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The Spirituality Assessment Scale: Development And Validation Of The General Measure

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Abstract: Background: Spirituality is increasingly recognized as a vital component of holistic health, influencing how individuals cope with chronic illness and derive meaning from their experiences. However, few validated tools exist that accurately capture spirituality within the Indian cultural context. This study describes the development, validation, and scoring interpretation of the Spirituality Assessment Scale(SAS-20)—a concise, culturally adapted tool designed to assess multiple dimensions of spirituality among individuals with chronic illness. Methods: This single-centre retrospective study was conducted at Bhaktivedanta Hospital and Research Institute, Thane, Maharashtra, India, between October 2021 and March 2022. Tool development followed a two-phase mixed-method approach. Phase I included literature review, focus group discussions, and expert input for item generation and refinement. Phase II involved pilot testing with 10 patients for face validity and evaluation by seven experts for content validation. Psychometric testing assessed internal consistency and content validity. The SAS-20 scoring ranges from 0 to 80, categorized as low, moderate, and high spirituality. Results: The final SAS-20 comprises 20 items across nine dimensions, showing excellent internal consistency(Cronbach's $\alpha=0.858$) and strong content validity(CVI=0.8929). Conclusion: The SAS-20 is a brief, reliable, and culturally sensitive tool suitable for assessing spirituality in individuals with chronic illness in clinical and holistic care settings.

Keywords: Spirituality, Tool validation, Chronic illness, Psychometrics, Holistic health, SAS-20

I.INTRODUCTION

It is becoming more widely acknowledged that health is a dynamic and multifaceted concept that encompasses physical, psychological, social, and spiritual well-being in addition to the absence of disease. (1,14,15) Spirituality has become a crucial factor affecting health outcomes and coping mechanisms as healthcare systems shift towards more person-centred and holistic models, especially for those dealing with chronic or life-threatening illnesses (13,5).

The human search for meaning, purpose, and connection with oneself, others, nature, or a transcendent reality is the broad definition of spirituality, despite its complexity and diversity (9). This aspect of the human experience has a significant impact on how people perceive illness and preserve their wellbeing. Research indicates that spiritual practices and beliefs help patients dealing with cancer and chronic illness feel more resilient, experience less distress, and live better lives (2,8,12,).

Antonovsky's salutogenic model, which emphasises an individual's ability to manage stress and preserve coherence and purpose in life, provides the theoretical underpinnings for comprehending the role of

spirituality in health. (1) Adding to this, biopsychosocial–spiritual model that places spirituality at the centre of holistic care by integrating it with the larger determinants of health. (10) These frameworks show a growing recognition that spiritual well-being is essential to understanding and promoting health (11). As a result of this realisation, several instruments and models have been created to evaluate spiritual well-being and direct treatment. Systematic approaches to spirituality in healthcare were made possible by early frameworks like the model for spiritual assessment and intervention(7) The Attitudes Related to Spirituality Scale (ARES) and the Functional Assessment of Chronic Illness Therapy–Spiritual Well-Being Scale (FACIT-Sp-12) are two more recent tools that have proven to be valid and reliable in a variety of clinical populations (3,6). Büssing also underlined how crucial conceptual clarity is for assessing spirituality and religiosity to support the field's empirical underpinnings. (4) Including spirituality in medical practice is in line with worldwide trends towards compassionate, patient-centered, and culturally aware care (13,14). Healthcare providers can support patients' meaning-making processes throughout the course of their illness, improve psychological adjustment, and encourage holistic healing by attending to their spiritual needs. Thus, the purpose of this article is to examine the theoretical, scientific, and applied aspects of spirituality in relation to health and illness. It aims to demonstrate how spiritual evaluation and care support holistic well-being and how incorporating spirituality into healthcare systems can improve patient outcomes and person-centred care.

II. RESEARCH METHODOLOGY

Study Design and Setting

This was a single-center, retrospective study conducted at Bhaktivedanta Hospital and Research Institute in Thane, Maharashtra, India. The goal of the study was to develop and test a short but sensitive 20-item Spirituality Assessment Scale (SAS-20) designed for patients with chronic illnesses in India. The study took place from October 2021 to March 2022.

