

Methodology: Quantitative Research

If **qualitative research digs deep** to uncover rich data about quite specific human experience, quantitative research works hard to gather data that can be used to generalise about particular issues. To that end, quantitative research collects data that has (or can be given) numerical values, which can then be interpreted using the techniques of statistical analyses.

Certain questions seem to suggest themselves for quantitative research: How many visits were made by chaplains to the ICU in a given month? On average, how long did chaplains spend with patients in SCBU and how does this compare with time spent with patients in A&E? With such questions, data are readily collected as numbers. But equally, it is possible to quantify data that concern attitudes and values. Where a researcher is investigating the value of chaplains' visits, they may invite patients to rate the visits on a scale.

I found the chaplain's visit valuable

(5)	(4)	(3)	(2)	(1)
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Patient attitudes to visits can now be counted and analysed quantitatively.

Statistical analysis is an important aspect of quantitative research. But it is not the only aspect that matters. The way the research is designed is potentially more important than how the data is analysed. Poorly designed research will yield poor data and no matter how sophisticated the analysis of that data is, the results will be far from trustworthy. For this reason,


quantitative research papers detail the research design, making it possible for others to have confidence in the data.

As Muijs explains, there are four main types of research questions that particular suit quantitative research.

1) questions about 'how many': 'How many patients request chaplain visits?'
2) questions about measuring change: 'Has patient satisfaction with chaplain visits increased over time?'
Muijs points out that these questions want *descriptive* answers.

3) questions that want an explanation: 'What factors influenced improved satisfaction with chaplaincy care?'
4) questions that want to test a hypothesis: 'Chaplaincy visits that include prayer lead to greater patient satisfaction'.

Muijs notes these questions are *inferential*, aimed at finding an explanation.


Quantitative methods frequently use surveys to gather data but they can also use observation (where certain behaviour is monitored over time) or they can use secondary research, such as national surveys or existing historical records. 

Welcome

Access to research is an important issue. Researchers are keen for their research to be read widely and chaplains and other healthcare professionals want to be able to access good quality, research relevant to their profession. However, the cost of access is prohibitive for anyone without institutional access.

We're grateful that this quarter editors and publishers of our featured journals are making a number of papers Open Access.

COVID-19 continues to generate research. *The Journal of Pastoral Care and Counselling* and *The Journal of Religion and Health* both have research papers on the topic. Perhaps as a logical follow on from COVID, *JOR&H* also has a focus on **Moral Injury**. There are Open Access papers available on both topics.

The College Research page continues to be updated and now includes access to videoed introductions to papers previously discussed in the CHCC-FCG Online Journal Club. If you've not taken part in one of these discussions, they are a chance to develop your research literacy and gain CPD points. See page 8 of the **Digest** for details of how to earn the points. 

Steve Nolan

research@healthcarechaplains.org

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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 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. ✍

Journal of Pastoral Care and Counselling

VOL 76, NO 1 (2022)

According to the editorial, this issue contains articles that reflect a theme core to JPC&C's mission to reflect the breadth of field that pastoral/spiritual care encompasses, a mission characterized not simply by themes or theories but cultural and geographical diversity. The editorial also notes that the depth and breadth of the articles 'exhibit an increasing professional reality', which is that research and practice among pastoral and spiritual care professionals is collaborative with colleagues and peers from other clinical disciplines.

van Dijke, J et al: **"We Need to Talk About Empathy": Dutch Humanist Chaplains' Perspectives on Empathy's Functions, Downsides, and Limitations in Chaplaincy Care** (pages 15-28)

OPEN ACCESS

Aim: To investigate the functions, downsides, and limitations of empathy in chaplaincy care.

Method: Data collected from 20 humanist chaplains (health care, prison and military settings) using semi-structured interviews.

