How to read a scientific paper

The shift to reading empirical research can challenge those of trained in reading sacred or philosophical texts. However, empirical or scientific research papers have a simple and clearly defined structure. Understanding the structure helps even novice readers navigate what the author(s) reports.

Once again, **Understanding Health Research** is very helpful. The webpage How to read a scientific paper walks new readers through a typical research paper, explaining the function of each part in the paper's structure.

Abstract
Essentially, a brief summary of what you can expect to find in the paper. Abstracts are usually provided in databases of research, such as the NICE Healthcare Databases Advanced Search. Abstract allow readers quickly to assess the relevance of a paper.

Introduction
Sometimes called 'Background', the introduction sets the context for the research. A good Introduction will also include a review of relevant literature as well as the research question that directed the research.

Methods
The point of the Methods section is twofold. First, it allows experienced researchers to assess how robust the research findings are likely to be. The rearcher(s) will detail their sample size and type, who was included/excluded, how the data was collected as well as how it was analysed.

Results
Also called 'Findings', this is where the researcher(s) report what they found in the data. Quantitative research will usually present the date in tables, while qualitative research usually includes quotation typical of their participant responses. They will also offer some interpretation of the data.

Discussion
In this section, the researcher(s) will give their understanding of what their findings mean. In effect, it is where they answer the research question (if one was detailed) or account for why it was not possible to find an answer. They may also suggest avenues that future researchers might pursue.

References
The last part of the paper is a list of the literature the researcher(s) consulted in their study. This section can be very helpful in pointing readers to research of interest to their context and practice, or their own research.

There are, inevitably, variations in the way journals require researchers to report on their work, but in general, they tend to follow something like the outline presented here. ℅

Welcome

COVID-19 continues to be a presence in the journals, and there are a number of articles listed here where the analysis of its impact continues.

Two **open access** papers are highlighted this quater, and while their topics may be diverse, they are relevant to our work.

'Islam and mental disorders of the older adults' is a mixed methods approach that used both textual analysis and interviews to understand how the Quran and Hadith are transformed into beliefs and caregiving practices.

'Self-compassion and healthcare chaplaincy' opens the theme of self-compassion among chaplains who had suffered personal and/or professional hardships while providing spiritual care.

Also this quarter, there is focus on **research training**.

A reminder that all College members can register for free access to *Health and Social Care Chaplaincy*. Also, keep an eye on the refreshed **Chaplaincy Research page**. ℅

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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 journal's abstracts. ❧

Health and Social Care Chaplaincy

VOL 9, NO 2 (2021)

The editor particularly highlights the following research papers on spiritual support and reflective practice.

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Stirling I: **COVID-19. The Call of Louisa Jordan: The Formation of the Spiritual Care Team at NHS Louisa Jordan, Glasgow, Scotland** (pages 154-174)

Aim: to capture and voice the 'sense of sacredness' chaplains experience as wounded healers witnessing the suffering of others, in the context of setting up a spiritual care team, 'out of nothing'.

Method: Uses 'evocative spiritual autoethnography', an arts-based research methodology, which values a 'close-up' researcher standpoint that focuses on particular, local and embodied 'epiphanies' to offer perceptions of phenomena that may otherwise not be captured by traditional research methodologies.

Main findings: Uses the interpretive tool 'three levels of seeing' – level one: focuses on what is obvious; level two that which arouses curiosity or wonder; level three: the moment when 'the penny drops'. https://doi.org/10.1558/hscc.42420

• •

Brandstötter C, Kundt FS, Paal P **Spiritual Well-being, Attitude, Involvement, Perceptions and Competencies: Measuring the Self-Perception of Nursing Students During 2018, 2019 and the First Wave of COVID-19 in 2020** (pages 175–190)

Aim: To measure nursing students' perceptions of their spiritual care competencies, care attitudes, involvement, perception and well-being.

Method: Cross-sectional study of three groups of second-year undergraduate nursing students (2018, 2019, 2020) (*N*=191) using validated scales to measure students' spiritual well-being (JAREL), spiritual care attitudes and involvement (SAIL), spirituality and spiritual care perceptions (SSCRS), and competencies (SCCS).

Main findings: Nursing students show a high level of spiritual attitude and involvement. Groups attained similar scores on the SSCRS, but the 2020 group achieved the highest score, indicating a broader view of spirituality; however, this group also reported significantly low spiritual well-being scores. https://doi.org/10.1558/hscc.18468

This paper is of interest for developing research literacy as it introduces readers to several validated scales

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Miles J, Ross L, Jarvis P, Pickett S **Spiritual Support in Advanced Heart Failure: A Randomized Controlled Feasibility Study** (191–215)

Aim: To ascertain the clinical and cost effectiveness of a spiritual intervention (spiritual support) in AHF patients.

