

# UK CHAPLAINS' RESEARCH DIGEST

Research is a systematic inquiry to describe, explain, predict, and control the observed phenomenon

COVID-19 Edition

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Summer 2021

**Becoming research literate means becoming familiar with reading and interpreting research papers and the findings they report.** For those of us trained in the study of texts, whether they be the ancient sacred texts of our faith tradition or the texts of philosophers, making the shift to reading scientific papers can be a real challenge. However, there is help.

## Understanding Health Research

([www.understandinghealthresearch.org/](http://www.understandinghealthresearch.org/)) offers a particularly useful web-based resource. Developed by the Health Sciences Research Network, funded by the [Medical Research Council](#), and aimed at both lay and professional audiences, the site provides an interactive, user-friendly web-based tool that aims to help build the skills to understand how dependable and relevant a piece of research might be. Crucially, the developers promise the site 'does not require any prior scientific knowledge'.

## Using the Understanding Health Research tool

Having found a research paper you think may be relevant to your work, an obvious question concerns how far its findings can be trusted. Clicking the menu, 'Review a Study', opens the first of a series of easily answerable questions with which to interrogate the paper. The tool then guides you to where in the paper the answers are likely to be found. For example, with the question, 'Are there clear research questions or aims?' the tool advises that 'research questions are usually mentioned near the end of the introduction' and may be referred to as 'aims' or 'objectives'.

After answering all the questions, the tool provides a summary assessment of the likely value of the paper. Of course, the final assessment cannot be absolute, but it does give a good indication as to whether a this paper will repay the time spent reading it. Providing an email address will allow the site to email you a printable summary of the assessment.

Additional menus offer further help. 'External Sources' provides links to helpful sites external to Understanding Health Research and 'Useful Information' provides brief introductions to health research concepts. Under this menu, readers completely new to research will find the page 'How to read a scientific paper' especially useful.

One particularly nice feature of the tool is the way it provides in-text explanations for key research terms. Likely unfamiliar terms are underlined and hovering the cursor over an underlined word, for example correlation or causation, brings up a box offering a brief, jargon-free explanation.

Using the tool will quickly build familiarity with the key questions to ask before reading a research paper and allow you a degree of confidence that the time spent will be profitable. ☞

## Welcome

**COVID-19 has been inescapable and chaplaincy/spiritual care research has provided us with no respite.** As you will see many journals feature research and opinion on COVID-19.

Of particular interest this quarter is Snowden's work on chaplains' experiences during the pandemic (page 5). Our thanks go to the editor and publishers of the *Journal of Pastoral Care and Counselling* for making this paper, and accompanying commentaries, [open access](#).

On this theme, a reminder that College members are entitled to free access to *Health and Social Care Chaplaincy*. However, you do need to register afresh each year. [Click here](#) to register.

When you visit the College site, do take a look at the recently refreshed and updated [Chaplaincy Research](#) page. You'll find useful research-related links to literature and courses.

Finally, in July we will be launching the first online UK chaplains' journal club. This joint venture is co-facilitated by Mark Newitt, secretary of the Free Churches Group for Healthcare Chaplaincy and me, as CHCC Research Rep. Details of how to join in the club are on page 5 of this issue of the **Digest**. ☞

**Steve Nolan**

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**CHCC** COLLEGE OF HEALTH CARE CHAPLAINS

This section of the **Digest** reviews and highlights papers from the four main resources for spiritual care research, namely *Health and Social Care Chaplaincy*, *Journal of Health Care Chaplaincy*, *Journal of Pastoral Care and Counselling* and *Journal of Health and Religion*. Research published in other journals will also be highlighted as it comes to the editor's attention. The editor welcomes readers' suggestions of relevant research papers. Where possible, the articles have been consulted, where this is not possible, notes are taken from the relevant journal's abstracts. ☞

## Health and Social Care Chaplaincy

**VOL 8, NO 2 (2020):** Special Issue: COVID-19

*A special issue focusing on chaplaincy during the initial stages of COVID-19. Mainly reflective pieces from a number of different nations, the issue includes some research papers, all small-scale and rapid-response.*

Harrison S, Scarle J: **How are chaplaincy departments responding amidst the COVID-19 pandemic? A snapshot of UK responses to a questionnaire** (pages 143-153)

Harrison and Scarle present a brief qualitative overview of COVID-19 findings based on a 'snapshot' survey of chaplaincy teams in the United Kingdom during April 2020.

