Spirituality:
A Concept Analysis

Cross Mark

Wastu Adi Mulyono[1*],Haryatiningsih Purwandari[2]

[1]Laboratorium DKKD, Faculty of Health Sciences, Jenderal Soedirman University, Purwokerto
[2]Pediatric Nursing Laboratory, Faculty of Health Sciences, Jenderal Soedirman University, Purwokerto

Published by IJBNR

[1*]Correspondence Author :

Wastu Adi Mulyono; Laboratorium DKKD, Faculty of Health Sciences, Jenderal Soedirman University, Purwokerto.
wastu@unsoed.ac.id

ABSTRACT

Introduction: Defining spirituality as a separate concept from its relationship to religious aspects has created discourses among experts. Consequently, spiritual needs are commonly unidentified by nurses during their nursing assessment activity. Moreover, they tend to refer this problem to another professional.

Purposes: This study aims to clarify the concept of spirituality in the health context and to identify clear operational definition.

Methods: Eight-step Walker & Avant's concept analysis approach was implemented. The eight steps of the approach are as follows: 1) selecting concept, 2) determining the aim of the analysis, 3) identifying all uses of the concept, 4) determining the defining attributes of the concept, 5) constructing a model case, 6) constructing additional cases, 7) identifying the antecedents and consequences of the concept, and 8) defining empirical referents. Selecting concept and determining aim of the analysis put in introduction.

Conclusion: Concept spirituality exist and different from religiosity; however, it will be beneficial to measure both religiosity and spirituality in the same situation.

INTRODUCTION

The concept of spirituality has been noted in the nursing field since Nightingale era, however, the term spirituality remains challenging to conceptualize (McBrien, 2006). Most of authors debate the concept and this debat emerge as new discourse (Estanek, 2006). The new discourse emerges because separating spirituality from its religious closeness has changed the meaning, and there is no common definition of spirituality. Thus, an appropriate definition is needed to enable nursing research more clearly identify the matter in health (Reinert & Koenig, 2013). Two concept analyses of spirituality have been identified, and both have different in perspective in putting antecedent, characteristic, and consequences, both discussi spirituality on nursing field. This concept analyses will identify concept spirituality not only in nursing research but also in medical and psychology.

The aim of this study is to clarify concept of spirituality in the health context as well as to identify clear operational definition. Following this, the analyses will follow steps of methods. In this study, eight-step Walker & Avant's concept analysis approach was implemented. . The eight steps of the approach are as follows: 1) selecting concept, 2) determining the aim of the analysis, 3) identifying all uses of the concept, 4) determining the defining attributes of the concept, 5) constructing a model case, 6) constructing additional cases, 7) identifying the antecedents and consequences of the concept, and 8) defining empirical referents. Selecting concept and determining aim of the analysis put in introduction. (Walker & Avant, 2011)

Data collection using electronic resources. Using EBSCO Engine four databases such as CINAHL, MEDLINE, PsyArticles, and PsyInfo were selected. The inclusion criteria

were being related to the definitions, attributes, antecedents and consequences of the spirituality, as well as being published in peer-reviewed journals between 2000 and 2014 in English language. Articles published in non–peer reviewed journals were excluded from the analysis. Initially, 249 article were retrieved in the inclusion criteria. All articles were in full text.

All of 249 articles then were read to identify the concept. From first reading finally only 36 articles stated definition of spirituality concept.

IDENTIFYING ALL USES OF THE CONCEPT

Spirituality in the health field was recognized various context. Mostly literature discussed spirituality related to coping as a resources in facing trauma, disaster (Greyson & Khanna, 2014; Holden, Kinsey, & Moore, 2014), or near death experience (Aten, Bennett, Hill, Davis, & Hook, 2012; Currier, Drescher, & Harris, 2014). Other discussing thinking process, core belief, thoughts, or feeling (Avants, Marcotte, Arnold, & Margolin, 2003), even personal trait(Village, 2014). More, in health care work environment spirituality also recognize as source of motivation to face exhaust or burnout (Rossetti & Rhoades, 2013).

