



## ความหมายและการวัด“ความผาสุกทางจิตวิญญาณ” ในงานด้าน สังคมศาสตร์สุขภาพ: งานทบทวนวรรณกรรมอย่างเป็นระบบหลังแผน พัฒนาขององค์การอนามัยโลกปี ค.ศ. 2015

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### บทคัดย่อ

ความผาสุกทางจิตวิญญาณ (Spiritual Well-being) เป็นหนึ่งในมิติสำคัญในการดูแลผู้ป่วยและได้รับการคาดหวังในวงการสุขภาพโดยเฉพาะการพยาบาลผู้ป่วยแต่คำจำกัดความที่ชัดเจนกับยังไม่เคยถูกระบุเอาไว้อย่างเป็นทางการ

**วัตถุประสงค์:** เพื่อรวบรวมความหมายจากเครื่องมือที่นักวิจัยใช้วัดความผาสุกทางจิตวิญญาณ

**วิธีการวิจัย:** การทบทวนวรรณกรรมตามหลักเกณฑ์ PRISMA ได้นำมาใช้กับบทความจากสองฐานข้อมูลได้แก่ ScienceDirect และ Springer ช่วงระหว่างปีพ.ศ.2558-พ.ศ.2560 จากบทความที่ระบุชื่อบทความชัดเจนด้วยคำว่าความผาสุกทางจิตวิญญาณจะถูกนำมาศึกษาวิธีการใช้ความหมายผ่านเครื่องมือที่นักวิจัยใช้วิจัยในการศึกษา

**ผลการศึกษา:** จาก 11 บทความที่นำมาวิเคราะห์หาคำตอบและ 9 แบบวัดความผาสุกทางจิตวิญญาณที่พบนั้น แบบวัดที่มีชื่อว่า SWBs และ FACIT-Sp12 ถูกนำมาใช้มากที่สุด ผลการศึกษาในครั้งนี้ยังชี้ให้เห็นว่าการยอมรับความเชื่อและการนับถือส่วนบุคคล, ความหมายของชีวิต, ประสบการณ์ด้านจิตวิญญาณและการรับมือกับความเจ็บป่วยเป็นมิติด้านความหมายที่พบได้มากที่สุดในแบบวัดตามลำดับอย่างไรก็ตามการมีอัตลักษณ์ตัวตนเป็นความหมายที่พบได้เพียงแต่ในแบบวัด SWBs เท่านั้น

**อภิปรายและข้อเสนอแนะ:** งานทบทวนวรรณกรรมฉบับนี้สามารถใช้เป็นแนวทางที่ช่วยประหยัดเวลาในการเลือกใช้แบบวัดให้ตรงกับกลุ่มประชากรที่ต้องการศึกษา จากผลการศึกษาทบทวนวรรณกรรมนี้ นำข้อมูลมาจากเพียง 2 ฐานข้อมูลและวิเคราะห์จากบทความที่ระบุหัวข้อชัดเจนด้วยคำว่าความผาสุกทางจิตวิญญาณ ดังนั้นงานวิจัยในลำดับต่อไปสามารถศึกษาทบทวนการจำกัดความระหว่างความหมายที่นักวิจัยต้องการและมีตีความหมายของแบบวัดเพื่อศึกษากรอบแนวคิดและความเข้าใจในความผาสุกทางจิตวิญญาณจากนักวิจัย

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# Definitions and Measurements of “Spiritual Well-Being” in Social Healthcare Studies: A Systematic Review after the WHO Post-2015 Agenda

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## Abstract

Spiritual Well-being (SWB) in patients' caring is expected in healthcare including nursing studies; however, the practical definitions have never been officially addressed.

**Objective:** To find the researchers' definitions according to their measurements

**Method:** PRISMA guideline was applied in this systematic review collected data from two databases: ScienceDirect and Springer between 2015-2017. The targeted articles with words “Spiritual Well-Being” in their titles were explored and defined the dimensions of spiritual well-being from the researching instruments.

