

THE POLISH VERSION OF THE SPIRITUALITY INDEX OF WELL-BEING SCALE (SIWB): DEVELOPMENT AND ADAPTATION OF A MEASURE

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The purpose of this study was to adapt the Polish version of the Spirituality Index of Well-Being Scale (SIWB). Our survey included 392 Polish Catholics, mostly women ($N = 267$). The factor analyses confirmed the two-factor nature of the SIWB. A model including a second-order factor with two first-order factors similar to the original version proposed by Frey and colleagues (2005) obtained satisfactory values of goodness-of-fit indices. The Polish version of the scale showed high internal consistency. Our study also confirmed the validity of the scale. SIWB scores were positively and strongly related to existential well-being, moderately positively related to resilience and spiritual well-being, and positively and weakly related to religious well-being. The SIWB is a tool for measuring spiritual quality of life with good psychometric properties. The tool can be used to diagnose an index of psychological well-being in the general population.

Keywords: spirituality; well-being; health; self-efficacy; life-scheme

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Handling editor: WACŁAW BĄK, John Paul II Catholic University of Lublin. Received 17 July 2022. Received in revised form 4 April 2024, 11 May 2024. Accepted 11 May 2024. Published online 31 July 2024.

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In every religious tradition, especially Christianity, one important aspect of seeking and deepening a relationship with God is spirituality. Spirituality is no less important in the context of well-being; according to de Oliveira et al. (2019), without an insight into the spiritual realm, it is difficult to understand the totality of an individual's functioning, including their sense of well-being and health. The authors emphasise the need to tap into the human spiritual realm in order to better understand the totality of the phenomena of functioning and health and illness, unravel the inextricably linked spiritual-religious dimensions of human existence, and make progress in the so-called process of humanising medicine and promoting a patient-centered clinical approach. Accordingly, finding and recognising the benefits of spirituality and understanding its contribution to coping with change, adverse circumstances, and health and well-being is particularly important in social research. This multidimensional approach to spirituality allows for an insightful understanding of the relationship between spirituality and health (de Oliveira et al., 2019; Dezorzi et al., 2019).

Rovers and Kocum (2010) describe spirituality as a driving force that gives meaning, stability, and purpose to life by referring to dimensions that transcend the processes of self-perception and self-understanding. Spirituality provides meaning and reinforces a sense of purpose in life, thus it can contribute to people's well-being and prosperity in various areas of their lives (Rovers & Kocum, 2010). Also, Elkins (2001) points out the multifaceted nature of the phenomenon and proposes that spirituality should encompass several fundamental dimensions, including its universalism and mystical energy (Elkins, 2001). A feature of spirituality highlighted by many researchers is also its relationship with the sacred¹ (Pargament, 1997; Pargament et al., 2005; Zinnbauer et al., 1999). Daaleman and Frey (2004), in order to broaden the understanding of the construct, point out the connections of spirituality with health. Spirituality and the spiritual elements of human existence, on the one hand, can be a component of psychological well-being; on the other hand, they can determine psychological well-being and health (Daaleman & Frey, 2004). In light of these findings, it was pointed out that well-being encompasses the spiritual elements of existence, and the modern understanding of the construct of spiritual well-being is the result of theoretical and research explorations in the area of quality of life and broadly understood human health

¹ There is also an undercurrent of non-religious spirituality in the literature (e.g., Da Silva et al., 2020; Pasquale, 2007) that delimits the construct to an existential-philosophical dimension and abandons any connections with theism, especially references to the sacred.

in its positive, holistic view and links to religion (Pargament, 1997; Zinnbauer et al., 1999).

Previous studies have found that spirituality is positively associated with psychological and spiritual well-being, positive affect, resilience, positive relationships with others, a sense of purpose in life, self-acceptance, and life satisfaction (Dey et al., 2021; Faisal & Mathai, 2017; Manning, 2013; Smith et al., 2012). Links between well-being and spiritual and post-traumatic growth have also been pointed out (Cann et al., 2010; Wilt et al., 2016). In contrast, a negative association of spirituality has been shown with psychopathology, risk of depression, anxiety, and severity of post-traumatic stress disorder (Bussing et al., 2014; Krok, 2015; Rosmarin et al., 2010; Rosmarin & Leidl, 2020).

