Review

Spiritual Needs as Expressed by People Living with HIV: A Systematic Review

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Abstract: It has been previously demonstrated that religiosity and spirituality can help support people living with HIV. Despite this, little work has been undertaken on this theme. Using the PRISMA methodology, we reviewed academic literature from 2008 to 2020 to summarize how people living with HIV define spiritual needs. We found fifty-nine distinct types of approach that were related to this theme and were grouped into four main categories: religious needs, social needs, existential needs, and emotional needs. Religious needs were more frequently cited, including individual prayers, the ingestion of miraculous medicines, and so on. The study calls attention to the concept’s multidimensionality and the cultural differences in the included papers. It reveals the need of each culture to research, to find an adequate meaning of spirituality, and to cater to the spiritual needs for people living with HIV as part of their healthcare, before setting health policies.

Keywords: spiritual needs; HIV; health and culture

1. Introduction

The Acquired Immunodeficiency Syndrome (AIDS) diagnosis is marked by a set of feelings, attitudes, and practices that reveal the difficulty of assigning a new meaning to life and suffering (Espirito Santo et al. 2013). The scientific knowledge of this disease has increased the survival of people living with human immunodeficiency (PLWHIV), thus making this a chronic disease. Poorolajal et al. (2016) found that after highly active antiretroviral therapy, people could survive for more than ten years (HAART).

Religiosity/spirituality (R/S) may represent a kind of support to the exposed fragility of the disease (Ferreira et al. 2012), thus improving life quality (Da Cruz et al. 2017) for PLWHIV (Ferreira et al. 2012; Caixeta et al. 2012) according to the World Health Organization (WHO) proposition, which included this indicator in the WHOQOL-HIV (World Health Organization 2003). Despite this, individuals with AIDS may be affected by guilt, fear, anxiety, depression, and suicidal ideation, among other reactions that are associated with the disease’s stigma (Chambers et al. 2015).

According to Koenig (2015), religion involves beliefs related to transcendental practices, generally through rules to guide one’s conduct in the world, and teachings about life after death. Religion is often organized and practiced by a community, but it may exist outside an institution and be practiced individually. On the other hand, spirituality, according to Puchalski et al. (2014), is “the aspect of humanity that refers to the way by which individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and the significant or sacred”.

Moreover, spirituality is related to personal dimensions, where the answers to fundamental questions concerning the meaning of life are sought out. It includes a set of practices,
attitudes, values, and feelings which are born from the relationship that the individual has with themselves and with others, which then gives meaning to life and the individual’s personal stories, which are influencing and being influenced by social, cultural, biological, psychological, and religious factors.

Spiritual needs are defined by Murray et al. (2004) as the “needs and expectations which humans have to find meaning, purpose, and value in their life, such needs can be specifically religious, but even people who have no religious faith or are not the members of an organized religion have belief systems that give their lives meaning and purpose”.

In 2010 Büssing and Koenig, based on the literature review and the biopsychosocial spiritual approach (Sulmasy 2002) for chronic disease care, they highlighted the multidimensional character of spirituality, as well as identifying and distinguishing four interconnected dimensions of spiritual needs:

1. Social needs are associated with people’s connection with themselves or others (love, feeling of belonging, and communication with close people).
2. Emotional needs are associated with the necessity of peace (interior peace, hope, equilibrium, ability to forgive, and fear of recurrence).
3. Existential needs are associated with having a life meaning or objective (life meaning and being attributed a role in life).
4. Religious needs are associated with transcendence (spiritual resources, relationship with God, sacred, and prayers).

Having these dimensions as a reference, they also proposed as an instrument to investigate spiritual needs—the Spiritual Needs Questionnaire (SpNQ), initially written in the German language by Büssing and Koenig (2010). This questionnaire avoids religious terminology and relies on the biopsychosocial–spiritual or “holistic” health perspective. Büssing et al. (2014) largely agreed with Puchalski’s and Murray’s definitions and considered it when he developed SpNQ, creating a less religious tool to measure spirituality. He included the secular and individualistic dimensions for a broader definition of “spirituality”, plus the roles of well-being and quality of life in his concept. The SpNQ then allows measuring spiritual and existential psychosocial needs (Valente et al. 2018).

Since HIV/AIDS is a chronic disease, its healthcare should go beyond clinical complaints, and the need to amplify health professionals’ knowledge to include R/S as a need to be delivered is clear (Da Cruz et al. 2017. However, according to Espirito Santo et al. 2013, the clinical–biomedical model still prevails in many hospitals where R/S is still not entirely incorporated into the practice, despite substantial academic production on the matter.)

Assistance with the spiritual needs (SN) of PLWHIV can be a source of support and can help their resilience when facing physical and mental health threats (Da Cruz et al. 2017). Moreover, the relevance of this theme is still under scrutiny (Chambers et al. 2015; Doolittle et al. 2018), and little is known about how PLWHIV define and express these needs.

This study aims to conduct a systematic review to uncover the approaches used to address the spiritual needs of PLWHIV. We will verify if they fit the spiritual needs dimensions that were proposed by Koenig and Büssing, with the leading research question: are the Koenig and Büssing approaches and dimensions found in the SN expressed by PLWHIV?

