

Spirituality Scale: Development and Validation

Purushothaman T^{*}, Janmejay Pradhan^{**}, YK Nagle^{***}, Kalpna Anand^{****}

Abstract

The genesis of spirituality is challenging due to a wide variety of perspectives and assumptions underlying spirituality research. Spirituality is still an emerging concept in the developing countries such as India, although rich culture has enriched in the past. Confining to various definitions of spirituality, the study attempts to evolve a health oriented spirituality scale in an Indian context. With exploration of literature and expert reviews, various attributes of spirituality scale were initiated with a pool of 120 items. These items were subjected to experts' opinion and were reduced to 77. The version I scale was then administered on a sample of 254 participants. After initial factor analyses, the scale was again administered on a sample of 104 participants. Principal component analyses were employed and 56 items were retained covering five factors for final version of Spirituality Scale. The reliability was 0.640 and validity was 0.491.

Keywords: Spirituality, Factor Analysis, Variance, Health attribute on Spirituality.

Scholars, health practitioners, policy makers and recipients of health care increasingly recognize the importance of persons' perceptions of spirituality in the provision of health-care services. The genesis of spirituality is wide and open with a variety of perspectives and assumptions underlying spirituality research. In the past 20 years, the study of spirituality, religion, as well as coping has become abundant areas of research. This surge in interest on spirituality and religion may be due to the fact that many people turn toward their faith under extreme circumstances such as severe illness.^{19,33}

Spirituality is still an emerging and nebulous concept at primary stages in the developing countries such as India. More often it is bounded / blended with religious background to the extent of saying that, the one who is religious is spiritual. Though spirituality can exist independently, in most people, it is nested in religious context.¹² However, the philosophical concept is slowly transforming into a psychological one.

Definition of Spirituality

Definitions of spirituality range from the

perspective of organized religion with predefined beliefs and practices to seeing spirituality as an elusive and subjective human experience.⁴³ On the basis of the reviews of numerous research studies, various definitions have been evaluated for the conceptual clarity of Spirituality as a psychological construct. *Spirituality reflects a unique psychological dimension around which individuals organize their lives, goals, values and intentions.*⁴² Anderson & Worthen defined spirituality as 'human experience of discovering meaning of life which may or may not include the concept of personal God'.² Aponte uses a wide ranging definition when he refers to *spirituality, as the meaning, purpose and values of people.*³ Pargament has defined spirituality as the "sacred domain" which concerns "ideas of God, higher powers, divinity, and transcendent reality".³⁶ Koenig sees spirituality as "distinguished from all other things—humanism, values, morals, and mental health—by its connection to the sacred, the transcendent. Spirituality is intimately connected to the supernatural and religion, although it extends beyond religion".²⁵ According to Wong, *all the positive effects of personal meaning - such as optimism, buffers against stress, motivation for purposeful living, and so on--can be attributed to*

* Scientist 'C' Services Selection Board, SCC, SI Lines Bhopal - 462001.

** Scientist 'E' Defence Institute of Psychological Research, DRDO, Delhi - 110054.

*** Scientist 'F' Defence Institute of Psychological Research, DRDO, Delhi - 110054.

**** Scientist 'D' Institute of Aerospace Medicine, Bangalore - 560001.

Correspondence to: Dr Janmejay Pradhan, Scientist 'E' Defense Institute of Psychological Research, DRDO, Delhi - 110054. **E-mail Id:** jimmy_pradhan@rediffmail.com

religion/ spirituality.⁴⁸ Another explanation is that religion/ spirituality encourages a healthy lifestyle. The most recent definition offered by de Jager Meezenbrock et al. describes spirituality as “one’s striving for an experience of connection with oneself, connectedness with others and nature and connectedness with the transcendent”.¹⁴

