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Vivian W.Q. Lou

Spiritual Well-Being of Chinese Older Adults

Conceptualization,
Measurement and
Intervention



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Conceptualization, Measurement
and Intervention

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Foreword

Although there are different conceptions of spirituality or spiritual well-being, several elements are commonly emphasized by researchers in defining the related terms (Shek 2014). These include purpose of life, life meaning, limits of life such as loss, death, and dying, search for the ultimate, religiosity, hope, hopelessness, love, and forgiveness. In the golden days of behaviorism in the 1970s, researchers maintained that events that could not be observed should not be studied. Hence, focus on spirituality was less because its subject matter was regarded as “unscientific.” However, with the emergence of humanistic psychology, transpersonal psychology, and constructivist psychology, spiritual well-being has been regarded as a legitimate subject matter to be investigated. Besides, as many helping professionals and clients have religious beliefs, there is a need to scientifically study spiritual well-being, particularly with respect to its ability to help people to cope and promote their well-being.

Spiritual well-being is an important issue for old people for two reasons. First, with physical decline, illness and disability become more prevalent in old people. How to make sense and derive meaning from such tragic events is important. Second, with death and dying approaching, constructing meaning for life and death is also indispensable. With particular reference to Chinese people, spiritual health is a relevant issue for helping professionals. Basically, many Chinese people are superstitious, whose behavior is guided by folk religions. Under the strong influence of Buddhism, Chinese people commonly attribute life events to “fate” or “special ties in life” (“yuan”). Hence, spiritual well-being in Chinese older adults is an interesting and important research topic to be investigated. Besides, it is important to ask how the spiritual well-being of older Chinese people can be promoted.

Against this background, there are several unique features of this book on the spiritual well-being of Chinese older adults. First, based on qualitative methodology, a conceptual model of spiritual well-being was proposed. Besides, through a Delphi study, different dimensions of spiritual well-being were identified. Conceptually, such effort is important because there is a general lack of well-articulated models of spiritual well-being for Chinese people. Although Western models can be

“transplanted” to Chinese contexts, indigenous concepts are needed (Shek 2010). As such, this is a pioneer conceptual contribution. Second, the author developed and validated the Spiritual Scale for Chinese Elders. In view of the lack of related measurement tools in the field, this is a pioneer attempt which is important for social work education, research, and practice. Third, a Spiritual Enhancement Group for Chinese Elders was developed and its effectiveness was evaluated. In contrast to ordinary elderly programs, this program was based on solid theoretical grounds. In addition, process evaluation and outcome evaluation were conducted. The intervention program is a beautiful link between theory and practice, whereas the evaluation is a good outgrowth of practice. The present project is especially valuable because evidence-based practice is at its infancy in different Chinese communities.

With the growing aging population in different Chinese communities, there is an urgent need to explore ways to promote the spiritual well-being of Chinese old people. However, we need evidence-based programs which include well-articulated conceptual model, validated assessment tools, well-conceived programs, and rigorous evaluation of the developed program. Obviously, these elements are intrinsic to the work conducted by Vivian Lou in this book. This work is a good initiative, based on which other projects can model upon.

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Preface

This book contains the passion and compassion of our project team. At the very beginning, I was invited to contribute my intellectual expertise with an attitude of curiosity and knowing nothing. Through the process, I have encountered extraordinary and enlightening life experiences that have opened up my mind, my heart, and my spirituality. I have become more and more confident that pursuing spirituality is a universal human developmental adaptive capacity regardless of socioeconomic and cultural backgrounds. The seven chapters of this book report on the series of research activities in which the team and I engaged to explore these ideas. We have tried to put them in a logical order and report them in a precise and concise way. However, due to the richness of the data we generated, only the most important and relevant ideas can be recorded here. I hope that what the team has tried to share in this book can become one of the sparkling stars in a sky of spirituality and contribute to a better understanding of this universal life force.

In 2009, I was invited by my academic mentor to join a meeting initiated by a group of social workers from the Tung Wah Group of Hospitals, one of the largest nongovernmental organizations in Hong Kong, providing health, education, and social care to the most needy. At that meeting, I learned that the Tung Wah Group of Hospitals aimed to provide holistic care to every service user in long-term care. In line with the agency's mission, an innovative palliative care intervention program had been developed. It had been shown to be effective in enhancing the quality of life of residents in long-term care facilities, except for the indicators of existential well-being. I was thus invited to join with them to study the question: "What is the most appropriate form of spiritual care for Chinese older adults?"

We began by searching the literature on spirituality in regard to its definition and tools for its measurement. We found that nursing professionals in the West had started studying this topic decades ago, and wondered initially if this might be transferable to the Chinese context. In other words, in Chinese gerontology we have no definition, no measurement, and no intervention developed specifically for social care. We embarked on a 6-year journey encapsulating a series of research activities including qualitative focus group discussions and in-depth interviews, a Delphi study, development and validation of a measurement scale,

and program evaluation. The journey through this series of research activities has been both long and short. In terms of human history and spiritual pursuits among human societies, 6 years is a very brief period. In terms of my academic journey of expanding the theoretical understanding of spirituality in contemporary China, it counted for half my academic life to date; a long, but very meaningful, stage of my life. Now, in late 2014, I am very proud to announce that we have developed a conceptualization of spiritual well-being for Chinese older adults, a reliable and valid measurement tool in the Spirituality Scale for Chinese Elders (SSCE), a Spirituality Process Model (SPM), and an effective intervention protocol, the Spirituality Enhancement Group for Chinese Elders (SEGCE).

Chapter 1 presents a discussion on why spiritual well-being is essential for both individuals and society as a whole based on the perspectives of life span development and gerotranscendence. We also present a literature review of definitions of spiritual well-being showing that spiritual pursuits are a universal phenomenon that goes beyond religious practices. China is a perfect place to study spirituality from a nonreligious perspective. A review of measures of spiritual well-being showed that existing measures had limitations that reflected a lacking of indigenous and culturally sensitive tools. The discussion then moves on to factors associated with spiritual well-being, providing a useful reference for selecting research participants and control variables in later studies. Through a detailed discussion of the Chinese cultural tradition of collectivism, the interdependent self, and the relationship-oriented worldview, this chapter ends by summarizing the insights that shed light on studying spiritual well-being in a Chinese context.

Chapter 2 describes a qualitative study that aimed to explore the meaning of spiritual well-being among Chinese older adults. Eight focus groups were conducted with members of four key stakeholder groups, including community-dwelling older adults, long-term care facility residents, and family and formal caregivers. Four in-depth interviews were also conducted with older adults. Participants were recruited using purposeful stratified sampling based on gender, age, health status, financial status, and religious affiliation. Semi-structured focus group and interview guidelines were developed and an interpretive approach used to guide the data collection and analysis process. Lastly, this chapter discusses the findings of the qualitative study in terms of a framework of six primary themes of spiritual well-being; meaning of life, spiritual affect, transcendence, relationship harmony, spiritual coping, and contextual factors.

Chapter 3 reports a Delphi study that aimed to obtain a consensus among experts on the conceptualization of spiritual well-being among Chinese older adults. Sixteen experts from medical, nursing, psychology, social work, and academic backgrounds participated in two rounds of evaluation of 124 items proposed for inclusion in a measure of spiritual well-being for Chinese older adults. Eight of them also took part in a face-to-face meeting to reach a consensus. The expert consensus was that spiritual well-being among Chinese older adults should reflect collectivist cultural, interdependent self-construct, and relational-oriented life.

Chapter 4 describes the development and validation of the SSCE. It begins by describing the production of the draft measure, then reports on a pilot study

that aimed to further refine the item wordings, logistics, and administration of the survey. A sample of older adults was recruited from Shanghai and Hong Kong based on defined inclusion and exclusion criteria. Standardized scales including a final draft of the 82-item SSCE, the WHO Quality of Life Scale, the Purpose in Life Scale, and the Positive and Negative Affect Scale were administered, together with questions on demographic characteristics, socioeconomic status, and other control variables. The SSCE was shown to be a reliable and valid measurement tool that is recommended for use in research and practice settings.

Chapter 5 reports on the development of a spiritual well-being process model that aimed to guide practice. The SPM was based on empirical data and illustrates the pathway through which relationship harmony can lead to spiritual well-being through transcendence. The chapter also considers intervention strategies for service matching using the SSCE, before going on to describe the four stages of developing the content and clinical strategies for the SEGCE. At stage one, existential treatment, relationship therapy, and group processing theory were integrated with the SPM. A draft SEGCE protocol, comprising an 8-session structured intervention, was then developed. The draft SEGCE protocol was then tested with a pilot group in terms of its potential impacts, administrative concerns, and research logistics. At stage four, the SEGCE protocol was finalized and made ready for use with a detailed session plan, resource guide, and standardized training materials for intervention leaders.

Chapter 6 reports on the process of evaluating the SEGCE from both an outcome and process perspective. At the outcome level, the effectiveness of SEGCE in enhancing spiritual well-being among Chinese older adults was tested by a quasi-experimental study. A total of 107 people participated, of whom 53 belonged to intervention groups. Based on the latent growth linear mixed model, the results indicated that the SEGCE was effective in enhancing spiritual well-being as indicated by significantly higher scores on the meaning of life, spiritual well-being, and transcendence subscales of the SSCE compared to control group participants. Based on thematic analysis of the elderly participants' focus group discussion, themes that contributed to SEGCE success included transcendence changes, enhanced harmonious relationships, and good practice on multimedia activity design with choice and respect. Based on thematic analyses of intervention leaders' focus group discussion and self-reflections, success was also attributed to professional competence associated with standardized training, assessment, and good practice in adopting multimedia activities. Finally, we discuss the success factors within a common factor framework. At the process level, the implementation of SEGCE is also evaluated using the context, input, product, and process (CIPP) program evaluation model.

Chapter 7 sets out our conclusions about this series of research projects. We have contributed to an extension of the spirituality literature at both the theoretical and practical levels. In theoretical terms, we have developed a conceptualization of spiritual well-being for Chinese older adults from a nonreligious perspective. The SSCE is also the first measurement tool developed in a Chinese context that aims to assess spiritual well-being based on differentiated core elements. The SPM also helps us to illustrate possible pathways for how harmonious relationships

can generate spiritual well-being by way of transcendence. At the practical level, the SEGCE has been shown to be an effective intervention that can be used to enhance spiritual well-being among both community-dwelling older adults and residents of long-term care. We have also developed several further innovations based on the SEGCE, including the self-help manual *Fu Le Man Xin Ba Duan Jin* (The Eight Forms Exercise), and volunteer-assisted self-help programs for older adults to use at home.

When I reflect on what we have achieved, I feel very proud of my project team. However, we also acknowledge the limitations of our work. Looking ahead, we are now working on mobile application and certificate courses that will enable further dissemination of our findings, and developing international collaborations.

Without the unconditional support of my project team, my passion for this work could not have been realized. I would like to take this opportunity to express my sincere thanks to the Tung Wah Group of Hospitals Elderly Service. Their continuing support makes this book possible. I would also like to thank all the participants in the research studies and practical interventions and their family members; my respect and appreciation are always with you. My appreciation also goes to all my research assistants, Miss Chan Kwan Ning Iris and Miss Dai Annie who devoted maximum effort to making this work come to fruition. Last but not least, my grateful thanks to Ms. Chan Tak Men Doris, who helped in proofreading the final manuscript.

Vivian W.Q. Lou

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Chapter 1

Spiritual Well-Being: An Introduction

1.1 Introduction

The word spirit has its root in the Latin word *spiritus*, meaning breath, and most often refers to a noncorporeal substance differentiated from the material body. Throughout human history, spiritual pursuits have been an essential and integral part of human life at both individual and societal level. From a psychological point of view, Erikson's eight stages of development suggest that every individual will at some stage of their lives ask questions like "what is the meaning of my life?" and "how do I feel about my life?" Searching for ego integrity thus becomes a key aspect of healthy psychological development (Hearn et al. 2012). From a social development perspective, the gerotranscendence theory suggests that during the aging process, individuals shift their focus from a materialistic to a more cosmic and transcendent worldview (Tomstam 2005). One of the routes to achieving such a worldview is spirituality, which can be argued to be a part of normal aging that contributes to positive developments in later life. Over the past few decades, health- and social care professionals, particularly nurses and social workers, have started to pay much more attention to spirituality and spiritual care, which is now believed to contribute significantly to an optimal holistic care system (Bullis 2013; Idler 2014; Koenig 2013; O'Brien 2013). At the macro level, public health specialists have also started to focus on spirituality and health outcomes. In 2003, the World Health Organization (WHO) proposed including spiritual health in their health impact assessment (Chuengsatiansup 2003).

Regardless of the fact that spirituality has attracted increasing interest from health- and social care professionals, there is still no consensus on how to define and measure it. Almost 20 years ago, a group of nursing faculties opened a discussion on how to define spirituality and concluded that its definition was complex and diverse in nature and seemed to depend upon individuals' own worldview and interpretation (Cawley 1997; Martsof and Mickley 1998; McSherry and Draper 1998). Later, two new directions on spirituality were advocated, from the nursing and social work

profession, respectively. Within a dialogue about spirituality and nursing, some scholars advocated for a broad definition that went beyond religion-based meaning-making and practice. One such proposal referred to the concept proposed by Buck based on an analysis of nursing research on spirituality, defining spirituality as a human experience that “seeks to transcend self and find meaning and purpose through connection with others, nature, and/or a supreme being, which may or may not involve religious structures or traditions” (Buck 2006). Another direction came from the social work profession, suggesting that studies on spirituality should pay attention to the cultural context within which individuals make sense of their lives and form their worldview. After reviewing the assessment of spirituality, Hodge argues that this must take into consideration the sociocultural context in which people are embedded (Hodge 2001; Hodge and McGrew 2006; Hodge and Williams 2002). It is clearly understandable that social work scholars have been not only interested in defining and assessing spirituality in theory, but also translating such an assessment into interventions that will be effective within a particular cultural and/or subcultural context.

Chinese older adults account for one-fifth of the world’s aging population (United Nations 2010). Throughout the history of China, the majority of its population have eschewed formal religious affiliation (Morton and Lewis 2005). On the contrary, many emperors developed strong alliances with a Confucian worldview, with parallel influences from formal and informal religious beliefs including Buddhism, Daoism, traditional Chinese worship, Catholicism, Christianity, and Islam. In the past few decades, healthcare professionals in Hong Kong have begun to make an effort to provide spiritual care to Chinese people with life-threatening illness such as cancer and those reaching the end of their lives (Chan et al. 2002; Liu et al. 2008). Somewhat regrettably, a recent critical review on spirituality in Chinese society shows that (1) there is limited literature available on Chinese spirituality as compared with Western studies, even though a broad definition has been adopted and (2) Chinese measurement tools are most often translated from Western measures, with few indigenously developed measures in use (Shek 2010). The review argues that future research should be conducted “to examine the convergence and nonconvergence of Western and Chinese concepts of spirituality,” to construct “theoretical models on Chinese spirituality,” and to “validate indigenous measures of Chinese spirituality” (Shek 2010).

1.2 Defining Spiritual Well-Being

Among healthcare professionals, nursing scholars are at the front line in terms of critically analyzing how to define spirituality. As summarized in Table 1.1, spirituality can be conceptualized as having the following features:

1. A sense of meaning and purpose together with corresponding emotions including peace and hope. It denotes a state of human existence independent of individual consciousness and personal/cultural background, including religion;
2. Transcendence, which refers to a sense of being that goes beyond time and space. It can be regarded as a unique and distinguished manifestation of spirituality;

Table 1.1 A summary of themes identified in defining spiritual well-being

	Chiu et al. (2004)	DeJgado (2005)	Buck (2006)	Pesut et al. (2008)
Existential reality (bringing hope to existence through meaning and purpose)	Individual experiences / journey	<i>(not stated directly, but implied)</i>	Intrinsically human experience	Journey of lived experience
	Life meaning/purpose	Life meaning/purpose	Ultimate life purpose	Sense of meaning/purpose
Connectedness/relationship (love, harmony, and integrative wholeness via communication and commitment)	Hope	<i>(not stated directly, but implied)</i>	Emotional aspect <i>(not specified)</i>	Sense of peace
	<i>(not stated directly, but implied)</i>	A culturally specific belief system in which spirituality is embedded	The nature of being of the individual; may or may not involve religious structures and traditions	All individuals have a spiritual nature whether or not it is identified
	With self	With self	With the corporeal and incorporeal	Sense of connectedness
	With others	With others		
Transcendence (essential; spirituality transcends the present context of reality and exists throughout and beyond time and space)	With nature	The world		
	With a higher power	Ultimate other		
	Time	Life/death	Self-transcended	Transcends religious experience
Power/force/energy (an integrating force)	Space	World		
	a dynamic and integrative growth process	<i>(not stated directly, but implied)</i>	<i>(not stated directly, but implied)</i>	<i>(not stated directly, but implied)</i>

3. Connectedness with self, others, the world, and a higher power, making the human being an integrated self with meaning, purpose, and hope; and
4. Spiritual pursuits as a dynamic growth process leading toward an optimal sense of being and meaningfulness.

1.3 Measuring Spiritual Well-Being

As Pesut et al. (2008) point out, spirituality seems to be defined as a broad construct that contains multiple elements, both religious and nonreligious. When an operational definition is developed as a basis for designing measurement tools, such comprehensiveness challenges what to measure and how to measure it. A review of the literature suggests three observations in regard to operationalizing and measuring spiritual well-being.

Firstly, spiritual well-being can be measured as a spiritual or existential component within the quality of life construct. Such scales tend to assess spirituality as a general construct without probing its differentiated components. The Spiritual Well-Being Scale (SWBS), the most widely adopted measure to assess spiritual quality of life, was developed in the early 1980s (Paloutzian and Ellison 1982) in response to a call to expand measures of quality of life to encompass the spiritual aspect. The SWBS is a 20-item scale that measures religious and existential well-being in general, without differentiating subthemes. An item-by-item review shows that item contents are associated with a sense of meaning of life and transcendence, but the instrument does not address the emotional aspect of spiritual well-being. Moreover, it measures connectedness with God, but not self, others, and the world. Subsequent studies have suggested there is a ceiling effect when using the SWBS with respondents who adhere to a religion (Ledbetter et al. 1991) and that its factor structure is inconclusive when differentiating existential and religious well-being (Musa and Pevalin 2012). In the Chinese context, the Chinese Spirituality Scale (CSC) was developed as part of a body–mind–spirit well-being scale (Ng et al. 2005). The 13-item CSC measures three components: tranquility, resistance to disorientation, and resilience (Wang et al. 2008).

Secondly, aside from treating the spirituality measure as part of a quality of life assessment, standalone measures have also been developed by scholars from different backgrounds. The Spirituality Assessment Scale (SAS) was developed from a nursing perspective, guided by a four-component spirituality framework including unifying interconnectedness, innerness or inner resources, purpose and meaning in life, and transcendence (Howden 1992). The 28-item SAS collects responses using a 5-point Likert-type scale ranging from strongly disagree to strongly agree. However, the interconnectedness and innerness components have been found to be more prominent empirically. The spiritual belief section of the Royal Free Interview for Religious and Spiritual Beliefs is another example (King et al. 1995, 2001). As indicated by its title, it tries to capture both religion and spiritual forces. Questions that aim to measure spiritual power focus on whether the respondent believes “in a spiritual power

or force that influences what happens to you...” and “a spiritual power or force that enables you to cope personally with events in your life.” As such, the scale seems to be based on a strong assumption that spiritual power or force follows a similar route of influence as religion. The Spiritual Well-Being Questionnaire (SWBQ) was developed by a group of scholars who were concerned more with faith among the adult population with or without religious affiliation (Gomez and Fisher 2003). The 20-item scale is made up of 4 subscales examining personal, communal, environmental, and transcendental well-being. The structural validity of SWBQ has been tested and shown to be stable (Gomez and Fisher 2003, 2005).

Thirdly, some work has focused on measuring spirituality among people suffering from life-threatening illnesses such as cancer or who are in exigent circumstances, such as the end-of-life stage. Such measures can be part of quality of life or well-being assessments. The Spiritual Well-Being Scale of the Functional Assessment of Chronic Illness Therapy (FACIT-Sp-12) is one of the measures included in the Functional Assessment of Chronic Illness Therapy (Brady et al. 1999). This 12-item scale was developed with input from cancer patients, psychotherapists, and religious officiants. It comprises two subscales on meaning/peace and faith and has been translated into other languages (Peterman et al. 2002). Along with a general approach to quality of life assessment for people experiencing life challenges such as cancer, the McGill Quality of Life Questionnaire (McQoL) fills a gap by including existential well-being as an important ingredient (Cohen et al. 1996). It contains 16 items, 6 of which measure this component. Item-by-item content analysis shows that the instrument measures a general sense of life’s meaning, worth, control, and sense of being connected with self. The McQoL has been popularly used to assess quality of life among cancer and end-of-life patients in clinical settings (Balboni et al. 2010; Jones et al. 2011; Vallurupalli et al. 2012). It has been validated using Chinese samples of palliative care patients in Hong Kong (Lo et al. 2001) and Mainland China (Hu et al. 2014).

As you may be able to tell from this discussion, measures that take a more religious approach have not been included in this review. The research team fully respects the contribution to be made by religiously oriented spiritual measures. However, in this work, I intend to focus more on measuring spirituality as a universal human experience instead of as an aspect of religious practice. As pointed out by Meezenbroek and colleagues in their critical review of 10 spiritual well-being measures, selecting or using such instruments must firstly consider the purposes for which they are to be used (de Jager Meezenbroek et al. 2012). As discussed in the preface, my purpose is to develop a measure of spiritual well-being that can guide intervention. It is then more desirable to generate a measure that assesses different components of spirituality, as reflected in this conceptual review, than to carry out a general assessment of existential well-being and/or transcendence. Moreover, so far, not a single measure that aims to assess the multidimensionality of spiritual well-being has been developed outside a Western cultural context. I do not deny that there may be a cross-cultural universal human spirituality; however, culturally specific manifestations of spiritual energy and pursuits may be much more relevant if the ultimate goal is to develop practical interventions for enhancing well-being.

