

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, Polish, Malaysian
Contact:	Prof. Dr. med. Arndt Büssing, University Witten/Herdecke, Germany; Email: arndt.buessing@uni-wh.de
Copyright:	Prof. Dr. med. Arndt Büssing, University Witten/Herdecke

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 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 respectively (SpREUK-SF10).

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.

Bibliography

- Ostermann T, Büssing A, Matthiessen PF: [Pilot study for the development of a questionnaire for the measuring of the patients' attitude towards spirituality and religiosity and their coping with disease (SpREUK)]. *Forsch Komplementarmed Klass Naturheilkd* 2004; 11: 346-353.
- Büssing A, Ostermann Th, Matthiessen PF: Search for meaningful support and the meaning of illness in German cancer patients. *Anticancer Res.* 2005; 25(2B):1449-55.
- Büssing A, Ostermann Th, Matthiessen PF: The Role of Religion and Spirituality in Medical Patients in Germany. *Journal of Religion and Health* 2005; 44 (3): 321-340
- Büssing A, Ostermann T, Matthiessen PF: Role of religion and spirituality in medical patients: confirmatory results with the SpREUK questionnaire. *Health Qual Life Outcomes* 2005; 3: 10 (pp. 1-10).
- Büssing A, Keller N, Michalsen A, Moebus S, Ostermann T, Matthiessen PF: Spirituality and Adaptive Coping Styles in German Patients with Chronic Diseases in a CAM Health Care Setting. *J Compl Integr Med* 2006; 3: 4 (pp. 1-16).
- Büssing A, Ostermann T, Koenig HG: Relevance of spirituality and religion in German patients with chronic diseases. *The International Journal of Psychiatry in Medicine* 2007; 37(1): 39-57
- Büssing A, Abu-Hassan WM, Matthiessen PF, Ostermann T: Spirituality, religiosity, and dealing with illness in Arabic and German patients. *Saudi Med J* 2007; 28: 933-942.
- Büssing A, Koenig HG: The BENEFIT through spirituality/religiosity scale--a 6-item measure for use in health outcome studies. *The International Journal of Psychiatry in Medicine* 2008; 38(4): 493-506
- Büssing A, Michalsen A, Balzat HJ, Grünther RA, Ostermann T, Neugebauer EAM, Matthiessen PF. Are spirituality and religiosity resources for patients with chronic pain conditions? *Pain Medicine* 2009; 10: 327-339.
- Büssing A: The SpREUK-SF10 questionnaire as a rapid measure of spiritual search and religious trust in patients with chronic diseases. *Journal of Integrated Chinese Medicine* 2010; 8(9): 832-841.
- Büssing A: Spirituality as a Resource to Rely on in Chronic Illness: The SpREUK Questionnaire. *Religions* 2010; 1: 9-17
- Dezutter J, Luyckx K, Schaap-Jonker H, Büssing A, Hutsebaut D: God Image and Happiness in Chronic Pain Patients: The Mediating Role of Disease Interpretation. *Pain Medicine* 2010; 11(5): 765-773.
- Zini A, Büssing A, Sgan-Cohen HD: Validity and Reliability of the Hebrew Version of the SpREUK Questionnaire for Religiosity, Spirituality and Health: An Application for Oral Diseases. *Religions* 2010; 1: 86-104
- Büssing A, Janko A, Baumann K, Hvidt NC, Kopf A: Spiritual Needs among Patients with Chronic Pain Diseases and Cancer Living in a Secular Society. *Pain Medicine* 2013; 14: 1362-1373
- Offenbaecher M, Kohls N, Toussaint LL, Sigl C, Winkelmann A, Hieblinger R, Walther A, Büssing A: Spiritual needs in patients suffering from fibromyalgia. *Evidence-based Complementary and Alternative Medicine* 2013; Article ID 178547
- Büssing A, Franczak K, Surzykiewicz J: Frequency of Spiritual/Religious Practices in Polish Patients with Chronic Diseases: Validation of the Polish Version of the SpREUK-P Questionnaire. *Religions* 2014; 5 (2): 459-476
- Büssing A, Pilchowska I, Surzykiewicz J: Spiritual Needs of Polish Patients with Chronic Diseases. *Journal of Religion and Health* 2015; 54(5): 1524-1542

