ORIGINAL PAPER

Spiritual Health: A Concept Analysis

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Abstract Spiritual health has attracted a lot of attention in health-related and nursing sciences and numerous researches. Yet, this concept has remained complex and ambiguous, and there is no consensus in this regard. This ambiguity can be challenging for holistic nursing; therefore, clarification of the concept is required for development of nursing knowledge. The present study aimed to explore the concept of spiritual health in health-related and nursing literature. Walker and Avant (Strategies for theory construction in nursing, Appleton & Lange, Norwalk, 1995) concept analysis method was used in this study. The results were categorized as antecedents, attributes, and outcomes of spiritual health. The critical attributes extracted for spiritual health included transcendence, purposefulness and meaningfulness, faithfulness, harmonious interconnectedness, integrative power, multidimensionality, and holistic being. Besides, the antecedents of spiritual health included capability and potentiality for transcendence, and spiritual awareness. Finally,

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well-being and moral development were the outcomes of spiritual health. Spiritual health is one of the basic aspects of health and providing a clear theoretical definition can result in a common understanding of this concept for nurses. Clarifying this concept would also be useful for provision of spiritual care interventions and development of nursing theories.

Background

Spiritual dimension of health has always been taken into account in nursing. Florence Nightingale believed that spiritual care is an integral part of human needs and is necessary for healing (Chung et al. 2007). Scientific nursing also pays special attention to this dimension of health. In the second half of the twentieth century when nursing theorists used nursing process strategy for professionalism, spiritual care was considered and nursing diagnoses, such as spiritual distress and spiritual despair, together with multiple nursing interventions were presented in this area (Kahn and Steeves 1993; NANDA-I 2005; Sessanna et al. 2007). Joint Commission on Accreditation of Health Care Organizations issued an instruction in 2005 in which, spirituality was mentioned to be an integral part of patient care (JCAHO 2005). Spiritual health concerns related to the nursing profession are also seen in International Council of Nursing (ICN) codes (Chung et al. 2007). Holistic nursing care requires knowledge about the existence of the spiritual self and exploring spiritual healing for self and others. Therefore, knowing and understanding the concept of spiritual health will help nurses in the quest.

Despite the increasing interest in this area and significant quantitative, qualitative, and mixed studies, it is still believed that the concept of spiritual health is vague and complex, and there is no consensus in this respect (Bensley 1991; Buck 2006; Burkhart et al. 2011; Cotton et al. 2006; Fisher 1998; Hawks et al. 1995; Parsian and Dunning 2009). This ambiguity might be attributed to the terminology that might be used alternatively for the concept of spiritual health, such as spiritual well-being and spirituality (Moberg 1984; Tanyi 2002; Underwood 2011), as well as to different definitions based on various philosophical views and worldviews (Pesut and Thorne 2007; Pesut 2006). On the other hand, the concept is differently perceived in different cultural contexts (Lim and Yi 2009; Paley 2008), so often influenced by social and cultural structures and religious and theoretical beliefs (Bjarnason 2007; Diaz 1993; Martsolf and Mickley 1998; Meleis 2007; Vader 2006; Van Dierendonck 2004; Weathers et al. 2015; Yang and Wu 2009). Thus, many spiritual concepts in nursing have remained abstract and nebulous (McBrien 2006). This ambiguity could be misinterpreted and have serious implications for nursing practice (Emblen 1992; Buck 2006), because without a clear conceptual and theoretical definition of this concept, understanding of the spiritual meaning is difficult and providing adequate nursing services could be faced with challenges (McBrien 2006). The final outcome of this issue will be disturbance in providing adequate nursing care to clients (Oh and Kang 2005).

Concept analysis is a method to describe and examine a word and its use in the language and nursing literature and would help determine what it means and clarify ambiguities about the concept in nursing literature, science, and practice when there are numerous definitions of the concept (Walker et al. 1995). Theorists believe that evolution of a concept is necessary and inevitable for development of nursing theory and knowledge

(Meleis 2005; Chinn and Kramer 1999). The only way nurses can prove their evidence-based practice is to describe phenomena in a measureable and communicable manner and concept analysis allows nurses to look at phenomena and concepts in a similar way (Walker et al. 1995). Concept analysis is commonly used for the concepts previously introduced and defined in the nursing literature and history to some extent, but we are going to direct them to a higher level of development through analysis (McEven et al. 2011).

Studies on analysis of spiritual concepts have often been conducted on spirituality (Chiu et al. 2004; Coyle 2002; Edwards et al. 2010; Haase et al. 1992; Meraviglia 1999; Oh and Kang 2005; Pargament 2001; Puchalski et al. 2014; Tanyi 2002; Vachon et al. 2009; Weathers et al. 2015); spiritual care (Sawatzky and Pesut 2005; Pesut 2008; Greasley et al. 2001), religion (Emblen 1992; Hill and Pargament 2008; Lazenby et al. 2011), and other similar concepts. However, a limited number of studies have specifically addressed the concept of spiritual health (Boswell et al. 2006; Powell et al. 2003). Due to lack of a clear, consistent, and compatible understanding of the concept of spiritual health as a basis for research and clinical nursing, the present study aims to further clarify the concept of spiritual health.

Objective

This study aims to achieve a clearer understanding of spiritual health and address the definitions and characteristics of this concept. The specific objectives of this study are to determine the critical attributes, antecedents, outcomes, and empirical referents of spiritual health and to provide an operational definition of spiritual health based on its attributes.

