loneliness, quality of life, and hardiness among HIV+ /AIDS older farmers in China

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Outline

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Background

• In Central China in the mid 1990s;
• Plasma donation was promoted by collectors;
• The poor, rural farmers were targets;
• To supplement meager income and improve family lifestyle.
Purpose

• Explore loneliness, quality of life, and health-related hardiness among HIV+/AIDS older (49-67) farmers in China.
Need to Assess

• In 2013 summer, health workers (led by Drs. Wang) decided to develop a research project to assess the presence of loneliness, quality of life, and health hardiness among the HIV+/AIDS of older farmers in Central China.
Design

• A cross-sectional survey of HIV+/AIDS older farmers was conducted in Hubei, China.

• The IRB affiliated with the Association of Preventive Medicine of China approved the study.
Instruments

Four questionnaires to collect quantitative data:

• Demographic
• Loneliness
• Quality of life
• Health-related hardiness
Socio demographics

64 (age 49-67) HIV+ /AIDS Participants

- From 5 townships
- Gender: 36 males and 28 female
- Marital Status: 48 married, 5 unmarried, 11 divorced or separated
- Education: 16 have middle school education; one has a high school, 14 have no education; 32 have primary school education; only one has a college education
- Annual Income: from 0 to 40,000 Chinese Yen in 46 participants, while some stated family members helped them with finances
Routes of Infection

Selling Blood by IV = 43
Return Transfusion = 15
Sexual Contact = 4
Unknown = 2
Results

• Those who lived in more developed areas are shown to have a higher quality of life (mean = 80.7, p < 0.01) and higher health-related hardiness (mean: 134.9, p < 0.00.)

• Those with higher education have higher hardiness than those who have no education (mean = 134.5, p < 0.008)
Results

• Married farmers showed less loneliness (77.08, p < 0.018) and higher hardiness (mean = 125.1, P< 0.038)

• Those with higher income showed higher quality of life (mean = 77.0, p < 0.013)

• Having family members care for them are related to less loneliness (mean = 77.02, p < 0.012)
Themes Gleaned from Interviews

- Love, care, share food, voicing concern, and empathy
- “Medication is delivered to patients on time” however, in wintertime in heavy snow, delivering medicine is challenging
- Farmers share the burden of taking turns to send the medicine via several trips to the patients
- Nurses, doctors and other health care workers said “we did it, despite the weather and lack of help.”
Limitations

• Small number of participants
• Not generalizable to all farmers in China who are HIV+/AIDS;
• Some important concepts could have been lost in translation.
Implications

• Nursing care that integrates cultural diversity, evidence-based practice specifically in the area of hardiness and resilience is needed to understand why not all farmers responded in the same way to their HIV+/AIDS status;

• The Chinese philosophy of “It is better to have a difficult life than a good death” mirrors the concepts and ingredients of hardiness and resilience in that the Chinese philosophy taught the Chinese to be hardy and resilient.
Conclusions

• Resilience is bending without breaking

• Resilient individuals are capable of adjusting and coping successfully in the face of adversity

• Resilient individuals are to effectively and successfully use social support resources to prevent the escalation of such adversity

• Studies show resilience is a protective factor and that it could be developed in individuals; however, it can also be depleted through repeated unabated or unresolved stress, anxiety, or assault and lack of social support.
Questions??

• Next Steps? Explore the utility of imparting resilience or hardiness among older farmers in China;
• Follow-up as participants grow older?
• Is resilience or hardiness learned or are we born with it?
• Can resilience be improved?