its ways of increasing social interaction and enhancing patient's ability to manage with stress. HIV/AIDS patients, in order to benefit from the fruits of spirituality should explore the meaning of HIV/AIDS relative to hope, faith and meaning in life. Dalmida (2006) however recommends that giving unnecessary spiritual advice regardless of the relationship between spirituality and its positive outcome should be avoided. Instead nurses should help patients find ways of expressing their spirituality through a collaborative approach and no guarantees of positive health outcomes should be promised (Dalmida 2006).

Health education to HIV/AIDS patients and their families was thoroughly discussed in the article of Eustace (2012). HIV/AIDS is a disease which occurs in the context of family making it necessary to involve families of the patients while designing nursing interventions. Psychosocial, behavioral and informational concepts could be discussed by the nurse as part of the health education and the intervention could be carried out in health care centers, during home visits, group meetings or by combining all of them. The outcome of this intervention includes reduced stress, increased CD4 counts, and health behavioral changes like stopping smoking, exercising more, reduction of conflict between family members, improved family support and life satisfaction which all lead to an enhanced quality of life (Eustace 2012).

The literature review by Eustace (2012) urges nurses to be active members in the formation of HIV/AIDS family interventions. It has also recommended that more research needs to be done on family-focused approaches to improve the quality of life of the HIV/AIDS family members.

In our findings, we have found two contradicting ideas about the role of religion and nurses religious beliefs in promoting the quality of life of HIV/AIDS which is discussed as follows.

According to Reyes -Estrada et al. (2015), as much as religious belief helps nurses improve their skills of providing spiritual care to HIV/AIDS patients in need, it is also one of the socio cultural factors that's fostering stigmatization of these patients which has an impact on their quality of life. Religion has been associated with the epidemic beginning from its outbreak reflecting the image that people who caught the virus were sinners and had moral failings. Reyes -Estrada et al. (2015) in their research paper have given the example of the disease being referred to as the 'gay plague' in the 1980's as a result of associating it with homosexuality, which according to some religious codes was considered immoral. Research with the churches of catholic and Pentecostal has revealed that people still see the disease as a punishment of GOD associating HIV/AIDS positive people with sinful attitudes. For these reasons, researchers voiced the need to implement strategies which weakens HIV/AIDS stigma among

religious communities in spite of those same beliefs assisting nurses to foster healthy behavior in patients. For example, religious beliefs among nurses defines and advances their duties as a call to give proper care to those in need while it might also foster the stigmatization of HIV/AIDS patients during service provision attempting to address issues of immorality and sinful habits relating it with HIV/AIDS (Reyes-Estrada et al. 2015).

To further explain the role of religion in manifestations of HIV/AIDS stigma, Reyes-Estrada et al. (2015) in their literature has highlighted that both health and religious organizations even though offering different services has the same definition of what is acknowledged as proper behaviors for bodies in society. As a result, in order to stay healthy people must have behaviors considered moral giving the perception that disobeying religious rules through bodies makes a person deserving of the disease (Reyes -Estrada et al. 2015). Such beliefs makes nurses show no empathy, verbally abuse and refuse to provide care to patients stopping HIV/AIDS patients from using the health centers as well as decrease their adherence to treatment which consequently affect their quality of life (Reyes-Estrada et al. 2015).

As a solution to such issues, Reyes-Estrada et al. (2015) has recommended that nurses should develop stigma reduction interventions as per the ethical responsibilities of nurses. In accordance with the code of nursing ethics, they should maintain professionalism and provide care that is 'unrestricted by considerations of social or economic status, personal attributes or the nature of health problems' (Reyes-Estrada et al. 2015; Lewis 2011). Reyes-Estrada et al. (2015) has also highlighted that when such conflicts of interest arise, nurses should resolve it in ways which guarantees patient safety, protects patients' interests and maintains their professional integrity. Also the article by Sowell et al. (2010) has discussed that nurses could collaborate with religious leaders to manage stigma arising from communities and religious groups. It has also been reported that many HIV/AIDS patients turn to religion when faced with the distress caused by the disease. Thus religious leaders should be educated to avoid stigmatizing patients based on religious codes and accept the HIV/AIDS patients with compassion into their congregations. They should also be trained to influence the negative attitudes of their congregation members towards HIV/AIDS patients (Sowell et al. 2010).

