



Coping With Stress Strategies in HIV-infected Iranian Patients

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Stress has significant adverse impacts on health outcomes of HIV-infected patients. Our study explored coping with stress strategies by HIV-infected Iranian patients. A qualitative content analysis study was conducted at the Consultation Clinic of HIV at the Imam Khomeini Hospital in Tehran, Iran in 2012. Twenty-six semi-structured in-depth interviews were done. Participants were asked about coping strategies for stress. After the first interview, continuous analysis of data was started and continued up to data saturation. Results showed that participants used two categories of strategies (emotion-based coping and problem-based coping) to cope with stress. Emotion-based coping had two sub-themes: adaptive and maladaptive. The problem-based coping category had three sub-themes: participation in education sessions, adherence to medication, and efforts to maintain a healthy lifestyle. Explanations of different strategies available to HIV-infected patients to cope with stress may help develop tailored interventions to improve the psychological conditions of people living with HIV.

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HIV infection is a global health challenge. According to the Joint United Nations Programme on HIV/AIDS, in 2011 about 34 million people were living with HIV around the world (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2010).

Background

HIV Infection Situation and Risk Groups in Iran

In 2010, 23,497 HIV-infected patients had been identified in Iran. About 46.4% of HIV cases have been reported in young people ages 25 to 34 years (UNAIDS, 2010). Injection drug use has been the most important factor influencing the HIV epidemic in Iran. The prevalence of HIV in the general Iranian population is low; however, it is high in some sub-groups such as prisoners, injecting drug users, female sex workers, and sex partners of injecting drug users; the role of sexual transmission in the spread of HIV (especially by female sex workers) has expanded in Iran. Given that Iran is in the concentrated phase of the HIV epidemic, effective countermeasures are needed to prevent the epidemic from spreading in the general population.

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HIV Infection Prevention and Control Strategies in Iran

Various prevention and treatment strategies are being implemented in Iran. These include needle and syringe use programs; drug maintenance treatment; education programs to prevent sexual transmission of HIV; voluntary counseling and testing; prevention of mother-to-child transmission; vaccination, prevention, and treatment of opportunistic infections (National AIDS Committee Secretariat, Ministry of Health and Medical Education of Iran, 2014).

HIV Treatment in Iran

In Iran, high levels of HIV-related social discrimination and stigma lead to limited access of the population at risk to therapeutic interventions. For example, the number of people who needed antiretroviral therapy was estimated at 35,255 in 2011, but only 2,752 (684 female and 2,068 male) actually received antiretroviral therapy in that year (National AIDS Committee Secretariat, Ministry of Health and Medical Education of Iran, 2014).

Addressing the Problem

HIV-related stresses. HIV-infected Iranian patients fear stigma, discrimination, and rejection by their families; they also feel insecure about losing their jobs, shelters, and relationships, and they seem to have experienced more psychological problems and tensions after being diagnosed with HIV (Mohammadpour, Yekta, Nasrabadi, & Mohraz, 2009; Seyed Alinaghi et al., 2013). These stressors may lead patients to deny their disease (Moneyham et al., 1998).

Strategies to cope with HIV-related stress. Individuals living with HIV use different strategies to cope with stress (Orban et al., 2010). Coping may involve both emotion-focused and problem-focused coping. Emotion-focused coping is an individual response that focuses on managing emotional responses to a stressful event, whereas problem-based coping is an individual response that focuses on changing problematic aspects of a stressful event. Although all types of coping strategies are likely to

be used in stressful encounters (Lazarus, 1990), effectiveness of these strategies will be associated with the ability to control the event (Kendall & Terry, 2008). Maladaptive coping occurs when people primarily respond to relatively uncontrollable stressors through problem-focused coping strategies, or when people primarily respond to controllable stressors through emotion-focused coping strategies (Strentz & Auerbach 1988; Vitaliano, DeWolfe, Maiuro, Russo, & Katon, 1990). In other words, they use methods that are not productive for the type of stressor experienced. Adaptive coping refers to situations in which there is a fit between the perceived controllability of the stressful event and the coping strategy choice (i.e., emotion-focused vs. problem-focused). When people gain a fit between stressful events and coping strategies, they experience fewer psychological symptoms than when there is a lack of fit (Park, Folkman, & Bostrom, 2001).

No current research shows the frequency of using adaptive and/or maladaptive strategies by HIV-infected patients to cope with HIV-related stress. Through identification of strategies used and educating patients as to what those strategies are, we can help patients use more adaptive strategies and fewer maladaptive strategies in order to better deal with disease-related stress throughout their lives. Therefore, the objective of our study was to explore strategies that HIV-infected Iranian patients employed to cope with HIV-related stresses using a qualitative content analysis design.

Methods

We used a qualitative content analysis design (conventional method) to analyze experiences of HIV-infected Iranian patients regarding the strategies they used to cope with stress.

Study Participants

Participants in our study were recruited through purposive sampling (maximum variation method) at the Consultation Clinic of HIV at the Imam Khomeini Hospital in Tehran, Iran, between March 2012 and June 2012. Selection criteria for the study were: (a) patients who agreed to participate and were

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