Mc Knight describes it is an animating force, an energy that inspires one toward certain ends or purpose that goes beyond self.³¹ ‘Spirituality is a subconscious feeling; that energizes individual action in relation to a specific task’.¹³ Belief in the intrinsic value and uniqueness of each individual promotes feeling of self-esteem which shapes interpersonal behaviors and attitudes towards others. These adhered with a good sense of spirituality in a way emphasize a variety of positive and pro-social goals that reduce the likelihood of noxious and stressful interpersonal interactions enhancing ones’ mental health.⁸ Spirituality can enable people to step outside or beyond mental distress, and experience comfort and calm, especially in the midst of crisis.³⁴ The works of psychologists in regard with spirituality dwells with behavior oriented/ rather health oriented well being. Spirituality is the praxis and process of personal transformation, either in accordance with traditional religious ideals, or, increasingly, oriented on subjective experience and psychological growth independently of any specific religious context.

Concept of Spirituality

The conceptualization of spirituality is particularly challenging due to a wide variety of perspectives and assumptions underlying spirituality research. Viewing about positive psychology gives a thought for nurturing it. A noticeable practice in the present era associated with positive mental health and wellbeing is meditation. Meditation commands much public attention in developed countries, but the roots of its use for personal growth are found in the cultures of many developing countries. Most practices make use of a combination of spiritual and physical methods. Meditation and spiritual enhancement have a wide range of meanings in different cultures.

Even with the vast literature available, still confusion exists in the in depth understanding of spirituality. There are ample differences of opinions on what precisely spirituality is? The definition of Dehler & Welsh is lucid and easily convincible (understanding) for a psychologist.¹³ Having said what inner feeling is all about, the

source from which spirituality is acquired has to be looked for.

The potential for both positive and negative effects of spirituality on health, combined with high levels of engagement with Spirituality by the present-era population, suggests that this area is ripe for future sustained research. Psychologists are now developing and evaluating a variety of spiritually integrated approaches to treatment, including forgiveness programs to help divorced people come to terms with bitterness and anger, programs to help survivors of sexual abuse to deal with their spiritual struggles, treatments for women with eating disorders that draw on their spiritual resources, and programs that help drug abusers re-connect to their higher selves.³⁷ Therefore, clinicians should pay more attention to spirituality, a neglected but important aspect of life that may have significant health consequences.

There has been an increasing interest in the relationship between spirituality and number of other attributes in the last decade. Spirituality generally has a positive association with quality of life. It is a developing concept in relevance with the mental health. WHO has added the construct of Spirituality in Quality of Life scale giving it due recognition.⁴⁷ Spiritual wellbeing has gained importance in recent years as a component of mental health. Qualities such as awe, meaning of life, faith and connection to a spiritual being make significant contribution to the overall rating of quality of life, above and beyond that of psychological wellbeing or social connection.⁴¹

Meta analysis of 50 studies reveals that measures of spirituality increasingly emphasize the individual experiences, thoughts and beliefs about spirituality rather than the externally measurable activities associated with religious attendance or ritual practices. Spirituality is an outcome variable in health care studies that emphasizes the holistic and subjective experience of health as operationalized by the measures of wellbeing and life satisfaction³⁹ and linked to wellbeing.¹⁸

Despite a lot of diversity in conceptualization of spirituality, several common defining characteristics of spirituality can be extracted from the literature.¹⁰ Spirituality refers to a relationship to something that lies beyond the physical, psychological or social dimensions of life. This transcendental relation of spirituality has been variously labeled as divinity, a higher power, a divine being, ultimate reality, God or god-being.^{6,15,17,27,38,43} Spirituality is commonly associated with an existential search for meaning

and purpose.^{10,27,43} Researchers suggest that spirituality can be distinguished from other existential pursuits, ideologies or life-giving practices by its orientation toward the sacred. Sacred refers to those aspects of life that are either transcendental in nature or related to a transcendent dimension.^{20,23,27,35}

Another attribute of spirituality pertains to the notion that it is defined by persons' subjective experiences that may not necessarily be expressed through predefined behaviors and practices.^{27,45} Finally, spirituality is distinguished from religion to reflect the spirituality of people who consider themselves to be spiritual but not necessarily religious.³⁹

