

Spiritual Quality of Life

Rajinikanth A.M.

The World Health Organization defines quality of life as 'individual's perceptions of his/her position in life in the context of the culture and value system in which he/she lives and in relation to his/her goals, standards and concerns'. (WHO, 1993).

Within the nursing literature, investigator's definitions of quality of life have paralleled those of other disciplines with a focus on the multidimensionality of the concept. The spiritual aspect of quality of life is increasingly being recognized as an important domain of health-related quality of life.

Spirituality

Because the term "spiritual" is an abstraction that often causes confusion, it is important that it be defined before any discussion of spiritual quality of life (SqQOL). Spirituality refers to that part of being human that seeks meaningfulness through intra, inter and transpersonal connection (Reed 1992).

"Spirituality is that unifying force of a person...(that involves) interconnectedness with self, others, nature and God / Life (Dossey and Guzzetta 2000).

Elements of Spiritual Quality of Life

As with physical, social and other domains of health related quality of life, spiritual quality of life comprises of several ele-

ments. Forrell and Grant's (2000) model confirms a reciprocal relationship between spiritual well-being and health related quality of life and equates spiritual well-being with SpQOL. Those elements are:

- * Hopefulness
- * Suffering
- * Meaning of illness
- * Religiosity
- * Transcendence
- * Feelings of uncertainty

Religiosity, often used interchangeably with spirituality, is a narrower concept that is more easily observed directly. Religions are systems of beliefs and practices that reflect spiritualities; they can also function as a bridge for developing spiritual awareness. Religion responds to, and provides mechanism for attending to spiritual yearnings.

Hope has been described in nursing literature as an emotion, an experience, or a need. "Hope is a process of anticipation that involves the interaction of thinking, acting, feeling and relation and is directed toward a future fulfillment that is **personally** meaningful". (Stephenson, 1991).

"**Transcendence** is the capacity to reach out beyond oneself, to extend oneself beyond personal concerns and to take on broader life perspectives, activities and purposes" (Coward 1990).

Promoting SPQOL

The nursing literature that describes approaches to nurtur-

ing the spirit is filled with a variety of "interventions" to include in spiritual care. Some of them are:

- * Presencing
- * Being empathetic and respectful
- * Story listening or story telling
- * Encouraging self expression through art or journal writing
- * Facilitating recreation through play and sabbatarian rest periods
- * Prayer, meditation and guided spiritual imagery
- * Providing spiritually edifying reading material or music or visual focal points
- * Humor
- * Facilitating religious practices
- * Healing rituals
- * Encouraging dream analysis
- * Introducing nature
- * Respecting spiritual beliefs

Research on spiritual quality of life

Studying and concept presents challenges. Studying SpQOL is also no exemption.

Qualitative Research

- * Confusions about terminology, cultural bias and social desirability
- * Trustworthiness of findings will depend upon the researcher's openness, flexibility and ability to recognize and control personal biases. The interviewer is essentially the instrument for collecting data during qualitative study.

The author is Lecturer, Vidyakirana Institute of Nursing Sciences, Bangalore.

- * It may be special threat to research about SpQOL in social context. For many, recognizing spiritual distress, or concerns in very disconcerting personally and socially embarrassing.

Quantitative Research

During past two decades, dozens of quantitative measures for assessing spirituality or aspects of spirituality and religiosity have been developed by social scientists and health care

professionals. These instruments measure concepts as diverse as purpose in life, hope, mysticism, daily spiritual experience, prayer experience, religious beliefs and practices, spiritual or religious coping and forgiving.

Conclusion

As millennium nurses we bother about the holistic care of the person and community. In such aspect the spiritual dimension is often missed or misinter-

preted by nurses. The research studies are limited due to, the same reason. We believe that spiritual dimension can also be included in day-to-day nursing care by revolving this matter.

Bibliography

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