

## RESEARCH BRIEF

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

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**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.

### 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.

SWB, and their 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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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

## Intrinsic and Extrinsic Religiosity

Religiosity is the way in which people express their religious beliefs and practices and the importance ascribed to them. Intrinsically motivated people internalize their religious beliefs, and extrinsically religious people employ a more utilitarian approach (Allport & Ross, 1967; Fehring, Miller, & Shaw, 1997; Mickley, Soeken, & Belcher, 1992). Studies have examined the religiosity of patients with cancer. The findings of two studies revealed a significant relationship between intrinsic and extrinsic religiosity and coping strategies among patients with cancer (Johnson & Spilka, 1991; Meyer, Altmair, & Burns, 1992). Intrinsic religiosity and extrinsic religiosity were found to be high in older patients with cancer ( $N = 100$ ) (Fehring et al.) and patients with breast cancer ( $N = 175$ ) (Mickley, 1990). Ethnicity has been identified as a variable of interest in two studies. Hispanic patients with breast cancer had higher intrinsic religiosity scores ( $t = 2.07$ ,  $df = 24$ ,  $p = 0.05$ ) than Anglo-American patients (Mickley & Soeken, 1993). One Israeli study examined the intrinsic religiosity of people in a community setting and found that secular individuals had the lowest intrinsic religiosity scores (Baider et al., 2001). No studies have examined the differences among secular, traditional, and religious Israeli Jewish nurses' intrinsic and extrinsic religiosity scores.

## Spiritual Well-Being

SWB has been defined as "the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness" (National Interfaith Coalition on Aging cited in Ellison, 1983, p. 331). Ellison conceptualized SWB measures as the "stethoscope" that indicates an individual's underlying state of spiritual health. SWB was viewed as possessing two dimensions: one concerned with an individual's relationship with God (religious well-being [RWB]) and the other concerned with an individual's purpose and satisfaction with life (existential well-being [EWB]). In the area of health care, hope and mood states of patients with cancer have been found to be significantly related to SWB (Fehring et al., 1997; Kaczorowski, 1989; Mickley, 1990). Although generally positive SWB scores have been reported among American nurses, none of these reports included Jewish nurses' SWB, nor the way self-reported religiosity may affect SWB (Cimino, 1992; Tuck, Wallace, & Pullen, 2001; Vance, 2001). In addition, no studies have examined differences among secular, traditional, and religious Jewish Israeli nurses' SWB.

## Nurses' Attitudes Toward Spiritual Care

Spiritual care has been defined as "the health-promoting attendance to responses to stresses that affect the spiritual perspective of an individual or a group" (Taylor, Amenta, & Highfield, 1995, p. 31). Nurses believe that spiritual care is vital in providing comprehensive patient care (Bath, 1993) and that patients' spiritual values and beliefs are essential to the nursing process (Scott, Grzybowski, & Webb, 1994). The value that nurses place on spiritual care (Piles, 1990; Scott et al.) and the degree of integration of religious values (Bath) have been significantly related to nurses' attitudes. Hospice and oncology nurses had positive attitudes toward spiritual care, with hospice nurses' mean scores being higher

than oncology nurses', and self-reported religiosity also was correlated positively to their attitudes toward spiritual care (Taylor et al., 1999). No published studies have examined the differences among secular, traditional, and religious Israeli Jewish nurses' attitudes toward spiritual care.

## Methods

A comparative, descriptive design was selected for this study. The independent variables were intrinsic religiosity, extrinsic religiosity, religious and existential SWB, and attitudes toward spiritual care. The dependant variable was degree of religiosity, categorized into secular, traditional, and religious groups.

### Sample

A convenience sample of 148 Jewish nurses was drawn from the membership of the Israeli Oncology Nursing Association. The only eligibility criterion for analysis of the data for this report was that nurses were Jewish.