Methods

Up to now, different approaches to concept analysis have been presented and used by nursing researchers and experts (Rodgers 2006). In the current study, the method proposed by Walker and Avant (1995) was used in order to clarify the concept of spiritual health. Since the steps of this method operate well, it is useful for nurses (Meleis 2012). In addition, its logical positivist process is cared for in nursing literature (Sheldon 1996), because entity view of the concept has been presented in this method. The step-by-step and iterative strategy of this model makes elegant, sensitive, and intricate search more rigorous and facilitates a more in-depth analysis (McBrien 2006). This approach includes the following steps: choosing the concept, identifying the purpose of analysis, identifying the uses of the concept, defining concept attributes, identifying a case model and borderline, related, contrary, invented, and illegitimate cases, identifying the antecedents and consequences, and identifying the empirical referents.

Sampling

To find resources, all the major available databases were searched and all the articles were assessed. In this respect, nursing and health sciences databases, such as "Google Scholar, Scopus, PubMed, MEDLINE, ProQuest, Ovid, ScienceDirect, and Wiley," were searched

with no time limit and various combinations of the subsequent keywords: spiritual health, spiritual well-being, and adult.

All the articles that contained attributes, antecedents, consequences, definitions, effective factors, and methods to measure spiritual health were included. The inclusion criteria of the study were relevance of the study, published studies in English, quantitative, qualitative, and review studies, existence of the search key terms in title, keywords, or abstract, and articles from peer reviewed journals. Official studies published in the books related to the concept of spirituality and spiritual health and dictionaries were also examined manually to achieve the definitions of this concept.

If access to full articles was not possible, studies published in languages other than English, editorials, and commentary articles were excluded from analysis.

Results

In the beginning, 17,705 resources were studied. After reading the abstracts, according to the study objectives, 436 resources actually investigated the concept of spiritual health. Because many interpretations, siblings, and connotations of spirituality and religion share with spiritual health (Frey et al. 2005), attributes, antecedents, and outcomes of spirituality were used, too, in analyzing this concept. The process of selecting and reviewing the articles has been presented in Fig. 1.

Uses of the Concept in Nursing

Nursing and other scientific literature suggest that spiritual health is a multidimensional concept (Anandarajah and Hight 2001; Burkhart et al. 2011; Ellison 1983; Fisher 2011; Hungelmann et al. 1996; Moberg and Brusek 1978; Riley et al. 1998; Roehlkepartain et al. 2006; Ross 1995), with no consensus on the definition (Buck 2006; Parsian and Dunning 2009). According to the literature, authors and researchers believed that spiritual health is a spirituality sub-concept (Meraviglia 1999). Based on the recommendations of Walker and Avant (1995), efforts were made to find basic definitions in dictionaries. Searching Chambers (2014), Merriam-Webster (2016), Gove (1961), and Stevenson (2010) revealed no definition of spiritual health, although definitions of similar concepts, such as spirituality and meaning, were observed, and some of them are shown in Table 1. Some definitions of spiritual health are also presented in Table 2.

Considering various definitions, it can be concluded that almost all the definitions of spiritual health have some commonalities, including connecting (with self, others, nature, and God or a higher power), self-transcendence, harmony, and meaningful life, morality, hope, and peace as spiritual health consequences. It should be mentioned that the antecedents and some attributes and outcomes of spiritual health, such as physical, mental, social, and spiritual well-being, were not considered in these definitions.

Identification of the Critical Attributes of the Concept of Spiritual Health

At this stage of analysis, all the information was processed to locate and identify the contents of meaning of spiritual health. After that, it was possible to distinguish the attributes, outcomes, and antecedents of spiritual health.
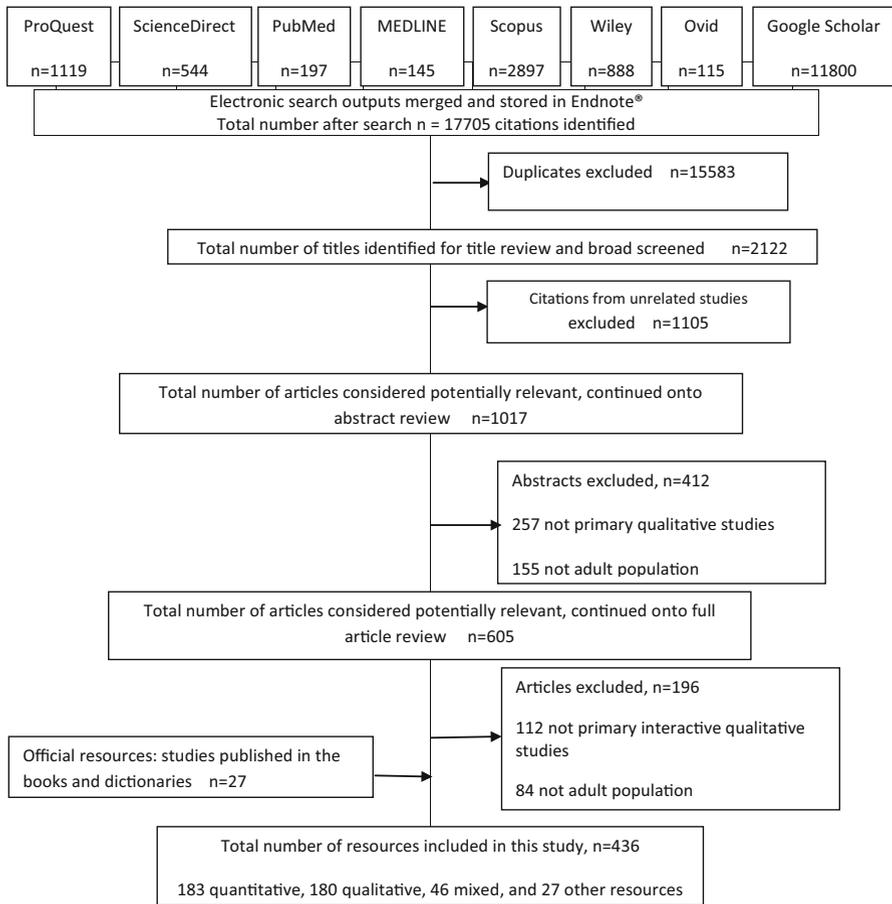
Fig. 1 Searching for literature identification and the selection process