- Man-Ging CI, Öven Uslucan J, Fegg M, Frick E, Büssing A: Reporting Spiritual Needs of Older Adults Living in Bavarian Residential and Nursing Homes. *Journal of Mental Health, Religion and Spirituality* 2015; 18(10): 809-821
- Dobos G, Overhamm T, Büssing A, Ostermann T, Langhorst J, Kümmel S, Paul A, Cramer H: Integrating mindfulness in supportive cancer care: a cohort study on a mindfulness-based day care clinic for cancer survivors. *Support Care Cancer*. 2015;23(10):2945-55.
- Büssing A, Franczak K, Surzykiewicz J: Spiritual and Religious Attitudes in Dealing with Illness in Polish Patients with Chronic Diseases: Validation of the Polish Version of the SpREUK Questionnaire. *Journal of Religion and Health* 2016; 55(1): 67-84
- Büssing A, Recchia DR: Spiritual and Non-spiritual Needs Among German Soldiers and their Relation to Stress Perception, PTSD Symptoms, and Life Satisfaction – Results from a Structural Equation Modeling Approach. *Journal of Religion and Health*, 2016; 55(3): 747-764
- Büssing A, Recchia DR, Gerundt M, Warode M, Dienberg T: Validation of the SpREUK—Religious Practices Questionnaire as a Measure of Christian Religious Practices in a General Population and in Religious Persons. *Religions* 2017, 8, 269; doi: 10.3390/rel8120269
- Haußmann A, Schäffeler N, Hautzinger M, Weyel B, Eigentler T, Zipfel S, Teufel M: Religious/Spiritual Needs and Psychosocial Burden of Melanoma Patients. *Psychother Psychosom Med Psychol*. 2017;67(9-10):413-419.
- Ntantana A, Matamis D, Savvidou S, Marmanidou K, Giannakou M, Gouva M, Nakos G, Koulouras V. The impact of healthcare professionals' personality and religious beliefs on the decisions to forego life sustaining treatments: an observational, multicentre, cross-sectional study in Greek intensive care units. *BMJ Open* 2017;7:e013916. doi: 10.1136/bmjopen-2016-013916.
- Teismann T, Willutzki U, Michalak J, Siegmann P, Nyhuis P, Wolter W, Forkmann T: Religious beliefs buffer the impact of depression on suicide ideation. *Psychiatry Research* 2017; 257: 276–278

SpREUK-15		does not apply at all	does not really apply	I don't know (neither yes nor no)	applies quite well	definitely applies
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.						
F2.6*	In my mind I am a religious individual.	0	1	2	3	4
F1.1*	In 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 happens, I will 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

© Prof. Dr. Arndt Büssing, Witten/Herdecke University

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

SpREUK-15						
<p>Aus Gesprächen mit Patienten wissen wir, dass es sehr verschiedene Gefühle, Einstellungen und Reaktionen auch in Bezug auf Krankheit gibt. Im Folgenden finden Sie daher Aussagen, wie sie von anderen Patienten geäußert wurden.</p> <p>Bitte überprüfen Sie, in wie weit diese für Sie persönlich momentan zutreffend sind. Wenn es Ihnen schwer fällt, sich für eine Antwort zu entscheiden, kreuzen Sie bitte die Antwort an, die spontan noch am ehesten auf Sie zutrifft.</p>		trifft gar nicht zu	trifft eher nicht zu	kann ich nicht sagen (weder ja noch nein)	trifft eher zu	trifft genau zu
F2.6*	Ich empfinde mich als religiösen Menschen.	0	1	2	3	4
F1.1*	Ich empfinde mich als spirituellen Menschen.	0	1	2	3	4
F1.4	Meine Krankheit hat mich dazu gebracht, mich wieder intensiv mit spirituellen oder religiösen Fragen zu beschäftigen.	0	1	2	3	4
F1.5	Ich bin davon überzeugt, dass sich meine Krankheit günstig beeinflussen lässt, wenn ich einen Zugang zu einer spirituellen Quelle finden kann.	0	1	2	3	4
F1.6	Ich suche einen Zugang zu Spiritualität/Religiosität	0	1	2	3	4
F1.9*	Es drängt mich zu spiritueller oder religiöser Erkenntnis, egal ob sich dadurch meine Lebensschwierigkeiten mindern oder nicht.	0	1	2	3	4
F2.5	Egal was auch passiert, ich habe Vertrauen in eine höhere Macht, die mich trägt	0	1	2	3	4
F3.2	Was mir zustößt, ist mir ein Hinweis, etwas in meinem Leben zu ändern.	0	1	2	3	4
F3.3	Durch meine Erkrankung komme ich dazu, mich wieder mehr mit mir selber auseinander zu setzen	0	1	2	3	4
F3.4*	Ich bin überzeugt, dass meine Krankheit einen Sinn hat.	0	1	2	3	4
F3.5*	Ich sehe meine Krankheit als Chance für meine persönliche Entwicklung an.	0	1	2	3	4
F3.7	Durch meine Erkrankung komme ich dazu, darüber nachzudenken, was mir in meinem Leben wirklich wichtig ist	0	1	2	3	4
37	Ich habe Vertrauen in eine geistige Führung in meinem Leben.	0	1	2	3	4
38	Ich fühle mich mit einer „höheren Quelle“ verbunden.	0	1	2	3	4
39	Ich bin davon überzeugt, dass mit dem Tod nicht alles vorbei ist.	0	1	2	3	4