Spiritual support has similarities to socially supported coping mechanisms; however, it can offer support in situations where people or social support have little or no control. Spiritual support also offers more in traumatic life events because it can answer questions beyond human reasoning or at least make sense of them. Spiritual support and social support researches have been shown to reduce the negative effects of stress.⁴⁰ Studies on maltreated children reveal significant associations with high symptoms of distress, low existential spiritual wellbeing, and low social support from family.²⁸ Spiritual experiences may contribute to positive psychological attitudes. This health promoting attitude may buffer individuals from stress-related components of illness.²⁴ There is a relationship between the coping strategies and the patients' emotional wellbeing.²²

Individuals with mood and anxiety disorders use spirituality to a greater extent to deal with these difficulties, and spiritual values are associated with higher odds of past. This means that spirituality may be helpful in dealing with these disorders. These findings are generally consistent with those of other studies and there is possibility for further dynamic study and exploration.⁴ Literature shows the relevance of spiritually augmented therapy in enhancing wellbeing and reducing vulnerability to illness.¹¹ A significant relationship exists between spirituality/ religion, child psychopathology and parental/family functioning. Though complex, it is usually supportive of greater mental health and this relationship can be even reciprocal.²⁹

There are several research needs in the study of Spirituality and health. First, there is clearly a need for more careful conceptualization and measurement of the religiousness/spirituality variable³² which stands good even now as the

concept has just step into the hands of the health psychologists.

The Present Study

The above reviews imply the role of spirituality towards psycho-social parameters of coping, mood disorders, distress, vulnerability to illness etc. These are factors which are likely to manifest in case of low/ poor physical or mental health. As spirituality is mostly nested in religious context, this study has gained relevance in studying it as health attributes are delineating from religion. Hence, the study of health in association with spirituality becomes more important.

The exploration of the various attributes obviously gives a drive to measure spirituality on the basis of the above attributes. Based on the above reviews, the following domains are concised to contribute for spirituality. *Self esteem* (a positive value an individual gives to his/ her self - a concept which is a sense of worth/ self respect), *Interpersonal Behavior* (a measurable and observable aspect of an individual with a reciprocal process of give and take meant for satisfactory and socially desirable relationships between people/ an attitude to others), *Empathy* (a reasonably accurate understanding of someone else's experience by placing oneself in others position), *Optimistic Life orientation* (an attitude towards life marked by hope, confidence, cheers and faith), *Perceived social support* (a favorable response a person receives from others due to the recognition and approval received for values, actions and attitudes), *Resilience to stress* (the capacity to cope with adversity and to avoid breakdown or diverse health problems when confronted by important stressors. The buoyancy/ toughness in counteracting a stimulus disturbing the equilibrium of the person), *Anxiety* (a highly unpleasant affective state includes feelings of tension, uneasiness, and a generalized feeling of apprehension), *Quality of Life* (an individual's perception of his/ her position in life in the context of the culture and value systems in which he/ she lives, and in relation to his/ her goals, expectations, standards and concern. In psychological terms that go beyond the presence or absence of symptoms and signs of disorders and captures positive aspects of coping, resilience, satisfaction and autonomy, among others), *Religion* (one of systems of faith based on the existence of a particular god and the activities of worship, an interest / influence very important in life), *Mental Health* (a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work

productively and fruitfully, and is able to make a contribution to his or her community,⁴⁶ *Meditation* (a practice of thinking deeply in silence in order to keep your mind calm).

The reviews of literature in analyzing the present works available in the area give a handful of measures prevalent in the west. However works of spirituality in relation to health in a growing economy like India, especially where the cultural differences are far unlike the west is at scarce. Hence a lot needs to be explored on the third world populations where health in itself is at primordial levels. The present work attempts to develop a comprehensive health oriented spirituality measure. After the consolidation of the reviews the various psycho-physiological parameters which contribute for the measure of spirituality were identified as narrated above. Thus the aim of the study is to develop a scale of spirituality in orientation with the psychological health attributes of behavior.

