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An Examination of the Organizational, Social and Psychological Climate for Individuals Infected with or Affected by HIV/AIDS

Rashone Scott-Williams
Buffalo State College

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infected with or affected by HIV/AIDS.

by

Rashone Scott-Williams

An Abstract of a Project
in
Creative Studies

Submitted in Partial Fulfillment
of the Requirements
for the Degree of
Master of Science

December 2009

Buffalo State College
State University of New York
Department of Creative Studies

ABSTRACT OF PROJECT

An examination of the organizational, social and psychological climate for individuals infected with or affected by HIV/AIDS.

Enclosed is an identification of the organizational (household), social (family, spouse, friends, church, etc.) and psychological (mental health, thoughts, feelings etc.) press/environment effecting individuals diagnosed with the virus or disease.

This project examines and applies the elements of Ekvall's 10 dimensions of a creative environment for women who are infected with or affected by HIV/AIDS; the results are reflected in a *Creative Climate Survey*. The participants of the survey were anonymous and voluntary. The survey was distributed throughout an entire month to a group of eighteen women attending a HIV/AIDS support group. The results indicate that at least half of the participants are not currently experiencing three or more of Ekvall's ten creative climate dimensions within their household.

Interviews were used as an additional tool for examining the social and psychological press/environment effecting individuals with a HIV/AIDS diagnosis.

Date

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Project Advisor

Student

Dedication

This research study is dedicated to those dealing with the diagnosis of HIV/AIDS and to all of the people working with those individuals. For all the mothers, fathers, sisters, brothers, aunts and uncles caring and advocating for their family members, you are not forgotten.

Personally, I do not think this topic is discussed openly and honestly in the United States. I frequently hear Americans speaking about bringing more awareness for stopping the AIDS epidemic in Africa and not within our boundaries; rather we look to other continent's health care situations and criticize.

I hope to bring awareness and attention to this unspoken epidemic in the United States for the next generation of graduate students studying at the International Center for Studies in Creativity. It is going to be our responsibility to find new and creative ideas to conquer this societal problem.

A special dedication is to the wonderful professors and scholars located at Buffalo State College because Creativity is needed in all areas to open the hearts and the minds of others to think differently about HIV/AIDS and, most of all, defer judgment.

I would like to especially thank my family who have stood by me throughout the Master's Degree Program, my husband Lonnell M. Williams has given me the inspiration to always move forward and also to my son Anthony, he has given me hope for the Creative future of our country because he continues to question "Why Not"?

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Close your eyes and relax your entire body. I want you to remember how it felt when you were nineteen years old. Think about those teenage games you used to play with your friends; the clothes you used to wear; laughing at silly or not-so-silly jokes; giggling at boys passing by; jumping from boyfriend to boyfriend or girlfriend to girlfriend; experimenting with drugs and alcohol without thinking too much about life's consequences for your behavior. Now, one day you go to the doctor for a regular screening and he or she provides you with a ten or twenty-minute voluntary Rapid HIV test. After waiting the allotted time, the doctor comes back and reveals to you that you are HIV positive (+). Can you imagine how it sounds to hear those words "You are HIV positive"?

I wanted to begin by using a creativity skill called *visualization*, which is described by scholars, such as Davis (2004), as having the creative ability to draw on images from the mind, generating images by using biological senses to force a connection with the given situation. Gloubernan (1989) suggests that the imagination is the first language a child actually learns. She utilizes imagery tools such as visualization and personal myths that influence personal situations.

Any diagnosis can become a challenge for anyone to bear alone and, like all challenges; it is going to take creative ideas and measures to help conquer it. Think about these two questions "How might you feel if you were diagnosed HIV positive?" "In what ways might a secure environment make you feel concerning your diagnosis?"

Each year on December 1st agencies across the nation participate in World AIDS Day, the objective for this day is to provide access and availability for both anonymous and confidential HIV/AIDS testing.

This topic is intended to provide insight for all individuals, groups and communities who are committed to advocating and participating in the challenges endured by individuals who are infected with or affected by a life changing diagnosis. I would like to reveal how the application of Ekvall's ten dimensions of a creative climate might impact the lives of women living with HIV/AIDS in residential settings. I visualize a home where individuals can feel comfortable and safe while discussing their diagnosis.

Included is a brief overview: the definitions for HIV and AIDS; differences between HIV and AIDS; the transmission of HIV/AIDS; information and statistics on who

is becoming infected with HIV/AIDS and answering the question, “Are people living with HIV/AIDS?” In Addition, there is an adapted analysis of Ekvall’s Ten Creative Climate Dimensions and a personally-developed Creative Climate Survey. To obtain a better understanding of the psychological emotions of individual participants, interview inquires were developed.

What is HIV/AIDS?

According to the *HIV Positive Magazine* (2006), Human Immunodeficiency Virus is HIV, Acquired Immunodeficiency Syndrome is AIDS. June 1981 was when the first known cases were reported by doctors in Los Angeles. The virus/disease continued to spread across the world, without any effective treatment plan, and no way to stop people from dying.

