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The Development of a Brief Version of the Santa Clara Strength of Religious Faith Questionnaire

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The increasing interest between religiosity and health benefits has created the need for a brief, reliable, valid, and practical instrument to measure strength of religious faith. The purpose of this study is to develop a brief version of the Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ). The SCSRFQ has been reduced from a ten-item questionnaire to a five-item scale, making it more suitable for administration to severely ill patients and for use in large-scale epidemiological studies. To create the brief version, 1584 participants completed the SCSRFQ. Results were evaluated for high correlation coefficients between individual item responses and the overall total 10 questions from the original scale. Items to be used in the abbreviated version were also selected on the basis of having moderate and centered means and high standard deviations. Thus, the items selected for the brief version generally correlated highly with the total score for the longer questionnaire and provided adequate variability. The reduced version, using questions 2, 4, 5, 8, and 10 of the original scale provides a >0.95 correlation with results from the longer version.

KEY WORDS: SCSRFQ; religious faith; health.

Interest in the relationship between religiosity and health benefits is growing, for healthy individuals as well as for those coping with illness (Plante & Sherman, 2001). Whereas valid and reliable surveys measuring different aspects of religiosity have been developed, there is currently a need for these same instruments in shortened versions that are more suitable for large-scale epidemiological

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studies and seriously ill medical patients. Initial studies that focused on patients with advanced disease such as cancer suggest that psychosocial adjustment and health-related quality of life (e.g., less pain, anxiety, fear of death) are more favorable for patients who have stronger religious ties than for those who are less religious (Ita, 1995; Kaczorowski, 1989; Swensen, Fuller & Clements, 1993; Yates, Chalmer, St. James, Follansbee & McKegney, 1981). Religious involvement has also been linked with lower rates of morbidity or mortality from cardiovascular disease (Dwyer, Clarke & Miller, 1990; Levin & Vanderpool, 1989; Larson, Koenig, Kaplan, Greenberg, Logue & Tyroler, 1989) and cancer (Gardner & Lyon, 1982). As for the patients' self-reported need for religion and faith, studies have indicated that cancer (Halstead & Fernsler, 1994; Jenkins & Pargament, 1988; Tebbi, Mallon, Richards, & Bigler, 1987) and Human Immunodeficiency Virus patients (Hall, 1994) rate religion as an important factor in coping with the stress of their illness. In a recent study with cancer patients, over one third expressed a need for spiritual support (Moadel et al., 1999).

To measure religiosity, several instruments have been created, such as the Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ; Plante & Boccaccini, 1997), the Duke Religious Index (Koenig, Meador, & Parkerson, 1997), and the Systems of Belief Inventory—Revised (SBI-15R; Holland et al., 1998). These measures avoid common problems in measuring religious strength, such as confounding spirituality with psychological well-being, confusing general religious orientation with disease-specific religious coping, and assuming that the patient is of a specific religious affiliation (Sherman, Plante, Simonton, Adams, Burris & Harbison, 1999).

The SCSRFQ is designed to specifically measure strength of religious faith, without assuming that the person is religious, or assuming that the person is of a specific religious denomination. The SCSRFQ is easy to administer and score, making it suitable for researchers and clinicians who wish to examine their client's strength of religious faith or who wish to use strength of religious faith as a variable in their research (Plante & Boccaccini, 1997).

The SCSRFQ is both reliable and valid. The validity of the 10-item survey has been supported by strong correlations between results of the SCSRFQ and other established measures of religiousness and religiosity, such as the Age Universal Religious Orientation (AURO), the Intrinsic Religious Motivation Scale (IRMS), and the Duke Religious Index (DRI); while there seemed to be a lack of correlation between the SCSRFQ and instruments measuring self-righteousness, depression, and need for alliance (Plante, Yancey, Sherman, Guertin, & Pardini, 1999). There was also a significant correlation between scores on the SCSRFQ and the measure of God control from the Belief in Personal Control Scale (Plante & Boccaccini, 1997). Reliability of the SCSRFQ was confirmed by high internal reliability (Chronbach Alpha $= .95$) and high split-half reliability ($r = .92$; Plante & Boccaccini, 1997).