In addition to explaining the relationship between spirituality and the variables described, a number of researchers are trying to determine whether spirituality can predict health, including mental well-being (Dobrakowski et al., 2021; Konaszewski et al., 2021a, 2021b; Maier et al., 2022; Surzykiewicz et al., 2021). Such a hypothesis reflects the assumption that spirituality and mental health are two separate constructs that may be causally related (MacDonald, 2011; Visser et al., 2017). In this regard, it is worth noting that the Spirituality Index of Well-Being (SIWB) diagnostic tool was designed to measure the impact of spirituality on subjective well-being (Daaleman & Frey, 2004; Frey et al., 2005). The authors place spirituality in the psychological domain and view the SIWB as a measure of health-related well-being. The conceptualization of the SIWB has been based on an understanding of spirituality and its relationship to subjective health and well-being in patients, specifically (Daaleman et al., 2001). According to this strand of research, perceived threats or changes in functioning or health trigger two patient-initiated tasks: the collection and processing of health-related information and the interpretation and integration of this data into the context of life experience. These tasks rely on both amateur explanations of illness and professional information to construct or maintain an individual's meaning system (Kleinman et al., 1978). Creating meaning as a cognitive representation of one's life is thought to provide a sense of order and purpose (Thompson & Janigian, 1988). A coherent, meaningful life schema coupled with a strong belief in self-efficacy are the components of spirituality viewed from the perspective of good health and well-being. One's life schema is thought to play a similar role in the construct of sense of coherence, which is described as a positive way of viewing the world and one's life, containing elements of

intelligibility, controllability, and meaningfulness (Antonovsky, 1996). Self-efficacy is the second domain of spirituality according to Kleinman et al. (1978); it represents an individual's belief in their ability to organise and execute the actions required to achieve a set goal (Bandura, 1997). Strong self-efficacy and the belief in overcoming real or apparent threats to individual problems and difficulties—regardless of perceived resources—is a key assumption in this domain. Self-efficacy refers to the perception of oneself as an active participant who constructs one's own life course through the choices and actions one takes, taking into account the possibilities and limitations of circumstances.

The SIWB as a diagnostic tool was designed using qualitative research methods and then conceptualized into two dimensions: self-efficacy and life scheme (Daaleman et al., 2002; Daaleman & Frey, 2004; Frey et al., 2005). Confirmatory factor analyses verified the theoretical two-factor structure (Frey et al., 2005). The study indicated strong associations of the SIWB with general well-being, spiritual well-being, and the existential dimension of spiritual well-being. The SIWB was moderately related to the religious dimension of spiritual well-being and hope. With the SIWB, moderate negative associations were also reported with depression, fear of death, and poor health (Daaleman & Frey, 2004; Frey et al., 2005). The SIWB is a valid and reliable instrument that can be used in health-related research in the general population (Frey et al., 2005) and adult patient groups (Daaleman & Frey, 2004). A report of methodological reviews found that the SIWB is the instrument with the highest quality when various criteria were used for quality appraisal, compared to other instruments used in health research to measure spirituality or spiritual well-being (Sessanna et al., 2011).

The purpose of this study is to adapt and initially evaluate the psychometric properties of the Polish SIWB, including its validity and reliability. This study describes the development and evaluation of the Polish SIWB, which was designed to measure a spiritual index of well-being, including self-efficacy and life scheme.

METHOD

Participants and Procedure

Our survey included 392 Polish Catholics, mostly women ($N = 267$). Being Catholic was a recruitment condition. Although the scale can be used in an interfaith paradigm, including participants of different faiths would result in

a significant underestimation of their adherents, as more than 80 percent of Poles consider themselves Catholic (see Dobrakowski et al., 2021). The respondents were between the ages of 18 and 72 ($M = 25.54$, $SD = 8.17$). We used the Google Forms platform to collect data from online surveys (the database did not contain missing values). Each participant gave informed consent to participate in the study anonymously and was informed of the study aims and the possibility of withdrawing from the study at any time. The invitation to participate in the survey was distributed through social media and online services. The survey procedure consisted of filling out questionnaires, including the SIWB, Brief Resilience Scale, Spiritual Well-Being Scale, and Gratitude/Awe Questionnaire. The study was conducted in 2022 with the approval of the Ethics Committee of the Faculty of Education at the University of Bialystok.

