Spiritual Needs of Patients in Psychiatry and Psychotherapy and their Utilization of Spirituality / Religiosity to Cope

Symposium „Spiritual Needs“ (F3)
ECRSH12
Bern, May 18th, 2012

Interim report

Survey among all new inpatients of the University Clinic for Psychiatry and Psychotherapy at Freiburg (Germany) admitted 15/06/2010 – 15/12/2011

Part of the research project „Spirituality in Psychiatry and Psychotherapy“ in the Section of Caritas Science of the Faculty of Theology, Freiburg University, in cooperation with:

Prof. Dr. med. Mathias Berger (Freiburg)
   Director of the University Clinic for Psychiatry and Psychotherapy Freiburg /Breisgau
Dr. med. Anne Zahn (Freiburg)
Prof. Dr. med. Arndt Büsning (Witten / Herdecke)
Prof. Dr. theol. Lic. Psych. Klaus Baumann (Freiburg)
For the first time in the German-speaking area a survey of this kind in a university clinic!

- To what degree do patients exhibit religious and spiritual attitudes and practices?
- What role do they ascribe to their religiosity / spirituality in coping with mental illness?
- Which spiritual needs and expectations towards the clinic do they express?
Study Design

- Survey among all new inpatients; except the acute locked ward
- open, prospective, explorative and anonymous cross-sectional survey, using standardised questionnaires without intervention
- inclusion criteria: all new inpatients (18-85 years) with psychiatric disorders
- exclusion criterion: severe cognitive distortion
- all new in-patients get a questionnaire at admission and a second one at discharge from the nursing staff
Instruments of the questionnaire at admission

- modules developed by Arndt Büssing:
  - SpREUK (SpR attitudes and convictions regarding illness) (15 items)
  - Benefit in coping through SpR (6 items)
  - SpREUK-P (frequency of SpR practices) (17 items)
  - BMLSS (Brief Multidimensional Life Satisfaction Scale) (10)
  - SpNQ (Spiritual Needs Questionnaire) (19-24 items)
  - attitudes towards God (12 items)

- module developed by Anne Zahn and Franz Reiser:
  - expectations / wishes towards the clinic regarding SpR (7 items)
Some interim results

Return rate: in the first year about 34%, until fall 2011 about 235 at admission (return of questionnaires via the department for medical documentation isn't finished yet); 7 questionnaires had to been excluded from analysis.

Remaining number for this analysis: N=227
Histogram

Mean = 39.26
Std. Dev. = 13.606
N = 227
Religion / Denomination

N=224

[Bar chart showing distribution of religion/denomination with categories: Christian, Catholic, Protestant, Muslim, Buddhist, free spiritual, other, none.]
Diagnostical groups

N=227

![Graph showing diagnostical groups with Depressive Disorders having the highest percent, followed by Personality Disorder (Borderline-Type) and other categories.](Image)
Questionnaire to measure the spiritual or religious attitudes and convictions of patients dealing with chronic diseases.

It differentiates 3 factors using

(1) the spiritual scale -
   **search** (for support/access to SpR)

(2) the trust scale -
   **trust** (in higher guidance/source)

(3) the reflection scale -
   **reflection** (positive interpretation of disease).

This 15-item questionnaire avoids exclusive terms such as God, Jesus, or church, and thus, is suited particularly to secular societies.
SpREUK-SF15

Mean = 38.50
Std. Dev. = 29.618
N = 227
Mean = 42.50
Std. Dev. = 29.638
N = 227
SpREUK-15

Mean = 58.40
Std. Dev. = 21.278
N = 227
### SpREUK-factors and Benefit

N=98 (only persons who bear upon Rel / Sp)

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<tr>
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<th>Trust</th>
<th>Search</th>
<th>Reflection</th>
<th>BENEFIT</th>
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<tbody>
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<td>Spearman's rho</td>
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<td>Trust</td>
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<td>Correlation</td>
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<td>Coefficient</td>
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<td>Sig. (2-tailed)</td>
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**. Correlation is significant at the 0.01 level (2-tailed).
E.g., FR3: Rel / Sp is felt as an inner burden.
N=227
A valid and reliable instrument that measures a spectrum of both religious and secular forms of spirituality.

