

Methodology: Qualitative Research

What sets scientific research apart from humanities research is the focus on method. Humanities researchers of course have their distinctive methodologies but their research papers rarely draw readers' attention to the details of their research process. Empirical researchers, by contrast, are very explicit about their methodological approach, which they describe in detail.

Empirical research divides into two major approaches; the division is essentially between quantitative and qualitative approaches. In simplified terms, **quantitative research** collects numerical data, which is then analysed using statistical techniques. By contrast, **qualitative research** collects non-numerical data to understand concepts, opinions or experiences. Whereas quantitative research paints a broad canvas picture of the area under study, qualitative research draws in-depth insights into a given problem.

Grounded theory is perhaps the best known approach to qualitative research. This approach uses the 'constant comparative' method, in which researchers collect and analyse their data as part of the same process. Researchers formulate theory as data is gathered but they also allow new data to question emerging theory. The aim is to keep theory as close as possible to the data.

Ethnographic researchers immerse themselves in the groups they study, sometimes living with the group in order to gain a deep understanding of the group's culture.

Action research, also known as Participatory Action Research, is a reflective process that involves

researchers inquiring into and reflecting on their professional practices, the aim being to learn from and improve practice. The process is cyclical: action, observation, reflection, action, etc.

Phenomenological research inquires about people's perceptions of the world. Researchers study a phenomenon by describing and interpreting participants' 'lived experiences'. Various approaches fall under this heading. **Interpretative Phenomenological Analysis** aims to gain insight into how people make sense of a given phenomenon. **Heuristic** research explores the researcher's personal experience of a phenomenon to discover its nature and meaning. **Case Studies** can be phenomenological, to the extent that they describe and interpret human encounters

Narrative research examines the way stories are told in order to understand how participants perceive and make sense of their experiences. The emphasis is on 'storied experience'.

A **key distinctive** of qualitative research is that researchers work with small sample groups, with the aim of collecting 'rich' data by engaging participants in in-depth and free-ranging discussions.

Welcome

Journal Clubs are a good way for teams to develop their research literacy. This quarter the CHCC/FCG Journal Club will be discussing a paper by Humanist chaplaincy researchers from the Netherlands. Page 6 has links to the **Open Access** paper and to registration for the Club on 20 April. Also on Page 6, there is a brief round up of international research news.

There is no book review this quarter. However, I'm pleased to be able to announce the launch of a new book series. Titled *Transforming Chaplaincy* the series is dedicated to chaplaincy issues and the series editors invite proposals for thoughtful, research-informed titles. More details on Page 7 but the editors welcome informal discussions of initial ideas.

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This section of the **Digest** reviews and highlights papers from the four main resources for spiritual care research: *Health and Social Care Chaplaincy*, *Journal of Health Care Chaplaincy*, *Journal of Pastoral Care and Counselling* and *Journal of Religion and Health*. 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 10, NO 1 (2022):

Grimell J, Bradby H: **The Dynamics of Spiritual Care** among Swedish Hospital Chaplains: Approaching the Future in the Present (pages 9-26)

Aim: To describe hospital chaplains' ability to meet the expectations of medical staff and patients.

Method: Pilot study analysing semi-structured interviews with six, purposively sampled Church of Sweden chaplains working in a Hospital Church. Inductive-deductive logic used to identify new and valid qualitative insights.

Main findings: Analysis presented under three headings - chaplains in secularized spaces; chaplains filling in gaps; cultural diversity - brought alongside discussion of the UK context. <https://doi.org/10.1558/hsc.18737>

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** (pages 27-49)

Aim: To consider healthcare chaplaincy spiritual care interventions that support adult mental health by integrating health and social care.

Method: Systematized literature review of seventeen relevant studies.

Main findings: Studies demonstrated shifts in healthcare professionals' working practices from hospital towards community bases, from treatment of individuals towards empowering service users to self-manage their health, and in mental health contexts from treatment of individuals towards care in groups. <https://doi.org/10.1558/hsc.20588>

Kennedy H, Kennedy J **"It's Real, It's Much More Real": An Exploration of Values Based Reflective Practice® as a Reflective Tool** (pages 78-92)

Aim: To explore the impact of VBRP® as a reflective tool among undergraduate medical students.

Method: Qualitative action research.