**Aim:** To find out how chaplaincy teams were responding functionally during the pandemic.

**Method:** A 12-question survey.

**Main findings:** Captures variation and similarities in chaplaincy experiences. Highlights emerging concerns with respect to chaplaincy practice that may require additional research in the future. <https://doi.org/10.1558/hsc.41624>

Swift C: **Being there, virtually being there, being absent: Chaplaincy in social care during the COVID-19 pandemic** (pages 154-164)

**Aim:** To explore and evaluate of the practice of chaplaincy as 'being (present/absent)' in contexts where residential care homes were closed and isolated.

**Method:** 6 interviews conducted ( week beginning 25 May, 2020).

**Main findings:** That presence and in-person encounters remain key aspects of being, and that recent experience has clarified the importance of embodied support for those who are suffering. Also notes virtual pastoral encounters can have value, convey impact, and be of consequence.

<https://doi.org/10.1558/hsc.41870>

Drummond DA, Carey LB: **Chaplaincy and spiritual care response to COVID-19: An Australian case study - the McKellar Centre** (pages 167-179)

**Aim:** To consider provision of holistic care (biopsychosocial-spiritual) for the health and wellbeing of those in aged care.

**Method:** Case study of practitioner's experience of the impact of COVID-19 on spiritual care within aged care at the McKellar Centre, Barwon Health, Victoria, Australia.

**Main findings:** As pandemics are likely to reoccur, future issues for providing spiritual care from a distance, for the benefit of clients, their families, chaplains and health care organizations, are noted. <https://doi.org/10.1558/hsc.41243>

## Journal of Pastoral Care and Counselling

**VOL 75, NO 1 (2021)**

Shaw M, Lukman R, Wright Simmons L: **Clergy wholeness study: How occupational distress, depression, and social support inform the health of clergy**

**Aim:** To examine occupational distress, social support, mental health and spiritual wholeness in Florida clergy.

**Method:** Not clear from the abstract.

**Main findings:** Clergy in the study exhibited higher rates of occupational distress than the national average.

<https://doi.org/10.1177/1542305020968046>

Murphy D, Flynn P, Warland J: **Stillbirth and faith: When belief and death collide**

**Aim:** Unclear from the abstract.

**Method:** Unclear from the abstract. Mothers who had experienced stillbirth (N=436) were asked whether their 'faith base' was 'helpful to their healing'.

**Main findings:** n=178 (24.5%) indicated faith base was 'helpful'. Other responses included faith was 'lost' following their baby's death. <https://doi.org/10.1177/1542305020962421>

Potts DJ **Suffering in silence: Examining the silent suffering of the wives of Christian clergy, advocating for their voice and value**

**Aim:** Unclear from the abstract.

**Method:** Qualitative critical realist grounded theory.

**Main findings:** The need to recognize the silent suffering of ministers' wives and to advocate for their voice and value in a way that will enhance their wellbeing.

<https://doi.org/10.1177/1542305020968050>

**VOL 75, NO 1-suppl (2021):** Special COVID-19 Issue:

*Like HSCC, JPC&C provides a special focus on COVID-19 impact on chaplaincy. Snowden's research, the International Survey of Chaplain Activity and Experience during Covid-19, is the centre-piece for commentary papers in the special issue.*

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Snowden A: **What did chaplains do during the Covid pandemic? An international survey** (pages 6-16)

**Aim:** To capture and learn from the full range of chaplain experiences of the impact of the pandemic across the globe.

