



ORIGINALES

Design and validation of the spiritual intelligence scale in health practice, Ica-Peru

Diseño y validación de la escala de Inteligencia Espiritual en la práctica sanitaria, Ica-Perú

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ABSTRACT:

Introduction: Spiritual intelligence is the only alternative to humanize health services in the current time of crisis; the urgent need to cultivate and develop it in the health organizations.

Objectives: To design, and validate a scale to measure the profile of spiritual intelligence in health practice (EIEps), in a sample of health workers from Ica, Peru.

Materials and methods: A validation design study of observational and analytical documentary instruments was carried out in 288 health workers; the process includes two phases: Qualitative (creation of the instrument) and quantitative (evaluation of its metric properties).

Results: The instrument consists of 18 items, distributed in three dimensions; the reliability analysis presented a Cronbach Alpha coefficient of 0.90; with item-total correlation values of 0.45 to 0.72; the confirmatory factor analysis showed a three-domain structure that explained 54% of the total variance. The two-dimensional demonstration analysis showed significant ($p=0.00$) and direct correlation between Dimension I (Spiritual experience in practice), Dimension II (Existential Thought) and Dimension III (Transcendental Consciousness).

Conclusion: The EIEps presented a good internal consistency, with moderate and significant correlations between its items and constitutes an instrument that can be used to measure the profile of spiritual intelligence in health organization workers.

Key words: Validation study; Spiritual Intelligence; Intelligence; Spirituality; Scale.

RESUMEN:

Introducción: La inteligencia espiritual es la única alternativa para humanizar los servicios de salud en los tiempos actuales de crisis; de ahí, que urge la necesidad de cultivarla y desarrollarla en las organizaciones de salud.

Objetivos. Diseñar y validar una escala para medir el perfil de inteligencia espiritual en la práctica sanitaria (EIEps), en una muestra de trabajadores de salud de Ica, Perú.

Materiales y métodos: Se realizó un estudio de diseño de validación de instrumentos documentales de tipo observacional y analítico, en 288 trabajadores de salud, el proceso incluye dos fases: Cualitativa (Creación del instrumento) y cuantitativa (Evaluación de sus propiedades métricas).

Resultados: El instrumento consta de 18 ítems, distribuidos en tres dimensiones, el análisis de fiabilidad presentó un coeficiente Alfa de Cronbach de 0,90; con valores de correlación ítem-total de 0,45 hasta 0,72; el análisis factorial confirmatorio mostró una estructura de tres dominios que explicaba el 54% de la varianza total. El análisis bidimensional demostró correlación significativa ($p=0,00$) y directa, entre la Dimensión I (Vivencia espiritual en la práctica), Dimensión II (Pensamiento existencial) y la Dimensión III (Consciencia trascendental).

Conclusión: La EIEps, presentó una buena consistencia interna, con correlaciones moderadas y significativas entre sus ítems y constituye un instrumento que puede ser usado para medir el perfil de inteligencia espiritual en trabajadores de organizaciones de salud.

Palabras clave: Estudio de validación; Inteligencia Espiritual; Inteligencia; Espiritualidad; Escala.

INTRODUCTION

In the 1980s, a revolutionary theory regarding human intelligence appeared: Gardner's multiple intelligences^(1,2); This North American scientist with a multidimensional approach defines intelligence as the ability to solve a problem, produce a product or perform a valued service in a cultural context; He maintains that it is not a matter of quantifying intelligence, but rather how we express our intelligence, the one-dimensional approach that quantified intelligence with a number is being rejected. Then he proposes nine intelligences or abilities considered as relevant ways of successful adaptation to the environment: linguistic, musical, logical-mathematical, spatial, kinesthetic-bodily, intrapersonal, interpersonal, naturalistic and existential or spiritual. However, it is necessary to point out the etymology of the term here: the Latin word *intelligentia* comes from *intelligere*, a word made up of the terms *intus* (between) and *legere* (choose or read). In other words, intelligence is etymologically the ability to know how to choose the best alternative, but also the ability to know how to read reality in the most complete and profound way possible⁽³⁾.