**Results:** Totally, 11 articles and 9 spiritual instruments were retrieved. The instruments named SWBs and FACIT-Sp12 were the most used instruments in this studied period. The results indicated that the acceptance of individual faith, meaning of life, spiritual experience and illness coping have been consisted in the instrument dimensions respectively; however, the sense of identity has appeared in only SWBs.

**Discussion and Suggestion:** Researchers should select the instruments that match with the studied group. The results of this review could save time as researchers' guidelines in choosing the proper instruments. Based on these results, the current review retrieved from only two databases and collected from the articles with clearly tittle SWB keyword. The further review could focus on the researchers' usage or facilitating of spiritual well-being matching with the original measurement purposes in nursing practices and healthcare studies to frame the meaning and understanding of SWB.

**Keywords:** definition, measurement, spiritual well-being, social healthcare

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## Background and Significance

Spiritual Well-Being (SWB) of patients or clients is expected in wellness nursing studies. It is also reflected in nursing codes of ethics, nursing education guidelines, policy documents and nursing guidance<sup>1</sup>; however, since the construct and concept of Spiritual Well-Being has been introduced since 1971 in the White House Conference on Aging (WHCA)<sup>2</sup>, the varied unclear attempts of Spiritual Well-being definitions have been used ranging from religious to humanistic meaning. Although it was recognized as unique interpretations that had divergent references, connotations and denotations at the beginning, the scientific research has never given them operational definitions<sup>3</sup>. Spiritual well-being has become one of the issues in professional human service support for nursing care in hospitals, and these reasons activated academicians and researchers' motivation from other disciplines to make further related SWB studies increasingly including inter-cooperation factors and interventional experiment programs<sup>4</sup>.

Spiritual well-being has been recognized as a covered term of all aspects of human psychological states, mental health status, social relations and recreational possibilities (atheistic). Some researchers interpreted SWB as subjective well-being and Quality of life<sup>5</sup>; however, spirituality, in general, appears to denote approaches to discover the implications of authentic human life. SWB does not only focus on utilizers' objective, quantifiable socioeconomic and international development criteria but also on a mental illusion, as a real phenomenon well-ness in the individual quality level: including religious beliefs or excluding reference to religions and gods. Even if the various attempts of SWB Meaning have never been defined officially by any agreement of well-known global organizations, there are at least 5 accepted and utilized main domains referring to spirituality and well-being dimensions according to John Fisher's

explanation of spirituality nature from the beginning of its usage to this present time<sup>5</sup>.

Spirituality is innate. Firstly, it is described as the need of human spirit. It is a vital component of a human being. Secondly, spirituality is emotive. It is perceived by individuals' mental and emotional perception which deals with the essence of being. Thirdly, spirituality and religion share similarities in sacred or the goal of life. Fourthly, spirituality is subjective. Its conceptual form expressing a personal or subjective status, lacking objective nature consideration for scientific investigation methods such as self-worth, self-esteem and self-actualization. Fifthly, spirituality is a dynamic process called spiritual growth: high or low, so that it could be measured.

Many researchers have constructed the scales used for clinical nursing, counseling and assessing the effectiveness of nursing health care programs in many cultural varieties. Some nursing studies defined the meaning of Spirituality ranging from God like Christianity, Islam or Buddhism to nature. Those studied questions raised only about the evaluative criteria of religious events and experiences in general, not about religious differences. For example, spiritual well-being is being used as spiritual care in nursing of diseases such as Muslim cancer patients which have been found positive relation between the high level of SWB and subject well-being, lower pain and positive mood states<sup>6</sup>. Still, there is a strong the positive relationship between the high level of SWB and happiness level<sup>7</sup> and other factors<sup>8</sup> in elderly including some chronic disease patients in Thailand<sup>9</sup>.

