

A Spiritual Screening Tool for Older Adults

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Abstract

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Objective The purpose of the non-experimental study was to investigate the reliability and validity of a self-administered screening tool for spiritual distress in older adults. The tool was unique in that items were consistent with a conceptual definition of spirituality presented in the professional literature and supported by theories of behavioral development for older adults.

Methods Questionnaires were distributed to residents of a continuing care retirement community participating in a class on spirituality. **Results** The split-half reliability coefficient was found to be 0.776. Construct validity was established and a cutoff value for spiritual distress was determined. **Discussion** Tests for reliability and validity demonstrated confidence in use of the tool to screen for spiritual distress in older adults.

Key words: spiritual screening tool, spiritual distress, older adults.

A Spiritual Screening Tool for Older Adults

The majority of Americans consider themselves to be spiritual beings and believe spirituality is a significant part of who they are (Adler, 2005). Many have come to accept the mind-body-spirit connection and to believe that spiritual health is related to overall well-being. In the hope of moving proactively to maximize their potential for wellness some seek to strengthen the health of their spiritual side.

Overall health promotion and specifically secondary prevention encourages many to undergo screening procedures for early detection of health problems and seek prompt intervention in order to prevent advanced disease processes. A screening tool for spiritual distress is useful for sorting out individuals who probably are at risk for spiritual distress from those who probably are not. Screening is not intended to be diagnostic but rather to identify from a group of apparently spiritually healthy individuals those who have a probability of being at risk for spiritual distress and referring them to an appropriate spiritual care provider.

Individuals interested in maintaining optimum health may resort to self-administered screening tools to identify areas in their physical, mental and spiritual health that place them at risk for a negative health event. A self-administered spiritual wellness screening tool may be helpful for individuals who are able to recognize risk for spiritual distress and take measures that would restore spiritual well-being. Such a screening tool would also be helpful to health care providers in identifying individuals at risk for spiritual distress and referring them to chaplains and other professional spiritual care providers.

Problem

Various tools and guidelines for spiritual screening and assessment exist and have been

used effectively to aid spiritual care providers identify spiritual distress (Ellison 1983, Stoll 1979, Jackson 2004, Murgans 1996, Hall and Edwards 1996, O'Brien 1999). The majority of spiritual assessment tools used in clinical practice are less sensitive and specific for older adults because they do not take into account the characteristics of older adult development. Additionally, the operational definition of spirituality, in most cases, does not flow from a conceptual definition found in the literature.

Purpose

The purpose of the non-experimental study was to investigate the reliability and validity of a self-administered spiritual screening tool for older adults. The tool was unique in that it was based on constructs of spirituality defined in the literature, which were triangulated with adult developmental theories. The questionnaire items reflected four constructs of spirituality: meaning and purpose, inner strength for hoping and coping, transcendent relationships with God and others and religious practices. The study also sought to determine the usefulness of a self-administered tool in screening for spiritual distress in a population of older adults.

Significance

Secondary prevention aimed at early detection of spiritual distress and prompt intervention is particularly indicated in an older population where individuals are at increased risk for spiritual distress (Young, 1993). Self-assessment is associated with empowering people to assume responsibility for personal health status. Assessing one's spiritual growth and development as a part of ongoing spiritual formation permits identification of areas of concern in spirituality. Subsequent consultation with a spiritual advisor may be sought.

Multiple disciplines represented on the health care team such as social work and nursing

claim spiritual care in their scope of practice. Most of these practitioners have had no formal education in providing spiritual care, particularly for older adults, and have expressed feelings of discomfort and inadequacy with having to make spiritual assessments and developing a spiritual care plan (Oldnall, 1996, Stranahan, 2001). Nevertheless, in the interest of expediency and cost containment, many health care facilities have assigned to various members of the health care team the duty of conducting comprehensive admission assessments which include a spiritual component. Reliable and valid spiritual screening tools appropriate for older adults can be useful to the multidisciplinary assessment process in early recognition of spiritual distress leading to prompt intervention by a professional chaplain.