In June 1996, a Vancouver doctor by the name of Norbert Bischofberger, did research at Gilead Sciences that suggested that individuals diagnosed with HIV can live indefinitely and the virus could be treated as a chronic disease if the person maintained a triple, daily anti-viral regimen.

HIV Plus Magazine (2006), published an announcement by Gilead Sciences and Bristol-Myers Squibb stating that the Food and Drug Administration had “Approved a once a day full antiretroviral regimen called *Atripla*. Consumers who previously took several pills daily at the same time of day should only need this single-pill; as a result, it should reduce the chances of them missing a dose” (p. 6).

What is the difference between HIV/AIDS?

HIV Positive Magazine (2006), explained that “HIV is the virus which attacks and tries to kill important immune cells which help fight off diseases called CD4-T cells, if the cells are attacked and killed, it causes AIDS. An HIV positive person’s T-cell count can not go below 200 cells per cubic milliliter of blood or a person begins to suffer from infections that normally would not kill them, such as colds or pneumonia” (p.17).

How is HIV/AIDS transmitted?

The Department of Health's Center for Disease Control and Prevention (1999), report describes that HIV is spread by having sexual contact with a person who is already infected with HIV/AIDS; sharing syringes or equipment with someone who is infected with the virus; blood transfusions (which has become a reduced factor for contracting the virus because blood labs test for contamination); and from mother to child, newborns can contract the disease from vaginal birth or through an infected mother's breast milk" (p.1).

Who is becoming infected with HIV/AIDS?

On November 2006, it was reported by the *Final Call Newspaper*, that each year. "There are approximately 40,000 newly diagnosed HIV infected cases" (p.23).

The CDC 2004, *estimated numbers of persons living with AIDS at the end of 2004, by race ethnicity, sex and transmission category-US*, reported that there are over 415,000 people living with a HIV/AIDS diagnosis and half are African American. Unfortunately, this number is disproportionately high; African Americans account for only 12% of the total United States population. The largest estimated percentages of HIV/AIDS diagnosis were for men who have sex with men (MSM).

Are women becoming infected with HIV/AIDS?

Most of us have heard or read about men becoming infected with HIV/AIDS. Unfortunately, the HIV/AIDS epidemic has affected or infected more women than what has previously been reported to the public. *Webster's Ninth New Collegiate Dictionary* 1989, describes the word *epidemic* is defined as "Affecting or tending to affect many individuals within a population or community which spreads sudden and rapidly" (p. 418).

The CDC 2006, *HIV/AIDS Fact sheet, A glance at the AIDS epidemic* has reported that there has been a decrease in AIDS related deaths since the 1900's but the estimated proportion of AIDS diagnosed cases has more than tripled, from 8% in 1985 to 27% in 2004. It also stated that the gap between men becoming infected more than women is shrinking; furthermore, evidence has shown that women of color (African

American and Hispanic), in 2004, accounted for a depressing 80% of all women living with HIV/AIDS. African American women made up 64% of this overall total.

The CDC (2004), Table #22. *Reported cases of HIV infection (not AIDS) for female adults and adolescents, by transmission category and race/ethnicity, cumulative through 2004-42 areas with confidential name-based HIV infection reporting* provided a break down of women diagnosed with HIV through heterosexual contact by ethnicity is estimated as such; 670 Whites; 2,358 Black/African Americans; 1,003 Hispanics; 30 Asian/Pacific Islanders and 17 American Indian/Alaska Native (p.1).

The CDC (2006), *HIV Overview*, provides some insight for some women's lack of medical care; the cause may be due to an inability to pay for it or the co-payments and the lack of transportation to and from appointments. They also have the additional responsibility of caring for other people's children or finding daycare for their own children.

Additional suggestions reveal that women are more susceptible to HIV/AIDS through heterosexual intercourse through large amounts of vaginal secretion, blood, and seminal fluids, exchanged with an HIV positive (+) person; which, in laymen's terms, means contracting HIV/AIDS by engaging in sexual intercourse without using a protective barrier, such as a condom.

Several women in my family find it difficult to focus on themselves, specifically regarding their health and emotional needs. I can remember conversations, speaking with family and friends. They would say that they did not use condoms during sex – not considering the potential for contracting an STD or HIV. Some say they find it difficult to talk with their partners about protective sexual behaviors.

I believe more initiatives should focus on empowerment regarding the overall health of women because women who are diagnosed with HIV or any other illness are still the primary care givers of the families.

Are children becoming infected with HIV/AIDS?

Yes, according to the CDC Table #11. *Estimated numbers of persons living with AIDS at the end of 2004, by race/ethnicity, sex, and transmission category-United States* is 508 Whites; 2,4435 Blacks; 809 Hispanics; 16 Asian Pacific Islanders and 14

American Indian/Alaska Native. The total number of prenatal children diagnosed with HIV/AIDS is approximately 3,797. According to the CDC report, the highest prenatal HIV/AIDS transmission suggests that the majority of these children contracted the disease from their parents.

