

Spiritual and Religious Attitudes in Dealing with Illness (SpREUK)

Reference:	Büssing A, Ostermann T, Matthiessen PF: Role of religion and spirituality in medical patients: confirmatory results with the SpREUK questionnaire. <i>Health Qual Life Outcomes</i> 2005; 3: 10 (pp. 1-10). Büssing A: Spirituality as a Resource to Rely on in Chronic Illness: The SpREUK Questionnaire. <i>Religions</i> 2010; 1: 9-17
Language:	English, German, Arabic, Hebrew, Spanish, Portuguese, Greek, Polish, Malaysian
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Origin: Original instrument.

Purpose: The SpREUK was developed to investigate whether or not patients with chronic diseases living in secular societies rely on spirituality as a resource to cope with illness. The SpREUK questionnaire relies on essential motifs found in counseling interviews with chronic disease patients (i.e., having trust/faith; search for a transcendent source to rely on; reflection of life and subsequent change of life and behavior). The instrument is suited to be used in health care research.

Population: adults with chronic diseases

Administration:

Rater: Self, telephone or interview-administered

Time Required: 5 min. for self administration

Training: none

Scoring: The items of the SpREUK were scored on a 5-point scale from disagreement to agreement (0 - does not apply at all; 1 - does not truly apply; 2 - don't know (neither yes nor no); 3 - applies quite a bit; 4 - applies very much). The scores can be referred to a 100% level (transformed scale score). Scores > 50% indicate higher agreement (positive attitude), while scores < 50 indicate disagreement (negative attitude).

Description: The contextual SpREUK is part of the modular SpREUK system. Both the 15-item SpREUK version (SpREUK-15) and the 10-item short form (SpREUK-SF10) differentiate 3 factors, i.e.,

1. **Search (for Support / Access)** deals with patients' intention to find or have access to a spiritual/religious resource which may be beneficial to cope with illness, and interest in spiritual/religious issues (insight and renewed interest)
2. **Trust (in Higher Guidance / Source)** is a measure of intrinsic religiosity dealing with patients' conviction to be connected with a higher source which carries through, and to be sheltered and guided by this source – whatever may happen.
3. **Reflection (Positive Interpretation of Disease)** deals with cognitive reappraisal because of illness and subsequent attempts to change (i.e., reflect on what is essential in life; hint to change life; chance for development; illness has meaning, etc.)

Coverage: Research and Clinical

Reliability: The internal consistency estimates of the SpREUK-15 range from .86 to .91 (Cronbach's alpha), and from .74 to .90 for the SpREUK-SF10, respectively.

Validity: Particularly the (religious) *Trust* scale was strongly correlated with the engagement in conventional religious practices (i.e., praying, church attendance etc.) and also *Gratitude / Reverence*. Similarly, the (spiritual) *Search* scale was strongly associated with engagement frequency in (spiritual) mind-body practices, and moderately also with conventional religious practices and existentialistic practices. In secular German patients, *Search* and *Trust* were separate scales (although strongly inter-correlated),

while particularly in Arabic Muslims or Orthodox Jews both scales fall together. *Reflection* was moderately associated *Search* and *Trust*, and moderately with engagement in existential practices (personal insight and development).

With respect to life satisfaction there was just a marginal correlation with *Trust*, but neither with *Search* nor *Reflection*.

The SpREUK scales correlated moderately with patients' self ascribed meaning of illness, particularly with positive interpretations (i.e., Value and Challenge), while neither the fatalistic negative nor the guilt-associated negative interpretations were associated with the scales.

Strengths: The instrument avoids exclusive religious terminology and appears to be a good choice for assessing patients' interest in spiritual/religious concerns which is not biased for or against a particular religious commitment. The instrument is suited both in secular and also in religious societies.

The cognitive appraisal scale (*Reflection*) operationalizes the unique point of view that disease can be viewed as an opportunity, a hint to change life, or to reflect upon what is essential in life. Because of this reflection, patients may change aspects of life or behavior (transformation). Interestingly, this scale was found to be moderately associated with patients' happiness, and weakly with positive God images, and negatively with pain severity in patients with chronic pain diseases; this *Positive Disease Interpretation* was found to be a mediator of the impact of a positive God image on patients' happiness.

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Each person has it's own and unique point of view which must not necessarily apply to yours. Thus, read the statements you will find here carefully and then indicate how true each is for you and your situation by circling one number per line.		does not apply at all	does not really apply	I don't know (neither yes nor no)	applies quite well	definitely applies
F2.6*	To my mind I am a religious individual.	0	1	2	3	4
F1.1*	To my mind I am a spiritual individual.	0	1	2	3	4
F1.4	My illness has brought me a renewed interest in spiritual or religious questions.	0	1	2	3	4
F1.5	I am convinced that finding access to a spiritual source can have a positive influence on my illness.	0	1	2	3	4
F1.6	I am searching for an access to spirituality/religiosity.	0	1	2	3	4
F1.9*	It urges me on to spiritual or religious insight, whether it diminishes my difficulties in life or not.	0	1	2	3	4
F2.5	Whatever may happen, I trust in a higher power which carries me through.	0	1	2	3	4
F3.2	Something that happens to me is a hint that I should change my life.	0	1	2	3	4
F3.3	My illness encourages me to get to know myself better.	0	1	2	3	4
F3.4*	I am convinced that my illness has meaning.	0	1	2	3	4
F3.5*	My illness is a chance for my own development.	0	1	2	3	4
F3.7	Because of my illness, I reflect on what is essential in my life.	0	1	2	3	4
37	I have faith in spiritual guidance in my life.	0	1	2	3	4
38	To my mind I am connected with a 'higher source'.	0	1	2	3	4
39	I am convinced that death is not an end.	0	1	2	3	4

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* not used in the short version (SpREUK-SF10)