2. Materials and Methods

To achieve the objective, we did a systematic review, using the PRISMA methodology (Moher et al. 2009) which is widely accepted for elaborating systematic reviews and meta-analysis.

We performed our search using Health Science Descriptors (DeCS) in Portuguese, Spanish, and English Languages using the following descriptors: “pessoas que vivem com aids e espiritualidade”, “AIDS e espiritualidade”, “AIDS e necessidades espirituais”, “pessoas que vivem com AIDS e necessidades espirituais”; “people living with AIDS and spirituality, aids and spirituality”, “AIDS and spiritual needs”, “people living with AIDS and spiritual needs”; “personas que viven con SIDA y espiritualidad”, “SIDA y espiritualidad”, “SIDA y necesidades espirituales”, “personas que viven con SIDA y
necesidades espirituales”]. Two independent researchers searched separately, with strict adherence to the inclusion criteria. Both discussed the discordances between them to find a standard view about it, and whether to include the study in the review.

The search occurred between August 2018 and March 2019, including studies published between 1 January 2008 and 31 December 2018. The choice of databases was based upon the availability of articles and their relevance. Four databases and a search mechanism were searched: PubMed, LILACS, Science Direct, Scopus, and Google Scholar. Google Scholar was included because the authors needed to amplify the search, and for the Portuguese Language, it is the one that provides the highest number of references.

Criteria for considering studies for this review:

In each search, the inclusion criteria were articles written in Portuguese, English, or Spanish, available free of charge on the Internet, due to the economic constraints in Brazil, which focused on the spiritual needs or spirituality of PLWHIV who were older than 18 years of age, and which satisfied all the above criteria simultaneously.

Exclusion criteria were defined as repeated articles, reviews, and articles that used spirituality/religiosity constructs as elements for a “quality of life” assessment. Quality of life was excluded because, in these studies, the focus was not on spiritual needs per se, but how, and to what extent, spirituality may positively or negatively affect quality of life. Spiritual needs were defined above, and the definition of quality of life, according to the WHO, is “an individual’s perception of their position in life in the context of the culture and value systems in which they live and concerning their goals, expectations, standards, and concerns” (World Health Organization 1998).

Quantitative and qualitative studies were included.

The study was not registered in the PROSPERO database because it was considered to be a scoping review, not eligible for inclusion in this international database.

Risk of bias assessment:

As this study is aimed at subjective perceptions regarding the spiritual needs expressed by PLWHIV, the authors did not have concerns about bias assessment in the included studies.

The research established the following baseline information:

1. Journal, publication year, work title, and authors.
2. Place where the study was conducted.
3. The population that was included in each study.
4. Objectives and study design.
5. How spiritual needs were defined and expressed by the individuals included in the studies.

3. Results

The selection process is shown in Figure 1. The search in the bibliographic databases found 1594 studies, in which the titles were selected independently by two researchers, resulting in 455 articles. One hundred and eighty-three studies were excluded by duplication, with 272 abstracts that remained to be read. A new selection excluded 134 articles because they did not meet the inclusion criteria, with 138 articles remaining for complete reading, given that five were not available for free and 75 did not meet the inclusion criteria. After reading the studies, this review included 51 articles. They are listed in Table 1.

Since 2016, the interest in this topic has grown a lot, with 26 studies published since then (50%). It is interesting that from 2008 to 2012, research on the theme was present only in public health, medical, and psychology journals, and from 2012 onwards, nursing journals started leading publications on this topic.

Most of the included references came from Google Scholar, and the lowest number of included references came from PubMed. South America was the region with the most
significant amount of published research concerning this theme \((n = 20)\), followed by the USA \((n = 12)\), and Africa \((n = 10)\).

Most of the studies were done in community organizations, public institutions, and medical centers for PLWHIV treatment. Researchers in the health sciences area, especially nursing, were the most interested in the theme.

The qualitative approach was more frequent \((31 \text{ studies} = 60\%)\), and the quality–quantitative was used less often \((6 \text{ studies})\).

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**Figure 1.** Article selection in the PRISMA review process.

| Identified registers through database research |
|---------------------------------------------|
| Google Scholar = 773                        |
| BVS = 372                                   |
| PubMed = 31                                 |
| Scopus = 337                                |
| Lilacs = 81                                 |
| **Total of identified registers** = 1594    |

| Selected (1st selection)                    |
|---------------------------------------------|
| Google Scholar = 126                       |
| BVS = 207                                   |
| PubMed = 13                                 |
| Lilacs = 36                                 |
| Scopus = 73                                 |
| **Total selected** = 455                   |

| Selected Records (except duplicated) = 272  |
|---------------------------------------------|
| Excluded articles because are duplicated = 183 |
| Articles excluded for not being relevant or not satisfy the inclusion criteria after abstract reading = 134 |
| Excluded articles because they were not available for free = 12 |
| Excluded articles after paper reading because they did not fit the inclusion criteria = 75 |

| Articles eligible for integral reading = 138 |

| Articles included in the review = 51        |
Table 1. Systematic review of studies, concerning the spiritual needs of PLWHIV, published between 2008 and 2020.