Literature Review

The literature review is organized in three parts. Literature is presented which elucidates a conceptual definition of spirituality identifying four constructs: meaning and purpose, inner strength for coping and hoping, transcendence, and religious practices. Secondly, literature is reviewed which describes psychological developmental characteristics common to older adults. These developmental characteristics reinforce the constructs of the conceptual definition. Finally, a discussion of spiritual health and distress is presented.

Spirituality Defined

Dictionaries generally define “spirit” as “the animating or vital principle held to give life to physical organisms;” (Merriam-Webster, 2002). Spirituality is popularly held to be that which pertains to the immaterial part of humans as contrasted with the physical material part. Maugans (1996) defined spirituality as “a belief system focusing on intangible elements that impart vitality and meaning to life’s events” (p. 11). Such definitions are more esoteric than relevant when

applied to clinical settings. A meaningful understanding of spirituality will find expression in operational terms applicable to practice.

A careful review of the literature, both popular and professional, reveals little consensus on what it means to be spiritual, what constitutes spirituality and what contribution spirituality makes to the whole. Among the attributes, however, four characteristics of spirituality emerge common to many authors on the subject. The first is meaning and purpose. Viktor Frankl (1959) described the need to find meaning and purpose in life as the major motivational force that empowers individuals to embrace life and endure difficult circumstances throughout the life span. O'Brien (1999) associated meaning and purpose with spirituality which is essential for justifying one's existence. Finding meaning, even in the suffering that sometimes accompanies advanced age, is a major factor in spiritual development. Ross (1997) identified meaning and purpose as a component of spiritual care often neglected among elderly patients.

The second commonality in definitions of spirituality is the inner strength to cope with loss and difficulties in the present and hope for improved outcomes for the future. The ability to hope for improvement in one's present state provides strength to cope with that state (Espeland, 1999). The spirit provides the inner resources from which to draw to meet what ever adversity life may bring. Hope and strength has been associated with spirituality in older adults coping with chronic illness (Young, 1993).

The notion of transcendence in relationships with others and God, or a higher power constitutes the third dimension common to most authors on spirituality (Oldnall 1996, Jernigan 2001, Stoll 1979, Ellison 1983, Reed 1987). Chandler, Holden and Kolander (1992) described spiritual as "pertaining to the innate capacity to, and tendency to seek to transcend one's current

locus of centrality, which transcendence involves increased knowledge and love”. Spirituality is the aspect of being human that speaks of going beyond self enabling one to enter into a meaningful relationship with others and with God, or with whatever is considered by the person to be greater than him/her self. Transcendence motivates an individual to altruism and service beyond ones self, to love others, and to sacrifice for others. Maslow suggested that relating to others, nature and a higher power is in integral component of human beings and that all seek to transcend themselves in some fashion (Chandler, et al, 1992).

Religion is the forth commonly understood component of spirituality. Although related and frequently used interchangeably, spirituality and religion connote different concepts. Religion organizes beliefs and expresses them in doctrine, dogma, rituals, symbols and practices that are designed to foster a relationship or closeness with the sacred, the transcendent God or a higher power and to foster a relationship with others in a community. Religion is considered to be an external manifestation of the inner belief system, the outward expression of inner spirituality. Religion involves doing; spirituality is concerned with being (Emblen, 1992, Highfield, 2000). Spirituality is intrinsic to human nature whereas religion is acquired learned behavior. Religion pertains to various faith traditions, such as Catholicism, Protestantism, Judaism, Islam, Buddhism and so forth. Spirituality includes religious beliefs, may be expressed through religion, but it is not linked to any religion and may exist apart from any religious system (Espeland, 1999).

Consensus on these four themes common to spirituality is supported by the work of Margaret Burkhardt in O’Brien (1999), Chappell (2002), and Ross (1997). It is in fulfilling these functions that the spirit becomes a compelling vital force in humans referred to by the popular

definitions.

Theoretical Frameworks

The constructs of spirituality found in the professional literature were supported by theoretical frameworks specific to behavioral psychological development of older adults. These theories take into consideration the major developmental tasks attributed to the later stage of life. Four theories provided support for the constructs comprising the conceptual definition of spirituality and triangulated with the four common characteristics of spirituality, provide a sound rationale for the spiritual screening tool for older adults.