Main findings: VBRP® enabled deeper, more authentic reflection and enhanced written reflection abilities due to its social nature. It promoted the formation of peer support networks and positive coping mechanisms among medical students. Teamworking and group relationships were also improved. <https://doi.org/10.1558/hsc.19832>

Journal of Pastoral Care and Counselling

VOL 75, NO 4 (2021):

Amiri M, et al: **Effect of Spiritual Care on Anxiety and Fear of Orthopaedic Surgery Patients** (pages 259-266)

Aim: Study to determine effect of spiritual care on fear and anxiety in orthopaedic surgery candidates.

Method: Spiritual care programme implemented for experimental group.

Main findings: Results showed spiritual care could reduce the anxiety and fear of orthopaedic surgery candidates.

<https://doi.org/10.1177/15423050211055390>

Stanford S and Timms C: **Australian Chaplains and Their Professional Quality of Life** (pages 284-294)

Aim: To understand the effect of mindful self-care for Australian chaplains' professional quality of life.

Method: Comparison of experiences of chaplains and other workers. Measures included mindful self-care, social support, and professional quality of life.

Main findings: Researchers found self-care practices did not predict the professional quality of life. Lack of supportive structures and mindful awareness predicted burnout.

<https://doi.org/10.1177/15423050211036344>

Journal of Health Care Chaplaincy

VOL 28, NO 1 (2022):

Kazman JB, et al: **Who sees the chaplain? Characteristics and correlates of behavioral health care-seeking in the military** (pages 1-12)

Aim: Comparison of use made of chaplaincy services by Service Members' (SM) to their use of other behavioural health (BH) services.

Method: Analysis of 2015 Health-Related Behavior Survey.

Main findings: 26.2% used any BH service and 8.0% met with a chaplain/clergyperson for BH. SM who met with a chaplain/clergyperson had more severe histories of abuse, were more likely to have a mental health diagnosis, and had fewer positive health behaviours than SM who sought other sources of counselling. <https://www.tandfonline.com/doi/full/10.1080/08854726.2020.1723193>

Rimer A-C, et al: **Spirituality and satisfaction with physicians among hospitalized patients** (pages 21-28)

Aim: To examine relationship between patient's spirituality and satisfaction with physicians during hospitalization.

Method: Data collected using Daily Spiritual Experience Scale, Tool to Assess Inpatient Satisfaction with Care from Hospitalists and an internally-developed five-question patient satisfaction questionnaire.

Main findings: Results showed a statistically significant increase in patient satisfaction with increasing spirituality.

DOI: [10.1080/08854726.2020.1727601](https://doi.org/10.1080/08854726.2020.1727601)

Olsmann E: **Witnesses of hope in times of despair: Chaplains in palliative care. A qualitative study** (pages 29-40)

Aim: To explore Dutch chaplains' experiences with hope in palliative care.

Method: Semi-structured interviews with 10 chaplains; analysed thematically.

Main findings: Participants felt witnesses of hope, not by offering hope, but by acknowledging patients' hope and despair while being with their patients. They criticized other professionals who, not bearing witness to these experiences, tried to offer hope to patients. DOI: [10.1080/08854726.2020.1727602](https://doi.org/10.1080/08854726.2020.1727602)

Roze des Ordons AL, et al: **Exploring spiritual health practitioners' roles and activities in critical care contexts** (pages 41-62)

Aim: To explore how spiritual health practitioners support families of patients in the ICU to better understand their scope of practice and role within an interdisciplinary critical care team.

Method: Semi-structured interviews and focus groups with 10 spiritual health practitioners.

Main findings: Spiritual health practitioners' work was described through clinical roles (family support, clinician support, bridging family members and clinicians), activities (companioning, counseling, facilitating difficult conversations, addressing individual needs), tensions (within and between roles and activities, navigating between hope and anticipated clinical trajectory, balancing supportive care and workload) and foundational principles (holistic perspective, resilience). DOI: [10.1080/08854726.2020.1734371](https://doi.org/10.1080/08854726.2020.1734371)

McManus K and Robinson PS: **A thematic analysis of the effects of compassion rounds on clinicians and the families of NICU patients** (pages 69-80)

Aim: To illuminate experiences of clinicians, chaplains, and parents of Neo-natal Intensive Care Unit (NICU) patients who participated in Compassion Rounds (spiritual care interventions that focus solely on emotional and spiritual well-being, rather than physical diagnoses).

Method: Thematic analysis of semi-structured interviews and focus groups with clinicians and families.

