Intrinsic and Extrinsic Religiosity, Spiritual Well-Being, and Attitudes Toward Spiritual Care: A Comparison of Israeli Jewish Oncology Nurses’ Scores

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Key Points . . .
➤ Nurses’ degree of religiosity may play a role in their spiritual well-being.
➤ Attitudes toward spiritual care may be influenced by nurses’ degree of religiosity.
➤ Administration of holistic nursing care should include a nurse’s assessment of his or her spirituality.

Purpose/Objectives: To examine the differences among secular, traditional, and religious Israeli oncology nurses’ intrinsic religiosity, extrinsic religiosity, spiritual well-being, and attitudes toward spiritual care.

Design: A comparative, descriptive study.

Sample: 148 Israeli Jewish nurses drawn from the membership of the Israeli Oncology Nursing Association.

Methods: Nurses completed mailed questionnaires. The four scales used were intrinsic and extrinsic religiosity portions of the Revised Age Universal Intrinsic-Extrinsic Scale, the Spiritual Well-Being Scale, and the Spiritual Care Perspective Scale.

Findings: Secular, traditional, and religious Jewish respondents differed significantly in intrinsic religiosity, extrinsic religiosity, spiritual well-being, and religious well-being. No significant differences were found in existential well-being and attitudes toward spiritual care. Although not significant, an interesting trend was that secular nurses demonstrated more positive attitudes toward spiritual care than religious nurses.

Conclusions: Jewish nurses’ religiosity, spiritual well-being, and perhaps their attitudes toward spiritual care may be influenced by whether they are secular, traditional, or religious nurses.

Implications for Nursing: Israeli Jewish oncology nurses need self-awareness of their intrinsic religiosity, extrinsic religiosity, spiritual well-being, and attitudes toward spiritual care when they are administering holistic care to their patients.

Spiritual care is important to patients who are suffering from a life-threatening disease such as cancer (Schnoll, Harlow, & Brower, 2000). Research has noted that nurses’ provision of spiritual care may be contingent on their own spiritual well-being (SWB) (Cimino, 1992; Harris, 1994), as well as their self-reported religiosity (Taylor, Highfield, & Amenta, 1999). Israel possesses clearly defined religious streams: secular, traditional, and religious (Baider, Holland, Russak, & De-Nour, 2001). Streams are the way Israelis define themselves in terms of the keeping of their religious commandments (Kedem, 1995). No published research has examined Israeli Jewish nurses’ degree of religiosity, defined as secular, traditional, and religious, and the way in which it may influence their intrinsic and extrinsic religiosity, their spiritual well-being, and attitudes toward spiritual care. Therefore, the purpose of this study was to compare the differences among secular, traditional, and religious Jewish Israeli oncology nurses’ intrinsic and extrinsic religiosity, SWB, and attitudes toward spiritual care.

This report’s findings are part of a larger study that examined a path model designed to help explain variables that may influence Israeli oncology nurses’ attitudes toward spiritual care. The development of the model was based on a synthesis of the literature (Musgrave, 2001; Musgrave & McFarlane, 2003). The results of the path analysis are reported elsewhere (Musgrave & McFarlane, 2004). Intrinsic religiosity, extrinsic religiosity, and SWB were examined.

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