Erik Erikson's psychoanalytic theory of personal development identifies eight stages of growth across the life span. Each stage has a developmental task that must be achieved for normal psychological formation. Failure to accomplish the growth task before progressing on to the next stage results in a specific maladaptive behavior. Ego Integrity versus Despair is the eighth and final stage of psychosocial development and takes place between 65 years of age and death. The developmental task for senior adults is ego integrity, the ability to view one's life as significant and meaningful. Seniors are forced by their own mortality to look back over their life and evaluate whether life has been meaningful, productive, and happy. Those who exhibit a positive disposition about one's whole life have come to terms with the successes and failures; they feel hopeful and accepting of their eventual death. Rejection of one's life, concluding it has been disappointing, unfulfilling with many unrealized goals, burdened with broken and damaged relationships results in the despair associated with failure to master the developmental task. The result may be overwhelming hopelessness, anger, depression and the inability to accept one's death (Koenig, 1994). Accepting one's life as meaningful is an important aspect of spiritual

health for older adults.

Abraham Maslow based his hierarchy of needs theory on the premise that humans have certain basic needs and are driven to satisfy these needs. When one level of need is met, another level of need seeks satisfaction, continually motivating a person toward fulfillment. He called the desire for satisfaction through the levels of need the drive to self-actualize. The most basic level of need is physiological, followed by safety needs, social belonging needs, esteem needs and finally the need for self-actualization. Consistent with Erikson's concept of ego-integrity, Maslow found self-actualized individuals enjoyed a sense of purpose, significance, and fulfillment (Koenig, 1994). Similar to the construct of spirituality, transcendence was a characteristic Maslow associated with healthy psychological development. He referred to those at the top of the hierarchical pyramid as "transcendent actualizes" (Chandler et al, 1992, p. 168).

James Fowler affirms the transcendence domain of the conceptual definition of spirituality by elaborating on the trend toward transcendence as one increases in age and faith. According to Fowler (2000), individuals pass through seven stages in the development of their concept of transcendent relationships with God and others. The final stage, universalizing faith, occurs in late life and is characterized by a sense of unity with the divine and desire to be in relationship with others, regardless of faith tradition. In the ultimate expression of transcendence, there is a willingness to give up one's self for the sake of others. Fowler acknowledged that few are likely to reach this stage of universalizing faith; however, the process toward transcendence is begun in the sixth stage he labeled conjunctive faith. Individuals in the sixth stage of faith development place greater importance on a relationship with God. The concept of partnerships with God and others becomes more meaningful.

Robert Butler drew attention to the tendency of older persons to reminisce about the past. He dubbed this characteristic “life review” and determined it was a wholesome practice permitting seniors to take stock of their lives, evaluate the course their lives had taken and come to terms with the outcomes. As people examine their past life, they build hope for transmitting their values to the next generation. They have opportunity to think about how to invest the remaining portion of their life for the maximum benefit (Moberg, 2001). This process is consistent with Erikson’s eighth stage of development where the task is to find resolution with the past. A review of one’s life may result in either integrity or in despair.

In summary, spirituality consists of the constructs meaning and purpose, inner strength to hope and cope, transcendence, and religious practices. This definition finds congruence with developmental tasks for older adults who are engaging in a review of their life. They are striving to attribute meaning for their life lived, seeking coping strength and hope in the midst of diminishments and culminating in self-actualization through transcendence in meaningful relationships with others and with a higher power. Success in these tasks implies a state of optimum spiritual health.

Spiritual Health

Spiritual health pertains to the welfare of the inner person and is characterized by the ability to invest energy in one’s life seeking meaning and purpose, mustering inner strength to hope and cope, developing and enjoying transcendent relationships and practicing religious observances. Like physical and mental health spiritual health is dynamic; it ebbs and flows, waxes and wanes between spiritual wellness and spiritual distress. Everyone is somewhere on a continuum between complete spiritual wellness and abject spiritual distress. Anger, hostility,

mistrust, cynicism have the tendency to move one on the continuum toward distress. Optimism, love, and purposefulness move one along the continuum toward spiritual wellness.

