An important component of social work practice is the assessment of clients’ needs. Social workers often work with other professionals, including pastoral counselors, nurses, and physicians, in addressing these needs. The attitudes of social workers’ may play an essential role in both assessment and treatment. This study examines the factors associated with social workers’ attitudes toward the role of religion and spirituality in social work practice. Findings indicate that personal spiritual participation, number of years in the field of social work and specific coursework in spirituality are associated with social workers’ attitudes. Implications and challenges in educating social workers about religion and spirituality are discussed.

Keywords. Spirituality, religion, attitudes, social work education

Introduction

Social work practitioners recognize that religion and spirituality may play an important role in practice (Furman, Benson, Grimwood, & Canda, 2004; Kaut, 2002; Mattison, Jayaratne, Croxton, 2000; Northcut, 2000; Sheridan, 2004, Sheridan, Bullis, Adcock, Berlin & Miller, 1992; Sherwood, Wolfer & Scales, 2002). As a result, over the last ten years there has been increased research on religion and spirituality in social work, more courses offered on the topic, and more publications in the field (Canda and Furman, 1999).

Recently, the Council on Social Work Education (CSWE) has published several books on the role of spirituality and religion in practice, along with the development of educational tools for
instructors (Scales et al., 2002). Despite this recognition and attention there has been limited research focusing on practitioners' attitudes towards religion and spirituality in practice. Therefore, the purpose of this study is to understand the breadth of social workers' attitudes toward the role of spirituality and religion in their practice.

**Literature Review**

The differentiation between the terms religion and spirituality has led to extensive discussion. Often the term “religion” has been attached to a structured belief system, usually in a shared community through organized affiliation with churches, synagogues or other public places of worship (Derezotes, 1995; Dudley & Helfgott, 1990; Joseph, 1988; Siporin, 1985). According to Netting, Thibault and Ellor (1990), religiosity is defined as “a relationship to or membership in an organized faith community that institutionalizes a system of religious beliefs, attitudes, and practices” (p. 6). Spirituality is often linked to religion; however, some see it as a distinct concept (Carroll, 1998; Sanzenbach, Canda & Joseph, 1989). Although there is no authoritative definition of spirituality, Canda (1990) defines it as “the person's search for a sense of meaning and morally fulfilling relationships between oneself, other people, (and) the encompassing universe...(p. 13). According to Brennan (2004), the literature often defines spirituality to include “a sense of transcendence beyond one's immediate circumstances, and other dimensions such as purpose and meaning in life, reliance on inner resources, and a sense of within-person integration or connectedness” (p. 195). While there is often a debate over the definition of spirituality and religion, practitioners recognize that building on the religious and spiritual strengths of the client may enable the client to improve their coping skills and serve as a support (Gilbert, 2000; Kaut, 2002; Northcut, 2000; Ortiz & Langer, 2002; Rose, Westefeld, Ansley, 2001; Sermabeikian, 1994). Common areas where religious and spiritual participation play a role in treatment are in substance abuse (Hodge, Cardenas & Montoya, 2001; Robinson, Brower, Kurtz, 2003), illness (Koenig, 2004), end of life planning (Daaleman & VandeCreek, 2000; Kaut, 2002), and in group work (Gilbert, 2000).
Due to the importance of religion and spirituality in the lives of clients, it is important that social work practitioners develop the ability to incorporate clients' beliefs into the process. In order to bridge the gap between recognizing the importance of clients' beliefs and addressing them in practice, it is necessary to understand the attitudes held by practitioners towards religion and spirituality. In 1990, Dudley and Helfgott felt that there was a void in understanding faculty members' views of the importance of religion and spirituality in social work programs. When asked, 26.4% of faculty members at four university schools of social work thought that social work practice that included a spiritual component had a better chance of empowering clients. Interestingly, when asked if they would support a course in spirituality, slightly more than 60% were in favor of it as an elective. Their early work laid the foundation for further exploration of the inclusion of spirituality and religion in the social work curriculum.