Can people live with HIV? Is HIV infection a death sentence?

According to *HIV Positive Magazine* (2006), people can live with HIV for years without the disease progressing to AIDS. HIV is not a death sentence. In 1996, opinions changed about the illness when doctors found an easier and more effective way of using combinations of medications to fight against the HIV virus which may lead to AIDS.

Now that we know that people can live with HIV for a number of years without it progressing to full-blown AIDS, let us examine how might a creative climate impact women living with HIV/AIDS in their households?

Literature Review

Ekvall, (1971), *Creativity at the Workplace. A Study of Suggestors & Suggestions: a System in the Swedish Medical Industry*, provides insight regarding this organizational researcher. Ekvall, a professor of organizational psychology, at the University of Lund, Sweden, conducted years of research. In the 1980's he developed a *Creative Climate Questionnaire*, which measure (10) dimensions of a climate conducive to creativity. The dimensions are listed below. *Creativity at the Workplace* (1971) suggests that individuals within organizations possess their own motives for providing suggestions to improve business productivity. Most importantly, it is the organizational climate which sets the tone for the frequency of those suggestions and new ideas.

I am going to tie the previous topic of organizational climate to a climate effecting women infected with or affected by HIV/AIDS in their households.

Lauer (1994), indicated through research that some of these (10) dimensions may correlate or overlap and may need some adapting. The dimensions do not have to follow any specific sequence or order; they can interchangeable. The high's and low's for implementation are analyzed and discussed in Puccio, Murdock and Mance (2007), *Creative Leadership, Skills That Drive Change*, the authors provide insight for implementation by analyzing and examining each dimension.

According to the Creative Problem Solving Group (1998), recognizing and understanding the best and worst conditions for change and creativity within an organization is imperative in determining its success or failure. The authors describe what is meant by climate within an organization. It is defined individually as how employees mentally feel about their jobs; are they motivated? When the employee's attitudes and beliefs about working are analyzed, as a collective group, organizational climate can be best understood.

Dr. Cheswick (1999), *Emotional Illness and Creativity: A Psychoanalytic and Phenomenological Study*, examines emotional illness and Creativity. He focuses on a particular question, "What does Creativity create"? He answers this question by focusing on the "Truth" through art. He suggests that "Art is used to translate, express, represent and interpret true reflections of one's environment" (p. 6).

I am reminded of an article written by Kai Wright (2007) entitled, *Stigma, Distrust, Fear*, it speaks primarily about the African American population regarding an HIV/AIDS diagnosis and seeking treatment. The article may provide some insight as to why this population in particular is more suspicious of this virus and disease. She first explains that African Americans die more frequently from this diagnosis than any other race, due to distrust and fear of treatment and providers. The article goes on to explain that on a (2005), RAND Corp. survey, half of the African-American respondents said they believe that "An AIDS cure is deliberately being withheld from poor people and that a lot of information is being hidden from the public". It goes on to say that "More than a quarter of African Americans believed "AIDS was produced in a government laboratory", and 16% said it was made to control the black population".

In my opinion, challenges to treatment for HIV/AIDS in the African-American community are based on the knowledge of the historical and tragic "Tuskegee Experiment." My opinion is supported in the article by Dallas intern, Keith Rawlings. He reveals that more patients are entering doctors offices asking about the "Tuskegee Experiment" which is a syphilis study involving black men in Alabama. Some African American patients believe that black men were deliberately injected with the syphilis but government researchers withheld treatment from men who were already infected, in order to study its progression on the body (p.32).

More creative ideas are needed to break the barriers for individuals with HIV/AIDS. I would like to break the pattern of silence and stigma. To solve this problem, we, as a society, have to adapt and challenge ourselves to become more knowledgeable about this virus and disease.

On the following page, I have translated Ekvall's ten creative climate dimensions into an HIV/AIDS realm.

Ekvall's (1987) Ten Creative Climate Dimensions

1. **Dynamism & Liveliness-** Individuals with HIV/AIDS may feel at peace with their diagnosis, acquiring a daily routine regarding their medication regimen and social life.
2. **Trust & Openness-** Individuals with HIV/AIDS may have a safe secure creative environment to share their concerns about what works and what does not work. These dimensions may also provide a safety net for dealing with disclosure of diagnosis with family members and friends.
3. **Idea Time-** Individuals with HIV/AIDS may want to use unplanned time to share feelings about new medications, discuss different ideas, provide suggestions and emotional support etc.
4. **Playfulness & Humor-** Individuals with HIV/AIDS may want to use playfulness and humor throughout their daily routines.
5. **Idea Support-** Individuals with HIV/AIDS may share new ideas; provide idea support and development.
6. **Debate-** Individuals with HIV/AIDS may engage in active listening; debate over preferred doctors, antiviral regimens, and learn positive communication techniques.
7. **Risk Taking-** Individuals with HIV/AIDS may engage in safe and healthy risk taking opportunities for example, becoming a HIV/AIDS spokesperson or advocate for testing.
8. **Conflicts-** Individuals with HIV/AIDS may experience conflicting emotions and thoughts about their diagnosis and would need an environment to express his or her self.
9. **Challenge-** Individuals with HIV/AIDS may find acceptance with their challenges; they may find meaning and purpose with dealing with their diagnosis.
10. **Freedom-** Individuals with HIV/AIDS may want an environment where people can freely discuss information, problems, feelings and alternatives regarding their diagnosis.