Based on Walker and Avant (2005), attributes are repeated in different examples of a concept and offer a broader vision to analysts (Walker and Avant 2005). These attributes can help identify and explain the models and examples of a concept. Critical attributes of the concept of spiritual health were as follows:

Transcendence

Many literatures have mentioned transcendence as a salient characteristic of spiritual health (Albaugh 2003; Banks-Wallace and Parks 2004; Barker and Floersch 2010; Barney and Buckingham 2012; Bradley 2011; Buck et al. 2012; Chiu et al. 2004; Coyle 2002; Crossley and Salter 2005; Daly 2005; Delgado 2005; Gall et al. 2011; Griffith et al. 2007; Hodge and Mcgrew 2006; McSherry and Jamieson 2013; Miner-Williams 2006; Molzahn et al. 2012; Morrison-Orton 2004; Newlin et al. 2002; Oh and Kang 2005; Penman et al. 2013; Rican 2004; Rich and Cinamon 2007; Tanyi 2002; Vandover and Pfeiffer 2012; Walton 2002; Woodgate and Degner 2003; Wright 2004). Similarly, Ellison (1983) considered transcendence as a sense of well-being that a person experienced in finding

Table 1 Definitions of spirituality in dictionaries and literature

Source	Definition
Dictionaries	*Webster's Third New International Dictionary*: "… something that in ecclesiastical law belongs to the church or to a person as an ecclesiastic or to religion." A subsequent definition is "… sensitivity or attachment to religious values and things of the spirit rather than material or worldly interests." (Gove 1961)
	Oxford dictionary: "spirit" is "the vital principle; the soul; a breath of wind; essence; chief quality; that gives real meaning; the essential character; supernatural; animating body" (Stevenson 2010)
Theological literature	The existence and nature of God, both the relationship of the divine to the world and the human response to God (Meraviglia 1999)
Psychological literature	An expression of one's internal motives and desires concentrating on the self instead of God (Pargament 1997)
Sociologic literature	The spiritual practices and rituals of groups of people as well as the social morality within personal relationships (MacQuarrie 1992)
Philosophical view	A sense of unity with the cosmos… the source of cosmic order, the harmony of the universe (Bloomfield and Kory 1978)
Definitions of spirituality in nursing literature	
Vachon et al. (2009)	Developmental and conscious process characterized by two movements of transcendence; either deep within the self or beyond the self (Vachon et al. 2009)
Tanyi (2002)	A personal search for meaning and purpose in life, which may or may not be related to religion. It entails connection to self-chosen and or religious beliefs, values, and practices that give meaning to life, thereby inspiring and motivating individuals to achieve their optimal being. This connection brings faith, hope, peace, and empowerment. The results are joy, forgiveness of oneself and others, awareness and acceptance of hardship and mortality, a heightened sense of physical and emotional well-being, and the ability to transcend beyond the infirmities of existence (Tanyi 2002)
Burkhart et al. (2011)	A dimension of human beings associated with the human expression of meaning, purpose, and transcendence in life (Burkhart et al. 2011)
Puchalski (2009)	The aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred (Puchalski 2009)
Meraviglia (2004)	A unique and dynamic process reflecting faith in God or a supreme being, as connectedness with self, others, nature, or God, and as life meaning and prayer (Meraviglia 2004)
Nagai-Jacobson. and Burkhardt (1989)	A personal quest for meaning and purpose, as relating to a person's inner essence, and as a sense of harmonious interconnectedness with self, others, nature, and an ultimate other (Nagai-Jacobson. and Burkhardt 1989)
NANDA-I (2005)	To experience and integrate meaning and purpose in life through a person's connectedness with self, others, art, music, literature, nature, or a power greater than oneself (NANDA-I, 2005)
Miller (2005)	A basic or inherent quality in all humans that involves a belief in something greater than the self and a faith that positively affirms life (Miller 1995)
Definition of spiritual health surrogate concepts	
Spiritual need	"…are seen as involving any essential variables required for the support and viability of that element which inspires in man the desire to transcend the realm of the material."(O'Brien 1982)

Table 1 continued

Source	Definition
Spiritual care	"…supporting the faith needs of a patient, providing devotional opportunities, encouraging denominational connectedness cooperating in pastoral care-or simply strengthening the ego of the patient."(Lane 1987)
Spiritual distress	Spiritual distress and spiritual crisis occur when individuals are unable to find sources of meaning, hope, love, peace, comfort, strength and connection in life or when conflict occurs between their beliefs and what is happening in their life. This distress can have a detrimental effect on physical and mental health (Anandarajah and Hight 2001)
	Disruption in the creative energy that harmoniously unites self, community, nature and a higher power, and transcends one's biological and psychosocial nature (Kim et al. 1987)
Spiritual relationship	A relationship to self, others, a higher power, or nature in which one behaves humanistically, has a sense of responsibility and personal identity and describes the relationship as producing intimacy, wholeness, and wellness (Walton 1996)
Spiritual integrity	"Is present when the person experiences wholeness within the self, with other human beings, and in transcendence with another realm." (Labun 1988)
Spiritual well-being	"A sense of harmonious interconnectedness between self, others/nature, and Ultimate Other which exists throughout and beyond time and space. It is achieved through a dynamic and integrative growth process which leads to a realization of the ultimate purpose and meaning of life." (Hungelmann et al. 1996, 1985)
Religious well-being	A meaningful relationship with God, and existential well-being refers to the belief that one's life is meaningful or has purpose (Riley et al. 1998)

meaning and purpose in life (Ellison 1983). Wright (2004) also introduced it as sense of awe, wonder, and mystery in nature, questions about the Creator, and the possibility of life after death.