Beside those, authors also discussing spirituality in mystical theology such as immanence and wholeness (Petrican & Burris, 2012). In the way to searching the immanence and wholeness spirituality also become the personal experience or journey to sacredness (Cornish, Wade, & Post, 2012; Goeke-Morey, Taylor, Merrilees, Shirlow, & Cummings, 2014), and creating phenomena of paranormal activity (Holden et al., 2014)..

DETERMINING THE DEFINING ATTRIBUTES OF THE CONCEPT

Attributes can be described as the characteristics of the concept; the antecedents are the events that must be present before the occurrence of the concept. The consequences are incidents that emerge as a result of the concept (Walker & Avant, 2011).

From articles can be identified attributes r the spirituality concept. They are connection, relationship, and transcendence. Connection condition or situation when person always aware

to being connected with the ultimate power or universe. This is represented in words such a orient to transcendent reality (Piedmont, Ciarrochi, Dy-Liacco, & Williams, 2009), search for sacred (Cornish et al., 2012), connectedness beyond personal level (Dierendonck, Garssen, & Visser, 2005).

The second attribute is relationship. Get related to social environment such as interpersonal relationship. Relationship is represented in statements for articles. Words or phrases that sign a relationship are relationship with oneself and other (Adams & Hyde, 2008), moral imperative, compassionate (Beer, Spanierman, Greene, & Todd, 2012), acceptance, guidance, purpose, coping (Stevens-Watkins, Sharma, Knighton, Oser, & Leukefeld, 2014), self-regulation and balancing intimacy and autonomy in relationships (Sandage & Jankowski, 2010).

Finally, the third attribute is transcendence. Self-transcendence means seeking to exceed previous achievements and extend one's capacities. This can be identified thorough words or phrases such as energy to drive (Beer et al., 2012), improve hope, optimism (Capanna, Stratta, Collazzoni, & Rossi, 2013), sense of control (Ojeda & Piña-Watson, 2013), a sense of calling to career (Hall, Oates, Anderson, & Willingham, 2012) letting go fear make happy (Susie T. Harris, Daniel Wong, & David Musick, 2010).

CONSTRUCTING A MODEL CASES

P 62 year old, has suffered from Multiple Sclerosis for 6 year. Since got ill he spent all the time on bed. However, from his bed he learnt the life and the meaning behind his disease [connection]. P was a famous former presenter in National TV, and starred numerous popular commercial advertising. While suffering his illness he kept working and finishing Master Degree from UI [transcendence]. He also carried out online business from his room. He inspired many people to generate Indonesian social education movement by rebuilding schools that nearly collapse [transcendence]. He also wrote books to motivate their readers. To satisfy his fan longing, P came back to entertainment world by producing TV talk show program, which was very inspiring [relationship]. He said, "I was a cheerfulness maker, so that, I prayed to God at first time I suffered from MS, God, don't let my illness make me feel lonely" [connected]

CONSTRUCTING ADDITIONAL CASES

Additional cases are constructed to make concept

definition clearer. This include: borderline case that contain some critical of attributes, related case that similar to the concept but do not contain critical attribute, invented case is Idea outside our own experience, and contrary case, clear example that not the concept (Walker & Avant, 2011).

Contrary case for this concept is stated next. L, 45 years old, male, a successful business person,was not active in social activity except related to his business. He spoke sarcastictly to his subordinates, and felt that he was superior and others should follow his order [no relationship]. For him times was money, his live was wel-organized, planned, and set by himself [no connection], so that his life was very structured and clearly purposive to gain the set goal. He would be distressed if he couldnot reach his goal, and blamed others for his failure [no transcendence].

Other additional case is borderline case. Borderline case as follow. Mrs. L., 45 years old, a socialite's member, an executive, businesspersons. She kept participating in the social and charity activities [Relationship]. As she was very busy, her marriage was not successful. She blamed God for this situation [negative connection]. After divorced, she became more joyful person in the social activity, because he lived alone in her elite apartments while her two daughters choosed to live with her father [transcendence].

