

The relationship between psychiatric staff's own spirituality and their attitudes towards religiosity/ spirituality of patients

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Introduction

- Numerous studies, mostly undertaken in English-speaking countries, show a significant, though weak, positive correlation between religious/spiritual contents and both physical and mental health.
- In the context of psychiatry and psychotherapy, this correlation is traditionally met with skepticism, as every psychological disorder can be connected to peculiar or exaggerated religious contents.
- Up to date it is not strongly surveyed, how staff regards the religiosity/spirituality of patients, although their attitude has an important impact on the integration of these dimensions.

Objectives: Identifying ...

- Spirituality of psychiatric staff (the main predictor variable)
- Staff's attitudes towards religiosity/spirituality of patients based on staff's own experiences (the main criterion variable)
- The relationship between these two variables

Methods / Respondents

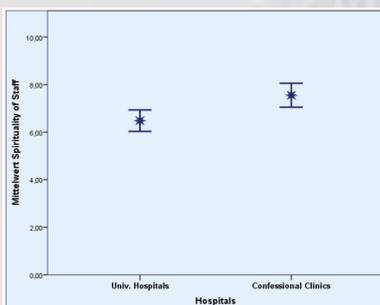
- Anonymous survey of staff (medical, therapeutic and nursing staff) working directly with patients between October 2010 and February 2011
- Location: Departments of psychiatry and psychotherapy of German university hospitals and confessional clinics (total 21 Hospitals)

Main instruments:

- **DUREL (Duke University Religion Index)** for measuring intrinsic religiosity, taken as the indicator of spirituality in this study
- **The questionnaire of Curlin et al. (2007)**, whose questions regarding attitudes towards religiosity/spirituality of patients were categorized into positive and negative influences

Results

- Response rate: **24.43%** (404 of 1654)
- Psychiatric staff shows a spirituality index of **7.00 (SD = 3.15)** on a scale 12.00*
- A significant difference of spirituality was shown between staff in university hospitals and confessional clinics.



- **Univ.:** M = 6.48 (SD = 2.97, N = 169)
- **Confess.:** M = 7.55 (SD = 3.24, N = 162)
- **p = 0.002**
- **$\eta^2 = 0.029$**

- Psychiatric staff believes that religiosity/spirituality **plays an important role** for patients.

Literature

- Baumann (2012). Remarks on Religions and Psychiatry/ Psychotherapies. In: Hefti et al. (Ed.) Spiritualität und Gesundheit. Spirituality and Health. Bern et al.: Peter Lang.
- Curlin et al. (2007), Religion, Spirituality, and Medicine: Psychiatrists' and Other Physicians' Differing Observations, Interpretations, and Clinical Approaches. In: American Journal of Psychiatry 164.
- Koenig et al. (2010), The Duke University Religion Index (DUREL): A Five-Item Measure for use in epidemiological studies. In: Religions 1.
- Lee et al., (2011), "Religion in Psychiatry and Psychotherapy?" A Pilot Study: The Meaning of Religiosity/Spirituality from Staff's Perspective in Psychiatry and Psychotherapy. In: Religions 2.

* In the analysis of spirituality (intrinsic religiosity in DRI), the translated answer „unsure“ was removed, to ensure that ordinal scale could remain after a German translation. Therefore the highest possible score in the German version is 12,0, not 15,0 as in the original version DRI.

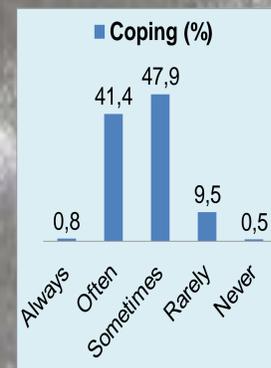
Ex. Q.

Patients have received emotional or practical support from their religious community.



Ex. Q.

Religiosity/Spirituality help patients to cope with and endure illness and suffering.



Ex. Q.

Religiosity/Spirituality influence on health generally positive.



- A significant correlation (one-tailed Pearson correlation) was identified between the main predictor and criterion variables:

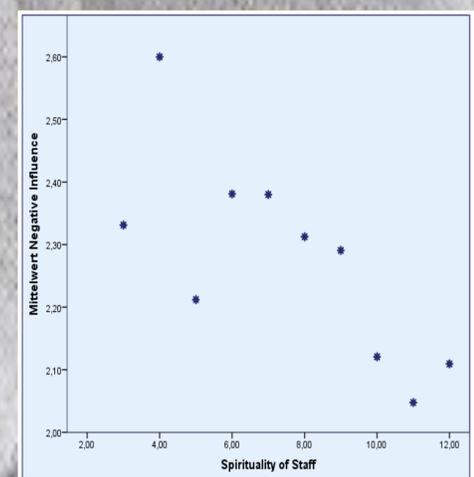
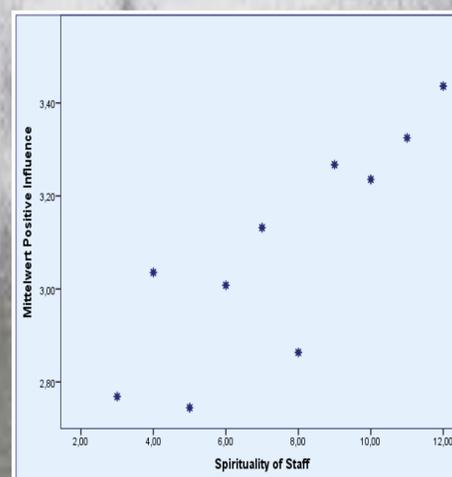
“The more spiritual psychiatric staff is, the more they believe that religiosity/spirituality has a positive influence on patients”

- Correlation between the spirituality and positive influence

$$p = 0.000, r = 0.413$$

- Correlation between the spirituality and negative influence

$$p = 0.006, r = -0.139$$



Discussion

- Religiosity/spirituality of patients has been interpreted differently by staff, depending on, how spiritual psychiatric staff is.
- Awareness about staff's own religious/spiritual attitudes should be increased, accordingly religious/spiritual issues can be more effectively and more appropriately dealt with in treatments.
- Such measures can result in an improvement of therapies for both patients and staff.