Furthermore, self-transcendence has been defined as the connection with the inner self authentically (Vachon et al. 2009). Transcendence also refers to the ability to see beyond the boundaries of the self, environment, and current limitations (Weathers et al. 2015) through broadening one's inner self via introspective activities and developing one's external self through relationships with others (Reed 1987; Soeken and Carson 1987). It has also been described as the capacity to change one's attitude or outlook in a certain position or in the whole life (Weathers et al. 2015). Transcendence, in connection with a supernatural power, has been formulated as belief or faith and it seems that it is closely related to religion (Vachon et al. 2009). Transcendence beyond the current context helps people notice beyond personal concerns and encroach beyond the realm of material (Frankl 1969; May 1981; Yalom 1982). Human beings inherently tend to move beyond personal interests, aside personal preoccupations, and be aware of the myriad or source of infinity (Haase et al. 1992).

Meaningfulness and Purposefulness

According to the literature on spirituality, the meaning of life or the search for meaning was one of the key points (Barker and Floersch 2010; Buck et al. 2012; Rich and Cinamon 2007; Sessanna et al. 2007; Tanyi 2002; Vandover and Pfeiffer 2012; Walton and Sullivan 2004; Walton 1999, 2002; Williams 2008; Woodgate and Degner 2003), such a way that

Table 2 Definitions of spiritual health

Author	Definition
O'Brien (1982)	"…is understood as a state of well-being and equilibrium in that part of a person's essence and existence which transcends the realm of the natural and relates to the ultimate good." (O'Brien 1982)
Young (1984)	The interrelatedness of body, mind, and spirit within the context of inner peace, and in terms of relationships with others and with nature (Young 1984)
Chapman (1986)	Optimal spiritual health: "the ability to develop our spiritual nature to its fullest potential. This would include our ability to discover and articulate our own basic purpose in life, learn how to experience love, joy, peace and fulfillment and how to help ourselves and others achieve their full potential." (Chapman 1986)
Bensley (1991) and Chapman (1987)	Our ability to discover, articulate, and act on our own basic purpose in life; to learn how to give and receive love, joy, and peace; to pursue a fulfilling life; and to contribute to improvement of the spiritual health of others (Bensley 1991; Chapman 1987)
Hawks et al. (1995)	A high level of faith, hope, and commitment in relation to a well-defined worldview or belief system that provides a sense of meaning and purpose to existence in general, and that offers an ethical path to personal fulfillment which includes connectedness with self, others, and a higher power or larger reality (Hawks et al. 1995)
Fisher (1998)	Spiritual health is a fundamental dimension of people's overall health and well-being, permeating and integrating all the other dimensions of health (i.e., the physical, mental, emotional, social, and vocational) (Fisher 1998)

some authors recognized spiritual health as response to questions about the meaning of life (Bensley 1991). Benzein et al. (1998) defined spirituality as a personal need to find answers to questions about the ultimate goal of life, illness, and death. Purposefulness and meaningfulness affect attitudes and behaviors (Coyle 2002). One of the major differences between spirituality and spiritual health is that spirituality points out to "being" (Buck 2006; Carroll 2001), while spiritual health points out to "becoming". Therefore, becoming meaningful and purposeful could be outlined as spiritual health attributes (Bensley 1991).

Faithfulness

Authors have mentioned faith and belief as the attributes of spirituality (Bensley 1991). By the same argument about purposefulness (Carroll 2001; Buck 2006), faithfulness can be outlined as a spiritual health attribute (Bensley 1991). Faith in many definitions refers to the idea of a superior creature. In fact, belief means a mental assent or confirmation and acknowledges the facts, while faith means belief in something for which there is sufficient evidence (Mahlungulu and Uys 2004). In the Encyclopedia of Collins (1991), faith has been defined as: "strong or unshakeable belief in something, especially without proof or evidence, a conviction of the truth of certain doctrines of religion" (Makins 1991). In addition, the authors have described faith as believing in and affirming assent to God or the Transcendent and as a life affirming agent (Haase et al. 1992; Hiatt 1986; Hungelmann et al. 1985; Meraviglia 1999). In fact, faith represents something beyond belief, is seen in a confident relationship with God, and provides a basis for meaning and hope in life (Meraviglia 1999).

Harmonious Interconnectedness

Having communication and daily interactions with self, others, God (or superior), and nature (or in general, the universe) has been considered in many studies significantly (Burkhardt 1994; Daly 2005; Edwards et al. 2010; Hungelmann et al. 1996, 1985; Morrison-Orton 2004; Rican 2004). Mutual communication is known as a part of spiritual experience and can be defined as something that fulfills self and provides a feeling of not being alone (Vachon et al. 2009).