Measures

Spirituality Index of Well-Being Scale

The SIWB was developed and reviewed as a health-related quality of life measure (Daaleman et al., 2002; Daaleman & Frey, 2004; Frey et al., 2005). The SIWB uses a 5-point Likert scale with the possible responses for each item ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). Possible total scores on the SIWB range from 12 to 60. It is a 12-item instrument that measures individuals' perceptions of their spiritual quality of life and the impacts of spirituality on perceived well-being within the context of health circumstances. The scale is divided into two subscales—a self-efficacy subscale and a life-scheme subscale. The self-efficacy subscale measures an individual's functional life self-efficacy, and the life-scheme subscale assesses one's perception regarding making meaning in one's life (Daaleman & Frey, 2004; Frey et al., 2005).

The SIWB was translated from the source language (English) into the target language (Polish) by two bilingual (Polish-English) translators who are fluent in both English and Polish. Each translator worked independently. The two translated Polish versions of the SIWB were reviewed and compared for consistency. Any ambiguities and discrepancies between the two translated versions of the SIWB were discussed, and mutually agreed upon solutions were used to obtain the best translation and wording for each item in the pre-translated Polish version of the SIWB. The pre-translated version was then blind

back-translated by two independent bilingual translators from the target language to the original. Both translators had no knowledge of the original English version of the SIWB. The two English-translated versions of the SIWB were reviewed and compared with the original English version of the SIWB by a panel consisting of two researchers with expertise and experience in health psychology and medicine, two bilingual translators, and a monolingual reviewer who is a native English speaker. The degree of similarity in meaning between the back-translated Polish instrument and the original English instrument was checked and discussed. All reviewers agreed that there were no significant differences between the back-translated the SIWB and the original version of the instrument. The following tools were used to assess the convergent and divergent validity of the SIWB.

Brief Resilience Scale

The Brief Resilience Scale (BRS) by Smith et al. (2008) was designed to measure *resilience*, understood as the ability to bounce back or recover from stress (Smith et al., 2008). The scale consists of six items with a 5-point Likert scale, from 1 (*strongly disagree*) to 5 (*strongly agree*). Sample item: “I tend to bounce back quickly after hard times.” The Polish version of the BRS has a good internal consistency score ($\alpha = 0.88$; Konaszewski et al., 2020). In our study, the reliability coefficient was $\alpha = 0.81$.

Spiritual Well-Being Scale

The Spiritual Well-Being Scale (SWBS) by Paloutzian and Ellison (1982) is meant to assess religious (RWB) and existential spiritual well-being (EWB) (Paloutzian & Ellison, 1982). The scale consists of 20 statements. Participants react to each statement on a 6-point Likert scale, from 1 (*strongly disagree*) to 6 (*strongly agree*). Sample item: “I believe that God cares about my problems.” The Polish version of the SWBS and its subscales have good internal consistency (SWBS: $\alpha = 0.92$; EWB: $\alpha = 0.94$; RWB: $\alpha = 0.87$; Skalski et al., 2022). In our study, the reliability coefficients were: SWBS: $\alpha = 0.89$, EWB: $\alpha = 0.84$, RWB: $\alpha = 0.92$.

Gratitude/Awe Questionnaire

The Gratitude/Awe Questionnaire (GrAw-7) by Büssing et al. (2018) is supposed to measure self-transcendent feelings such as gratitude, awe, and admiration (Büssing et al., 2018). This extended scale was designed with a focus on the experiential aspects of feeling moved and touched by certain moments and places or nature; pausing during daily activities; and subsequent feelings of awe and gratitude. The scale consists of seven items. Participants respond to each statement on a 5-point Likert scale, from 0 (*not at all*) to 4 (*regularly*). Sample item: “I have a feeling of wondering awe.” The Polish language version showed good internal consistency ($\alpha = 0.85$; Konaszewski et al., 2024). In our study, the reliability coefficient was $\alpha = 0.83$.