| Year | Institution and/or Context Where the Research Was Conducted (Author) | Population Included in the Study | Objectives | Study Design | How Spiritual Needs Are Defined and Expressed by the Participants |
|------|---------------------------------------------------------------------|---------------------------------|------------|--------------|------------------------------------------------------------------|
| 2020 | HIV clinics, pharmacies, and service organizations that served HIV-infected people, located in the metropolitan area of Minnesota (Cernasev et al. 2020) | 14 PLWHIV | To explore the impact of social and cultural factors on their decisions to follow the prescribed treatment. | Qualitative | Belief in God offered them strength and support in stressful situations. |
| 2020 | Hospital La Maria Colombia (García-Peña and Tobón 2020) | 8 PLWHIV | To understand the emotions that emerge in the treatment of patients diagnosed with HIV/AIDS. | Qualitative | Spirituality as a mediating factor of peace and its psychosocial effects. |
| 2020 | Public University Hospital located in Rio de Janeiro, Brazil (França et al. 2020) | 32 PLWHIV | To analyze spirituality for people living with HIV/AIDS. | Qualitative | Spirituality as a practice to promote wellbeing and as a positive influence for self-care. |
| 2020 | AIDS governmental organization at Brasil (Santos et al. 2020) | 10 PLWHIV | To analyze spirituality as a therapeutic tool. | Quali-quantitative | Belief in the superior being. |
| 2019 | Public University Hospital located in Rio de Janeiro, Brazil (Gomes et al. 2019) | 19 PLWHIV | To describe and analyze how subjects give new meaning to everyday life. | Qualitative | Spiritual and/or religious support. |
| 2019 | A referral hospital in Malaysia (Ahmed et al. 2019) | 15 PLWHIV | To identify disease understanding in PLWHIV. | Qualitative | Praying to God as a way to help manage the disease. |
| 2019 | AIDS nongovernmental organization in Malaysia (Zain et al. 2019) | 34 PLWHIV | To identify spirituality among PLWHIV. | Qualitative | To pray. |
| 2019 | University Hospital in Brazil (Neto,Vinicius Lino De Souza et al. 2019) | 100 PLWHIV | To validate nursing diagnostic definitions. | Quantitative | Spiritual distress. |
| 2019 | AIDS governmental organization in Brazil (Isoldi et al. 2019) | 13 PLWHIV | To understand the life histories of PLWHIV. | Qualitative | God as support. |
| 2019 | Public Specialized Assistance Service for the care of PLWHIV, in the city of Imperatriz, Maranhão, Brazil (Santos et al. 2019) | 7 PLWHIV | To understand the impact of spirituality in women living with HIV. | Qualitative | God as the strength to accept the diagnosis, Prayers to face adversity. |
| 2019 | Public Specialized Assistance Service for the care of PLWHIV, in the city of Recife, Pernambuco, Brazil (Brandão et al. 2019) | 38 PLWHIV | To identify HIV coping strategies among elderly PLWHIV. | Qualitative | Religiosity and spirituality as a strategy to face HIV. |
| 2019 | AIDS Comission of Bukittinggi, Indonesia (Sulung and Asyura 2019) | 10 PLWHIV | To explore, describe, and interpret the experience of spirituality as a means of self-acceptance in patients with HIV/AIDS. | Qualitative | Get closer to God by reading the Quran and fasting. |
| 2018 | A referral hospital and an AIDS nongovernmental organization in Indonesia (Lindayani et al. 2018) | 215 PLWHIV | To identify HIV-related problems and demands for palliative care at different disease stages. | Cross-sectional study | Worries about the meaning of death, Difficulties with disease acceptance, Difficulties to relate effectively with others. |
### Table 1. Cont.