Study Participants

Adult patients 14 years of age and older who were diagnosed with and undergoing treatment for a chronic illness, such as cancer, cardiovascular disease, or other long-term non-communicable conditions, provided the data.

Individuals with primary anxiety or depression disorders, as well as those with any other illness unrelated to the chronic conditions being studied, were not included in the analysis.

Study Design Overview

The study was carried out in **two sequential phases** employing a **mixed-methods approach**:

Tool Development: Mixed Method Approach

Phase I – Item Generation

To find theoretical frameworks and current metrics for spirituality and spiritual well-being, a thorough literature review was conducted.

To investigate the meaning and aspects of spirituality in the Indian context, focus group discussions (FGDs) and in-depth interviews with medical professionals and specialists in spiritual care were undertaken.

The initial pool of items, which reflected the multifaceted nature of spirituality and included Connection to a Higher Power or Greater Meaning, Inspiration from Wise or Spiritually Uplifting Individuals, Personal Practices for Inner Connection, Compassion and Inner Conviction, Inner Stability and Support, Enjoyment and Sense of Purpose, Relationships and Belonging, Love and Connection and Personal Experience of the Sacred was guided by the qualitative data.

An expert panel of psychologists, spiritual counselors, and medical professionals validated the content of the instrument's preliminary version. The items were refined to a 20-item version called SAS-20 after being evaluated for clarity, relevance, and cultural appropriateness.

Phase II – Instrument Validation

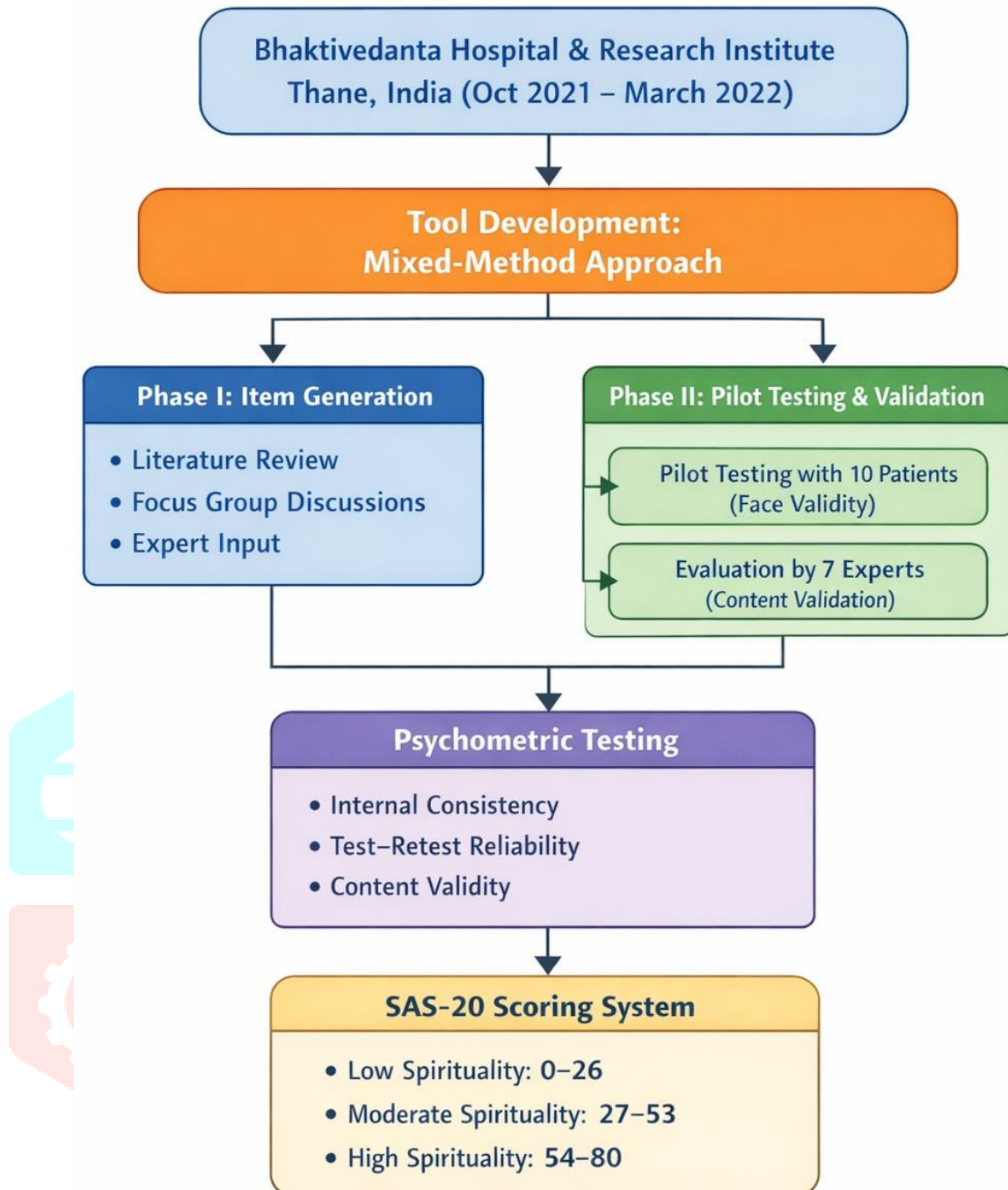
Pilot Validation by Patients and Experts During the initial validation phase, the preliminary version of the SAS-20 was administered to **10 patients** with chronic illness to evaluate clarity, comprehension, and contextual relevance of the items. In addition, **7 subject-matter experts**—including psychologists, spiritual care counselors, clinicians, and researchers—assessed each item for conceptual accuracy, cultural appropriateness, and relevance to the construct of spirituality. Feedback from both groups was systematically incorporated to refine the final 20-item scale.

