Abstract

Introduction: The main aim of this mixed method research was to investigate how patients and health professionals in Norway and Malta understand the spiritual dimension in relation to holistic nursing and coping with illness. The international WHOQOL-SRPB field-test instrument, which measures spirituality, religiousness, and personal beliefs, developed by the World Health Organization (WHO), was applied to help focus on this important subject. It was translated by following the WHOQOL SRPB Group's (WHO, 2004) fixed translation process, and it was subsequently validated. This involved conducting focus group interviews with healthy and sick adults for the cognitive testing of the instrument. The focus group setting provided the opportunity to expand the interviews and explore participants' understanding of the spiritual dimension and the value they ascribe to it in their own lives and when coping with illness. A comparative study with Malta provided an intercultural understanding, which enriched and enhanced the overall understanding of the spiritual dimension.

Method: This thesis is a report of a mixed method study with a convergent comparative design. With this design, it was possible to draw on the strengths of each method to answer the research question. For both the quantitative and qualitative approaches, data was collected from an identical sample, but the analysis was performed using separate methods. For the quantitative approach, data was analyzed using SPSS Version 17.0 statistical software; the qualitative data was analyzed using thematic content analysis and the systematic text condensation approach. The main integration of the quantitative and qualitative strands of this thesis occurred in the overarching interpretation and discussion section. Completing this thesis involved three major steps, which also represent the papers included:

The first was the translation of the WHOQOL-SRPB field-test instrument, which entailed using a quantitative approach, survey, and a qualitative aspect, namely the cognitive testing in focus groups (Paper I).

The second was exploring patients' and health professionals' understanding of the spiritual dimension in Norway by expanding the focus group interviews, which was a qualitative approach (Paper II).

The third was the comparative study between Norway and Malta, specifically investigating (1) health professionals' understanding of spirituality, commonalities, and differences (Paper III) and (2) spiritual coping experienced by patients with chronic illness in Norway and Malta (Paper IV). Both involved qualitative approaches.

Findings: This thesis yielded a translated international instrument, tested for validity, and culturally relevant among patients and health professionals in the present study. It showed satisfactory validity within the present sample despite some limitations of the liability in one of the instrument's eight facets. Taking these limitations into consideration it can be recommended for use both in research and in the education of health professionals in the context of the spiritual dimension. Further research is needed with a diverse sample to strengthen the validity of the instrument.

The participants involved considered the spiritual dimension important, and ascribing importance to the spiritual dimension seemed to be independent of their backgrounds. The high mean score on the survey answers and the qualitative analysis through derived themes support this conclusion. The spiritual dimension was understood as something multidimensional, transcendent, and sacred. The analysis of both the survey and the themes derived corroborate this view, and the finding is independent of whether participants had secular or religious backgrounds.

Furthermore, it was found that both patients and health professionals seldom discussed the spiritual dimension for various reasons, including its multidimensionality, a lack of knowledge, and a lack of the vocabulary required to discuss spiritual issues. Thus, many patients reported that their spiritual needs were neither identified nor met. In addition, the findings showed several differences between Norway and Malta. In Malta, more terms that are religious were used to explain spirituality, while in Norway more existential phenomenological terms were used. The spiritual dimension was shown to be an important aid for patients coping with chronic illness.

Conclusion: In light of the findings, the spiritual dimension is important for wholeness and for daily living, both for patients and health professionals. The spiritual dimension appears to lend cohesion to holistic nursing, joining the physical, psychological, and social aspects. The spiritual dimension is important when coping with illness; spiritual coping strategies were shown to be most effective, whether religious or existential. Moreover, the spiritual dimension seemed to be a resource in nursing. Therefore, increased understanding of the spiritual dimension would possibly enhance holistic nursing, which may bring more wholeness into the nursing profession. Patients will feel that professionals have seen them as whole persons when their spiritual needs are met.