Connecting with others includes a sense of community, compassion (Sherman 1996), altruism (Smith 1995), and sharing with and helping others (Chiu et al. 2000). In connectedness with nature, the interaction between an individual and the environment (Hungelmann et al. 1996; Taylor et al. 1995) and human-nature coherence are considered (Chiu et al. 2004). Connectedness with God, on the other hand, considers the relationship between an individual and the universe, God, dominant power, or ultimate values in forms of religious affairs or faith with a sense of wonder, sacredness, and reverence (Chiu et al. 2004). Yet, because human spirituality is a unique experience and is experienced differently (Mahlungulu and Uys 2004; Meraviglia 1999), each individual establishes a unique relationship.

Multidimensional and Holistic Being

Another attribute considered repeatedly by researchers was the multidimensionality of the concept although there were various views in this regard. For example, Moberg and Brusek (1978), Ellison (1983), Riley et al. (1998), and Stoll and Stoll (1989) believed that spiritual heath had horizontal and vertical dimensions (Moberg and Brusek 1978; Ellison 1983; Riley et al. 1998; Stoll and Stoll 1989). However, Ross (1994) and Fisher (1998) reported that there were four aspects (Fisher 1998; Ross 1994), while Anandarajah and Hight (2001) referred to 3 aspects, namely cognitive (philosophical), experimental (emotional), and behavioral. For some authors, on the other hand, the following four dimensions defined spiritual well-being: acceptance of life in relationship with God, self, society, and the environment that fosters and appreciates an individual's integrity (NICA 1975).

Another point in this definition is that spiritual health referred to the whole person or one's attitude toward oneself as a whole (Barker 1989; Bensley 1991; Fisher 2010), which has been mentioned in definitions of quality of life of spiritual well-being (Roland et al. 2012).

Integrative Power/Energy

Another critical attribute of spiritual health is its integrating power (Chiu et al. 2004) that unifies, coordinates, and integrates all the dimensions of health (physical, social, and mental) (Banks 1980; Banks et al. 1984; Bensley 1991; Burkhardt 1994; Haase et al. 1992; Meraviglia 1999) and, as a dynamic and creative force (Hungelmann et al. 1996), keeps human beings in a growing and changing state (Goddard 1995; Reed 1991). Goddard (1995) has also introduced it as a body–mind–spirit balancing energy, a comprehensive perspective, and an internal source for empowerment. Astedt-Kurki (1995) also described spirituality as a personal ambition for a better understanding of self and inner balance.

Explanation of the Conceptual Models: The Constructed Models

Definition of a Model Case

A model case is an example that explains all the critical attributes of the concept. Hence, it must be a pure or paradigmatic example (Walker et al. 2011).

> Abraham is a middle-aged man and father of three children. He lost one of his children recently and was severely angry with God. He decreased his relationship with his wife, children, and his friends, and lost his faith in God. He talked about this with his wife and she offered to consult with a religious adviser. After a few sessions, Abraham started connecting with family, friends, and God and told his wife that he had gained new beliefs and values and a new outlook to the world after this crisis and had learned that spiritual suffering is a blessing from the Lord and nothing in life would be impossible with the Lord. "I feel my life has found new meaning, I know my existence in this world is precious and I was brought to this world for a purpose. Now I feel that all aspects of my body act in an integrated and harmonious way with me and the world around and that an inner force is encompassing me."

All the characteristics mentioned in defining the attributes can be seen in this example.

Identification of Borderline, Related, Contrary, Invented, and Illegitimate Cases

The concept of spiritual health has been used alternatively with spirituality, spiritual well-being, and religion in nursing literature. There are various definitions for these concepts, some of which have been outlined in Table 1. The concepts used as opposite to spiritual health are spiritual illness (Tvorogova 2011) and spiritual distress (Campbell 1984; Edwards et al. 2010; Heyse-Moore 1996), which have been discussed below.

Related Terms

Concepts related to spiritual health are spiritual well-being and spirituality. Although these concepts are often used as substitutes for spiritual health, each has its own characteristics.

Spirituality   In spite of the fact that many literatures have explained the characteristics of spirituality and spiritual health in similar ways, there are differences between the two. For example, faith, connectedness, transcendence, search for meaning and purpose, and a unifying and integrating force are common between these two concepts, but creating a balance among the health aspects can only be seen in the concept of spiritual health. Also, some authors have mentioned spirit (Tanyi 2002), self (Oh and Kang 2005), and life events as the antecedents of spirituality. However, the literature indicated that the antecedents of spiritual health were different issues that will be discussed later.

Spiritual Well-being   One of the first definitions in this regard belongs to Ellison (1983): "spiritual well-being arises from an underlying state of spiritual health and is an expression of it, much like the color of one's complexion and pulse rate are expressions of good (physical) health." Spiritual well-being has been conceptualized as "the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates

wholeness" (NICA 1975). Besides, NANDA defined spiritual well-being as the "ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, and/or a power greater than oneself that can be strengthened" (NANDA-I 2009). Moreover, Moberg (1984) considered spiritual well-being as a complex and multidimensional concept.

Contrary Cases

Spiritual Illness   Researchers believe that ignoring meta-needs has an impact on human development and causes feelings, such as emptiness, self-alienation, loneliness, and helplessness. This set of symptoms, named spiritual illness, seems to emerge as a result of ignoring the spiritual path. Types of spiritual illness are existential vacuum, noogenic neuroses, boredom, ontological shock, and suicide (Tvorogova 2011).

Spiritual Pain or Distress   As defined by Kim et al. (1987), spiritual distress is destroying of the creative energy that unifies self with society, nature, and the greater power equivalently and transcends biological and psychological nature. Besides, Campbell (1984) introduced it as "… disrupted spiritual practices…Troubled concern about threats to one's belief system when one is unable to practice familiar spiritual rituals". In many studies, no specific example of spiritual pain has been provided, but numerous manifestations have been presented for spiritual distress (Edwards et al. 2010). Accordingly, some themes of spiritual distress are fear, loss, other spiritual feelings (Edwards et al. 2010), and feelings of emptiness and despair (Frankl 1959).