| Year | Institution and/or Context Where the Research Was Conducted (Author) | Population Included in the Study | Objectives | Study Design | How Spiritual Needs Are Defined and Expressed by the Participants |
|------|---------------------------------------------------------------------|---------------------------------|------------|--------------|---------------------------------------------------------------|
| 2018 | The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) and DOHMH-funded community-based organizations USA (Hile et al. 2018) | 42 PLWHIV | Intervention to support the maintenance of HIV-related health-promoting behaviors. | Qualitative | Relationship with family, religious beliefs, and/or faith communities were important motivations for retention in care. |
| 2018 | HIV clinic in Mombasa, Kenya (Lowther et al. 2018) | 20 PLWHIV | Identified the active ingredients and mechanisms of actioning a nurse led-palliative care intervention for PLWHIV. | Qualitative-quantitative | Visit from spiritual leaders. Discussion about spiritual worries. Prayers with staff. Emotional support from staff. |
| 2018 | Participants in the cities of Toronto and Ontario in Canada. (Emlet et al. 2018) | 30 PLWHIV | Elucidation of the role that spirituality has on aging with HIV. | Qualitative | - Prayer. - Religious support. - Meditation. - Spiritual communities. |
| 2018 | Participants recruited in community clinics and organizations from Tennessee and Alabama, USA (Hutson et al. 2018) | 216 PLWHIV | Examination of the relationship between stigma related to HIV and spiritual wellbeing. | Qualitative-quantitative | - Faith in a Supreme Being. - Participation in a religious group. - Spiritual support. |
| 2017 | A specialized HIV service center of Recife, Pernambuco, Brazil (Pinho et al. 2017a) | 52 PLWHIV | Impaired religiositas and spiritual distress in people living with HIV/AIDS. | Quantitative | Lack of purpose in life. Lack of meaning in life. Need to reconnect with previous beliefs. Feeling of being separated from their support system. Lack of self-forgiveness. Feelings of abandonment and anger with a greater being. |
| 2017 | Public hospital in João Pessoa City, Paraíba, Brazil (Da Cruz et al. 2017) | 10 PLWHIV / AIDS | To know the life of patients with HIV/AIDS and the influence of religiositas/spiritualitas when facing the disease. | Qualitative | Faith in a Supreme Being. Spiritual support. |
| 2017 | STD/AIDS and Viral Hepatitis Program of a coastal municipality in the state of Rio de Janeiro, Brazil (Hipolito et al. 2017) | 100 PLWHIV | To analyze the quality of life of people with HIV/AIDS and its relationship with sociodemographic variables, health satisfaction, and time since diagnosis. | Quantitative | HIV positive people use their religion/spirituality to cope with the stressors associated with HIV. |
| 2017 | Oswaldo Cruz University Hospital/Procape in the City of Recife, Pernambuco, Brazil (Pinho et al. 2017b) | 52 PLWHIV / AIDS | To assess the religiositas and the religiositas/spiritualitas used to cope and live with HIV/AIDS. | Quantitative | - Daily prayer. - Participation in religious groups. |
| 2016 | HIV-carrier community located in Seoul, Korea (Kang and Lee 2016) | 7 PLWHIV | How PLWHIV incorporate their HIV status when constructing and reconstructing their self-concepts, stigma recognition, relationships, and life plans. | Quantitative | HIV carriers need to be supported with integrated social work services and spirituality for successful social adaptation. |
| Year | Institution and/or Context Where the Research Was Conducted (Author) | Population Included in the Study | Objectives | Study Design | How Spiritual Needs Are Defined and Expressed by the Participants |
|------|-------------------------------------------------------------------------|---------------------------------|------------|--------------|-------------------------------------------------------------|
| 2016 | Southeast Florida, USA (Metaweh et al. 2016) | 119 PLWHIV | To analyze the control essays written by HIV-infected informants in an expressive writing study survey of contextual themes | Qualitative | Prayer, both personal and intercessory, where they chanted, meditated, or praised God. Sunday school, holy communion, Jehovah witness ceremonies, and chapel and ministry attendances. Social support, personal and intercessory prayer, and Bible reading. |
| 2016 | Sample recruited through flyers, newspaper ads, community events in Miami, USA (Ironson et al. 2016) | 177 PLWHIV | To examine if, independently of the medication adherence, the use of spirituality/religiosity as a HIV coping mechanism, is a predictor for 17 years of survival. | Longitudinal study | - Spiritual practices (religious, prayer, and meditation). - Spiritual delivery. |
| 2016 | AIDS Reference Centers in Belgium. (Arrey et al. 2016) | 44 PLWHIV | To examine the role of spirituality/religion as a source of force, resilience, and well-being. | Qualitative | - Prayer. - Meditation. - Regular participation in activities and religious services. |
| 2015 | Public hospital-based and infectious diseases clinic North Carolina, USA (Grodensky et al. 2015) | 15 PLWHIV | To investigate the important psychosocial factors impacting older women who live and cope with HIV infection, particularly in social and spiritual relationships. | Qualitative | Daily prayer. Bible study. Watching religious television programs. |
| 2014 | Recruitment of participants of Partnership Care Practice in the area metropolitan Philadelphia, USA (Lee et al. 2014) | 198 PLWHIV | To examine the relations of positive and negative types of religious coping mechanisms for depression and life quality, and the benefit found in the link between religious confrontation and psychological results. | Qualitative | - Spiritual support. - Religious purification. - Spiritual connection. - Support of church members. - Religious support. - Religious pardon. |
| 2014 | Fundación Hoasis Colombia (Calixto and Laguado 2014) | 6 PLWHIV | To analyze the implications of addressing spirituality in people with the terminal illness HIV/AIDS. | Quantitative | Spirituality as part of one’s wellbeing and quality of life. |
| 2014 | Public hospital in Addis Ababa, Ethiopia. (Hussen et al. 2014) | 20 PLWHIV | To understand the processes that influence the resilience of patients. | Qualitative | - Prayer. - Faith in the divine. - Spiritual support. - Drinking or using external prescriptions made by religious authorities. |
| 2013 | 12 HIV outpatient facilities (6 in Kenya, 6 in Uganda) (Selman et al. 2013) | 189 people (83 PLWHIV, 47 caregivers, 59 staffs) | To describe the palliative care needs of HIV outpatients and the management of multidimensional problems of outpatient services. | Qualitative | Need for counselling received by the facility’s healthcare workers. Prayers against evil spirits. |
| Year | Institution and/or Context Where the Research Was Conducted (Author) | Population Included in the Study | Objectives | Study Design | How Spiritual Needs Are Defined and Expressed by the Participants |
|------|---------------------------------------------------------------------|---------------------------------|------------|--------------|---------------------------------------------------------------|
| 2013 | A predominantly low-income, high-density urban residential area of Lusaka, Zambia. (Musheke et al. 2013) | 62 PLWHIV | To gain insight into PLWHIV’s self-care practices and experiences, and to explore the implications for successful delivery of ART care. | Qualitative | Faith healing. Drawing on the biblical assurances of healing. Individual prayer. Collective intercessory prayers. “Anointing water”—water believed to have healing properties after being blessed by a Pastor who is believed to have spiritual healing powers. |
| 2013 | Municipal public hospital located in the city of Rio de Janeiro, Brazil (Espirito Santo et al. 2013) | 30 PLWHIV | To analyze the expression of spirituality in people with the Human Immunodeficiency/Acquired Immunodeficiency Syndrome (HIV/AIDS) virus, who are in the process of adhesion to antiretroviral therapy, and their social representation when receiving the therapy. | Qualitative | - Faith in the divine cure. - Devotion rituals. - Prayer. |
| 2013 | Shiselweni Home-Based Care in Swaziland (SHBC) ONG. (Von Wyngaard 2013) | Health supervisors (N = 13); caregivers (N = 7), and 79 PLWHIV | To explore the caregivers’ motivations; the perceptions of the patients’ needs; the caregivers’ practices related to the HIV positive patient, besides other care practices; and perceptions of Christianity’s role in home care. | Qualitative | - Spiritual ceremonies and rituals involving herbs and animals. - Belief in ancestral spirits. - Prayer. - Reading the Bible and Quran. |