© Prof. Dr. Arndt Büssing, University Witten/Herdecke

* Nicht verwendet in der Kurzversion (SpREUK-SF10)

SpREUK-15		Zdecydowanie nie	Raczej nie	Trudno nowiedzieć	Raczej tak	Zdecydowanie tak
Z rozmów z pacjentami wiemy, że choroba wywołuje wiele uczuć, postaw i reakcji. Poniżej zamieszczono ich wypowiedzi. Proszę sprawdzić, w jakim stopniu dotyczą one Pani/Pana obecnej sytuacji. W przypadku trudności z wyborem wypowiedzi, proszę zakreślić tę, którą jest dla Pani/Pana najbliższa.						
F2.6	Uważam, że jestem osobą wierzącą.	0	1	2	3	4
F1.1	Uważam, że jestem osobą dla której jest ważna sfera duchowa.	0	1	2	3	4
F1.4	Moja choroba spowodowała, że znów intensywnie zajmuję się kwestiami duchowymi i wiary.	0	1	2	3	4
F1.5	Jestem przekonany, że jeśli odnajdę dostęp do źródła duchowego będzie to miało korzystny wpływ na moją chorobę.	0	1	2	3	4
F1.6	Poszukuję duchowości i wiary.	0	1	2	3	4
F1.9	Czuję silną potrzebę poznania duchowego lub religijnego, niezależnie od tego czy zmniejszy to moje trudności życiowe.	0	1	2	3	4
F2.5	Nieważne, co się stanie, mam zaufanie do siły wyższej, która mnie prowadzi.	0	1	2	3	4
F3.2	To, co mi się przytrafia, jest wskazówką, żeby coś zmienić w moim życiu.	0	1	2	3	4
F3.3	Moja choroba sprawiła, że mogę poznać siebie lepiej.	0	1	2	3	4
F3.4	Jestem przekonany, że moja choroba ma sens.	0	1	2	3	4
F3.5	Traktuję moją chorobę jako szansę rozwoju osobistego.	0	1	2	3	4
F3.7	Moja choroba spowodowała, że zaczynam się zastanawiać, co naprawdę jest ważne w moim życiu.	0	1	2	3	4
37	Mam zaufanie, że moim życiem kieruje jakaś siła duchowa.	0	1	2	3	4
38	Czuję się związany z wyższą siłą.	0	1	2	3	4
39	Jestem przekonany, że śmierć nie kończy wszystkiego.	0	1	2	3	4