Creative Climate Survey

To obtain a better understanding of these dimensions in this context, I designed and developed a *Creative Climate Survey* for anonymous and voluntary women; the purpose was to obtain data information about participant's feelings concerning their current living conditions.

On the next page is a sample size copy of the Creative Climate Survey, which includes divergent questions, asking participants of a weekly women's group members of whom are infected with HIV/AIDS to evaluate and respond to specific creative climate dimensions.

Creative Climate Survey Sample

This survey is for women only. The purpose is to obtain data from anonymous, voluntary participant's regarding their feelings about their current living conditions by having them circle the appropriate answer.

Select only One response

- A. Are you currently living in residential housing; group shelter or other? _____
- B. What is your ethnic background? _____
- C. What is your age? _____
- D. Do you have any children? Yes or No; if yes how many _____

1. Strongly Agree 2. Agree 3. Disagree 4. Strongly disagree and 5. Not at all

Within your household:

1. Do you feel that you are encouraged to pursue your dreams, goals or ambitions? Ans. # _____
2. Are ideas and opinions discussed with other people without fear or retribution? Ans.# _____
3. Do you have time to come up with new ideas to improve or better your life? Ans.# _____
4. Are playfulness and humor encouraged? Ans.# _____
5. Are your ideas or thoughts supported or encouraged? Ans. # _____
6. Do you exchange your thoughts or ideas with others to obtain different viewpoints? Ans. # _____
7. Are you encouraged to look for better opportunities that would improve your life? Ans. # _____
8. Do you receive support dealing with personal or emotional situations? Ans. ____
9. Are you encouraged to have energy and motivation over decisions and challenges? Ans.# _____
10. Do you have freedom to pursue opportunities? Ans.# _____

Method

During a four-week cycle eighteen women participated in a support group, to discuss topics such as, *HIV in Women; Sharing Emotions; Express Yourself; and Understanding Your Diagnosis*. These women were asked to both anonymously and voluntarily complete a Creative Climate survey, which asked divergent questions pertaining to their feelings about Ekvall's ten creative climate dimensions in their household environments.

Survey #1

Initially, the first group did not receive a detailed version of the pilot-survey; it did not have a Likert Scale nor did I ask any demographic data, however, after meeting with my colleagues and gaining feedback, I then developed a more detailed survey that would extract more information for clarification, therefore, I did not proceed with Survey #1.

Survey #2

This survey included demographic data by asking participants four main questions on the Creative Climate Survey. The four questions were regarding the participants current housing situations; age, ethnicity and number of children.

The overall participants included ten African American/Black; three Caucasian/White and five Hispanic/Latinos. Their ages ranged from twenty to fifty-four years of age. The number of children, through parental involvement, ranged from one to six years of age. The majority of the eighteen participants resided in residential housing, only five were living in a group home, shelter, or other.

Participants were informed that the word, "other", as found on the survey, is defined as homeless or residing with someone else.

The Likert Scale shown on the following pages reveal data reflected by participant's feelings in regards to their needs for applying specific Ekvall dimensions within their households.

The most common creative environment dimension found in the households of all participants was playfulness and humor and least common dimensions found in the household were idea support, trust and openness to pursue new ideas and opportunities, and dynamism and liveliness.

Table #1. Creative Climate Responses

1. Strongly Agree; 2. Agree; 3. Disagree; 4. Strongly Disagree; and 5 Not at all

Key: P= Participant, 0= Unclear Data

Challenge	Conflict	Idea Time	Playfulness & Humor	Idea Support	Debate	Risk taking	Trust & Openness	Dynamism And Liveliness	Freedom
P1=5	5	5	2	5	2	3	3	5	5
P2=1	2	1	2	3	3	1	3	3	5
P3=3	3	1	2	3	3	2	1	5	4
P4=2	2	3	4	3	2	2	2	1	2
P5=1	2	2	2	2	2	2	2	2	2
P6=2	1	1	5	5	1	1	2	0	1
P7=1	1	1	1	1	1	1	1	1	1
P8=2	3	1	2	1	1	1	2	1	2
P9=2	3	4	1	3	2	1	4	3	2
P10=2	2	3	2	2	2	2	2	2	3
P11=3	2	3	2	4	2	4	2	1	1
P12=4	3	5	5	4	2	3	1	5	5
P13=1	2	4	1	2	3	4	5	1	1
P14=2	3	4	1	1	2	3	4	3	1
P15=2	2	4	1	3	4	1	3	2	1
P16=0	1	4	2	3	1	4	4	1	4
P17=0	1	4	5	5	2	2	4	1	2
P 18=5	5	3	1	3	3	1	2	4	1

Analysis/Results of Creative Climate Responses

Participant 1- Strongly agree or agreed with playfulness & humor and debate. Disagree or strongly disagreed with risk-taking and idea-support. Challenges, conflict, idea-time, dynamism and liveliness freedom and idea-time were scored not at all.