Borderline Cases

> One of the staff nurses spoke about the problems of cancer and family issues with Sara, one of the secretaries of the ward who does not easily trust someone. She listened with sympathy and compassion to that nurse. Intimacy in the talks broke Sara's defenses causing her to search her soul. After that, she gradually shared painful and scary experiences with the nurse. Both of them described this relationship as friendly and accompanied with forgiveness and reconciliation. Now, both of them feel responsible for each other's spiritual growth and believe that they share their internal insight and affect each other's transcendence.

In this example, a spiritual connection has been introduced that refers to connectedness and transcendence. However, other attributes of spiritual health do not exist in this example.

Identification of the Antecedents and Outcomes of Spiritual Health

Identification of the Antecedents of Spiritual Health

Antecedents of a concept are events and situations that should occur before the concept (Rodgers and Knafl 2000; Walker and Avant 2005). Two antecedents of spiritual health were revealed in this concept analysis.

Capacity and Potentiality for Transcendence, Which Depends on the Context and Background

The context includes developmental stages, demographic data, and the impact of pivotal life events. Spiritual health goes through a developmental process and is transformed by some events (Carr and Morris 1996; Ehman et al. 1999; Murray et al. 1989; Roehlkepartain et al. 2006; Smith and McSherry 2004; Zinnbauer et al. 1999). Spirituality is a unique and individual phenomenon, which means differently to different individuals and changes over the life phases (Bailey et al. 2009, Bush and Bruni 2008; Edwards et al. 2010).

Some definitions and texts have stressed that spiritual health is a dynamic process (Fisher 2009) and could not be considered as a static phenomenon (Meraviglia 1999). Studies referring to spiritual development (Oser et al. 2006) and spiritual transformation (McBrien 2006) as a quest or journey, in fact, considered it to be a developmental process. The dynamic nature of the concept means that there is a power within individuals that changes, grows, and improves their relationship with God and others (Mahlungulu and Uys 2004).

Ellison and Fan (2008) argues that some biosocial and even genetic considerations should be taken into account in spiritual health. Most personal and social characteristics of patients in multiple studies were associated with their spiritual health. Additionally, the concept of spirituality and spiritual health at all ages was associated with all the areas of health (Fernsler et al. 1999; McClain et al. 2003; Rowe and Allen 2003; WHOQoL-SRPB-Group 2006). Many studies also indicated a significant difference between men and women regarding the experience of spirituality and spiritual health (Anderson 2010; Gray 1988; McCullough et al. 2000; Strawbridge et al. 2001). Moreover, the existential aspect of spiritual health was more in married individuals compared to single ones (McClain et al. 2003). It also seems that spiritual health was an effective help in adaptation among divorced individuals experiencing stress due to loss of social support from family (Karren et al. 2002; Riley et al. 1998).

Many authors have noted the importance of previous life events in spiritual transformation. Carl Young, a great psychologist, also believed that every life crisis was in fact a spiritual crisis (Seaward 2000). Traumatic and life-threatening illnesses can increase attention to the spiritual dimension (Bradley 2011; Coughlin 2008; Lowry 2012; McSherry and Cash 2004; Penman et al. 2013; Walton and Sullivan 2004) and be the initiator of or contributor to spiritual awareness (Meraviglia 1999). The model proposed by Frey et al. (2005) is one of the conceptual models that illustrate the impact of life events on stimulation of spiritual health. Based on this framework, perceived threats and health or functional changes activate two tasks: 1—collecting and processing information, and 2—interpreting and incorporating these data in the context of life experiences. These tasks are ultimately used to build and maintain individuals' meaning system (Kleinman et al. 1978).

Background for transcendence includes philosophical worldview, individual beliefs, sociocultural factors, and mental/emotional/behavioral conditions to achieve spiritual health. The effect of life philosophy or worldview on spiritual health has been considered in many studies. For example, Riley et al. (1998) referred to spiritual health as the central philosophy of life. Besides, Vachon et al. (2009) believed that it challenged an individual's belief system. Many authors also believed that sense of connectedness was influenced by beliefs, values, and worldview (Martsolf and Mickley 1998; McSherry and Cash 2004; Miner-Williams 2006). Waite et al. (1999) defined spirituality related to a worldview or belief system that offered a clear meaning and purpose of existence. Various perspectives

on this issue showed that spirituality was culture-based (Lee et al. 2008) and had a socio-interactional nature (Harvey and Silverman 2007; Kociszewski 2003; Tarakeshwar et al. 2003).

Spiritual Awareness

Some texts have indicated that connectedness with self pondered as introspection, reflection, thinking, and deliberation (Momennasab et al. 2012; Oh and Kang 2005; Walton and Sullivan 2004; Walton 2002; Weathers et al. 2015). Fry (1998) defined connectedness with the inner self as one's own capability and introduced it as the capability to understand inner self. This spiritual reflection process occurs consciously although conscious nature of a spiritual experience has been often cited in the literature implicitly. Personal values, such as altruism and compassion, which have been mentioned in some definitions, are a part of the spiritual experience process and the result of personal reflection about important personal viewpoints (Vachon et al. 2009). It seems that people gain spiritual knowledge by using reflection, introspection, and thinking through a spiritual journey toward transcendence and finding meaning and purpose in life (Pesut et al. 2008), which will be accompanied by spiritual striving (Murray et al. 1989), eventually leading them to spiritual transformation (Benjamin and Looby 1998).