**Method:** A survey (June 2020) of N=1657 chaplains from 36 countries.

**Main findings:** Enforced social distancing had biggest impact. Chaplains embraced technology to maintain patient/families contact and shifted focus to staff support. Some were viewed as essential employees, most were not. Despite thinking their organisations understood what they did, many chaplains were unclear about their role during and post pandemic. Surprisingly, they felt similarly unclear about their role before COVID-19. **See Journal Club** <https://doi.org/10.1177/1542305021992039>

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## Journal of Religion and Health

*JRH led the way in attending to the COVID pandemic. As early as October last year (Vol 59, No 5), the journal began publishing first comment then research papers addressing the issue.*

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**VOL 59, NO 5 (2020):** Special Issue: Religion and Health Response to the COVID-19 Pandemic

Pirutinsky S, Cherniak AD, Rosmarin DH: **COVID-19, mental health, and religious coping among American Orthodox Jews** (pages 2288-2301)

**Aim:** To assess the impact of the COVID-19 pandemic on American Orthodox Jews.

**Method:** Anonymous online survey. Sample N=419.

**Main findings:** Positive religious coping, intrinsic religiosity and trust in God strongly correlated with less stress and more positive impact, while negative religious coping and mistrust in God correlated with the inverse.

<https://doi.org/10.1007/s10943-020-01070-z>

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**VOL 60, NO 2 (2021)**

Kirchoff RW et al: **Spiritual care of inpatients focusing on outcomes and the role of chaplaincy services: A systematic review** (pages1406-1422)

**Aim:** To identify demographic trends associated with patient utilization and healthcare provider request for spiritual care services and to describe the impact of spiritual care on the quality of life (QoL), spiritual well-being (SWB) and level of satisfaction (SAT) of hospitalized patients.

**Method:** Systematic review.

**Main findings:** Perceived severity of illness, average length of stay and older age were found to be predictors of higher need for spiritual care. Receipt of spiritual care was correlated with increased patient and family satisfaction, independent of clinical outcome. Chaplain interventions associated with improvement in perceived QoL and SWB. In spite of this, healthcare workers rarely attempt to explore the patient's or family's need for spiritual care, with the majority of chaplaincy consults occurring in the final day of the patient's life, potentially leading to a failure to meet the spiritual needs of non-terminal patients who have spiritual trauma related to their resolving illnesses. <https://doi.org/10.1007/s10943-021-01191-z>

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## Journal of Health Care Chaplaincy

**VOL 27, NO 1 (2021)**

Sharma V, et al: **Using the taxonomy: A standard vocabulary of chaplain activities** (pages 43-64)

**Aim:** To examine which items on the [Advocate Taxonomy](#) are most commonly used in acute care settings.

**Method:** Unclear from the abstract.

**Main findings:** Unclear from the abstract. Also explores differences in use of the taxonomy items in different settings and types of chaplain visit.

<https://doi.org/10.1080/08854726.2019.1653636>

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**VOL 27, NO 2 (2021)**

Blum H et al: **Mindfulness meditation and anxiety in adolescents on an inpatient psychiatric unit** (pages 65-83)

**Aim:** To assess the impact of chaplain-provided mindfulness meditation (MM) groups on state-anxiety in adolescent inpatients on an acute psychiatric unit

**Method:** Hospitalized adolescent patients aged 13-19 (N=53) participated in optional 30-minute MM groups. State-anxiety assessed pre- and post-MM sessions; psychiatric symptom severity upon admission compared between attending and non-attending patients.

**Main findings:** State-anxiety was found to decrease significantly upon first exposure regardless of age/sex/prior experience with MM. Also, findings suggest possibility patients experiencing symptoms of psychosis may benefit from MM compared to other patients. Possibility MM could be an effective transdiagnostic intervention to lower state anxiety in adolescents on an inpatient psychiatric unit.

<https://doi.org/10.1080/08854726.2019.1603918>

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Hamouda MA, Emanuel LL, Padela AI: **Empathy and attending to patient religion/spirituality: Findings from a national survey of Muslim physicians** (pages 84-104)

**Aim:** To describe US Muslim physicians' perspectives and practices regarding religion/spirituality (R/S) discussions.

**Method:** Questionnaire including measures of religiosity,

empathy and attitudes/behaviors toward R/S, randomly administered to Islamic Medical Association of North America members.

**Main findings:** Enhancing physician empathy may be key to attending to the health-related R/S needs of patients. Respondents with higher empathy more likely to inquire about patients' R/S and encourage patients in their R/S beliefs and practices ( $\beta = .44, p < .01$ ). These physicians had greater odds of encouraging discontinuation of futile life-sustaining interventions (OR 1.90,  $p < .05$ ), of encouraging patients at the end-of-life to seek reconciliation with God (OR 3.27,  $p < .001$ ), and the forgiveness of those they have wronged (OR 2.48,  $p < .001$ ).