Spiritual wellness is characterized by the presence of peace, contentedness, joy, security, freedom from guilt and anxiety, harmony, balance, contentment, connectedness, life affirming relationships with self, others, and deity (Maas et al., 2001). An individual in optimum spiritual health aims to reinforce existing spiritual resources, maintain spiritual connectedness and plan further spiritual development. There is a well developed body of literature identifying the beneficial effects of spiritual health on physical and psychological health (Koenig, 2001).

George Fitchett (1999) defined “spiritual risk” as having high spiritual needs and low spiritual resources with which to address those needs”. Persons in spiritual distress show signs of imbalance, disharmony, disconnectedness with self, others and/or God. They may exhibit feelings of alienation, fear, anxiety, guilt, anger, loss, despair, bitterness, apathy, silence, regret, questions about meaning, worthlessness, suffering, death, beliefs, relationships, questions about one’s faith, anger with God (Maas, et al., 2001; Gallo et al. 2000). More objective signs include sleep disturbance, change in mood, i.e. anger, crying, withdrawal, preoccupation, hostility, and apathy.

Just as spiritual well being can have positive health benefits, someone with underdeveloped, conflicted, overwhelmed or negative spirituality may be at risk for compromised health or a negative health event (Kliewer, 2004). Spiritual distress is associated with loss of meaning or purpose in daily activities, with the sense of struggling for the strength to hope to cope unable to see better days ahead, or who is experiencing difficulty or changes in relationships with loved ones or with God, no longer feeling connected, or unable to practice

traditional religious behaviors. The continuum of loss older adults confront regularly is likely to present an assault on the spirit placing it at risk for spiritual distress. Through immobility or want of privacy a person may be limited in the ability to practice the rites of faith. Retirement, changes in living conditions, relocation may result in loneliness. In hours of lonely retrospection, some may regret unaccomplished life goals, sense fear of what the future holds, mourn the loss of independence, health, loved ones, support systems, human contact. Physical illness can cause spiritual struggles: loss of body part or function, terminal illness, chronic illness, pain disability, surgery, chemotherapy, rehabilitation. All of these events constitute a challenge to one's belief system and produce spiritual distress. The aim of the spiritual care giver is to identify spiritual distress and restore spiritual balance and harmony. Left untreated spiritual distress may affect one's ability to function, perform duties of life, and enjoy life. Early identification and prompt intervention of persons at risk for spiritual distress may prevent a negative health outcome.

Methodology

Subjects were voluntary participants in a classroom presentation on spirituality offered on the campus of a continuing care retirement community. The purpose of the class was to explore the body-mind-spirit connection with a focus on spiritual wellness. Content covered characteristics of spiritual wellness such as peace, contentedness, security, harmony and balance. Strategies to promote spiritual wellness included meditation, reconciliation, gratitude and volunteerism. All participants were permanent residents of the retirement community living independently in apartments. At the close of the class the project was explained, questionnaires were distributed and participants were given opportunity to decline participation and exit the room. All elected to stay and questionnaires were completed within 20 minutes. The non-

experimental survey design was declared exempt from institutional review. Return of the completed questionnaires implied informed consent. Instructions were given on scoring and tabulating the items then a brief explanation was provided on each of the four subscales of the tool. Participants identified their score in each area. Questionnaires were collected at the close of the class. Anonymity was assured since it was not possible to associate any questionnaire with a specific participant. Questionnaires were subsequently recalculated to verify accuracy.