Main findings: Analysis yields seven major functions of empathy with corresponding downsides and limitations: (1) to connect, (2) to understand, (3) to guide, (4) to acknowledge, (5) to motivate, (6) to inspire, and (7) to humanize. The researchers argue for a need to "talk about empathy" since despite its importance and challenges, there is little professional and academic discussion about empathy in chaplaincy care. <https://doi.org/10.1177/15423050221074271>

Kuepfer, J et al: **Spiritual Care in Ontario Long-Term Care: Current Staffing Realities and Recommendations** (pages 29-36)

OPEN ACCESS

Aim: To understand how spiritual needs are addressed in long-term care.

Method: Quantitative study examined the level of spiritual care offered and qualifications of spiritual care providers (SCPs) in 177 LTC homes in Ontario.

Main findings: 49% of homes employ SCPs, with more positions in urban and not-for-profit homes. Findings revealed

SCPs bring a substantial skill set, attending to needs of residents, families and team members.

<https://doi.org/10.1177/15423050211073571>

COVID-19

Szilagyi, C et al: **COVID-19 and Clinical Pastoral Education: How ACPE Educators Pivoted Amid the Pandemic** (pages 37-47)

OPEN ACCESS

Aim: To understand how ACPE-certified educators maintained delivery of Clinical Pastoral Education programs during the extraordinary challenges of the COVID-19 pandemic.

Method: Survey ($n = 210$) ACPE-certified educators.

Main findings: Substantial and abrupt increase in remote delivery for CPE instruction and supervised clinical practice, primarily driven by those previously fully in-person. Abrupt changes impacted 1152 students. Participants rated their utilization and helpfulness of professional, organizational, and technology resources during the pivot and beyond.

<https://doi.org/10.1177/15423050211073572>

OF INTEREST (but not research!)

Szilagyi, C et al: **Chaplain Leadership During COVID-19: An International Expert Panel** (pages 56-65)

OPEN ACCESS

Chaplain leadership may have played a pivotal role in shaping chaplains' roles in health care amidst the COVID-19 pandemic. The authors convened an international expert panel to identify expert perception on key chaplain leadership factors. Six leadership themes of professional confidence, engaging and trust-building with executives, decision-making, innovation and creativity, building integrative and trusting connections with colleagues, and promoting cultural competencies emerged as central to determining chaplains' integration, perceived value, and contributions during the pandemic.

<https://doi.org/10.1177/15423050211067724>

Journal of Religion and Health

VOL 61, NO 2 (2022): Special Issue: Chaplaincy

Issue Two of this journal includes a focus on contemporary chaplaincy with articles on moral injury, cancer research, aged care and the continuing response to COVID-19.

Leach, T et al: **The Role and Value of Chaplains in the Ambulance Service: Paramedic Perspectives.** (pages 929–947)

OPEN
ACCESS

Aim: To present key findings from a study exploring paramedic perspectives on the role and value of chaplains in the ambulance service.

Method: Semi-structured interviews with paramedics ($N=17$). Data analysed using framework analysis.

Main findings: Two themes identified: scope of the chaplain's role and organisational factors influencing the chaplain's role. Paramedics highly valued what they believed to be proactive and reactive support provided by ambulance chaplains, regardless of paramedics' personal spiritual or religious beliefs. <https://doi.org/10.1007/s10943-021-01446-9>

Aiken, C **Australian Chaplaincy Support of Health Care Staff: Presence, Professional and Relational** (pages 948–961)

Aim: To explore how health care staff experienced support from hospital chaplains.

Method: Semi-structured interviews ($N=41$) in two in South Australian acute care hospitals (paediatric and adult). Data analysed and coded using 'established methodologies for qualitative studies'.

Main findings: Support from chaplains perceived as being (i) part of the hospital institution, (ii) a participant in the overall care team, (iii) as a symbolic presence, and (iv) available in the diverse settings of education, crisis and trauma events and debriefings. Chaplaincy support was experienced in relational and spontaneous care in serendipitous meetings with staff or at a workstation which was experienced as inclusive and respectful.

<https://doi.org/10.1007/s10943-022-01526-4>

COVID-19

Domaradzki, J: **"We are also here"—Spiritual Care Practitioners' Experiences of the COVID-19 Pandemic: A Qualitative Study from Poland** (pages 962–992).