Main findings: Compassion Rounds:

- had positive effects on spiritual wellness for NICU parents and their health care providers, while also allowing chaplains to model and provide spiritual care for physicians;
- enabled physicians to learn from chaplains and deliver effective spiritual wellness interventions within their limited available time;

- had a restorative effect on caregivers, with potential to prevent or overcome burnout, return meaning to the work of clinicians, and create trust within multidisciplinary care teams.

DOI: [10.1080/08854726.2020.1745489](https://doi.org/10.1080/08854726.2020.1745489)

Nageswaran S, et al: **The role of religion and spirituality in caregiver decision-making about tracheostomy for children with medical complexity** (pages 95-107)

Aim: To explore roles of religion and spirituality (R&S) of caregivers of children with medical complexity in decisions to pursue tracheostomy for their children.

Method: In-depth interviews (N=41) with caregivers of children with medical complexity who received tracheostomies in prior 5 years.

Main findings: Four themes emerged:

- 1 caregivers believed R&S to be powerful for their children's healing and helped them cope with their children's illnesses;
- 2 spirituality was an important factor for caregivers in the decision to pursue tracheostomy for their children;
- 3 many caregivers did not discuss their spirituality with clinicians for a variety of reasons;
- 4 clergy and hospital chaplains played major supportive role but did have significant role in decision-making process.

DOI: [10.1080/08854726.2020.1755812](https://doi.org/10.1080/08854726.2020.1755812)

Kim DH, et al: **Management and leadership competencies among spiritual care managers** (pages 128-137)

Aim: To examine the applicability of the National Center for Healthcare Leadership (NCHL) competency model to spiritual care manager roles.

Method: Mixed methods study. Interviews conducted with spiritual care managers (N=10) using Behavioural Event Interviewing methodology, and analysed quantitatively using Natural Language Processing and qualitatively by thematic approach using NVIVO.

Main findings: Analyses suggest the NCHL Leadership Competency Model can provide a useful framework for understanding the roles and development needs of spiritual care managers. DOI: [10.1080/08854726.2020.1796076](https://doi.org/10.1080/08854726.2020.1796076)

Journal of Religion and Health

VOL 61, NO 1 (2022): Special Issue: COVID-19

This issue of JORH collates 24 articles from different countries includes a particular focus on mental health, along with articles examining COVID-19 as it relates to religion and health.

Dutton E and Madison G: **'Blessed are the Nations with High Levels of Schizophrenia': National Level Schizophrenia Prevalence and Its Relationship with National Levels of Religiosity** (pages 6-22)

Aim: To test the hypothesis that there is a positive relationship between religiosity and schizophrenia prevalence at the national level, controlling for economic development and cognitive ability.

Method: Analysis of available data: World Values survey;

World Health Organisation schizophrenia prevalence estimates; national GDP; etc., using multiple regression analyses to control for cognitive performance and economic development.

Main findings: At the national level, schizophrenia prevalence correlates with national level religiosity and strongly negatively correlated with national level atheism across 125 countries. <https://doi.org/10.1007/s10943-021-01353-z>

Upenieks, L. **Does the Belief in Biblical Literalism Matter for Mental Health? Assessing Variations by Gender and Dimensions of Religiosity** (pages 175–202)

Aim: This study considers whether the belief in biblical literalism is associated with general mental health and anxiety, and whether this relationship is moderated by gender and two dimensions of religiosity: attendance and attachment to God.

Method: Data drawn from 2010 Baylor Religion Survey ($N=1360$).

Main Findings: Regression results suggest stronger beliefs in biblical literalism are associated with better mental health and lower anxiety, but only among women who attend religious services weekly. However, women holding strong literalist views but falling short of weekly attendance norms reported worse mental health. <https://doi.org/10.1007/s10943-021-01334-2>

Craig DJ, Fardouly J and Rapee RM **The Effect of Spirituality on Mood: Mediation by Self-Esteem, Social Support, and Meaning in Life** (pages 228–251)

Aim: To investigate four theorized mediators in a single model to assess the unique contributions of self-esteem, social support, meaning in life, and positive religious coping to the relationship between religiosity, spirituality, and two markers of depression, positive affect and negative affect.

Method: Path analysis used to investigate multiple mediation models in a sample of undergraduates ($N=352$). Non-significant paths removed and second independent sample of undergraduates ($N=316$) used to validate the trimmed models.