1.4 Factors Associated with Spiritual Well-Being

It is generally agreed that spiritual well-being is associated with physical, psychological, and social well-being. Taking a broad definition of spirituality that includes religious practices, spiritual beliefs or practices have been shown to have moderate links with physical and mental well-being. In particular, they are associated with the reduced onset of, and favorable recovery from, physical and mental illness (George et al. 2000). Biological pathways have been identified linking spirituality to cardiovascular, neuroendocrine, and immune functions (Seeman et al. 2003). In particular, spiritual coping has been identified to be a powerful life force that helps people endure tremendous uncertainty and achieve transformation after ill-health or disastrous life events (Faigin and Pargament 2011; Koenig et al. 2004; Tuck and Anderson 2014).

Spiritual practices differ across cultures, communities, and individuals. The literature indicates that individual factors (such as gender, age, and level of education); family factors (structure and relationships); and community factors (social norms and peer influences) could confound the relationship between spiritual and other aspects of well-being (Maselko and Kubzansky 2006; Shahabi et al. 2002). In theory, the motivation to pursue spiritual well-being could increase during the aging process (Reed 1991, 2003). Along the life course of human development, individuals go through various psychosocial developmental stages that eventually aim for a state of integrity (Ardelt et al. 2013).

1.5 Spiritual Pursuits in a Chinese Context

The health, psychological, and social work research on spirituality is embedded in Western countries within a Christian theology, which views spirituality as denoting a personal relationship with God and surrendering to his will (Ardelt et al. 2013; Bullis 2013; Faigin and Pargament 2011). Investigating spirituality in a Chinese context must take into account the Chinese cultural context in relation to its four core features: (1) being dynamic and developmental across the life course; (2) embodying a relationship to the ways in which individuals engage in spiritual pursuits while interconnecting with the self, others, and the world; (3) achievement through a transcendence that can go beyond time and space; and (4) having the ultimate aim of achieving a sense of meaningfulness with corresponding emotions.

During more than five thousand years of history, China has been influenced by multiple cultural traditions including Christianity, Buddhism, Daoism, Islam, and traditional worship. Confucianism is recognized as having a dominant role with a profound impact on people's worldviews and life experiences. Confucius believed that human development is a process of self-transformation and self-cultivation. Although there are individual differences, everyone goes through the same developmental stages. Each stage brings its own task to be achieved. For example, the

Master said that “at fifty, I knew the decrees of Heaven. At sixty, my ear was an obedient organ for the reception of truth” (Legge 2009). During the development process, emphasis is placed on the remaking and reforming of the moral self in the hope of realizing the ethical ideal of “ultimate goodness” (*zhi shan*) (Yan 2013).

Another important aspect of sociocultural context that might can differentiate Chinese cultures from others is collectivism vs. individualism (Oyserman et al. 2002; Triandis 1995). The collective tradition emphasizes a relational and/or socially oriented life that influences identity development, self-esteem, relationship rules, family dynamics, volunteering, health beliefs, and organizational behavior (Becker et al. 2012; Cross et al. 2002; Finkelstein 2011, 2012; Lam et al. 2010; Zhang 2005). Chinese people tend to express the meaning and purpose of their lives in terms of developing and maintaining harmonious relationships with oneself, others, the natural environment, and religion. The Chinese word *guanxi* refers to these relationships with self, others, and the world. In the Chinese context, *guanxi* is a complicated mechanism that basically defines the social web of a Chinese society and dictates the features of one’s support network, the source and resolution of conflict, and the rules of interpersonal exchange (Chan 2006; Chen et al. 2013; Hwang 1998; Lam 2001; Lou 1999).

Collectivist cultures tend to socialize the interdependent self, reflecting the significant role of relationships in the construction of the self (Hwang 1987; Markus and Kitayama 1991). In particular, interdependence is shaped by a common Confucian heritage. Central to Confucianism is the value placed on the maintenance of interpersonal harmony with one’s five cardinal relationships (*wu lun*): father–son, husband–wife, elder–younger, emperor–subject, and friend–friend (Su et al. 1999). The roles associated with these relationships are relatively fixed and each bears specific obligations. For harmony to be achieved within any hierarchical unit, it is essential for individuals’ actions to correspond with their roles. Individuals are socialized to know their place and to act accordingly. Sometimes, people are expected to perceive the self as a “little me” in the sense that the individual is extinguished from different relationships. Moreover, Confucius argues that it is important for an individual to become a perfect gentleman, behave according to perfect standards, and strive for the right conduct; that is, *Ren* (humanism), *Yi* (faithfulness), *Li* (propriety), and *Zhi* (wisdom or a liberal education). In doing so, people can achieve harmonious relationships with themselves.

In a collective culture, social relationships are much more important than personality traits. Bond and Hwang identify three essential aspects of Confucianism in constructing a Chinese social psychology (Bond and Hwang 1986): (1) humanity exists through, and is defined by, our relationships to others; (2) these relationships are structured hierarchically; and (3) the social order is ensured by each party honoring the requirements of their role-based relationships. Interpersonal relationships lie at the centre of a Chinese society ruled by the *wu lun* principle (Yang 1995). Both parties to the relationship, however, are circumscribed by the rules of correct behavior (*Li*), which entails both rights and responsibilities. Harmony will be realized if each member of the unit is conscientious in following the requirements of his/her role. Moreover, the rules of interpersonal

relationships distinguish between in- (*Zi Ji Ren*) and out-group members (*Wai Ren*) (Hwang 1987; Leung and Chan 2003). For in-group members, unconditional support but not social exchange is emphasized. For out-group members, the focus is on reciprocity and social exchange. Throughout the life course, Chinese people are encouraged to establish interpersonal relationships with both in- and out-group people so as to enhance the chances of exchange and mutual benefit (Chan 2006).

Confucian thinkers consider heaven to be the same as nature and to behave according to its own principles (Legge 2009). Confucius said that “Heaven does not speak, yet the four seasons run their course and all things come into being.” Heaven in this context refers to living nature which is independent of human will. Confucian thought does not give human beings dominion over nature, nor does it sacrifice human development at the altar of a pristine nature. Confucians argue that humans and nature could be integrated and aim to achieve a harmony and unity between the two. The Doctrine of Mean prescribes that “attaining equilibrium, heaven and earth will be in their right places and all things will come into being.” In handling the relationship between human beings and the natural world, people need to observe the principle of equilibrium and behave accordingly, so that the vitality and harmony of nature and the ecological balance of the natural environment can be properly maintained. Confucian thinkers suggest that participating in the cultivation of heaven and earth is a way to achieve self-realization.

Through continuous consciousness and practice of the moral teachings including *Ren* (仁), *Yi* (義), *Li* (禮), *Zhi* (智), *Zhong* (忠), *Shu* (恕), *Xiao* (孝), and *Ti* (悌), individuals’ inner strength will be enhanced. This engages the self morally in developing harmonious relationships with other people and with nature. Eventually, individuals will find the meaning and purpose of their lives in moments of unity with heaven (*Tianyennehi*).

1.6 Conclusion

In summary, spirituality is a universal human experience that deserves attention from both a health- and social care perspective. A nonreligious perspective on the concept of spiritual well-being and its measurement and intervention has so far been neglected in the literature. However, China provides a perfect research context for such exploration.

Spirituality in a Chinese context should be understood from a more social-relational point of view. In Chinese society, the core aim of spirituality is to achieve unity with the universe/heaven through maintaining a harmonious or balanced relationship with all beings. To have a good and wholesome life, it is important to maintain harmony with all spiritual forces, including those operating in the natural process of the cosmos, the various Gods, Goddesses, and spiritual beings of the cosmos and community, and the ancestral souls that influence the ongoing life of the family.

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Chapter 2

Conceptualizing Spiritual Well-Being: A Qualitative Inquiry

2.1 Introduction

In reviewing the literature on spiritual well-being in the Chinese context, it becomes clear that Chinese spirituality has not yet been systematically studied. Not only is there a lack of theoretical discussion of its conceptualization, but the underlying mechanism has not been studied or developed. Against this background, one can identify three features that deserve special attention. The first is the strong influence of Confucianism on the Chinese people over the past few thousand years. On top of that, however, Chinese society also includes followers of Buddhism, Taoism, Christianity, Islam, Hinduism, Sikhism, Judaism, and Chinese folk beliefs (Hong Kong SAR Government 2013). Secondly, according to Confucianism, life and death are two sides of the same coin. As one Chinese proverb puts it, “only when we know what is life can we know what death is” (*Wei Zhi Sheng Yan Zhi Si*). There is no deliberate discussion of life after death in Confucianism. Therefore, it is more desirable to define spiritual well-being by focusing on the concepts of the meaning of life or life energy. The third point refers to the self-constructions of the Chinese people. Spiritual pursuits are always self-fulfilling processes where one seeks to achieve meaning through a series of practices. Accordingly, the interdependence and social orientation of the Chinese people must be taken into consideration in the understanding of their spirituality.

Even with the above three observations in mind, it must be admitted that we still know very little about the meaning of spiritual well-being, or the meaning of life, to Chinese older adults. The best way to find answers to these questions is through qualitative research. I, and my research team, therefore decided to conduct a qualitative study using focus groups and in-depth interviews. We treated older adults and other stakeholders (including both family and formal caregivers) as experts and jointly constructed the meaning of spiritual well-being through the

research process. We also shared a clear and strong passion for our ultimate goal: to develop effective interventions to enhance spiritual well-being among Chinese older adults.

2.2 Method

2.2.1 Design

The research team originally proposed to conduct focus groups in both Hong Kong and Shanghai among four groups of stakeholders (community-dwelling older adults, residents of institutions, family caregivers, and formal caregivers). After conducting some focus groups, however, some of our research team members observed that a group setting might introduce barriers to some older participants sharing their views openly. Hence, individual in-depth interviews were also conducted with older adults.

2.2.2 Participants

Eight focus groups were conducted with members of the four stakeholder communities identified above. Participants were recruited from service providers for older adults in Hong Kong and Shanghai. Additionally, agencies in Hong Kong were used to recruit interview participants. The validity and usefulness of focus groups is affected by the extent to which participants feel comfortable and can openly communicate their ideas, views, and opinions (Stewart and Shamdasani 2014). It is therefore very important to select the right people to participate. Purposeful sampling using strata was adopted in the process of recruiting participants. The literature suggests that gender, health, financial status, and religious background are relevant factors (Gomez and Fisher 2005; Lawler-Row and Elliott 2009). For older adults, special attention was paid to age, gender, health, financial status, and religious affiliation. For family caregivers, the focus was on their relationship with their care receivers and religious affiliation. For formal caregivers, the priorities were their professional training, work experience, and religious affiliation. Bringing together participants with diverse backgrounds and/or socioeconomic characteristics can stimulate the sharing of different views, ideas, and opinions during the discussion so as to balance the diversity and depth of the data (Stewart and Shamdasani 2014).

On this basis, four inclusion criteria for older participants were identified: (1) aged 65 or above; (2) cognitively intact; (3) able to communicate in Cantonese (Hong Kong) or Shanghainese (Shanghai); and (4) willing to take part. We tried to recruit equal numbers of men and women among community-dwelling older adults and a ratio of 2:1 male:female among institutional residents, as suggested by a Census report on gender distribution (Census and Statistics Department

Table 2.1 Participant characteristics

	Number of participants	Age range	Gender (male %)	Having religious affiliation (%)
<i>Focus groups</i>				
Community-dwelling residents (2) ^a	14	70–89	42.9	28.6
Institutional residents (2) ^b	14	70–99	50.0	35.7
Family caregivers (2)	15	30–89	6.7	26.7
Formal caregivers (2) ^c	18	20–59	16.7	33.3
<i>In-depth interviews</i>				
Community-dwelling residents (2)	2	70–89	0.0	100.0
Institutional residents (2)	2	80–89	50.0	100.0

Note ^a Six of eight participants from Hong Kong were on social security. All participants from Shanghai had pension income. ^b Four of seven participants from Hong Kong were on social security. All participants from Shanghai had pension income. ^c Seven participants had a college-level or higher education

2009). Moreover, the team also tried to recruit equal numbers of participants with different financial status (claiming social security vs. not claiming), health status (healthy vs. frail), and religious affiliation (yes vs. no).

The inclusion criteria for family caregivers were given as: (1) aged 18 or above; (2) having at least two years of caregiving experience; (3) cognitively intact; and (4) able to communicate in Cantonese (Hong Kong) or Shanghainese (Shanghai). The ratios of spousal and child caregivers, and religious affiliation (yes vs. no) were fixed at 50:50. For formal caregivers, the inclusion criteria were having at least two years’ experience taking care of older adults professionally. The aim is to recruit from diversified professional backgrounds (such as nurses, occupational therapist, physiotherapists, social workers), status (including both professional staff and frontline workers), and religious groups. A total of 65 informants were successfully recruited, all of whom participated in either a focus group discussion or in-depth interview. Table 2.1 summarizes the characteristics of the participants.

2.2.3 Procedure

The focus group and in-depth interviews were guided by semi-structured discussion/interview guidelines. These attempted to shape a focused, conversational, open, and two-way approach to communication (Harrell and Bradley 2009). The focus group guidelines were drafted based on a literature review and discussed by the research team. Two pilot groups were then conducted with 11 institutional residents (4 in Hong

Kong and 7 in Shanghai) in December 2009 and January 2010. The researcher and a research assistant have co-facilitated these groups. Each lasted for around 120 min, with 90 min of discussion in accordance with the proposed guidelines followed by a 30-min discussion of the logic of the procedure, the appropriateness of the questions, and the openness of the discussion. The pilot groups and debriefing sessions supported the feasibility and applicability of adopting the proposed guidelines.

Four theme questions with follow-ups were shared among the four focus groups. Table 2.2 lists these questions for the older adults. For family and formal caregivers, the questions were rephrased accordingly (for example, “based on your experiences, what is the meaning of life for the older adult(s) you are taking care of?”). During the discussion, the researcher interjected follow-up questions when necessary.

After discussing the four main questions, two general questions about religiosity and spirituality were also asked:

- What is your view of the role of religious ritual (such as worshipping God, the Buddha, or ancestors) in relation to the process of actualizing your meaning of life or gaining life energy?
- We will say a word and ask you to share any thoughts and feelings that come to mind after you hear it. The word is spirituality (*Ling Xin*).

Participants were invited to share their perceptions and feelings freely. These questions were intentionally placed at the end of each session, considering the lack of familiarity in Chinese culture of these topics and/or the diverse practices and understanding of religiosity and spirituality.

Table 2.2 Theme and follow-up questions for older adult participants

	Themes/follow-up questions
1.	What is your view of the meaning of life? <ul style="list-style-type: none"> • Meet basic needs • Achieve important goals • Moral/supernatural expectation fulfillment • Religious beliefs/practices
2.	In what ways can you express/manifest/achieve your meaning of life? <ul style="list-style-type: none"> • Self-care and actualization • Family harmony • Relationships with friends • Being environmentally friendly
3.	How do you feel when you find your meaning and/or purpose of life? How do you feel when you consider your life to be meaningless and/or purposeless? <ul style="list-style-type: none"> • Love/hate • Appreciation/anger • Peace/irritation • Joy/regret
4.	How do you cope when you feel you are losing your meaning of life/life energy? <ul style="list-style-type: none"> • Positive strategy • Negative strategy

All the focus groups and interviews were audiotaped and the researcher also took notes to record observations and reflections in the process. Furthermore, supplementary notes were made immediately afterward where the researcher had identified something else which might be significant to the data collection and analyses.

2.2.4 Data Analysis

The data analysis followed an interpretive approach with the aim of examining the conceptualization of spiritual well-being among Chinese older adults. It suggested a three-step procedure with preunderstanding, interpretation, and understanding as the central elements (Alvesson and Skoldberg 2009).

The preunderstanding in this context was the conceptualization of spiritual well-being established by the literature review, as discussed in Chap. 1. In summary, the preunderstanding the research team developed suggested the following three themes. Firstly, since Chinese older adults will have been strongly influenced by Confucianism, meaning and purpose, self-transcendence, and harmonious relationships were expected to be the core elements of their conceptualization of spiritual well-being (Vachon et al. 2009). Secondly, the Chinese translation of “meaning of life” (*Sheng Ming Yi Yi*) could be used interchangeably with “spiritual well-being” (*Ling Xin*) in the qualitative inquiry. Although the key questions asked are about the meaning of life, it is still worthwhile to explore the understanding of spiritual well-being (*Ling Xin*) within these Chinese older adults’ own discourses. Thirdly, according to a recent review of spirituality at the end of life, spiritual well-being is a multidimensional construct that includes values, beliefs, attitudes, and behaviors (Vachon et al. 2009). It is thus suggested that spiritual coping be included as a component of this initial stage of the inquiry. Such a preunderstanding laid the foundations of the focus group and in-depth interview guidelines. However, all members of the team kept an open mind throughout to allow new discourses to emerge from the data to balance and shape this preunderstanding.

The interpretation and centering process consisted of five further steps (Alvesson and Skoldberg 2009; Willis et al. 2007). At the beginning, the researcher reviewed the focus group and interview processes with the field notes. This was done as a check that the process overall had facilitated open sharing and discussion, the researcher had taken a natural role, and the guidelines had been constructively followed. The audiotapes were then transcribed verbatim by trained research assistants familiar with Cantonese and Shanghainese. The transcripts were proofread by another research assistant to ensure accuracy. Open coding was then conducted by one researcher and two research assistants independently to identify themes emerging from the data. While the theme questions were treated as reference points to probe answers, it is always possible that discussion and sharing can take place across questions and new themes emerge. After the first round of coding, the researchers compared the similarities and differences of their coding and agreed the

use of 512 codes. At step three of the processes, the team members read through these 512 codes to identify primary (categorical) and corresponding secondary themes. The transcripts used to code for the secondary themes were then reviewed to ensure that an appropriate interpretation had been achieved. In the last step, the research team interpreted and discussed the data and compared them against the preunderstanding and findings of prior studies.

The trustworthiness and accuracy of the data were ensured by adopting the following strategies. Firstly, the inclusion criteria for focus group and interview participants were decided on the basis of a literature review so as to ensure its appropriateness. Secondly, the data from the focus groups and interviews were used to supplement each other so as to maximize the diversity of views and opinions gathered. In fact, after the focus groups, it emerged that the group setting might be a barrier to older participants sharing certain concerns, in particular negative experiences with family members, since Chinese people tend to believe that “family matters shall not be shared with outside people” (Tse et al. 2012). As a result, the use of in-depth interviews was also proposed. Finally, a balance was struck between the preunderstanding of the concept of spiritual well-being and how it is pursued in the Chinese context at all stages of the analytical process (Morse et al. 2002).

2.3 Findings and Discussion

Table 2.3 summarizes the primary and secondary themes emerging after the data analysis was complete. There were 6 primary themes, in line with the preunderstanding, and 16 corresponding secondary themes, all supported by the verbatim transcripts of the focus groups and in-depth interviews.

Table 2.3 Primary and secondary themes of spiritual well-being

Primary theme	Secondary theme
Meaning of life	Life appreciation
	Purpose in life (no regrets)
	Harmonious family
Spiritual affect	Positive spiritual affect
	Negative spiritual affect
Transcendence	Transcendence of past
	Transcendence of present
	Transcendence of future
Relationship harmony	Relationship with self
	Relationship with family
	Relationship with others
	Relationship with death
Spiritual coping	Self-oriented coping
	Others-oriented coping
Contextual factors	Class
	Gender

2.3.1 *Meaning of Life*

According to the verbatim transcripts, the meaning of life manifests itself in the process of lifespan development. This emerged from the discourse of three secondary themes: life appreciation, purpose in life (no regrets), and harmonious family. While many informants tended to say that the pursuit of the meaning of life is a highly individualized process, there was also a consensus that social expectations of individuals, or in other words the recognition of those around us, serve as a reference point for what it means to live a meaningful life. Hence, being cared for and loved when in need was cited as examples of life appreciation. As one community-dwelling man said, “I feel that life is meaningful when I sense love and care from the people around me when I am in need. Otherwise, I feel very sad and meaningless” (*M, 90–99 years, living with spouse, no religious affiliation, not claiming social security*).

Having a purpose in life that can energize one to meet responsibilities was another secondary theme. Participants felt that in order to have a meaningful life, older adults should be able to have a purpose, jointly constructed from cultural and social expectations, family background, gender, and life course development. As one daughter caregiver said, a meaningful life “just means that you have done your basic tasks in your life (according to social expectations). Sometimes, you are not even aware or have time to reflect. But you know that you have fulfilled your responsibility and feel no regret for your life” (*F, 50–59 years, family caregiver, Buddhist, not claiming social security*).

A harmonious family was the third secondary theme emerging as a manifestation of the meaning of life. Participants felt that having a family with whole features (*Wan Wan Zheng Zheng*) including good interpersonal relationships, filial children, and good child development was associated with a meaningful life. One community-dwelling older adult said that “after so many years of hard work, my children all have decent jobs, are financially independent, and show their filial responsibility. I feel satisfied and happy. You know, it is not easy to have every one of your children achieve these things” (*F, 75–79 years, living with spouse, not claiming social security*).

2.3.2 *Spiritual Affect*

The data also showed that both positive and negative emotions were associated with feelings of spiritual well-being and distortion. On the positive side, the feelings mentioned include joy, satisfaction, comfort, lack of regrets, and freedom. One institutional resident said that “I have been living here (long-term care facility) for six years, I participate in various activities and have met new friends. I feel very contented (*Man Zu*)” (*M, 80–89 years, Christian, claiming social security*). Similarly, one community-dwelling older adult said that “now I feel peaceful and joyful (*An Le*), I feel from my heart so that I say it. I will have no regrets if I die shortly.” (*F, 80–89 years, no religious affiliation, not claiming social security*).

On the negative side, participants expressed hopelessness, unhappiness, and a sense of emptiness. One spousal caregiver said that “sometimes we feel so desperate; in other words, we cannot see our future and dare not hope for any positive change” (*F, 60–69 years, no religious affiliation, not claiming social security*). An institution resident said that “when I lost my life energy, I felt unhappy” (*F, 90–99 years, no religious affiliation, claiming social security*) and a care worker said “I can feel their emptiness when residents lose their life meaning. Their heart is gripped (by negative life energy)” (*F, 40–49, Catholic*).

2.3.3 Transcendence

The primary theme of transcendence was supported by three secondary themes, which referred to the transcendence of the past, present, and future. Using time as a frame of reference to define transcendence was regarded as more relevant to the life experiences of Chinese older adults in a nonreligious sociocultural context. Time is fair to everybody, with or without a religious affiliation. These informants showed their wisdom and desire to achieve time-directed transcendence by consolidating their life experiences and letting go, living fully in the present moment, and preparing for the future.