In the 1990s, Sheridan and colleagues continued to explore practitioner, educator, and student views regarding spirituality and religion in social work. Sheridan et al. (1992) found that 79% reported that the topic was never or rarely presented in their education and training. This finding was further supported by Furman and Chandry (1994), who reported that 76% received little or no training in spirituality during their education and “about 52% felt that it was important that social workers be prepared to deal with religious and spiritual issues” (p.24). Next, Sheridan, Wilmer, and Atcheson (1994) expanded Dudley and Helfgott's earlier research by conducting a more extensive survey of 25 schools of social work located in 12 southeastern states and Washington, D.C. The purpose of this study was to further examine faculty attitudes on the role of religion and spirituality in practice and their views on its place in the social work curriculum. When asked whether they would favor a course in spirituality Sheridan et al. found that the majority (62.4%) supported the course as an elective.

Sheridan (1999) furthered her work in this area to understand what influences social workers' practice behaviors with respect to spiritually-derived techniques. She found that “in considering the appropriateness of the listed interventions, over two-thirds endorsed 18 of the 24 interventions as appropriate for social work practice.”
Social workers may often work on treatment teams with other practitioners including pastoral counselors, nurses, physicians, and other health care professionals. These professionals also need to understand the importance that religion and spirituality may play in the client's ability to cope with their physical or mental illness. However, studies have shown that there is limited awareness on the part of practitioners as to the critical impact that religious and spiritual beliefs have on compliance with health care recommendations and the worker-client relationship (Koenig, 2004; Silvestri, Knittig, Zoller & Nietert, 2003). Health care professionals may also limit their exploration of a client's beliefs because they have not received formal training in this area and do not know what the client's reaction will be to such questioning (Koenig, 2004). Another reason for the discomfort in exploring this area is the perceived deference to boundaries. For example, social workers may feel more comfortable in interviewing clients about their physical, emotional, or social circumstances but remain reluctant to ask about matters of faith because such topics may be considered private. Venturing into this area may also raise uncomfortable feelings on the part of the worker should the worker be unclear about his or her own views and attitudes about their spiritual practices (Koenig, 2002).

The increasing demands for documentation and shortened time allotted for client contact has been said to be another reason for the limited assessment of client spiritual beliefs. However, Koenig (2002) suggests that the gathering of pertinent information during a spiritual history assessment adds only minutes to the interview. With all of the responsibilities associated with each client case, the relevance of the spiritual assessment and use of client's beliefs in practice is an important consideration for practice.

A study conducted at the University of Pennsylvania's pulmonary disease clinic looked at the importance of religion and spirituality to clients. Sixty-six percent of clients reported that their religious beliefs would influence their decisions about medical care if they became seriously ill (Ehman, Ott, Short, Ciampa, & Hansen-Flaschen, 1999). Meanwhile, 80% of the clients in their sample indicated that they would feel comfortable responding to inquiries from health care providers about their religious beliefs (Ehman, Ott, Short, Ciampa, & Hansen-Flaschen, 1999).
Silvestri, Knitting, Zoller, & Nietert (2003) conducted a study asking cancer patients, their caregivers, and health care providers to rank the importance of seven factors that might influence their treatment decision-making. Of the seven factors (oncologist’s recommendations, faith in God, ability of treatment to cure the disease, side effects, family doctor’s recommendations, spouse’s recommendations, and children’s recommendations) clients, caregivers, and health care providers ranked the recommendation of the client’s oncologist as the primary factor influencing chemotherapy treatment decision-making. The most notable finding is that whereas clients and their caregivers ranked faith in God as the second most important factor in decision-making, health care providers ranked faith in God as the least important factor contributing to how client’s make treatment decisions (Silvestri, Knitting, Zoller & Nietert 2003). These findings also show that helping professionals (social workers, physicians, nurses and counselors) may underestimate the importance of religion and spirituality in the lives of clients.

This research examines attitudes of social work practitioners in a northeastern state and explores what factors predict social workers’ attitudes toward the role of religion and spirituality in practice. The research hypotheses were:

1. There is a positive correlation between the amount of personal participation in spiritual activities and attitudes toward the role of religion and spirituality in practice.
2. There is a correlation between years in the social work field and attitudes toward the role of religion and spirituality in social work practice.
3. Social workers who have taken a course in spirituality have more positive attitudes toward the role of religion and spirituality in social work practice than those who did not take a course.