### Procedure

After institutional review board approval was obtained, the Israeli Oncology Nursing Association enclosed and mailed 520 research packets in its February 2000 journal. This was the approximate number of the total membership of the association. The research packets contained a letter explaining the study, the study's questionnaires, and a stamped, self-addressed envelope with the researcher's address on it. Of the 167 (32%) research packets returned, 148 were usable; 12 research packages contained one or more questionnaires on which fewer than 75% of the items were completed, 6 subjects were not Jewish, and 1 did not designate a religion. Respondents' identities were protected by the use of code numbers on all of the questionnaires and by the mailing being performed by the society and not the researcher. A respondent's consent was implied if the research packet was completed and returned.

### Instruments

The study's instruments were translated into Hebrew. The questionnaires then were translated back into English to verify the accuracy of the translation.

**Intrinsic and Extrinsic Religiosity:** The authors used a revised Age Universal Intrinsic-Extrinsic Religiosity Scale (I/ER) to measure intrinsic and extrinsic religiosity. The tool is comprised of two subscales: the intrinsic religiosity subscale and the extrinsic religiosity subscale. The total possible score for the intrinsic religiosity subscale ranges from 8–40, and for the extrinsic religiosity subscale scores range from 6–30. The questionnaire was developed by an expert in the area of the psychology of religion. The reliability data from the original study yielded alpha coefficients of 0.82 for intrinsic religiosity and 0.65 for extrinsic religiosity on a sample of 771 college students from secular and religious colleges (Gorsuch & McPherson, 1989). The questionnaire had not been used previously in a nursing sample. However, it was used in a nursing study to measure the intrinsic and extrinsic religiosity of older patients with cancer (Fehring et al., 1997). The published report did not report reliability coefficients.

The current study omitted words that were present in two of the items of the original questionnaire. Bracketed words

identify those that were omitted. Item 4: “It is important [to me] to spend time in private thought and prayer”; Item 7: “I try hard to live [all] my life according to my religious beliefs.” In addition, one bracketed word was added in Item 14: “Although I believe in my religion, many other things are more important in [my] life.” These changes occurred not for research-related reasons but were the result of reproduction errors when the document was prepared. These errors were reviewed by a panel of three expert researchers, one an international expert on research in spirituality. A judgment was made that changes, although unfortunate, did not result in substantive problems with the final data analysis. Cronbach coefficient alpha for the intrinsic religiosity subscale in this study was 0.73, and 0.67 for the extrinsic religiosity subscale.

**SWB Scale:** Paloutzian and Ellison’s (1991) SWB Scale was used to measure SWB. A limitation of the scale is its use of the term “God” to describe a higher being. However, because the current sample was all Jewish, this was not a concern. The SWB Scale consists of 20 six-point Likert scale items, ranging from “strongly agree” to “strongly disagree,” that reflect both dimensions of SWB. The tool has two subscales, the RWB Subscale, which reflects a sense of well-being in relationship to God, and the EWB Subscale, which measures a sense of life purpose and life satisfaction (Ellison, 1983). The two subscales each have 10 items and a total score range of 10–90. The internal reliability coefficient alphas over seven samples for the SWB, RWB, and EWB scales are 0.94–0.89, 0.94–0.82, and 0.86–0.78, respectively (Paloutzian & Ellison). With the exception of the RWB scale, the Cronbach alpha coefficients for this study were slightly lower (SWB = 0.87, RWB = 0.92, and EWB = 0.77). This study omitted the phrase “and unhappiness” that was present in item 16; the item then read, “I feel that life is full of conflict.” This change also was the result of a reproduction error and underwent the assessment process previously described.

**Spiritual Care Perspectives Survey (SCPS) Subscale:** This subscale consists of 10 items. Each possesses a five-point Likert scale ranging from 1–5 with item-specific anchor phrases at either end of the scale. A panel of expert nurses determined content validity of the scale, and construct validity was supported by the substantiation of predicted hypothesis (Taylor et al., 1999). A Cronbach’s coefficient alpha of 0.75 for the SCPS subscale was established in a study conducted among oncology (n = 181) and hospice (n = 641) nurses (Taylor et al., 1999). The current study’s coefficient alpha also was 0.75. In the present study, the direction of three items was reversed so that all of the items with the anchor words “strongly disagree” and “strongly agree” were going in the same direction. In addition, in one of the item anchor words, the word “spiritual” was added to one side because the original scale had the word on only one side of the item.