Method: Two groups of patients with advanced heart failure (AHF) (*N*=47) were randomized to control (standard care, *n*=25) or intervention (standard care plus spiritual support, *n*=22) (spiritual support was a one-hour discussion facilitated by trained volunteers using a 'Spiritual Enquiry Tool' at two-monthly intervals over six months). Participants completed validated measures of spiritual well-being, depression/anxiety, and health-related quality of life (QoL).

Main findings: Researchers must evaluate whether the cost of running a well-designed trial of this nature is justified in the current economic climate, where funding bodies are looking for value for money. https://doi.org/10.1558/hscc.41171

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Wood E, Ross S, Raffay J, Todd **A Service User Views of Mental Health Spiritual and Pastoral Care Chaplaincy Services** 216–230

Aim: To study the needs of mental health service users using spiritual and pastoral care and to further inform an upcoming feasibility study to investigate spiritual care provision.

Method: Semi-structured interviews with mental health inpatients (*N*=13) to assess views of their spiritual strengths and needs. Framework analysis was used for analysis.

Main findings: Participants held religious views of the definition of spiritual care, but highly valued the pastoral aspects of being listened to by a compassionate person. Service users valued chaplains' skill in listening and providing choice, in that the option to engage in religious or spiritual practice was available but not pushed. https://doi.org/10.1558/hscc.40947

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Journal of Religion and Health

Two issues of JR&H were published during this last quarter. Volume 60, 3 reports research on COVID-19, Sex, Addictions, Women's Health, Care of the Elderly, and Medical Education; While volume 60, 4 focuses on COVID-19, Mental Health and Cancer

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VOL 60, NO 3 (2021)

Mahmood QK, et al. **A Cross-Sectional Survey of Pakistani Muslims Coping with Health Anxiety through Religiosity during the COVID-19 Pandemic** (pages 1462–1474)

Aim: To test the relationship between religious coping and health

anxiety in Pakistani Muslims.

Method: Cross-sectional, online survey (*N*=408). Analysed using structural equational modelling.

Main findings: Results indicate people suffering with health anxiety opt for religious coping (β = .54, R2 = .29, p < .001); important, therefore, to consider the role of religion and spirituality during pandemic-induced anxiety.

https://doi.org/10.1007/s10943-021-01218-5

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Cherblanc J, et al **Predictive Factors of Spiritual Quality of Life during the COVID-19 Pandemic: A Multivariate Analysis** (pages 1475–1493)

Aim: To discover whether non-traditional beliefs (religious, spiritual, personal) could play a protective role against the risk factors associated with the COVID-19 pandemic.

Method: Employee and student survey (*N*=2,202) using health measurement tools (including short version of WHO Quality of Life-Spirituality, Religion and Personal Beliefs). Multiple linear regression used to determine which variables promote the Spiritual Quality of Life (SQoL).

Main findings: SQoL very low. Positive mental health, religion, and age are the main predictors of the SQoL. Some dimensions of spirituality contribute more than others to the respondents' quality of life and health during the COVID-19 pandemic.

https://doi.org/10.1007/s10943-021-01233-6

Note: World Health Organization defines quality of life subjectively as 'individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns'. (WHO, 2012, 11). Quality of life includes five domains: Physical health, psychological, social relationship, environment and spirituality, religion and personal beliefs (SRPB).
World Health Organization. 2012. WHOQOL. User manual. Division of mental health and prevention of substance abuse. https://www.who.int/toolkits/whoqol

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Serfaty DR, Lugasi T, Strous RD **Anxiety Reactions and Coping Modalities with the COVID-19 Pandemic: A Cross-Sectional Study Comparing a Population of Religious Patients with Mental Illness and their Health Caregivers** (pages 1494-1506)

Aim: To evaluate the nature/intensity of anxiety, interpretations of the COVID-19 pandemic and coping modalities of hospitalized patients with mental illness as compared with their caregivers.

Method: Questionnaire (*N*=150).