Methods

Participants
A series of statistical tests was performed to determine if there were significant differences between the study population and respondents. Demographic data was collected from the state social work association and was used for comparing the age, ethnicity, and
gender of the study population with the respondents. The mean age of the membership of the state association was 48, 79% were female, and 89% were White. Chi-square goodness of fit tests were performed for ethnicity and gender. There were no significant differences in ethnicity [X² (1, N=226) = 0.06, p > .05] or gender [X² (1, N=230) = 0.000, p > .05] between respondents and the study population. A one-sample t test also indicated there was no significant mean difference between the two groups, t (227) = -0.58, p > .05, with respect to age.

Of the respondents (N=234), the majority were female (79.1%), Caucasian (88.5%), and had a mean age of 47.6 (SD=11.6). Most of the respondents were married (63%), held a Masters degree (91.7%), and had been working in the field of social work for an average of 15.2 years (SD=10.4). With respect to religious affiliation, 40.4% were Catholic, 28.3% were Protestant, 11.3% were Jewish, 3.9% indicated an unspecified affiliation, and 16.1% had no religious affiliation. See Table 1.

**Design and Procedures**

A cross-sectional design was used for this study. Survey questionnaires were mailed to 400 randomly selected members of the New York State Chapter of the National Association of Social Workers (NYSNASW), excluding New York City. Of the 400 surveys mailed, 234 were returned completed, representing approximately a 59% response rate. The information gathered for this study included the following: (a) attitudes towards the role of religion and spirituality in social work practice, (b) personal spiritual participation; (c) years in the social work field, (c) courses taken in spirituality, and (d) demographic information.

**Measures**

*Attitudes Toward the Role of Religion and Spirituality in Practice (RRSP):*

For this study, the dependent variable was social workers' attitudes toward the role of religion and spirituality in practice. The Role of Religion and Spirituality in Practice (RRSP) scale was used to assess attitudes (Sheridan, 2000). Examples of questions included in this scale include: (a) “Social workers should become more sophisticated than they are now in spiritual matters”, (b) “Social work practice
with a spiritual component has a better chance to empower clients than practice without such a component”, (c) “Addressing a client’s religious or spiritual beliefs is necessary for holistic social work practice” (Sheridan, 2000). Using an 18-item scale, respondents were asked to mark their answers on a five point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The theoretical scores ranged from 18 to 90, with a higher score indicating more positive attitudes toward the role of religion and spirituality in social work practice.

Coursework

Survey participants were asked if they had taken a course in spirituality. If a respondent indicated yes, they were then asked the number of courses they had taken. In addition, social workers were asked if they were interested in taking courses in spirituality. Response categories included yes, undecided and no.

Spiritual Participation

Respondents were asked to self-rate how often they personally participated in spiritual activities. Responses ranged on a 6-point scale from never =0 to daily=5.

Demographic Information

Demographic information was collected by asking the participants questions regarding gender, marital status, age at last birthday, ethnicity, highest completed level of education, religious affiliation, do they currently work in social work, primary work environment, and number of years in social work field.

Results

Spirituality training was measured with one question that asked whether or not the respondent had participated in a course or courses related to spirituality. Respondents answered yes or no. Only one-third had taken a course in spirituality, and two-thirds had not taken a course. For those who had taken a previous course in spirituality, the median number of courses was 2.5 (SD=3.2). When asked if they were interested in taking a course in spirituality, 45.9% stated
they were, 23.4% were undecided and 30.7% stated they were not interested.

Personal spiritual participation ranged from zero (never participate) to five (participate daily) with an average of 3.95 (SD=1.7). Respondents' attitudes toward the role of religion and spirituality in social work practice were measured using the RRSP scale. While possible scores on the RRSP ranged from 18 to 90, respondents scored between 31 and 88 with a mean scale score of 68.5 (SD=10.0). For this study, the RRSP's Cronbach alpha was .89.

A series of t-tests were conducted to determine if there was any difference in RRSP scores based on gender and race. Females did not score significantly higher (M = 68.9, SD = 9.7) than males (M = 67.5, SD = 11.1), t (206) = -0.79, p > .05. No significant difference in RRSP scores was found between whites (M = 68.6, SD = 10.0) and non-whites (M = 67.5, SD = 10.3), t (202) = -0.49, p > .05. No statistical correlation was found between age and attitude score (r = -0.05, p > .05).