Since then, the ninth intelligence multiple or Spiritual intelligence (SI), has been studied in recent years by various researchers⁽⁴⁻¹⁰⁾. The primeval definition of SI, refers to the ability to place oneself against extreme facets of the cosmos, the infinite and the ability to ask for certain existential characteristics of the human condition, as the meaning of life and death, the final destination of the physical world, the psychological world and the possibility of experiencing some special emotions, such as deep love or artistic contemplation⁽¹⁾.

In a more current context, King⁽¹¹⁾; defines SI, as a set of mental capacities that contribute to the awareness raising, integration and adaptation of the non-material and transcendent aspects of the existence of the human being, which leads to deep existential reflection, improvement of meaning, recognition of a transcendent being, and mastery of spiritual states. In this sense, he considers that such intelligence enables for existential and critical thinking, empowers to critically contemplate the nature of existence, reality, the universe, space and time. This definition is consistent with the approach of Gardner⁽²⁾, who also considers that if a spiritual intelligence existed, it should be called rather philosophical or existential, since it would empower the human being to situate himself with respect to the cosmos and seek answers to the great existential questions.

SI helps us find the meaning of human existence and the meaning of life ^(12,13); Hence, most authors, attributed to this intelligence, the ability to find sense, meaning and purpose in life and at work, to discover interconnections between the various dimensions of existence and use this knowledge to solve problems daily, looking for a better life ⁽¹⁴⁾.

For his part, Kwilecki ⁽¹⁵⁾, applied the model of Emmons ⁽¹⁶⁾, to a case study, empirically confirming the observation of behaviors adjustable to the dimensions proposed by this researcher, in his findings emphasizes the ability to the resolution of problems that the individual showed from behaviors associated with this model of spiritual intelligence.

In this context and with a more consciential vision ^(17,18), SI is defined by the author, as the conjunction of mental capacities that deal with existential, transcendent and/or conscientious issues of the condition of being- human and their connection to the universe; to develop faculties that lead to the sensitization, humanization and self-realization of the authentically genuine human being ; hence, this type of intelligence should also be called Consciential Intelligence (CI); Because, it allows man to reflect on himself, to see the material world from other perspectives, it facilitates self-knowledge and allows us to create consciousness. In this order of ideas, he points out that Spiritual Intelligence in Sanitary Practice (SISP), is the ability to know how to choose the consciousness over the ego, as the true driver of life, extracting its wisdom to find spiritual solutions to the problems in the practice of health care.

Developing and cultivating SI or CI in health organizations, would make it possible to train human-quality public servants with high levels of humanization, reflected in their virtuous behaviors (Compassion, dignified treatment, empathy, solidarity, respect, responsibility, and honesty, among others.) and consequently have quality health establishments and health system more effective.

In the last decades several instruments have been developed to measure spirituality ⁽¹⁹⁻²¹⁾, however most of these instruments were developed in the English language and in different populations.

For their part, King and DeCicco developed a model, the result of this study was translated into a new construct to evaluate and measure the level of spiritual intelligence, the spiritual intelligence self-report Inventory-24, SISRI-24 ⁽⁷⁾.

Psychologists, such as Wolman⁽⁹⁾ and Amram⁽²²⁾, argue that SI promotes the development of Human Potential, consequently it is necessary to make it operational; in other words, contextualize in various scenarios , as is the case in the healthcare field.

Considering this approach, the objective of the study was to design and validate a scale to measure the profile of spiritual intelligence in the context of health practice; in a sample of health workers from Ica, Peru.

METHOD

Design and study population

Bringing together the elements considered so far, a study of type: cross-sectional, design: validation of documentary instruments, was proposed, it was carried out during the months of September to December of the year 2019, involving workers from Hospitals and Health Centers in the province of Ica. A minimum sample size was estimated to validate a scale of 18 items in 288 participants, considering at least having 16 sample units per item ⁽²³⁾, the same that were selected due to availability of a non-probabilistic type. Workers from administrative and healthcare areas who are at the time of application of the instrument and who wish to participate in the study were included; Workers absent and who did not wish to participate in the investigation were excluded.