Main findings: Psychiatric inpatients reported more anxiety and negative feelings than staff, but felt protected by the hospital measures. Despite anxiety, inpatients reported a lower compliance with Ministry of Health instructions and more fatalistic interpretations to the pandemic. Haredi Jewish ('Ultra Orthodox') participants reported less anxiety, more optimism and higher sense of control regarding the pandemic. https://doi.org/10.1007/s10943-021-01219-4

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Fekih-Romdhane F, et al. **Evaluation of Religious Coping in Tunisian Muslim Women with Newly Diagnosed Breast Cancer** (pages 1839–1855)

Aim: To evaluate/analyse association between religiosity, religious coping, depression and anxiety in among Arab-Muslim women with breast cancer (*N*=61).

Method: Cross-sectional, descriptive study over 4-month period,

using Depression Anxiety Stress Scales, the Arabic-Brief Religious Coping Scale (A-BRCS) and Arabic Religiosity Scale.

Main findings: Majority (98.4%) had a moderate to high level of religiosity. Weak correlation found between religious coping scores and stress, depression, and anxiety scores. Patients had high scores of positive religious coping and used more positive than negative coping. High levels of affective religiosity were the main predictive factor of positive religious coping. Therapies should reinforce the positive religious coping patterns of breast cancer patients.

https://doi.org/10.1007/s10943-020-01066-9

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Bakan AB, Aslan G & Yıldız M **Determination of Breast Cancer Fatalism in Women and the Investigation of the Relationship Between Women's Cervical Cancer and Pap Smear Test Health Beliefs with Religious Orientation and Fatalism** (pages 1856–1876)

Aim: This To investigate relationship between women's cervical cancer and pap smear test health beliefs with religious orientation and fatalism.

Method: Descriptive and relational study, conducted in eastern Turkey (2019), with women (*N*=357) not diagnosed with breast or cervical cancer, and not pregnant.

Main findings: Participating women found to have low level of breast cancer fatalism. Religious Orientation and Fatalism Tendency found to have affected the Cervical Cancer and Pap Smear Test Health Beliefs. https://doi.org/10.1007/s10943-020-01108-2

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Garduño-Ortega O, et al. **Spiritual Well-Being, Depression, and Quality of Life Among Latina Breast Cancer Survivors** (pages 1895–1907)

Aim: To explore relationship between spiritual well-being (SWB) (meaning/peace & faith), depression, and quality of life (QoL).

Method: SWB of Latina breast cancer survivors (*N*=97) (LBCS) assessed with Functional Assessment of Chronic Illness Therapy—Spiritual Well-being Scale; QOL measured with Functional Assessment of Cancer Therapy—General; depression measured with Patient Health Questionnaire.

Main findings: Meaning/peace factor of SWB was the main predictor of increase in QOL and reduction in depression.

https://doi.org/10.1007/s10943-020-01147-9

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Nuzum D, et al. **Maternity Healthcare Chaplains and Perinatal Post-Mortem Support and Understanding in the United Kingdom and Ireland: An Exploratory Study** (pages 1924–1936)

Aim: To explore the understanding of British and Irish maternity healthcare chaplains of general and local perinatal post-mortem procedures and their experiences in the support of parents.

Method: Online study included Christian, Muslim and non-faith chaplains.

Main findings: No chaplain identified any religious prohibition to perinatal post-mortem. Majority reported they had been asked about post-mortem by parents; minority felt adequately prepared.

https://doi.org/10.1007/s10943-020-01176-4

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Alp FY, Yucel SC **The Effect of Therapeutic Touch on the Comfort and Anxiety of Nursing Home Residents** (pages 2037–2050)

Aim: To understand the effects of therapeutic touch (TT) on comfort and anxiety of nursing home residents in İzmir, Turkey.

Method: Quasi-experimental randomized control study (2015-2016). The sample older people (*N*=60) allocated to experimental group

(*n*=30) and control group (*n*=30). Data collected using General Comfort Questionnaire and Situational Anxiety Inventory.

Main findings: Statistically significant difference found between measurements of TT and control group. TT found to reduce anxiety and increase the comfort level of older people ($p < 0.05$).

https://doi.org/10.1007/s10943-020-01025-4

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Daher-Nashif S, et al. **Islam and Mental Disorders of the Older Adults: Religious Text, Belief System and Caregiving Practices** (pages 2051–2065)

OPEN ACCESS

Aim: To examine how old age and older adults' mental disorders are framed in the Quran and Hadith and understand how these texts are transformed to belief ideologies and caregiving practices.

Method: Qualitative research methods, which include a review of all Islamic holy texts addressing mental/cognitive changes associated with ageing; interviews with Sharia scholars (*n*=8) and Arab-Muslim families (*n*=37) in Qatar.