| 2012 | Health institution of the public sector in Bogota City, Colombia. (Perez-Giraldo et al. 2012) | 100 PLWHIV | To identify the coping and adaptation processes and its relationship with spiritual perspectives in HIV/AIDS patients. | Quantitative | - Belief in being pardoned. - Spiritual reading. - Material, meditation. - Prayer. |
| 2012 | Pedro Ernesto University Hospital Rio de Janeiro, Brazil. (Ferreira et al. 2012) | 9 PLWHIV | To strengthen the discussions about the importance of religiosity in terms of living with chronic illnesses, focusing in a particular way, and HIV carriers. | Qualitative | - To attend to religious services. - Divine cures. - Belief in karma. - Receiving blessings. - Deliverance being in God’s hands. |
| 2012 | Users of the Center of Testing and Advice with AIDS diagnosis in Franca, SP, Brazil (Caixeta et al. 2012) | 126 PLWHIV / AIDS | To identify the religious and spiritual meaning in the experiences of patients undergoing HIV/AIDS treatment in the public health service in a inner city in Brazil. | Quantitative | - To attend to religious services. - Reading and studying the Bible and the Gospel according to Spiritism. - Prayer. - Spiritual cure. |
| 2012 | Clinic of infectious diseases in the metropolitan area of Atlanta, USA (Dalmida et al. 2012) | 30 PLWHIV | To explore the meaning and use of spirituality among African-Americans who are predominantly Christian and HIV positive. | Quantitative-qualitative | - Religious support. - Prayer. - Divine belief. |
| Year | Institution and/or Context Where the Research Was Conducted (Author) | Population Included in the Study | Objectives | Study Design | How Spiritual Needs Are Defined and Expressed by the Participants |
|------|---------------------------------------------------------------------|---------------------------------|------------|--------------|---------------------------------------------------------------|
| 2012 | Participants were recruited through advertisements in local newspapers, newsletters, and websites for specific populations in western Canada. (Molzahn et al. 2012) | 10 people with cancer, 14 people with ESRD, and 8 PLWHIV | To examine stories of spirituality in people living with serious illnesses. | Qualitative | Importance of their belief systems, thinking about spiritual matters, and spiritual practices. Trying to create meaning through life experiences. Meaning and purpose in life. How important people and family were to them. |
| 2012 | HIV/AIDS home-based care and hospice organization in a South African township. (Barney and Buckingham 2012) | Three groups of participants: 8 PLWHA, 4 family members of the PLWHA, 12 caregivers employed by the HIV/AIDS home-based care organization | To identify and elucidate the spiritual aspects that emerge with advanced AIDS in a South African township. | Qualitative | Belief in a supreme divinity. Experiences with the Church. Belief in the veneration of ancestral spirits. Spiritual reconciliation with their illness. |
| 2011 | Three large Midwestern, USA cities: (a) an HIV care facility; (b) an AIDS service organization, and (c) an AIDS clinical trials unit (ACTU). USA (Peterson 2011) | 45 PLWHIV | How does spirituality function as social support for women living with HIV or AIDS? | Qualitative | Spirituality was intertwined with their experiences of social support. God as a source of support. Emotional support. Prayer and meditation. Network support church attendance and participation in church activities. Connection to a spiritual community. Social support network. Spirituality as a source of emotional support and control. |
| 2011 | Decade field experience in South, Central, and East Africa. (Ashforth 2011) | Case report | To understand phenomena like Loliondo, miracle cures and the AIDS connection, and the religious enthusiasm more generally, there is a concept of “spiritual insecurity”, referring to the danger sensation of doubts and fears, due to the intangibility of invisible forces. | Qualitative | - Cure through miracle phytotherapy. - Cure through communication with spiritual beings. |
| 2011 | National Network of Afro-Brazilian Religions and Health. Pernambuco State and City of Recife Departments of Health, Brazil (Rios et al. 2011) | 19 PLWHIV | To analyze the engagement of African-Brazilian religions in responding to the HIV epidemic in Recife. | Qualitative | A punishment from the deities. Loose energy/power due to being sick. The priest enforces the power of minorities in Brazil. |
| 2011 | Komfo Anokye Teaching Hospital, St Patrick’s Hospital, Obuasi AngloGold Ashanti Hospital, and Adansi West Ministry of Health, Ghana (Kwansa 2011) | 48 PLWHIV | To identify barriers to people’s access to voluntary counselling and treatment and retroviral therapy in Ghana. | Qualitative-quantitative | Divine intervention to obtain a cure. Intervention of traditional healers or Pentecostal pastors to undo spells or bring a divine cure. Intervention of traditional healers to diagnose, treat, or cure malicious people or powers. |
| Year | Institution and/or Context Where the Research Was Conducted (Author) | Population Included in the Study | Objectives | Study Design | How Spiritual Needs Are Defined and Expressed by the Participants |
|------|---------------------------------------------------------------------|----------------------------------|------------|-------------|---------------------------------------------------------------|
| 2010 | Medical center of George Washington University; Medical Care System of Pittsburgh Veterans; Medical Center for Cincinnati Veterans; Cincinnati University Medical Centre. USA (Trevino et al. 2010) | 429 PLWHIV | To investigate relations between positive religious confrontation (for example, searching for support) and spiritual fight (for example, anger towards God), versus viral load, counting of CD4, life quality, HIV symptoms, depression, self-esteem, social support, and spiritual wellbeing. | Quantitative | - Prayer.  
- Spiritual support.  
- Religious association and affiliation. |
| 2009 | HIV positive individuals who speak English and who belong to an organization related to AIDS, including medical clinics and community events in the Miami area, USA (Kremer and Ironson 2009) | Two samples of PLWHIV (sample of 74 patients and another sample with 73 patients) | To analyze the types of spiritual transformation, as well as their background and consequences in the HIV positive individual. | Qualitative | - Daily prayer.  
- Meditation.  
- Asking God for help.  
- Making promises in the most difficult moments. |
| 2009 | HIV positive individuals, who speak English and who belong to an organization related to AIDS, including medical clinics and community events in the Miami area, USA (Kremer et al. 2009) | 79 PLWHIV | To examine spiritual beliefs related to the decision process and the treatment adherence of patients living with HIV. | Qualitative | - Belief in the superior being.  
- Power.  
- Spiritual cure. |
| 2009 | NGO related to the clinical care of patients diagnosed with AIDS/HIV carriers in Uganda. (Hodge and Roby 2010) | 162 PLWHIV | To examine ways of confronting HIV/AIDS. | Qualitative-quantitative | - Religious support.  
- Prayer.  
- Divine belief. |
| 2009 | Four major county hospitals, a university hospital, and community medical clinics in the Greater San Francisco Bay Area, USA (Pérez et al. 2009) | 180 PLWHIV | To examine the effects of spiritual striving, social support, and acceptance coping when dealing with changes in depressive symptoms among adults living with HIV/AIDS. | Quantitative | Social support.  
Acceptance coping. |
| 2009 | Participants were paid volunteers; sample was recruited through physicians' offices, specialty clinics, service organizations, and hospitals in Miami, USA (Lockenhoff et al. 2009) | 112 PLWHIV | To examine the association between five-factor personality domains and facets and spirituality/religiousness, as well as their joint association with mental health in a diverse sample of people living with HIV. | Quantitative | Sense of peace and compassion.  
Faith in God.  
Religious behavior. |
| 2009 | Program of primary care attention and support for patients who are HIV positive, a service in the Democratic Republic of Congo. (Mamana et al. 2009) | 40 PLWHIV pregnant women | To recognize how individuals use different health belief systems to develop and implement coherent and effective strategies of prevention, treatment, and care. | Qualitative | - Prayer.  
- Religious support.  
- Spiritual cure. |
### Table 1. Cont.