The studied instruments or assessments construct their definitions and dimensions. One of the current most widely known assessments designed for measuring SWB is named Spiritual Well-Being Scale (SWBs). Paloutzian and Ellison developed this scale, and It has been applied to diverse studied population in defining the SWB levels in individuals. This is a



twenty-item questionnaire comprised of ten questions on each of the essential well-being subscale, self-adjustment, sense of purpose, life satisfaction and relation with others including community, and then another set of ten questions points out the perception of wellness based on religious perspective or spiritual life in relation to gods or the ultimate goal of life<sup>10</sup>. In addition, there are at least 25 assessments developed from international institutes and groups of scholars that have been used in clinical practice since 1966. Giancarlo et al. compared and classified all assessments according to their topic characteristics such as culture, religious and medical practice into sixteen attributes. Twenty assessments were reported about the influence of spirituality on one's life. Only four assessments named FICA, SPIRITual History, FAITH and HOPE had obtained high scores in the final SWB analysis, over eleven of sixteen scales showed the acceptable attributions in Lucchetti's study. Unfortunately, three assessments do not refer to the original supporting literature<sup>11</sup>. Some of the above-mentioned assessments were developed from physicians and psychiatrists, they evaluated the spirituality in the aspect of psychological and psychosocial identity depending on the credibility of the spirituality of the researchers' usages. In the extension of the previous systematic review on SWB instrumentations and understanding how the researchers defined SWB. This present study aims to explore SWB meanings and their measuring scales relating to social healthcare in researches after the achieved year of the WHO Post-2015-a global development agenda and plan of action for the next 15 years which indicated a social determinant need of health approaches by 2030 from World Health Organization (WHO)<sup>12,13</sup>.

### Objective and Framework

To explore the definition of spiritual well-being according to the measurements that applied to researches in behavior science, medical and nursing healthcare published from 2015. Under the Preferred

Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines in this present study, it potentially showed an evidence-based minimum set for reporting used as a basis for review to particular evaluations of interventions<sup>14</sup>. Five-stage conduction was performed: 1) database searching 2) articles identification and initial abstract reviewing 3) exclusion and inclusion from criteria 4) full-text retrieval and 5) analysis<sup>3</sup>.

### Method

Two main electronic databases in behavior science, medical and nursing healthcare were obtained (all to 2016 publication or February 2017 for online released articles); ScienceDirect (SD) and Springer (SG) (from 2015), lists of studies and relevant articles dealing with spirituality with the term of well-being and health. Boolean logic searching expression with "spiritual" AND "well-being" including assessment or tool or instrument were addressed. The final SWB searched keywords were "Spiritual Well-Being" or "spiritual well-being" from both databases. Systematic review, Meta-analyses studies and articles published not in English were excluded. English publications with SWB content related to social healthcare and nursing studies including mental health, psychology and psychiatry were targeted. To define the researcher's meaning of spiritual well-being, this study only retrieved the articles whose titles were identified clearly with either "Spiritual Well-Being" or "Spiritual Well Being" keywords, and those systematic review & meta-analysis studies and articles with no supporting literature were excluded. Each instrument dimension presented in those articles was classified by the agreement from the authors.

### Results

A total of 23,420 articles (5,819 from ScienceDirect and 17,601 articles from Springer related to spirituality ('spiritual') were found in those databases. The articles



from ScienceDirect and Springer were scoped with searching keywords spiritual well-being (“spiritual” AND “Well-Being”) on titles after 2015. Only 28 articles were identified spiritual well-being clearly in their titles and abstracts (6 from ScienceDirect and 22 from Springer) (Figure 2). Inclusion and Exclusion criteria were evaluated, leaving 14 articles not relating to social

healthcare and nursing studies, and 2 of them published in other languages. 1 article carried the same information in a different journal (Figure 1). The 2 full-text articles from ScienceDirect and 9 articles from Springer were targeted. Therefore, a total of 11 articles were included in the final stage analysis (Table 1).

The number of articles searched from ScienceDirect and Springer between 2015 – 2017