<https://doi.org/10.1080/08854726.2019.1618063>

Zhong X et al: **Predictive model for chaplain taxonomy patterns identified through latent class analysis among infants in a pediatric inpatient setting** (pages 118-128)

**Aim:** To investigate patterns of spiritual care provided to inpatient infants and parents, based on a taxonomy developed to describe spiritual care activities provided by chaplains.

**Method:** Data from 821 visits with 433 patients included and analysed using Latent Class Analysis to identify three distinct patterns of taxonomy items used for spiritual care.

**Main findings:** A predictive model was built to link a series of predictors to these patterns. The findings help in understanding predictors and the nature of spiritual care delivery in an inpatient setting with infants.

<https://doi.org/10.1080/08854726.2019.1670537>

Published online (pre-print)

Muehlhausen BL et al: **Patients' and loved ones' expectations of chaplain services**

**Aim:** To assess expectations patients and loved ones have of hospital chaplains.

**Method:** In-person interviews with patients and loved ones ( $N=452$ ) during an inpatient stay.

**Main findings:** Patients and loved ones value chaplains, 93% saying they wanted a chaplain visit.

<https://doi.org/10.1080/08854726.2021.1903734>

## Palliative Medicine

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**VOL 35, NO 5 (2021):** Special Issue: COVID-19

Onwuteaka-Philipsen BD et al: **Dying in times of the coronavirus: An online survey among healthcare professionals about end-of-life care for patients dying with and without COVID-19 (the CO-LIVE study)** (pages 830-842)

**Aim:** To describe characteristics of patients who died and the care they received; examine how patient characteristics, setting and visiting restrictions related to care provided.

**Method:** Open observational online survey among healthcare professionals (March & July 2020).

**Main findings:** End-of-life care during the pandemic was

suboptimal, especially with regard to emotional support and spiritual care, especially in care homes and hospitals.

<https://doi.org/10.1177/02692163211003778>

## Journal of Palliative Care

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Hamill Howard E et al: **Harnessing the chaplain's capacity to identify unmet palliative needs of vulnerable older adults in the emergency department**

**Aim:** To explore chaplains' ability to identify unmet palliative care needs in older emergency department (ED) patients.

**Method:** Retrospective chart review evaluating 580 ED patients, age >80 using the Palliative Care and Rapid Emergency Screening (P-CaRES) tool. One-year post-study re-examination of charts to identify which patients received PC consultation (PCC) or died.

**Main findings:** Chaplain screening for P-CaRES eligibility correctly identified 75% of the deceased as needing PCC. Establishing chaplain-led PC screenings as standard practice in the ED setting may improve end-of-life care for older patients. <https://doi.org/10.1177/08258597211003359>

## IN CASE YOU MISSED IT

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Peng-Keller S, Neuhold D (eds) **Charting Spiritual Care: The Emerging Role of Chaplaincy Records in Global Health Care Springer**

Galchutt P, Connolly J: **Palliative chaplain spiritual assessment progress notes** (pages 2308-2322)

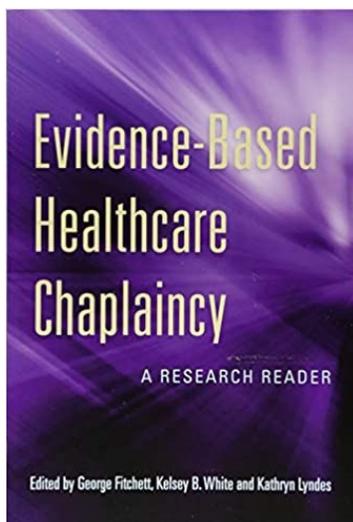
**Aim:** To investigate what non-chaplain, palliative care team members consider most relevant for chaplains to record in progress note of EMR spiritual assessments.

**Method:** Focus groups; constant comparative method of analysis (Grounded Theory).

**Main findings:** Identifies 12 themes, 17 subthemes categorized under headings 'Descriptive Content', items chaplains should incorporate into progress notes (decision-making; suffering; coping; religion/spirituality; story; family; and perception of emotion) and 'Summary Content', topics that should be written up in summary form (logistics; synthesis; scales; recommendations to staff; and needs/goals of care/action plan). Concludes that 'palliative chaplains need to continue to build competency toward constructing progress notes that transfer the outcomes of treasured patient/family relationships to information that has durable value for non-chaplain palliative team members' (p.195).