Participant 2- Strongly agree or agreed with challenge, conflict, idea-time, playfulness & humor and risk-taking. Disagree or strongly disagreed with idea support, debate, trust & openness and dynamism & liveliness. Freedom was scored not at all.

Participant 3- Strongly agree or agreed with idea-time, playfulness & humor, risk-taking, trust & openness. Disagree or strongly disagreed with challenges, conflict, idea-support, debate and freedom. Dynamism & liveliness was scored not at all.

Participant 4 - Strongly agree or agreed with challenges, conflict, debate, risk-taking, trust & openness, dynamism & liveliness and freedom. Disagree or strongly disagreed with idea-time, playfulness & humor, idea-support.

Participant 5 - Strongly agree or agreed with all of the ten dimensions.

Participant 6- Strongly agree or agreed with challenges, conflict, idea-time, debate, risk-taking, trust & openness and freedom. Playfulness & Humor, idea support were scored not at all, the data for dynamism & liveliness was unreadable and given a zero score.

Participant 7- Strongly agree or agreed with all of the ten dimensions

Participant 8- Strongly agree or agreed with challenges, idea-time, playfulness & humor, idea-support, debate, risk-taking, trust & openness, dynamism & liveliness, and freedom. Disagree or strongly disagreed with conflict.

Participant 9- Strongly agree or agreed with challenges, playfulness & humor, debate,

risk-taking and freedom. Disagree or strongly disagreed with conflict, idea-time, idea-support, trust & openness and dynamism & liveliness and freedom.

Participant 10 -Strongly agree or agreed with challenges, conflict, playfulness & humor, idea-support, risk-taking, trust & openness, dynamism & liveliness. Disagree or strongly disagreed with idea time and freedom.

Participant 11-Strongly agrees or agreed with conflict, playfulness & humor, debate, trust & openness, dynamism & liveliness and freedom. Disagree or strongly disagreed with challenges, idea-time, idea-support and risk-taking.

Participant 12 - Strongly agree or agreed with trust & openness and debate. Disagree or strongly disagreed with challenges, conflict, idea-support and risk-taking. Idea time, playfulness & humor, dynamism & liveliness and freedom were scored not at all.

Participant 13 - Strongly agree or agreed with challenges, conflict, playfulness & humor, idea-support, dynamism & liveliness and freedom. Disagree or strongly disagreed with idea-time, debate and risk-taking. Trust & openness was scored not at all.

Participant 14 - Strongly agree or agreed with challenges, playfulness & humor, idea-support, debate, and freedom. Disagree or strongly disagreed with conflict, idea-time, risk-taking, trust & openness, dynamism & liveliness.

Participant 15 - Strongly agree or agreed with challenges, conflict, playfulness & humor, risk-taking, dynamism & liveliness and freedom Disagree or strongly disagreed with idea-time, idea-support, debate and trust & openness.

Participant 16 - Strongly agree or agreed with conflict, playfulness & humor, debate, and dynamism & liveliness. Disagree or strongly disagreed with idea-time, idea-support, risk-taking, trust & openness and freedom. Challenge was unreadable and given the score of zero.

Participant 17 - Strongly agree or agreed with conflict, debate, risk-taking, dynamism & liveliness and freedom. Disagree or strongly disagreed with idea-time, and trust & openness, Playfulness & humor and idea-support were scored not at all. Challenge was unreadable and given the score of zero.

Participant 18 - Strongly agree or agreed with playfulness & humor, risk-taking, trust & openness, and freedom. Disagree or strongly disagreed with idea time, idea-support, debate and dynamism & liveliness. Challenges and conflict were scored not at all.

Summary of Creative Climate Responses

14 out of 18 felt playfulness and humor were present in their households; 12 out of 18 participants felt debate, risk-taking and freedom were present in their households; 11 out of 18 participants felt challenge and conflict were present in their households; 10 out of 18 participants felt trust & openness, dynamism & liveliness and idea-time were present in their households; 6 out of 18 participants felt idea-support was present in their households.

Finally, 15 out of 18 participants felt that at least one or two of the ten dimensions were not found at all in their households. Idea-support, trust & openness, dynamism & liveliness and idea-time were disproportionately lower than the other dimensions.

Implementation of some of these dimensions may lead to a climate where participants will believe in their ideas and decisions. There is a need to have a creative atmosphere; to speak openly to learn how to move past challenges by taking healthy risks. In a creative household, participants may be able to recognize new and different opportunities by finding the strength and courage to debate with doctors concerning new medication regimens or the use of herbal supplements.