| Year | Institution and/or Context Where the Research Was Conducted (Author) | Population Included in the Study | Objectives | Study Design |
|------|-------------------------------------------------|---------------------------------|------------|--------------|
| 2008 | NHS HIV clinics UK (Ridge et al. 2008)           | 44 PLWHIV                        | “How are spirituality and religion woven into the stories of people living with HIV, and how do these storylines influence coping?” | Qualitative | Religion to help them cope. One-to-one counselling. Collective prayer. Individual prayer. Networking with others for emotional and material support. Participation in meaningful and culturally relevant activities. Physical contact and a sense of family and place of belonging. |

The religious approach to spiritual needs was present in forty-three papers. Of them, religiosity was cited as individual prayers (Santos et al. 2019; Cernasev et al. 2020; Ahmed et al. 2019; Zain et al. 2019; Arrey et al. 2016; Caixeta et al. 2012; Dalmida et al. 2012; Emlet et al. 2018; Espirito Santo et al. 2013; Grodensky et al. 2015; Hodge and Roby 2010; Hussen et al. 2014; Ironson et al. 2016; Kremer and Ironson 2009; Lee et al. 2014; Löckenhoff et al. 2009; Lowther et al. 2018; Metawe et al. 2016; Molzahn et al. 2012; Perez-Giraldo et al. 2012; Peterson 2011; Pinho et al. 2017a; Ridge et al. 2008; Selman et al. 2013; Von Wyngaard 2013), as well as religious readings (Sulung and Asyura 2019; Dalmida et al. 2012; Grodensky et al. 2015; Metawe et al. 2016; Molzahn et al. 2012; Perez-Giraldo et al. 2012; World Health Organization 2003); religious support groups (Dalmida et al. 2012; Emlet et al. 2018; Hutson et al. 2018; Lockett et al. 2011; Ridge et al. 2008); intercessory prayers (Metawe et al. 2016; Von Wyngaard 2013); belonging to a religious community (Kremer et al. 2009; Lindayani et al. 2018; Ridge et al. 2008) or having spiritual support (Gomes et al. 2019; Da Cruz et al. 2017; Hussen et al. 2014; Hutson et al. 2018; Lee et al. 2014; Pinho et al. 2017b); visits from spiritual leaders (Lowther et al. 2018); religious chants (Metawe et al. 2016); religious TV programs (Grodensky et al. 2015); religious purification (Lee et al. 2014); use of holy water (Von Wyngaard 2013); drinks or medicines prepared by religious people (Hussen et al. 2014); religious rituals including baths of herbs and animal sacrifices (Perez-Giraldo et al. 2012); frequency of religious cults (Dalmida et al. 2012; Molzahn et al. 2012); religious experiences with veneration of ancestral spirits (Barney and Buckingham 2012); pastoral intervention of other traditional religious leaders or healers (Kwansa 2011); and religious believers (Mamana et al. 2009).