IDENTIFYING ANTECEDENT AND CONSEQUENCES OF THE CONCEPT

Antecedents of the spirituality are beliefs and traumatic event. Spirituality is a multifaceted construct that often provides a powerful meaning framework for negotiating the reality and consequences of trauma (Currier et al., 2014), Self-transcendence can also be used by people who acquired and live with a chronic condition such as diabetes (Newlin, et al, 2008 in (S. T. Harris, D. Wong, & D. Musick, 2010). Belief is represented by 'spirituality is considered to be a complex, multifaceted, construct that manifests in the process of an individual's behavior, beliefs, and experience (Gall et al., 2005).

The consequence of the spirituality is a meaning and purpose in life (positive) and anger to God (negative). Person who always be connected to God or Supreme Being always have something to rely on when their problem is beyond their rational/or thinking. However, in contrast, when expectation is too much, the creator will be blamed for the emerging problem.

DEFINING EMPIRICAL REFERENTS

Determining the empirical referents for the defining attributes is very important to develop questioner. Since the matter is exist, then the question is how to measure it (Walker & Avant, 2011). Literature stated many measurement tools correspond to the spirituality concept.

Developed by the Fetzer/National Institute of Aging Working Group (1999), the Brief Multidimensional Measurement of Religiousness and Spirituality (BMMRS) contains a variety of domains that capture respondents' spirituality and religiousness. In this study, the 6-item Daily Spiritual Experiences Scale (DSES) and 5-item Private Religious Practices (PRP) measures were used. The DSES assesses various habitual spiritual phenomena on a 6-point scale (1 = many times a day, 6 = never or almost never). An example is "I feel God's love for me, directly or through others." The PRP scale taps actions taken that connect people to the transcendent via their rituals and behaviors on a 7-point scale (1 = more than once a day, 7 = never). An example of a question from this scale is "How often do you read the Bible or other religious literature?" Both the DSES and the PRP were reverse scored prior to analyses so that higher scores indicated higher levels of intrapersonal religiousness and spirituality. The questionnaire also included three 1-item questions pertaining to respondents' religiousness and spirituality (1 = not religious/spiritual, 4 = very religious/spiritual), frequency of attendance at religious services (1 = never, 6 = more than once a week) and prayer (1 = never, 7 = more than once a day) (Brelsford, 2011).

The Brief RCOPE is a brief measure of positive and negative religious/spiritual coping methods, modified from the original 100-item RCOPE. Participants indicate on a 4-point Likert scale how much they use each of 14 strategies in coping with a negative event. the Brief RCOPE yielded two factors: (a) the positive religious coping subscale (7 items) assesses spiritual connection, seeking spiritual support, religious forgiveness, collaborative religious coping, benevolent religious reappraisal, religious purification, and religious focus, and (b) the negative religious coping subscale (7 items) assesses spiritual discontent, punishing God reappraisal, interpersonal religious discontent, demonic reappraisal, and reappraisal of God's power. Sample items include "Sought God's love and care" (positive scale) and "Wondered

whether God had abandoned me" (negative scale). Research has established criterion and discriminant validity as well as moderate to high internal consistency for each scale). In the present study, the αs were .99 for both the positive and the negative scales (Cooper, Katona, & Livingston, 2008)

The Intrinsic Spiritual Scale (ISS) was used to measure respondents' levels of spirituality. The scale measures spirituality independent of whether respondents express their spirituality within or outside of religious frameworks. The six-item measure was designed to assess the degree to which individuals are motivated by their spirituality (Hodge, 2003).

The Spirituality Assessment Scale (SAS) includes 28 items and comprises four subscales: purpose and meaning in life, innerness or inner resources, unifying, transcendence. The SAS employs a Likert-type response format ranging from 1 (strongly agree) to 6 (strongly disagree). In prior research among nursing professionals and low-income women, internal consistency estimates were adequate: α = .92–.93 for the total scale. In the current study, internal consistency estimates also were acceptable: α = .89 for the total scale. On the basis of previous psychometric support for the total scale score, we used the total, rather than subscale scores, in the present investigation.(Beer et al., 2012).