To conclude, nurses are at the forefront of HIV care and their constant interaction with patients, their families and other health care professionals makes them the ideal group that has the potential to influence the outcome of care plan. Thus, they should be cautious while caring for highly stigmatized population like HIV/AIDS patients (Reyes -Estrada et al. 2015 ; Lewis 2011).

6.2 Nursing implications

6.2.1 Professional development

As observed in our findings, nurses are expected carry out different interventions which promote the quality of life of HIV/AIDS patients. For the interventions to be effective, continuous training needs of nurses should be met. The ICN code of Ethics for nursing (2012) states that nurses have the responsibility of sustaining their professional competence through a continual learning process.

Any trained nurse could carry out different aspects of care but there are areas that need more in depth knowledge and specialization which would be acquired by a continuous professional development (Wood 2006). In addition, Florence Nightingale in her notes on nursing has recommended that nurses are obliged to learn continuously for new knowledge and evidence not just through experience. Nurses should always strive to discover improved ways of maintaining patients' health and their quality of life. For a greater outcome, employers need to cooperate by organizing trainings for nurses (Witt 2011).

6.2.2 Professional collaboration

Collaboration is the key of success in any type of team. An effective outcome in the health care requires the collaboration of interprofessionals. Quality of care and patients quality of life is influenced by a positive collaboration of nurses with health care providers and other professionals.

Since nurses have a day to day interaction with patients, they know what helps their situation better and what doesn't. By discussing such information with their employers, they could come up with a suitable intervention that would benefit the particular patient (Stephen 2015).

As we have seen in the findings, promoting the quality of life of HIV/AIDS patients requires nurse's collaboration with other health care providers, families of patients as well as other professionals. For example, in order to reduce stigma, nurses need to work not only in individual level but also group and community level. The group and community level of reducing stigma requires that nurses work with community leaders to educate the society. Another example we could take is the implementation of spiritual needs to enhance quality of life of HIV/AIDS patients. Nurses might need the help of pastors and other individuals who are specialized in these areas to offer such services to patients.

6.3 Ethical Considerations

The most important part of a research is considered to be ethical considerations. Adherence to ethical codes when publishing a systematic literature review is of utmost importance. Fabrication, falsification and misinterpretation of the research must be avoided at all cost for the accomplishment of trust and minimization of errors (Resnik 2015).

Throughout the thesis writing, ethical responsibility was followed to prevent misconduct and maintain integrity. After the approval of the thesis title, we began writing it in parts and making sure each stage was reviewed by the supervisors and given permission to advance through the upcoming stages. Laurea's standards and guidelines of academic writing (King 2013) was followed and only databases deemed reliable were used to prevent unofficial sources.

A total of seven articles from the databases of PubMed and CINAHL were used for the study as presented in Appendix 1 of the paper. To maintain accuracy, the authors have clearly documented the methods of article search, selection and analysis in section 4 of the paper.

Copy right violation was avoided at all cost. In addition, this thesis has acknowledged the works of other authors used in the research process by following the guidelines for referencing and citation.

Oliver (2010, 28-29) demonstrates that the principle of informed consent is used when the research is carried out based on participants, groups or organizations. Due to the nature of the method used to conduct this study being a literature review, there was no ethical issue concerning the right of privacy and confidentiality of any participant. Acquiring of informed consent was not applicable.

6.4 Trustworthiness

According to Lincoln & Guba (1985), trustworthiness of a research study is pivotal in determining how worthy the findings of the study are. Confirmability, transferability, credibility and dependability are all formed by the trustworthiness of a particular study. When the process of qualitative content analysis is documented meticulously, ascertaining its trustworthiness will not be difficult to accomplish.