As one institutional resident said, along a person’s lifespan “interpersonal conflicts usually happen and are unavoidable. Sometimes it is due to personality, and sometimes it is due to the environment. I have thought this through and let go (*Kan Kai Le*)” (*M, 70–79 years, no religious affiliation, not claiming social security*). Another community-dwelling older adult echoed this, saying that “I have looked through this (*Kan Kai Le*). My life has no regrets even though I have unfulfilled dreams. But I understand reality has always been with constraints and I have learned to let go” (*M, 80–89 years, living alone, not claiming social security*).

Another community-dwelling older adult said that “it is so important that I can enjoy my everyday life by going to the community elderly service centre. Now my children are all grown up and have their own lives. I can put them down and focus on engaging in different activities to enrich my life, such as going on outings, having my blood pressure and blood sugar level regularly checked, consulting on my medication, and so on” (*F, 75–79 years, live with spouse, no religious affiliation, not claiming social security*).

Most of the informants said that they wished to have a peaceful dying process. They all understood that they could not know what would happen when death comes to them. Therefore, they expressed their strong will not to be a burden to the people around them, particularly their children. One institutional resident said that “it is unwise to wait for my children to deal with arrangements after my death. They may not know what I want. Therefore, it is wise (to tell them what I want when I am still alive)” (*F, 80–89 years, not claiming social security*).

2.3.4 Relationship Harmony

Under the primary theme of relationship harmony, the transcripts showed that the discourses can be differentiated in terms of at least four types of relationship: with self, family, others, and death. In regard to the relationship with the self, the basic themes were self-care to maintain physical and mental health, taking responsibility according to moral standards, and self-management to ensure interpersonal harmony. One institution resident said that “the most important thing is to keep your physical and mental health. Love and care from others then can add extra joy” (F, 80–89 years, *Buddhist, not claiming social security*). Another participant who lived in the community echoed this, saying that “keeping healthy is very important. I do morning exercise daily including jogging for 15 min. I also pay attention to my diet and keep my heart open (*Kai Long*)” (F, 70–79 years, *living alone, no religious affiliation, not claiming social security*). An institutional resident said that “I have tried my best to fulfill moral standards. I am rational, avoid conflict, and am conscious of what I say... I feel I have really achieved this and feel proud” (F, 80–89 years, *no religious affiliation, not claiming social security*). A daughter caregiver explained that “sometimes older adults will say no in order to fulfill others expectations (it is always desirable to be humble in a Chinese context). My mother is this type of person” (F, 50–59, *no religious affiliation*).

In terms of the relationship with family, the basic themes emerging included having a complete family (*Wan Zheng Jia Ting*), enjoying harmonious interactions with family members, and having a supportive family who show respect and care. An institutional resident felt that “the most important thing is encouragement and respect from family members. You may say I am old stuff. But I still want to say this” (M, 70–79 years, *no religious affiliation, not claiming social security*). This was echoed by another respondent who explained “I feel happiest when my children come to visit me. We then go out for a meal and chat during our meal time. Usually I will bring some food back home after the meal” (F, *living alone, 80–89 years, no religious affiliation, not claiming social security*). Another adult living in the community explained that “my children are not living in Hong Kong. My grandchildren are also living somewhere else. They are not close. Now I have my spouse only and wish the government would care more about us” (F, 89–89 years, *living with spouse, Daoist, claiming social security*).

The themes emerging around relationships with people other than family members included the importance of interpersonal interactions in the community (outside the family), gaining recognition through social participation and interaction, and possible differentiation between friends and other people. One community-dwelling older adult said that “my son visits us occasionally. Other than that, we visit the community elderly centre almost every day. I know people there. We chat and feel happy” (F, 80–89 years, *living with spouse, no religious affiliation, claiming social security*). A care worker said that “through participating in our

interest group, Mr Chan learned how to send e-mails. He was then able to teach his daughter-in-law and felt very proud of this” (*F, 50–59, no religious affiliation*). An institutional resident said that “it is important not to gossip. Today you gossip about others, tomorrow you will be the person that is gossiped about. Hence, I will not engage in gossip (I will talk with friends but not those who gossip)” (*F, 90–99 years, no religious affiliation, claiming social security*).

Finally, the secondary theme of the relationship with death was focused around the concepts of expectations of a good death and a sense of destiny. The predominant theme was strong expectations of a good death, which was linked to dying peacefully and quickly. As one community-dwelling older adult put it, “a good life is no better than a good death. It is OK if I suffer, but burdening my children is the worst thing that I could imagine” (*F, 70–79 years, living with spouse, no religious affiliation, not claiming social security*). Death was also associated with a sense of destination by nonreligious informants. One said that “life and death is all by destination. Just like the Chinese proverb says, you ‘cry three times when you were born, then your life follows your destiny’ (*Luo Di Ku San Sheng, Hao Chou Ming Sheng Cheng*)” (*F, 70–79 years, living alone, no religious affiliation, not claiming social security*).

2.3.5 *Spiritual Coping*

Participants described using both self- and others-oriented coping strategies when they felt spiritually disturbed or that they had lost a sense of meaning. Self-oriented coping strategies included self-transformation and patience, while others-oriented approaches included help seeking and expressing needs directly. As one community-dwelling older adult explained, “I will stay away from him (her husband, with whom she had a conflicted relationship) during the daytime. But I have nowhere to hide in the evenings. He continuously annoys me and I continuously restrain myself. Sometimes I feel very fearful and have a headache” (*F, 80–89 years, living with spouse, no religious affiliation, not claiming social security*). An institutional resident said that “when I feel hopeless, I will approach the nurse in charge of the nursing home for a discussion” (*F, 70–79 years, Buddhist, not claiming social security*).

2.3.6 *Contextual Factors*

Class and gender were two of the dominant secondary themes in this category. Their influences usually intersected one other, influencing resources and constraints as the individual searched for meaning and sought development throughout the lifespan. For example, a care worker said that “for me, it is obvious that some older adults have allocated more resources to their sons and grandsons as compared to their daughters and granddaughters during their life course. Now they are old, they have higher expectations and sometimes biased perceptions towards

their sons' family as well" (*F, 20–29 years, no religious affiliation*). An institutional resident said that "the most important thing (for the meaning of my life) is having sufficient financial support. I am lucky that I could afford to pay the fees for my institutional care. On top of that, I still have some pocket money to buy my favorite foods or eat out occasionally. If I didn't have money, I would feel hopeless" (*M, 80–89 years, no religious affiliation, not claiming social security*).

Responses to the last two questions (the role of religion on spiritual pursuits and understandings of the word spirituality) confirmed that religious practice is associated with a contextualized understanding of spirituality among these Chinese older adults. For some of those who had a religious affiliation, spiritual pursuits were associated with corresponding rituals and religious practices. One institutional resident said "I strongly believe in Christianity. The meaning of my life comes from God. God gives me everything and I wish God's blessings to be spread to every resident in this nursing home" (*M, 80–89 years, Christian, claiming social security*). This was echoed by a care worker who explained that "when older adults have religious belief, no matter whether it is Christian, Catholicism, or Buddhism, they will gain meaning of life from it. For example, Christianity teaches believers to serve others. Then older adults would have this as their purpose in life" (*F, 20–29 years, Christian*). However, some informants had a more pragmatic perspective on the association between religion and spirituality. One community-dwelling older adult said that "formal religious belief can generate benefits. Traditional worship can also generate benefits. Just like the proverb says, 'human beings worship for God's protection; grass grows when spring arrives'" (*F, 80–89 years, religious, not claiming social security*). The analyses further confirmed that spirituality itself was regarded as a strange term by most participants. It is often associated with space or a feeling of being outside the material world. The words or phrases which came to mind included odd, floating, superpower, intuitive, beyond knowledge and thinking (that is, when you think, then you do not have spirituality).

In summary, these qualitative data analyses have identified 6 primary themes of the conceptualization of spirituality, manifested through 16 secondary themes. This chapter has set out exemplar verbatim quotes from various participants which support and illustrate each secondary theme. These findings seem to support the preunderstanding proposed by the research team at the outset, based on a literature review. The empirical work has added secondary and basic themes in support of the six primary themes, reflecting a more contextualized understanding of the meaning of life. For example, relationship harmony appears in almost all the primary themes and is also supported by over a third of the secondary themes.

2.4 Limitations

The qualitative inquiry provided an excellent opportunity for the research team to examine the concept of spiritual well-being in a Chinese context. However, it has several methodological limitations. Firstly, even though the preunderstanding

of spiritual well-being was based on a thorough literature review, it is impossible to completely exclude any bias from the research team. Secondly, while the data collection and analyses followed a five-step approach, underpinned by three strategies to ensure truthfulness and accuracy, the unfamiliarity of the topic and the small sample size must still be borne in mind when interpreting the results. Thirdly, the ultimate goal of the overall project was to develop an effective intervention for the enhancement of spiritual well-being among Chinese older adults. This requires a well-established conceptual framework acceptable to the various professional stakeholders working with this client group. As a result, the research team elected, at the conclusion of the qualitative work, to conduct an additional Delphi study that was not included in the original research plan. This forms the subject of the next chapter.

2.5 Conclusion

In order to examine the concept of spiritual well-being or the meaning of life among Chinese older adults, a qualitative inquiry was carried out. Eight focus groups were held in Hong Kong and Shanghai with a total of 61 members of four key stakeholder groups (community-dwelling older adults, institutional residents, and family and formal caregivers). The researchers also reflected on whether or not there might be barriers to older adults sharing family concerns in group settings, and accordingly also conducted four in-depth individual interviews after the group work was complete. Semi-structured interview and focus group guidelines were developed and piloted in both Hong Kong and Shanghai. The data collection and analyses followed an interpretative approach with four strategies adopted to generate truthful and accurate results. The findings support a framework of spiritual well-being comprising 6 primary and 16 secondary themes. Having considered the implications, in order to achieve the ultimate goal of the project (e.g., to develop an effective intervention to enhance spiritual well-being), the research team suggested a Delphi study to achieve consensus among a multi-disciplinary professional group.

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Chapter 3

Dimensions of Spiritual Well-Being: A Delphi Study

3.1 Introduction

Based on a thorough literature review, and a qualitative inquiry incorporating focus groups and in-depth interviews, a conceptual framework of spiritual well-being for Chinese older adults has been proposed in Chaps. 1 and 2. According to this framework, spiritual well-being has six core elements: (1) meaning of life; (2) spiritual well-being (positive and negative); (3) transcendence; (4) harmonious relationships with self, others, and the world; (5) spiritual coping; and (6) contextual factors (such as class and gender). The meaning of life is constructed through building harmonious relationships (with self, others, the environment, and the concepts of life and death themselves), and the process of transcendence enables one to achieve a sense of spiritual well-being and meaning. Coping strategies, class, and gender are factors that may be associated with relationship harmony and a sense of life's meaning (Maselko and Kubzansky 2006; Urcuyo et al. 2005; Wink and Dillon 2008).

While this framework has a solid theoretical and empirical basis, this work is a pioneering attempt to define spiritual well-being in a nonreligious context. It is therefore essential to exclude the possibility of bias due to the influences of researchers' and informants' values and perceptions. After I had brought the research team together in the middle of 2009, we worked very closely on reviewing the literature and examining the interview and focus group transcripts. Even though we tried our very best throughout the coding and discussion process to keep an open mind, it is always possible that our interpretation may have excluded important themes embedded in the data. Moreover, our informants

were drawn from three nursing homes managed by a single service agency in Hong Kong and one nursing home in Shanghai. It is therefore possible that their values and expectations had been constrained by the vision and mission of these agencies.

The team therefore decided to conduct a Delphi study with the aim of reaching an expert consensus on the defining core components of spiritual well-being among Chinese older adults. We presented a set of 124 items drawn from the thematic framework to a panel of academics and health-and social care professionals with expertise across three different Chinese communities and four disciplines. In order to obtain the detailed views of panel members, we further differentiated the 6 themes into 10 domains: the meaning of life, spiritual well-being (positive), spiritual well-being (negative), transcendence, relationship with oneself, relationships with family, relationships with others, relationships with life and death, spiritual coping, and contextual factors (class and gender) (Chan et al. 2010).

3.2 Methods

3.2.1 Design

The Delphi method is a systematic and interactive forecasting method which relies on a panel of experts. It has been used frequently with expert panels and is especially useful as a tool for governing effective communication within a group of people unconstrained by group dynamics, and assessing consensus about an issue efficiently (Hsu and Sandford 2007). The Delphi process adopted in this study was characterized by four features: (1) All data analyses and feedback were based on aggregated findings so as to minimize the pressure for conformity; (2) panel members were encouraged to make verbal comments on each of the domains to express their views; (3) the results of the first round were provided to panel members for their second assessment; and (4) statistical methods were used to facilitate decision making in regard to including or excluding a certain item and/or changing the wording of a certain item.

3.2.2 Panel Composition

The team sought to invite experts with rich experience in studying or working with older adults, drawn from multidisciplinary training backgrounds and diverse sociocultural contexts. A total of 20 experts were nominated for invitation. The

Table 3.1 Professional background and expertise of panel members

Case No.	Professional background	Area of expertise
01	Nurse	Grief and bereavement counseling and training
02	Nurse	Grief and bereavement counseling and training
03	Nurse	Grief and bereavement counseling and training
04	Doctor	Geriatrician in rehabilitation hospital, palliative care
05	Doctor	Geriatrician in nursing home, palliative care
06	Social worker	Medical social work, hospice
07	Social worker	District elderly service, day care service
08	Social worker	Nursing home
09	Social worker	Community-based death and dying service
10	Professor	Human development and spirituality in Chinese societies
11	Professor	Geriatric nursing, nursing home dementia care
12	Professor	Behavioral health, body–mind–spirit interventions
13	Professor	Grief and bereavement intervention, end of life care
14	Professor	Population study, gerontology
15	Professor	Psychology and human development
16	Professor	Loss and grief
17	Professor	Nursing, death education
18	Professor	Death education and counseling
19	Doctor	Geriatrician in hospice
20	Social worker	Medical social work in hospice

final panel was made up of 16 individuals drawn from three Chinese communities (mainland China, Hong Kong, and Taiwan). They came from varied professional backgrounds including medicine, nursing, social work, and academia. Table 3.1 gives details of the professional backgrounds and expertise of the panel members.

3.3 Procedures

The Delphi study was carried out from March to October 2010. Potential panel members were identified and selected by the members of the research project team. An initial invitation letter was sent to each of them explaining the objective of the study and the work involved. Their participation and informed consent were sought.

The study process consisted of four steps (see Fig. 3.1). Step 1 involved developing a preliminary conceptual framework of spiritual well-being for

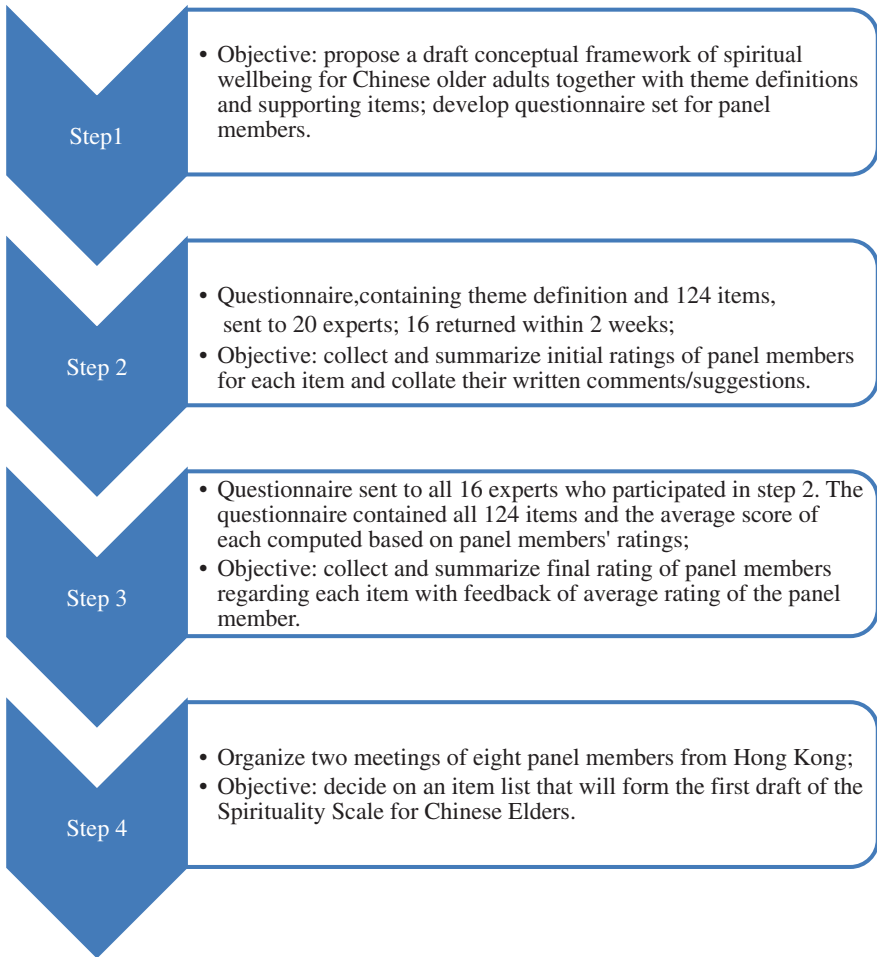


Fig. 3.1 Four stages of the Delphi study

Chinese older adults and finalizing a 124-item list. Items with similar meanings were eliminated based on the interview and focus group data and the literature review. A questionnaire was then developed containing a brief description of the draft conceptual framework, its themes and their definitions, and all 124 supporting items. In step 2, each panel member was invited to rate the degree of relevance of each item using a 5-point Likert-type scale from not relevant at all to very much relevant. They were also encouraged to provide written comments and suggestions. The questionnaire was sent to panel members by e-mail or fax and two weeks were allowed for its return. An e-mailed reminder was sent three

days before the deadline. After receiving each panel member's ratings, mean and standard deviation scores were computed for each item and added to the second round of questionnaires. In step 3, each panel member was invited to review the mean and standard deviation scores from all 16 participants generated in the first round of ratings and then rated the degree of relevance of each item a second time. Sixteen out of 20 experts returned the first round questionnaire, giving a response rate of 80 %. In the second round, all 16 returned their ratings. Finally, at step 4, eight panel members from Hong Kong were invited to take part in two meetings. During the meetings, the research team reported back on the aggregated ratings of the items and presented a summary of the written comments and suggestions. The domains of spiritual well-being were discussed as well as the items belonging to each domain.

3.3.1 Data Analysis

The means and standard deviations of the two rounds of rating were computed using SPSS version 18.0 for Windows. Both rounds were reviewed in the two panel meetings. All items with a mean score of 3–5 in both rounds were included in this review.

3.4 Findings

Over 60 % of the panel members (ranged from 63 to 100 %) ranked the 10 domains of spiritual well-being as the most or second most relevant to Chinese older adults. Over 80 % of items received a mean score higher than 3.0 in both rounds. Frequency distribution analysis of the two rounds of rating showed that the mean scores for 100 items ranged from 3 to 5, while 24 items were ranked below 3 in one or both rounds. These 24 items were discussed in the two panel meetings and excluded one by one. Table 3.2 summarizes the range of item means of the 100 items included within the 10 domains.

3.5 Discussion

The findings, based on two rounds of ratings, indicate that there was consensus among the panel members that all 10 domains proposed by the research team were relevant to the spiritual well-being of Chinese older adults. This consensus was

Table 3.2 Range of mean scores in the 10 domains

	Number of items included (excluded)	First round (min, max)		Second round (min, max)	
		Mean	SD	Mean	SD
Meaning of life	6 (0)	3.56, 4.13	0.72, 1.63	3.50, 4.19	1.03, 1.35
Spiritual well-being (positive)	12 (2)	3.13, 4.00	0.68, 1.34	3.25, 4.06	0.73, 1.24
Spiritual well-being (negative)	12 (5)	3.06, 3.94	0.75, 1.59	3.13, 4.06	0.68, 1.03
Transcendence	7 (1)	3.19, 3.63	0.97, 1.56	3.06, 3.75	0.89, 1.42
Relationship with self	13 (6)	3.13, 4.00	1.09, 1.46	3.06, 3.88	1.09, 1.27
Relationship with others	28 (2)	3.25, 4.13	0.68, 1.48	3.06, 4.06	0.62, 1.15
Relationship with the environment	4 (1)	3.44, 4.38	0.72, 1.32	3.56, 4.44	0.63, 1.09
Relationship with death	2 (0)	4.13, 4.25	1.09, 1.18	4.13, 4.19	0.98, 1.03
Spiritual coping	11 (3)	3.14, 4.14	0.36, 1.17	3.13, 4.20	0.99, 1.35
Class and gender	5 (4)	3.20, 3.44	1.24, 1.52	3.38, 3.50	1.15, 1.36

confirmed in the two subsequent panel meetings where eight panelists critically reviewed both rounds of ratings and written comments.

However, the panel meeting also drew four concerns to the attention of the research team. The first refers to understanding of the term spiritual well-being in Chinese—*Ling Xin Jian Kang*. The panel members felt that even though a brief description of the first draft conceptual framework of spiritual well-being and the definitions of its themes had been provided, understanding spiritual well-being from a nonreligious context is still considered a new and pioneering activity in Chinese cultures. The Chinese word *Ling* is often associated with life after death and has mysterious meanings, such as *Jing Ling* (intermediate existence), *Ling Yi* (alternative existence), and *Gu Ling Jing Guai* (strange and rare). Therefore, even though *Ling Xin Jian Kang* is considered to be a proper translation, the term meaning of life could be a more desirable one to minimize misunderstanding and misinterpretation for the purpose of developing an intervention protocol.

The second concern refers to possible complications in the domain of relationship with others. In a Chinese context, the roles and responsibilities of interpersonal

relationships differ between insiders and outsiders (Hwang 1987; Leung and Chan 2003). To put it simply, family members, including close relatives, are considered to be closest to the person. Mutual support and lifetime exchange are essential ingredients for building and maintaining such relationships. Friends can be very close but also could be seen as general friends. Instant exchange and maximization of gains are expected from these interactions. Panel members therefore suggested that interpersonal relationships be differentiated into at least three types: family, friends, and others. Such a distinction was thought to have implications for developing intervention strategies in future.

