

UK CHAPLAINS' RESEARCH DIGEST

Research is creative and systematic work undertaken to increase the stock of knowledge

COVID-19+ Edition

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How to review the literature

Any research article should begin with a review of the relevant literature. The key word here is 'relevant' and it refers to literature that is *relevant to the research question*. Ideally, that question should be clear from the title and/or the abstract, although it may unhelpfully be buried in the introductory text of the article.

The literature review is an important preliminary study of the research topic, which explores what is already known about the area of interest.

Searching journal databases

As such, a literature review involves searching journal databases. Good practice suggests researchers should report not only the databases they consulted, but also the search terms they used, together with any filters (such as, dates within which the articles were published—e.g., 2010-present—or languages—e.g., only articles published in English). Ideally, the research should also record the date the search was conducted, since databases are continually updated.

Such detail may seem unnecessary. However, it is one of the ways by which researchers demonstrate the validity of their research. In other words, diligently recording a literature review shows the researcher/s did what their article claims they did.

Assessing the quality of a review

The point of the review is to appraise previous studies on the topic, outline what is currently known and highlight areas for knowledge development.

The research project, about which the article is a report, will then flow out of what the researcher/s learned from reviewing the literature. Typically, reviewing the literature may cause the researcher/s to revise the question that prompted their initial interest in the research.

Finding published research

UK researchers can find the latest research at the NICE 'one stop shop', **Healthcare Databases Advanced Search** (<https://hdas.nice.org.uk/>). The site was developed to enable NHS staff to access quality research fast.

Check list for critiquing a review


Q Is the literature reviewed relevant to the research question?

Q Is the literature up to date (i.e., no more than 15 years old)?

Q Does it include older studies that remain relevant and important?

Q Does it detail what is already known about the research topic?


Q Does it detail the knowledge gaps and point to how this research might address one or more of those gaps?

Q Does it suggest an appropriate methodological approach (quantitative/qualitative/mixed methods)? 

Welcome


Several open access papers are listed in this issue of the **Digest**. Of particular interest is the Arndt Büssing's paper on **The Spiritual Needs Questionnaire**. Büssing has recently published a large volume of research on the questionnaire. This paper serves as an introduction to that volume.

Also of interest is the work of Carmen Schuhmann and her colleagues, which looks at **Northwestern European Humanist Chaplains views about Humanist Chaplaincy**.

For those who took part in the **Journal Club**, which Mark Newitt hosted at the CHCC conference, there is new here about the next research journal club on **Tuesday 18 January (15:15-16:30)**. All chaplains are welcome to join in the online discussion. For joining details, please register with Mark, using the email address below. Participants should read the paper in advance, so, if you are a College member please make sure you [register for free access](#) to *Health and Social Care Chaplaincy*. And, keep your eye on updates at on the [Chaplaincy Research page](#). 

Steve Nolan

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. 

Journal of Religion and Health

Two issues of JR&H were published during this last quarter. **Issue 60:5** has a special focus on 'moral injury', a topic that has come to the fore in the fallout from the COVID-19 pandemic. Moral injury has wider resonance, and the journal publishes papers on moral injury in relation to 9/11 and the 'syndrome of moral injury'. Of direct interest to chaplains is the emphasis on research in spirituality and health, in particular, the journal's focus on validation, translation and the use of measurement instruments/scales for assessing religion, spirituality and health. **Issue 60:6** focuses on a spread of topics including the ever present COVID-19.

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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)

Koenig HG and Al Zaben F **Psychometric Validation and Translation of Religious and Spiritual Measures** (pages 3467–3483)

While not itself a research article, this paper argues for and describes a standard procedure for developing, validating, and translating multi-item scales. Developing such scales can be a complicated and potentially expensive process, requiring skilful statistical analysis. The paper will be of interest to anyone who is interested in knowing more about the background work that supports the science. <https://doi.org/10.1007/s10943-021-01373-9>

Glaz S **Psychological Analysis of Religiosity and Spirituality: Construction of the Scale of Abandonment by God (SAG)** (pages 3545–3561)

OPEN ACCESS

Aim: The researcher identified a lack of research tools for measuring the religious experience of the feeling of abandonment by God among followers of the Catholic religion. This article operationalizes the idea of 'God abandonment', by constructing the Scale of Abandonment by God: SAG.