OPEN
ACCESS

Aim: To explore the lived experiences of Polish spiritual care practitioners (SCP), who like other healthcare professionals put themselves at great risk while offering their service in hospitals, hospices and other healthcare facilities.

Method: Semi-structured interviews with SCPs ($N=24$).

Main findings: Nine major themes emerged from the interviews: (i) personal reactions to the pandemic; (ii) SCP's perception of the pandemic; (iii) the impact of COVID-19 on the provision of spiritual care; (iv) spiritual needs during the pandemic; (v) work-related emotions; (vi) the impact of the COVID-19 on religion; (vii) the role of spiritual care during the outbreak; (viii) the healthcare professionals' perceptions of SCP; (ix) barriers to the provision of spiritual care during the pandemic. SCPs indicated that, although the COVID-19 crisis has affected the availability of pastoral, religious and spiritual care, it has amplified the importance of such care and has positively influenced the visibility of SCP in modern healthcare practice. <https://doi.org/10.1007/s10943-021-01492-3>

White, K et al: **Examining Factors Associated with Utilization of Chaplains in the Acute Care Setting.** (pp.1095–1119)

Aim: To identify the population characteristics associated with the utilization of chaplaincy services

Method: Hospitalization data from March 2012 to July 2017 analyzed ($N = 15,242$ patients).

Main findings: Religiously affiliated individuals and those with the most acute health needs more likely to receive chaplaincy care and received more total care.

<https://doi.org/10.1007/s10943-021-01460-x>

Gad, I et al: **The Religious and Spiritual Needs of Patients in the Hospital Setting Do Not Depend on Patient Level of Religious/Spiritual Observance and Should be Initiated by Healthcare Providers** (pages 1120–1138)

Aim: To study how patient self-perceived level of religiosity and spirituality (R/S) influences hospital needs.

Method: Cross-sectional study. Inpatients ($N=195$) at a non-faith-based academic hospital completed surveys examining self-perceived R/S levels, as well as how those R/S levels impacted preferred services, conversations, and experiences in the hospital.

Main findings: Patients with no religious identity (self-identified as atheist, agnostic, or no religion) less likely to report discussions about R/S needs than religious respondents. However, such patients were just as likely to want a R/S conversation started by their healthcare provider (75% vs. 56%, $p = 0.241$). Those with no R/S identity were more likely to report presumed negative assumptions by hospital staff (25% vs. 0%, $p < 0.001$). Data suggests that even for a nonreligious population, it is important to consider R/S needs.

<https://doi.org/10.1007/s10943-020-01103-7>

Klitzman, R: **Typologies and Meanings of Prayer Among Patients.** (pages 1300–1317)

Aim: To understand how patients approach issues regarding prayer.

Method: In-depth interviews.

Main findings: Twelve key patient decisions and aspects of prayer: who prays, to whom (e.g., explicitly to "God" or not), for whom (for self or others), for what (e.g., for symptom reduction), when (regularly or only during crisis), where, what to say (pre-specified language or spontaneous), how consciously planned or not, with what expectations and outcomes, what to call it, and in what social contexts (e.g., how others view one's prayers). <https://doi.org/10.1007/s10943-021-01220-x>

Can Oz, Y, Duran, S and Dogan, K: **The Meaning and Role of Spirituality for Older Adults: A Qualitative Study.** (pages 1490–1504)

Aim: To identify the meaning and effects perceived by a person concerning religion and spirituality as that person grows old.

Method: Adults aged 65–88 ($N=19$; females $x14$) participated in semi-structured interviews.

Main findings: Thematic analysis indicate the participants view entrance into old-age as a process that enhances interactions with others and intensifies help and compassion. Results also indicate spirituality may play a crucial role in guiding older adults' lives and can help them clarify the meaning of their lives and cope with negative circumstances. <https://doi.org/10.1007/s10943-021-01258-x>

Jadidi, A et al. **Transcendence, the Most Important Spiritual Need of Muslim Older Adults: A Content Analysis Study.** (pages 1529–1547)

Aim: Qualitative study to explore the spiritual needs of Muslim older adults.

