The Meaning and Perceived Value of Mind-Body Practices for People Living With HIV: A Qualitative Synthesis

Graeme Donald, BSc, RN, PgD*
Maggie Lawrence, MA (Hons), RGN, MSc, PhD
Karen Lorimer, BA (Hons), MPhil, PhD, PGCAP
Jacqui Stringer, RGN, BSc (Hons), DipHA, PhD
Paul Flowers, BA (Hons), PhD

Mind-body practices (MBPs) are a subset of complementary medicine that represents a selection of self-care activities that may promote the health of people living with HIV (PLWH). No synthesis of qualitative research in this context, which might inform service provision and research priorities, has yet been published. A systematic search of electronic databases was conducted, identifying papers exploring the experience of MBPs in PLWH. During thematic synthesis, all text under the headings "results" or "findings" was scanned line by line, and discrete, meaningful units of text were extracted as data items. Categories were identified, and second- and third-order constructs were developed. Concerns related to control and self-management appeared in the convergence of participants' worlds with the medical world and in being pragmatic about selecting MBPs and goal setting. The themes developed suggest a desire for more holistic and person-centered care, arguably marginalized as a result of effective antiretroviral therapy.

(Journal of the Association of Nurses in AIDS Care, 26, *660-672*) *Copyright © 2015 Association of Nurses in AIDS Care*

Key words: *complementary medicine, HIV, mind-body medicine, person-centered care, qualitative synthesis*

Since the turn of the century, the adoption of patient and public involvement in delivery and research of services has been a significant driver in guiding United Kingdom health care policy (Department of Health, 1999; 2005; Scottish Government, 2010). Furthermore, the Health and Social Care Act (United Kingdom Government, 2012) made it incumbent upon the commissioners of health services in England to promote and encourage the integration of person-centered care. This concept has been defined as (a) exploring both disease and the illness experience, (b) understanding the whole person, (c) finding common ground regarding management, (d) incorporating prevention and health promotion, and (e) enhancing the provider–patient relationship (Little et al., 2001;

*Graeme Donald, BSc, RN, PgD, is a PhD student/Nurse Therapist, Glasgow Caledonian University, Glasgow, UK. (*Correspondence to: graeme.donald@gcu.ac.uk). Maggie Lawrence, MA (Hons), RGN, MSc, PhD, is a Senior Research Fellow, Glasgow Caledonian University, Glasgow, UK. Karen Lorimer, BA (Hons), MPhil, PhD, PGCAP, is a Senior Research Fellow, Glasgow Caledonian University, Glasgow, UK. Jacqui Stringer, RGN, BSc (Hons), DipHA, PhD, is Clinical Lead, Supportive Care Services, The Christie NHS Foundation Trust, Manchester, UK. Paul Flowers, BA (Hons), PhD, is Professor of Sexual Health Psychology, Glasgow Caledonian University, Glasgow, UK.*

http://dx.doi.org/10.1016/j.jana.2014.11.010
Copyright © 2015 Association of Nurses in AIDS Care

Stewart et al., 2003). Kennedy (2003), chair of the Bristol Heart Inquiry, argued that, although physicians were experts in clinical matters, patients were the experts in their own experiences and feelings and that, consequently, person-centered care could be facilitated by each party recognizing the expertise of the other. It has been shown that good relations with their practitioners and involvement in care planning are valued by people living with HIV (PLWH; Davis-Michaud, Yurk, Lansky, Asch & Wu, 2004), and that feelings of being "known as a person" were positively associated with adherence to antiretroviral therapy (ART; Beach, Keruly & Moore, 2006).

Di Sarsina, Alivia, and Guadagni (2013) posited that complementary and alternative medicine (CAM) represented an important component in developing the model of person-centered care. This family of interventions, which includes practices such as meditation and hypnotherapy, has been frequently used by PLWH. Systematic review has demonstrated that lifetime CAM use in this population has ranged from 30% to 90% and that, within the previous 6–12 months, 15%–100% of PLWH had accessed a CAM intervention (Lorenc & Robinson, 2013). Prevalence and predictors of CAM use in PLWH have been heavily researched (Agnoletto, Chiaffarino, Nasta, Rossi, & Parazzini, 2006; Gore-Felton et al., 2003; Owen-Smith, McCarty, Hankerson-Dyson & DiClemente, 2012; Tsao, Dobalian, Myers, & Zeltzer, 2005), so much so that Standish & Banks (2006) criticized the volume of this type of research, in light of the relatively few clinical trials in the HIV CAM field. The results of systematic reviews seem to validate this, demonstrating insufficient evidence to direct practice (Hoogbruin, 2011; Mills, Wu, & Ernst, 2005).

CAM, as a group of interventions, spans a range of methods outside of the medical paradigm. Because of the theorized link between mind, body, and behavior (National Center for Complementary and Alternative Medicine, 2013) and their potential to promote healthy behavior and attitudes, Mind Body Practices (MBPs), as a subset of CAM, are the focus of our synthesis. MBPs are defined as "a large and diverse group of techniques administered or taught by a trained practitioner or teacher" (National Center for Complementary and Alternative Medicine, 2014, p. 1) and include interventions such as acupuncture, meditation, massage, movement therapies, relaxation techniques, and spinal manipulation.

The inclusion of qualitative research has been used to inform the development of person-centered care in other fields of medicine including cancer, fertility, and stroke (Dancet et al., 2011; Kvale & Bondevik, 2008; Lawrence & Kinn, 2011). Explorations of the meaning and experiences of CAM use by PLWH potentially feed into Stewart et al.'s (2003) model. To date, however, no attempts have been made to synthesize these papers, the result of which would be useful in informing service provision and research priorities. The aim of our project was to synthesize qualitative research that has explored the meaning and perceived value that PLWH associate with MBPs.

Methods

We followed reporting guidelines for qualitative reviewing – the ENhancing Transparency in REporting the synthesis of Qualitative research (ENTREQ) statement (Tong, Flemming, McInnes, Oliver, & Craig, 2012). The ENTREQ statement was developed by drawing on the literature and the authors' experiences in publishing, reviewing, and teaching the qualitative synthesis of health research. The authors piloted their original framework against 32 relevant papers before adapting it and validating the revised version against another eight syntheses. It was intended to be an equivalent to the PRISMA statement (Liberati et al., 2009), adopted to improve the reporting of reviews of experimental studies. The ENTREQ statement consists of 21 items covering seven domains: introduction, methods and methodology, literature search and selection, appraisal, and synthesis of findings.

Sourcing Articles

Potential papers were identified by systematically searching MEDLINE, EMBASE, AMED, CINAHL, and PsycINFO from January 1998 to January 2014, representing the post-ART era. Prior to the availability of ART, PLWH accessed complementary interventions primarily because there were no effective HIV treatments (Canadian AIDS Treatment Information Exchange, 2004). Therefore, the meaning and

Download English Version:

https://daneshyari.com/en/article/2658945

Download Persian Version:

https://daneshyari.com/article/2658945

Daneshyari.com