Method: The psychometric value was established in three stages of development: item generation, scale development, and instrument testing. Stage 1 (pilot study) developed positive statements about the Catholic experience of God (i.e., the subjective feeling of the experience of God's abandonment and how this belief can affect aspects of life). Stage 2 assessed the stability of SAG, performing exploratory factor

analysis and test–retest reliability. Stage 3 used Confirmatory Factor Analysis to validate SAG.

Main findings: SAG can be recognized as a one-factor measure of the feeling of abandonment by God.

<https://doi.org/10.1007/s10943-021-01197-7>

Castro LS et al **Assessing Religious Commitment in a Multicultural Inpatient Setting: A Psychometric Evaluation of the 10-item Belief into Action Scale** (pages 3576–3590)

Aim: The Belief into Action (BIAC) scale was designed as a tool to identify levels of religious/spiritual commitment likely to impact medical decision-making. This research tested the tool among hospitalized patients.

Method: Researchers interviewed patients cancer, cardiovascular, rheumatic, and other diseases ($N=152$; 51% men; mean age 48.9 years [$SD=15.2$]).

Main findings: Results suggest BIAC has adequate convergent, divergent, and incremental validity compared to other well-established questionnaires and is appropriate for the inpatient setting. <https://doi.org/10.1007/s10943-021-01223-8>

Fisher JW **Validation and Utilisation of the Spiritual Well-Being Questionnaire: SHALOM** (pages 3694–3715)

Aim: The Spiritual Well-Being Questionnaire (SWBQ) was developed from a theoretical understanding that spiritual well-being is expressed in the quality of relationships that each person has across one or more of four domains (self, others, environment and/or with a transcendent other). The Spiritual Health And Life-Orientation Measure (SHALOM) adds to SWBQ by comparing a person's lived experience with their ideals on the 20 items reflecting the four domains of spiritual well-being. This review paper examines the SWBQ-SHALOM usefulness in a variety of settings.

Method: An overview of 60 studies of the SWBQ-SHALOM. <https://doi.org/10.1007/s10943-021-01401-8>

Büssing A **The Spiritual Needs Questionnaire in Research and Clinical Application: A Summary of Findings** (pages 3732–3748)

OPEN ACCESS

Again, not a research article, this paper argues that good spiritual care requires good assessment and documentation of patients' spiritual needs to plan for appropriate support processes. The *Spiritual Needs Questionnaire* (SpNQ),

developed in 2009, aims to be an easy to apply standardized measure. The tool is widely used as a valid and reliable instrument to assess a wide range of spiritual needs of patients with chronic diseases, elderly, adolescents, and healthy persons. The tool addresses four main factors: *Religious needs*, *Existential needs*, *Inner Peace needs*, and *Giving/Generativity needs*. Büssing summarizes and discusses the main findings. <https://doi.org/10.1007/s10943-021-01421-4>

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Klimiuk J and Moriarty KJ **The Lourdes Pilgrimage and the Impact on Pilgrim Quality of Life** (pages 3775-3787)

Aim: To measure the impact of pilgrimage to Lourdes, France, on pilgrim quality of life (QOL) in self-defined 'sick pilgrims'.

Method: A group of Lourdes pilgrims ($N=93$) completed the standardised EuroQol EQ-5D-5L. The questionnaire uses two scales to measure aspects of QOL: the Visual Analogue Scale (VAS) score of self-rated health; an Index Value Score (IVS) of five dimensions of QOL. Pilgrims completed the questionnaires prior to pilgrimage (Q1), immediately after (Q2) ($n=71$) and finally two months after their return (Q3) ($n=64$).

Main finding: VAS scores of self-rated health showed statistically significant improvement at Q2 ($p=0.04$), although this was not sustained at Q3. IVS Scores showed no significant differences at Q2 or Q3. However, at Q2, 67.6% of pilgrims reported their self-rated QOL as 'much better' or 'better', maintained in 54.7% at Q3. Pilgrims identified 'spiritual and religious aspects of pilgrimage', 'a sense of togetherness' and 'spiritual healing' as having the most significant impact on their QOL. Pilgrims identified beneficial holistic, spiritual and communal aspects of the pilgrimage experience.

<https://doi.org/10.1007/s10943-021-01398-0>

Penman J **Cognitive and Behavioral Changes Arising from Spirituality** (pages 4082-4096)

OPEN ACCESS

Aim: To explore the concept of spiritual transformation and address the question, 'How does spirituality bring about changes in cognition and behavior?'

Method: The research draws on findings of a larger qualitative, phenomenological study exploring the essence of spirituality and spiritual engagement of palliative care clients ($N=4$) and caregivers ($N=10$) across regional South Australia. The researcher analysed data to highlight statements/phrases that portrayed marked changes in thinking and behavior catalyzed by spirituality.