לכל אחד יש את נקודת ראות האישית המיוחדת שלו. קרא כל אמירה בעיון וציין עד כמה נכונה היא לגביך (הקף בעיגול)		לא נכון כלל	לא ממש נכון	אינני יודע	נכון כמעט תמיד	נכון
F2.6 *	לדעתי אני אדם דתי	0	1	2	3	4
F1.1 *	לדעתי אני אדם רוחני	0	1	2	3	4
F1.4	מחלות מביאות אותי לחדש עניין בשאלות רוחניות או דתיות	0	1	2	3	4
F1.5	אני משוכנע כי עיסוק במקורות רוחניים עשויה להשפיע באופן חיובי אם אני חולה	0	1	2	3	4
F1.6	אני מחפש גישה וקירבה לדת ולרוחניות	0	1	2	3	4
F1.7 #	אני חושב שזה אפשרי שאחרים ילמדו אותי ויסייעו לי בהתפתחות הרוחנית שלי	0	1	2	3	4
F1.8 #	אני מחפש דבר שיעניק לחיי מטרה או משמעות	0	1	2	3	4
F1.9 #	מדרבן אותי לחזק תובנות דתיות ורוחניות, בין אם הם מפחיתות את הקשיים בחיים שלי ובין אם לא	0	1	2	3	4
F2.4 #	אמונתי לבדה עשויה להשפיע על מהלך מחלתי	0	1	2	3	4
F2.5	בכל מקרה אני בוטח בכוח עליון שיוביל אותי	0	1	2	3	4
F3.2	כל דבר שקורה לי הוא רמז וסימן שעלי לשנות את חיי	0	1	2	3	4
F3.3	כאשר אני חולה, זה מעודד אותי להכיר את עצמי טוב יותר	0	1	2	3	4
F3.4 *	אני משוכנע שלמחלה ישנה משמעות	0	1	2	3	4
F3.5 *	כאשר אני חולה, זוהי הזדמנות להתפתחות עצמית	0	1	2	3	4
F3.7	בגלל מחלה, אני מהרהר על מה שמהותי בחיי	0	1	2	3	4
37	יש לי אמון בהכוונה רוחנית בחיי	0	1	2	3	4
38	לדעתי אני מחובר ל"כוח עליון"	0	1	2	3	4
39	אני משוכנע שהמוות אינו הסוף	0	1	2	3	4

* not used in the short version (SpREUK-SF10), # part of an alternative version

SpREUK Questionnaire						
ينطبق تماما	ينطبق إلى حد ما	لا أعرف	لا ينطبق	لا ينطبق أبدا	استبيان الفقرات الدينية/ الروحانية	
4	3	2	1	0	حسب فكري أنا إنسان متدين	F2.6 *
4	3	2	1	0	حسب فكري أنا إنسان روحاني	F1.1
4	3	2	1	0	يعتبر مرضي سببا في رجوعي إلى الدين والحياة الروحانية	F1.4
4	3	2	1	0	أنا على افتناع بان وجود مصدر روحاني في حياتي له أثر إيجابي على مرضي	F1.5
4	3	2	1	0	أبحث عن مصدر ديني / روحاني في حياتي	F1.6 #
4	3	2	1	0	أعتقد أن بإمكان الآخرين تعليمي ومساعدتي بأن أكون روحانيا	F1.7 #
4	3	2	1	0	أبحث عن شيء ما يمنح حياتي معنى وغاية	F1.8
4	3	2	1	0	اشعر بان هناك حاجة ماسة للدين والروحانية سواء ساعد ذلك في التخلص من متاعبي في الحياة أم لا	F1.9
4	3	2	1	0	لا دور لي في مجبرات أمور حياتي؛ إنه القضاء والقدر	F2.1 #
4	3	2	1	0	أقبل مرضي أتحملة بصبر وهدوء	F2.2 #
4	3	2	1	0	مهما يحدث لي أثق بوجود قوة علوية تحميني	F2.5
4	3	2	1	0	مهما يحدث لي أثق بما امتلكه من قدرات داخلية	F3.1 #
4	3	2	1	0	حدوث شيء ما لي إشارة بأنه علي أن أغير مسار حياتي	F3.2
4	3	2	1	0	مرضي بمثابة تشجيع لي لمعرفة نفسي أكثر وأكثر	F3.3
4	3	2	1	0	أنا على قناعة تامة بأن لمرضي مغزى ومعنى معين	F3.4
4	3	2	1	0	مرضي بمثابة فرصة متاحة لنموي وتطوري	F3.5
4	3	2	1	0	أنا على قناعة تامة بأن لا أثر لمرضي على جوهر كينونتي	F3.6 #
4	3	2	1	0	بسبب مرضي، عدت ورجعت إلى ما هو جوهر في حياتي	F3.7
4	3	2	1	0	أعتقد بأهمية التوجيه الروحي في واقع حياتي	37
4	3	2	1	0	حسب فكري وتصوري أنا على صلة بمصدر علوي	38
4	3	2	1	0	أنا على قناعة تامة بأن الموت لا يعتبر النهاية الأبدية	39
4	3	2	1	0	قبل ان امرض، كنت ممن يواظب على الصلوات المكتوبة	40 #

part of an alternative Arab version