The tool consists of 20 items, five measuring each of the constructs: meaning and purpose, hope and coping, transcendence in relationships with God and others, and religious practices (Appendix A). Subjects were asked to rate their degree of agreement with each item using a five point Likert scale. Possible responses were strongly disagree, disagree, uncertain, agree, and strongly agree. A numerical value was assigned to each category: strongly disagree = 1, disagree = 2, uncertain = 3, agree = 4, and strongly agree = 5. Item responses were summed for a total score that could range from 20 to 100. Higher scores indicated a greater degree of spiritual wellness. Each of the four subscales consisted of 5 items permitting a scoring range from 5 to 25. Items were arranged in order of the construct of spirituality it was intended to represent. Items one through five measured hope and coping, six through ten measured transcendence, eleven through fifteen measured meaning and purpose, and sixteen through twenty focused on religious practices.

Readability of the tool was established by the Flesch-Kincaid Grade Level Index which is based on the average number of syllables per word and the average number of words per sentence. The score was calculated to be 7.3 indicating a seventh grade reading level. The questionnaire was evaluated for clarity, applicability, practicality and relevance by three people

representative of the sample that would participate in the study.

Findings

Forty-nine people participated in the study, 12 (24%) men and 37(76%) women. The mean age of the men was 76.4 years and that of women was 79.2. Eighteen (38%) were singled (widowed or never married) and 31 (62%) were married. Forty-one (84%) of the respondents indicated they were Protestant and eight (16%) stated they were Catholic.

A total score was obtained for each questionnaire. The arithmetic mean and standard deviation was calculated for the total score and each subscale (Table 1), as well as for each item. Item means ranged from 3.38 for item 10 “I am at peace with everyone I know” to 4.61 for items 1 and 16, “I have an inner source of strength and comfort” and “My faith (religion) is helpful to me“. The mean total score of 85.08 and mean subscale scores indicate a fairly high level of spiritual wellness in this sample.

Table1 Descriptive Statistics for Total Questionnaire and Four Subscales

| | Total | Hope | Transcend | Meaning | Religion |
|-------|---------|---------|-----------|---------|----------|
| Mean | 85.08 | 20.7 | 21.3 | 21.3 | 21.76 |
| S. D. | 9.19 | 2.62 | 2.61 | 2.41 | 3.64 |
| Range | 56 - 99 | 12 - 25 | 12 - 25 | 16 - 25 | 12 - 25 |

Discussion

The high scores in each of the four constructs of spirituality may be reflective of the population in the faith based retirement community where 90% of the residents indicate some level of affiliation with a religious group. The overall lack of spiritual distress may be attributed to continual care retirement living where there is typically a sense of safety, financial security,

social interaction and health care readily available. Residents are assured a vibrant living experience, opportunities for continuing education, a secure and safe living environment with the comfort of guaranteed assisted living and long-term care. The greatest variability occurred in religious practices, reflective of a community where approximately 20 religious denominations are represented.

Reliability of the tool

Reliability refers to the extent to which an instrument measures the construct it was designed to measure and assigns scores to subjects consistently. A reliable instrument is dependable, consistent, and predictable and measures the true score of each respondent with a minimum of random measurement error. Internal consistency is a measure of reliability that examines the correlation among items of an instrument. It is an appropriate test when the items of an instrument are intended to measure the same construct, even though they may address different aspects of that construct (Norwood, 2000).

Split-half reliability is a statistical procedure that correlates responses on one half of the items on the questionnaire with those of the other half of the items. The coefficient describes the degree to which the items measure the construct under investigation. A split-half reliability coefficient was computed between the ten even and ten odd numbered items and found to be 0.776. This indicates that nearly seventy-eight percent of the variability in the respondents' scores represented a true difference among them and 22% of the variance was due to random error. A split-half reliability coefficient of 0.7 or greater indicates a high degree of correlation among items and that the tool as a whole is measuring the construct consistently (Norwood, 2000).

Validity of the tool

Validity is an estimation of the extent to which the instrument measures the construct under investigation. The study attempted to establish validity through three methods. Content validity was obtained through examination of the tool by a panel of three professionals in the fields of gerontology, psychology and spiritual care. They confirmed that the tool measured spirituality consistent with the conceptual definition and the theories of older adult development supporting the conceptual definition.