The final 5 scales are:

1. religious practices
2. humanistic practices
3. existential practices
4. gratitude / reverence
5. (spiritual) mind-body practices

cfr. Büssing et al. (2012): Engagement of Patients With chronic Diseases in spiritual and secular Forms of Practice: results with the shortened SpREUK-P SF17 Questionnaire.

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SpREUK-P SF17

Mean = 28,08
Std. Dev. = 23,871
N = 227
Mean = 16.94
Std. Dev. = 18.508
N = 227
SpREUK-P SF17

Mean = 65.55
Std. Dev. = 18.56
N = 227
SpREUK-P SF17

Mean = 61.17
Std. Dev. = 22.444
N = 227
SpREUK-P SF17

Mean = 40.75
Std. Dev. = 25.017
N = 227
Spiritual Needs Questionnaire 1.2

- preliminary results indicate that spiritual needs are conceptually different from life satisfaction, and can be interpreted as the patients’ longing for spiritual well-being (cfr. Büssing et al, Eur J Med Res (2010) 15: 266-273)
- all items were scored with respect to the self-ascribed importance on a 4-point scale from disagreement to agreement (0 - not at all; 1- somewhat; 2 - very; 3 - extremely)
Spiritual Needs

SpNQ Version 1.2

Mean = .75
Std. Dev. = .845
N = 227
Spiritual Needs

Mean = 2.00
Std. Dev. = 0.688
N = 227
Spiritual Needs

SpNQ Version 1.2

Mean = 1.32
Std. Dev. = .781
N = 227
Spiritual Needs

SpNQ Version 1.2

Mean = 1.54
Std. Dev. = .923
N = 227
Expectations towards the Clinic

Item ErwA1: intensity of the wish that issues of faith / spirituality will be addressed in the clinic

N=222
Item ErwA2: Who should address issues of faith / spirituality? (N=217)

- Nursing staff
- Physician
- Psychotherapist
- Patients
- Friends/Relatives
- Healthcare chaplaincy
Expectations towards the Clinic

Item ErwA3: How should this take place?  (N=218)
Who has got expectations towards the Clinic regarding Rel / Sp?

Correlations of SpREUK-SF15-Factors
with the intensity of the wish that issues of faith / spirituality will be addressed in the clinic

Spearman-Rho  **. Correlation is significant at 0.01 level (two-tailed).

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<thead>
<tr>
<th></th>
<th>Trust</th>
<th>Reflection</th>
<th>Intensity of wish towards the Clinic</th>
</tr>
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<tbody>
<tr>
<td>Search</td>
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<td>.443**</td>
<td>.597**</td>
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<tr>
<td>Trust</td>
<td></td>
<td>.466**</td>
<td>.543**</td>
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<tr>
<td>Reflection</td>
<td></td>
<td></td>
<td>.295**</td>
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Correlations of Spiritual Needs (SpNQ 1.2) with the intensity of the wish that issues of faith / spirituality will be addressed in the clinic

<table>
<thead>
<tr>
<th></th>
<th>Inner Peace</th>
<th>Existentialistic Needs / Reflection</th>
<th>Actively Giving</th>
<th>Intensity of wish towards the Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious Needs</td>
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<td>.434**</td>
<td>.375**</td>
<td>.533**</td>
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<tr>
<td>Inner Peace</td>
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<td>.445**</td>
<td>.443**</td>
<td>.195**</td>
</tr>
<tr>
<td>Existentialistic Needs / Reflection</td>
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<td>.393**</td>
<td>.423**</td>
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<tr>
<td>Actively Giving</td>
<td></td>
<td></td>
<td></td>
<td>.189**</td>
</tr>
</tbody>
</table>

Spearman Rho  **. Correlation is significant at 0.01 level (two-tailed).
First conclusion

As said in the beginning: this was only a short *interim report* …

Further data and analyses will follow!

As a first **conclusion** we might say:

A considerable amount of patients in psychiatric treatment do have religious or spiritual attitudes and needs which could (or should?) be addressed in an adequate manner.
Thank you for your attention!

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