[https://link.springer.com/content/pdf/10.1007%2F978-3-030-47070-8\\_11.pdf](https://link.springer.com/content/pdf/10.1007%2F978-3-030-47070-8_11.pdf)

## Book Review



George Fitchett, Kelsey B White, Kathryn Lyndes

***Evidence-Based Healthcare Chaplaincy: A Research Reader***

Jessica Kingsley Publishers  
2018, pp. 432, £29.99

The aspiration for chaplaincy to be regarded as a healthcare profession brings with it the challenge that chaplaincy care should be evidence-based. Finding the evidence on which to base our care can be its own challenge. Not all journals are open access and not all libraries subscribe to the journals chaplains need to consult.

This book, edited by Fitchett, White and Lyndes, goes some way to enabling chaplains to get up to speed with many of the most important recent research papers.

Divided into three sections, the editors have collected papers that address (a) what chaplains do; (b) patients' spiritual needs; and (c) the impact of chaplaincy interventions. All the papers are directly relevant to professional chaplains; some have particular relevance.

Massey et al, describe the [Advocate Taxonomy](#) of chaplaincy activities. Chaplains often say they struggle to describe the work they do. A significant value in this paper is that it offers language to articulate clearly our work.

Monod et al, developed a tool for assessing spiritual distress. While the research that underwrites the tool was conducted with hospitalised elderly persons, the insights are

transferrable to other contexts.

In their prospective study (one that examines factors for their possible effects on a hypothesized outcome), Marin et al found that 'patients visited by chaplains were more likely to endorse that staff met their spiritual ... and emotional needs'. Evidence-based material for anyone needing to make the case for the value of chaplaincy care.

The Patient Reported Outcome Measure (PROM) developed by Snowden and Telfer, is also included in this collection. The PROM is the subject of an ongoing research project based in the [European Research Institute for Chaplains in Healthcare](#). This paper introduces the PROM, developed as a tool to measure the impact of chaplains' interventions.

In all, the editors have collected 21 papers and provided introductions to each paper in which they highlight its significance and invites the reader to address questions posed by the research. Although not all are equally accessible—some require a degree of familiarity with research terminology—most of the papers could be used in a journal club and all of them can be mined for evidence-based insights into chaplaincy practice. 

## Journal Club

Tuesday 13th July 1:15-2:15pm | Joint facilitators Mark Newitt (FCG) and Steve Nolan (CHCC)

Snowden A: [What did chaplains do during the Covid pandemic? An international survey](#)

To discuss this paper, and gain up to **three hours CPD** you can join a live online **Journal Club**. To earn the CPD points, First read the paper before hand and try to answer some of the questions below (one CPD hour), then join in the Journal Club meeting (one CPD hour). Finally, following the meeting, write up your reflections on what you have learnt (one CPD hour).

To register for the Club, email **Mark Newitt** [mark.newitt@freechurches.org.uk](mailto:mark.newitt@freechurches.org.uk)



### Questions to consider before Journal Club

- |   |  |
|---|--|
| 1. What is this research aiming to discover? <ul style="list-style-type: none"> <li>• Are its aims relevant to you and your context?</li> </ul>   | 7. In one or two sentences, how would you sum up the substance of this article?  |
| 2. What type of research has the author done? <ul style="list-style-type: none"> <li>• Qualitative / quantitative?</li> <li>• Survey / interviews / observations / focus groups?</li> </ul> | 8. What are the main findings of Snowden's research? <ul style="list-style-type: none"> <li>• Does the evidence support his findings?</li> </ul>                                       |
| 3. Did Snowden take ethical issues into consideration? <ul style="list-style-type: none"> <li>• Did he seek approval from an ethics committee?</li> </ul>                                   | 9. Did anything strike you as odd or wrong?  |
| 4. How does Snowden explain the design of his study? <ul style="list-style-type: none"> <li>• How would you explain his approach?</li> </ul>  | 10. What are the strengths and weaknesses of this research?  |
| 5. What does Snowden say about how and why his participants were selected? <ul style="list-style-type: none"> <li>• What do you think of his selection criteria?</li> </ul>                 | 11. How does this research relate to what we already know about the subject? <ul style="list-style-type: none"> <li>• What does it add? What questions does it not address?</li> </ul> |
| 6. What does Snowden say about how he has collected and analysed his data?  | 12. How valuable is the research?  |
|   | 13. What will you take from Snowden's that will aid your team in relation to evidence-based practice?  |

