

Commentary on “The Brief Serenity Scale: A Psychometric Analysis of a Measure of Spirituality and Well-Being”

By: [Carolyn L. Blue, RN, PhD, CHES](#)

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Article:

The purpose of the study by Mary Jo Kreitzer and her colleagues (2009) was to conduct a psychometric analysis of the Serenity Scale, which is purported to measure important dimensions of spirituality and well-being that are sensitive to nursing interventions. Understanding spirituality and having the ability to assess spirituality in patients is relevant to the ability to provide spiritual care. Spirituality as a concept is very broad and has many dimensions (Tanyi, 2002). Berry (2005) discussed operational difficulties in measuring spirituality because of its broad definitions and a lack of clarity in its conceptualization.

Kreitzer and her colleagues identified serenity as an important outcome of a mindfulness-based stress reduction intervention on symptom management in solid organ transplant recipients (Gross et al., 2004). However, they found the Serenity Scale by Kruse, Heinermann, Moody, Beckstead, and Conley (2005) to be too lengthy for future studies. With permission, the researchers selected 22 of the original 40 items that were most strongly related to the serenity concept. The shortened scale included items representing the original factors of perspective, benevolence, and present-centeredness but did not include the factors of belonging, contentment, and cognitive restructuring.

The abbreviated Serenity Scale, along with scales to measure positive affect, mindful awareness, negative mood, and distress, were given to 86 participants who had received a transplant in order to assess convergent and discriminant validity of the Serenity Scale. In addition, factor analyses were used to assess construct validity, and predictive validity was assessed with a test of the hypothesis that serenity predicts quality of life. Kreitzer and her colleagues concluded that the shorter version of the Serenity Scale had acceptable validity and reliability and was easy to administer.

Spiritual care has been a part of holistic nursing care since Florence Nightingale’s time, and it continues to be an important aspect of healing, adaptation to illness, well-being, and quality of life. Nursing, as a practice-based discipline, needs assessment tools to measure dimensions of spirituality. The Serenity Scale can be used by practicing nurses to assess spirituality and to plan interventions on the basis of item scores. This would be helpful to promoting spiritual growth in areas of low scores. The scale may also be useful in research involving the impact of spirituality on quality of life, mood, healing, and other outcomes of illness or interventions. Although the short version of the Serenity Scale is a promising assessment tool, it needs to be assessed for use with other populations and in other life circumstances before general use. In addition, the shortened scale is missing three factors (belonging, contentment, and cognitive restructuring) from the original scale. Spirituality is viewed as multidimensional; thus the effect of removing the three factors needs to be carefully examined.

References

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