Problems/Reflections

The size of the survey could have been larger if the survey was extended for a longer period of time. The participants were unaware of Ekvall's 10 climate dimensions prior to answering the survey; future researchers may provide a definition for a creative environment and they may also utilize pre and post surveys.

Initially, the first group did not receive a detailed version of the pilot-survey; they did not have a Likert Scale nor did I ask any demographic data, however, after meeting with my colleagues and gathering feedback, I developed a more detailed survey that would extract more information for clarification. As a consequence, I did not proceed with Survey #1.

To gain more knowledge regarding HIV/AIDS and the need for shelter, I spoke with Brian Planty, the Director of Housing and Nutrition at AIDS Community Services of Western New York, a professional dealing with the topics of HIV/AIDS, housing and homeless issues. He revealed through a telephone conversation about the difficulty in tracking homeless individuals diagnosed with HIV/AIDS. He stated that homelessness amongst HIV population is more difficult to measure due to the overall inability to document and track the specific number of homeless individuals throughout the Western New York transient populations. He also included that it would also be incredibly difficult to gather data specifically targeting the need for shelter amongst HIV/AIDS populations without more data research.

The only housing (that I am aware of) specifically providing housing in Western New York to individuals with an HIV/AIDS diagnosis is Benedict House that is located in Buffalo, N.Y. It is a residential house that specifically addresses the needs of individuals with an AIDS diagnosis. I learned after having a telephone interview with the house Education Coordinator, Benedict House focuses primarily on the individual. Although the agency has a holistic approach regarding the family, it does not provide any direct provisions or services addressing the family as a unit.

The previous research identified eighteen participant feelings regarding applying the ten dimensions of a *creative climate* in their households. To gain more insight, I decided to perform a pilot study inquiry, identifying both the social and psychological

environment/press, affecting individuals diagnosed with HIV/AIDS.

On the following page, I developed key divergent, probing questions that would extract information from eighteen individuals about how their family members and themselves felt and thought about hearing their initial diagnosis and, most importantly, what kind of environment had the participants wished they were in when their HIV (+) positive diagnosis was shared with others.

Interview Inquiry Questions

1. How did you feel about hearing your HIV/AIDS diagnosis?
2. What did you think about receiving your HIV/AIDS diagnosis?
3. What did you notice about other people's reaction to you after revealing your diagnosis with them?
4. What kind of environment or setting were you in when you first shared your status with others?
5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Method

On a weekly basis, a total of eighteen voluntary participants, (whom are also referred to as subjects), were interviewed about the social and psychological affects of dealing with HIV/AIDS and their responses are documented on the next page. Their responses were read carefully to identify statement clusters or themes.

Subject #1

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. “Total shock, took about seven days to kick in, then I walked out into traffic and tried to kill myself and just die”.

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. “The test results were wrong, I have cancer”.

3. What did you notice about other people’s reaction to you after revealing your diagnosis with them?

Ans. “The initial response was of overwhelming support from my mom, but my father was very upset with me”.

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. “I first disclosed my HIV status to other people on the local radio station and boy was my father mad at me. I was told I could no longer stay at their home, and if I did stay over I could no longer eat out of regular dishes”.

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

6. **Ans.** “Safe, Safe, Safe, A supportive place to talk without people judging me”.

Subject #2

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "Sad, confused, scared".

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "That I was going to die soon".

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "I think they started to look at me as if I was a disease; that something changed about me".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "It was at a Narcotics Anonymous meeting".

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "I wish I was with my grandmother, because she makes me feel safe and at ease".

Subject #3

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "Scared, did not want others to know".

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "Who gave it to me, how I got it, and thought I was going to die".

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "At first they just looked at me in disbelief and then everyone started to cry because I thought I was about to die".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "I was at my family's house".

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "Maybe, at a clinic or something, somewhere we could have all talked while someone explained it to us".

Subject #4

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "I wanted to commit suicide, get high as I could and kill myself".

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "Why me"? "My kids won't have a momma".

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "Some people did not want to be around me anymore, I lost a lot of friends, or people I thought were my friends".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "On the front porch, I was high".

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "I wish I could have been with my family, in a very open and safe environment"

Subject #5

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "It rocked my world, wanted to kill myself or the person who gave it to me".

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "I had to learn more about the disease before any further action was to be taken".

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "My family started to avoid me, and not want to be around me".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "I was at a party, depressed".

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "safe to secure the disease won't kill me".

Subject #6

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. Despair, hopeless, started asking “Why me”?

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. Where and how did I get it?

3. What did you notice about other people’s reaction to you after revealing your diagnosis with them?

Ans. “During the time I was infected the disease was unknown so most people were afraid to socialize in the same room with me, my mom supported me but my father was mad, I think he blamed himself”. “What was worse for me than the diagnosis was the fact that my mom died a week before my release date, so I felt extremely sad that I lost my best friend”.