Method: Semi-structured interviews with non-hospitalized Muslim older adults ($N=15$), analysed using conventional content analysis.

Main findings: Findings showed that the spiritual needs of older adults fell into three main categories: religious needs, the need for transcendence, and the need for connection. Religious needs included subcategories of religious practices and beliefs, and the need for transcendence included the search for meaning and purpose in life, and the need for peace and stability and balance. Also, the need for connection included the need to connect with nature and connect with others.

<https://doi.org/10.1007/s10943-021-01474-5>

MORAL INJURY

Hodgson, TJ, Carey, LB and Koenig, HG **Moral Injury, Betrayal and Retribution: Australian Veterans and the Role of Chaplains** (pages 993–1021)

Aim: This paper presents additional qualitative results from Phase 1 of a larger study examining potentially morally injurious events/experiences (PMIE) and/or moral injury (MI) among Australian veterans (see *Journal of Religion and Health* 60(5) (2021):3061–3089 <https://doi.org/10.1007/s10943-021-01417-0>). It makes specific reference to (1) betrayal and (2) retribution experienced or perpetrated by Australian military veterans during military conflicts and peacekeeping missions.

Method: Veterans ($N=10$) interviewed and audio-recorded about their deployment experiences.

Main findings: Narrative data analysis of transcripts indicated all participants had engaged in or were exposed to a PMIE/MI, all had experienced betrayal and/or witnessed or perpetrated retribution. Given the ethical, moral and spiritual issues involved, the role of chaplains in addressing moral injury for the benefit of veterans through the use of 'Pastoral Narrative Disclosure' (PND) is suggested—with a specific focus upon 'restoration' and 'ritual'.

<https://doi.org/10.1007/s10943-022-01507-7>

MORAL INJURY

Jones, KA et al: **Moral Injury, Chaplaincy and Mental Health Provider Approaches to**

Treatment: A Scoping Review (pages 1051–1094)

Aim: To describe the evidence examining the approaches taken by mental health providers (MHPs) and chaplains to address symptoms related to moral injury (MI) or exposure to potentially morally injurious events (PMIEs). This research also considers the implications for a holistic approach to address symptoms related to MI that combines mental health and chaplaincy work.

Method: Scoping review of literature using search terms related to MI and chaplaincy approaches or psychological approaches to MI.

Main findings: Identified 35 eligible studies: 26 quantitative studies and nine qualitative. Various approaches to addressing MI have been reported in the literature, including MHP, chaplaincy and combined approaches, however, there is currently

limited evidence to support the effectiveness of any approach. <https://doi.org/10.1007/s10943-022-01534-4>

COVID-19

Linke, M and Jankowski, KS: **Religiosity and the Spread of COVID-19: A Multinational Comparison** (pages 1641–1656)

Aim: To consider relationships between population religiosity and coronavirus pandemic situation across different countries.

Method: Analysis of country-level data from World Values Survey, Worldometer and International Monetary Fund, covering information about internal (beliefs) and external (practices) religiosity, religious fundamentalism, the COVID-19 pandemic, and the economic situation at two time points in 47 countries.

Main findings: Results showed declared attendance at religious services is related to more COVID-19 infections and deaths, as well as when controlling for gross domestic product per capita and the number of coronavirus tests per 1 million population. <https://doi.org/10.1007/s10943-022-01521-9>

COVID-19

Roth-Cohen, O, Muralidharan, S and La Ferle, C: **The Importance of Spiritual Consumption, Religious Expression and Subjective Well-Being among Christians in the US during COVID-19** (pages 1719–1733)

Aim: An exploratory study to examine mediating role of consumer spirituality* in subjective well-being of religious Christians during COVID-19 and to discover links between well-being and health outcomes.