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- The initial pool of items, which reflected the multifaceted nature of spirituality and included Connection to a Higher Power or Greater Meaning, Inspiration from Wise or Spiritually Uplifting Individuals, Personal Practices for Inner Connection, Compassion and Inner Conviction, Inner Stability and Support, Enjoyment and Sense of Purpose, Relationships and Belonging, Love and Connection and Personal Experience of the Sacred was guided by the qualitative data.
- An expert panel of psychologists, spiritual counselors, and medical professionals validated the content of the instrument's preliminary version. The items were refined to a 20-item version called SAS-20 after being evaluated for clarity, relevance, and cultural appropriateness.

The accuracy of the SAS-20 scale in evaluating spirituality as a related construct is confirmed by comparing its scores with recognized indicators of spiritual well-being. This is known as concurrent validity.

Data Collection Procedures

Hospital records were used to extract information on participant demographics, diagnosis, and length of illness. The SAS-20 responses were anonymized and recorded. Only the research team had access to the records, and data confidentiality was upheld at every stage.

Figure 1: Developing and validating the SAS-20 scale**Scoring of the SAS-20 and Possible Score Ranges (Table 1 and Table 2)**

Each item of the SAS-20 is rated on a 5-point Likert scale, and domain scores are calculated by summing responses within each subscale. The possible score ranges for each domain are as follows:

Table 1: Possible Score Ranges by Domain

Scale / Dimension	Number of Items	Score Range
Connection to a Higher Power or Greater Meaning	2	0–8
Inspiration from Wise or Spiritually Uplifting Individuals	2	0–8
Personal Practices for Inner Connection	3	0–12
Compassion and Inner Conviction	2	0–8
Inner Stability and Support	2	0–8
Enjoyment and Sense of Purpose	2	0–8
Relationships and Belonging	2	0–8
Love and Connection	3	0–12
Personal Experience of the Sacred	2	0–8
Total	20	0–80

Table 2: Total Score Interpretation (0–80)

The total SAS-20 score is obtained by summing the scores across all 20 items. Higher scores indicate greater spiritual well-being.