The 10-item questionnaire might still be too lengthy for use with severely ill medical patients or in very large-scale epidemiological studies. The SCSRFQ could be reduced from a 10-item scale to a briefer version to make it more practical and easier to administer among these populations. To reduce the size of the questionnaire, the scores on the 10-item scale were analyzed for moderate means and high standard deviations to create a brief version. The scores from the brief version should also highly correlate with the overall 10-item measure.

METHOD

Participants

The results of 1,584 completed questionnaires were utilized. Data were collected using 4 different subject pools assessed over a 3-year period. Sample 1 (164 male, 394 female; age $M = 19.47$ years, $SD = 3.93$) consisted of 406 students at Santa Clara University, 91 students at the University of Alabama, 51 students at Samford University, and 10 faculty members at Santa Clara University. Data from sample 1 were collected from 1996 to 1998. Sample 2 (211 male, 441 female; age $M = 21.22$ years, $SD = 5.55$) consisted of 221 students at Tennessee State University, 117 students at Howard University, 141 students at Northern Iowa University, 124 students at Samford University, and 49 students at Santa Clara University. Data from sample 2 were collected during the 1997–1998 academic year. Sample 3 (65 male, 134 female; age $M = 55.74$ years, $SD = 9.70$) consisted of 95 breast cancer patients and 104 bone marrow transplant patients from the University of Arkansas Medical Center. Of the 199 patients, 178 were Caucasian, 18 were African American, 2 were American Indian and 1 was classified as "other." Sample 4 consisted of 175 patients (age $M = 43.06$ years, $SD = 11.12$) at a gynecology clinic from the University of Arkansas Medical Center. In sample 4, 161 subjects were Caucasian, 6 African American, 3 American Indian, 2 Latino and 1 Asian. Data from both samples 3 and 4 were collected during the 1998–1999 academic year.

Therefore, samples 1 and 2 primarily used college students, sample 3 used primarily female cancer or cancer screening patients, and sample 4 used primarily healthy women in a clinic environment.

Measure

Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ; Plante & Boccaccini, 1997). The 10-item SCSRFQ questionnaire is designed to measure strength of religious faith on a 4-point scale. It was designed by the first author and generated from his clinical contact with religious patients. The SCSRFQ was found

to have high internal reliability (Cronbach Alpha = .95) and split-half reliability ($r = .92$; Plante & Boccaccini, 1997). The validity of the SCSRFQ has also been supported by strong correlations between the SCSRFQ and the AUROS, which measures both intrinsic and extrinsic religiousness (rs ranged from .70 to .83, $p < 0.5$), DRI, which measures religious involvement (rs ranged from $-.71$ to $-.85$, $p < 0.5$), and IRMS, which is a measure of religious motivation (rs ranged from .69 to .82, $p < 0.5$; Plante & Boccaccini, 1999).

Procedure

Questionnaires were distributed in classroom settings for samples 1 and 2 and in clinic or hospital settings for samples 3 and 4. Completed informed consent forms were obtained from all participants and all responses and questionnaires were completed anonymously.

All the items on the SCSRF were correlated with the total score (i.e., the sum of the 10 items). Five items with moderate means, high standard deviations, and high correlations with the overall score were selected as a brief version of the test. (See Appendix.) Moderate means and high standard deviations were important to avoid ceiling or floor effects. Moderate means were defined as being below 2.89 for samples 1, 3, and 4 and below 4.1 for sample 2. High standard deviations were defined as being above 0.95 for samples 1, 3, and 4 and above 1.00 for sample 2. The criteria differed for sample 2 because questionnaires from sample 2 were scored on a 5-point scale while samples 1, 3, and 4 used a 4-point scale.

Items were each correlated with the overall 10-item scale. Correlations above 0.80 were considered for inclusion in the brief version for samples 1 and 2 and 0.67 for samples 3 and 4. A lower criterion was set for samples 3 and 4 since the overall correlations were much lower for these samples, which were more diverse relative to the college samples.

RESULTS

The mean strength of religious faith score assessed by the SCSRFQ was 28.52 ($SD = 8.83$) for sample 1, 40.13 ($SD = 9.63$) for sample 2, 34.47 ($SD = 6.46$) for sample 3, and 32.63 ($SD = 7.44$) for sample 4. Individual means and standard deviations for the ten items can be found in Table I for sample 1, Table II for sample 2, Table III for sample 3, and Table IV for sample 4.