Connectedness with self contains personhood (Klaas 1998) and inner aspect (Sherwood 2000), which includes inner spiritual awareness of the self and other aspects as well as striving to achieve self-actualization (Fryback 1993). Spirituality should also include awareness of bittersweet, self-redefinition, and freedom from self-defined restrictions (Chiu et al. 2004).

Identification of the Outcomes of Spiritual Health

Outcomes are the consequences that immediately follow a concept (Rodgers and Knafl 2000). The preliminary outcomes emerged in this concept analysis were well-being and moral development.

Well-being

Empirical research demonstrated a strong and effective relationship between spirituality and spiritual and religious affiliations and positive health outcomes (Koenig et al. 2012, 2004; Koopsen and Young 2009; Micozzi 2006, 2014; Miller 1987; Osman and Russel 1979; Richardson and Noland 1983; Underwood 2011). Various studies have shown that spirituality and religion have many health benefits, including prevention, health promotion, recovery from illness, life satisfaction, enhancing the adaptation ability, improvement of the quality of life, and response to disease, suffering, and even death (Como 2007). It seems that one of the reasons for this can be found in the establishment of meaning and purpose in life. Meaning and purpose encourage positive health behaviors by creating a positive state of mind (Coyle 2002). Spiritual health is also related to lifestyle. Some studies have indicated that individuals with higher religious attendance are less inclined to consuming alcohol (Mathews et al. 1998). They also have lower incidence of high blood pressure (Larson et al. 1989), morbidity, and mortality due to conducting healthy behaviors (Levin and Vanderpool 1989). Moreover, religious commitment

prevents diseases by bringing purpose to life and promoting inner peace and confidence (Coyle 2002).

Comfort and inner peace (Ellison and Fan 2008), finding meaning and purpose in life (Emmons and Crumpler 1999; Gomez and Fisher 2003; Monod et al. 2011; O'Brien 2008; Johnson 2008), finding meaning in diseases such as cancer (Fisher et al. 2000), reducing feelings of guilt and inner conflict of beliefs and values (Carson and Koenig 1989), increasing emotional well-being and reducing the distress caused by illness in different groups of adults (Meraviglia 1999; Reed 1991), increase in physical and psychological well-being, sense of optimism and development of interpersonal relationships (Meraviglia 1999), anxiety reduction (Elham et al. 2015), self-transcendence (Haase et al. 1992), ability to receive and give love, patience, kindness, goodness, belief, self-control (Haase et al. 1992; Burkhardt 1989; Bensley 1991), sense of identity and happiness, respect, peace and inner balance (Gomez and Fisher 2003), and looking at the world around with a different view (Wilner 2014) are the spiritual health outcomes reported in different studies.

Moral Development

Ellison and Fan (2008) introduced individual morale as the result of spiritual peace and connectedness. In addition, Bensley (1991) referred to spiritual health as a set of ethical principles for life, including sense of responsibility, dedication, confidence, selflessness, generosity, honesty, and helping oneself and others to achieve their maximum potentials. Some researchers believe that spiritual health is presence of a directing morality and legality (Goodloe and Arreola 1992) and that meaning and purpose in life change one's perspective and help maintain ethical behavior (Weathers et al. 2015). Hawks et al. (1995) also pointed out that spiritual health provides a moral path for effective fulfillment (Hawks et al. 1995). The attributes, antecedents, and consequences of spiritual health have been presented in Fig. 2.
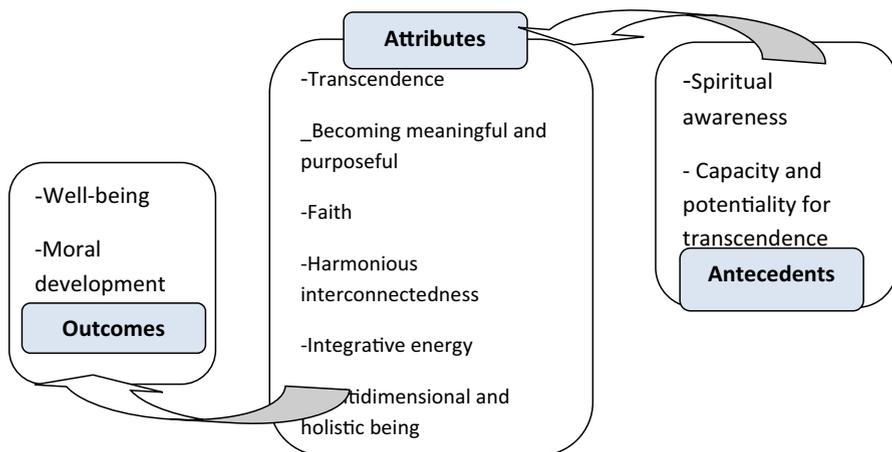

Fig. 2 Antecedents, attributes, and outcomes of spiritual health

Identification of the Empirical Referents

Empirical referents are the criteria and indicators that can be used to evaluate or measure a concept (Walker and Avant 2005). One of the most common indicators of spirituality and spiritual health is spiritual well-being (Ellison 1983; Fehring et al. 1997), which is usually measured using the spiritual well-being questionnaire developed by Paloutzian and Ellison (1982). Stoll and Stoll (1989) visualized the behavioral manifestation of spiritual health as spiritual well-being. Some other indicators of spiritual health include the importance of religion, belief in God, frequency of participation in religious services, spiritual acceptance, positive and negative emotions, worship, morality, sense of support, and mutual interaction with the sacred power (Koenig et al. 2012). Moreover, the spiritual well-being indicators mentioned by Dunn (2008) included affirmative self-appraisal, connectedness, altruistic benrolenment, and faith ways (Dunn 2008). Yet, qualitative researches have been recommended to be conducted to obtain empirical referents (Tanyi 2002).