The third concern was raised about the two domains of class and gender and spiritual coping. Panelists suggested that even though both are relevant to spiritual well-being, they are in fact associates with it. Therefore, it was recommended that these domains not be treated as core domains of the proposed spiritual well-being framework.

Finally, panel members queried potential subcultural differences in the phrasing of items. While mainland China, Hong Kong, and Taiwan all use Chinese as the official language, dialect preferences in selecting words and slang terms could introduce misunderstanding. For example, one of the original items was phrased as *Ni Shui Lao Kai Men Kou, Guo De Zi Ji Guo De Ren* (泥水佬開門口, 過得自己過得人). Panel members from Hong Kong shared that they understood this slang term to mean “being flexible and considerate to others.” However, panel members from mainland China and Taiwan had difficulty understanding it. During the panel meeting, the team agreed to use formal language in drafting the scale to minimize such potential misunderstandings.

3.6 Limitations

This study has several limitations that should be considered. Firstly, the ratings and comments on the 10 key themes and items were given by 16 panel members who could have been biased in terms of their subjective experiences and professional backgrounds. They came from three Chinese communities (e.g., Mainland China, Hong Kong, and Taiwan) with diverse social and cultural features, and from a range of professional backgrounds working with older adults. Secondly, after both rounds of rating and discussion, panel members recommended using formal language for the items to minimize potential misunderstanding and controversies. However, this meant that some items with a strong subcultural or slang meanings were reframed or even excluded, which could have an impact on a localized or contextualized construction of the concept of the meaning of life.

3.7 Conclusion

After two rounds of the Delphi process and two panel meetings, the consensus reached by the panel members confirmed that the 10 preliminary core elements proposed by the research team were all relevant to studying the meaning of life among Chinese older adults. Of the ten core elements, spiritual coping and class and gender could be treated as independent constructs associated with spiritual well-being, while the remaining eight elements are treated as defining elements. The team agreed that at this exploratory stage, it was important to focus on the core defining elements and study spiritual coping and the influence of class and gender in a separate project.

Moreover, the Delphi process confirmed that the proposed framework, with its emphasis on harmonious relationships between oneself and others and the environment, truly reflected the collectivist Chinese cultural context that values family, responsibility, and interdependency. This is therefore a meaningful expansion of the existing literature on defining spirituality and paves a solid foundation for developing a culturally sensitive measure of spiritual well-being in a nonreligious context. On this basis, the research team revised the framework of spiritual well-being to contain eight core elements: (1) meaning of life, (2) spiritual affect (positive and negative), (3) transcendence, (4) relationship with self, (5) relationship with family, (6) relationship with friends and others, (7) relationship with environment, and (8) relationship with life and death. The corresponding items were further reviewed by the research team that had contributed to the first draft of the Spirituality Scale for Chinese Elders (SSCE). This was then tested in a validation study that will be described in Chap. 4.

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Chapter 4

Validation of the Spirituality Scale for Chinese Elders (SSCE)

4.1 Introduction

After the Delphi process, the proposed spiritual well-being framework for Chinese older adults was further contextualized to reflect the interdependency of how the self is constructed and the influences of social orientation on behaviors in the Chinese context. A total of 24 items that had been scored as having low relevance in the panel ranking exercise were discussed by the research team members. Rephrasing and rewording were carried out to further clarify the item content and an 120 item pool for the draft SSCE (SSCE-D) was prepared for further development. The SSCE-D formed a solid foundation for testing of the reliability and validity of the proposed scale (Clark and Watson 1995). This chapter describes this valuation study. It firstly outlines the development of the SSCE-D, followed by a review of the pilot and main validation studies. All work reported here was guided by scale development theory (Clark and Watson 1995; DeVellis 2011; Raubenheimer 2004).

4.2 The Development of the SSCE-D

As discussed in Chaps. 1 and 2, the conceptualization of spiritual well-being among Chinese older adults evolved from a review of previous literature and an empirical study with four groups of stakeholders including older adults living in the community and in institutions, and both family and formal caregivers. These steps determined clearly what the research team set out to measure, namely the meaning of life for Chinese older adults with no specific reference to religious practices. Verbatim quotes from the focus groups and interviews were used as the basis to formulate items for each of the core elements, leading to an item pool of

124. After the Delphi process, 24 items ranked as having low relevance were discussed during the panel meetings and excluded from the pool.

The Delphi process also raised four concerns after the panel meetings. The research team agreed that “spiritual coping” and “class and gender” should be regarded as independent constructs rather than core elements of spiritual well-being. Moreover, interpersonal relationships among Chinese people differentiate between family, friends, and others. Hence, the team reexamined the eight core elements and identified two points worthy of further exploration. One refers to relationships with family and friends. The meaning attributed to the word “family” can encompass various different definitions of who is treated as a family member. The word “frien” also could have different interpretations. Another refers to relationships with people around you other than family and friends. Discussions focused on which word in Chinese should be used to define this latter term. “Other people” (*Qi Ta Ren*), significant others (*Zhong Yao Ren Wu*), and people around you (*Shen Bian Ren*) were all potential options discussed by the research team. In-depth examination of the meaning of each word suggested that the idea of other people may include strangers that people do not already know, which was not the focus of the question. Significant others seemed to be too exclusive on people playing an important role in one’s life, which again was outside the focus of this study. Accordingly, people around you was selected because it can refer to people one knows who may or may not be significant.

In summary, the eight core elements used to define spiritual well-being among Chinese older adults were (1) meaning of life, (2) spiritual well-being, (3) transcendence, (4) relationship with self, (5) relationship with family, (6) relationship with others (friends and people around you), (7) relationship with the environment, and (8) relationship with life and death. A brief definition of each of the core elements is provided below. Table 4.1 also provides illustrations of each item.

4.2.1 Defining Key Elements

Meaning of life This refers to individuals’ cognitive evaluation of their sense of meaningfulness. Such an evaluation is based on individuals’ deep connection with the nature of their personal existence and affirms their conscientious life purpose and significance.

Spiritual well-being This refers to affective experiences associated with a cognitive evaluation of the sense of meaningfulness. When a sense of meaningfulness is consciously affirmed, one is expected to have a positive affect relating to peace and joy. On the contrary, when an individual perceives his/her life as meaningless, negative emotions such as despair and feeling disheartened are to be expected. It is believed that more positive emotions are associated with stronger life meaning and energy.

Transcendence Transcendence is defined as individuals’ capacity to expand their boundaries across chronological systems. In other words, it refers to the human ability to consolidate past life experiences and achieve generativity, to live a mindful life in

Table 4.1 Conceptualizing spiritual well-being—definition of core elements and sample items

Core elements (number of items in item pool)	Brief definition	Item illustration (sample)
Meaning of life (13)	Cognitive evaluation of sense of meaningfulness	Life is meaningful
		There is value in living in this world
Spiritual well-being (<i>n</i> = 17)	Affective experiences associated with a sense of meaningfulness	Peacefulness
		Despair
Transcendence (<i>n</i> = 11)	To expand self-boundaries across chronological systems	Proud of past life
		Cherish the people and things around
		Plan for the future
Relationship with self (<i>n</i> = 18)	To carry out self-care	Care about physical health
		Care about psychological well-being
Relationship with family (<i>n</i> = 13)	To achieve mutually respectful relationships with family members	Family members show respect
		Feel contented with my family
Relationship with others (friends, and people other than family and friends) (<i>n</i> = 12)	To maintain harmonious interpersonal interactions and minimize conflict	Mutual support among friendship network
		Friends can help me when in need
		Satisfying interpersonal interactions
		Seldom in conflict with people around
Relationship with the environment (<i>n</i> = 13)	To actively engage and adaptively adjust to natural and human development	Self-care according to variation of the seasons
		Paying attention to current affairs
Relationship with life and death (<i>n</i> = 3)	To achieve a harmonious balance in relationship to all life forces	Accepting my destiny
		Looking through life and death

the present and appreciate the self in relation to the surroundings, and to prepare for the future with hope and readiness. This definition draws on the existential theory of Frankl and the self-transcendence theory of well-being by Reed (Frankl 1966; Reed 1991, 2003). According to Frankl, transcendence is a distinguished capacity of our humanity. We, as human beings, are intuitively searching for such an optimal stance by engaging in the processes of creation and introspective reflection, and making sense of what is happening toward our predicament of fate (Frankl 1966). According to Reed, self-transcendence refers to “the capacity to expand self-boundaries in a variety of ways” (Reed 2003, p. 111). One key manifestation of this is the ability to “integrate one’s past and future in a way that has meaning for the present.”

Relationship with self This can be defined as an individual’s capacity to execute self-care. Self in an East Asian context is typically described as

collectivistic or interdependent, reflecting the significant role of relationships with in-group members in its construction (Markus and Kitayama 1991). Central to Confucianism is the value placed on the maintenance of interpersonal harmony in the five cardinal relationships: father–son, husband–wife, older–younger, emperor–subordinate, and friend–friend (Su et al. 1999). In order to achieve harmony within individuals’ interpersonal networks, it is essential for them to perform self-care such that their actions correspond with their roles (Su et al. 1999). In Chinese, this is called *Xiu Sheng*.

Relationship with family This is defined as individuals’ capacity to achieve defined and respectful relationships with other people in the family. Among the five cardinal relationships, the first two are confined within the family (father–son and husband–wife). The rules and expectations which regulate such relationships are defined as hierarchical and unconditional. Parents are seen as higher in the hierarchy and are expected to lead and achieve family harmony. Children are expected to demonstrate filial responsibility by showing care and respect toward their parents (Ho 1998).

Relationship with others (friends and people other than family and friends) The first of these can be defined as individuals’ capacity to achieve mutual support within a friendship network. While it can be argued that family sets a model for all social relationships in Chinese societies, the nature of social exchange in relationships outside the family network is much more strongly emphasized (Chang and Holt 1991; Hwang 1987). By exchanging instrumental and/or emotional support, Chinese people achieve well-being in its various aspects (Chen et al. 2013). Relationships with people other than family and friends can be defined as individuals’ capacity to maintain satisfactory interpersonal interactions with those around them and to minimize conflict. When social relationships extend beyond in-group members, Chinese people become less generous and more critical and demanding (Gómez et al. 2000; Hwang 1998). Therefore, a harmonious relationship of this nature does not rely so much on mutual support but more on maintaining satisfaction and minimizing conflict.

Relationship with the environment This refers to individuals’ active engagement and adaptive adjustment toward natural and human development. Confucians argue that Heaven or higher beings are the same as nature and behave according to their own principles. Confucius said that “Heaven does not speak, yet the four seasons run their course and all things come into being” (Tianchen 2003). In Confucian thinking, human beings are neither superior nor inferior to our environment. To achieve a harmonious relationship with the environment, individuals are expected to take proactive and responsible actions toward nature and human interventions. In Chinese, the saying is “the right crop for the right lands” (*Yin Di Zhi Yi*) or “to do the right thing at the right time” (*Yin Shi Zhi Yi*).

Relationship with life and death This denotes the aim to achieve a harmonious balance in relation to all life forces. There is no general social norm toward a single and unique God who is the source of such spiritual forces. Instead, Confucian tradition argues that human beings live amidst various life forces surrounding us, within each of which natural rules are followed. This includes the natural processes of the

universe and the Gods responsible for various matters such as earth, Heaven, and the influences of our ancestors, particularly family ancestors (Tanyi 2002). From a spiritual perspective, the Chinese have been influenced by many religions including Buddhism, Taoism, Christianity, and folk religions. Confucius himself downplayed the concept of an abstract God but believed more in dissolving the difference between life and death. He said “we do not yet know how to serve humans, so how can we know how to serve the gods?” When he spoke about serving spirits, Confucius said “if one cannot yet serve man, how can he serve the spirits?” When asked about death, Confucius replied “if you do not understand life, how can you understand death?” (Tucker and Berthrong 1998).

4.2.2 Measurement Approach

The items corresponding to each of the eight elements were further examined one by one to eliminate those with similar meanings. A final item pool of 83 was generated for the SSCE-D. The team then discussed the format for measurement. With reference to a similar measure, the Positive and Negative Affect Scale (PANAS) (Crawford and Henry 2004; Zhang et al. 2004), we opted to use a 5-point Likert scale ranging from “not at all” to “extremely” to measure the frequency of occurrence of a feeling in the affective questions. For other attitudinal questions, a 5-point Likert scale ranging from never to always to measure the frequency of a certain perception or behavior was proposed, with reference to the Functional Assessment of Chronic Illness Therapy—Spiritual Well-being Scale (Peterman et al. 2002). General and specific instructions with sample questions were developed for the self-administered version of the SSCE-D. Considering that a considerable number of Chinese older adults are illiterate (Census and Statistics Department 2013), an interview version of the SSCE-D was then developed by rephrasing the instructions and example questions. To facilitate the interview process for poorly educated older adults, visual aids for the two Likert answering formats were also developed (see Fig. 4.1).

4.3 Pilot Survey

The pilot survey had three objectives. Firstly, it aimed to collect comments and suggestions from potential assessment targets (that is, Chinese older adults) on the contents, instructions, and sequential arrangement of the items. Secondly, it aimed to identify the level of education to be considered when arranging interviews or offering self-administered questionnaires. Thirdly, it tested the logistics of arranging interviews and conducting self-administered questionnaires by identifying difficulties and barriers to the subsequent main validation study.

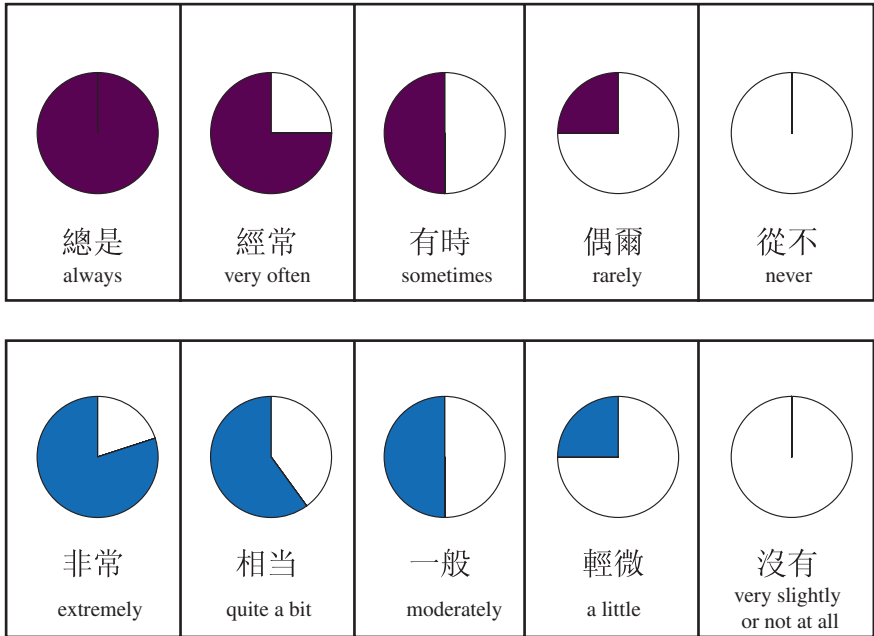


Fig. 4.1 Two 5-point Likert answer formats (visual scale)

Participants were recruited from elderly service agencies in Hong Kong and Shanghai. The inclusion criteria were (1) aged 55 or above, (2) cognitively intact, (3) able to communicate in Cantonese and Shanghainese, respectively, and (4) willing to take part voluntarily. Special attention was paid to the education level of the participants to achieve the second objective. A total of 15 community-dwelling and 16 institutionalized older adults (20 from Hong Kong and 11 from Shanghai) were invited to participate in the pilot survey on a one-to-one basis. A research assistant explained the purpose of the study and invited participants to indicate whether or not they were able to fill in the self-administered version. If the participant answered yes, he/she was given a self-administered version of the SSCE-D to complete. If the answer was no, the research assistant administered the questionnaire via a face-to-face interview. In either case, participants were invited to join a one-hour debriefing session after the questionnaire was completed. During the debriefing, participants were invited to share their experiences of filling in the survey and comment on the contents, instructions, the sequential arrangement of items, and the logic of survey arrangement.

Based on the pilot survey, it was observed that a high school education was an adequate threshold for differentiating self-administration and face-to-face interview. Older adults educated to this level are able to complete the survey themselves; otherwise, a face-to-face interview is recommended. Participants showed no difficulty in providing their preferred answers based on their understanding of the items. The item descriptions were said to be straightforward and easy for

older adults to understand. Visual aids to answer patterns were found to be particularly helpful in facilitating face-to-face interviews; less educated older adults said that the visual tool (Fig. 4.1) had helped them to understand how to answer the questions. Self-administration took about 20–30 min, while the interviews lasted around 30–40 min. It is always desirable for a quiet environment to be made available for either approach. The use of examples was reported to be very helpful in ensuring participants understood the process and logic of answering questions.

4.4 Main Validation Study

4.4.1 Methodology

Scale development theory proposes that “the item pool should be tested, along with variables that assess closely related constructs, on a heterogeneous sample representing the entire range of the target population” (Clark and Watson 1995). The sampling frame of the current study was set as older adults living in the community or in residential care facilities in Hong Kong or Shanghai. By including these typical types of living arrangement, the inclusion of older adults with heterogeneous health status and care needs was maximized. Carrying out the study in two cities also maximized the diversity of historical experiences, current sociocultural context, and welfare regimes.

Sampling Respondents were recruited via social service agencies in Hong Kong and Shanghai through a convenience sampling method. The sampling frame was (1) older adults aged 50 or above,¹ (2) cognitively intact as screened by agency workers, (3) able to communicate, and (4) willing to participate voluntarily. Since the purpose of developing the SSCE was to create a spiritual enhancement intervention for older adults in both community and institutional settings, the sample for the validation study was also recruited from both community and residential facilities.² In Hong Kong, participants were recruited from 10 long-term care facilities and 2 community-based elderly centers, while in Shanghai participants were recruited from two community-based street offices. Social workers in Hong Kong and street officers in Shanghai were responsible for identifying potential participants based on the inclusion criteria and inviting them to take part by explaining the objectives, rationale, and significance of the study. After obtaining consent, participants were referred to the research team. Research assistants then contacted them to arrange interviews at the community center or street office, or the common

¹ In mainland China, the normal retirement age for blue-collar female workers is 50 years old. In Hong Kong, the normal retirement age is 60.

² In Hong Kong, residential facilities only accept applicants eligible for long-term care via standardized assessment since 2000. However, in Shanghai, residential facilities accept people with various levels of care needs. After serious consideration, the Shanghai participants were only recruited from among community-dwelling older adults.

space in residential facilities. Reference is made to two recommendations on the appropriate sample size for a scale validation study: (1) a total sample of 300 and (2) a ratio of 10:1 for each item (Cabrera-Nguyen 2010; Clark and Watson 1995). The sample size was set at 800, within which 300 were in residential care. Finally, 300 participants were recruited from long-term care facilities and 525 from community-dwelling older adults.

4.4.2 Measures

Measurement elements The measurement elements of the study were in three parts. The first consisted of the SSCE-D. The second comprised standardized scales for measuring quality of life, self-rated health, purpose in life, and psychological well-being. The purpose of this was to examine the criterion-related validity of the SSCE-D. As discussed in Chap. 1, spiritual well-being is an essential ingredient of health assessment, so it may be assumed that SSCE-D ratings would be positively associated with scores in measures of quality of life and self-rated health (Chuengsatiansup 2003). Meaning of life has been identified as a key component of spirituality in the framework and also in previous literature (Delgado 2005; Shek 2010). It may be hypothesized that the SSCE-D score would be positively associated with the purpose of life measure. Moreover, in addition to the cognitive or evaluative aspect of spirituality, the proposed framework also includes an affective aspect that contains both positive and negative emotion words. Hence, it can be assumed that the SSCE-D score would be associated with the PANAS score, which is a well-established measure of emotional well-being (Crawford and Henry 2004). The third part of the measurement collected information on demographic variables with the aim of examining the psychometric properties of the SSCE-D. The questionnaire was formulated in two versions for use in self-administration and interview.

SSCE-D As noted above, the SSCE-D consisted of 100 items and aimed to measure the eight key elements of spirituality. For each of the item, except for those addressing the spiritual well-being core element, responses were captured using a 5-point Likert scale ranging from 1 = never to 5 = always. For the spiritual well-being items, the endpoints of the scale were 1 = very slightly or not at all and 5 = extremely. A higher score was associated with a higher level of spiritual well-being. Component scores were computed by summing the item scores, with a higher score associated with a higher level of spirituality in terms of that particular core element.

Quality of life The World Health Organization (WHO) Quality of Life Scale (WHOQoL) was used to measure general quality of life. This 28-item scale aims to measure quality of life from a multidimensional perspective including physical, psychological, environmental, and social relationships. The two overall rating questions (“How would you rate your quality of life” and “How satisfied are you with your current health condition?”) were also included. Responses are captured

using a 5-point Likert scale. Standardized scoring was adopted, generating a score from 0 to 100. Higher scores are associated with greater quality of life (The WHOQoL Group 1998). The Chinese version of the WHOQoL has been shown to have satisfactory reliability and validity among both community-dwelling and institutionalized adults (Leung et al. 2005).

Self-rated health The health status of participants was measured using a single item: “How would you rate your overall health at the present time?” A 5-point Likert scale ranging from 1 = poor to 5 = excellent was used. This measure is widely used by researchers to measure health among the general population and older adults, including Chinese older adults (Bjørner et al. 1996; Chi and Boey 1993).

Purpose in life The Chinese version of the purpose in life (PIL) scale has been found to have satisfactory reliability and validity (Shek 1988). This study used the abbreviated scale which consists of seven questions, with responses captured using a 5-point Likert scale ranging from 1 = fully confirmed to 5 = unconfirmed.

Psychological well-being This was measured using the PANAS (Crawford and Henry 2004). PANAS consists of 10 positive and 10 negative affective statements. Respondents rate their frequency of experience of each affect using a 5-point Likert scale ranging from 1 = very slightly or not at all to 5 = extremely. The Chinese version of the PANAS has been shown to have satisfactory reliability and validity (Zhang et al. 2004).

Financial status This was measured using a single-item question: “Do you think that you have enough money to cover your daily expenses?” Responses were captured using a 5-point Likert scale ranging from 1 = very inadequate to 5 = more than adequate. This question has been used to measure the financial status of older adults and has satisfactory reliability and validity in Chinese samples (Chou and Chi 1999).