Procedure

The development of scale to measure an attribute is a painstaking process as good as any other innovative research. The study attempts to develop a scale for health related spirituality in the Indian context. The following are the various steps involved in developing a psychological health oriented spirituality scale:

Item Generation was initiated by the authors giving the core attributes of the measure to various psychologists. This led to the generation of 120 items. The items were primarily screened for their face validity and content validity by a panel of four experts in the field.

Peer review discussions were carried out to see for the repetition of items, their intended meaning, linguistic appropriateness, culture freeness etc. After a thorough peer review discussion, 77 items out of 120 were retained in the preliminary form of the spirituality scale. The items were then arranged in a numerical sequence with positive and negative statements placed in alternate to one another to avoid halo and horn effects. Among the 77 items, 14 items were retained representing Self esteem and Optimistic Life orientation (items 1-14), 12 items were retained representing Interpersonal behavior, Empathy, perceived social support, resilience to stress, anxiety (items 15-26),

16 items were retained representing Quality of Life (items 27-42), 14 items were retained representing Religion (items 43 – 56), 15 items were retained representing Mental Health (items 57-71), and 6 items were retained representing Meditation (items 72-77).

Checking for vocabulary appropriateness, connotative meaning, reframing of sentences in third person form was done as a final modulation of the scale, before it has been administered to the participants. The scale was designed in likert form of scale ranging from strongly disagree (SD) to strongly agree (SA) with score of 1 to 5 for the positive statements where as 5 to 1 in case of negative statements. The preliminary form of the *health related spirituality scale* was finalized.

Administration of the scale

The scale designed was administered to 254 participants in four sessions for the ease of admissibility. The purpose and the nature of the study was initially explained to the participants and due permission had been obtained before the administration of the scale to the participants.

The data was scored as per the criteria of positive and negative statements. Later it was fed in the excel sheet and analyzed for the errors and missing values so as to tune it for the utility in a statistical software (SPSS).

Results

The data was subjected to principal component analysis. The details are shown in table 1.

Table 1 shows the total variance in the data as explained by 28 components extracted which explain 66% of variance in the variable of spirituality. The rotations failed to converge in 25 iterations (convergence = 2.178) in the data and was found less appropriate for 28 factors and hence with the focus on consolidation, a scree plot was tried out to predict the best possible number of factors which can explain some acceptable level of variance. Following the above procedure, the components was fixed to a number of five based on the scree plot shown below in fig. 1 and the component analysis was attempted again. The commonalities and the loading for each item on the spirituality scale have also been analyzed before finally attempting for the component analysis.

Factor Nos.	Initial Eigen values			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.156	7.995	7.995	6.156	7.995	7.995
2	4.128	5.361	13.356	4.128	5.361	13.356
3	2.784	3.616	16.972	2.784	3.616	16.972
4	2.322	3.016	19.988	2.322	3.016	19.988
5	2.120	2.753	22.741	2.120	2.753	22.741
6	2.050	2.662	25.403	2.050	2.662	25.403
7	1.946	2.527	27.930	1.946	2.527	27.930
8	1.846	2.398	30.328	1.846	2.398	30.328
9	1.822	2.366	32.694	1.822	2.366	32.694
10	1.748	2.270	34.965	1.748	2.270	34.965
11	1.728	2.244	37.209	1.728	2.244	37.209
12	1.671	2.170	39.379	1.671	2.170	39.379
13	1.619	2.103	41.482	1.619	2.103	41.482
14	1.563	2.029	43.511	1.563	2.029	43.511
15	1.514	1.966	45.477	1.514	1.966	45.477
16	1.454	1.888	47.365	1.454	1.888	47.365
17	1.395	1.812	49.177	1.395	1.812	49.177
18	1.350	1.753	50.931	1.350	1.753	50.931
19	1.330	1.728	52.658	1.330	1.728	52.658
20	1.288	1.673	54.332	1.288	1.673	54.332
21	1.262	1.639	55.971	1.262	1.639	55.971
22	1.209	1.570	57.541	1.209	1.570	57.541
23	1.191	1.546	59.087	1.191	1.546	59.087
24	1.128	1.464	60.551	1.128	1.464	60.551
25	1.112	1.444	61.996	1.112	1.444	61.996
26	1.099	1.428	63.423	1.099	1.428	63.423
27	1.040	1.351	64.774	1.040	1.351	64.774
28	1.023	1.329	66.103	1.023	1.329	66.103