Method: Online survey with US participants ($N=104$), recruited via a *Qualtrics* online panel.

Main findings:

Findings show religiosity among Christians enhanced subjective well-being, demonstrating the positive effect of religious beliefs, especially during the COVID-19 pandemic. Spiritual consumption mediated this relationship, suggesting the importance of possessions to religious expression and subjective well-being.

<https://doi.org/10.1007/s10943-022-01509-5>

***Consumer spirituality** consists of the interrelated practices and processes in which people engage when consuming products, services, and places that have 'spiritual utility'. Market offerings that target consumer spirituality quench the thirst for meaningful encounters with one's inner self or a higher external power. Spirituality has embraced capitalism to a greater degree than religion, and many people look for spiritually transforming experiences that influence consumer behaviour, demonstrating the idea of the spiritual supermarket. Spirituality is the meaningful exploration of the inner self in relation to external reality, giving people meaning and a sense of purpose.

COVID-19

Michaels, JL, et al. **Belongingness is a Mediating Factor Between Religious Service Attendance and Reduced Psychological Distress During the COVID-19 Pandemic** (pages 1750–1764)

Aim: To test whether pre-pandemic religious service attendance relates to both lesser impact from the COVID-19 pandemic and lower levels of psychological distress. Also, to test

whether belongingness mediated these relationships.

Method: Survey of American adults across nine US regions (N=645).

Main findings: Results from a path model supported hypotheses that more frequent pre-pandemic religious service attendance relates to belongingness, which mediates the religious service attendance and psychological distress association, and that people who felt greater belongingness also experienced less perceived impact from the pandemic.

<https://doi.org/10.1007/s10943-021-01482-5>

Journal of Health Care Chaplaincy

VOL 28, NO 2 (2022):

Tan, H et al: **Understanding the outcomes of spiritual care as experienced by patients** (pages 147-161)

Aim: To examine evidence base for spiritual care interventions, their value and longer-term outcomes for those receiving this care.

Method: Study utilised hard copy questionnaires across five Australian general hospitals to investigate patient reported outcomes of in-patient spiritual care. Survey included the Scottish Patient Reported Outcomes Measure (PROM), measures of patient experience and an open-ended question about experience of care.

Main findings:

Data indicated a positive correlation between positive experience of spiritual care and a high score on PROM. Qualitative data elaborated whether and how spiritual care received met patients' needs, qualities valued in the provider of care and impacts of care experienced.

<https://doi.org/10.1080/08854726.2020.1793095>

Best, M et al: **'This ward has no ears': Role of the pastoral care practitioner in the hospital ward** (pages 179-193)

Aim: To explore incorporation of spiritual care practices in multidisciplinary patient care planning among pastoral care practitioners in two Australian city hospitals.

Method: Qualitative interview study with pastoral care practitioners (N=14), interviews taped and transcribed and analysed using thematic analysis.

Main findings: Six themes identified: (1) vocation, (2) role of pastoral care, (3) documentation, (4) communication with other ward staff, (5) barriers to communication, and (6) official recognition of pastoral care workers. While pastoral care workers are convinced of the importance of their work, they experience challenges in expressing this to their colleagues, which may reduce their impact on patient care.

DOI: [10.1080/08854726.2020.1814089](https://doi.org/10.1080/08854726.2020.1814089)

OF INTEREST (but not research!)

Handzo, G et al: **Chaplaincy in the outpatient setting-getting from here to there** (pages 194-207)

This paper describes the journey of four very different inpatient chaplaincy services into the outpatient setting.

DOI: [10.1080/08854726.2020.1818359](https://doi.org/10.1080/08854726.2020.1818359)

Klein, CM: **A survey of the use of music by hospice chaplains: a call for collaboration** (pages 218-238)

Aim: To understand the use of music to advance spiritual goals among hospice chaplains.

Method: Online survey of hospice chaplains (N=313).

Main findings: Most respondents named supporting those actively dying and providing compassionate presence as a top reason for referral. Many used prayer and life review to meet spiritual goals. Participants reported playing recorded religious music (66.54%) or singing religious music (61.54%) with their patients and only 8.08% never use music.