Loneliness This was measured using a single-item question: “In the past two weeks, how frequently do you feel lonely?” Responses were captured using a 5-point Likert scale ranging from 1 = never to 5 = almost all the time. This measure has been adopted in studies of loneliness including Chinese older adults (Lou and Ng 2012; Wenger et al. 2008).

Perceptions of family members and people around you This item was introduced in response to concerns raised about different understandings of the terms family members (*Jia Ren*) and people around you (*Sheng Bian Ren*). Participants were asked to indicate who they would include in these two categories. This item was positioned before the first question using these words independently. In the family member category, the choices included parents, spouse, children, children-in-law, grandchildren, relatives, and an open entry for other choices. In the people around you category, the choices included neighbor, cadres in the community, volunteers in the community, home helpers, formal caregivers at day care centers, classmates and ex-colleagues, and an open entry for other choices.

Demographic characteristics Information was also collected on various demographic measures, including gender, age, level of education, marital status, religious affiliation, living arrangements, and number of grandchildren. Age was recorded as a continuous variable by asking for year of birth; gender was measured as a

binary variable (0 = female, 1 = male); educational attainment was recorded as 1 = Illiterate or only attended kindergarten, 2 = graduated from primary school, 3 = graduated junior secondary, 4 = graduated senior secondary, 5 = tertiary education, University degree holder or above; marital status as 1 = never married, 2 = separated, 3 = divorced, 4 = widowed, 5 = currently married, 6 = other; number of children as a continuous variable by asking how many were born and are alive now; and religion as 1 = no religion, 2 = Chinese traditional beliefs, 3 = Christian, 4 = Catholic, 5 = Islam, 6 = Buddhism, 7 = Taoism, and 8 = other. Respondents' living arrangements were captured by reporting the number of people living with the elder in the same household and their relationship with him/her.

4.4.3 Procedures

Participants were recruited via social service agencies in Hong Kong and Shanghai. The research team members met with senior management to explain the purpose of the study, the recruitment criteria, and the administrative logistics. Management then helped to identify potential participants and seek their consent to refer them to the research team. Research assistants then contacted potential participants to explain the purpose of the study, obtain informed consent to take part, and arrange administration of the questionnaire. A total of 825 older adults successfully completed the survey, of whom 525 were community-dwelling older adults and 300 were institutional residents.

4.4.4 Data Analysis

The data were entered by a research assistant, followed by a 10 % random checking process conducted by another assistant. The item selection process consisted of four key analytical strategies to maximize scale reliability and validity (Clark and Watson 1995; Gerbing and Anderson 1988). The first referred to the analysis of item distribution, which was computed for each item. Those with highly skewed and unbalanced distributions (for example, if almost all participants responded similarly) were identified and eliminated. The second and third strategies included testing the structure of the underlying concepts being measured and maximizing internal consistency and reliability. Exploratory factor analysis (EFA) was conducted based on all the items in the SSCE-D, and the items for each of the core element. Cronbach's alpha values of greater than 0.60 and an inter-item correlation of between 0.15 and 0.50 were used as criteria for item elimination. The research team was mindful of the need to consider statistical results together with a theoretical understanding during the item selection process. Moreover, in the process of testing the factor structure and internal consistency and reliability, each item was considered and eliminated individually.

4.5 Findings

The results will be reported in five sections. The first describes the characteristics of the participants, and the second reports the findings on item selection and reliability of the SSCE-D. This is followed by an analysis of its validity, reliability, and finally its psychometric properties.

4.5.1 *Characteristics of the Sample*

Sociodemographic characteristics The demographic data are presented in Table 4.2. Among 525 community-dwelling participants, around one-third were male, about 60 % were in their seventies or above, close to 40 % were unmarried at time of survey, more than half had received a secondary education or above, around 70 % had no formal religious affiliation, and 40 % lived with family members. Among 300 long-term care facility residents, more than 80 % were female and almost 80 % were aged 80 or above; the same proportion were unmarried at the time of survey. About 10 % had received a secondary education or above, and about 40 % reported a formal religious affiliation.

Family members and people around Table 4.3 summarizes the participants' choices on whom they identify as belonging to "family" and "people around you" categories. More than half of the community-dwelling respondents identified children, spouse, grandchildren, and children-in-law as family members. For long-term care facility residents, children, grandchildren, and children-in-law were selected by more than half. This reflects a dominant view of the extended family as one's "family." Also, those living with family members at the time of survey were more likely to make such associations, which is understandable.

In the people around category, community-dwelling participants selected community care workers, neighbors, schoolmates, ex-colleagues, and community center peers. Long-term care facility residents' selection was geared toward residential care workers and other residents. This indicates the impact of living arrangement on social interaction and the network features of older adults.

On the basis of the two lists, the research team elected to adopt the terms "family members" and "people around" as the final choice for the wording of SSCE-D items. This also had implications for the instructions for the survey and, in time, developing interventions (see later chapters).

4.5.2 *Item Selection*

Item selection was conducted by using the three key strategies described above. Table 4.4 summarizes the item selection process: checking the distribution of each item, examining the factorial structure of the core component, and testing internal

Table 4.2 Sociodemographic characteristics of participants (*n* = 825)

	Community dwelling (<i>n</i> = 525)	Long-term care facility residents (<i>n</i> = 300)
	Frequency (%)	Frequency (%)
<i>Gender</i>		
Male	192 (36.6)	56 (18.7)
Female	333 (63.4)	244 (81.3)
<i>Age</i>		
50–69	196 (37.3)	6 (2.0)
70–79	227 (43.3)	59 (19.7)
80 or above	102 (19.4)	235 (78.3)
<i>Marital status</i>		
Currently married	324 (61.7)	40 (13.3)
Currently unmarried	201 (38.3)	260 (86.7)
<i>Education</i>		
No formal education	93 (17.7)	152 (50.7)
Primary education	126 (24.0)	117 (39.0)
Secondary education or above	306 (58.3)	31 (10.3)
<i>Religious beliefs</i>		
No religion	240 (45.7)	92 (30.7)
Chinese traditional beliefs	125 (23.8)	77 (25.7)
Christian and Catholic	85 (16.2)	67 (22.3)
Buddhism, Taoism, and other	75 (14.3)	64 (21.3)
<i>Living arrangements</i>		
Alone	123 (23.4)	–
With spouse only	167 (31.8)	–
With family members	220 (41.9)	–
With people other than family members	15 (2.9)	–
<i>Source of income^a</i>		
Social security	65 (12.4)	188 (62.7)
Other sources	460 (87.6)	112 (37.3)

Note ^aSocial security in Hong Kong denotes that respondents claim from the Comprehensive Social Assistance Scheme; in Shanghai, it denotes income from the minimum standard of living

consistency. In the process of eliminating any item, the team referred back to the conceptual understanding to ensure face and content validity. At the end of the item selection process, the final SSCE consisted of nine core components: meaning of life, positive spiritual well-being, negative spiritual well-being, transcendence, relationship with self, relationship with family, relationship with friends, relationship with people other than family and friends, and relationship with the environment. The two-factor structure of spiritual well-being seemed to echo the original concepts of spiritual well-being and distorted thinking. In regard to

Table 4.3 Family members and people around identified by the participants

	Community-dwelling older adults (n = 525)	Long-term care facility residents (n = 300)
	Frequency (%)	Frequency (%)
<i>Family members</i>		
Children	460 (87.6)	261 (87.0)
Spouse	319 (60.8)	53 (17.7)
Grandchildren	295 (56.2)	237 (79.0)
Children-in-law	294 (56.0)	231 (77.0)
Siblings	209 (39.8)	84 (28.0)
Relative	134 (25.5)	132 (44.0)
Parents	78 (14.9)	15 (5.0)
Others (uncle, aunt, nephew)	15 (2.9)	8 (2.7)
<i>People around</i>		
Residential/ community care staff	390 (74.3)	299 (99.7)
Neighbors	330 (62.9)	4 (1.3)
Schoolmates/ ex-colleagues	254 (48.4)	1 (0.3)
Residents/centre peer members	215 (41.0)	298 (99.3)
Others (hobby peers, internet peers)	40 (8.4)	7 (2.3)

the differentiation between friends and people around, this again reflected the contextualized relationship rules applying to different interpersonal relationships. As discussed in previous chapters, Chinese people tend to apply different interpersonal rules when relating to people in different relationships. After discussion, the research team agreed that these two changes (that is, differentiating between positive and negative spiritual well-being, and friends and people around) did not violate the conceptual framework. On the contrary, it enhanced our conceptual understanding of the affective aspects of the spirituality and relationship domains. The team considered these changes to have brought new insights into the original framework and informed the future development of the intervention protocol.

4.5.3 Validity of the SSCE

Face and content validity Based on the widespread data collection and rigorous analytical procedure adopted during the qualitative study, the research team and I are confident that the items included in the final version of the SSCE reflect the

Table 4.4 Summary of the item selection process

	Number of items in SSCE-D item pool ($n = 100$)	Number of items eliminated due to skewness of distribution	Number of items eliminated on the basis of unidimensionality (EFA and internal consistency and reliability testing)	Number of SSCE items ($n = 44$)	Internal consistency of the SSCE subscales
Meaning of life	13	5	3	5	0.76
Spiritual well-being	17	5	4	Positive 5 Negative 3	0.74 0.68
Transcendence	11	4	1	6	0.70
Relationship with self	18	8	6	4	0.71
Relationship with family	13	3	2	8	0.89
Relationship with others	12	3	2	Friends 4 Others 3	0.60 0.59
Relationship with environment	13	4	3	6	0.70
Relationship with life and death	3	2	1	0	Not applicable

normative manifestation of the meaning of life among Chinese older adults. The findings of the Delphi study further affirm its face and content validity.

Structural validity The development of the SSCE has gone through a considered process including a literature survey, qualitative inquiry, consensus of experts, and item selection. There is strong theoretical support for testing a measurement model by using confirmatory factor analysis (CFA). The measurement model was tested using the whole sample, given that the limited size of the two subsamples would likely lead to instability of the models. Measurement models for the SSCE subscales were all a good fit as indicated by the model fit indices: standardized root mean square (SRMR) and root mean square error of approximation (RMSEA) < 0.01, and comparative fit index (CFI) > 0.09 (see Table 4.5). In a CFA, ideally the chi-square will be insignificant. However, since the chi-square statistic is associated with sample size and a larger sample size tends to lead to a significant chi-square result despite an adequate model fit, the research team accepted these results as satisfactory (Bollen 1989).

As Tables 4.6 and 4.7 show, the correlation between the subscales of the SSCE was mild to moderate among both community-dwelling and long-term care facility participants. The correlation coefficients between the meaning of life, spiritual well-being (positive), and transcendence subscales were all moderately significant.

Criterion-related validity This was examined by computing the correlation coefficients between the SSCE subscale scores and other measures assessed by WHOQoL, PIL, and PANAS. As Table 4.8 shows, the strength and direction of the coefficients were in line with theoretical estimations. For example, the subscale measuring the cognitive evaluation of the meaning of life was moderately

Table 4.5 CFA of measurement models of the SSCE subscales ($n = 825^a$)

	Number of items (factor)	RMSEA CI (95 %)	SRMR	R-CFI	Factor loading (min, max)	R-chi-square
Meaning of life	5 (1)	0.080	0.040	0.959	0.48, 0.75	31.42*
Spiritual well-being	8 (2)	0.056	0.048	0.924	0.52, 0.73	68.67*
Transcendence	6 (1)	0.063	0.036	0.953	0.42, 0.64	38.63*
Relationship with self	4 (1)	0.021	0.015	0.998	0.48, 0.75	2.73
Relationship with family	8 (1)	0.054	0.029	0.969	0.54, 0.83	63.97*
Relationship with people other than family	7 (2)	0.047	0.042	0.950	0.34, 0.71	36.12*
Relationship with the environment	6 (1)	0.088	0.064	0.905	0.33, 0.74	66.52*

Note ^aAnalytic sample ranged from 819 to 825 due to missing values for some observations. * $p < 0.001$

Table 4.6 Correlation coefficients for SSCE subscales among community-dwelling participants ($n = 525^a$)

	1	2	3	4	5	6	7	8
1. Meaning of life								
2. Spiritual well-being (positive)	0.49							
3. Spiritual well-being (negative)	-0.35	-0.34						
4. Transcendence	0.63	0.39	-0.27					
5. Relationship with self	0.34	0.34	-0.09	0.28				
6. Relationship with family	0.51	0.43	-0.32	0.40	0.26			
7. Relationship with friends	0.38	0.35	-0.28	0.38	0.27	0.33		
8. Relationship with people around	0.21	0.26	-0.28	0.06	0.25	0.33	0.32	
9. Relationship with the environment	0.36	0.43	-0.13	0.30	0.62	0.37	0.29	0.35

Note ^aAnalytic sample ranged from 517 to 525 due to missing values for some observations

Table 4.7 Correlation coefficients for SSCE subscales among long-term residential care participants ($n = 300^a$)

	1	2	3	4	5	6	7	8
1. Meaning of life								
2. Spiritual well-being (positive)	0.37							
3. Spiritual well-being (negative)	-0.38	-0.47						
4. Transcendence	0.53	0.32	-0.28					
5. Relationship with self	0.35	0.30	-0.16	0.38				
6. Relationship with family	0.38	0.35	-0.21	0.19	0.36			
7. Relationship with friends	0.36	0.32	-0.20	0.35	0.29	0.32		
8. Relationship with people around	0.28	0.37	-0.32	0.10	0.23	0.26	0.43	
9. Relationship with the environment	0.33	0.38	-0.14	0.28	0.55	0.35	0.28	0.34

Note ^aAnalytic sample ranged from 296 to 299 due to missing values for some observations

and significantly associated with positive affect of PANAS, PIL, and WHOQoL psychological well-being score in both community-dwelling and long-term care facility participants. The SSCE subscale measuring positive affect was moderately significantly associated with positive affect of PANAS, PIL, WHOQoL overall score, and other domain-specific QoL measures. This can be explained by the fact that positive affect is associated not only with other positive emotions but also with individuals' cognitive evaluation of the many facets of their lives. The SSCE negative affect subscale was only moderately significantly associated with negative affect and the WHOQoL psychological domain, suggesting that a distorted sense of spirituality was not as widely experienced among this sample compared to positive spiritual emotions. The SSCE transcendence subscale showed no consistent correlation with any of the criterion measures. This supports the efforts made by our project team to develop the SSCE insofar as it implies that a transcendence subscale measures a new dimension that has not been fully assessed in established measures including the PIL and WHOQoL. In summary,

Table 4.8 Correlation coefficients for SSCE subscales and PANAS, PIL, and WHOQoL subscales

	PANAS_ positive	PANAS_ negative	PIL	WHOQoL overall QoL	WHOQoL satisfaction on health	WHOQoL_ Physiological	WHOQoL_ Psychological	WHOQoL_ Social	WHOQoL_ Environmental
<i>n = 525^a community-dwelling participants</i>									
Meaning of life	0.44	0.19	0.50	0.35	0.28	0.28	0.47	0.32	0.39
Spiritual well-being (positive)	0.52	0.25	0.47	0.39	0.31	0.45	0.57	0.39	0.47
Spiritual well-being (negative)	-0.24	-0.57	-0.38	-0.25	-0.22	-0.26	-0.46	-0.29	-0.31
Transcendence	0.54	0.09	0.35	0.27	0.14	0.18	0.38	0.24	0.23
Relationship with self	0.18	0.16	0.29	0.28	0.21	0.23	0.32	0.21	0.33
Relationship with family	0.29	0.24	0.34	0.37	0.22	0.17	0.48	0.35	0.34
Relationship with friends	0.37	0.17	0.36	0.21	0.12	0.28	0.37	0.46	0.31
Relationship with people around	0.12	0.34	0.28	0.24	0.18	0.23	0.38	0.40	0.37
Relationship with the environment	0.22	0.26	0.34	0.36	0.21	0.32	0.45	0.32	0.48
<i>n = 300^b long-term residential care participants</i>									
Meaning of life	0.46	0.17	0.58	0.24	0.36	0.36	0.47	0.34	0.41
Spiritual well-being (positive)	0.45	0.36	0.53	0.49	0.29	0.42	0.63	0.43	0.52
Spiritual well-being (negative)	-0.22	-0.48	-0.41	-0.28	-0.39	-0.39	-0.50	-0.27	-0.37
Transcendence	0.38	0.20	0.37	0.20	0.29	0.29	0.39	0.18	0.27
Relationship with self	0.34	-0.01	0.28	0.23	0.22	0.22	0.38	0.28	0.31
Relationship with family	0.39	0.08	0.32	0.19	0.19	0.19	0.34	0.37	0.28
Relationship with friends	0.40	0.14	0.35	0.27	0.29	0.29	0.41	0.54	0.35
Relationship with people around	0.25	0.20	0.33	0.26	0.23	0.23	0.43	0.41	0.32
Relationship with the environment	0.34	0.01	0.30	0.22	0.23	0.23	0.40	0.28	0.43

Note Bold correlation coefficients: $r >= 0.40$

^aAnalytic sample ranged from 519 to 525 due to missing values for some observations

^bAnalytic sample ranged from 293 to 299 due to missing values for some observations

the correlation analysis showed that the SSCE is a valid measure to assess spiritual well-being among Chinese elders.

4.5.4 Reliability of the SSCE

Internal consistency reliability This was satisfactory among both the community-dwelling and long-term care facility resident subsamples (see Table 4.9). The transcendence and relationship with the environment subscales demonstrated marginally satisfactory internal consistency reliability among the residential care subsample. Among the community-dwelling participants, the relationship with friends and relationship with people other than family and friends subscales demonstrated marginally satisfactory internal consistency reliability. It is suggested that the SSCE be used as a whole to measure spiritual well-being, although the subscales can be used for reference purposes when targeting specific interventions.

4.5.5 Psychometrics of the SSCE

The mean and standard deviation of the SSCE subscales are listed in Table 4.10 for both subsamples. Analysis of variance (ANOVA) showed that community-dwelling participants scored significantly higher on meaning of life, transcendence, and relationship with people other than family, while long-term care facility residents scored significantly higher on relationship with the environment.

Table 4.9 Internal consistency and reliability

Components	Number of items	Long-term residential care participants ($n = 300$)	Community dwelling participants ($n = 525$)
Total SSCE	44	0.92	0.90
Meaning of life	5	0.74	0.76
Spiritual well-being (2-factor)	8	0.79	0.76
Factor 1—positive	5	0.74	0.75
Factor 2—negative	3	0.71	0.66
Transcendence	6	0.57	0.71
Relationship with self	4	0.69	0.74
Relationship with family	8	0.88	0.90
Relationship with people other than family (2-factor)	7	0.71	0.61
Factor 1—friends	4	0.65	0.54
Factor 2—people other than family and friends	3	0.63	0.54
Relationship with the environment	6	0.59	0.75

Among community-dwelling participants, group differences on the SSCE total score were identified in terms of gender and marital status. Male participants and participants who were currently married reported significantly higher scores than women and unmarried participants (Table 4.11).

Table 4.10 Mean and SD of SSCE total and subscale scores for the two subsamples

	Community dwelling participants		Long-term residential care participants	
	Mean	SD	Mean	SD
Meaning of life (5–25)*	20.13	4.01	18.17	4.83
Spiritual well-being (8–40)	34.28	4.53	34.92	5.18
Transcendence (6–30)*	21.50	4.85	17.44	4.93
Relationship with self (4–20)	16.76	2.49	16.72	3.13
Relationship with family (8–40)	33.22	6.23	33.88	5.98
Relationship with people other than family (7–35)*	28.93	3.51	27.89	4.60
Relationship with the environment (6–30)*	25.30	3.40	26.62	2.97

Note * $p < 0.001$

Table 4.11 Group differences in SSCE total scores for community-dwelling participants

	Mean (SD)	<i>F</i>
<i>Gender</i>		
Male	183.16 (19.69)	6.08**
Female	178.57 (20.69)	
<i>Age</i>		
50–69	179.64 (19.52)	2.48
70–79	182.28 (19.97)	
80 or above	177.03 (22.63)	
<i>Main source of financial support</i>		
Social security	174.75 (22.03)	1.47
Family members	181.69 (20.51)	
Pension	181.10 (15.47)	
Saving	176.56 (22.67)	
Employment	179.00 (15.99)	
<i>Marital status</i>		
Currently married	182.03 (18.91)	3.22*
Widowed	177.14 (22.35)	
Divorced/separated	178.61 (23.18)	
<i>Religion</i>		
No religion	181.29 (21.39)	1.45
Chinese traditional beliefs	177.07 (20.69)	
Catholic/Christian	180.18 (20.01)	
Buddhism/Taoism	182.38 (16.87)	

Note * $p < 0.05$; ** $p < 0.01$

Table 4.12 Group differences in SSCE total scores for long-term residential care participants

	Mean (SD)	<i>F</i>
<i>Gender</i>		
Male	174.23 (21.32)	0.27
Female	175.90 (21.24)	
<i>Age</i>		
50–69	170.17 (29.07)	1.17
70–79	179.21 (20.00)	
80 or above	174.85 (21.31)	
<i>Main source of financial support</i>		
Social security	173.28 (22.15)	3.26**
Family members	180.57 (18.00)	
Saving	163.75 (25.88)	
<i>Marital status</i>		
Currently married	176.79 (18.77)	0.72
Widowed	175.89 (21.68)	
Divorced, separated	170.61 (20.68)	
<i>Religion</i>		
No religion	170.16 (23.57)	3.82**
Chinese traditional beliefs	175.08 (21.27)	
Catholic/Christian	178.00 (19.92)	
Buddhism/Taoism	181.33 (17.78)	

Note * $p < 0.05$; ** $p < 0.01$

Among long-term residential care participants, group differences were identified in terms of source of financial support and religious affiliation. Participants who mainly relied on family members for income reported significantly higher SSCE scores than those who did not. Those who had no formal religion had significantly lower SSCE total scores than those of their religious counterparts (Table 4.12).