Other topics that referred to religiosity, and were also cited, were related to aspects of faith (Da Cruz et al. 2017; Hussen et al. 2014; Hutson et al. 2018; Ridge et al. 2008); previous beliefs (Lindayani et al. 2018; Pinho et al. 2017a; Dalmida et al. 2012; Molzahn et al. 2012); spiritual connection (Isoldi et al. 2019; Kremer et al. 2009; Lee et al. 2014; Selman et al. 2013); beliefs in biblical cure promises (Von Wyngaard 2013); faith in divine or spiritual cures (Caixeta et al. 2012; Espirito Santo et al. 2013; Ferreira et al. 2012; Löckenhoff et al. 2009; Perez et al. 2009; Ridge et al. 2008; Von Wyngaard 2013); belief in ancestral spirits (Von Wyngaard 2013); belief in God’s pardon (Molzahn et al. 2012); karma belief (Ferreira et al. 2012); divine intervention (Ferreira et al. 2012; Hodge and Roby 2010; Kwansa 2011; Pérez et al. 2009); belief in supreme divinity (Santos et al. 2019; Barney and Buckingham 2012; Peterson 2011); faith in spiritual reconciliation with the disease (Barney and Buckingham 2012); and a belief in the promise that they will be cured (Hodge and Roby 2010).

Appearing here as well, but less frequently, were practices such as the possession of devil spirits (Selman et al. 2013); spells and cures (Kwansa 2011); spiritual blessings and other spiritual practices (Ferreira et al. 2012); practices that lead to the return of power or of lost energy when ill (Rios et al. 2011); fortune-telling practices or clairvoyance; and the ingestion of miracle medicines (Ashforth 2011).
The social approach to SN were the second most cited by PLWHIV. They were defined as social support needs (Kang and Lee 2016; Löckenhoff et al. 2009; Metaweh et al. 2016; Peterson 2011; Ridge et al. 2008; Rios et al. 2011); sentimental relations (Lindayani et al. 2018; Molzahn et al. 2012; Peterson 2011); family relations (Lindayani et al. 2018; Molzahn et al. 2012; Ridge et al. 2008); emotional support staff (Emlet et al. 2018; Lowther et al. 2018); involvement in social activities (Selman et al. 2013); social support in religious groups (Peterson 2011; Ridge et al. 2008); spiritual support (Kremer et al. 2009); participation in cultural activities that give meaning to life and the disease (Ridge et al. 2008); and advice received from health professionals (Musheke et al. 2013).