All 10 items of the SCSRFQ were correlated with each other; these data can be found in Table V for sample 1, Table VI for sample 2, Table VII for sample 3, and Table VIII for sample 4. As mentioned earlier, 5 items with moderate means and high standard deviations were chosen for the abbreviated version of the SCSRFQ. The mean strength of religious faith score for the brief version of the SCSRFQ was

Table I. Means and Standard Deviations for the 10-Item Santa Clara Strength of Religious Faith Questionnaire for Sample 1

	M	*SD*
Question 1	3.06	0.94
Question 2	2.63	1.10
Question 3	2.88	1.00
Question 4	2.90	1.02
Question 5	2.48	1.03
Question 6	2.97	1.00
Question 7	3.10	1.01
Question 8	2.80	0.95
Question 9	2.94	0.99
Question 10	2.74	1.02

Table II. Means and Standard Deviations for the 10-Item Santa Clara Strength of Religious Faith Questionnaire for Sample 2

	M	*SD*
Question 1	4.25	0.97
Question 2	3.82	1.28
Question 3	4.04	112
Question 4	4.08	1.09
Question 5	3.45	1.21
Question 6	4.09	1.07
Question 7	4.34	1.00
Question 8	3.96	1.00
Question 9	4.12	1.01
Question 10	3.89	1.12

Note. In sample 2, the scale was completed on a 5 (rather than 4)-point scale.

Table III. Means and Standard Deviations for the 10-Item Santa Clara Strength of Religious Faith Questionnaire for Sample 3

	M	*SD*
Question 1	3.61	0.63
Question 2	3.38	0.82
Question 3	3.50	0.72
Question 4	3.49	0.71
Question 5	3.12	0.89
Question 6	3.43	0.73
Question 7	3.61	0.63
Question 8	3.42	0.72
Question 9	3.53	0.69
Question 10	3.38	0.82

Table IV. Means and Standard Deviations for the 10-Item Santa Clara Strength of Religious Faith Questionnaire for Sample 4

	M	*SD*
Question 1	3.43	0.78
Question 2	3.14	0.92
Question 3	3.31	0.82
Question 4	3.34	0.85
Question 5	2.93	1.00
Question 6	3.28	0.83
Question 7	3.46	0.77
Question 8	3.25	0.85
Question 9	3.32	0.84
Question 10	3.19	0.87

Table V. Pearson Correlation Matrix for the 10 Items of the Santa Clara Strength of Religious Faith Questionnaire for Sample 1

	1	2	3	4	5	6	7	8	9
Question 2	.75								
Question 3	.82	.74							
Question 4	.84	.69	.88						
Question 5	.73	.69	.69	.70					
Question 6	.83	.69	.81	.82	.72				
Question 7	.83	.73	.78	.79	.67	.80			
Question 8	.70	.62	.69	.71	.67	.72	.68		
Question 9	.78	.68	.80	.81	.68	.79	.78	.75	
Question 10	.75	.65	.75	.78	.70	.77	.73	.76	.78

Table VI. Pearson Correlation Matrix for the 10 Items of the Santa Clara Strength of Religious Faith Questionnaire for Sample 2

	1	2	3	4	5	6	7	8	9
Question 2	.69								
Question 3	.79	.74							
Question 4	.79	.70	.86						
Question 5	.68	.62	.69	.70					
Question 6	.78	.68	.79	.79	.71				
Question 7	.76	.67	.78	.75	.61	.78			
Question 8	.65	.57	.65	.67	.61	.67	.60		
Question 9	.76	.70	.80	.80	.67	.78	.74	.70	
Question 10	.37	.35	.39	.39	.37	.40	.37	.35	.41

Table VII. Pearson Correlation Matrix for the 10 Items of the Santa Clara Strength of Religious Faith Questionnaire for Sample 3

	1	2	3	4	5	6	7	8	9
Question 2	.71								
Question 3	.81	.75							
Question 4	.80	.68	.87						
Question 5	.72	.72	.73	.80					
Question 6	.74	.60	.71	.72	.61				
Question 7	.80	.68	.77	.79	.65	.75			
Question 8	.77	.69	.73	.67	.67	.70	.77		
Question 9	.79	.70	.82	.79	.71	.78	.85	.78	
Question 10	.70	.62	.70	.72	.66	.83	.74	.71	.77

13.56 ($SD = 4.46$) for sample 1, 19.2 ($SD = 4.85$) for sample 2, 16.79 ($SD = 3.43$) for sample 3, and 15.84 ($SD = 3.90$) for sample 4.