Main findings: Islamic texts command compassion and honouring of elderly parents and give care instructions. These texts are transformed into social practices and used as diagnostic and treatment tools. https://doi.org/10.1007/s10943-020-01094-5

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VOL 60, NO 4 (2021)

Rigoli F **The Link Between COVID-19, Anxiety, and Religious Beliefs in the United States and the United Kingdom** (pages 2196–2208)

Aim: To explore role of prior religiosity and stress-induced anxiety in the context of the recent coronavirus pandemic (COVID-19).

Method: Online questionnaires to UK (*n*=140) and USA (*n*=140) citizens professing Christian faith or no religion

Main findings: For strong believers higher anxiety about coronavirus associated with strengthening of religious beliefs; for non-believers higher anxiety about coronavirus associated with increased scepticism towards religious beliefs. Observations are consistent with notion that stress-induced anxiety enhances support for individual's existing ideology. https://doi.org/10.1007/s10943-021-01296-5

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Yıldırım M, et al. **Meaning in Life, Religious Coping, and Loneliness During the Coronavirus Health Crisis in Turkey** (pages 2371–2385).

Aim: The study examined how meaning in life related to loneliness and the degree to which religious coping strategies mediated these relations.

Method: Participants (*N*=872) completed bank of measures   Meaning in Life Questionnaire, UCLA Loneliness Scale and Religious Coping Measure.

Main findings: Meaning in life was associated with more positive religious coping and less negative religious coping and loneliness; positive religious coping was associated with less loneliness.

https://doi.org/10.1007/s10943-020-01173-7

• •

Abbott DM, Franks AS **Coping with COVID-19: An Examination of the Role of (Non)Religiousness/(Non)Spirituality** (pages 2395–2410).

Aim: This study explored differences in coping strategies employed by theists and atheists (and 'others along the (non)religious spectrum') who are experiencing psychological distress.

Method: Analysis of data collected from a US-based sample during the COVID-19 pandemic.

Main findings: Statistical models suggested relationships between maladaptive coping and distress for all participants; also potential differences in coping and distress between participants whose institutional religiousness/individual spirituality was high and those whose was low. Additionally, all participants (though nonreligious in particular) appeared less able to use adaptive emotion-focused coping strategies. https://doi.org/10.1007/s10943-021-01284-9

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Kavak Budak F, et al **The Association Between Religious Belief and Treatment Adherence Among Those with Mental Illnesses** (pages 2428–2437)

Aim: To determine association between religious belief and treatment adherence among those with mental illness.

Method: Data were collected using a descriptive characteristics form prepared by the researcher, the Systems of Belief Inventory, and the Morisky Medication Adherence Scale.

Main findings: No significant correlation was found between religious belief and treatment adherence (p>.05). Religious belief was not a factor influencing treatment adherence among those with mental illness. https://doi.org/10.1007/s10943-021-01251-4

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Can Öz Y and Duran S **The Effect of Spirituality on the Subjective Recovery of Psychiatric Patients** (pages 2438–2449)

Aim: To explore relationship between subjective recovery and spiritual well-being among psychiatric patients and identify factors affecting subjective recovery.

Method: Descriptive, cross-sectional study with patients admitted to hospital psychiatry clinic (*N*=96).

Main findings: There was positive association between patients' subjective recovery assessments and their spiritual well-being and spiritual well-being was a significant predictor of the subjective recovery level. https://doi.org/10.1007/s10943-021-01226-5

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Fastame MC, et al **Mental Health and Religiosity in the Sardinian Blue Zone: Life Satisfaction and Optimism for Aging Well** (pages 2450–2462).

Aim: Evaluation of sociocultural context on dispositional optimism and resilience, life satisfaction, and religiosity in late adulthood.

Method: Battery of tools assessed cognitive/mental health and religiosity among older Sardinian adults (*N*=95) in the 'Blue Zone'.*

Main findings: Life satisfaction correlated with resilience and religiosity, whereas resilience correlated with optimism.

https://doi.org/10.1007/s10943-021-01261-2

*A "**Blue Zone**" is a geographical area inside which the population lives considerably long, healthy, and happy lives. **Sardinia** is one of five Blue Zones recognized around the world and the one which has the largest population of males exceeding 100 years. https://www.bluezones.com/

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Şirin T and Göksel F **Investigation of the Spiritual Care Effects on Anxiety, Depression, Psychological Distress and Spiritual Levels of Turkish Muslim Radiotherapy Patients** (pages 2484-2502).

Aim: To examine spiritual care support given to Muslim cancer patients undergoing radiotherapy, with experimental study on spirituality, anxiety, depression and distress levels.