4.6 Administration of the SSCE

As noted earlier, the SSCE can be administered through self-reporting or interview. Table 4.13 summarizes key concerns about its administration including eligibility criteria, length of time taken to complete, training and role of the interviewer, use of visual aids, environmental concerns, emotions, and dealing with difficult questions. In general, seven hours of structured training is recommended before an individual start on administering the SSCE for research or intake purposes. Toward the end of 2014, a program entitled *Certificate Courses on Spiritual Well-being: Assessment and Enhancement for Chinese Elders—Basic Level* was developed jointly by the Sau Po Centre on Aging at The University of Hong Kong

Table 4.13 Key features of SSCE administration

	Self-report	Interview
Eligibility	Cognitively intact	Cognitively intact
	Secondary school education or above	No severe hearing barrier No severe communication barrier (language)
Length of administration	20–30 min	30–60 min
		A 5-min rest is recommended if necessary
Interviewer	Even though they can self-complete, older adults are expected to be introduced to the assessment for research or intake purposes	7 h training
	7-h training	
Visual aids	Not necessary	Recommended
Environmental concern	Quiet/private location with accessible toilet facilities	
Emotions and difficult questions	Respondents may be confused when first introduced to the concept of spiritual well-being. The Chinese word <i>Sheng Min Yi Yi</i> (meaning of life) is suggested for use as an introduction	
	Questions on the relationship with family and with friends subscales may trigger negative feelings such as loss and loneliness for older adults or bereaved participants, or those living in long-term care facilities	

and Tung Wah Group of Hospitals. Based on over five years of research and practice, the training aims to equip participants with the necessary concept and values relevant to measuring spiritual well-being among Chinese older adults and with the skills required to conduct an assessment using the SSCE.

4.7 Discussion

The findings of the validation study have shown that the 44-item SSCE has satisfactory validity and reliability. The process of item pool development described in the previous chapters ensured that it had a strong theoretical basis and was culturally sensitive. The visual aid developed for use with administration was an innovative means for participants with limited or no literacy to engage with the assessment. The four key item selection strategies adopted ensured that scale reliability and validity were maximized.

Structural validity was supported by the measurement model fit indexes and derived from a theoretical understanding of Chinese spiritual well-being. It is a bit surprise to observe that the relationship with life and death element was excluded from the final SSCE assessment. One of the observations was that draft items were agreed by most of the survey participants, which led to low degree of variance.

This result echoed literature arguments in regard with emphasizing life instead of death under Confucian tradition. It is suggested that attitude towards death be separately examined and assessed in future studies. The purpose of the SSCE is to measure spiritual well-being among Chinese older adults from a nonreligious perspective. It has seven core elements: meaning of life (cognitive aspect), spiritual well-being (affective aspect), transcendence, relationship with self, relationship with family, relationship with people other than family, and relationship with the environment. The internal consistency of each SSCE subscale and the total scale was satisfactory. It is desirable that the whole SSCE should be administered, with the core element scores used to contribute to a holistic understanding of the spiritual well-being of the respondent.

Criterion-related validity, as indicated by correlation with the WHOQoL, PIL, and PNAS scores, indicated that the SSCE subscales shared similar measurement content as had been theoretically proposed. For example, the meaning of life subscale correlated moderately with the PIL, WHOQoL psychological subscale, and the PANAS positive affect subscale. Relationship with friends and people other than family and friends correlated moderately with the WHOQoL social subscale. Relationship with the environment correlated moderately with the WHOQoL environment and psychological subscales.

The psychometrics of SSCE provide us with a reference distribution for community-dwelling and long-term care facility residents. Group difference analyses show that the factors associated with SSCE total scores vary according to living arrangements. For community-dwelling participants, gender and marital status were significant. Among the long-term care facility residents, the key factors were source of financial support and formal religious affiliation.

4.8 Limitations

The development and validation of SSCE have been carried out from a clearly nonreligious perspective and stance. It can cautiously be concluded that spiritual well-being can be practiced within and beyond a religious context. The development of the SSCE is a pioneering effort that has built on a critical literature review, qualitative inquiry, consensus of expertise, and process of empirical testing. However, it is still possible that interpretations of the focus groups and interviews have been biased by the perspective and expertise of the research team. In the validation process, we tried as hard as possible to maximize the heterogeneity of the sample by recruiting participants from among community-dwelling older adults and those in long-term care facilities and by working in two locations, Hong Kong and Shanghai. Since the residents in long-term care in Shanghai had very different profiles from their Hong Kong counterparts, only community-dwelling older adults were recruited in Shanghai.

4.9 Conclusion

The 44-item SSCE is a valid and reliable measurement tool that aims to assess spiritual well-being among Chinese older adults from a nonreligious perspective. It is easy to administer either via self-report or interview. A visual aid has been developed to facilitate the interviewing of illiterate older adults.

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Chapter 5

The Development of the Spiritual Enhancement Group for Chinese Elders (SEGCE)

5.1 Introduction

As mentioned in previous chapters, the ultimate goal in constructing a conceptualization of spiritual well-being for Chinese elders and an accompanying measurement tool (that is, the Spirituality Scale for Chinese Elders; SSCE) was to develop intervention strategies to be used with this group to enhance their well-being using a nonreligious approach. Core components of the definition of spiritual well-being and the development of the SSCE laid a solid foundation for achieving this goal.

Using the same set of survey data as analyzed in the previous chapter, the Spirituality Process Model (SPM) was established. This laid out a clinical pathway for how spiritual well-being can be achieved through building relationship harmony. A public health intervention strategy was then proposed to optimally achieve service matching based on the SSCE assessment. On top of the SPM, existential treatment, self-transcendence theory, relationship therapy, and group processing theory were critically reviewed and integrated into the development of the SEGCE draft protocol. A pilot group was held to test the draft protocol and logistics and explore the training needs of those facilitating the intervention. This resulted in the finalized SEGCE protocol.

5.2 The Spiritual Process Model (SPM)

Based on the dataset collected to validate the SSCE, we hypothesized the SPM as a way to theorize spirituality among older adults in the Chinese context (Fig. 5.1). Building on discussion in the previous chapters, we believed that the cognitive and affective aspects of spiritual well-being should be treated as the ultimate outcome of achieving spiritual well-being. Transcendence plays a significant role

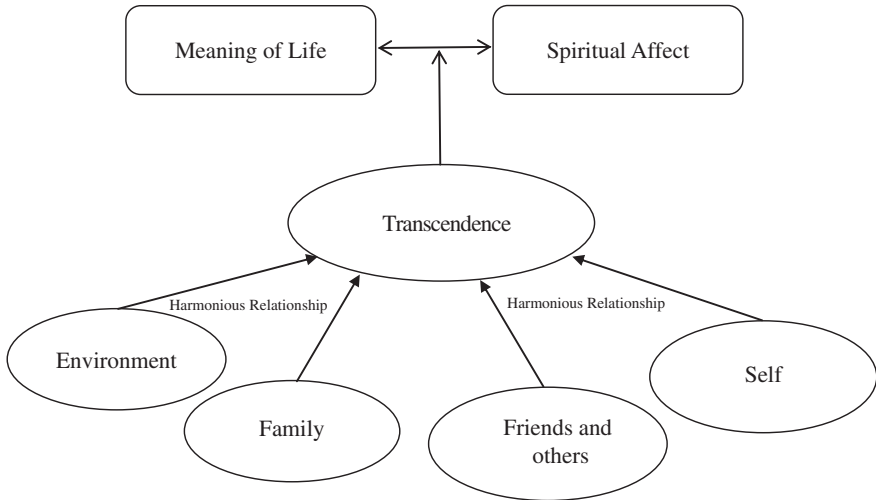


Fig. 5.1 Structure of the SPM

in such cognitive and affective aspects. It helps individuals to affirm their past, appreciate their present, and sustain hope for the future. Such experiences can lead to a healthy balance between past, present, and future time, which can promote a sense of meaningfulness and associated positive emotions including peace and joy. Relationship harmony is regarded as a means of achieving transcendence. In other words, there are multiple means of achieving transcendence through developing harmonious relationships, which optimizes the model fit for individuals with various life experiences and preferences. Some older adults might be more inclined to family, some toward the self, and others the environment.

In order to test the hypothesized SPM, empirical data were collected during the validation study. Variables that had been identified as having a significant association with spiritual well-being were included as control variables, namely gender, marital status, main source of financial support (social security, pension, or family), and self-rated health (excellent, good, fair, poor, or very poor).

Structural equation modeling (SEM) was used to test the SPM. The full sample was used to avoid the constraint imposed by the smaller subsample of long-term care residents. After accounting for the control variables, a full model (Fig. 5.2) demonstrated satisfactory fit as measured by fit indices, except for the chi-square: RMSEA = 0.042, SRMR = 0.06, CFI = 0.85, and chi-square = 2162.62, $p < 0.001$ (Lou et al. 2014). The hypothetical SPM is therefore supported by the empirical data. Three explanatory points may be highlighted here. Firstly, the sense of transcendence connects harmonious relationships and the sense and feeling of spiritual well-being. This finding is in line with our review of the definition of spirituality in previous chapters. It shows how the concept of spiritual well-being and its underlying mechanism differ from psychosocial well-being.

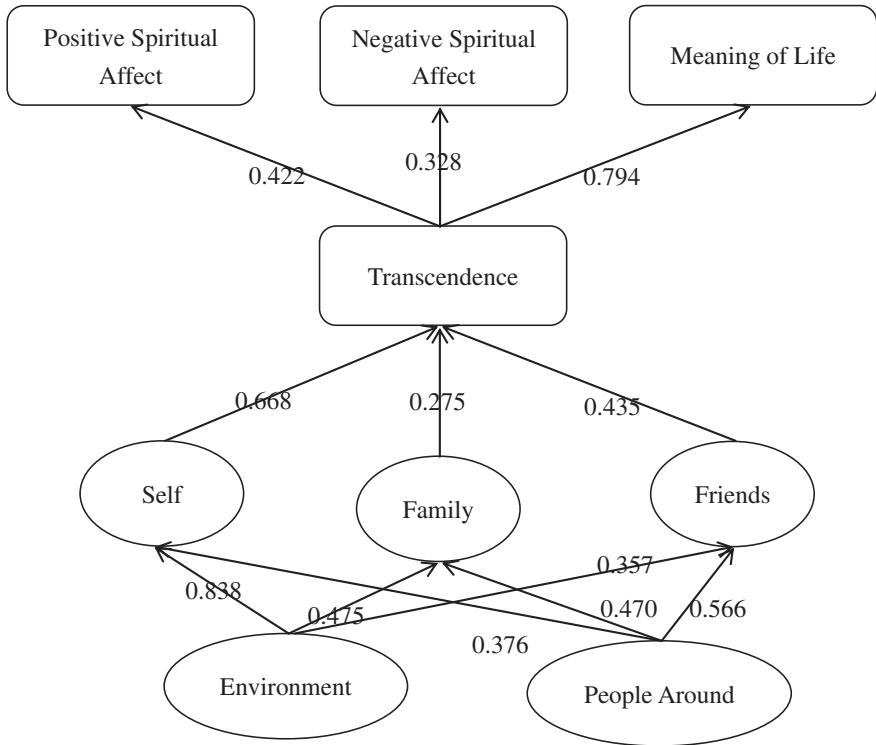


Fig. 5.2 Model estimation based on SEM

Secondly, the positive and negative aspects of affective spiritual well-being are experienced independently as two dimensions. This is in line with theories of the comparative independence and potential coexistence of both positive and negative emotional experiences. Thirdly, the five relationships measured by the SSCE can be empirically divided into two levels in terms of their association with transcendence. Relationships with self, family, and friends showed a direct but mild to moderate association with transcendence. The corresponding link with relationship with the environment and with people other than family and friends seemed to be mediated via relationship with self and with family and friends. In other words, the contributions of the relationship with the environment and with people other than family and friends are relatively indirect.

Even though the SPM was supported by data drawn from a sample of over 800 Chinese older adults recruited from both community-dwelling and long-term care facility populations, we recognize that further work is required to test the model among these populations independently. This is a limitation of the model building process reported here. However, we are confident that the SPM can be used successfully as a general framework to guide the development of intervention strategies as reported in this chapter.

5.3 Linking the SSCE to Three Tiers of Practice

SSCE is recommended for both research and practice purposes. In terms of the former, it measures spiritual well-being among Chinese older adults from a non-religious perspective. It can therefore be adopted for research projects that aim to investigate this topic among Chinese populations or in international comparative studies in this area. It can also be adopted by studies targeting holistic health assessments to distinguish spiritual well-being. In practice settings, the SSCE can be used to identify older adults who are at risk of spiritual disturbance. The psychometrics of the SSCE as reported in the previous chapter can be taken as a reference. We have also developed percentile scores for each SSCE subscale, so that scores reported by respondents can be divided into three groups: high spiritual well-being (HSWG, scoring in the top third percentile); moderate spiritual well-being (MSWG, scoring in the middle third percentile); and low spiritual well-being (LSWG, scoring in the bottom third percentile).

A three tiers of practice model was then proposed offering choices for service matching (Fig. 5.3). Older adults in the HSWG are at the high end of spiritual well-being. It is recommended that service providers recognize their spiritual energy and encourage them to engage in productive activities including volunteering. The older adults in the MSWG have some spiritual energy and can be regarded as lacking urgent normative needs to enhance their spiritual well-being. Given the limited resources available at the community level, we have developed a self-help manual for use with this group that aims to increase self-awareness of spiritual needs and enhance spiritual well-being through engaging in tailor-made and easily self-administered activities. Guided by the SPM framework, the self-help manual has eight chapters and is entitled the *Eight Forms Exercise (Ba Duan Jin)* (Lou et al. 2013). This name was deliberately chosen to echo the very famous Chinese Qigong



Fig. 5.3 Three-tier model of service matching

exercise “the eight-sectioned exercise,” for two reasons. Firstly, the Qigong exercise is undertaken for the purpose of enhancing holistic health, so the allusion can be easily understood by Chinese lay people including older adults with limited language literacy. Secondly, the “eight-sectioned exercise” itself has a long history of enhancing holistic health and is considered suitable for self-learning and practice. Transnationally, we believe that our self-help manual shares similar characteristics in being easy to learn and effective in enhancing spiritual health. Frontline social workers have greatly welcomed its publication. However, one limitation of applying the self-help approach by using a manual is that it requires the user to have adequate literacy. The recent census in Hong Kong showed that 31.7 % of people aged 65 or above are illiterate, of whom around 50 % are aged 80 or above (Census and Statistics Department 2011). We are currently testing a volunteer-assisted self-help model (VSM) for use with older adults in need of the intervention who lack the language skills to use the manual.

Turning to older adults in the LSWG, we believe that they deserve a professional-led intervention. Guided by the SPM, the SEGCE has been developed and tested using a semi-experimental design methodology with four stages: theoretical integration, preliminary development, pilot group, and finalization.

5.4 Spiritual Enhancement Group for Chinese Elders (SEGCE)

5.4.1 Theoretical Integration

According to the SPM framework, four characteristics are worthy of theoretical consideration in the process of developing interventions. Firstly, spiritual well-being extends not only beyond material well-being, but also beyond psychosocial well-being. It is existential in the sense that it is associated with the meaning of life, life energy, and transcendence. Hence, we selected existential therapy as the first theoretical approach to be integrated in the process and content of the SEGCE. Secondly, considering the key role played by transcendence in the SPM, the SEGCE integrates theories of transcendence. Thirdly, relationship harmony generates a sense of transcendence in the Chinese cultural context. Hence, it is important to review relationship theories as one of its key elements on which to build. Finally, the SEGCE was envisaged as a group intervention. It thus needs to take into consideration the stages of group theory so that the process of group development can be integrated into the methodology.

Existential social work intervention has become an emerging practice model only in the past fifty years. As discussed in previous chapters, social workers have traditionally tended to focus more on the psychosocial aspects of well-being (Popple 1995). Along with the movement to take a more holistic view of well-being that includes physical, psychological, physical, and spiritual elements, existential philosophy has become an important and essential perspective to guide social work

Table 5.1 Five core principles of the SEGCE based on existential treatment core elements

	Existential therapy concepts (illustration)	SEGCE values/principles
I	Disillusionment (individuals are able to become aware of, and transform immature defenses to mature choices)	Older adults are able to become aware of multiple routes that can lead to transcendence and then make reality-based sources of choices and actions in the process of achieving spiritual well-being
II	Freedom of choice (individuals are able to transcend the time dimension by changing their own attitudes and behaviors)	Older adults are capable of changing in order to achieve transcendence in an environment where unconditional choices are provided. With such provision, the motivation for change can be optimal
III	Meaning in suffering (recognition and normalization of pain or difficulties as a natural aspect of one's life so as to ensure a sense of responsibility)	Painful life experiences are unavoidable for every individual. But individuals are able to take responsibility by changing their beliefs, expectations, and emotional reactions toward the self, others, and the environment
IV	Necessity of dialogue (the meaning of life for each individual is created through constant interaction with his/her surroundings)	The meaning of life of older adults is created through constant interaction with their surroundings including the physical environment and interpersonal relationships
V	Commitment (an individual is able to become aware of and affirm his/her own meaning of life with full respect)	Each older adult is a unique entity that deserves a better achievement of the meaning of his/her life with full respect from those around

practice. By emphasizing the subjectivity of individual uniqueness in the context of relating to others and to one's context, existential interventions emphasize five core elements that could map across to the five core values or principles underpinning the SEGCE (Table 5.1) (Krill 1996). These five values or principles became important rules guiding the development and implementation of the SEGCE.

Existential interventions place a strong emphasis on a person-centered and experiential approach that is concerned with values and philosophical or religious perspectives. These three focuses are a good match with the spiritual intervention that we set out to develop based on the SPM. Existential interventions also encourage therapists to adopt different models and therapeutic techniques (such as individual, couple, group, and family) in accordance with the objectives of the intervention and the background and competence of the therapists. In the process of developing the SEGCE, we therefore adopted the five concepts of existential intervention to develop the five values/principles.

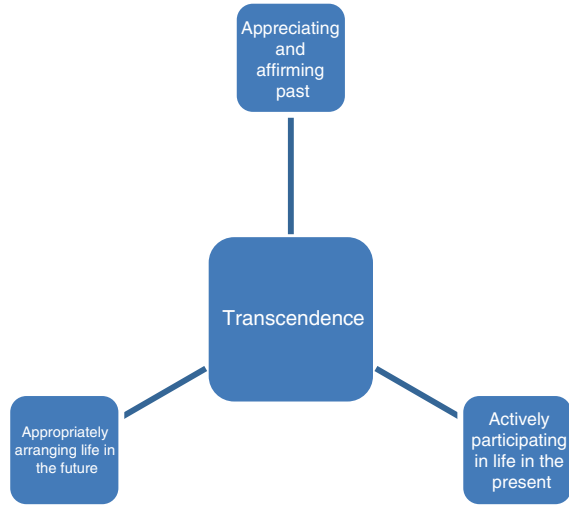
According to the SPM, transcendence plays a core role in bridging the life forces generated from harmonious relationships between the person and his/her surroundings to a sense of meaning and the feelings attached to optimal existence. The SPM model shows that the process of transcendence as achieved by Chinese older adults is embedded in the person–environment perspective of well-being. Through ongoing and continuous interactions with the physical and social surroundings, one experiences transcendent forces leading to a higher sense of meaning and being. The theory of self-transcendence developed by Reed (Reed 1991, 2003; Reker

2003) shares similar contextual roots. Self-transcendence theory takes a developmental perspective that aims to provide a framework for “practicing regarding the promotion of well-being in the midst of difficult life situations” (Reed 1991, p. 109). The two major assumptions on which self-transcendence rests match the conceptualization of spirituality among Chinese older adults. The first refers to the coexistence of humans with their environment through which we are able to consciously become aware of a worldview that goes beyond the physical and psychological dimensions of life. This assumption is in line with the worldview of Chinese philosophy and hence supports the development of a culturally located conceptualization of well-being. The second assumption is that self-transcendence meets a developmental need in each individual that is natural and instinctive. This is very much in line with the gerotranscendence theory that recognizes the increasing need of older adults to achieve integrity of the self to achieve positive and optimal aging (Tornstam 2005). In terms of the Chinese concepts, achieving self-integrity shall and must involve getting in touch with the relational surroundings, given the reality that the self is interdependent and constructed (Cross et al. 2003; Singelis 1994).

According to Reed, self-transcendence is defined as the capacity to expand the boundaries of the self in terms of four orientations: (1) intrapersonal (a higher level of self-awareness of values and the meaning of life); (2) interpersonal (how to improve relationships with other people and the environment); (3) temporal (toward a better integration of one’s past and future in a way that has meaning for the present); and (4) transpersonal, which connects with “dimensions beyond the typically discernible world” (Reed 1991, p. 111). As discussed in previous chapters, the conceptualization of spirituality among Chinese older adults is based on a nonreligious perspective. We therefore exclude the fourth dimension of the transpersonal orientation. We stress again, however, that the transpersonal orientation is important and has been widely studied. However, the nonreligious aspect of spirituality has not received similar academic attention, particularly among Chinese older adults. We argue that the remaining three aspects can be treated as a broad conceptualization of self-transcendence that is in line with the SPM. The intrapersonal orientation fits well with the sense of the meaning of life and the feelings attached to a meaningful life that we conceptualized earlier. The interpersonal orientation refers exactly to the four types of relationships in the SPM, and the temporal orientation is consistent with our narrow definition of transcendence in the SPM. It refers to individuals’ capacity to transcend the dimensions of time (past, present, and future) in their lives. We believe that each of these dimensions plays a significant role in our life. Without a sense of the past, one has no sense of security and reference; without a present, a sense of reality may be lacking; and without a future, people may fall into the trap of hedonism. All of us have a developmental need to balance our life energy along these three dimensions.

After examining the narratives from our focus groups, in-depth interviews, and expert panel meetings, we propose a model of self-transcendence within the SPM (Fig. 5.4). Firstly, transcendence refers to the ability to appreciate and affirm previous experiences. Secondly, it denotes an active participation in the present. Thirdly, it contains an appropriate arrangement for life in the future.

Fig. 5.4 The APA self-transcendence model



As suggested by the SPM, achieving harmonious relationships between one-self and the surroundings lays the foundation for generating transcendent forces. Therefore, the third theoretical perspective that we sought to integrate in the SEGCE is relational psychotherapy (Jordan 1995; Magnavita 2000). Relational psychotherapy, as a broad therapeutic approach, stresses the importance of relationships in dyadic, triangular, or larger systems. Recognizing the power of relationships in the process of achieving self-integrity and health fits the Chinese context, within which the interdependent self and social networks are more strongly emphasized than are individual traits (Cross et al. 2003; Singelis 1994). Hence, the relational therapy framework provides a reference for setting contextualized goals and therapeutic strategies in the SEGCE (Table 5.2).