Scale development and validation

To measure the SI profile in health organization workers, a scale was constructed that we call the Spiritual Intelligence in Health Practice Scale (SIHPS), according to its own theoretical model, based on previous publications ⁽⁴⁻¹⁸⁾.

The design and validation procedure was carried out in two phases ^(24,25):

Qualitative phase: Corresponds to the creation of the instrument (Content validity), includes: a) Review of the concept of the literature: This consisted of reviewing the available knowledge that we have so far regarding the concept of the SI variable in the context of health practice, concluding that it was partially defined. b) Formulation of the items of the instrument: Taking into account the circumstance that the concept of the variable was partially defined, some items of the initial 56 were formulated from a review of the literature and / or by modifying items from other instruments. c) Evaluation of content by judges: A multidisciplinary group of judges (05 professionals) belonging to different fields of knowledge was chosen in order to avoid biased perceptions and subjective opinions about the subject under evaluation; The task of the judges was to review the items already constructed in terms of relevance, sufficiency, pertinence and clarity with which they are written, which allowed reducing the number of items on the instrument to 38 items. d) Pilot test: The instrument thus constructed was applied to 288 health workers; In this phase, the clarity with which the items are written was re-evaluated, improving the syntax and semantics of some of them.

Quantitative phase: Corresponds to the evaluation of the metric properties, includes: a) Analysis of consistency: We proceeded to explore the correlation of each of the items with respect to the total, to assess the suitability of these items according to which they remain or not on the instrument. b) Analysis of variability and correlation matrix: In this phase of the reduction of the items, 10 more items were eliminated, in such a way that we were left with only 28, for this purpose all items were ordered according to the correlation index They keep the total result from highest to lowest, in such a way that the last items (6), which had the lowest magnitude of correlation with the total score and those that expressed the least degree of variability were eliminated. c) Factor Analysis: The Exploratory Factor Analysis included the Bartlett sphericity test; the KMO sample adequacy measure; To confirm whether its factorization is

appropriate, in this procedure 4 more items were lost and finally the Confirmatory Factor Analysis revealed a three-dimensional structure.

Statistical analysis

The characteristics of the population under study were described using absolute and relative frequencies for the categorical variables, as well as measures of central tendency and dispersion for the numerical variables.

An analysis of the variability of the items was performed, considering the values higher than 0.53 as high; given that, as it is a Likert-type scale, a minimum value of 0.20 is accepted, like this author, to be able to affirm that the items discriminate ⁽²⁶⁾; as well as an analysis of the correlation matrix of the items and total item, using the Pearson correlation coefficient (considering values greater than 0.50 as appropriate). Prior to the factor analysis, the existence of significant relationships between the variables was determined, with the Bartlett Sphericity Test and the Kaiser-Meyer-Olkin (KMO) test, taking as a correct adjustment of the average sample and by item when the values were greater than 0.70 ⁽²⁷⁾.

A reliability analysis for scales was included and internal consistency was measured with Cronbach's Alpha; guaranteeing that these indices exceed the minimum recommended by the literature (0.70) to be considered a reliable instrument ⁽²⁸⁾; Correlations were made between the variable SI and its dimensions, considering a 95% confidence interval and any value of $p < 0.05$ as statistically significant. For data processing, the statistical package "Statistical Package for the Social Sciences" for Windows version 24.0 in Spanish was used.

Ethical aspects

Institutional permission was requested and respondents were told about the purpose of the research and the voluntary and anonymous nature of their collaboration. It was highlighted that participation could be interrupted at the time the participant wished. Verbal consent was obtained and no consideration was offered.

RESULTS

Most health workers were female (57.6%); working condition: Named (65.6%); healthcare (77.1%) and came from health centers (54.2%); the average age was 36 years. (Table 1).