Method: Hospital Anxiety and Depression, Distress Tolerance and Spirituality Scales used.

Main findings: Support for Islamic spiritual care had positive effects on hospitalized radiotherapy patients. https://doi.org/10.1007/s10943-020-01117-1

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Esan O and Lawal K **Spirituality and Suicidality Among Patients with Schizophrenia: A Cross-sectional Study from Nigeria** (pages 2547–2559).

Aim: To examine the relationship between spirituality and suicidality among stable patients with schizophrenia in Nigeria.

Method: Daily Spiritual Experience Scale measured spirituality.

Main findings: Spirituality negatively correlated with severity of negative symptoms, total positive and negative syndrome scale score, the severity of depression, and positively correlated with functioning. https://doi.org/10.1007/s10943-021-01244-3

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Hill TD *et al.* **Sad Eyes, Crooked Crosses: Religious Struggles, Psychological Distress and the Mediating Role of Psychosocial Resources**. (pages 2573–2591).

Aim: To formally test whether the association between religious struggles and psychological distress is mediated by psychosocial resources.

Method: Review of data from the 2011 Miami-Dade Health Survey (*N* = 444)

Main findings: Religious struggles associated with *lower* levels of social support, self-esteem, the sense of control, self-control and with *higher* levels of non-specific emotional distress, depression, and anxiety, but not somatization. Mediation analyses revealed significant indirect effects of religious struggles on emotional distress (not somatization) through social support, self-esteem, and the sense of control, but not self-control.

https://doi.org/10.1007/s10943-021-01273-y

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Shadid O *et al.* **Conflicting Advice between Spiritual Leaders, Friends and Family, and Mental Health Providers: Impacts on Mental Health Treatment-Seeking Behaviors**. (pages 2608-2619).

Aim: To examine effects of advice from religious/spiritual leaders and friends/family on treatment-seeking of a religious/spiritual person with mental health struggles.

Method: Survey of adult patients in Midwest university-affiliated psychiatric clinic.

Main findings: Where friends/family advice conflicted with psychiatrist's advice, participants were six times more likely to delay seeking mental health treatment. Conflicting advice from religious/ spiritual leader's also had significant effect on delay in seeking mental health treatment. Average delay just over two years.

https://doi.org/10.1007/s10943-020-01132-2

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Sherman AC *et al.* **Associations Between Religious/Spiritual Coping and Depression Among Adults with Cystic Fibrosis: A 12-Month Longitudinal Study** (pages 2646–2661).

Aim: To examine relationship between positive and negative religious/spiritual coping at baseline and depression screening outcomes 12 month later

Method: RCOPE used to assess baseline R/S coping; Hospital Anxiety and Depression Scale used at 12 months.

Main findings: Higher general religiousness, greater use of benevolent religious reappraisal coping, greater use of spiritual connection coping, and lower spiritual discontent at baseline predicted lower likelihood of depression at 12 months.

https://doi.org/10.1007/s10943-021-01185-x

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Upenieks L **Resilience in the Aftermath of Childhood Abuse? Changes in Religiosity and Adulthood Psychological Distress** (pages 2677–2701).

Aim: To understand factors that may cushion the blow of childhood abuse.

Method: Review of two waves of MIDUS data (*N*=1613).

Main findings: Results suggest increases in positive religious coping (seeking comfort through religion/spirituality) during

adulthood buffer association between childhood physical and emotional abuse on psychological distress. Religious attendance had no discernible buffering effect. Taken together, results show that the stress-moderating effects of religion depend on changes in religious coping processes over the life course.

https://doi.org/10.1007/s10943-020-01155-9

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Lloyd CEM **Contending with Spiritual Reductionism: Demons, Shame, and Dividualising Experiences Among Evangelical Christians with Mental Distress** (pages 2702–2727).

Aim: To develop phenomenological descriptions of the mental distress evangelical Christians may experience as the result of belief in the work of demons, sin, or generational curses, in order to document associated subjective meaning.

Method: Semi-structured interviews with evangelical Christians (*N*=8) to explore idiographically their experiences of mental distress through interpretative phenomenological analysis.

Main findings: Two superordinate themes constructed: negative spiritualisation and negotiating the dialectic between faith and the lived experience of mental distress. Participants experienced negative spiritualisation, their mental distress being demonised and dismissed, and they were discouraged from seeking secular help. Participants considered dismissals of their mental distress as unhelpful and stigmatising and experienced heightened feelings of shame and suffering as a result. Such discouragement contributed to the process of othering and relational disconnection.

https://doi.org/10.1007/s10943-021-01268-9

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Baksi A *et al.* **Psychological Hardiness and Spirituality in Patients with Primary Brain Tumors: A Comparative Study** (pages 2799–2809).