Data Analysis

Confirmatory factor analysis with maximum likelihood estimation implemented was applied to assess the factor structure of the Polish SIWB scale. The chi-squared statistic (χ^2) was used to assess the sample and the implied covariance matrices. The comparative fit index (CFI) and the goodness-of-fit index (GFI) were used to assess model fit relative to a baseline model in which all variables are uncorrelated and values above 0.95 indicate good fit, while values above 0.90 are considered to indicate acceptable fit. The root-mean-square error of approximation (RMSEA) was also presented. Ideally, this should be less than 0.05, but values less than 0.08 are considered acceptable (Byrne, 2016; Kline, 2015). The reliability of the Polish SIWB was calculated using the Cronbach’s α , Gutmann’s λ , and the McDonald’s ω coefficients. A general rule of thumb is that 0.60–0.70 indicates an acceptable level of reliability. Pearson’s correlation analysis was used to determine the strength of relations between the variables. The significance level was set at $p < .050$. The sample size was calculated using the G*Power 3.1. program. The sample was calculated for Pearson correlation analysis, assuming a two-sided test, a moderate effect size in the population ($\rho = 0.3$), $\alpha = 0.05$, power $(1-\beta) = 0.95$. The study sample should have at least 138 participants. Data analyses were conducted in IBM SPSS Statistics 26 and IBM SPSS Amos 26.

RESULTS

Table 1 shows the descriptive statistics of the scale and individual items, including the mean, standard deviation, minimum and maximum values, and values of skewness and kurtosis measures.

Table 1

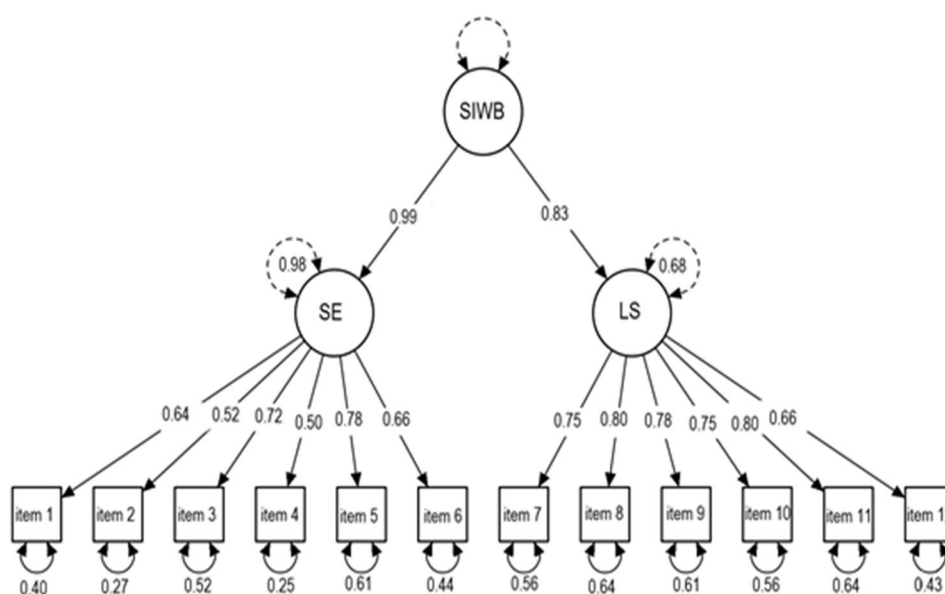
Descriptive Statistics for Spirituality Index of Well-Being (SIWB) Scale and Items

	<i>M</i>	<i>SD</i>	Min.	Max.	Skewness		Kurtosis	
					Value	<i>SE</i>	Value	<i>SE</i>
Item 1	3.20	1.27	1.00	5.00	-0.16	0.123	-1.06	0.246
Item 2	2.75	1.28	1.00	5.00	0.24	0.123	-1.05	0.246
Item 3	3.20	1.22	1.00	5.00	-0.29	0.123	-0.92	0.246
Item 4	2.19	1.14	1.00	5.00	0.84	0.123	-0.08	0.246
Item 5	3.10	1.29	1.00	5.00	-0.11	0.123	-1.11	0.246
Item 6	3.62	1.19	1.00	5.00	-0.61	0.123	-0.56	0.246
Item 7	3.03	1.29	1.00	5.00	-0.11	0.123	-1.09	0.246
Item 8	3.70	1.21	1.00	5.00	-0.65	0.123	-0.57	0.246
Item 9	3.33	1.29	1.00	5.00	-0.32	0.123	-1.07	0.246
Item 10	3.10	1.31	1.00	5.00	-0.10	0.123	-1.17	0.246
Item 11	3.29	1.21	1.00	5.00	-0.36	0.123	-0.77	0.246
Item 12	3.58	1.26	1.00	5.00	-0.69	0.123	-0.51	0.246