Main findings: Participants' spiritual beliefs and practices helped them journey through the process of death and dying. Spirituality is a plausible explanation of the transformation that occurred, manifested by new thinking and behavior.

<https://doi.org/10.1007/s10943-021-01321-7>

Gall TL and Bilodeau C **God Attachment: Resource or Complication in Women's and Their Partners' Adjustment to the Threat of Breast Cancer** (pages 4227-4248)

Aim: To explore role of adult attachment and God attachment in the way women and their partners adjust to threat of breast cancer.

Method: Women and their partners were assessed on their adult attachment, God attachment, empathic coping and couple adjustment prior to the women receiving breast biopsy results.

Main findings:

Secure God attachment buffered effects of anxious adult attachment on use of empathic coping for women and their partners. Additionally, avoidant God attachment potentially undermined effects of secure adult attachment on use of empathic coping for women. For partners, avoidant God attachment directly related to lesser use of empathic coping and lower level of couple adjustment.

Summary, God attachment can have implications for each partner's ability to remain empathic and satisfied in their couple relationship when faced with the threat of breast cancer.

<https://doi.org/10.1007/s10943-021-01331-5>

Journal of Health Care Chaplaincy

VOL 25, NO 4 (2021)

Ash MJ, et al (2021) **Compassion Meditation Training for Hospital Chaplain Residents: A Pilot Study** (pages 191-206)

Aim: To examine effectiveness of incorporating compassion meditation (Cognitively-Based Compassion Training) training into a clinical pastoral education (CPE) curriculum to reduce burnout among hospital chaplain residents

Method: Longitudinal, quasi-experimental design. Hospital chaplain residents ($N=15$) assigned to either a CBCT intervention or a waitlist comparison group.

Main findings: Chaplains assigned to CBCT reported significant decreases in burnout and anxiety compared to the waitlist group; however, effects were maintained at 4-month follow-up. Findings suggest that compassion meditation training incorporated into CPE promotes chaplain wellbeing, although it may be necessary to extend CBCT throughout residency to sustain effects. <https://doi.org/10.1080/08854726.2020.1723189>

Schuhmann CM et al (2021) **Humanist Chaplaincy According to Northwestern European Humanist Chaplains: Towards a Framework for Understanding Chaplaincy in Secular Societies** (pages 207-221)

OPEN ACCESS

Aim: To explore humanist chaplains' understandings of chaplaincy in secular societies

Method: Analysis of questionnaires completed by Humanist chaplains from Belgium, UK, Ireland, and Denmark attending international conference on humanist chaplaincy ($N=17$).

Main findings: Four key themes: humanist chaplaincy as a

For almost 20 years, John Ehman has edited the **Association for Clinical Pastoral Education's** Research Article-of-the-Month. This **free resource** spotlights quality research articles relevant for chaplains. Here, we highlight the past quarter's articles. http://acperesearch.net/AOM_index.html

August

Exline JJ et al **Religious and spiritual struggles among transgender and gender-nonconforming adults** *Psychology of Religion and Spirituality* 13, 3, 276-286. <http://acperesearch.net/aug21.html>

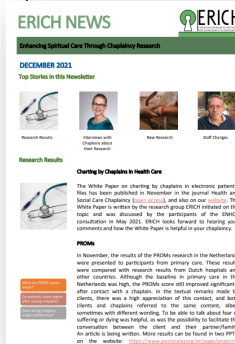
September


Rantanen P et al **Existential quality of life and associated factors in cancer patients receiving palliative care** *Journal of Pain and Symptom Management* online ahead of print, 7/29/21 <http://acperesearch.net/sep21.html>

October

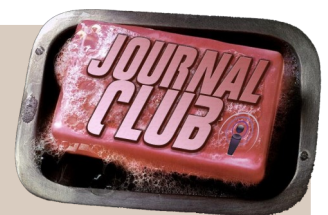
Clevenger C et al **Education for professional chaplaincy in the US: mapping current practice in Clinical Pastoral Education (CPE)** *Journal of Health Care Chaplaincy* 27, 4, 222-237 <http://acperesearch.net/oct21.html>

Founded in 2017, the **European Research Institute for Chaplaincy in Healthcare** (<https://www.pastoralezorg.be/page/erich/>) promotes research by chaplains into chaplaincy practice. ERICH is home to international research on the [Specialist Spiritual Care Patient Reported Outcome Measure](#), originally developed and validated in Scotland under NHS Education for Scotland.