Table N° 1: Characterization of the health worker

Characterization variables		F	%
Sex	Male	122	42.4
	Female	166	57.6
Working condition	Named	189	65.6
	Hired	99	34.4
Occupational group	Administrative	66	22.9
	Assistance	222	77.1
Work center	Hospitals	132	45.8

Health centers 156 54.2
Age in years Mean ± SD 35.66 ± 10.75
 F = Absolute frequency, % = Relative frequency, SD = Standard deviation.

Validation of the metric properties of the instrument includes:

Construct validity.

The variability analysis of the items revealed that the discriminant capacity of the items is, in general, very high, finding variability indices higher than 0.53; with a median of 0.63; it is found that all the items are very homogeneous in terms of variance, being adequate to discriminate between subjects with different values in the measured variable (Table 2).

The analysis of the correlation matrix (Pearson's coefficient) revealed positive correlations between the items, with item-total correlation values, from 0.45 to 0.70 ($p < 0.00$). (Table 2).

Table 2. Analysis of item variability and correlation matrix

No.	Items	Variance	Correlation (Sum)
1	I think that in life everything has a deep meaning.	0,57	0,63
2	No matter the place or circumstance, I always act according to my principles.	0,56	0,73
3	My moments of spiritual practice renew my physical strength.	0,66	0,64
4	When I think of the miracle of my existence, I am filled with joy.	0,59	0,61
5	When I am dedicated to the noble mission of my work practice (profession) my forces multiply.	0,63	0,71
6	In my free time I enjoy nature	0,65	0,64
7	My mind calms down when I reflect on some spiritual text	0,53	0,59
8	I believe that caring for my body and patients is a sacred duty.	0,56	0,68
9	When I experience failure, I can still find meaning in it.	0,62	0,62
10	I often reflect on the meaning of events in my life.	0,71	0,59
11	When a patient needs me, I always take time to help.	0,60	0,67
12	I define myself by my deeper being and not by my physical being.	0,58	0,57
13	I am able to reflect deeply on what may be beyond death.	0,72	0,51
14	Beyond the human plane, there is a higher Being with whom we can relate.	0,65	0,67
15	I often see situations and options more clearly when I meditate, or pray.	0,75	0,54
16	I am aware that there is a deeper connection between myself and other people.	0,77	0,53

17	I am sure that helping others or being in solidarity with patients is my mission in this life.	0,64	0,67
18	It is difficult for me to think of something beyond the physical and material world.	0,80	0,45
SUM		77.27	

The Exploratory Factor Analysis was performed and the Bartlett sphericity test yielded a statistic of 1170.2; with $p = 0.000$; the KMO sample adequacy measure was 0.902; which advises its factorization since they allow us to affirm that there are significant correlations between the variables; Confirmatory Factor Analysis revealed a structure of three factors, which explained 54.04% of the total variance, of which 38.27% is explained by factor 1; 8.57% factor 2 and 7.20% factor 3 (Table 3); Thus, it is also observed in the sedimentation graph that factor 1 provides the greatest variability, showing the proportion of variance that explains each of the components in the total result (Figure 1).

Table 3. Confirmatory factor analysis - CFA

Component	Initial eigenvalues		Sums of the saturations squared of the extraction			
	Total	% of variance	% accumulated	Total	% of variance	% accumulated
1	6,89	38,27	38,27	6,89	38,27	38,27
2	1,54	8,57	46,84	1,54	8,57	46,84
3	1,30	7,20	54,04	1,30	7,20	54,04
4	0,95	5,25	59,29			
5	0,87	4,81	64,09			
6	0,74	4,12	68,22			
7	0,69	3,84	72,05			
8	0,65	3,61	75,66			
9	0,61	3,38	79,04			
10	0,56	3,11	82,15			
11	0,52	2,88	85,03			
12	0,50	2,80	87,83			
13	0,47	2,59	90,41			
14	0,44	2,42	92,83			
15	0,39	2,15	94,98			
16	0,34	1,86	96,84			
17	0,31	1,73	98,57			
18	0,26	1,43	100			

Figure 1. Sedimentation graph after the analysis of main components with the 18 items included.