DOI: [10.1080/08854726.2020.1861532](https://doi.org/10.1080/08854726.2020.1861532)

Vol 28, Issue sup1

Special Issue: Moral Injury Care: Practices and Collaboration
This special issue features ways that chaplains are and can be engaged in addressing moral injury within health care contexts, particularly with veterans. The special issue highlights building blocks for advancing moral injury care practices, research agendas and interdisciplinary collaborations.

Wortmann, JH et al: **Collaborative spiritual care for moral injury in the veterans Affairs Healthcare System (VA):**

Results from a national survey of VA chaplains (pages S9-S24)

DOI: [10.1080/08854726.2021.2004847](https://doi.org/10.1080/08854726.2021.2004847)

Emmerich, SJ: **Contemplative practice, acceptance, and healing in moral injury** (pages S25-S31)

DOI: [10.1080/08854726.2022.2032977](https://doi.org/10.1080/08854726.2022.2032977)

Borges, LM et al: **Cultivating psychological flexibility to address religious and spiritual suffering in moral injury** (pages S32-S41)

DOI: [10.1080/08854726.2022.2031467](https://doi.org/10.1080/08854726.2022.2031467)

Smigelsky, MA et al: **Let's Get "REAL": A Collaborative Group Therapy for Moral Injury** (pages S42-S56)

Aim: This paper describes and presents preliminary outcomes of "Reclaiming Experiences And Loss", an innovative moral injury group therapy.

Method: Clinical outcome measures collected pre- and post-group.

Main findings:

Results indicate REAL is effective at reducing symptoms of post-traumatic stress disorder and depression. A cohort case example demonstrates the impact of REAL.

DOI: [10.1080/08854726.2022.203297](https://doi.org/10.1080/08854726.2022.203297)

Pernicano, PU, Wortmann, J and Haynes, K: **Acceptance and forgiveness therapy for veterans with moral injury: spiritual and psychological collaboration in group treatment** (pages S57-S78)

Aim: To review the potential of a psychospiritual group intervention, Acceptance and Forgiveness Therapy, that guides veterans with moral injury experientially from a trauma-focused to restorative view of self.

Method: Mental health trained chaplain and mental health provider provide psychoeducation, facilitate therapeutic inter

action and encourage home practice. The curriculum includes evidence-driven psychological interventions, spiritually oriented practices, and metaphor, story, and art to illustrate concepts and facilitate self-expression.

Main findings:

Scores on the Brief Symptom Inventory-18 and Acceptance and Action Questionnaire-2 showed decreased distress and increased flexibility. Post-group drawings reflect renewed purpose, greater self-acceptance and meaningful engagement with others. Outcomes suggest AFT is a promising practice for veteran moral injury meriting further study and implementation. DOI: [10.1080/08854726.2022.2032982](https://doi.org/10.1080/08854726.2022.2032982)

OF INTEREST (but not research!)

Antal, CJ et al: **A communal intervention for military moral injury** (pages S79-S88)

DOI: [10.1080/08854726.2022.2032981](https://doi.org/10.1080/08854726.2022.2032981)

Kopacz, M et al: **Feasibility of using moral injury screening instruments in VA chaplaincy spiritual assessments** (pages S89-S100)

DOI: [10.1080/08854726.2022.2032980](https://doi.org/10.1080/08854726.2022.2032980)

Pastoral Psychology

Special Issue: Strength of Spirit During the Pandemic

VOL 71, NO 2 (2022)

The nine articles in this issue of Pastoral Psychology explore aspects of spirituality during the pandemic. A mix of empirical research and reflection pieces, the five papers listed here are open access, all of which report on empirical research.