Secondly, correlation coefficients were calculated among items on each subscale (Appendix B). The majority of the correlation coefficients were statistically significant at the 0.05 level of probability. These findings demonstrate important interrelationships among items on the subscale and support the presupposition that the items measure the respective constructs of spirituality. None of the correlation coefficients were high enough to conclude the items were redundant.

Seven of the ten correlation coefficients on the Transcendence subscale (Appendix B Table 3) were not statistically significant at the 0.05 level of probability particularly item 10 “I am at peace with everyone in my life”. Deleting this item from the questionnaire may improve correlations but may not be in the best interest of developing a spiritual distress screening tool. Conflict resolution is an important aspect of transcendence in relationships and characteristic of healthy spirituality. It is possible that a larger sample size may influence the correlation of this item with others on the subscale.

The terms used in item nineteen of the questionnaire may have confounded results in that specific religious practices are listed, i.e. baptism, communion and confession. These terms

connote different meanings and carry different weight among Christian denominations. Some denominations understand communion and confession as sacraments while others do not. A revised tool would eliminate such terms that are viewed differently among Christians and less likely to be important to adherents of other faiths.

Finally, sensitivity and specificity are two measures of the validity of a screening tool. Sensitivity refers to the ability of the tool to correctly identify those who have the condition and specificity is the ability of the tool to correctly identify those who do not have the condition. One way to test the validity of a tool is to determine how often it is correct in a group known to have the condition or known to not have the condition (Jekel, Katz, & Elmore, 2001). This test for validity is difficult to establish since it can't be known who really has or does not have spiritual distress. There is no absolute standard against which to measure. However, older adults in independent living apartments in a continuing care retirement community provided a group of people who likely do not have a high prevalence of spiritual distress. Residents consistently demonstrate sense of purpose, high energy levels to invest in life, transcendence through volunteerism and active religious involvement. Many of the factors that distress seniors, such as financial and health concerns are absent. The high scores on the tool evidence this level spiritual health.

Three (6%) of the subjects wrote comments on the bottom of their questionnaire indicating they were concerned about their results on the questionnaire and that they would be contacting the chaplain for an appointment to discuss their spiritual health. When they discussed this with their chaplain, they acknowledged the value of the screening tool in bringing to their attention problem areas that they had not realized. All three individuals obtained scores between

1.5 and 3 standard deviations below the mean in each of the four constructs on the tool. They were the only participants in the study who consistently obtained scores below the mean for each subscale.

Based on these data, it would seem prudent to set the cutoff score for spiritual distress at -1.5 SD in each of the four categories. Scores of -1.5 or lower would indicate risk for spiritual distress. This cutoff value may reduce sensitivity and identify more false positives while improving specificity and producing few false negatives. However the importance attached to a false positive is minor compared with a false negative. There is little cost to follow-up with a spiritual advisor and little emotional energy associated with an incorrect identification of spiritual distress.

Conclusion

The usefulness of a spiritual screening tool is demonstrated in its ability to separate individuals at risk for spiritual distress from those not at risk. Those found to be at risk are referred to chaplains for appropriate spiritual assessment and care.

The screening tool was found to have acceptable measures of reliability and validity. Based on this preliminary investigation, the tool may be used with guarded confidence that it measures the four defined constructs of spirituality and that it does so consistently. Additionally, the tool was found to have value in assisting individuals recognize they were at risk for spiritual distress prompting them to seek spiritual counsel from a chaplain.

This study should be replicated using a larger sample to provide further evidence for reliability and validity. Attention needs to focus on item ten to determine its contribution to the construct of transcendence in relationships with others and or God. A comparative sample should

be selected from a population of older adults not living in a continuing care retirement community where there may be greater threats to spiritual health. Additionally, the confounding variable of living in a faith based retirement community could be explored by selecting a sample from a population not affiliated with a religious organization.