Aim: To compare psychological hardiness and spirituality between healthy individuals and patients with primary brain tumors (PBTs).

Method: Using a comparative and descriptive research design, the study sampled 122 individuals: patients with PBTs (*n*=61).

Main findings: Spirituality (β=.661) and age (β=−.270) were statistically significant predictors of psychological hardiness (p<.001). https://doi.org/10.1007/s10943-021-01238-1

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Hamilton JB and Fluker WE **An Exploration of Suffering and Spirituality Among Older African American Cancer Patients as Guided by Howard Thurman's Theological Perspective on Spirituality** (pages 2810–2829).

Aim: To explore suffering and the religious experience among African American cancer patients.

Method: Narratives of African American cancer patients, interpreted using Thurman's theological perspective.

Main findings: African American cancer patients manage suffering through: (1) a positive self-image as a child of God or identification with the sufferings of Jesus; (2) seeking harmony in environment; (3) the use of spirituality as self-nourishment; and, (4) perspective of suffering as sacrament. https://doi.org/10.1007/s10943-021-01215-8

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Dolcos F *et al.* **Religiosity and Resilience: Cognitive Reappraisal and Coping Self-Efficacy Mediate the Link between Religious Coping and Well-Being** (pages 2892–2905).

Aim: To examine possible link between religiosity and reappraisal in resilience against symptoms of distress.

Method: Self-reported measures of religious coping, habitual use of specific coping strategies (positive reappraisal), and perceived confidence in using coping strategies, with questionnaires assessing symptoms of distress (anxiety and depression) (*N* = 203).

Main findings: Results point to mediating role of reappraisal and coping self-efficacy as part of mechanisms providing protecting role of religious coping against emotional distress.

https://doi.org/10.1007/s10943-020-01160-y

Journal of Health Care Chaplaincy

The theme of chaplains' self-care is evident in this edition of JHCC. Also, one paper links with a recent case studies book.

Pandya SP **Meditation app alleviates burnout and builds resilience for chaplains in hospices for older adults in Asian and African cities** (pages 129-145).

Aim: A one-year study to examine effect of smartphone meditation app (M-App) in alleviating burnout and promoting resilience among chaplains in hospices of older adults in Asian and African cities.

Method: Chaplains used M-App once/twice daily, perused videos and learning sessions and self-practiced meditation.

Main findings: Results indicated that chaplains who used M-App exhibited less emotional exhaustion and depersonalization and higher personal achievement/resilience as compared to users of a leisure app. https://doi.org/10.1080/08854726.2019.1670539

Malcom, HV et al. **Parental Use of Religion and Spirituality in Medical Decision-Making** (pages 146-159).

Aim: A study of parents who utilize religion or spirituality (R/S) in making significant medical decisions.

Method: Semi-structured interviews with parents (*N*=24).

Main findings: Parents use R/S to make medical decisions for their children. Many consider chaplains part of the medical team, and that chaplains have a role to play in helping to facilitate the use of religion/spirituality in medical decision-making for those parents who identify as religious/spiritual as well as those who are not currently utilizing their beliefs.

https://doi.org/10.1080/08854726.2019.1670566

> **Findings reported in this study support findings reported in a recent collection of chaplains' case studies.**
>
> See below for a review of Wirpsa and Pugliese (2020) *Chaplains as Partners in Medical Decision-Making: Case Studies in Healthcare Chaplaincy*. Jessica Kingsley Publishers (£19.99).

Parker, CJ **Self-compassion and healthcare chaplaincy: a need for integration into clinical pastoral education** (pages 159-171)

OPEN ACCESS

Aim: To examine self-compassion among clinical chaplains, who had suffered personal and/or professional hardships while providing spiritual care.

Method: A phenomenological approach – interviews with clinical chaplains (*N*=11).

Main findings: Results showed that clinical chaplains' understanding of the aspects of self-compassion are limited or non-existent. Intentional implementation of self-compassion practice was not displayed in these narratives.

https://doi.org/10.1080/08854726.2020.1723187

Pater, R, Visser, A, Smeets, W **A beacon in the storm: competencies of healthcare chaplains in the accident and emergency department** (pages 172-189)

Aim: To examine competencies Dutch healthcare chaplains feel they need to work in accident and emergency department.