Elo and Kyngäs (2007) illustrates that using the most relevant technique of data collection to answer the research question guarantees the trustworthiness of content analysis. To further demonstrate the trustworthiness of the research paper, category arrangement process should

also be explained. According to Moretti et al (2011), interpretation and coding of the gathered data should be executed in an appropriate and reliable way.

At the final stage of reporting the results of the paper, it should be assured that the research question has been answered by the findings of the study. In addition to that a detailed explanation of the data analysis and the link between the primary data and the findings is crucial in ensuring trustworthiness of the research paper (Elo & Kyngäs 2007). Before beginning this thesis, a thesis contract and plan was prepared, presented and accepted by our supervising lecturers and we were given the permission to conduct the thesis project work. The methodology of the thesis was deeply researched, agreed and understood by the two authors prior to the inception of our work.

Literature review was the kind of methodology applied for our paper, which shows that the articles used were extracted from reliable scientific articles and in line with the research question. The search process for the thesis was conducted through the school's information retrieval portal using two different databases: PubMed, Cumulative Index of Nursing and Allied Health Literature (CINAHL). PubMed was used because it has a broad amount of international journal citations and abstracts focusing on biomedical and clinical journals. PubMed is also popular about the uniform way of data structure (U.S National Library of Medicine 2015). Literature reviews done on the area of nursing are usually available in an extensive amount in CINAHL as Aveyard (2010, 76) recommended.

The article search process had a restriction of including only full text English articles written between 2005 till 2016 to ensure up-to-date research papers were used. Data extraction, coding of information and data analysis was done equally and carefully by both authors. All the articles, journals and books our research paper included were acknowledged to be from reliable sources, The Findings were reported cautiously to avoid bias and errors maintaining the trustworthiness and credibility of our research paper.

7 Limitations and recommendations

Although our research has achieved the goal of identifying nursing interventions which promote the quality of life of HIV/AIDS patients, the criterion for including the articles has brought limitations in our thesis. We might have missed out on relevant articles written in other languages as English articles only were considered. The articles reviewed were all published from 2005-2016 which discarded older articles with the potential of contributing to the purpose of our study.

We recommend that health care providers offer frequent trainings on how health care professionals can implement strategies to promote the quality of lives of HIV/AIDS patients. Well informed and specialized staff could do much to eradicate challenging issues. Nurses should also be active participants in the development of interventions regarding HIV/AIDS patients quality of life in local, national and global levels.

We also recommend that more research be done on the relationship between HIV/AIDS and quality of life especially in the most affected areas to prepare a clear guidance to nurses who are taking care of HIV/AIDS patients on a daily basis.

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Appendices

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No.	Author and year of publication	Publication	Title of article
1	Côté, J. & Pepler, C. 2005	Journal of clinical Nursing	Cognitive coping intervention for acutely ill HIV-positive men.
2	Dalmida, S. 2006	Issues in Mental Health Nursing	Spirituality, mental health, physical health, and health-related quality of life among women with HIV/AIDS: integrating spirituality into mental health care.
3	Wacharasin, C. 2010	Journal of Family Nursing	Families suffering with HIV/AIDS: What family nursing interventions are useful to promote healing?
4	Reyes-Estrada, M., Varas-Diaz, N. & Martinez-Sarson, M. 2015.	The New school psychology Bulletin	Religion and HIV/AIDS stigma: Considerations for the nursing profession
5	Lewis, R. 2011.	Nursing times	Stamping out stigma in HIV
6	Eustace, R. 2012.	Journal of Advanced Nursing	A discussion of HIV/AIDS family nursing interventions: implications for family-focused nursing practice
7	Sowell, R.& Phillips, K. 2010	Issues in Mental Health Nursing	Understanding and Responding to HIV/AIDS stigma and Disclosure: An International challenge for Mental Health Nurses