

Public Abstract

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Department:Nursing

Degree:PhD

Title:A MIXED METHODS STUDY OF PERCEIVED SOCIAL SUPPORT
BASED ON THE MEDICAL OUTCOMES STUDY
SOCIAL SUPPORT SURVEY IN ADULTS WITH REPEATED CHALLENGES
WITH HIV MEDICATION ADHERENCE

Introduction:

Numerous research studies in the HIV literature have documented social support as a key factor influencing adherence to antiretroviral therapy (ART). This is one of only a few studies to examine perceived social support among adults living with HIV who have had repeated challenges with medication adherence.

Purpose:

The purpose of this study is to (1) better understand how adults living with HIV who have experienced repeated challenges with HIV medication adherence describe perceived social support in relationship to medication adherence; and (2) to determine whether self-reported total social support or the dimensions of social support described by the MOS-SSS varied by demographic and health variables (i.e. age, gender, race/ethnicity, education, length of time living with HIV, and number of previous HIV medication regimens).

Methods:

A secondary analysis of quantitative and qualitative data from two intervention studies was conducted using a mixed methods design. Qualitative field notes from parent studies were analyzed using content analysis. Correlation testing, factorial analysis of variance (ANOVA) and regression analyses were completed from the Medical Outcomes Social Support Survey (MOS-SSS) data and a self-report demographic and health survey.

Results:

Two overarching themes were associated with the lack of social support: extreme isolation and constant turmoil. Subthemes, included loneliness, structural vulnerability, and emotional distress. Overall social support was low in this vulnerable group, especially when compared to the general population and to adults living with other chronic health conditions. Strong correlations existed between all social support subscales of the Medical Outcomes Study Social Support Survey (MOS-SSS). The strongest positive correlation was found between affectionate support and positive social interaction ($r = .870$, $p = < .0001$). No significant variation was found between self-reported overall social support or subscale scores based on age or health variables.

Recommendations for Practice:

These data suggest that participants who frequently self-reported a lack of persons to spend time with socially often lacked positive, supportive relationships in their lives. Convergent qualitative data excerpts corresponded with low quantitative social support scores in every dimension, confirming that adults living with HIV who repeatedly struggle with taking life-long HIV medications have need for social support intervention in many areas of their lives.