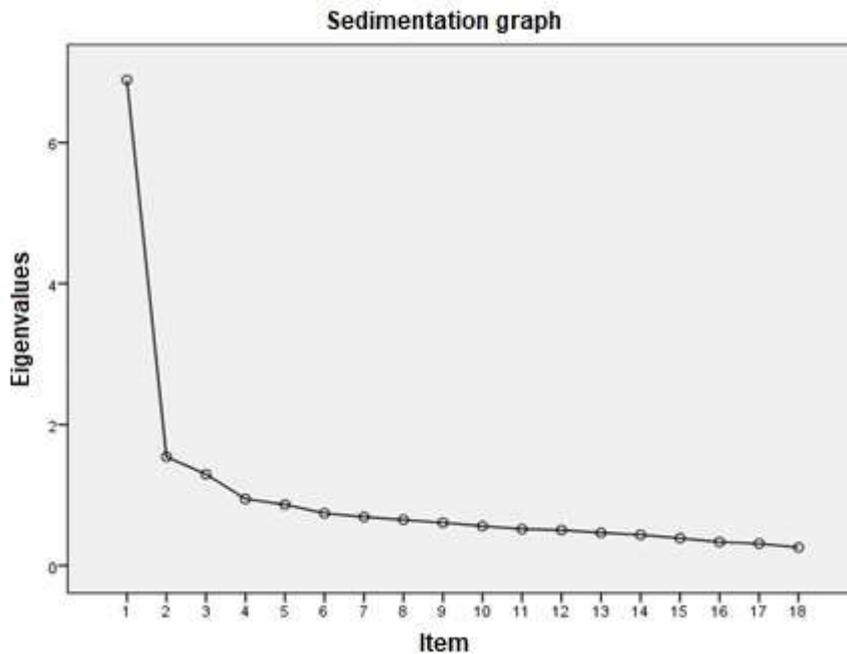


Table 4 shows the factor loads obtained by the 18 items in the final version of the SIHPS, whose distribution by dimensions was as follows: 6 items in the first factor, 7 in the second and 5 in the third. When analyzing the grouping of the items by their factor load and contrasting them with the theoretical model proposed by the author, it was determined that the items grouped in the first factor (2, 5, 8, 11, 14 and 17) belong to the Spiritual experience in practice dimension (SEP); the second factor grouped items 1, 4, 7, 10, 13, 16 and 18 that belong to the Existential Thinking dimension (ET); In the third factor are the items 3, 6, 9, 12 and 15 that correspond to the dimension Transcendental Consciousness (TC), sub scales that will be conceptualized later.

Table 4. Factor loads of reagents in the three factors of the SIHPS

No.	Items	Factor 1	Factor 2	Factor 3
2	No matter the place or circumstance, I always act according to my principles.	,748		
5	When I am dedicated to the noble mission of my work practice (profession) my forces multiply.	,731		
8	I believe that caring for my body and the patients is a sacred duty.	,690		
11	When a patient needs me I always take time to help.	,689		
14	Beyond the human plane, there is a higher Being with whom we can relate.	,688		
17	I am sure that helping others or being in solidarity with patients is my mission in this life.	,668		
1	I think that in life everything has a deep meaning.		,319	

4	When I think of the miracle of my existence, I am filled with joy.	,417
7	My mind is calmed when I reflect on some spiritual text	,277
10	I often reflect on the meaning of events in my life.	,378
13	I am able to reflect deeply on what may be beyond death.	,327
16	I am aware that there is a deeper connection between myself and other people.	,594
18	It is difficult for me to think of something beyond the physical and material world.	,501
3	My moments of spiritual practice renew my physical strength.	,543
6	In my free time I enjoy nature	,519
9	When I experience failure, I can still find meaning in it.	,361
12	I define myself by my deeper being and not by my physical being.	,504
15	I often see situations and options more clearly when I meditate or pray.	,436

Reliability

The reliability analysis was performed with Cronbach's Alpha, which was calculated using the item variance method; Table 5 shows the 18 items included and the specific score for each item if it were withdrawn, which in all cases is greater than 0.89. Likewise, the corrected element-total correlation was greater than 0.4 with the exception of item 18. The global internal consistency was high (Alpha = 0.90), as well as for the SEP dimension (0.84), ET (0, 76) and the TC dimension (0.72); which indicates that it is a reliable instrument that will make stable and consistent measurements.

