

JAN FORUM

Responses to: 'Measures assessing spirituality as more than religiosity: a methodological review of nursing and health-related literature' by Sessanna, L., Finnell, D.S., Underhill, M., Chang, Y.P. & Peng, H.L. (2011) *Journal of Advanced Nursing* 67, 1677–1694

It is generally accepted that spiritual attitude may help one to cope better with the consequences of illness. For the progress of scientific and clinical research into the effects of spirituality a reliable and valid spirituality questionnaire is indispensable. Sessanna *et al.* (2011) have presented an excellent and critical review of available questionnaires. They evaluated the psychometric qualities of the scales, and – among other aspects – their clinical utility and practicality. Unfortunately one criterion was missing: the inclusion of well-being items in spirituality questionnaires.

The inclusion of well-being items presents a problem when studying the relationship between spirituality and well-being. It seems self-evident that one should avoid tautology by refraining from a study into the relationship between spiritual well-being and 'general well-being'. However, several studies investigate exactly this (Visser *et al.* 2010). Sessanna *et al.* make no mention of this problem. It is obvious that scales on spiritual well-being include items on well-being, such as 'I feel that life is a positive experience' (Spiritual Well-Being Scale; SWBS). Sessanna *et al.* name the following spiritual well-being scales: the Functional Assessment of Chronic Illness Therapy – Spiritual Well-Being Scale (FACIT-sp), Spiritual Well-Being Scale (SWBS), Jarel Well-Being Scale (Jarel), and Spiritual Index of Well-Being (SIWB). However, well-being items can also be found in 'general spirituality' scales, such as the Daily Spiritual Experience Scale (DSES; 'I feel deep inner peace or harmony') and the Spiritual Scale (SS; 'I am happy about the person I have become'). In our own review of spirituality scales (Jager Meezenbroek *et al.* 2010), we have used the criterion that these scales should include no or very few well-being items. Therefore, we value the quality of the FACIT-Sp lower than Sessanna *et al.*, who gave this scale a high score.

An attractive attribute of Sessanna *et al.*'s review is their item analysis (a term not used in their review). They make a distinction between: (i) items measuring spirituality; (ii) items referring to religiosity; (iii) items using terms as 'spirit' or 'spirituality'; and (iv) non-spirituality items. In our view, items of the second, third and fourth category are not acceptable for

spirituality questionnaires. People have different understandings of the words 'spirit', 'spiritual', or 'spirituality'. Moreover, people find these words either 'vague' and 'woolly', or 'sublime' and 'of ultimate importance'. Therefore, such words should be omitted. We agree with the recommendation that a spirituality questionnaire should be suitable for both religious and non-religious people and, therefore, should contain a limited number of religious items. As a consequence, the DSES and SWBS, which receive a high quality score in Sessanna *et al.*'s review, would be evaluated lower on the basis of their item analysis, which says that these scales include 50% religiosity items. Another example of a discrepancy is the SIWB. This scale received the highest quality score, but the item analysis showed that seven of the 12 items of this scale did not refer to spirituality or religiosity. Based on this, the SIWB should be disqualified as a measure of spirituality. In conclusion, we fully agree with the authors that practitioners and researchers should be 'aware of the imperfections that currently exist in available measures assessing and evaluating spirituality'.

Bert Garssen¹, Anja Visser² and
Eltica de Jager Meezenbroek³

¹Bert Garssen, PhD

Senior Researcher

Helen Dowling Institute, Center for Psycho-oncology, Utrecht,

The Netherlands

E-mail: bgarssen@hdi.nl

²Anja Visser, MSc

Researcher/Project Leader 'Spirituality in Cancer'

Helen Dowling Institute, Center for Psycho-oncology, Utrecht,

The Netherlands

³Eltica de Jager Meezenbroek, MSc

Researcher/Project Leader 'Development of a Spirituality Questionnaire'

Helen Dowling Institute, Center for Psycho-oncology, Utrecht,

The Netherlands

References

- Jager Meezenbroek E.d., Garssen B., Berg M.v.d., Dierendonck D.v., Visser A. & Schaufeli W.B. (2010) Measuring spirituality as a universal human experience: a review of spirituality questionnaires. *Journal of Religion and Health*. doi: 10.1007/s10943-010-9376-1.
- Sessanna L., Finnell D.S., Underhill M., Chang Y.P. & Peng H.L. (2011) Measures assessing spirituality as more than religiosity: a methodological review of nursing and health-related literature. *Journal of Advanced Nursing* 67, 1677–1694.
- Visser A., Garssen B. & Vingerhoets A. (2010) Spirituality and well-being in cancer patients: a review. *Psychooncology* 19, 565–572.