NB: 1. Extraction Method: Principal Component Analysis

Table 1. Factor Analysis of Spirituality Scale (Version I)

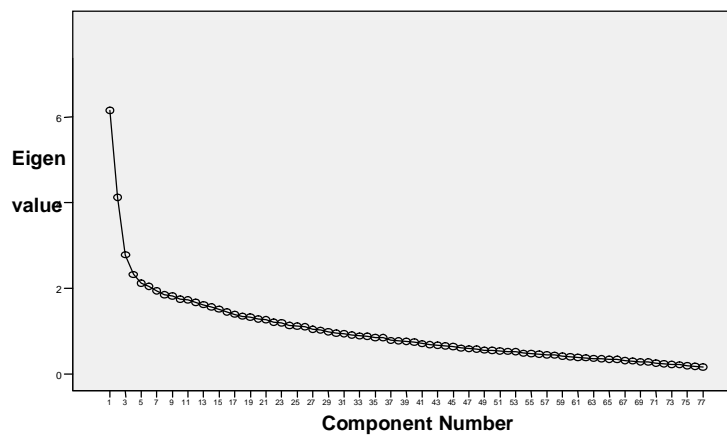


Figure 1. Scree plot

Item	Initial Eigen values			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.156	7.995	7.995	6.156	7.995	7.995	4.480	5.818	5.818
2	4.128	5.361	13.356	4.128	5.361	13.356	3.626	4.708	10.526
3	2.784	3.616	16.972	2.784	3.616	16.972	3.497	4.541	15.067
4	2.322	3.016	19.988	2.322	3.016	19.988	3.286	4.268	19.335
5	2.120	2.753	22.741	2.120	2.753	22.741	2.623	3.407	22.741

Extraction Method: Principal Component Analysis.

Table 2. Variance Explained - Spirituality Scale (Version I)

Table 2 shows the variance explained (22.74%) which has restricted the Spirituality Scale to five factors only.

Then a rotated component matrix was employed with varimax rotation to see the individual items'

contribution for the variance and also to which factor the items consolidate to, with the mode of automated deletion of loadings of items less than 0.30. The factors converged after eight rotations. The factor loadings are shown in table 3.

Factor I		Factor II		Factor III		Factor IV		Factor V	
Item No.	Loading	Item No.	Loading	Item No.	Loading	Item No.	Loading	Item No.	Loading
25	-.615	61	.543	31	.478	73	.608	19	.513
42	.500	47	.530	22	.435	71	.535	28	.439
36	.478	67	.523	21	.411	69	.523	60	.412
24	.470	45	.516	29	.404	57	.503	7	-.361
68	.470	49	.505	20	.388	66	-.458	8	.357
34	.455	52	.447	18	.380	65	.445	14	-.342
40	.443	63	.424	38	.374	56	-.400	41	-.341
2	.437	53	.411	12	.368	59	.374	16	.330
10	.426	54	.391	3	.366	55	.330	58	.300
26	.423	44	.385	70	.364	72	-.329	-	-
4	.418	51	.376	35	.333	-	-	-	-
32	.400	48	-.375	46	.327	-	-	-	-
74	.360	37	.320	11	.309	-	-	-	-
6	.301	-	-	9	.302	-	-	-	-
64	.300	-	-	-	-	-	-	-	-

NB: 1. Extraction Method: Principal Component Analysis. 2. Rotation Method: Varimax with Kaiser Normalization. Rotations converged in 8 iterations. 3. Negative loadings indicate the inverse relationship with the measured variable. 4. Items with loadings of less than 0.300 were not shown in the table.