Other mentioned approaches were existential needs, defined as being a reflection on the meaning of life (Emlet et al. 2018; Molzahn et al. 2012; Pinho et al. 2017b), the disease, death (Lindayani et al. 2018), life objectives (Molzahn et al. 2012), disease acceptance (Lindayani et al. 2018), spiritual matters (Neto, Vinicius Lino De Souza et al. 2019; Molzahn et al. 2012), and reflections that lead to a positive life view (Ridge et al. 2008).

The least frequently mentioned approach for SN were emotional needs, cited as meditation (Ashforth 2011; Büssing and Koenig 2010; Da Cruz et al. 2017; Engel 1977; Lowther et al. 2018; Metaweh et al. 2016; Perez-Giraldo et al. 2012; Selman et al. 2013; Sulmasy 2002); repairing the need of feeling abandoned (World Health Organization 2003); forgiveness (Lindayani et al. 2018); forgiveness due to a divine insult (Musheke et al. 2013); and the need to feel at peace (Barney and Buckingham 2012).

4. Discussion

The relationship between spirituality and health has hardly been studied over the last 30 years. Regarding PLWHIV, most of the papers have focused on the religious influence of clinical outcomes of disease, mental health, disease prevention, adhesion to treatment, etc., but spiritual needs, and their role for these people, have scarcely been studied.

It is worth remembering that “defining” spiritual needs is quite complex, because it involves several aspects, and their importance and meaning is attributed on an individual basis. There is no consensual definition of what it means. Murray’s definition is too broad and may not address the specificity of each patients group. The results in Table 1 showed that the spiritual needs for PLWHIV have a multidimensional comprehension, with a list of diverse elements and practices, which included prayers, meditations, social support, fortune-telling, or clairvoyance. It is worth noting that this multifaceted interpretation may be associated with cultural differences, objectives, and institutional resources, and with the methodological diversity among the studies included in this review. Even so, the lack of a clear and updated definition is a limitation for the study of SN.

If we add together all PLWHIV who participated in the included studies, we have 3571 people expressing their spiritual needs in several ways and cultures. This indicates that, even with the inclusion of R/S among those elements that contribute to the quality of life in PLWHIV, according to a proposal by the WHO in 2003, we may consider the difficulties of defining SN, and the extent to which this topic can be broader and more subjective in terms of quality of life in research and healthcare.

This review showed that in 43 studies, SN were linked to religious needs, with existential and emotional needs appearing in second place, with five studies each. Third, came social needs. Although none of the included studies had used the SpNQ, these results corroborate the suitability of Koenig and Büssing’s proposed approach to investigate spiritual needs for PLWHIV.

Even though HIV/AIDS is considered a chronic disease, previous studies of carriers of other chronic diseases showed different results when using Büssing and Koenig (2010) Spiritual Needs Questionnaire (SpNQ). In cancer patients in a secular society, this tool demonstrated that the need for donation and interior peace were stronger than religious needs (Büssing et al. 2013a). The same results are observed in fibromyalgia patients (Offenbaecher et al. 2013). In Chinese and Polish patients with chronic diseases, these exact needs were more frequent (Valente et al. 2013a, 2013b, 2015). In Brazilian PLWHIV,
religious and existential matters play a significant role in spiritual needs, as Valente et al. (2018) demonstrated. These findings may indicate differences in SN between different groups of chronic illnesses, which are measured by the SpNQ.

It was demonstrated that the repercussions of AIDS and HIV infections are physical, psychological, social (Reychler et al. 2013), and spiritual. The implications of the issues discussed in this review for practice in health services are related to the fact that attention to PLWHIV should not be restricted to meeting religious needs, as is done in most hospitals where humanized care is present. Even though they are more frequent in the results of this review, it is necessary to expand care to listen to these people’s emotional, existential, and social needs. The same goes for health policies aimed at this population.

The inclusion of SN in healthcare may be valuable for PLWHIV’s treatment, as it indicates how these people look for support to become stronger when facing the adversities imposed by the disease (Da Cruz et al. 2017), and how to improve the coexistence of these people with themselves and their disease.

The limitations of this review were the economic constraints that limited the inclusion of paid articles. Another limitation was not including non-peer reviewed articles, conference papers, legal databases, or public opinions. Future research may confirm these results, with more significant and broader themes up for consideration.

5. Conclusions

Through a systematic review, the present study aimed to uncover how PLWHIV approach their spiritual needs. Fifty-nine distinct definitions were identified and grouped into four main categories: religious needs, social needs, existential needs, and emotional needs, corroborating the adequacy of Koenig and Büsing’s spiritual needs dimensions, and the approach that is present in the SpNQ for the study of SN in different cultures.

Assessing the spirituality of different populations is essential for the subsequent elaboration of interventions related to this theme in health settings.

The study calls attention to the lack of a clear and updated definition for SN, the concept’s multidimensionality, and the cultural differences in the included papers. It reveals the need of each culture to research, and to find an adequate meaning of spirituality to cater to the spiritual needs of people undergoing healthcare, before setting health policies.

The study demonstrated the significance of being aware of such content for health professionals. Its possible association with therapeutic issues such as adhesion, social support, individual conflicts, and singularities that may help PLWHIV when confronting the disease, was also emphasized.

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