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. “I was in the federal penitentiary”.

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. “It really did not matter to me”.

Subject #7

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. “Didn’t really make a difference to me, just another way to die”.

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. “Thought it was just like cancer, some people get it some do not”.

3. What did you notice about other people’s reaction to you after revealing your diagnosis with them?

Ans. “I still have not told anyone besides my mom and she is okay”.

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. “I was at my house when I told my mother”.

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. “I don’t really think it, it makes a difference, I just don’t want to tell anybody else”.

Subject #8

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "Nervous, scared, started feeling sick, like I had the flu like symptoms already, I really couldn't eat anything".

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "Where did it come from and am I going to die"?

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "The girl I was dealing with started calling me vulgar names, so since then I have not dated anyone else".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "I was in my mother's house, feeling embarrassed".

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "More of a private setting, so I could learn how to take my medications".

Subject #9

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. “ Mad, upset, that I had just taken a HIV/AIDS test ninety days prior and I was negative but now they were telling me I was positive for the disease.

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. “I thought about going out and getting high and that nobody will want me”.

3. What did you notice about other people’s reaction to you after revealing your diagnosis with them?

Ans. “Most people were shocked and asked a lot of questions”.

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. “I was at the homeless shelter, scared”.

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. “Safe with my family and friends”.

Subject #10

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "Shock, disbelief, death soon".

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "I thought about suicide; loneliness; I am the only one with this disease; denial; and that the doctor was lying".

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "Some people thought, no not you, but also said well by being gay you should have expected it".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "I was in bed with my lover having sex".

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "I wished I was somewhere we could have been able to talk or cry openly".

Subject #11

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "Shocked".

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "Nervous because I had to tell spouse".

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "My lover and I became stronger, our relationship grew".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "I was in the crack house".

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "I was in church, but I wish I was in a more secure place to talk about it openly".

Subject #12

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. “It was a big blow; I didn’t like the idea of learning that I had to leave the military due to my status”.

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. “I hoped the test wasn’t true, but they said the test was conclusive”.

3. What did you notice about other people’s reaction to you after revealing your diagnosis with them?

Ans. “Some people asked a lot of questions but I didn’t know the answers. Some thought they can get it by just touching you”.

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. “I was at home”.

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. “I wish it could have been safe and open so that I could explain the disease to my wife and we could have asked a lot of questions”.

Subject #13

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "I am going to die right away".

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "Tried to put it out of my mind".

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "Distance, some kept their distance from me, even said I can't use my silverware".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "I was in Erie Pennsylvania, giving blood".

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "It really didn't matter".

Subject #14

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "Nothing"

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "Numb"

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "Shocked, they did not know I was going drugs like that".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "I was at my mother's house with my family".

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "Maybe at a Dr's Office or something, it was probably the best place to be besides the hospital for that kind of news".

Subject #15

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "I wasn't completely shocked because the one week HIV test I took back then, took longer I think it took about two and a half weeks, I felt depressed, confused".

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "I just went on with my life as normal besides dating anyone, I also thought about where did I get it".

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "Well, I didn't really tell too many people, but the ones I did tell were very understanding because they had problems of their own".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "I was getting high and just blurted it out"

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "Safe, open to talk about it and get some answers".

Subject #16

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "Very angry and upset I immediately started crying and screaming".

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "I really thought I would die instantly, I thought it was a death sentence".

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "The people that are around me everyday are supportive, but it's still hard for me to date because I know that eventually, I would have to reveal my HIV status".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "I was with my lover at home".

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "Well, I guess I was in the right place because he didn't trip out".

Subject #17

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. "I wasn't shocked because I know the risks involved in my line of work, although I do use safeties".

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. "How am I going to tell my man".

3. What did you notice about other people's reaction to you after revealing your diagnosis with them?

Ans. "Well, my old man got real mad and started trying to fight me, so I eventually left him".

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. "I told in our apartment building".

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. "A safe place to talk, peacefully, so I could understand how I would not to give it to other people".

Subject #18

1. How did you feel about hearing your HIV/AIDS diagnosis?

Ans. “Extremely, extremely, upset because I knew that I did not sleep around with lots of different people”.

2. What did you think about receiving your HIV/AIDS diagnosis?

Ans. “How could I have be positive, it must be a mistake”.

3. What did you notice about other people’s reaction to you after revealing your diagnosis with them?

Ans. “I did not tell anybody yet, but I do have a new friend that I am getting closer with, so I may have to tell him, if it get to that point”.

4. What kind of environment or setting were you in when you first shared your status with others?

Ans. “None, I haven’t revealed my status”.

5. What kind of environment or setting did you wish you were in when you first shared your status with others?

Ans. “Somewhere where I can be open and able to answer his questions about HIV/AIDS transmission”.