**Level of religiosity:** Levels of religiosity were the categories in which Israelis identified themselves with respect to their level of keeping Jewish religious commandments. Four categories are used commonly in Israel: very religious, religious, traditional, and secular (Ben-Rafael & Sharot, 1991). The question “What is your religiosity?” was followed by a choice of these four options. The sample for the very religious group was small. Therefore, for purposes

of analysis, the very religious and religious groups were combined.

## Data Analysis

Descriptive statistics were used to describe the sample and mean scores on intrinsic religiosity, extrinsic religiosity, SWB, and attitudes toward spiritual care. One-way analysis of variance using the Scheffe procedure was employed to identify significant differences in subjects for intrinsic religiosity, extrinsic religiosity, SWB, including RWB and EWB, and attitudes toward spiritual care across degrees of religiosity (secular, traditional, and religious).

## Results

The majority of the study’s sample was women (99%), born in Israel (61%), with a mean age of 43.49 years (range = 26–68). Most respondents had a baccalaureate degree or higher (64%) and had worked with patients with cancer for a mean of 9.12 years (range = 1–33). More than 58% of the nurses categorized themselves as secular, 21% as traditional, and 20% as religious or very religious.

The mean scores of the secular, traditional, and religious subsamples for intrinsic religiosity, extrinsic religiosity, SWB, RWB, EWB, and attitudes toward spiritual care are presented in Table 1. Scheffe tests for differences between pairs revealed significant differences in mean scores among secular, traditional, and religious subjects for their intrinsic religiosity ( $F = 82.70$ ,  $p = 0.000$ ) extrinsic religiosity ( $F = 8.06$ ,  $p = 0.000$ ), and SWB ( $F = 29.75$ ,  $p = 0.000$ ) and RWB ( $F = 44.85$ ,  $p = 0.000$ ). For the variables of intrinsic religiosity, SWB, and RWB, the scores were significantly different between each category of religiosity (between secular and traditional and religious and between traditional and religious). The more religious the nurses, the higher their scores. However, for extrinsic religiosity, a significant difference was found only between secular and traditional mean scores and between secular and religious mean scores, but not between traditional and religious mean scores. No significant difference was found between degree of religiosity and EWB and attitudes toward spiritual care mean scores.

**Table 1. One-Way Analysis of Variance Among Secular, Traditional, and Religious Nurses’ Intrinsic Religiosity, Extrinsic Religiosity, Spiritual Well-Being, and Attitudes Toward Spiritual Care**

Religiosity or Attitude	F	Secular X Scores	Traditional X Scores	Religious X Scores
Intrinsic religiosity	82.70*	20.60 <sup>a</sup>	23.90 <sup>b</sup>	31.17 <sup>c</sup>
Extrinsic religiosity	8.06*	12.24 <sup>a</sup>	15.16 <sup>b</sup>	14.30 <sup>b</sup>
Spiritual well-being	29.75*	74.36 <sup>a</sup>	83.48 <sup>b</sup>	96.53 <sup>c</sup>
Religious well-being	44.85*	27.23 <sup>a</sup>	38.26 <sup>b</sup>	48.50 <sup>c</sup>
Existential well-being	1.38	47.13 <sup>a</sup>	45.23 <sup>a</sup>	48.03 <sup>a</sup>
Attitudes toward spiritual care	2.41	37.77 <sup>a</sup>	38.97 <sup>a</sup>	35.77 <sup>a</sup>

*Note.* Group means that do not share the same subscript are significantly different at the 0.05 level using the Scheffe procedure. Degrees of freedom for the F ratio are 2 and 145.

\* $p < 0.001$

## Discussion

In this study, as in another study conducted among Israeli Jews selected from the general population (Baider et al., 2001), intrinsic religiosity scores were significantly higher in the religious sample. In a study among predominantly Jewish Israeli patients with cardiac conditions, religious patients were significantly more likely to pray, rely on their faith, and talk to a clergy member than traditional or secular patients, and traditional patients were significantly more likely to do these things than secular patients (Rom, 1994). Kedem's (1995) summary of six sociologic studies on the dimension of Israeli Jewish religiosity also found differences among secular, traditional, and religious Israeli Jews. When comparing the approach of traditional and religious Israeli Jews toward their religion, she found that religious people viewed their religion "as more encompassing, more part of their whole being, and more as emanating from a divine source" (Kedem, p. 51). Perhaps Jewish nurses who have made their religious beliefs a central part of their lives are more likely to be intrinsically motivated.