When the brief version and the longer version were correlated, the correlation was significant, $r = .95$, $p < 0.01$ for sample 1, $r = .98$, $p < 0.01$ for sample 2, $r = .99$, $p < 0.01$ for sample 3, and $r = .98$, $p < 0.01$ for sample 4.

A factor analysis procedure was conducted on the 10 items from the original scale. Results indicated that the SCSRFQ consists of one factor. Correlations between each item and the one factor ranged from 0.68 to 0.91 (all ps < 0.05).

DISCUSSION

Whereas the 10-item SCSRF may be suitable for research with college students and healthy individuals, the shortened version of the SCSRF is intended to measure strength of religious faith in a very brief questionnaire that is more practical for large scale epidemiological studies and for administration to subjects in medical settings.

Table VIII. Pearson Correlation Matrix for the 10 Items of the Santa Clara Strength of Religious Faith Questionnaire for Sample 4

	1	2	3	4	5	6	7	8	9
Question 2	.74								
Question 3	.83	.73							
Question 4	.77	.65	.85						
Question 5	.72	.63	.74	.70					
Question 6	.80	.63	.83	.85	.74				
Question 7	.78	.68	.77	.77	.63	.79			
Question 8	.70	.66	.71	.69	.68	.74	.74		
Question 9	.80	.66	.84	.83	.69	.82	.83	.80	
Question 10	.78	.66	.77	.78	.72	.83	.79	.74	.85

After the five questions were chosen based on their moderate means, high standard deviations, and high correlations with the overall 10-item scale, these five questions were combined and correlated with the entire 10-item questionnaire. With a 0.98 correlation between the results of the five questions and the results of all 10 original questions, as well as the factor analysis results demonstrating only one factor, the shortened version should be as effective in measuring religious faith as the original version.

However, since the results from the factor analysis clearly demonstrate that the SCSRFQ consists of one factor, and since the correlations among all 10 items are very high regardless of subject population, it would not be unreasonable to choose any of the 10 items for the brief version. Even choosing just one or two items for use in large epidemiological studies would still appear to be a reasonable measure of religiosity. Various versions with any number of items and any combination of items will likely correlate highly to the overall 10-item scale, so mixing and matching items that seem most suitable for a particular study might be reasonable. However, any one of the 10 questions could potentially be problematic when taken out of the context of the larger 5- or 10-item questionnaire. More research could be conducted to evaluate the correlation between a one- or two-item survey and the longer survey.

For use with medical patients, it might be wise to either omit or substitute the question "I consider myself active in my faith or church," considering that severely ill medical patients might be physically unable to be active participants in their church. The question "I enjoy being around others who share my faith" may also be rated highly independently of religiosity by medical patients who are confined to their hospital rooms and who might be responding on need for social contact rather than religiosity. If this question were used as part of a one- or two-item survey, the person's need for social contact could influence the rating score more than religiosity per se. In addition, when only one or two questions are chosen, it is important that the word "faith," which has many connotations, be changed to "religious faith."

Although previous studies have demonstrated the validity of the 10-item survey, validity studies for the brief version have yet to be conducted. Therefore, the shortened version should be administered and evaluated for reliability and validity, especially with diverse participants. Participants other than college students and cancer patients should be used as well, representing ethnic, regional, religious and clinical diversity.

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APPENDIX

Abbreviated Santa Clara Strength of Religious Faith Questionnaire

Please answer the following questions about religious faith using the scale below. Indicate the level of agreement (or disagreement) for each statement.

1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree

– 1. I pray daily.
– 2. I look to my faith as providing meaning and purpose in my life.
– 3. I consider myself active in my faith or church.
– 4. I enjoy being around others who share my faith.
– 5. My faith impacts many of my decisions.