The Role of Faith-Based Organizations in the Education, Support, and Services for Persons Living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

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KEYWORDS

• HIV/AIDS • Resilience • Faith • Spiritual care • Social support

KEY POINTS

- HIV infection is a chronic health condition.
- Resilience is developed at any stage of life to help buffer the effects of stress and adversity.
- Faith and social support are key protective factors that can enhance an individual's personal resilience.
- Faith-based organizations are in a unique position to promote resilience in patients living with HIV/AIDS to buffer the effects of stress and adversity and to promote enhanced well-being.

INTRODUCTION

Individuals identified as resilient are known to possess certain protective factors that contribute to their ability to buffer the effects of stress and adversity. These protective factors are internal and external influences, and often include faith and spirituality. As the concept of resilience has evolved, it has been learned that it is something that is learned at any stage of life, leading to enhanced well-being and effective coping.[1–7]

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Intentional efforts by faith-based organizations (FBO) to incorporate resilience-enhancing strategies for persons living with human immunodeficiency virus/AIDS (PLWHA) may effectively meet multiple needs of the individuals while simultaneously increasing their abilities to cope with future challenges, stressors, and transitions.

HIV-infected individuals now have a greater chance of living longer, because of advances in treatment, especially the use of antiretroviral treatments.[8] FBO are in a unique position to offer cost-effective community resources that lead to enhanced resilience and increased quality of life for the individual living with this diagnosis. FBO may provide important social and emotional connections that may lead to reduced anxiety and depression and improve cognitive and emotional function.[9] Additionally, faith and spirituality have been found to have a positive effect on the neurobiologic effects of stress. Decreased cortisol levels indicating a reduced allostatic load or reduced neuroendocrine consequence of stress have been shown in individuals who regularly attend church services, participate in prayer and Bible studies, and have higher levels of forgiveness toward perceived transgressions.[8–11] This article explores efforts by selected FBO to provide education, support, and services for PLWHA. Barriers, facilitators, and recommendations are discussed to encourage other FBO to begin addressing the needs of PLWHA as a natural progression of their ministries.

RESILIENCE

Resilient individuals have been described as those who not only survive, but also thrive following periods of stress and/or adversity.[1–3] As the concept has been further developed over the past few years and applied to multiple contexts, many researchers now agree that an individual may learn to develop or enhance his or her own resilience at any time in their lifetime.[1–7] Stephens[1] used the Norris' method of concept clarification to define nursing student resilience as "an individualized process of development that occurs through the use of personal protective factors to successfully navigate perceived stress and adversities. Cumulative successes lead to enhanced coping/adaptive abilities and well-being." Although resilience has most often been associated with periods of disaster or traumatic events, some researchers are beginning to explore the concept in healthy, well-adjusted individuals, particularly those experiencing life changes and/or transitions.[1,2,5,7,12] For these individuals, the concept of resilience is believed to help with everyday stressors and challenges, and the larger traumatic events most often explored in resilience literature.[12] The development of resilience assists individuals to better cope with everyday challenges, chronic illnesses, and life transitions and better prepare them for future stressors and possible adversity.[1,12]

Stephens' Model of Resilience (**Fig. 1**) includes five primary components: (1) perceived adversity, (2) protective factors, (3) interventions to increase protective factors, (4) cumulative successes, and (5) enhanced adaptive/coping abilities and well-being. Adversity and/or stress is perceived and processed by the individual based on previous experiences and current adaptive/coping abilities, which may be immature depending on the emotional development stage.[1] Protective factors are personal characteristics often found in individuals described as being resilient. Stephens' model proposes individuals are better equipped to manage stress and adversity as they learn to identify and enhance their personal protective factors. Cumulative successes lead to increased resilience and enhanced well-being.[1]

Interventions to increase an individual's protective factors can include formal educational programs and/or informal efforts, such as mentoring or personal