Table 5. Analysis of internal consistency using the Cronbach's alpha coefficient of the SIHPS

No.	Corrected element-total correlation	Alpha if the item is removed
Item01	0.57	0.89
Item02	0.68	0.89
Item03	0.58	0.89
Item04	0.55	0.90
Item05	0.66	0.89
Item06	0.58	0.89
Item07	0.53	0.90
Item08	0.63	0.89
Item09	0.56	0.90
Item10	0.52	0.90
Item11	0.61	0.89
Item12	0.51	0.90
Item13	0.43	0.90
Item14	0.62	0.89

Item15	0.46	0.90
Item16	0.45	0.90
Item17	0.62	0.89
Item18	0.37	0.90

Concurrent validity

Faced with the absence of an instrument that values SI in the context of health practice, it was decided to make correlations between the global profile of Spiritual Intelligence in Health Practice, with its respective dimensions, Spiritual Experience in Practice, Existential Thinking and Transcendental Consciousness, finding significant and direct correlations between them and the main variable. (Table 6).

Table 6. Concurrent validity of the SIHPS.

		SEP	ET	TC	SIHPS
SEP	Pearson's R		0.699	0.781	0.92
	p-value *		0.000	0.000	0.000
ET	Pearson's R	0.699		0.71	0.882
	p-value *	0.000		0.000	0.000
TC	Pearson's R	0.781	0.71		0.914
	p-value *	0.000	0.000		0.000

Own elaboration, SEP = Spiritual experience in practice, ET = Existential thinking, TC= Transcendental consciousness, SIHPS = Spiritual Intelligence in Health Practice Scale, * Statistical significance obtained using the Pearson's R test.

DISCUSSION

The literature review confirms that there are few instruments to measure the SI construct; Most of them were developed, validated and / or adapted in Canadian and / or Anglo-Saxon contexts ^(7,29) and very few Latin American ⁽⁶⁾, or that leads to a series of problems of cultural diversity in such a complex construct ⁽³⁰⁾.

For this reason, there is an urgent need to propose reliable and contextualized instruments to the scientific community that evaluate SI, in a more operational perspective ^(9,22).

In this order of ideas, the study aimed to generate a measurement scale with respect to SI in a sample of health workers, with content validity and acceptable metric properties. This version of the instrument will facilitate future research on the SI construct in the operational context of health practice and its possible associations with other variables of scientific interest.

As the results of the evaluation of the metric properties show; SIHPS, presents an acceptable internal consistency (0.90), with moderate and significant correlations between its items. The psychometric tests used to justify the factor analysis were the Bartlett sphericity test (which assesses whether the correlation matrix is an identity matrix) and the KMO sample adequacy measure (which compares the observed

correlation coefficients with the correlation coefficients partial). In our study, the Barlett sphericity test, had a significant value and KMO measure of sampling adequacy (0.902). Based on these two favorable results, the factor analysis of SIHPS was carried out, which confirmed the theoretical assumption according to which the design of the scale (03 dimensions) was based, where dimension 1 explains most of the collected variance regarding dimension 2 and dimension 3. Summarizing, we find a factorial structure consistent with items that can adequately measure the variable studied; It also has enough scientific evidence ⁽⁴⁻¹⁰⁾ to support SI in healthcare practice, as a clearly defined construct.

The structured instrument consists of 18 items, distributed in three dimensions: Spiritual experience in practice (SEP) referring to the behavioral coherence of SI, that is, to virtuous behaviors in the practice of health practice (Items 2, 5, 8, 11, 14, 17); Existential thinking (ET), implies the ability to reflect on the existence of the human being, meaning, purpose in life and other existential issues, such as reality, the universe, death, among others, (Items 1, 4, 7, 10, 13, 16, 18) and Transcendental Consciousness (TC), referring to the ability to become aware, that there is a divinity or superior being and that we are more than the physical, mental and emotional body. (Items 3, 6, 9, 12, 15); with four response options (Nothing true for me, Some true for me, Quite true for me, Totally true for me), scoring from 1 to 4.

