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Commentary

Assessing adolescent spiritual health and well-being (commentary related to Social Science & Medicine – Population Health, ref: SSMPH-D-15-00089)



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ARTICLE INFO

Article history:

Received 7 April 2016

Accepted 7 April 2016

Over the last three decades, rapidly increasing interest has been shown, and a great growth has occurred in publications and new journals, related to assessing spiritual health and well-being. Most attention has been paid to university students (many of whom participate in research projects to gain credit points) and adults, many of whom have been in poor states of health. However, assessment of spiritual health of younger adolescents has received less attention, with pertinent publications in journals such as the *International Journal of Children's Spirituality* (Büssing, Föller-Mancini, Gidley, & Heusser, 2010; Fisher, 2006; Yuen, 2015), other journals (Muñoz-García & Aviles-Herrera, 2014; Rican & Janosova, 2010; Shorkey & Windsor, 2010) and books (Francis & Robbins, 2005; Hughes, 2007; Roehlkepartain, Benson, Scales, Kimball, & King, 2008), and some unpublished works (Mason, Singleton, & Webber, 2007; WHOQOL SRPB Group, 2002, Wallace, 2010). The relative paucity of research with youth could be due to increased ethical demands of gaining parental permission and that of school systems and staff, as well as that from young people themselves. Developing instruments with language that is appropriate for young people has also provided a challenge.

Spiritual well-being is a complex concept. Building on growing interest in health and the influence of positive psychology, an initial working definition of 'spiritual well-being' was made, in the United States by the National Interfaith Coalition on Aging, as 'the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness' (NICA, 1975). Subsequent studies have expanded on this framework definition to investigate more fully the four sets of relationships that are seen to comprise spiritual well-being (Hay & Nye, 1998; Fisher, 1998).

A sound theoretical framework is needed upon which to build any measure, especially one in such an elusive field as spiritual well-being (Moberg, 2010). The Four Domains Model of Spiritual Health/Well-Being (Fisher, 1998, 2011) was used as the basis for developing a 20-item Spiritual Health And Life-Orientation Measure (SHALOM), followed by a generic version of SHALOM for particular use with non-religious groups (Fisher, 2013a), and an alternative Spiritual Well-Being Questionnaire (SWBQ2) for youth (Fisher, 2013b), as well as an appropriate measure for primary school children, called 'Feeling Good, Living Life' (Fisher, 2004).

A review of 260 measures of spirituality and well-being revealed that 78 of them contained any items, with only 31 containing more than two items, in each of the four factors used to assess spiritual health/well-being (Fisher, 2015). Only six instruments, developed by this author, contained an equal number of items per factor, so as not to be seen to privilege any one domain of spiritual well-being over the others, by assessing it with more items. The most popular of these instruments is SHALOM, which has been sought for use in hundreds of studies in 29 languages.

SHALOM is considered to be a viable 'spiritual thermometer.' With only five items per domain, it cannot be considered an exhaustive measure of spiritual well-being, but it is a comprehensive measure shown to relate significantly with personality, happiness, gender, and religiosity (Gomez & Fisher, 2003; Francis & Fisher, 2015). As well as use with students, SHALOM has been used in a wide range of studies in business, counselling, health (nursing and medicine), psychology and religiosity (Fisher, 2010, in preparation). The lived experience sector of SHALOM, called the SWBQ, was shown to have good reliability, with Cronbach's alpha, composite reliability and variance extracted. The SWBQ also showed good construct, concurrent, discriminant and predictive validity, and also revealed factorial independence from personality (Gomez & Fisher, 2003). Subsequent analyses showed 'general

DOI of original article: <http://dx.doi.org/10.1016/j.ssmph.2016.03.006>E-mail address: j.fisher@federation.edu.au<http://dx.doi.org/10.1016/j.ssmph.2016.04.002>2352-8273/© 2016 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

support for the psychometric properties of the SWBQ from an Item Response Theory perspective' (Gomez & Fisher, 2005).

It is readily understood that any study, be it a large, multi-country study, or even a small one, would like to use as comprehensive a measure as possible, so as not to place undue pressure on people completing it. However, that desirable goal must be weighed by the consideration that justice must be done in the research. This means that each component needs to be assessed fairly. Pruning instruments for the sake of convenience can compromise the measure being made. Even with twenty items, SHALOM cannot completely assess spiritual well-being, but it does provide a statistically sound measure, as reported above. Some people have sought a short-form of known measures to save space and time in studies of spiritual health and well-being. A recent investigation of 26 studies among a total of 30,514 participants, the majority of whom were from secondary schools in Australia, England, Hong Kong and Turkey (Fisher, 2016), showed that reducing the factor sizes in SHALOM to the three most significant items per factor yielded a weaker, barely acceptable instrument, especially in the Personal and Communal domains. Further reduction to the two 'strongest' items per domain yielded a completely inadequate measure of spiritual well-being, statistically-speaking. It might save a few minutes in offering a short-form of an instrument, but it more than truncates the validity and potential usefulness while doing so.

If time and space are so critical to a research project, it is more important that inadequate instruments not be used at all, rather than have poor research reported and propagated, especially in an area as important as spiritual health and well-being.

More studies with young people from a variety of nations and settings are to be encouraged, to provide a more comprehensive base from which comparisons can be made of the spiritual health of the developing adults who hold the world's future in their hands. As spirituality is seen as the foundation to health and the glue that holds other dimensions of spiritual, psycho-social, bio-physical health together, it is vital that valid, comprehensive instruments are used in any such studies. The 20-item SHALOM is a key contender for this role.

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