

Israeli Oncology Nurses' Religiosity, Spiritual Well-Being, and Attitudes Toward Spiritual Care: A Path Analysis

Catherine F. Musgrave, RN, DNSc, and Elizabeth A. McFarlane, DNSc, RN, FAAN

Purpose/Objectives: To investigate the relationship among the antecedent factors of age, ethnicity, and education and the mediating variables of intrinsic religiosity, extrinsic religiosity, and spiritual well-being on Israeli oncology nurses' attitudes toward spiritual care.

Design: A correlational, explanatory study.

Sample: Members (N = 155) of the Israeli Oncology Nursing Society.

Method: Subjects completed a mailed research package. A path model guided the testing of the hypotheses.

Main Research Variables: Spiritual well-being, intrinsic religiosity, extrinsic religiosity, age, ethnicity, and education.

Results: Variables of interest accounted for a small but significant amount of the total variance in attitudes toward spiritual care. However, only spiritual well-being, extrinsic religiosity, and education demonstrated direct relationships with these attitudes. In addition, intrinsic and extrinsic religiosity, mediated through spiritual well-being, demonstrated indirect relationships with attitudes.

Conclusion: Nurses' attitudes toward spiritual care are influenced by their education, intrinsic and extrinsic religiosity, and spiritual well-being.

Implications for Nursing: Because spiritual well-being is a good predictor of nurses' positive attitudes toward spiritual care, nurses' spiritual well-being should be supported. In addition, nursing education needs to examine ways that may support more positive attitudes toward spiritual care. Future research also should be conducted on other nursing populations and across cultures and religious affiliations.

Key Points . . .

- ▶ Oncology nurses' spiritual well-being should be supported through their relationships with God, others, and self.
- ▶ Oncology nurses' education should include ways to meet the spiritual needs of patients with cancer.
- ▶ Studies need to be conducted on oncology nurses' attitudes toward spiritual care in different cultures and religions.

tual well-being were more comfortable with and had more positive attitudes toward spiritual care (Cimino, 1992; Harris, 1994; Vance, 2001). The age of the nurse (Boutell & Bozett, 1987; Taylor, Amenta, & Highfield, 1995), ethnicity (Taylor et al., 1995; Taylor, Highfield, & Amenta, 1994), and nursing education (Kuuppelomaki, 2001; Taylor et al., 1994, 1995) also were related to nurses' attitudes toward spiritual care.

Studies have reported high levels of spirituality among hospice nurses and a positive correlation between hospice and oncology nurses' spirituality and their attitudes toward spiritual care (Taylor & Amenta, 1994; Taylor et al., 1995). Despite this, the body of nursing knowledge related to oncology nurses' spiritual well-being, their religiosity, and the variables that impinge on their spiritual well-being needs to be expanded. As alluded to previously, research has demonstrated an important link between spiritual well-being and religiosity (Fehring et al., 1997; Genia, 1996; Mickley et al., 1992). In addition, research has demonstrated that an individual's religiosity may be influenced by personal characteristics of age (Thorson & Powell, 1990), ethnicity

Catherine F. Musgrave, RN, DNSc, is a postdoctoral research fellow in psychosocial oncology in the School of Nursing at the University of Pennsylvania in Philadelphia and coordinator of the oncology curriculum in the School of Nursing at the Henrietta Szold Hadassah Hebrew University in Jerusalem, Israel, and Elizabeth A. McFarlane, DNSc, RN, FAAN, is an associate professor in the School of Nursing at the Catholic University of America in Washington, DC. This article was drafted in the context of a postdoctoral research fellowship in psychosocial oncology (5T32 NR07036) in the School of Nursing at the University of Pennsylvania. (Submitted October 2002. Accepted for publication May 22, 2003.)

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Research has demonstrated that an important relationship exists between a cancer diagnosis and an individual's spiritual well-being. Studies have confirmed that a diagnosis of cancer may affect an individual's spiritual well-being seriously (Buchanan, 1988; Feher & Maly, 1999; Fehring, Miller, & Shaw, 1997). In turn, spiritual well-being has been correlated positively with the intrinsic religiosity of patients with cancer—the living of a person's religious faith for the sake of the faith itself (Fehring et al.; Mickley, Soeken, & Belcher, 1992). Because spiritual considerations play such an important part in the lives of patients with cancer, oncology nurses who are concerned with the whole person have a crucial role to perform. Therefore, exploring attributes that influence the provision of spiritual care is important.

Research studies have focused on nurses' assessment of the significance of spiritual care. Nurses who believed in the importance of spiritual care were much more likely to assess the religious beliefs of their patients and write care plans that incorporate spiritual care (Scott, Grzybowski, & Webb, 1994). In addition, nurses who had increased levels of spiri-