The complete version of the **CASP Checklist** from

[https://casp-uk.b-cdn.net/wp-content/uploads/2018/03/CASP-Qualitative-Checklist-2018\\_fillable\\_form.pdf](https://casp-uk.b-cdn.net/wp-content/uploads/2018/03/CASP-Qualitative-Checklist-2018_fillable_form.pdf)



## Northern Ireland Healthcare Chaplains Association Research Network

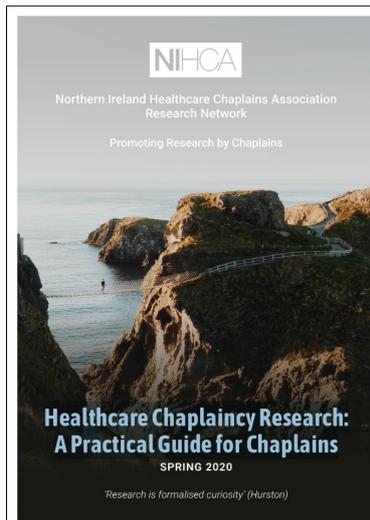
Writing from Northern Ireland, Rosie Morton relates how, in early 2017, while with six other healthcare chaplains studying for a unit of Clinical Pastoral Education (CPE), she kept asking, “What is the evidence for that?” Challenged by her colleagues to do something about her question, Rosie and two colleagues travelled to the launch of the European Research Institute for Chaplains in Healthcare (ERICH) in Leuven, Belgium. Enthused by being among a large number of research-interested chaplains and sensing a tangible ‘can do’ attitude, the small group launched the NIHCA Research Network.

The vision of the Network is to encourage all chaplains to understand and become more confident with research. The Network also wants to encourage some chaplains to carry out research, either as part of a research team or to pursue their own research study. To this end, the Network has a clear role:

- To provide a network of chaplains interested in research who meet regularly – this meeting is open to any chaplain who is a member of the NIHCA.
- To support one another in our areas of interest.
- To start a journal club, to learn from current research papers.
- To establish partnerships with universities.
- To organize workshops to learn necessary skills, for example, how to write up a patient case study, how to write for publication, how to do a literature search.

So far the Network has organized two Workshops: one with Professor Kate Piderman, of the Mayo Clinic, Rochester, Minnesota, titled, ‘Why research matters for Healthcare Chaplains’; the other with Rev Dr Steve Nolan, Princess Alice Hospice, Esher, on ‘How to write up a case study’.

In addition, the Network has published a booklet, *Healthcare Chaplaincy Research: A Practical Guide for Chaplains* (available from the [NIHCA](#) and [College](#) websites); set up a Case Study Writers’ Group, that aims to publish chaplains’ case studies; started a Zoom Journal Club; and put in process a partnership with NHS Scotland,



to create a Northern Ireland and Scotland Research Network.

### The challenge

Rosie writes: “A major distinction between a church/faith setting and a healthcare setting is *that healthcare strives for evidence-based practice*. Chaplains, as members of the multi-disciplinary team, are no exception to the need for an evidence base. Some chaplains say that ‘we can’t do research, because what we do is sacred, intangible and confidential’. Yet, just because something is intangible or sacred does not mean you cannot research it.

“I find it really encouraging that other health care professionals, such as medical staff, nurses and art therapists, are interested in and supportive of spiritual/religious care research. However, chaplains need to do research to be able to articulate the value of spiritual/religious care, in terms of effectiveness and cost effectiveness. This will be critical post Covid-19.”

Allowing herself to dream, Rosie hopes one day to see research fellowships for chaplains, paid chaplaincy research posts and a network of research mentors for novice chaplain-researchers. ✍



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