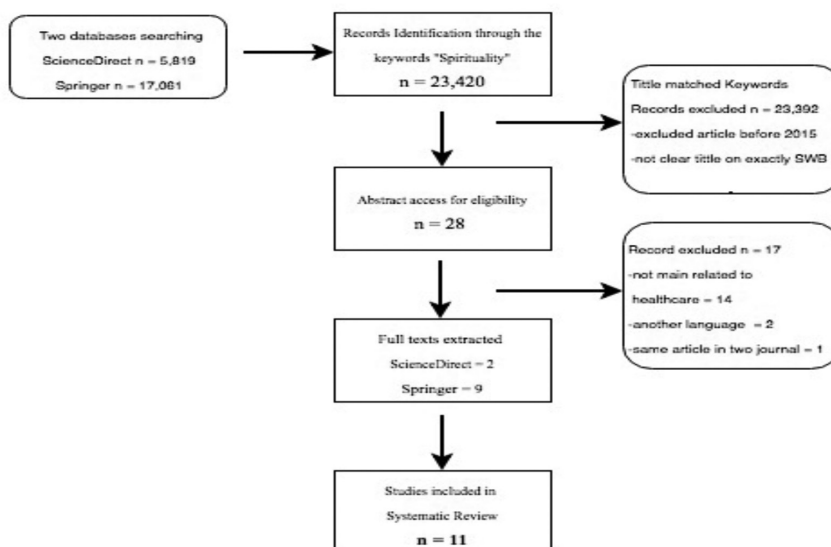


Figure 1. Flow diagram for 11 Articles & Data Extraction

**Table 1** Overall of Publication information, Population and Instruments in 11 Selected Articles

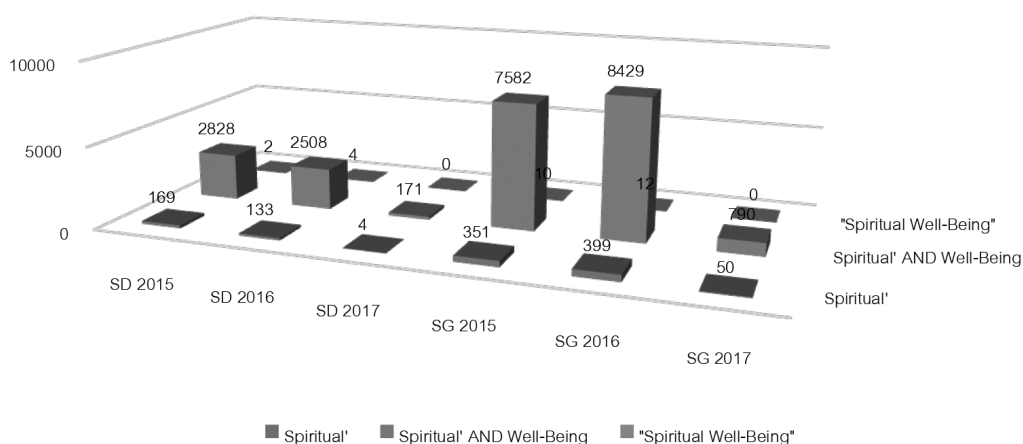
Authors	Publication Journal/Area	Year	Studied Population	Instrument Name(s)b	Type(s) of Research/ Evidence
-Amjad and Bokharey <sup>15</sup>	J Relig Health/ Healthcare	2015	90 Anxiety Patients	SWBs	A/RL
-Hematti, Baradaran-Ghahfarokhi <sup>6</sup>	J Relig Health/ Healthcare	2015	89 Palliative Radiotherapy Cancer Patients	QLQ	A/RL
-Khoramirad, Mousavi <sup>16</sup>	J Relig Health/ Healthcare	2015	80 Iran Breast Cancer Patients	SWBs, RA	A/RL
-Lucchetti, Lucchetti <sup>17</sup>	J Relig Health/ Healthcare	2015	493 Brazilian Psychiatric Inpatients	FACIT-Sp12	A/RL, VS
-Rabow and Knish <sup>18</sup>	Support Care Cancer/ Healthcare	2015	883 Palliative Care Cancer Patients	Steinhauser's SWB, QUAL-E	R/RL