Table 3. Rotated Component Matrix and evolution of Factors - Spirituality Scale (Version I)

Deletion of the items

After the principal component analyses, it was felt that there is a need to weed out certain items based on the loadings with the assumption that the retention of adequately loaded items might give a fair percentage of explaining variance of the spirituality scale. 16 items with loadings of less than 0.30 in all the five factors were decided to be deleted from the scale. Hence the items, where the loadings are below the requisite level (16-20, 34-36, 51-54, 65 and 75-77) are excluded from the scale. The identified factors after the component analysis are as follows: Factor - I (15 items), Factor - II (13 items), Factor - III (14 items),

Factor - IV (10 items) and Factor - V (9 items). At this juncture, 61 items have been retained for further work on the scale. After factor analysis and exclusion of certain items (which have not loaded sufficiently in any of the factors) rest 61 items were converted to new item numbers in version II of the spirituality scale.

Administration of the version II of the Spirituality scale

The version II of the scale was again administered on similar age group participants (N=104) after their willing consent in three sessions of a group of about thirty participants. The post

administrative procedure of compiling scoring as well as statistical computation were followed in a similar manner as done earlier for the version I of the Spirituality scale in the study.

The principal component factor analyses have been done again to check for the latent structure. The outcome was 28.921% of variance explained by the five factors with the items being reshuffled

into various factors. The rotated component matrix was attempted to evolve the factorial loadings. The rotations in this case converged in 9 iterations with loadings of less than 0.30 in certain items. The details are shown in the table 4. Certain items are loaded in more than one factor. In those cases, the factor in which the item has loaded the maximum alone are taken into consideration.

Factor I		Factor II		Factor III		Factor IV		Factor V	
Item No.	Loading	Item No.	Loading	Item No.	Loading	Item No.	Loading	Item No.	Loading
47	.614	55	.594	29	.553	43	.555	36	.537
49	.598	30	.584	18	.552	44	.540	33	.452
60	.596	40	.554	17	.486	20	.522	27	.443
48	-.567	61	.532	15	.481	45	.454	35	-.413
56	-.489	3	.523	22	.480	7	.434	5	.409
25	.474	31	.522	19	.473	42	.397	59	-.361
57	.446	1	-.497	37	.470	51	.381	9	.356
52	.442	10	.453	26	.417	46	.360	12	.351
50	-.428	11	.393	16	.405	53	.353	38	.346
34	.413	2	.375	32	.399	6	.335	14	.344
58	-.361	4	*	23	.368	41	.324	8	.334
39	-.351	21	*	13	*	28	*	-	-
24	.348	-	-	-	-	-	-	-	-
54	*	-	-	-	-	-	-	-	-

* To be deleted

Table 4. Rotated Component Matrix with the items segregation and loadings-Spirituality Scale (Version II)

The items (numbers 4, 13, 21, 28, 54) as per table 4 which are not sufficiently loaded in any of factors during the factor analysis were deleted and the data with 56 items was again subjected to principal component analysis. The results were encouraging. The variance in spirituality explained was achieved to the extent of 30.843%. The explained percentage of variance, rotation

component matrix (which converged in 10 iterations) along with the factor loadings above 0.30 were shown in table 5 and table 6 respectively. With all the items being loaded on one or the other factor, the next step is to segregate the items and name the factors which constitute for the Spirituality.

Factors	Initial Eigen values	Extraction Sums of Squared Loadings		Rotation Sums of Squared Loadings	
	Total	% of Variance	Cumulative %	% of Variance	Cumulative %
1	4.649	8.302	8.302	6.957	6.957
2	3.877	6.923	15.225	6.479	13.437
3	3.414	6.096	21.321	6.317	19.754
4	2.871	5.126	26.447	5.685	25.439
5	2.461	4.396	30.843	5.404	30.843

Extraction Method: Principal Component Analysis.