Total Score Range (0–80)	Level of Spirituality	Interpretation
0–26	Low Spirituality	Indicates a limited sense of spirituality, often reflecting spiritual distress or underdeveloped spiritual resources.
27–53	Moderate Spirituality	Reflects an average or developing sense of spirituality, with some spiritual coping resources present.
54–80	High Spirituality	Indicates a strong sense of spirituality, representing well-developed spiritual strengths, inner resilience, and meaning-making capacity.

III.RESULTS AND DISCUSSION

Participant Demographics (Table 3)

A total of 10 participants were included in the study. The mean age of the sample was **53.6 ± 13.8 years**, with ages ranging from **26 to 72 years**, indicating a wide representation of adult and older adult patients. The gender distribution was equal, with **50% female (n = 5)** and **50% male (n = 5)** participants.

Regarding clinical profile, the study population consisted of two major diagnostic groups: **cancer (50%, n = 5)** and **cardiac conditions (50%, n = 5)**, providing a balanced representation of patients with chronic and serious illnesses. This distribution ensured adequate comparison and diversity in understanding the emotional, clinical, and behavioral responses assessed in the study.

Table 3: Demographic Characteristics of Participants

Variable	Category	n	%
Age (years)	Mean ± SD	53.6 ± 13.8	-
	Range	26–72	-
Gender	Female	5	50%
	Male	5	50%
Diagnosis	Cancer	5	50%
	Cardiac	5	50%

Tool Development Process

The Spirituality Assessment Scale (SAS-20) was developed using a methodical, multi-phase process that included questions creation, expert review, and validation.

Through a review of the literature, focus groups with clinicians, and spiritual counselors, as well as qualitative interviews with experts and patients, an initial set of 42 questions was developed. These objects represented the many facets of spirituality, including Connection to a Higher Power or Greater Meaning, Inspiration from Wise or Spiritually Uplifting Individuals, Personal Practices for Inner Connection, Compassion and Inner Conviction, Inner Stability and Support, Enjoyment and Sense of Purpose, Relationships and Belonging, Love and Connection and Personal Experience of the Sacred.

After being reviewed by an expert panel, the SAS-20 was reduced to a manageable 20 items by eliminating items that were redundant or overlapping. In the Indian context, every item was made to be understandable, culturally appropriate, and appropriate for people with a variety of spiritual and religious backgrounds.

Content Validity

Patient and Expert Validation

The content and face validity of the SAS-20 were further strengthened through structured feedback obtained from **10 patients** and **7 experts**. Patients confirmed the clarity and acceptability of the items, while experts supported the conceptual relevance and cultural fit of each question. Their inputs contributed directly to refining item wording and improving the overall coherence of the scale.

The **Content Validity Index (CVI)** for the SAS-20 was calculated based on expert ratings of item relevance and clarity.

The overall **CVI value of 0.8929** indicates **excellent content validity**, demonstrating strong agreement among subject experts that the questions adequately represent the construct of spirituality.

This confirms that the SAS-20 comprehensively captures the essential dimensions of spirituality intended for assessment in clinical and research settings.

Reliability Analysis (Table 4)

Internal consistency reliability was assessed using **Cronbach's alpha** across all 20 questions.

- **Cronbach's Alpha:** 0.858
- **Cronbach's Alpha (based on standardized questions):** 0.867
- **Number of questions:** 20

These values indicate **high internal consistency**, confirming that the questions are homogenous and measure a common underlying construct.

Inter-questions correlations were positive and within acceptable ranges, further supporting the coherence of the scale.

Face and Construct Validity

During pilot testing, face validity was established when participants confirmed that the questions were clear, relevant to their context, and representative of their own spiritual experiences.

Questions-total correlation analysis, which demonstrated that every question improved the overall spirituality score, provided preliminary support for construct validity.

Summary of Psychometric Findings

The SAS-20 demonstrated **strong psychometric properties**, with high internal consistency ($\alpha = 0.858$) and excellent content validity (CVI = 0.8929).

The scale's brevity and cultural sensitivity make it a **practical, reliable, and valid instrument** for assessing spirituality among individuals with chronic illness in the Indian context.