Relational therapy has its philosophical roots in Alfred North Whitehead’s notion that “process is the becoming of experience” and emphasizes that human fulfillment is best experienced and optimized through interactive experiences with one’s surroundings. The therapeutic process is very much emphasized, particularly how to use of the self and the therapeutic working relationship to motivate clients to change. In the SEGCE, the working relationship between an intervention leader and participants is strongly emphasized. Standardized training was developed to ensure a standardized level of competence among group leaders (Table 5.3).

We agree with Corey and her colleagues (Corey et al. 2013) that the development of the SEGCE is our first and foremost choice. We believe that Chinese older adults who are less satisfied with their spiritual well-being face barriers and difficulties in their relationships with their surroundings. These people may feel that they have lacked choices in their relationships. The group setting provides a purposefully established but natural context for human interaction in which each individual experiences him/herself as unique but not alone. Each of them can fulfill the hope of creating new and mutually constructive relationships with their surroundings if they dare to move out of their existing comfort zone.

Table 5.2 SEGCE framework and its association with relational therapy

	Relational therapy	SEGCE
Core belief	Maintaining, fulfilling and satisfying relationships with people around you is the key to emotional health	In order to achieve spiritual well-being, a person must maintain a harmonious relationship with his/her surroundings
	(Unfulfilling and unsatisfying relationships from the past often contribute to emotional difficulties in the present)	(Unfulfilling and unsatisfying relationships from the past contribute to the inhibition of self-fulfilling expression)
Intervention goal	To empower the client with the necessary competences to recognize and develop healthy and creative relationships	To empower the client with the necessary competences to recognize the availability of existing relationships and nurture connectedness and constructive communication with partners
Intervention strategy	The working relationship between the therapist and the client serves as a model for the client to review current relationships and develop new relationships in future	The use of the self of the intervention leader to ensure mutual empathy in the working relationship with the client. The client will then be empowered to move away from their suffering caused by lack of connection with the surroundings

Table 5.3 Two-level standardized training for intervention leaders

Target competences	Level of training	
	Basic	Advanced
Values/concepts	Meaning of life	The SPM
	Spirituality and holistic care	The SEGCE—theoretical integration
	Spiritual well-being among Chinese people	Evaluating the effectiveness of the SEGCE
Skills/strategies	Assessing older persons	Leading the SEGCE
	Assessing spiritual well-being using the SSCE	Self-help approach to spirituality enhancement
	Applying the SSCE in research and practice	

5.4.2 Piloting a Preliminary SEGCE Protocol

After integrating the three theoretical approaches discussed above, a preliminary SEGCE protocol was developed. Experiential activities were designed to reflect the spirit of existential intervention (Table 5.4). In order to test the theoretical impact and administrative feasibility of this draft protocol, a pilot group of six institutional residents was convened by the researcher and an assistant who had been involved with the project from the outset.

Table 5.4 SEGCE draft themes and experiential activities

Theme	Experiential activities
Open up minds	Food gives me life energy
	Face and emotion
	Sources of my life energy
	Homework: my three sources of life energy
Spiritual breathing	The power of breathing
	Abdominal respiration—spiritual breathing
	Homework: abdominal breathing twice a day
Self-reintegration	Appreciate my living environment
	Facial mask
	Homework: new initiatives of self-care
Family	Abdominal breathing—we are full of life energy
	My family tree
	Homework: support from my family (one memorable moment/event)
Forgiveness	Abdominal breathing—we can relieve stress
	Magic words—love, appreciation, and forgiveness
	Homework: you are the best
Harmonious relationship with environment	Abdominal breathing—we can inject life energy
	Film show—social change and adaptation
	Homework: life energy source from the environment
Round up and review	Five blessings of life
	My hope and my wish

Administratively, the pilot showed that the SEGCE is suitable for frail older adults if a supportive environment is provided in terms of room and office facilities. From a therapeutic point of view, positive feedback was received from the participants and the intervention leaders. In regard to the content of the experiential activities, three lessons were learned. Firstly, such activities were very much welcomed by the older participants. They particularly enjoyed the abdominal breathing and recognized its power to keep the momentum of the group going during the whole process. However, it may be challenging for the intervention leader to select an activity that will minimize the risk of triggering negative experiences among participants. For example, one participant showed a negative body response when asked to smell an orange. Another participant said she had very sensitive skin and did not want to do the mask exercise. We amended our selection of experiential activities in the final protocol accordingly. Secondly, pilot group participants showed a strong competence to achieve change regardless of their health status. However, it is very important for the intervention leader to prepare contingency plans to take into account the participants' various health conditions and clinical status. When the group moved into the fourth session, participants paid attention to one another's well-being. Individual follow-up and group debriefing were designed into the final protocol. Thirdly, during the last session,

the intervention leader tried to review progress with each individual, and the whole group enjoyed this session. In order to facilitate this review process, the final protocol introduced the *Jia Li Bu* (a pocket-sized, looseleaf notebook). Each participant will be provided with a notebook at the first session, and the intervention leader will invite them to write their name on it and design the front page. In the following sessions, individual as well as group photographs will be taken during and/or after experiential activities and given to the participants for their collection. Starting from the second session, the homework review will be facilitated by just flipping out the part of the notebook that has been filled in. At the last session, the *Jia Li Bu* becomes a memorable gift to the participant. In order to maintain the impact of the intervention, the group leader suggested follow-up booster sessions.

5.4.3 SEGCE Protocol

After the pilot, the research team amended the SEGCE protocol by integrating the comments and suggestions of the participants, facility colleagues, and intervention leaders. The SEGCE final protocol was then developed (Table 5.5).

Table 5.5 SEGCE protocol

Name	<i>Spiritual Enhancemet Group for Chinese Elders (Fu Le Man Xin)</i>
Objective	Enhance spiritual well-being of Chinese older adults
Inclusion criteria*	Aged 50 or above Cognitively intact Able to communicate without severe hearing barriers SSCE score lower than 33 % quartile cutoff
Number of sessions	8 formal sessions (1.5 h each) 2 booster sessions (1.5 h each)
Number of participants	6–8
Facility support	A quiet room with accessible toilet
Materials*	Stationary and art materials for experiential activities Camera and printer
Administrative support	Escort services for disabled participants Reminder service for participants Homework assignment (postage and so on)
Contingency support	Debriefing process on possibility of absence due to clinical variations, hospitalization, or even death
Intervention leader competence	Basic and advanced-level training
Outcome evaluation	Primary outcome: SSCE score Preintervention assessment within one week of the first session Postintervention assessment immediately after the last session

Note *For more details, please refer to Lou and Tung Wah Group of Hospitals (2014)

The final content of the SEGCE and the role of the intervention leader were then reviewed and realigned with the five-stage group process model (Corey et al. 2013) (Table 5.6). We believe that the group process can be much more fluid and flexible. However, the five-stage framework provides a reasonable reference for presentation and discussion. In particular, the sequence of building harmonious

Table 5.6 Group process, SEGCE themes, and roles of intervention leaders

Process	SEGCE theme content	Roles of intervention leaders
Forming stage	<p>Session 1—Open up minds</p> <ul style="list-style-type: none"> • Introducing the concept of meaning of life and explaining that achieving optimal being is an integral part of healthy development in later life • Introducing the objectives of the SEGCE and subsequent session themes 	<ul style="list-style-type: none"> • Rapport building • Rule setting to ensure safe and comfortable environment • Educating participants on the concept of spiritual well-being among Chinese older adults • Managing expectations through active listening • Initiating support for individual needs
Initial stage	<p>Session 2—Spiritual breathing</p> <ul style="list-style-type: none"> • Being in touch with life energy via spiritual breathing 	<ul style="list-style-type: none"> • Building group cohesion and trust • Educating on the power of breathing
	<p>Session 3—Self-reintegration</p> <ul style="list-style-type: none"> • Emphasizing the importance of self-care in living a meaningful life 	<ul style="list-style-type: none"> • Motivating feedback and interaction • Recognizing and affirming goal-oriented self-reflection
Transition stage	<p>Session 4—Family support</p> <ul style="list-style-type: none"> • Stressing the role of family support in the whole life course 	<ul style="list-style-type: none"> • Educating on the role of family and friends in contributing to meaning making and life’s impermanence
	<p>Session 5—Friendship</p> <ul style="list-style-type: none"> • Friendship as an alternative support system throughout the life course 	<ul style="list-style-type: none"> • Facilitating constructive communication and group resolution to conflicts • Responding to the strong emotions of individual participants
Working stage	<p>Session 6—Forgiveness</p> <ul style="list-style-type: none"> • Resolving relationship barriers by emphasizing the power of forgiveness and facilitating the choice to forgive 	<ul style="list-style-type: none"> • Explaining communication patterns that cause a sense of meaninglessness, the power of forgiveness, and ways of achieving person–environment fit
	<p>Session 7—Harmonious relationship with the environment</p> <ul style="list-style-type: none"> • Identifying sources of life energy from the physical and social environment surrounding us all 	<ul style="list-style-type: none"> • Encourage mutual support • Facilitating the practice of forgiveness and changing one’s lifestyle to achieve goal-oriented change • Preparing for separation
Ending stage	<p>Session 8—Roundup</p> <ul style="list-style-type: none"> • Reviewing the knowledge on the meaning of life that has been added during the SEGCE process at individual and group level • Dealing with separation anxiety 	<ul style="list-style-type: none"> • Summarizing the achievement of individual and group goals • Handling separation anxiety • Encouraging daily practice of harmonious relationship building so as to achieve optimal being with meaning of life

relationships is purposefully designed to maximize participants' sense of the possibility of positive change. For example, after introducing the concept of sources of spiritual well-being during the forming stage, self-reintegration follows. In doing so, SEGCE sought to ensure that the strengths of each participant could be identified and shared. A mutually powerful practice of breathing can be practiced as a group.

5.4.4 Practice Wisdom

The process of developing the SEGCE reflected the powerful synergy that can be achieved through academic–community partnerships. The three theoretical perspectives identified by the research team laid solid foundations upon the conceptual model of SPM developed. Practice wisdom and feedback from pilot participants and intervention leaders contributed significantly to the design of meaningful activities for each session of the SEGCE. In this section, I elaborate on three points: (1) the design of the *Jia Li Bu* (pocket-size looseleaf notebook) as a touchstone for multiple purposes; (2) the development of a process recording sheet for continuous feedback and empowerment; and (3) the development of a resource kit for dissemination and standardized group implementation.

After the pilot, the intervention leader observed that it is sometimes challenging for older participants to recall at the end what they had experienced during the process. Intervention leaders also reflected that they had also found it challenging to recall what each individual participant had experienced. In response, the team designed a pocket-size looseleaf notebook that was given to each participant. This aimed to achieve, at least, the following five goals. Firstly, during the first session, each participant was invited to pick up a *Jia Li Bu* covering in his/her favorite color, and then personalize the cover by writing his/her name and perhaps attaching a photograph. By doing so, both individual and a coherent group identity can be established. Secondly, throughout all 10 sessions, the participant can make notes (in various forms, such as photographs, craft products, and cards) of insights into the meaning of life as identified by himself/herself, the group leader, and other members. As this process continues, the *Jia Li Bu* itself becomes thicker and heavier and hence becomes a physical yet symbolic embodiment of the enhanced meaning of life being acquired through participation. Thirdly, the *Jia Li Bu* serves as a perfect means to review homework and facilitate recall of experiences in previous sessions as a visual aid. Fourthly, it can help the group leader reinforce achievements by each individual participant and the group as a whole. Finally, the *Jia Li Bu* becomes a meaningful asset for participants after they have completed the SEGCE. Intervention leaders observed that some participants keep their *Jia Li Bu* by the side of the bed for easy reach if they want to review and share. The symbolic meaning can then generate continuous positive life energy for participants.

Table 5.7 Template for the SEGCE Process Recording Sheet

Time point	Theme of recording	Main content
Before session	I am ready checklist	Have/Am I...
		<input type="checkbox"/> Mindful of SEGCE objectives
		<input type="checkbox"/> Read session plan
		<input type="checkbox"/> Reviewed group process (if applicable)
		<input type="checkbox"/> Prepared session materials
		<input type="checkbox"/> Reflected on my worries
		<input type="checkbox"/> Affirmed my competence and confidence
During session	We are achieving together	<ul style="list-style-type: none"> • Mindful of my key roles • Record of activity (achievements, appreciation, difficulties, incidents)
		<ul style="list-style-type: none"> • Record of my appreciation of myself and the participants • Notes about new sources of life energy that we have added during this session • Record of challenges and potential difficulties • Notes of individual follow-up plan, if applicable • Points for peer sharing
After session	I can do it even better	• Record of my appreciation of myself and the participants
		• Notes about new sources of life energy that we have added during this session
		• Record of challenges and potential difficulties
		• Notes of individual follow-up plan, if applicable
		• Points for peer sharing

To better prepare each intervention leader to facilitate the group, a recording sheet (Table 5.7) was developed. This has three purposes. Firstly, it serves as a checklist reminding each leader to be fully mindful of the mental and material preparation required before each session. Secondly, it serves as a process recording tool for the group leader to note any incidents, observations, and reflections during the process. The intervention leader is expected to use a strength-based perspective, recording not only what is going wrong but also what is being done well. Finally, it facilitates a standardized review procedure which can empower the group leader by capturing affirmation, recognition, and appreciation.

The benefit of the recording sheet is that it embeds empowerment throughout the whole process of recording. The intervention leader records not only what has happened, but also what he/she has done well and how this could be made even better. The leader is then empowered to develop enhanced competence and confidence for continuous improvement of practice.

The SEGCE protocol cannot serve its purpose unless it is fully implemented. In order to optimize a consistent implementation, a resource kit has been developed incorporating multimedia resources. Table 5.8 gives more details. All the resources except for the guided breathing audio file are in PDF format and can be easily printed for use. Feedback from the intervention leaders indicated that this resource kit had guided them to deliver sessions in a standardized manner.

Table 5.8 Content of the Resource Kit

Session	Session theme (in Chinese)	Resource list
1	Open up mind (<i>Chang Kai Xin Ling</i>)	<ul style="list-style-type: none"> • Session plan • Emotional face • SPM • Spiritual card
2	Spiritual breathing (<i>Hu Chu Xin Ling</i>)	<ul style="list-style-type: none"> • Session plan • Breathing picture • Guided breathing audio file • Spiritual card
3	Self-reintegration (<i>Shan Dai Zi Ji</i>)	<ul style="list-style-type: none"> • Session plan • Spiritual card
4	Family support (<i>Jia Gei Li Liang</i>)	<ul style="list-style-type: none"> • Session plan • Ten tips for self-care • Appreciation card • Spiritual card
5	Friendship (<i>Shen Qin Hou Yi</i>)	<ul style="list-style-type: none"> • Session plan • Song script for friendship • Spiritual card
6	Forgiveness (<i>Yi De Ai Ren</i>)	<ul style="list-style-type: none"> • Session plan • Forgiveness card materials • Spiritual card
7	Harmonious relationship with environment (<i>Shun Yin Zi Ran</i>)	<ul style="list-style-type: none"> • Session plan • Seasonal soup recipe • Photos of soup • Spiritual card
8	Roundup session (<i>Fu Zhi Xin Ling</i>)	<ul style="list-style-type: none"> • Session plan • Spiritual card

5.5 Conclusion

Based on the Spiritual Process Model (SPM), a three tiers intervention strategy was proposed. When older adults suffered from low spiritual well-being based on SSCE assessment, we proposed a professional-led group intervention named SEGCE. A preliminary SEGCE protocol was developed based on integrating with three theories (e.g., existential theory, self-transcendence theory, and relationship therapy). A pilot group contributed to a final version of SEGCE protocol.

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Chapter 6

The Effectiveness of the Spiritual Enhancement Group for Chinese Elders (SEGCE): An Outcome and Process Evaluation

6.1 Introduction

After developing the SEGCE protocol, we conducted a study of its effectiveness from both an outcome and process perspective. In terms of outcome, the focus was on whether the SEGCE enhanced participants' spiritual well-being using a quasi-experimental design. In terms of process, the study examined the possible barriers to, and facilitators of, using SEGCE with Chinese older adults in the community and in residential institutions. Focus groups with key stakeholders (participants and intervention leaders) were conducted. The implementation process was also evaluated with reference of the context, input, product, and process (CIPP) program evaluation model. This chapter reports on the method and findings of this study.

6.2 Methodology

6.2.1 Design

A mixed methodology was employed which included a quasi-experimental study and a quantitative study using self-reflecting by intervention leaders and focus group discussions.

6.2.2 Sampling

A multistage sampling procedure was adopted for the quasi-experimental study. At the first stage, eight service units, including six residential facilities and two community elderly service centers, were invited to participate. Each unit

was randomly assigned to the experimental or recruitment group and asked to recruit participants accordingly. In stage two, the research team prepared letters of invitation to potential participants with brief statements on the background, objectives, and procedures of the study. The service unit supervisor and/or social workers then promoted the SEGCE to their client groups and conducted an initial screening based on inclusion criteria 1–3. In stage three, social workers invited those who met these inclusion criteria to participate and referred them to the research team to conduct an initial screening using the Spirituality Scale for Chinese Elders (SSCE). Finally, in stage four, those who fulfilled all the inclusion criteria were invited to take part and their informed consent was obtained.

The four inclusion criteria for the present study were given as: (1) aged 50 or above; (2) cognitively intact; (3) able to communicate in Cantonese; and (4) scored lower than the 33 % quartile cutoff on the SSCE.

Participants for the focus groups were recruited from among the study members in both residential facilities and community centers. The intervention leaders were also invited to take part.

6.2.3 Procedures

A total of 112 older adults were referred by service units of whom 107 fulfilled all inclusion criteria and agreed to participate. A trained research assistant conducted a pre-intervention assessment within a week before the first session for experimental group participants. Post-intervention and follow-up assessments were conducted immediately after the intervention, and two months later, for those in the experimental group. The control group participants underwent pre- and post-assessments within an eight-week interval. All assessments were completed during face-to-face interviews using standardized questionnaires.

6.2.4 Primary Outcome Measure

The SSCE was used to measure the spiritual well-being of the study participants. As discussed in previous chapters, the SSCE comprises 44 items in 7 subscales: meaning of life, spiritual well-being, transcendence, relationship with self, relationship with family, relationship with people other than family members, and relationship with the environment. Respondents were asked to rate the degree of frequency they experienced each of the items using a 5-point Likert scale. The subscale scores were computed by summing the item scores, with a higher score associated with a higher level of spiritual well-being.

Table 6.1 Focus group theme questions

	Older participants	Intervention leaders
Impact	What has been the impact of the SEGCE on your daily life?	What impact has SEGCE had on participants' daily lives?
Success factors	What motivated you to participate in the SEGCE group? What can be done differently but better based on your experiences?	What are your views on SEGCE in regard to its impact?
	If you were asked to recommend the SEGCE to your peers, what would you highlight?	If you were asked to recommend the SEGCE to potential intervention leaders, what would you highlight?
Good practice	What impressed you most/what did you like best about the SEGCE?	What was your experience as a group leader? What were you most impressed by and/or liked best?

6.2.5 Measures for Control Variables

The control variables were measured as follows: (1) age (continuous variable measured in years); (2) living arrangement (residential facility or community dwelling); (3) self-rated financial adequacy (collected using a 5-point Likert scale ranging from very inadequate to more than adequate; (4) whether or not significant life events had been experienced within the period between pre- and post-assessment, including hospitalization of the participant or his/her family members, clinical health concerns such as pain or wounding, death of family members, and loss of money (Yes/No item measures).

A semi-structured guideline was developed to guide the focus group discussions. Four themed questions for older participants and intervention leaders were developed to identify the success factors for the SEGCE and good practice during the implementation process (Table 6.1). A total of 17 participants from residential facilities participated in three focus groups; 21 community-dwelling participants in three groups; and 7 intervention leaders in two groups.

6.2.6 Data Analysis

Descriptive analyses of the demographic characteristics of participants were performed. Changes in spiritual well-being as measured by the SSCE were analyzed using the latent growth linear mixed model (LMM) across three time points (pre- and post-intervention and two-month follow-up) between experimental and control group participants. The control variables included age, gender, self-rated financial adequacy, living arrangement (community vs. residential), whether or not the

participant had experienced significant life events during the intervention period, and their interactions with the SEGCE intervention. Models were continuously adjusted by eliminating non-significant contributing factors.

All the focus group discussions were audiotaped. A college student with suitable training transcribed the recordings, which were then checked by a research assistant. Themes were identified by the research team by repeatedly reading through the transcripts.

6.3 Findings

6.3.1 Demographic Characteristics

The ages of the 107 participants who completed the baseline assessment ranged from 57 to 95. More than 70 % were female and over 60 % had been widowed by the time of interview. Around 60 % had not received any formal education and around 70 % reported no formal religious affiliation. No significant differences were found between the intervention and control groups in terms of these demographic characteristics (Table 6.2).

Table 6.2 Sociodemographic characteristics of participants

	Intervention group ($n = 53$) (min, max) (mean, SD)	Control group ($n = 54$) (min, max) (mean, SD)
Age	(66, 95) (81.9, 6.2)	(57, 94) (78.4, 8.8)
	Frequency (%)	Frequency (%)
<i>Gender</i>		
Female	41 (77.4)	40 (74.1)
<i>Marital status</i>		
Married	14 (26.4)	16 (29.6)
Widowed	35 (66.0)	34 (63.0)
Other	4 (7.5)	4 (7.4)
<i>Level of education</i>		
No formal education	30 (56.6)	31 (57.4)
Primary school	17 (32.1)	18 (33.3)
Secondary school or above	6 (11.3)	5 (9.3)
<i>Religious affiliation</i>		
No	16 (30.2)	10 (24.3)
Chinese traditional worship	24 (45.3)	24 (44.4)
Christian, Catholic, Buddhist, Muslim	13 (24.5)	20 (37.0)

6.3.2 The Effectives of SEGCE

6.3.2.1 Impact on Spiritual Well-Being

At baseline, no significant differences in SSCE subscale scores were identified except for the meaning of life subscale (Table 6.3) where intervention group participants scored significantly higher than those in the control group.