Analysis/Results

After reviewing participant responses a consistent theme was found. Initially, most individuals felt very afraid and scared when they received their diagnosis. People thought that they would instantly die or die within a short period of time. Socially, some of them found acceptance of the disease at their homes from family members and friends, but others revealed that the family blamed them for getting sick or blamed themselves. Furthermore, it was especially hard for some participants to share their status in their household due to fear.

The most common response to where participants “wished” they were when disclosing their diagnosis to family or a friend was in a “safe, open and trusting environment”.

Support and understanding is crucial to the psychological well-being of individuals infected with HIV/AIDS. Psychologically, people can become depressed, withdrawn, distant and suicidal. The most difficult thing for individuals was self-acceptance and speaking about the disease with others.

Summary

I would hope that, after reading this document, a residential home would be opened in the Buffalo, N.Y. area. I intend to inspire, uplift, and empower all individuals, groups, and communities committed to developing and maintaining a healthy lifestyle for those who have been infected with, or affected by, HIV/AIDS.

I can visualize a home focused on applying Ekvall’s ten dimensions of a creative climate for women and their children. The house should ensure that its focus be geared towards enhancing the creative person, in an atmosphere where people can express themselves and share ideas free from ridicule, judgment, and reprisals. Individuals would learn how to engage and explore challenges, deal with conflicts, utilize playfulness & humor on a daily basis, develop idea-time and support, have informed debates, practice healthy risk-taking, share in a trusting & open dialogue, and enhance dynamism & liveliness by striving towards the freedom of their creative productivity.

I want to reduce the stigma of HIV/AIDS so that, one day, this disease can be discussed without fear or shame and individuals can share a new way of thinking and

discussing problems that come with this virus. It reveals a need for a climate or setting where individuals with HIV/AIDS can disclose to their love ones and friends their journey of acceptance.

The structure of the house would incorporate three main objectives of creative problem solving, which identifies the need for a clear task or problem or issue to be examined; acknowledgment and value of each resident and staff member is participation in the process and a method for evaluating progress. Valuing all members of the household's ideas and suggestions should empower residents to take control of their lives and their diagnosis.

I believe in empowerment. Individual empowerment can provide participants with the courage to take control over their challenges or problems that seem too difficult for them to handle. All individuals have challenges and problems but living in an environment which focuses on individual's creativity ability to draw positive energy from others may enable them to obtain the full freedom to acknowledge and identify their future creative endeavors.

In conclusion, I would like to share with you why I care about this subject. I care because someone that my family and I love dearly was diagnosed with HIV in a correctional facility. This individual was not in a safe place to fully understand, comprehend, or respond to their diagnosis. Imagine being told that you are HIV positive in a dark, dirty, place without idea-time or idea-support to discuss what has just been revealed to you. A place where there is continuous conflict and chaos around you; your freedom is gone, you are being held in a jail cell. Think about the stigma associated with having this virus and being isolated from other inmates, wondering if anyone else knows your status. This is probably the worst place you can imagine being told about this life altering diagnosis.

An HIV positive person, leaving prison may face challenging or problematic situations. Family members and friends are going to be relied on heavily. If those love ones are not there for support, a person could face homelessness. I believe more exploration is needed to identify the social, psychological, and organizational needs of individuals diagnosed with HIV/AIDS in homeless and imprisoned populations.

“If we are not empowered people in our everyday lives...we will not adhere. We will not make decisions for ourselves. We will not question our doctors. We will not do what we need to do because we don't have day to day empowerment in our lives.”- HIV-positive, activist Keith Green

Problems/Reflections

The Interview Inquiries were not tape recorded for accuracy; they were hand written documentation of verbal conversations. Some of the participants may have been under the influence of HIV/AIDS antiviral medications that could have impaired or impacted their responses or judgment.

Statistical data is limited (or does not exist) that identifies individuals diagnosed with HIV/AIDS and who are also homeless which leads me to conclude that more research is needed. On the following page I have listed several suggestions for future creative researchers. I hope that it may be useful to those who wish to pursue this topic.

Suggestions for Future Creative Inquires

- 1 Explore Ekvall's 10 dimensions involving men in their households
- 2 Identify the organizational, social, psychological needs for men infected with or affected by HIV/AIDS in their households.
- 3 Identify more psychological needs of both genders infected with or affected by HIV/AIDS
- 4 Explore Ekvall's 10 dimensions involving teenagers in their households.
- 5 Identify the organizational, social and psychological needs for teens infected with or affected by HIV/AIDS.
- 6 Explore Ekvall's 10 dimensions involving men who sleep with men (MSM) in their households.
- 7 Identify the organizational, social and psychological needs for men who sleep with men infected with or affected by HIV/AIDS.
- 8 Explore Ekvall's 10 dimensions involving transgender individuals in their households.
- 9 Identify the organizational, social and psychological needs for transgender individuals infected with or affected by HIV/AIDS.
- 10 Explore Ekvall's 10 dimensions involving lesbian individuals in their households.
- 11 Identify the organizational, social and psychological needs for lesbian individuals in their household infected with or affected by HIV/AIDS.

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