Its structure allows for efficient use in both clinical and research environments, facilitating a more holistic understanding of patient well-being.

Table 4: Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0.858	0.867	20
VALIDITY: CVI=0.8929		

IV. DISCUSSION:

The Spirituality Assessment Scale (SAS-20) was developed to provide a concise, culturally sensitive, and psychometrically sound tool for assessing spirituality among individuals with chronic illness in India. The validation findings indicate that the SAS-20 demonstrates high internal consistency (Cronbach's $\alpha = 0.858$) and strong content validity (CVI = 0.8929), confirming that the questions reliably measure the multidimensional construct of spirituality. These findings align with prior literature emphasizing the importance of culturally grounded and psychometrically robust spiritual assessment tools (4,6,16).

An important strength of the scale is the incorporation of direct feedback from both patients and experts during the validation process. **Ten patients** participated in the pilot phase to establish face validity, ensuring that the questions were clear, relevant, and reflective of their lived spiritual experiences. Additionally, **seven experts**—from psychology, spiritual care, and clinical practice—evaluated each item for conceptual relevance and cultural appropriateness. This combined patient–expert validation approach strengthens both the practical and theoretical grounding of the SAS-20, consistent with recommendations from earlier works that emphasize stakeholder input in scale development (3,7,13).

The SAS-20 also incorporates a clear scoring framework that enhances its clinical utility. With a total score range of **0–80**, the scale categorizes spirituality into three levels: low (0–26), moderate (27–53), and high spirituality (54–80). This format supports clinicians and researchers in interpreting spiritual well-being in an actionable manner. Individuals with low scores may be experiencing spiritual distress, a concept widely discussed in the literature as an important determinant of emotional and psychological outcomes in chronic illness (2,9,12). Conversely, higher scores reflect well-developed spiritual strengths and coping resources, which have been associated with improved resilience, meaning-making, and quality of life (1,5,10,11).

The development of the SAS-20 addresses a notable gap in spirituality assessment tools designed specifically for the Indian cultural context. Although internationally validated instruments such as the FACIT-Sp-12 and SpI-27 have demonstrated strong psychometric properties (6,16), they largely emerge from Western philosophical perspectives and may not fully reflect Indian expressions of spirituality, which emphasize interconnectedness, transcendence, gratitude, and inner peace. The SAS-20 aligns more closely with holistic frameworks such as the biopsychosocial–spiritual model (10) and Antonovsky’s salutogenic theory (1), which recognize spirituality as a central component of well-being and coping.

Furthermore, the brief, user-friendly structure of the SAS-20 enhances its feasibility for use in busy clinical settings, palliative care environments, and community health programs. This aligns with global recommendations encouraging the integration of spiritual assessment into routine care as part of person-centred and compassionate health services (13,14,15). By facilitating systematic identification of spiritual needs and strengths, the SAS-20 helps clinicians support emotional resilience, coping, and holistic healing.

In summary, the SAS-20 is a significant contribution to the assessment of spiritual health in India. Its strong psychometric performance, patient-informed clarity, expert-validated content, and structured scoring interpretation make it a robust tool for both clinical and research use. Future work may include linguistic adaptations, longitudinal validations, and testing in diverse cultural groups to further strengthen its applicability.

V.CONCLUSION:

The Spirituality Assessment Scale (SAS-20) is a concise, culturally relevant, and psychometrically robust tool developed to assess spirituality as an essential dimension of health and well-being among individuals with chronic illness in the Indian context. The tool demonstrated excellent internal consistency (Cronbach’s $\alpha = 0.858$) and strong content validity (CVI = 0.8929), further reinforced through validation by 10 patients, who confirmed clarity and relevance of the items, and 7 experts, who ensured conceptual accuracy and cultural appropriateness.

A key strength of the SAS-20 is its structured scoring system, which provides clear interpretability of results. With a total score range of 0–80, the scale categorizes spirituality into low (0–26), moderate (27–53), and high (54–80) levels, enabling clinicians and researchers to meaningfully assess spiritual well-being, identify spiritual distress, and recognize existing spiritual strengths. This scoring interpretation enhances the scale’s practical applicability in clinical, research, counseling, and community health settings.