IMPLICATIONS FOR NURSING AND HEATH POLICY

Spirituality have identified to have many benefits for human behavior and health. However, experiencing spirituality also have both positive and negative consequences. Since spirituality impact to positive respond, awareness toward health problem will increase as well as developing of positive healing environment because of harmony in relationship between patient and therapist.

LIMITATIONS

This study have not covered other resource of database such as ProQuest or Ovid. Moreover, only English language article that have been covered. Due to many literatures also stated that spirituality is culturally related, an investigation by considering language and geographic or ethnicity is considerably important.

CONCLUSIONS

Concept spirituality exist and different from religiosity; however, it will be beneficial to measure both religiosity and spirituality in the same situation. By then there will no overlapped using of religiosity and spirituality.

Spirituality is a unique, human experience of personal, internal of connection and relationship with a life-giving transcendent (non-material) force called God or a Higher Power; a supportive sense of connection and relationship with self and others; and a harmonious sense of connection and relationship with nature that is activated by faith, religious practice, meditation, prayer and reflection. The feelings generated from the experience of connection and relationship includes a sense of gratitude for the feelings of comfort, integration and inner peace as well as hope for the

FUTURE RESEARCH QUESTION

Following the developed of concept definition, the research question may construct. In addition, the research question is "what kind of interventions or conditions or person can promote patients spirituality?".

REFERENCE

Adams, K., & Hyde, B. (2008). Children's grief dreams and the theory of spiritual intelligence. Dreaming, 18(1), 58-67. doi: 10.1037/1053-0797.18.1.58

Aten, J. D., Bennett, P. R., Hill, P. C., Davis, D., & Hook, J. N. (2012). Predictors of God concept and God control after Hurricane Katrina. Psychology of Religion and Spirituality, 4(3), 182-192. doi: 10.1037/a0027541

Avants, S. K., Marcotte, D., Arnold, R., & Margolin, A. (2003). Spiritual beliefs, world assumptions, and HIV risk behavior among heroin and cocaine users. Psychology of Addictive Behaviors, 17(2), 159-162. doi: 10.1037/0893-164X.17.2.159

Beer, A. M., Spanierman, L. B., Greene, J. C., & Todd, N. R. (2012). Counseling psychology trainees' perceptions of training and commitments to social justice. Journal of Counseling Psychology, 59(1), 120-133. doi: 10.1037/a0026325

Brelsford, G. M. (2011). Divine alliances to handle family conflict: Theistic mediation and triangulation in father–child relationships. Psychology of Religion and Spirituality, 3(4), 285-297. doi: 10.1037/a0021602

Capanna, C., Stratta, P., Collazzoni, A., &

Rossi, A. (2013). Construct and concurrent validity of the Italian version of the Brief Multidimensional Measure of Religiousness/Spirituality. Psychology of Religion and Spirituality, 5(4), 316-324. doi: 10.1037/a0033642

Cooper, C., Katona, C., & Livingston, G. (2008). Validity and reliability of the brief COPE in carers of people with dementia: The LASER-AD study. Journal of Nervous and Mental Disease, 196(11), 838-843.

Cornish, M. A., Wade, N. G., & Post, B. C. (2012). Attending to religion and spirituality in group counseling: Counselors' perceptions and practices. Group Dynamics: Theory, Research, and Practice, 16(2), 122-137. doi: 10.1037/a0026663

Currier, J. M., Drescher, K. D., & Harris, J. I. (2014). Spiritual functioning among veterans seeking residential treatment for PTSD: A matched control group study. Spirituality in Clinical Practice, 1(1), 3-15. doi: 10.1037/scp0000004

Dierendonck, D. v., Garssen, B., & Visser, A. (2005). Burnout prevention through personal growth. International Journal of Stress Management, 12(1), 62-77. doi: 10.1037/1072-5245.12.1.62

Estanek, S. M. (2006). Redefining Spirituality: A New Discourse. College Student Journal, 40(2), 270-281.