ERICH publishes an ad hoc [Newsletter](#), which features interviews with researchers in chaplaincy/spiritual care. Of particular interest in the latest issue is news of a new project titled, 'The Impact of Big Stories on Chaplaincy'. The research group behind this pan-European project want chaplains, from different religious, humanist, and non-faith backgrounds, to respond to a questionnaire. This will be analysed to discern emerging themes that illuminate the ways in which the impact of big stories on chaplaincy reveal insights into lived religion or living theology. 

Journal Club



Tuesday 18 January 15:15-16:30pm | Joint facilitators Mark Newitt (FCG) and Steve Nolan (CHCC)

Skinner M et al: [How do healthcare chaplaincy spiritual care interventions support adults' mental health by integrating health and social care? A review of primary research studies published in English 2010-2019](#)

To discuss this paper, and gain up to **three hours CPD** you can join a live online **Journal Club**. To earn the CPD points: (1) read the paper before hand and try to answer some of the questions below (one CPD hour); (2) join in the Journal Club meeting (one CPD hour) (3) 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

Questions to consider before Journal Club

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

calling, caring for all fellow human beings, belief in (inter) personal potential, and struggling with a non-supportive environment. Based on these themes, the researchers propose building blocks for a future-oriented perspective on chaplaincy

that allows for open dialogue between all chaplains and identification of common ground.

<https://doi.org/10.1080/08854726.2020.1723190>

Share the story: Chaplaincy and case-studies

Notes from a 2-day seminar (October 6-8 2021) By Karsten Flemming Thomsen

Loegumkloster, a small village close to the Denmark/Germany border, is home to the Danish Church Education and Research Center. Set in beautiful surroundings adjacent to an old Cistercian monastery, the centre hosted a seminar, 'Share the story: Chaplaincy and case-studies', that brought a group of Nordic chaplaincy researchers (ReChap) together with a number Danish chaplains.

Arranged and led by Anja Visser-Nieraeth, assistant professor at the University of Groningen, and Karsten Thomsen, chaplain and doctoral student at Southern Denmark University, Odense, the aim of the seminar was to enable chaplains and researchers to reflect on and further develop their practice. The seminar included opportunities for participants to present their research projects – large or small – and to 'nerd' with likeminded colleagues.

Chaplains have 'their way' of going about things. They do this well, or so they are told by people they meet. But chaplains are not necessarily good at sharing their experiences with each other or with the general public. These twin components – the 'inward' focus on evaluation and best practice, and the 'outward' focus on sharing with the public – were the two focal points of the seminar.

Pastoral care or spiritual care?

Pastoral care has developed towards a diaconal care, which has an emphasis on offering practical assistance to those seeking help with existential challenges. In recent years, this has seen a shift from 'religious' help to what might be called an 'existential' help.

In Denmark, this presents a special challenge. Most Danish chaplains are Lutheran clergy, paid for by the church to provide spiritual care towards the ordinary Dane. However, more often than not, ordinary Danes are oblivious to their religious traditions and do not ask for pastoral care.

Against this background, the seminar dealt with recent developments in chaplaincy focusing on the increasing specialization that is taking place in the general context of chaplaincy. Steve Nolan presented two lectures under the cautioning headline 'Lifting the lid on chaplaincy'. In the first, he dealt with the ethical, existential and theolog-

ical questions about how to respond to a rapidly changing context. In answer to these questions, in the second lecture, he developed a philosophy of chaplaincy, in which he argued that a spiritual perspective bypasses the hitherto dominant (non- or inter) religious perspective of chaplaincy.

Case-studies

An important characteristic of contemporary chaplaincy is communicating good stories in the form of 'cases'. Martin Walton, Professor Emeritus of Spiritual Care and Chaplaincy Studies at the Protestant Theological University, Groningen, The Netherlands, presented a session on his experience of leading The Dutch Case Studies Project. In the social sciences as well as in theology (mainly in Practical Theology), ethnographic methods have gained ground and participants were able to work on case studies brought presented by colleagues, exemplifying how good stories are told.

So what?

As the seminar drew to its end, the ReChap members present convened and agreed to look into the possibility of getting a Nordic Case Studies process on track – inspired by the Dutch example but adapted to Nordic setting. Anja Visser-Nieraeth, Anne Austad, VIA, Oslo, Norway, and Karsten Thomsen, agreed to prepare a process for this in time for the upcoming Spring meeting in the context of ReChap convening in Oslo in May. ☞



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