According to the LMM, the SEGCE intervention demonstrated a significant effect on enhancing elements of spiritual well-being, including meaning of life, affective aspect of spiritual well-being, and transcendence (Table 6.4). Moreover, experiencing significant life events, particularly at a comparatively young age,

Table 6.3 SSCE subscale scores at pre-intervention

	Intervention group (n = 53) Mean (SD)	Control group (n = 54) Mean (SD)
Spiritual well-being	35.0 (5.2)	33.3 (6.9)
Meaning of life*	19.6 (4.4)	16.1 (5.9)
Transcendence	18.3 (6.4)	18.0 (5.6)
Relationship with self	17.4 (3.5)	16.7 (3.5)
Relationship with family	32.9 (8.1)	30.2 (9.5)
Relationship with people other than family	28.8 (4.7)	26.7 (5.3)
Relationship with environment	26.2 (4.0)	26.3 (2.7)

Note *p < 0.01

Table 6.4 LMM results with estimated fixed effects^a

	Estimate (95 % CI)	Standard error
<i>Spiritual well-being</i>		
SEGCE intervention**	4.2 (1.3, 7.1)	1.5
<i>Meaning of life</i>		
SEGCE intervention*	2.8 (0.5, 5.1)	1.2
Community dwelling**	3.0 (0.8, 5.1)	1.1
Experiencing significant life events**	928.3 (270.3, 1586.4)	327.4
Experiencing significant life events × age**	-0.5 (-0.8, 0.1)	0.2
<i>Transcendence</i>		
SEGCE intervention**	12.8 (6.0, 19.6)	3.4
Community dwelling*	3.0 (0.6, 5.5)	1.2
Experiencing significant life events**	1124.5 (464.1, 1784.9)	329.1
Financial difficulties*	1.9 (0.1, 3.7)	0.9
Intervention × financial difficulties	-2.9 (-5.1, -0.8)	1.1
Experiencing significant life events × age	-0.6 (-0.9, -0.2)	0.2

Note ^aOnly significant results were reported. *p < 0.05, **p < 0.001

was found to be associated with a greater impact of participation in the SEGCE. Participants who reported financial inadequacy were less likely to have benefited from the SEGCE intervention.

6.3.2.2 Themes Emerging from the Focus Groups—Participants

In regard with impacts on spiritual well-being, thematic analysis of the focus group transcriptions revealed three themes: transcendence changes, enhanced harmonious relationships, and good practice on multimedia activity design involving choice and respect.

Changes in transcendence were articulated by participants, with particular reference to being equipped with the competence to go beyond previous boundaries for optimal life experience. As one participant put it, “after I joined the SEGCE, I learned how to relax (my mind). Previously I had tended to focus on the dark side of life. Now I know how to let go.” Another felt that “the SEGCE enlarged my perspectives and introduced me to a life that seems to make me younger than before (*Fan Lao Huan Tong*).” As another put it,

I realized the importance of connecting to my life energy. For example, my previous boss treated me very well and gave me a lot of support. I now put his family photo into my pocket and let his support be always with me.

The theme of improved harmonious relationships was reflected by participants’ describing an extended sense of connectedness with the people around them, more constructive communication with family and oneself, and a greater appreciation of their living environment. For example, participants said:

- Even today I can remember the name of another participant, we say hi to each other when we meet on the street.
- I spend more time with my family members for joy.
- When I feel sad, I will eat my favorite food to boost myself up.
- When I get up, I look at the picture (with a beautiful scene) on my table, then go to do exercise.
- The *Jia Li Bu* can have sustained power. I sometimes take out and review at home now.

The theme of good practice was identified by participants’ appreciation of the multimedia activities. As participants explained:

- Breathing and passing energy through pushing hands together was a good memory, we had fun.
- I put a lot of effort into making a card to my grandson. He received it with great appreciation.
- Singing a song together (on friendship) was very memorable.
- Taking group photographs was very powerful, I liked it.

6.3.2.3 Themes Emerging from the Focus Groups—Intervention Leaders

The focus groups with intervention leaders generated three themes on factors contributing to effective SEGCE leadership, transcendence change and professional competence, targeting right group of older adults, and good practice on adopting multimedia activities.

The theme of transcendence change being linked to professional competence was shared by almost all group leaders, based on individual reflections and focus group discussion. The pathway to change often started from a feeling of strangeness and unfamiliarity with the concept of spirituality. Even after attending standardized training three times over, most intervention leaders still felt uncertain about how to communicate with participants on this topic and how they would respond. After their first experience of leading a group, the intervention leaders observed positive changes that became a positive reinforcement to continue and improve. After running the SEGCE three or four times, one group leader shared that she had experienced an “inviolable positive change toward spiritual well-being,” which had been a very powerful step in her professional development.

A second theme emerging related to the importance of targeting the most needy older adults. As one group leader explained,

at the beginning I doubted the validity of the SSCE to measure well-being. Some older adults seemed to be quite active according to my experience. After conducting the SSCE assessment, I identified the limitations of these participants and did observe their changes throughout the group process at an individual pace.

The third theme dealt with good practice in adopting the multimedia activity design. These activities were intended as a means toward promoting engagement and shared experiences. The intervention leaders were very impressed by how devoted an older participant could be when introduced to a new activity. For example, doing breathing exercises was not unfamiliar to many intervention leaders. However, in the SEGCE, breathing is conceptually linked to an experience that is directly linked to spiritual being based on the Greek tradition. The team purposefully identified this abdominal breathing as a breathing exercise due to its evidenced impact on stress release and health enhancement (Berger and Motl 2000). Moreover, in Chinese culture, breathing is often associated with a type of static Qi Gong, which can be easily understood by older participants in regard to its positive impact (Jahnke et al. 2010). Breathing can be practiced both individually and in a group setting, which carries a symbolic meaning of collective support and meaning making. Participants and intervention leaders can see themselves as inhaling positive energy and exhaling negative energy; thus exchanging positive energy with each other. Another example is inviting group participants to express their self-image via clay models. The intervention leaders observed the power of externalizing the self by using colorful clay materials. The rationale behind this activity is that the Chinese self-construct has been argued to be interdependent rather than independent (Singelis 1994). In other words, Chinese people are inclined to link

self-concept and self-image to interpersonal relationships. A typical example is linking the self to the fulfillment of one's children or contributions to the family as a whole when in old age (Lou et al. 2008; Lou and Gui 2010). The SEGCE therefore incorporated the clay modeling exercise for the purpose of externalizing the participant's self-image during the session on reintegration of the self. Intervention leaders said that they found it very rewarding to see the older participants making a great effort to participate in this exercise and contributing to valuable group sharing of thoughts afterward.

6.3.3 Successful Factors Contributing to SEGCE

Based on the findings of the quasi-experimental study and focus group discussions, the effectiveness of the SEGCE in enhancing spiritual well-being among Chinese older adults was supported. The common factor model is used to guide the following discussion on success factors.

According to Lambert's four-factor model of change, as further developed by Miller and Blow, the success factors that contribute to the effectiveness of psychotherapy can be summarized under four umbrella headings: technique/model; relationship; client/extra-therapeutic; and expectancy, placebo, and hope factors (Blow and Sprenkle 2001; Lambert 1992; Miller et al. 1997). In the context of SEGCE, the success factors are summarized in Table 6.5.

It can be seen, based on the previous chapters, that the development of SEGCE is rooted in a solid theoretical foundation of the Chinese conceptualization of spiritual well-being and its corresponding Spiritual Process Model (SPM). This clearly defined concept and theory provided all intervention leaders with a unified understanding of the theoretical background of SEGCE, which is channeled through the standardized training. During the training, the trainer makes clear that there is more than one approach to conceptualizing spiritual well-being. The SPM is unique in three ways. Firstly, it is the first model to define spirituality from a purely nonreligious perspective. While the research team members were fully aware of the potential benefits of religious-related spiritual pursuits,

Table 6.5 Success factors of the SEGCE

Common factor	SEGCE manifestation
Technique/model	SPM
	<ul style="list-style-type: none"> • nonreligious • relationally oriented conceptualization
Relationship	Existential therapy as fundamental principle
	SSCE assessment as a tool for empathetic understanding
Client/extra-therapeutic	Integrating relationship techniques and group processes by using exercise as a means of engagement
Expectancy, placebo, and hope	Naming the group <i>Fu Le Man Xin</i>
	Using <i>Jia Li Bu</i> to externally demonstrate change for continuous review and feedback at individual and group level

the nonreligious approach of SPM has wider and greater implications for Chinese older adults. Secondly, the ultimate goal in developing the SPM was to generate practical implications, so the SPM guided the development of the SEGCE. Thirdly, both the SPM and SEGCE adopt a relationally oriented view of potential transcendence based on a culturally sensitive notion of the importance of relationship harmony (Kwan et al. 1997). Hence, even though the SPM was a new concept to the intervention leaders and participants, the underlying rationale of pursuing harmonious relationships with the environment, including the physical and social environment, was already familiar to both.

In the context of the SEGCE, relationship factors refer to working relationships between participants and the intervention leaders based on the principles of existential therapy. The intervention leader is expected to respect each participant as a unique individual who can experience, reflect, and enhance his/her spiritual well-being. It is this trust and belief that provide group leaders with the competence and confidence to share the SPM framework and engage participants in the prescribed activities. No individual anywhere lives entirely without limitations. This is a norm, albeit also a matter of degree. With reality-based choices, everyone can choose to live a life with enhanced meaning and joyfulness. By consistently communicating with the environment, each participant can achieve a higher level of awareness of the meaning of suffering and the meaning of a life lived with full respect. The intervention leader and participants learn with and from each other and become mutual role models in one way or another. The beauty of integrating the existential principle into relationship factors is that the communication and relationships between the group leader and the participants can become more constructive and focused on goal-oriented change.

When designing the SEGCE, the research team was well aware of the likelihood that the potential participants would have only limited formal education. According to the recent Census, about 30 % of the elder population in Hong Kong has no formal education at all (Census and Statistics Department 2011). Psychotherapy or therapeutic interventions are largely unfamiliar to this cohort of older people. They may sometimes find it difficult to differentiate psychotherapy from casual conversation. Moreover, most of the intervention leaders involved in this project were social workers in service units, who have multiple roles—meeting with older adults, arranging social and leisure activities for them, handling complaints, organizing interest groups, and conducting therapeutic interventions. Older participants find it much easier to participate in practical activities. Hence, the SEGCE was designed with tailored activities for each session in order to maximize meaningful engagement and participation.

In order to present an optimal vision of hope for participants, the SEGCE is named *Fu Le Man Xin* in Chinese, which means “full of blessings and joy.” This name is culturally more meaningful and motivational since *Fu* and *Le* denote two elements of the spiritual status that each Chinese person ultimately wishes to pursue. In addition, the design of the *Jia Li Bu* enables concrete visualization of what has been achieved during and after a particular session. Both the intervention leader and participants can rely on this visual tool as a positive reinforcer to induce a sense of expectation fulfillment and maintain hope for the next session.

Table 6.6 SEGCE evaluation guided by CIPP framework

	Merits	Challenges
Core values	<ul style="list-style-type: none"> • Enhancing spiritual well-being is essential to the holistic enhancement of well-being in an aging society • Spiritual well-being for Chinese older adults is worthy of a culturally sensitive understanding from a nonreligious and relationally oriented perspective 	<ul style="list-style-type: none"> • Spiritual care is new to social care professionals • SPM is new to social care professionals in a Chinese context
Context—goals	<ul style="list-style-type: none"> • Clear goal setting: enhance spiritual well-being • Valid and reliable assessment tool (the SSCE) 	<ul style="list-style-type: none"> • Young professionals may not have a clear idea of the needs of older adults in terms of spiritual well-being enhancement • Competing programs on enhancing psychological well-being have already been developed • Spiritual well-being is not part of the public nonreligious discourse in a Chinese context
Input—plans	<ul style="list-style-type: none"> • Multi-level intervention enhances feasibility and applicability for older adults with diverse needs (for example, the SEGCE, self-help, volunteer-assisted self-help, mobile device application) • SEGCE manual is available in both English and Chinese with multimedia resource package 	<ul style="list-style-type: none"> • A budget is required to purchase the activity materials • Older participants may experience life events that cause them to miss sessions • Different intervention leaders may prefer to focus more on one element than another
Product—outcomes	<ul style="list-style-type: none"> • Effective means of enhancing spiritual well-being based on a mixed-method study • Consolidates success factors based on a common factor framework 	<ul style="list-style-type: none"> • All study participants were recruited from service units within one agency, so a multi-site study is recommended • Regular review of program impacts with stakeholders is required
Process—actions	<ul style="list-style-type: none"> • Whole-process engagement with intervention leaders • Allows a written record of program implementation with standardized evaluation/reflection forms for intervention leaders • Revised version of SSCE based on training feedback was made available in September 2014 • Authors present and discuss evaluation results in training workshops 	<ul style="list-style-type: none"> • Strategies are challenging for maintaining close communication with intervention leaders, as are wider dissemination • Strategies to update intervention protocol need to be further developed

6.4 A Process Evaluation of SEGCE with Reference with context, input, product, and process (CIPP) framework

The CIPP (context, input, product, and process) program evaluation framework developed by Stufflebeam (1983) was used to assess the process of developing the SEGCE and highlight its strengths and challenges with reference to the literature (Table 6.6). Both merits and challenges of the SEGCE were highlighted under five key sections, including values, goals, plans, outcomes, and actions. It is expected that such critical review based on our findings and reflections could provide future intervention leaders with great confidence to start SEGCE for a better spiritual well-being among our seniors.

6.5 Conclusion

The research team and I confidently believe that the SPM and its corresponding intervention, the SEGCE, are value-driven, effective, feasible, and cost-effective programs that fill a gap in the context of promoting healthy aging. It accordingly deserves further dissemination among social care services for Chinese older adults. The SEGCE demonstrates, both academically and practically, the power of strategic collaboration between academics and the community through stakeholder partnership, engagement, and participation. The positive impact of the project is demonstrated in the academic publications it has generated, newspaper reports based on public seminars, a TV program that introduced the SPM to a wider audience, the development of a two-level standardized certificate course, and the mobile device application currently being developed.

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Chapter 7

Conclusion

7.1 Contributions

Looking back, the search for a culturally sensitive and effective way to enhance the spiritual well-being of Chinese older adults has been both a challenging and joyful journey. The original idea came from a group of frontline social workers, passionate about supporting the elderly, who were puzzled by the findings of a research study saying that their proposed palliative care intervention was *not* effective in enhancing spiritual well-being. My curiosity was immediately sparked, and I volunteered three hypotheses: First, the power of the intervention study had been limited by its design; second, the intervention itself had not had enough impact (limited effect size); and third, the measurement and intervention did not match one other (or, in other words, the outcome measures used for spiritual well-being did not match the outcomes intended by the intervention). My community partner (Tung Wah Group of Hospitals) commented that this third hypothesis was worth further exploration for two reasons. Firstly, spiritual well-being is not part of the public discourse in the Chinese context, regardless of the academic research position. Secondly, spiritual well-being was an essential element of the whole-person caring philosophy adopted by the agency offering the intervention. After a few meetings, the research team and social workers agreed to pursue our common goal and support was obtained for the studies reported in this book.

The most challenging aspect of this work, at least initially, was finding a way to conceptualize spiritual well-being in the Chinese context. There are linguistic obstacles to selecting an appropriate Chinese word that is capable of communicating to lay people while still being academically meaningful. The team confronted the theoretical tension between a Western tradition that has tended to integrate religiosity with spirituality and a Chinese tradition that stresses the unity of humans with the environment. Questions were also posed by frontline social workers about the meaning of spiritual well-being and whether it is feasible for

them to implement professional interventions. Having completed the work, it is moving now to recall how these challenges were openly shared within the research and community partner teams, and the tremendous trust developed between us that led to constructive and creative solutions being found. As a team, we always reminded ourselves that we were not aiming to develop the “right” conceptualization of spiritual well-being. Instead, we sought to arrive at a culturally sensitive and contextually appropriate notion that would guide an effective intervention and enable holistic care to be better actualized in the Chinese context. Based on such a humble passion, we are proud to be able to conclude that we have achieved our goals in at least four ways.

Firstly, we have conceptualized spiritual well-being as a dynamic process in which individuals generate transcendent forces through harmonious relationships with self, family, others, and the environment. This conceptualization contributes to the expansion of the literature on spiritual well-being by putting forward culturally and contextually relevant perspectives. Chinese culture is in a general sense nonreligious, so our conceptualization purposefully excluded the element of religious beliefs, practices, and rituals. Chinese social context is most often considered relational, with a strong emphasis placed on the relationship between human beings and their surroundings (social and physical) in terms of social cognition, self-constructs, interpersonal relationships, organizational behavior, and even governance. Hence, our conceptualization here has focused on the relational aspect by crystallizing relationships into four key domains: self, family, friends and others, and the environment. These layers have helped to generate meaningful intervention strategies in the latter stages of our project. While this is not necessarily a comprehensive articulation of the concept, we have introduced a new slant on an area largely neglected in the literature.

Secondly, we have developed a reliable and valid measurement tool—the Spirituality Scale for Chinese Elders (SSCE)—for use in research and practice. The SSCE comprises 44 items assessing seven domains: spiritual well-being (the affective aspect of the sense of meaning), meaning of life (the cognitive aspect), transcendence, relationship with self, relationship with family, relationship with friends and others, and relationship with the environment. Responses are captured using a 5-point Likert scale. The SSCE is the first validated tool to have been purposefully developed from qualitative studies conducted in a Chinese context. It is also the first instrument designed to include both the cognitive and affective aspects of spiritual well-being. We also contributed to designing a visual version of the tool tailored toward older adults with low levels of literacy (who form the majority in many Chinese populations) to facilitate the assessment procedure. Our study showed that older adults with an education of secondary school or above can self-administer the SSCE and complete it in around 25 min. Otherwise, it can be administered during a face-to-face interview by a trained assessor, which takes around the same amount of time. From an academic point of view, the SSCE can be used to assess spiritual well-being in any study looking at the topic as a unique and specific area of interest. For example, it was recently used to assess the spiritual well-being of community-dwelling childless older adults in Shanghai. From a practice perspective, the SSCE can also be used as a screening tool to identify populations

at risk in terms of spiritual well-being, and to evaluate the effectiveness of interventions, particularly those aiming to enhance spirituality, among older adults.

Thirdly, we have developed a process model of spiritual well-being that highlights the mechanisms of enhancement. The spiritual process model (SPM) demonstrates that relationship harmony generates a positive life energy that facilitates individuals to achieve transcendence, which in turn will lead to improvements in the affective and cognitive aspects of the meaning of life. The SPM provides a general road map of how spiritual well-being among older Chinese adults can be enhanced through developing harmonious relationships between individuals and their social and natural surroundings. Based on these five relationships, the SPM provides general principles for developing intervention strategies. Firstly, it suggests that individuals can benefit from multiple sources of harmonious relationships, so limiting these to one or two sources could have unintended negative consequences. Secondly, the five elements of relationship harmony could overlap to some extent with religious relationships. For example, relationships with family and friends could include religious networks, the relationship with oneself could accommodate religious rituals and practices, and the relationship with the environment could include concepts such as supernatural power. As noted earlier, we purposefully excluded narratives about God from the ambit of this study. Thirdly, transcendence, a sense of going beyond the boundaries of time, plays a significant role in the process of achieving a sense of meaning. Therefore, effective interventions should consider how to incorporate a framework of time (past, present, and future). We found the SPM very useful in guiding our development of the Spiritual Enhancement Group for Chinese Elders (SEGCE).

Fourthly, guided by the SPM, we proposed a three tiers intervention strategy. Among older adults who suffered from low spiritual well-being, a professional led intervention is suggested. By integrating the values of existential therapy, self-transcendence theory, relationship therapy, and group process theory, we developed an effective group intervention for enhancing spiritual well-being among Chinese older adults, both living in the community and those in long-term residential care. Existential therapy and self-transcendence theory provided a relevant reference point to develop the values and principles of this intervention, while relationship therapy formed a central focus for generating intervention strategies which aimed to encourage and enhance harmonious relationships within the five domains. Group process theory was used as a framework to arrange the sequence of themes to be introduced in the intervention. After piloting, the SEGCE has been developed into a short-term, professionally led group intervention comprising eight weekly interventions of approximately 1.5 h each, accompanied by a written manual. Two postcompletion booster sessions were also recommended to consolidate change and address any barriers. Based on a quasi-experimental study as reported in Chap. 6, the SEGCE was found to be effective in enhancing the spiritual well-being of participants compared to the results of a control group. We also identified potential barriers to the intervention, namely being older, being in poor health, and dealing with significant life events. These insights encouraged us to think about alternative applications that would focus more on early intervention and prevention. A self-help manual was developed, which contains similar content to the SEGCE but streamlined and simplified for self-help use.

7.2 Looking Ahead

At the time of writing, in reflecting on and summarizing these four key achievements, as a researcher I have to admit that our views are limited by our own backgrounds, values, and cultures. We have tried our very best to learn from multiple sources, including relevant literature, the expertise of medicine and nursing specialists, therapists, and the experiences of the older adults and their family caregivers. Yet, our perceptions may still be flawed by bias and the lack of comprehensiveness. However, we are proud of the positive feedback we have received from older adults and their family caregivers, as well as our practice partners who delivered the interventions. Their responses have been very encouraging.

There is also promise for the future, as reflected in the four research and practical activities in which we have been involved. Firstly, Joint hands by the Sau Po Centre on Aging of the University of Hong Kong and the Tung Wah Group of Hospitals, we have launched a two-level certificate course on spiritual well-being. Upon end of 2014, more than 200 people have received the SSCE training and over 50 professionals have completed training in the SEGCE. Secondly, a volunteer-assisted self-help intervention has been piloted in four community elderly centers. This was designed specifically to respond to the obstacles we identified for the frail elderly, those living alone, and those with limited education to benefit from self-help groups. A quasi-experimental validation study is currently in progress. Thirdly, some frontline social workers are now trying to use the SEGCE in their work with family caregivers, with a pilot group showing positive outcomes. Fourthly, a mobile application has been developed based on the self-help manual. Soon, those competent in the use of such technology (of any age) can conduct a self-assessment using this application, practice the recommended activities basing on the assessment, and review their progress. This move is expected to contribute to our understanding of how older adults might use such a technology-assistant intervention and how best practice can be developed as a result.

As I write these final words, it is early morning, and I can observe our relationship with the universe through my office window. We are all connected as human beings, and through connections, we achieve the meaning and purpose of our lives. This book is the first I have written in my second language. Sometimes, I have found it really challenging to find the right words to express my thoughts. However, I have never felt lost and always feel that words are floating from my mind to the paper. Everything included in this book is based on experiences that I have had with my team members. Limited my experiences may be, they are real.