Table 5. Variance Explained - Spirituality Scale (Version III)

Factor I		Factor II		Factor III		Factor IV		Factor V	
Item No	Loading	Item No	Loading	Item No	Loading	Item No	Loading	Item No	Loading
47	.638	55	.599	29	.580	36	.559	44	.579
60	.592	30	.595	17	.567	33	.484	43	.579
49	.572	40	.552	18	.560	35	-.441	20	.538
48	-.559	31	.533	16	.486	7	.426	45	.472
25	.484	3	.520	22	.482	27	.419	46	.377
56	-.473	1	-.504	32	.465	5	.403	53	.370
57	.453	61	.496	19	.446	9	.391	42	.341
52	.440	10	.475	15	.436	38	.369	51	.330
34	.404	11	.376	37	.433	14	.357	6	.314
50	-.395	2	.366	23	.398	12	.338	-	-
24	.372	-	-	26	.374	8	.322	-	-
58	-.364	-	-	-	-	59	-.320	-	-
39	-.339	-	-	-	-	-	-	-	-
41	-.314	-	-	-	-	-	-	-	-

NB: 1.Extraction Method: Principal Component Analysis. 2. Rotation Method: Varimax with Kaiser Normalization.
3. Rotation converged in 10 iterations.

Table 6. Rotated Component Matrix with the items segregation and loadings Spirituality Scale (Version III)

Naming of the factors

The final version of the scale had 56 items. The factors so arrived at are later named on the basis of the representation of the items. They are named as follows:

- Factor I is constituted by 14 items (**Optimism**)
- Factor II is constituted by 10 items (**Uncertainty**)
- Factor III is constituted by 11 items (**Beliefs**)
- Factor IV is constituted by 12 items (**External influences**)
- Factor V is constituted by 9 items (**Self Awareness**)

Reliability and Validity of the Spirituality Scale

The Cronbach Alpha was found to be 0.6246 and split half reliability was 0.6409. The version III of the scale has been validated with its equivalent form Spiritual index of well being¹² and was found to be having Pearson's correlation of 0.491 and Spearman's Rho of 0.500 both at the 0.01 significance level.

Example Items – Spirituality Scale

- It is common for people to seek help while in adversities.
- People cannot be helped out rightly even in utmost need.
- Socially undesirable events can be justified through religion.

- Good value systems ensure good quality of life.
- Presence of Almighty is felt only in time of difficulties.
- Culture definitely has a role to play in life.

Discussion

Spirituality involves a dimension of human experience that psychologists are increasingly interested in. It is not necessary to hold formal religious beliefs, or engage in religious practices, or belong to an established faith tradition to experience the spiritual dimension. Spirituality appears to mean different things to different people, and we do not attempt here to specifically define the term or to distinguish from religion. On the basis of the present literature and reviews, people with higher spiritual levels cope better with high stressors³⁰ and uncontrollable life events. This reveals that spirituality on the whole has positive effects on mental health. Spiritual support influences health by directly enhancing self-esteem and reducing negative effect, and through enhancing positive cognitive appraisals of the threatening stressor. For many, spirituality refers to an individual's attempt to find meaning in life, which can include a sense of involvement with the transcendent outside institutional boundaries.²¹ The most important way spirituality contributes to human value is that it tends to define the human being in a way that is beyond merely the ability to function. In healthcare, spirituality is identified with experiencing a deep-seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness. For example, consuming medicine for

ailments as such is intrinsically spiritual. It is the scientific and rational approach to medicine that came to existence in the 20th century, but which has become increasingly symptomatic managing only the effects and not the causes. The factors evolved from the item analysis are Optimism, Uncertainty, Beliefs, External influences, and Self Awareness. The scale of spirituality has been evolved from the health perspective with the attributes which will pave the way for a spiritual path of an individual. From the spiritual perspective, a distinction can be made between cure, or relief of symptoms, and healing of the whole person. Life is a perpetual journey of discovery and development, during which maturity is often gained through adversity. The relief of suffering remains a primary aim of health care, but it is by no means the whole story.

Conclusion

The study necessitates further research work to establish norms on various age groups and cross verification on different ethnicity. The spirituality scale instigates lots of deliberations and criticisms for its betterment. The views, opinions and criticism on this work will be welcomed as goodwill interest to refine the Spirituality Scale. This will ultimately serve the mankind with the overall desire for spiritual life, being an important guiding principle for healthy and positive living.

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