Method: Interviews healthcare chaplains (*n*=14) (nine hospitals), and A&E nurses (*n*=5) (two hospitals).

Main findings: Chaplains A&E need psychosocial and communicative skills, knowledge of mourning processes, flexibility, sensitivity and reflexivity. Additionally, sensitivity to existential concerns, practicing presence, person-centered approach, medical knowledge, and letting go of a solution-oriented approach.
https://doi.org/10.1080/08854726.2020.1723188

Book Review
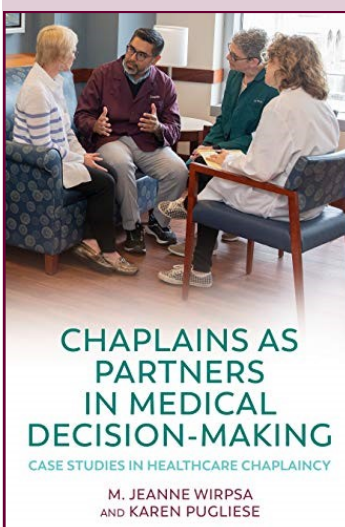
MJ Wirpsa and Pugliese (eds)

Chaplains as Partners in Medical Decision-Making: Case Studies in Healthcare Chaplaincy

Jessica Kingsley Publishers, 2020, pp. 240pp, £19.99

This latest addition to chaplains' case study literature marks a departure from previous approaches, insofar as Wirpsa and Pugliese show how chaplains' case studies can be used to build a case for a particular aspect of chaplaincy. The particular case they make is that chaplains can and do contribute decisively to medical decision-making.

The collection is divided into three parts, each has an editorial introduction, which is followed by three cases and appended with 'critical responses', from a chaplain and a related healthcare professional.

Part I, 'Story Matters: Patient as Person', focus on the patient's narrative and the chaplain's responsibility to both facilitate the telling of those stories and then to provide the multi-professional team with insightful perspectives that deepen therapeutic relationships and promote 'value-concordant care'.

Parts II and III explore, in rich detail, the dual aspects of how chaplains go about their task of facilitating patients' value-ladened storytelling and support the multi-professional team in delivering care concordant with patients' values.

In Part II, 'Emotions and family dynamics that impact medical decision-making', three chaplains report on the delicate emotional complexities they needed to negotiate between patients and family members in order to facilitate them to tell their stories.

Part III, 'Negotiating religious and cultural differences', shifts the focus to issues of culture and belief, with three cases that demonstrate a skill-set that is particular to chaplains, the in-depth understanding of belief that is often termed wrongly termed 'religious literacy'.

These studies add to the body of case study evidence available to researchers to aid understanding of spiritual care in healthcare contexts. ଔ

International Chaplaincy Research Autumnschool

This autumn, Annelieke Damen, Anne Vandenhoeck and colleagues have organized a second international chaplaincy research summer/ autumnschool. The **Digest** spoke with Annelieke about the project.

Annelieke Damen

Annelieke, how did you come up with the idea of organizing a research school for chaplains?

In 2017 and 2018 I attended the Chaplaincy Research Summer School in the USA, organized by George Fitchett and colleagues. I very much enjoyed the conversations between chaplain-researchers and chaplains in the field about how researchers can best study chaplaincy care and how chaplains daily practice can benefit from research. I wondered, why don't we organize something like this in Europe? So I asked Anna Vandenhoeck if she would be interested in organizing a European version.

What are the goals of the research school?

We aim for the research school to be inclusive of different research levels. In the back of our minds, is the call of the 'Salzburg Statement' that 'All chaplains keep informed of current research and develop their practice in the light of this'. We hope to provide chaplains with the first steps to become research literate. For those chaplains who want to go a step further, we provide consultations to work on their own research design.

But the Research Summer School is not just about research. Just as important is the social connection between chaplains from different countries all over Europe. We all face questions around the legitimization of chaplaincy in secularizing societies. ℭℬ

The first research school took place in summer 2019 in Utrecht. Because of possible Covid restrictions, this second school will take place online. For further details and registration follow the link below.

https://www.uvh.nl/university-of-humanistic-studies/current-affairs/news/international-chaplaincy-research-autumnschool

Programme
All times are Central European Summer Time (CEST)

Tuesday, 26 October
Introduction and Research Methods
14.00-14.30 CEST Welcome, overview, introductions (Anne Vandenhoeck)
14.30-15.30 Presentation 1: Overview of chaplaincy research (Anne Vandenhoeck, Daniel Nuzum)
15.30-16.00 Break
16.00-17.30 Presentation 2: Qualitative and Quantitative research methods (Anne Vandenhoeck, Daniel Nuzum)