Extrinsic religiosity mean scores in this sample were lower than those reported in other studies. Moreover, secular nurses had significantly lower extrinsic religiosity scores than religious or traditional nurses. Tisdale (1998), in her study of American college students, also noted that nonobservant Jewish students had significantly lower extrinsic personal religiosity mean scores than observant Jewish students. Interestingly, although the difference was not significant, the traditional nurses in the current study scored higher on extrinsic religiosity than religious nurses. Traditional Jewish nurses' degree of religiosity, similar to conservative American Jews, falls between that of their religious and secular counterparts. The concept of traditional (*masorati* in Hebrew) carries with it religious-familial-communal symbols and often is used by Jews of Middle Eastern extraction to define their level of religiosity (Shokeid, 1995). Like religious nurses, they would hold to a traditional Judaism that encourages keeping Jewish customs and holidays. However, some are observant by tradition rather than conviction (Shokeid). Therefore, unlike religious subjects, their religious beliefs may not necessarily influence their lives to the same degree as religious subjects.

Israeli Jewish oncology nurses' SWB scores followed a pattern, with secular nurses having the lowest SWB scores. They also had significantly lower RWB scores than the traditional and religious samples. Ellison (1983) suggested that those who have a religious commitment and a relationship with God would have higher RWB. Perhaps nurses who designated themselves as religious had a stronger religious commitment and more intimate relationship with God.

No significant relationship existed between subjects' EWB and their levels of religiosity. EWB could be a stronger predictor of psychological well-being than RWB. In previous studies,

EWB has demonstrated a more significant relationship with hope, self-esteem, and mood states than with RWB (Ellison & Smith, 1991; Fehring et al., 1997; Mickley et al., 1992).

Nurses' attitudes toward spiritual care were not significantly different across degrees of religiosity. However, secular and traditional nurses had more positive attitudes toward spiritual care than did religious nurses. The difference may be random but also may suggest a trend. Religious Jewish nurses are more likely to perceive a rabbi as the appropriate person to meet spiritual needs. To religious Jews, an individual's personal rabbi is the one who is best qualified to interpret Jewish law, an important focus of the Jewish religion (Eckstein, 1984). On the other hand, because secular and traditional Jewish nurses are less committed to religious Judaism, they may have more tolerant attitudes toward others intervening in the area of spiritual care.

## Limitations

Limitations of this study include the use of a convenience sample; all subjects were members of one association. In addition, generalizability was limited because of the low participation rate (30%), as well as the fact that the study sample consisted entirely of Israeli Jewish nurses.

## Implications for Nursing and Future Research

Spiritual care is an important aspect of holistic nursing care. The study's findings may highlight an indirect link between Israeli Jewish nurses' degree of religiosity and their attitudes toward spiritual care. Although the study did not find a significant difference in secular, traditional, and religious nurses' attitudes toward spiritual care, other studies have reported a relationship among nurses' intrinsic religiosity and extrinsic religiosity (Musgrave & McFarlane, 2004), their SWB (Cimino, 1992; Musgrave & McFarlane, 2003; Tuck et al., 2001; Vance, 2001), and their attitudes toward spiritual care. If Israeli Jewish nurses' SWB and intrinsic religiosity are influenced by their degree of religiosity, they need to be alerted to this influence when caring for patients with cancer. Although they may not view the nurse's role as meeting the spiritual needs of patients, they may need to be educated to make patient referrals to those who are more comfortable in assessing and intervening to meet patients' spiritual needs. Degree of religiosity demonstrated a relationship with intrinsic and extrinsic religiosity and SWB. Further studies should be conducted to incorporate larger numbers of religious and traditional subjects to establish a stronger link.

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