Discussion and Conclusion

Based on the concept analysis in the current study, the following definition could be presented: spiritual health is a dynamic, developmental, conscious, multidimensional, and universal process that activates through spiritual awareness, personal capacity, and potentials for transcendence. The critical attributes of spiritual health were integrating existential aspects, nurturing transcendence, wholeness, and moderation, establishing harmonious interconnectedness, purposeful and meaningful life, and faithfulness. Finally, spiritual health would result in physical, psychosocial, and spiritual and physical well-being and moral development. This definition matches with the definitions of other scholars and experts in this field. Many authors believed that the main attributes of spiritual health were transcendence, harmonious interconnectedness, seeking for meaning and purpose, faith, and multidimensionality (Anandarajah and Hight 2001; Banks 1980; Buck 2006; Burkhardt 1994; Coyle 2002; Daaleman et al. 2001; Delgado 2005; Ellison and Fan 2008; Haase et al. 1992; Hawks et al. 1995; Hill and Pargament 2008; Hungelmann et al. 1996; Lazenby 2010; McBrien 2006; Miller and Thoresen 2003; Moberg 1971; Oh and Kang 2005; Pesut 2008; Puchalski et al. 2014; Reed 1992; Ross 1994; Sessanna et al. 2007; Tanyi 2002; Underwood 2006; Vader 2006; Fisher 2009; Markani et al. 2012; McSherry 2006; Unterrainer et al. 2011). However, experts also noted other details in each of the definitions. Moreover, some of the outcomes of spiritual health achieved in this study, such as hope, peace, joy, love, morality, forgiveness, and satisfaction, as well as the philosophy of life, belief system, and worldview as spiritual health antecedents have been considered in some of the definitions. However, some parts of conceptualization in this study were different from the definitions of other authors and researchers. Since context and background affect the capabilities to achieve spiritual health and understanding, introspection and spiritual awareness as antecedents as well as different aspects of well-being as outcomes were specifically addressed in this study.

One of the limitations of this analysis was that the databases and keywords used in this study might have been limited, causing limitations in the results. In addition, most studies examined in this article were extracted from health literatures and other texts, such as theological ones, were not included. Therefore, the definition provided in this article could

be used in the field of health sciences and particularly in nursing. These limitations should be taken into account while assessing the quality of the article for transferability.

In order for a concept analysis to make sense, its application must be made clear (Smith and McSherry 2004). Since nursing care has been shifted to holistic care, it is critical to take into account the concept of spiritual health as one of the fundamental components of the definition of holistic care. Expressing spiritual health after health crises (Vachon et al. 2009) confirms the fact that nurses in many situations could help patients or their families face the nature of the crisis caused by the disease with this aspect of health to restructure the spiritual vision of transcendence, purpose and meaning, and wholeness and integrity of patients, their relatives, and even nurses and other healthcare workers. Furthermore, spiritual health is a set of ethical principles for life (Bensley 1991). Hence, promotion of spiritual health in nurses could provide a moral pathway (Hawks et al. 1995) and contribute to ethical growth and development (as a consequence of spiritual health) and provision of ethical care by nurses.

There are many references in the literature to spiritual needs, spiritual distress, and spiritual needs assessment (Tvorogova 2011) among adults, the elderly (Hungelmann et al. 1996), patients with terminal illnesses (Reed 1987), and children (Smith and McSherry 2004). These needs have also been evaluated in hospital policies and the curriculum of nursing education (Smith and McSherry 2004). In practice, however, implementation of these projects needs further exploration of this concept to present this knowledge in the field of nursing. It also requires nursing, hospital, and university officials to be integrated to assess and meet spiritual needs and eliminate spiritual suffering. Therefore, education in nursing profession, including nurses, nursing students, mentors, and educators, is one of the recommendations of this study. Another important issue that should be considered in foundation of conceptualization and subsequently application of the concept of spiritual health is to value centuries of philosophical and theological thinking and to consider language and forms of knowing remained in the realm of religion and spirituality (Pesut et al. 2008). Furthermore, it could not be assumed that the western structure is meaningful for all cultures in the field of spirituality (Bradshaw 1994; Draper and Mcsherry 2002). Hence, it is essential to pay attention to spirituality based on cultural as well as individual differences (Smith and McSherry 2004). Therefore, concept analysis is recommended to be assessed from the perspective of various cultural communities. Moreover, because the present conceptualizations have not been founded on a theological, philosophical, and epistemological context (Pesut et al. 2008), considering different philosophical views and worldviews is recommended in future studies.

Conceptualization and definition of spiritual health have considerable implications in clinical practice in nursing and would help develop the body of knowledge. Ignoring the spiritual dimension of health would deprive us from the leverage needed to empower individuals and communities in order to achieve the highest level of physical, psychological, and social health. If nurses could not keep the spiritual dimension at the center of their care, nursing profession might become a soulless and inhuman career (Killoran et al. 2002; Snyder and Lindquist 2006). In fact, nursing profession that works with the aim of promoting health and well-being in patients could consider the spiritual dimension of health and achieve the holistic outcome of well-being (Como 2007).

Compliance with Ethical Standards

Conflict of interest Author Dr. Momennasab has received research grants from Vice-Chancellor for Research Affairs of Shiraz University of Medical Sciences. Author Azita Jaberi is a member of Student Research Committee. The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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