Main Findings: Self-esteem mediated relationships between spirituality and both positive and negative affect; meaning in life mediated relationship between spirituality and positive affect; social support mediated relationship between spirituality and negative affect. Religiosity and negative affect were related through the mediators self-esteem.

<https://doi.org/10.1007/s10943-021-01342-2>

Nyashanu M, Ganga G, and Chenneville T **Exploring the Impact of Religion, Superstition, and Professional Cultural Competence on Access to HIV and Mental Health Treatment Among Black Sub-Sahara African Communities in the English City of Birmingham** (pages 252–268)

Aim: To explore the impact of religion, superstition and professional cultural competence as per title of the paper.

Method: Explorative qualitative methods with 12 focus groups followed by semi-structured interview with member from each focus group. Data analysed using a thematic approach guided by the four phases of the silences framework.

Main Findings: Religion, superstition and professional cultural competence affect access to HIV and mental health services among BSSA communities.

<https://doi.org/10.1007/s10943-021-01298-3>

Cantu-Weinstein A, *et al.* **A Qualitative Study of Religion and Spirituality in a Perinatal Psychiatry Inpatient Unit in the Southeast USA** (pages 286–299).

Aim: To explore role of religion and spirituality among women experiencing severe psychopathology during perinatal period.

Method: Qualitative interviews of women hospitalized during pregnancy or postpartum on inpatient unit in Southeast USA: average age 34.2; mostly white; mostly Christian; all with diagnosis of depressive disorder.

Main Findings: Three main themes: (1) spirituality providing a sense of healing and connectedness beyond religion, (2) patients seeking support from religious leaders, and (3) patients experiencing familial pressure to enact religion in a certain way, especially in child rearing.

<https://doi.org/10.1007/s10943-021-01451-y>

Bradshaw M, *et al.* **Perceptions of Accountability to God and Psychological Well-Being Among US Adults** (pages 327–352).

Aim: To examine whether, among US adults, accountability to God is positively associated with four measures of psychological well-being: happiness, mattering to others, dignity, and meaning. It to test possibility that prayer moderates these associations.

Method: Data from 2017 Values and Beliefs of the American Public Survey ($N=1251$) analysed using multivariate regression.

Main Findings: Findings support association between accountability to God and mattering to others, dignity, and meaning in fully controlled models; for happiness when religious controls were excluded. Also showed these relationships were stronger among those who prayed frequently compared with those who did not. <https://doi.org/10.1007/s10943-021-01471-8>

Litalien M, Atari DO and Obasi I. **The Influence of Religiosity and Spirituality on Health in Canada: A Systematic Literature Review** (pages 373–414).

Aim: To systematically review and synthesize existing literature on relationship between spirituality and health in Canada.

Method: General databases searched for period 2000–2019. Collected data (128 relevant to study objectives) systematically analysed for common themes about spirituality and health in Canada.

Main Findings: Analysis showed religion and spirituality do influence health behaviours and well-being.

<https://doi.org/10.1007/s10943-021-01471-8>

Büssing A, Baumann K and Surzykiewicz J. **Loss of Faith and Decrease in Trust in a Higher Source During COVID-19 in Germany.** (pages 741–766).

Aim: To understand the impact of COVID-19 trust in a Higher Source in Germany

Method: Between June 2020 and November 2021, different participants ($N=4,693$) were assessed during different phases of the COVID-19 pandemic.

Main Findings: With second wave and second lockdown, trust in a Higher Source, along with praying and meditation decreased—developments observed among Catholics and Protestants, and younger and older persons.

<https://doi.org/10.1007/s10943-021-01493-2>

**OPEN
ACCESS**

Chaplaincy Research Literacy 102

Steve Nolan

As our cousins in the colonies might say, Chaplaincy Research Literacy 102 is a 'deeper dive' into understanding and engaging with empirical research. Whereas, RL101 (see the **Digest** Autumn 2021) provides a gentle introduction to key aspects of empirical research, RL102 is an intermediate-level course and offers a more thorough grounding.

The course follows the same structure as the introductory course, this time over ten weeks. Once more, the course is asynchronous, allowing study at times that suit the participants; however, the deeper engagement also demands greater investment of time (around 5 hours each week) in order to review the teaching materials and complete the weekly assignments. As with RL101, all reading materials and video presentations are provided and are very easy to access.