The scale structure (see Figure 1) was evaluated using the confirmatory factor analysis method of maximum likelihood. The model that included a second-order factor with two first-order factors similar to the original version proposed by Frey and colleagues (2005) obtained the following satisfactory values of goodness-of-fit indices: $\chi^2_{(53)} = 159.34$, $p < .001$; $\chi^2/df = 3.07$; GFI = 0.934; AGFI = 0.903; CFI = 0.951; RMSEA = 0.072 (0.059, 0.085; 90% CI).

Figure 1

Structure of Polish Version of Spirituality Index of Well-Being (SE = Self-Efficacy, LS = Life Scheme)



Internal consistency was assessed using Cronbach's alpha and McDonald's omega. Cronbach's alphas were: $\alpha = 0.90$ for the SIWB, 0.80 for SE, and 0.88 for LS. McDonald's omegas were: $\omega = 0.90$ for the SIWB, $\omega = 0.80$ for SE, and $\omega = 0.88$ for LS. The values of Gutmann's lambda coefficient were: $\lambda = 0.90$ for the SIWB, 0.78 for SE, and 0.87 for LS.

Convergent validity was estimated by assessing the values of SIWB correlation coefficients with the results of the BRS, SWBS, and RWB scales. Divergent validity was estimated by assessing the values of SIWB correlation coefficients with GrAw scores. The SIWB scores (SE and LS) were strongly positively related to the scores on the existential spiritual well-being (EWB) subscale. SIWB (SE and LS) moderately positively correlated with resilience (BRS) and spiritual well-being (SWBS). SIWB scores (SE and LS) were weakly positively related to RWB. In addition, we observed no relationship between SIWB (both SE and LS dimensions) and gratitude/awe on the GrAw-7. Detailed values of correlation coefficients are shown in Table 2.

Table 2

Correlation Coefficients of Polish Version of Spirituality Index of Well-Being (SE = Self-Efficacy, LS = Life Schema)

	SIWB	LS	SE	EWB	RWB	SWBS	BRS	GrAw-7
SIWB	–							
LS	.93 ***	–						
SE	.90 ***	.69 ***	–					
EWB	.71 ***	.69 ***	.61 ***	–				
RWB	.16 ***	.17 ***	.12 *	.28 ***	–			
SWBS	.48 ***	.48 ***	.40 ***	.71 ***	.87 ***	–		
BRS	.44 ***	.33 ***	.49 ***	.39 ***	.02	.21 ***	–	
GrAw-7	.00	.02	–.01	.28 ***	.26 ***	.34 ***	.00	–

Note. * $p < .05$, *** $p < .001$; SIWB = Spirituality Index of Well-Being Scale, LS = Life Scheme, SE = Self-Efficacy, EWB = Existential Well-Being, RWB = Religious Well-Being, SWBS = Spiritual Well-Being Scale, BRS = Brief Resilience Scale, GrAw-7 = seven-item Awe/Gratitude scale.

Finally, we assessed the effect of sociodemographic variables on scores on the Polish version of the SIWB and its subscales. Age was significantly associated with higher scores on the SIWB ($r = .19$, $p < .001$), as well as on the component dimensions: SE ($r = .16$, $p < .01$) and LS ($r = 0.19$, $p < .001$). Gender did not statistically significantly differentiate the results of SIWB ($t = -0.22$, $p = .41$).

DISCUSSION

The purpose of this study was to obtain the psychometric properties of a Polish version of the SIWB, an instrument designed to measure the spiritual quality of life. According to Daaleman et al. (2001), various life experiences activate a process of understanding and interpretation based on one's life schema and sense of efficacy. A coherent, meaningful life schema combined with strong self-efficacy are the components of spirituality viewed from the perspective of good health and well-being. According to Frey et al.'s (2005) "conceptual framework of spirituality", an individual's core beliefs may be responsible for this mechanism, among other things. The collection and processing of information, as well as the interpretation and understanding of information, play an important role. From this cognitive perspective, spirituality is viewed as a construct separate from religiosity and understood as a sense of

meaning or purpose flowing from a source beyond the limits of human cognition (Daaleman & Frey, 2004).