SIHPS, has a global score in numerical form, with scores ranging from 18 to 72 points, where the score <45 is equivalent to an Unhealthy SI, 45-58 SI for improvement and >58 points Healthy SI; similarly, to obtain the cut-off points for the subscales, it is recommended to use the Estanino technique. It is not the objective of the global scale nor of the dimensions to have a discriminant function. The documentary measurement instrument measures a subjective variable therefore it can vary according to the context where it is applied.

We are convinced that SI, in the context of health practice, is the only alternative to humanize health services; promoting the development and cultivating this type of intelligence, allows improving the quality of care and management; Hence, generating a measuring instrument for this purpose is relevant in these times of crisis of values, moral deficiency and lack of ethics, as guidelines and paradigms of the society that we have today. Humanizing to have quality health facilities and a more effective health system is a sector policy; consequently, a strategy that contributes to that purpose must be implemented in a real and sustained manner.

Regarding the limitations of the study, we consider that the generated documentary measurement instrument measures a subjective variable, which is abstract or superior thinking, however it is important as a measure of SI; every time that developing and cultivating SI is more necessary than ever, in these times of crisis reflected in the dehumanization of society. Studying this variable, particularly in the health field, would allow us to know a reality rarely explored and, depending on the results, plan and execute actions and/or improvement plans, in order to contribute to humanizing health services. On the other hand, the lack of sincerity on the part of some subjects when issuing responses, constitutes an important limitation, however this can be overcome with adequate quality control of the cards and a correct application of the heteroadministrated survey; finally, the use of a sample collected accidentally and not randomly, can be considered as a weakness.

CONCLUSION

The results obtained from the SIHPS, demonstrate reliability and validity indices within expectations; this was evidenced when observing the internal consistency of the final instrument. Similarly, the construct validity of the instrument was examined through an analysis of variability, correlation and confirmatory factors, the psychometric properties of the final scale demonstrate that the instrument is appropriate, however it can be improved, therefore it is recommended its use in future research.

We recommend administering the SIHPS to another sample of participants to carry out the cross-validation process that includes a confirmatory factor analysis in order to examine the factor structure identified in this study, in addition to a concurrent analysis (criterion validity) with other instruments. Documentary measurement; finally, we recommend that SIHPS be validated in populations from other countries to auscultate its psychometric properties.

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SCALE OF SPIRITUAL INTELLIGENCE IN HEALTH PRACTICE

For each item, mark with an **X**, the answer that best describes you. The five possible answers are:

NT	ST	QT	TT
Nothing true for me	Some true for me	Quite true for me	Totally true for me

Nº	Items	NT	ST	QT	TT
1	I think that in life everything has a deep meaning.				
2	No matter the place or circumstance, I always act according to my principles.				
3	My moments of spiritual practice renew my physical strength.				
4	When I think of the miracle of my existence, I am filled with joy.				
5	When I am dedicated to the noble mission of my work practice (profession) my forces multiply.				
6	In my free time I enjoy nature				
7	My mind calms down when I reflect on some spiritual text				
8	I believe that caring for my body and patients is a sacred duty.				
9	When I experience failure, I can still find meaning in it.				
10	I often reflect on the meaning of events in my life.				
11	When a patient needs me, I always take time to help.				
12	I define myself by my deeper being and not by my physical being.				
13	I am able to reflect deeply on what may be beyond death.				
14	Beyond the human plane, there is a higher Being with whom we can relate.				
15	I often see situations and options more clearly when I meditate, or pray.				
16	I am aware that there is a deeper connection between myself and other people.				
17	I am sure that helping others or being in solidarity with patients is my mission in this life.				
18	It is difficult for me to think of something beyond the physical and material world.				

Thanks for your cooperation



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