Gall, T. L., Charbonneau, C., Clarke, N. H., Grant, K., Joseph, A., & Shouldice, L. (2005). Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework. Canadian Psychology/Psychologie canadienne, 46(2), 88-104. doi: 10.1037/h0087008

Goeke-Morey, M. C., Taylor, L. K., Merrilees, C. E., Shirlow, P., & Cummings, E. M. (2014). Adolescents' relationship with God and internalizing adjustment over time: The moderating role of maternal religious coping. Journal of Family Psychology, 28(6), 749-758. doi: 10.1037/a0037170

Greyson, B., & Khanna, S. (2014). Spiritual transformation after near-death experiences. Spirituality in Clinical Practice, 1(1), 43-55. doi: 10.1037/scp0000010

Hall, M. E. L., Oates, K. L. M., Anderson, T. L., & Willingham, M. M. (2012). Calling and conflict: The sanctification of work in working mothers. Psychology of Religion and Spirituality, 4(1), 71-83. doi: 10.1037/a0023191

Harris, S. T., Wong, D., & Musick, D. (2010). Spirituality and Well-Being Among Persons with Diabetes and Other Chronic Disabling Conditions: A Comprehensive Review. Journal of Complementary & Integrative Medicine, 7(1), 1-20.

Harris, S. T., Wong, D., & Musick, D. (2010). Spirituality and well-being among persons with diabetes and other chronic disabling conditions: a comprehensive review. Journal of Complementary & Integrative Medicine, 7(1), 21p. doi: 10.2202/1553-3840.1270

Hodge, D. R. (2003). Intrinsic Spirituality Scale.

Holden, J. M., Kinsey, L., & Moore, T. R. (2014). Disclosing near-death experiences to professional healthcare providers and nonprofessionals. Spirituality in Clinical Practice, 1(4), 278-287. doi: 10.1037/scp0000039

McBrien, B. (2006). Spirituality. A concept analysis of spirituality. British Journal of Nursing, 15(1), 42-45.

Ojeda, L., & Piña-Watson, B. (2013). Day laborers' life satisfaction: The role of familismo, spirituality, work, health, and discrimination. Cultural Diversity and Ethnic Minority Psychology, 19(3), 270-278. doi: 10.1037/a0032961

Petrican, R., & Burris, C. T. (2012). Am I the stone? Overattribution of agency and religious orientation. Psychology of Religion and Spirituality, 4(4), 312-323. doi: 10.1037/a0027942

Piedmont, R. L., Ciarrochi, J. W., Dy-Liacco, G. S., & Williams, J. E. G. (2009). The empirical and conceptual value of the spiritual transcendence and religious involvement scales for personality research. Psychology of Religion and Spirituality, 1(3), 162-179. doi: 10.1037/a0015883

Reinert, K. G., & Koenig, H. G. (2013). Re-examining definitions of spirituality in nursing research. Journal of Advanced Nursing, 69(12), 2622-2634. doi: 10.1111/jan.12152

Rossetti, S. J., & Rhoades, C. J. (2013). Burnout in Catholic clergy: A predictive model using psychological and spiritual variables. Psychology of Religion and Spirituality, 5(4), 335-341. doi:

10.1037/a0033639

Sandage, S. J., & Jankowski, P. J. (2010). Forgiveness, spiritual instability, mental health symptoms, and well-being: Mediator effects of differentiation of self. Psychology of Religion and Spirituality, 2(3), 168-180. doi: 10.1037/a0019124

Stevens-Watkins, D., Sharma, S., Knighton, J. S., Oser, C. B., & Leukefeld, C. G. (2014). Examining cultural correlates of active coping among African American female

trauma survivors. Psychological Trauma: Theory, Research, Practice, and Policy, 6(4), 328-336. doi: 10.1037/a0034116

Village, A. (2014). The relationship of psychological type to interpretations of Genesis among churchgoers in England. Psychology of Religion and Spirituality, 6(1), 72-82. doi: 10.1037/a0035184

Walker, L. O., & Avant, K. C. (2011). Strategies for Theory Construction in Nursing: Prentice Hall.