Friday, 29 October
Research and Its Context
9.00-10.30 CEST Presentation 3: The context of research (Gaby Jacobs, Erik Olsman)
10.30-11.00 Break
11.00-12.30 Journal club (Annelieke Damen)
12.30-… Optional online lunch together

Thursday 4 November
Research Examples
19.00-20.30 CEST Presentation 4: Two examples of qualitative and quantitative research (Traugott Roser, Renske Kruizinga)
20.30-21.00 Break
21.00-21.45 Research laboratory (Annelieke Damen)
21.45-22.30 Closing session (Anne Vandenhoeck)

Lead faculty
Prof. dr. Gaby Jacobs, Prof. dr. Anne Vandenhoeck, Prof. dr. Traugott Roser, Dr. Daniel Nuzum, Dr. Erik Olsman, Dr. Renske Kruizinga and Annelieke Damen.

For whom
Participants must be working or otherwise engaged as a chaplain, or providing consultation to chaplains. Applicants should send a short statement of interest (including relevant research experience and learning goals for the summerschool) and resume.

Fee
Zone A* countries €150, zone B** countries €75. Reduced fees are available upon request.

Contact Annelieke Damen (a.damen@uvh.nl)

Chaplaincy Research Literacy 101

For several years, research literacy training has been available through [Transforming Chaplaincy](). This US-based initiative, whose vision is to see chaplaincy develop as a profession informed by evidence-based practice, offers two courses designed to help chaplains new to research get up to speed with reading and interpreting empirical research papers. This issue of the **Digest** reviews the entry-level course, the next issue will review the intermediate-level course.

Chaplaincy Research Literacy 101

This five-week course introduces basic ideas in empirical research. The online course is largely asynchronous (meaning, participants are able to study at a time that suits them), and requires 3-4 hours each week to review the teaching materials. All the reading materials are provided (except for articles that participants will need to search and download as part of the assignment for week three) and video presentations are easily accessed via hyperlink.

Although there is no formal assessment for the course, participants are expected to complete weekly assignments. These are structured and build incrementally towards participation in a live, online journal club. Participants are also encouraged to engage with and respond to others in the cohort.

Week one introduces the concept of evidence-based spiritual care and participants are invited to develop an outline case study as a way of reflecting on how much their own practice is rooted in evidence.

In introducing resources for chaplain research, **week two** walks participants through the process of searching an online database, specifically, PubMed. It is unfortunate that, because the primary audience for the course is US chaplains, there is no mention of NHS Evidence, which most UK chaplains would want to use. However, the process outlined is transferrable and in **week three** participants use the new knowledge to find three peer-reviewed research articles on a topic/issue of interest to their practice.

Week four introduces the hierarchy of evidence, the idea that not all evidence is of equal scientific merit. Participants make use of a research summary outline to evaluate one of the three peer-reviewed articles previously found, and in readiness for **week five** prepare to present their evaluation in a live journal club, which is the culmination of the course.

Overall, this is a well-structured and engaging course. Paul Galchutt, has a relaxed and engaging presentation style. As a participant reviewer, I found the main strength was in the practice of searching the database and summarising and presenting an article for the journal club. Following the structure of the research summary outline provided, very helpfully forced me to engage in a fuller way than I might have done otherwise, and this is something I will take with me in my own practice. I also found the introduction to PubMed a practical addition to my knowledge.

The full price of $300 may deter some UK chaplains, but early enrolment attracts a generous discount. It is a basic introduction, so chaplains with research experience/knowledge will find they are already familiar with much of the content. However, for a team that is unfamiliar with research and wants to develop its evidence-based practice, [Research Literacy 101]() offers a good place to start. ○͜   Steve Nolan

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Programme

§1 Evidence-based Spiritual Care

§2 Resources for Chaplain Literacy

§3 Chaplain Research – An Overview

§4 Hierarchy of Research: All Research is Not Equal

§5 Journal Club

Lead faculty
[Paul Galchutt]()

This course is for
Chaplains who have little to no experience of empirical research but who want to develop their work as an evidence-based practice.

Fee $300 (ca£218)
Early Bird Registration: $200 (ca£145)
for enrolments **30 days prior** to commencing the course.

Course Dates 2022
Winter
19 January—16 February
Spring
09 March—06 April
Summer 2022
01 June—29 June
Autumn 2022
14 September—12 October

For more information contact
[Andrew W. Andresco]()