Chaplaincy Research Literacy 102

Week one takes a step back to think about the changes taking place within the profession that makes chaplains' engagement with research vital. The unit includes a brief review of the kinds of areas of chaplaincy and spiritual care that have been subject of recent research.

Weeks two and three introduce the major divisions of empirical research: qualitative and quantitative. Each session provides an overview of the division and covers what is distinctive about these very different methodological approaches.



Week four revisits a topic introduced in RL101: how to find relevant research. The practical session includes how to get the best out of the ACPE Article of the Month and how to use Google Scholar and PubMed. PubMed is a valuable source of research papers; however, through our institu-


tions, UK chaplains also have access to the excellent resource, NHS Evidence.

Week five looks further into the methodologies of both qualitative and quantitative approaches and explores the reasons why a researcher would want to choose one methodology rather than another. The session also examines the issue of bias and factors that might limit a study.

Week six considers research ethics and the role of what in the USA is known as the institutional review board (IRB), which in the UK is the research ethics committee (REC).

Weeks seven and eight cover basic statistics. The topic can be off-putting for many, but the presenter for these sessions is an excellent guide, who understands how many newcomers can feel intimidated by the thought of doing statistics.

As in the previous course, the **final two weeks, nine and ten**, follow the format of a journal club: one looking at a qualitative paper, the other at a quantitative paper. Unlike the first course, these journal clubs are pre-recorded and not interactive.

The course is presented by three experienced researchers, who play to the strengths of their research experience. However, the presentations vary in quality, with some being more easily engaged with than others. This said, the tutors understand the challenge chaplains face in becoming research literate and their material keeps this in mind at every point. All in all, this is a well-structured course that has much to offer any chaplain who wants to get deeper into reading and learning from the latest research. 

Programme

§1 Introduction to Chaplaincy Research

§2 Qualitative Studies

§3 Quantitative Studies

§4 Finding Research

§5 Methods

§6 Rigor, Research Ethics and the Role of IRB

§7 Basic Statistics I

§8 Basic Statistics II

§9 Journal Club: Quantitative Article

§10 Journal Club: Qualitative Article

This course is for Chaplains who have some understanding of empirical research and who want to deepen their ability to read and benefit from relevant research.

Fee \$600 (ca£460)
Early Bird Registration:
\$300 (ca£230) for enrolments **30 days prior** to commencing the course.

For more information contact

[Andrew W. Andresco](#)

Articles of the Month

Each month John Ehman selects an article of interest to chaplains and provides a summary and extensive notes, with suggestions for using the article and links to related papers.

NOVEMBER 2021

TOPIC: Qualitative study of spirituality and vicarious trauma among trauma clinicians

DECEMBER 2021

TOPIC: APC and NACC self-study of Board Certification of Professional Chaplains

JANUARY 2022

TOPIC: Compassion rounds: Experiences of chaplains, clinicians, and family members on a neonatal ICU

From the recent Newsletter:

- White Paper on chaplains' charting in patient's electronic files published (open access) in *Health and Social Care Chaplaincy* and on ERICH website.
- Results of PROMs research in the Netherlands presented to participants from primary care. Although the baseline in primary care in the Netherlands was high, the PROMs score improved significantly after contact with a chaplain. More results can be found in two PPT's on the [website](#).
- **New Research:** Inspired by ENHCC Consultation in May 2021, ERICH brought together European chaplains and researchers for to look at 'The Impact of Big Stories on Chaplaincy'. The hope is that the research will initiate reflection by chaplains from different religious, humanist, and non-faith backgrounds.

From the Newsletters:

- George Fitchett, TC Director, talks about his experience as a pioneer in chaplaincy research, incorporating research into the field, and the role of research in the professionalisation of chaplaincy.
- Five recorded webinars from Spiritual Care Week 2021 are freely available for via [TC website](#). Titles include: '20 Highlights from Spiritual Care Research'; 'How Research Informs My Chaplaincy Practice' and '"We all have stories to tell": Case Study Research for Chaplains'.
- **Advanced Notice: Chaplaincy Research Summer Institute**, Chicago 11 to 15 July. Develop necessary skills to conduct simple but important research and quality improvement projects.