Hypothesis Testing

Correlational tests were conducted to assess whether there was a relationship between personal spiritual participation and attitudes toward the role of religion and spirituality in social work practice, as well as to determine if there was a significant correlation between the number of years in social work field and RRSP scores. There was a positive correlation between amount of personal spiritual participation and attitudes (r =0.47, p < .001). Also as number of years in the field increased, the RRSP scores decreased (r = -0.18, p < .01), thus showing that the longer an individual is in the field of social work, the lower their attitude score on the RRSP is.

A t-test was conducted in order to assess whether there was a difference between taking a spirituality course and RRSP scores. Social workers who took a spirituality course had significantly higher RRSP scores (M = 71.9, SD = 8.1) than those who did not take a course (M = 66.7, SD = 10.4), t (174.6) = -3.99, p < .001.
Hierarchical Regression Analysis

Following the testing of each hypothesis presented in this study, a two-stage hierarchical regression was performed in order to predict social workers' attitudes toward the role of religion and spirituality in practice. In the first stage, demographic variables (age, gender, race) and personal participation in spiritual activities were entered. In the second stage, number of years in the field of social work and whether the social worker had coursework in spirituality were added.

Results of the first stage analysis revealed that the block of demographic variables, including, age, gender, race, and personal spiritual participation were statistically significant ($R^2 = 0.25$, adjusted $R^2 = 0.23$, $F (4,173) = 14.49$, $p < .001$). In the second stage, number of years in the field of social work and coursework in spirituality were statistically significant ($R^2 = 0.30$, adjusted $R^2 = 0.28$, change in $R^2 = 0.05$, $F (6,171) = 12.34$, $p < .001$). See Table 2.

Limitations

This was a cross-sectional study which only examined social work practitioners' attitudes in one northeastern state: New York, exclusive of New York City. Therefore, it has limited generalizability. While this study has a high response rate, one possible limitation is that people who are more religious and/or spiritual may take the time to complete this survey. Furman et al. (2004) also cited that social workers who consider themselves spiritual and/or religious may be more likely to complete a survey on the subject matter.

While this study attempts to provide insights from social workers on their attitudes toward the role of religion and spirituality in practice, the instrument used to measure attitude combines both religion and spirituality. However, it may be important to distinguish between the two terms, because attitudes toward spirituality and attitudes toward religion may be different. Therefore, further research is needed to understand these differences. Coursework was only measured by asking respondents if they took a course in spirituality. It does not measure if they had other training or education in this area.
This study asks social workers about their attitudes regarding spirituality and religion, but it does not examine whether they are comfortable with the topic. Further research in this area is needed.

Discussion

Research has shown that for many individuals religion and spirituality are important in their lives. Addressing and understanding clients' religion and spirituality may help to empower them to address different situations they are confronted with. Part of the social worker's role is to gather information from the individual about their family and the cultural and social system in which they live. Social workers need to be open and be ready to listen and respect clients' beliefs.

Our findings showed a positive correlation between social workers' personal participation in spiritual activities and attitudes toward the role of religion and spirituality in practice. This finding suggests that if spiritual activities are important to a social worker, then he/she may have more positive attitudes about its role. Social workers need to understand clients' strengths and build on their strengths as part of the helping process. Social workers may refer a client to clergy or formal pastoral counselors when the client is having difficulty due to religious or spiritual conflicts.

Social workers, on the other hand, are trained to gather a detailed biopsychosocial history from their clients. This spiritual history may include questions such as 1) Are religious beliefs a source of comfort or a cause of stress? 2) Are religious beliefs in conflict with the advised care? 3) Are there religious beliefs that might influence treatment decisions (and how)? 4) Is there a supportive faith community likely to provide encouragement and assistance to you at this time? and 5) Are there any other spiritual needs that need to be addressed? (Koenig, 2004; 2002). Learning of a client's particular religious belief system can aid the social worker in helping the client strengthen their ability to cope with the various situations they are confronted with. In addition, practical changes are being made in various health care settings. Since the emotional and spiritual needs of clients often received a low satisfaction rating when patients were surveyed after discharge, the Joint Commission for the Accreditation of Hospital Organizations (JCAHO) now requires that a spiritual history assessment be gathered on all patients.
admitted to acute care hospitals, long-term care settings, and those receiving home health services (Clark, Drain, & Malone, 2003; Joint Commission, 2003). This action was taken because JCAHO determined that spiritual and emotional well-being is an important aspect of client care and necessary to holistically treat the client. The current challenge is how this information is used to assist in client care once the spiritual assessment is taken.