Our factor analyses confirmed the two-factor nature of the SIWB. A model including a second-order factor with two first-order factors similar to the original version proposed by Frey and colleagues (2005) obtained satisfactory values of goodness-of-fit indices. The reliability of the scale calculated using Cronbach's alpha, McDonald's omega, and Gutmann's lambda was very good, indicating high internal consistency.

Our study also confirmed the validity of the scale. SIWB scores were positively and strongly related to existential well-being, moderately positively related to resilience and spiritual well-being, and positively and weakly related to religious well-being. In addition, we observed no association between the SIWB and gratitude, confirming differential relevance.

Our study found no significant role of gender among Polish Catholics, meaning that the average score on the spiritual well-being index was similar for men and women. This may be due to the peculiarities of the SIWB measure, which emphasizes aspects of content related to self-efficacy and life scheme. The studies conducted also showed no gender differences in SIWB scores (Frey et al., 2004). Age was significantly related to the value of the spiritual index of psychological well-being in the study group—the older a person, the higher their level of well-being. It was commonly observed that spiritual aspects were deepened with age (Dadfar et al., 2021; Koenig & Cohen, 2006; Oser et al., 2006).

Finally, it is important to note the limitations of our study. First, our analyses were conducted only on a sample of Catholics, who constitute the vast majority of Poles (more than 80 percent). Adaptive research was conducted not only in groups of Catholics, but also in groups of adult outpatients in primary care clinics (Frey et al., 2005). Future researchers might collect data from followers of other religions and analyse invariance in this regard. On the other hand, no significant differences in the psychometric values of the SIWB by religion have been observed in other countries. Second, our data came from a general population sample, which seems appropriate for validation studies. However, it seems that the effects of correlating spirituality and health may differ in clinical groups and be moderated and mediated by, among other things, the coping techniques used. Despite the above limitations, our study allowed us to validate the SIWB for use in Polish Catholic populations.

In summary, the SIWB is a tool for measuring spiritual quality of life with good psychometric properties. The tool can be used to diagnose an index of

psychological well-being in the general population. Because of its short length, the SIWB can be applied to a variety of clinical groups and to larger studies where there is a need to collect extensive data. The adaptation of the scale made in this study was an effective response to the need to measure the spiritual well-being index in a precisely defined group of Polish Catholics and its relationship to measures of resilience, gratitude/awe, religious and existential well-being.

CRedit Author Statement

KAROL KONASZEWSKI (25%): conceptualization, methodology, validation, formal analysis, writing (original draft), supervision, writing (review and editing).

MAŁGORZATA NIESIOBĘDZKA (25%): conceptualization, methodology, validation, formal analysis, writing (original draft), supervision, writing (review and editing).

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PAWEŁ PIOTR DOBRAKOWSKI (10%): supervision, writing (review and editing).

JANUSZ SURZYKIEWICZ (15%): methodology, validation, formal analysis, writing (original draft), supervision, writing (review and editing).

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SUPPLEMENTAL MATERIAL

SIWB statements in Polish:

1. Nie wiem co mógłbym (mogłabym) zrobić, by pomóc sobie samemu (samej).
2. Miewam problemy z dokończeniem tego, co zacząłem (zaczęłam).
3. Nie jestem w stanie zrozumieć moich problemów.
4. Czuje się przytłoczony (prytłoczona), gdy miewam osobiste trudności lub problemy.
5. Nie umiem poukładać sobie życia.
6. Niewiele mogę zrobić, by zmienić swoje życie.
7. Nie znalazłem (znalazłam) dotąd celu swojego życia.
8. Nie wiem kim jestem, skąd pochodzę, ani dokąd zmierzam.
9. W moim życiu brakuje celu.
10. Nie potrafię znaleźć swojego miejsca na ziemi.
11. Jestem daleki (daleka) od odkrycia sensu życia.
12. W moim życiu panuje wielka pustka.