Authors	Publication Journal/Area	Year	Studied Population	Instrument Name(s) <sup>b</sup>	Type(s) of Research/Evidence
-Agli, Bailly <sup>19</sup>	J Relig Health/ Nursing care	2017	63 Nursing Home Residents	FACIT-Sp12	A/RL, VS
-Bai, Dixon <sup>20</sup>	Qual Life Res/ Healthcare	2016	4 Cluster Group of Cancer Patients	FACIT-Sp12,	A/RL
-Nsamenang, Hirsch <sup>21</sup>	J Behav Med/ Healthcare	2016	81 Depressive Multiple Sclerosis Patients	FACIT-Sp12	A/RL
-Ross, Giske <sup>22</sup>	Nurse Educ Today/ Nursing Studies	2015	531 Nursing Students	JAREL, SCCS, SAIL, SSCRS	A/RL
-Silva, Simões <sup>23</sup>	Eur Psychiatry/ Healthcare	2016	63 Chronic Depression Patients	SWBs	A/RL
-Soleimani, Sharif <sup>24</sup>	J Relig Health/ Healthcare	2017	300 Myocardial Infarction Patients	SWBs	A/RL, VS

Note. a, journal abbreviation in US National Library of Medicine catalog b, instruments related SWB; QLQ, Quality of Life Questionnaire; SWBs, Spiritual Well-Being Scales; RA, Religious Activities; FACIT-Sp12, Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale; QUAL-E, Quality of Life at the End of Life; JAREL, JAREL Spiritual Well-Being; SCCS, The spiritual Care Competency Scale; SAIL, Spiritual Attitude and Involvement List, SSCRS, The spirituality and Spiritual Care Rating Scale; A, Cross-Sectional Study; R, Retrospective Study; RL, Review Literature; VS, Validation Study (Instrument Reliability & Validation Testing)

## Number of Article Identification



**Figure 2.** The number of published articles relating to Spirituality in ScienceDirect (SD) and Springer (SG) from 2015 – 2017

In total 11 articles, 7 articles were published in the Journal of Religious and Health and 9 instruments explored the spiritual well-being level among those

different populations especially patients with chronic illness such as cancer. Interestingly, the researchers used the instrument named SWBs to study two Muslim



groups of populations, and there was one article using only QLQ to define spiritual well-being level. To compare the dimensions of these instruments and show how those tools were classified, the table 2 showed the authors' consensus on each definition analyzed based on their instrument scoring and subscale interpretation. 8 of 9 scales consisted of individual faith acceptance including beliefs in God/gods or some religious denominations were indexed. Only QLQ was not noted in faith and religious dimension. The meaning of life and essentiality of being were questioned in 6 scales.

Spirituality on ones' concerning was another dimension that 6 instruments were questioned. Spiritual or holy experience such as helping from God and illness coping ability were issued in 5 questionnaires. Harmony of nature and surrounding, well-healthcare experiences and acceptance of negative life experiences were clarified in 4 scales. Religious attendance with the indicator of religious participation issue was in 3 questionnaires. Surprisingly, the sense of identity was identified only in SWBs (table 2).

**Table 2** Extraction of Dimensions in 9 Spiritual Well-Being Instruments

Instruments	SWBs	QLQ	RA	FACIT-SP-12	Stein-hauser's	JAREL	SCCS	SAIL	SSCRS	Total Scores
Dimensions										
(Meaning or hope of life)	•	-	-	•	•	•	-	•	•	6
(Negative life experience)	-	•	-	•	-	•	•	-	-	4
(Spirituality on life)	•	-	-	•	•	•	•	•	-	6
(Spiritual or holy experience)	•	-	-	•	•	•	-	•	-	5
(Religious attendance)	-	-	•	•	-	-	-	-	•	3
(One's faith acceptance)	•	-	•	•	•	•	•	•	•	8
(Illness coping)	•	-	-	•	-	•	•	-	•	5
(Sense of identity)	•	-	-	-	-	-	-	-	-	1
(Harmony of nature and atheist)	-	-	-	-	•	-	-	•	•	4
(Healthcare experience)	-	•	-	-	-	•	•	-	•	4
(life ethics and moral)	-	-	•	-	-	-	-	-	•	2
Developing purpose	Health & QOL	QOL	Reli-gious Joint	QOL	QOL	Elderly QOL	Nursing Compe- tency	Well-Being	Nursing Compe- tency	
Internet available	b	a	-	a	-	a	a	a	-	