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Appendix A

Spiritual Self Assessment Index for Older Adults

| Please rate your degree of agreement with each of the following statements. | S T R O N G L Y | D I S A G R E | D I S S A G R E | U N C E R T A I N | A G R E E | S T R O N G L Y |
|---|--------------------------------------|---------------------------------|--------------------------------------|---|-----------------------|--------------------------------------|
| 1. I have an inner source of strength and comfort. | | | | | | |
| 2. When I think about the future, I am not worried. | | | | | | |
| 3. Even though I have difficulties, I don't let them get me down. | | | | | | |
| 4. Personal trials tend to make me strong. | | | | | | |
| 5. I have someone to turn to when I am having difficulties. | | | | | | |
| 6. My relationship with God helps me face the challenges of life. | | | | | | |
| 7. I value being with other people. | | | | | | |
| 8. God is involved in every aspect of my life. | | | | | | |
| 9. I derive much pleasure from helping other people. | | | | | | |
| 10. I am at peace with everyone in my life. | | | | | | |
| 11. There are still some things I would like to accomplish in my lifetime. | | | | | | |
| 12. I have something to look forward to every day. | | | | | | |
| 13. In general, I am content with the way I have lived my life. | | | | | | |
| 14. I am usually able to persevere in spite of obstacles. | | | | | | |
| 15. I spend time appreciating beauty in art, nature, music, etc. | | | | | | |
| 16. My faith (religion) is helpful to me. | | | | | | |
| 17. Personal prayer is an important part of my life. | | | | | | |
| 18. Reading sacred literature is meaningful to me. | | | | | | |
| 19. The religious practices of my faith (baptism, communion, confession, etc.) are important to me. | | | | | | |
| 20. I am strengthened when I attend a religious service. | | | | | | |

Tabulation

Assign a numerical value to each category: strongly disagree = 1; disagree = 2; uncertain = 3; agree = 4; strongly agree = 5.

Sum the responses for items 1 – 5. This is the total score for Inner strength to hope and cope.

Sum the responses for items 6 - 10. This is the total score for Transcendence.

Sum the responses for items 11 – 15. This is the total score for Meaning and purpose.

Sum the responses for items 16 – 20. This is the total score for Religious practices.

Total scores for each of the four domains of spirituality may range from 5 to 25, with an average of 15. Scores above 15 indicate positive spiritual health in that domain; the higher the score, the more positive. Scores below 15 indicate negative spiritual health for that domain. Lower scores indicate greater potential for spiritual distress.

Susan Stranahan, 07/07

Appendix B

Table 2 Correlation Coefficients and Probability for Items of Subscale Hoping and Coping

| | Q1 | Q2 | Q3 | Q4 | |
|----|--------------|--------------|--------------|--------------|------|
| Q2 | .475 .001 | | | | |
| Q3 | .358 .012 | .556 .000 | | | |
| Q4 | .431 .002 | .407 .004 | .298 .037 | | |
| Q5 | .350 .014 | .364 .010 | .179 .010 | .179 .218 | .218 |

Table 3 Correlation Coefficients and Probability for Items of Subscale Transcendence

| | Q6 | Q7 | Q8 | Q9 |
|-----|--------------|--------------|--------------|--------------|
| Q7 | .145 .322 | | | |
| Q8 | .687 .000 | .093 .532 | | |
| Q9 | .167 .251 | .592 .000 | .263 .071 | |
| Q10 | .329 .022 | .065 .663 | .142 .370 | .058 .695 |

Table 4 Correlation Coefficients and Probability for Items of Subscale Meaning and Purpose

| | Q11 | Q12 | Q13 | Q14 |
|-----|--------------|--------------|--------------|--------------|
| Q12 | .504 .000 | | | |
| Q13 | .438 .002 | .347 .014 | | |
| Q14 | .540 .000 | .702 .000 | .452 .001 | |
| Q15 | .315 .028 | .348 .014 | .286 .047 | .231 .110 |

Table 5 Correlation Coefficients and Probability for Items of Subscale Religious Practices

| | Q16 | Q17 | Q18 | Q19 |
|-----|--------------|--------------|--------------|--------------|
| Q17 | .703 .000 | | | |
| Q18 | .590 .000 | .558 .000 | | |
| Q19 | .744 .000 | .666 .000 | .735 .000 | |
| Q20 | .635 .000 | .626 .000 | .589 .000 | .777 .000 |