Another finding in our research was a negative correlation between the number of years in the social work field and attitudes toward spirituality and religion. One might assume that as a social worker practices in the field, he or she will become more open and embrace different aspects of social work, including spirituality and religion. However, our findings show otherwise. It is possible that the farther removed social workers are from their coursework, the less likely they are to have positive attitudes about the role of spirituality and religion in social work practice. If agency practice does not embrace the inclusion of spirituality into practice, social workers may not have or retain a positive attitude towards the role of religion and spirituality in practice.

Our study also found that social workers who have taken a course in spirituality have more positive attitudes toward the role of religion and spirituality in social work practice than those who did not take a course. Therefore, it is critical that the curriculum includes issues of spirituality. This is partly due to the need to accept and incorporate clients' spiritual beliefs into practice in order to assure spiritually-sensitive practice. CSWE (Scales et al. 2002) provides teachers with case studies in their recent book. Case discussion, role plays, and small group activities can be utilized as an effective teaching tool with this subject matter.

Coursework throughout the curriculum should emphasize the importance of recognizing clients' diversity with respect to their personal belief system. Including information about the role of spirituality and religion in practice in the curriculum is an important component. According to Canda and Furman (1999), more than 50% of the social workers they surveyed were utilizing spirituality and religion in working with clients, yet 73% of social workers in the United States had no training in this area. In the Educational Policy and Accreditation Standards of the Council of Social Work Education
(2001), “spirituality development across the lifespan” was included as part of the foundation curriculum content. Providing educational opportunities is one way that social work educators can ensure that this material is infused into the curriculum.

REFERENCES


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Table 1
Demographics of Respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>47.6</td>
<td>11.6</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>48</td>
<td>20.9</td>
</tr>
<tr>
<td>Female</td>
<td>182</td>
<td>79.1</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>200</td>
<td>88.5</td>
</tr>
<tr>
<td>Non-White</td>
<td>26</td>
<td>11.5</td>
</tr>
<tr>
<td>Religious Affiliation</td>
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<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>65</td>
<td>28.3</td>
</tr>
<tr>
<td>Catholic</td>
<td>93</td>
<td>40.4</td>
</tr>
<tr>
<td>Jewish</td>
<td>26</td>
<td>11.3</td>
</tr>
<tr>
<td>No Affiliation</td>
<td>37</td>
<td>16.1</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>3.9</td>
</tr>
<tr>
<td>Years in Social Work</td>
<td>15.2</td>
<td>10.4</td>
</tr>
</tbody>
</table>
Table 2

Summary of Hierarchical Regression Analysis
for Variables Predicting RRSP Scores

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.00</td>
<td>0.06</td>
<td>-0.00</td>
</tr>
<tr>
<td>Gender (1=Female)</td>
<td>-0.57</td>
<td>1.62</td>
<td>-0.02</td>
</tr>
<tr>
<td>Race (1= Caucasian)</td>
<td>0.08</td>
<td>2.17</td>
<td>0.00</td>
</tr>
<tr>
<td>Personal Spiritual Participation</td>
<td>3.10</td>
<td>0.41</td>
<td>0.50***</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.08</td>
<td>0.07</td>
<td>0.09</td>
</tr>
<tr>
<td>Gender (1=Female)</td>
<td>-0.24</td>
<td>1.65</td>
<td>-0.09</td>
</tr>
<tr>
<td>Race (1= Caucasian)</td>
<td>-0.14</td>
<td>2.12</td>
<td>-0.00</td>
</tr>
<tr>
<td>Personal Spiritual Participation</td>
<td>2.85</td>
<td>0.41</td>
<td>0.46***</td>
</tr>
<tr>
<td>Years of social work experience</td>
<td>-0.20</td>
<td>0.08</td>
<td>0.20*</td>
</tr>
<tr>
<td>Course in spirituality (1 = Yes)</td>
<td>3.67</td>
<td>1.39</td>
<td>0.18**</td>
</tr>
</tbody>
</table>

Note. $R^2 = .25$ for Step 1; $\Delta R^2 = .05$ for Step 2 (ps < .001).
*p < .05, ** p < .01, ***p < .001
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