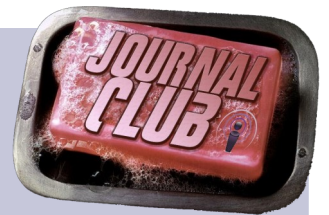
Journal Club

Wednesday 20 April 15:15-16:30pm | Joint facilitators Mark Newitt and Steve Nolan

Schuhmann CM et al (2021) [Humanist Chaplaincy According to Northwestern European Humanist Chaplains: Towards a Framework for Understanding Chaplaincy in Secular Societies](#)

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



Questions to consider before Journal Club

- | | |
|---|--|
| 1. What is this research aiming to discover? <ul style="list-style-type: none"> • Are its aims relevant to you and your context? | 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"> • Qualitative / quantitative? • Survey / interviews / observations / focus groups? | 8. What are the main findings of Snowden's research? <ul style="list-style-type: none"> • Does the evidence support his findings? |
| 3. Did Snowden take ethical issues into consideration? <ul style="list-style-type: none"> • Did he seek approval from an ethics committee? | 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"> • How would you explain his approach? | 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"> • What do you think of his selection criteria? | 11. 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? |
| 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

Announcing

Transforming CHAPLAINCY Series

Series Editors: George Fitchett, Cheryl Holmes, Steve Nolan, and Anne Vandenhoeck
Pickwick Publications: an imprint of Wipf and Stock Publishers (wipfandstock.com)

Contemporary spiritual care, as practiced in healthcare contexts, is very different from the way many healthcare professionals and patients perceive it. Two factors are responsible for effecting this change.

First, spiritual care has become a plural profession. The days are gone when spiritual care was the sole domain of religious clergy. Representation of a variety of faith traditions is now the norm in chaplaincy teams, and an increasing number of professional chaplains identify as religiously unaffiliated. In addition, the concept of generalist/specialist lends the idea that every healthcarer has a responsibility to care for the spiritual needs of their patients.

But second, healthcare itself has changed. Since the turn of the century, the culture of evidence-based practice has become part of the fabric of contemporary healthcare. In part, improvements in medicine and healthcare practice have driven that cultural change. But allied to improved medicine, health economics are such that interventions have not only to be effective, they have to be cost-effective. Spiritual care is no exception.

These dynamic factors are transforming chaplaincy. Chaplaincy is now plural and empirical research into chaplaincy and spiritual care is growing year on year. However, considered reflection on the issues raised by chaplaincy's altered context has not kept pace with the changes affecting the profession.

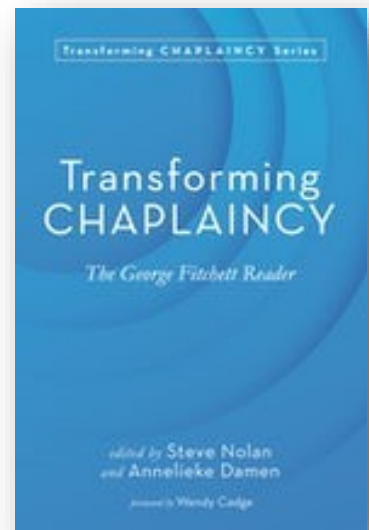
The *Transforming Chaplaincy* series aims to thoughtfully address strategic gaps in the literature, in ways that are relevant to both healthcare chaplains and other spiritual care practitioners. Edited by an international team, with wide expertise in research, practice and policy development, the *Transforming Chaplaincy* series is planned to include, among other topics:

- Spiritual Needs Assessment • Spiritual Care Interventions • Humanistic Chaplaincy
- Theories of Spiritual Care Practice • Chaplaincy Leadership and Management
- Chaplain Competencies

Titles are planned to include book-length treatments of a topic by single authors, as well as edited collections of research-informed papers, written by academics and spiritual care practitioners. All the topics covered will be directly relevant to chaplaincy and spiritual care practice.

The series editors welcome inquiries about proposed books.

George Fitchett george_fitchett@rush.edu + Cheryl Holmes ceo@spiritualhealth.org.au
Steve Nolan stevenolan@PAH.org.uk + Anne Vandenhoeck anna.vandenhoeck@theo.kuleuven.be



Edited by Steve Nolan and Annelieke Damen, *Transforming Chaplaincy: The George Fitchett Reader* is the first volume in the series. £25.00

UK Chaplains' Research Digest is sent to all CHCC members to help develop research literacy and awareness.

To be part of more regular research conversations, email the address below.

Non-CHCC members can also request the **Digest** using the same address: research@healthcarechaplains.org