By capturing nine core dimensions of spirituality—including inner peace, connection, transcendence, compassion, and personal practices—the SAS-20 fills an important gap in culturally grounded spiritual assessment tools. Its brevity, clarity, and ease of administration make it suitable for incorporation into routine holistic care, supporting person-centred approaches that recognize spirituality as an integral component of coping, resilience, and overall quality of life.

Future applications may include broader field testing across diverse linguistic, cultural, and clinical groups, as well as longitudinal assessment to further strengthen its generalizability and impact. Overall, the SAS-20 contributes significantly to the advancement of spiritual assessment and has the potential to enhance holistic healthcare delivery within the Indian healthcare system and beyond.

VI.CONFLICT OF INTEREST: NO.

VII.REFERENCES

1. Antonovsky A. Unraveling the mystery of health: how people manage stress and stay well. San Fransisco: Jossey-Bass; 1987.
2. Aukst-Margetić B, Jakovljević M, Margetić B, Bišćan M, Šamija M. Religiosity, depression and pain in patients with breast cancer. *General hospital psychiatry*. 2005 Jul 1;27(4):250-5.
3. Braghetta CC, Gorenstein C, Wang YP, Martins CB, Leão FC, Peres MF, Lucchetti G, Vallada H. Development of an instrument to assess spirituality: Reliability and validation of the Attitudes Related to Spirituality Scale (ARES). *Frontiers in Psychology*. 2021 Nov 4;12:764132.
4. Büssing A. Measures of Spirituality/Religiosity-Description of Concepts and Validation of Instruments. *Religions*. 2017;8(1):11.
5. Cobb M, Puchalski CM, Rumbold B, editors. *Oxford textbook of spirituality in healthcare*. Oxford University Press, USA; 2012 Aug 9.
6. Damen A, Visser A, van Laarhoven HW, Leget C, Raijmakers N, Van Roij J, Fitchett G. Validation of the FACIT-Sp-12 in a Dutch cohort of patients with advanced cancer. *Psycho-Oncology*. 2021 Nov;30(11):1930-8.
7. Farran CJ, Fitchett G, Quiring-Emblen JD, Burck JR. Development of a model for spiritual assessment and intervention. *Journal of religion and health*. 1989 Sep;28:185-94.
8. Ghorbani M, Mohammadi E, Aghabozorgi R, Ramezani M. The effect of applying Spiritual Care Model on well-being and quality of care in cancer patients. *Supportive Care in Cancer*. 2021 May;29:2749-60.
9. Hill, P., & Pargament, K. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist*, 58(1), 64–74. doi:10.1037/0003-066X.58.1.64
10. Hatala AR. Towards a biopsychosocial-spiritual approach in health psychology: Exploring theoretical orientations and future directions. *Journal of Spirituality in Mental Health*. 2013 Oct 1;15(4):256-76.
11. Koenig HG. Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Notices*. 2012;2012(1):278730.
12. Lin HR, Bauer-Wu SM. Psycho-spiritual well-being in patients with advanced cancer: an integrative review of the literature. *Journal of advanced nursing*. 2003 Oct;44(1):69-80.
13. Puchalski CM. Integrating spirituality into patient care: an essential element of person-centered care. *Polskie Archiwum Medycyny Wewnetrznej*. 2013 Jan 1;123(9):491-7.
14. World Health Organization. *Global status report on noncommunicable diseases 2010*. Geneva: WHO; 2011.
15. Huber M, van Vliet M, Giezenberg M, Winkens B, Heerkens Y, Dagnelie PC, Knottnerus JA. Towards a ‘patient-centred’ operationalisation of the new dynamic concept of health: a mixed methods study. *BMJ open*. 2016 Jan 1;6(1):e010091
16. Weathers E, Coffey A, McSherry W, McCarthy G. Development and validation of the Spirituality Instrument-27©(SpI-27©) in individuals with chronic illness. *Applied Nursing Research*. 2020 Dec 1;56:151331.