Note.-; Dimension concluded, -; Dimension not concluded; QOL Quality of Life

a: Available, b: Purchasing Required, -: undefined



## Discussion

Spiritual Well-being could be acceptably recognized as one of the human well-being that becomes an essential goal of 17 sustainable development and social development issues namely Social Inclusion. It ensures healthy lives and promotes well-being at all ages<sup>25</sup>. This study indicated that the number of articles related SWB has not yet been increased differently from the pre-2015 agenda; however, focusing on the researcher's definitions represented by their instruments used in their studies were interesting. These instruments used in articles identified clearly SWB in their titles were conducted to be questionnaires, and they could be used among people who adhered to a faith or have no faith at all. Those instruments were indispensable. Some researchers did not concern the people whose background based on religious beliefs<sup>26</sup> although this dimension seemed to make SWB different from other quality of life scales, life happiness, self-reported satisfaction based on some social, economic and environmental indicators<sup>17,27</sup>.

Multidimensional spiritual questionnaires in this study were described as another quality of life, nursing competencies, well-being and religious joint. Concernedly, SWBs was studied in Muslim participants. Those questionnaires were possibly interpreted and used their local languages: different from FACIT Sp-12 that used among European and American generally<sup>28</sup>. The popularity of SWBs could be the reason for its wide spread in various communities and religious affiliations<sup>2,11</sup>. Although one of them used only quality of life questionnaire to define the state of Spiritual Well-Being, another research used designed Spiritual Well-Being questionnaires to suit different settings: time for application and religious beliefs properly<sup>11,29</sup>. According to Lucchetti, he suggested that some instruments, which were available for cancer patients, should not be used and designed for routine consultations. The FACIT Sp-12 questionnaire, designed first for chronic illness

patients, was validated many times in cancer patient studies<sup>20,30</sup>. So, it could be assumed that the acceptance of the FACIT Sp-12 could be validated and replaced SWBs among non-English native cancer patients in the future, although the sense of identity and harmony of nature dimensions were not covered in FACIT Sp-12 (less than 5 of 9 instruments covered those 2 dimensions).

The present study had confirmed an aim to find only the researchers' definitions not compare the quality of the instruments that support the concepts of bio-psycho-social-spiritual health<sup>31</sup>. In the results, the top three definitions were the following: 1) one's faith acceptance 2) meaning or hope of life and spiritual on life 3) Spiritual and holy experience and illness coping. It could be explained according to Boonrourgrut C. and Worakul P.<sup>7</sup> that people who had the underlying disease or chronic illness customarily used SWB to balance their mind and emotion and they were highly correlative among these definitions. Questioningly, sense of identity was appeared only in SWBs, not in another instrument against its ground theory that SWB could be defined in term of positive feelings, behaviors and cognitions of relationships with surrounding people and nature. They provided the individual with enjoyment, satisfaction respect attitudes, a sense of identity and direction in life<sup>32</sup>.

Nevertheless, the number of SWB instruments were not numerous compared to another bio-psycho sociological issue such as quality of life and happiness<sup>33</sup>. Concerning the use or developed instruments including validation in different settings and people were required. It was challenging to define exactly what the spiritual well-being was; however, the current study could help researchers as the instrument particularized guideline in choosing the proper instrument in the future study between researchers' objectives and instrument dimensions.





## Limitations, Suggestions and Conclusion

Concerning 2 limitations in this present study was suggested in generalizing the results: 1) The definitions for Spiritual Well-Being according to the researchers' definitions were searched systematically from only two main databases, ScienceDirect and Springer between 2015-2017 and 2) the data were collected from the articles with clearly titles in "spiritual well-being". The results indicated 3 main dimensions that more than a half of the instruments shown in this study covered. Their dimensions included individual faith and spiritual experiences, the meaning of life and internal mental illness coping.

Generally, nursing educational institutions have concerned the need for SWB to be emphasized in their nursing studies because of SWB benefit roles in patients' lives: one part of the SWB publications was from nursing and healthcare studies. The current review could be the suggestions for instrument-particularized guideline between researchers' definitions and instrument dimensions. Conventionally, this review could save the time of finding the proper research instrument in nursing competencies and social healthcare studies.

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