Biancalani, G, et al: **Spirituality for Coping with the Trauma of a Loved One's Death During the COVID-19 Pandemic: An Italian Qualitative Study** (pages 173–185) <https://doi.org/10.1007/s11089-021-00989-8>

Palazzo, L, et al: **Facing Muscular Dystrophy During Covid-19 Pandemic: The Role of Support Associations and Spirituality** (pages 217–231). <https://doi.org/10.1007/s11089-022-00997-2>

Marchica, B, et al: **Spiritual Counseling During the COVID-19 Pandemic in Italy: a Qualitative Study** (pages 233–244). <https://doi.org/10.1007/s11089-022-00996-3>

Stizzi, A, et al: **Reconstructing Social Relationships in a Post-Lockdown Suburban Area of Southern Italy Using Pastoral Counselling** (pages 245–256). <https://doi.org/10.1007/s11089-022-00999-0>

Pompele, S, et al: **Spirituality and Children's Coping with Representation of Death During the COVID-19 Pandemic: Qualitative Research with Parents** (pages 257–273). <https://doi.org/10.1007/s11089-021-00995-w>

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.

FEBRUARY 2022

van Dijke, J, et al: **"We need to talk about empathy": Dutch Humanist chaplains' perspectives on empathy's functions, downsides, and limitations in chaplaincy care.** *Journal of Pastoral Care and Counseling* (2022): online ahead of print, 1/24/22.

Aim: To explore empathy and generate further research and theory development around a topic that needs more critical exploration.

Method: Grounded Theory. Semi-structured interviews with chaplains (N=20; n=11 healthcare, n=5 military, n=4 prisons).

Main findings:

Along with identifying seven functions of empathy, the researchers propose three topics for reflection: personal empathy strengths and pitfalls and how to address them; challenged empathy and challenging behaviour; and the cost of empathy: burnout and empathy fatigue.

MARCH 2022

Vanderstelt, H, van Dijk, A, and Lasair, S: **Transformational education: exploring the lasting impact of students' clinical pastoral education experiences.** *Journal of Health Care Chaplaincy* (2022): online ahead of print, 2/21/22

Aim: The Canadian research aims to contribute new data to the discussion of whether CPE adequately prepares chaplains and other spiritual care professionals to practice competently.

Method: Qualitative study used a convenience sample of graduates (N=88) from a CPE program in a mid-sized Canadian city.

Main findings: 97% of the students reported lasting growth as a result of participating in CPE. Components of CPE rated most significant were: clinical experience, interpersonal relations/peer support group, and individual supervision.

APRIL 2022

Antoine, A, et al **What organizational and business models underlie the provision of spiritual care in healthcare organizations? An initial description and analysis:** *Journal of Health Care Chaplaincy* 28, 2 (April-June 2022): 272-284

Aim: This study aims to stir thinking about how business models and structural dynamics affect integration of chaplaincy care and what may help chaplaincy departments thrive in institutional environments.

Method: Semi-structured interviews with chaplain managers (N=14) and institutional executives (N=11) from 18 hospitals in three strategically chosen areas of the county.

Main findings:

Results presented along three lines: How chaplains are staffed and integrated across hospitals; How chaplains engage in institutions; Approaches to organisational effectiveness, improvement and quality.

The authors suggest that gathering and translating empirical data to administrative leadership may be a key to success.

Book Review



Derek Rowntree (1981, 2018)

[Statistics without Tears: An Introduction for Non-Mathematicians](#)

Penguin, pp. 199, £9.99

If, like me, maths was never your strong point and if you think statistics is important but you've struggled to grasp its basics concepts, then Derek Rowntree's *Statistics without Tears* is worth taking a look at.

As one of the founding members of the Open University, Rowntree spent over thirty years teaching people to teach people. As an educator rather than professional statistician, he understood how people learn from books, so his explanations are clear and build from the ground up. This marks his approach as accessible and reader-friendly.


Rowntree's aim is to avoid the tears that characterise statistics for many of us. He does this by walking his readers step-by-step through the logic that underwrites statistical thinking.

Statistics is about summarising, generalising and making predictions and Rowntree's style is to clearly introduce a concept then invite his reader to pause and try to think about how what they have read might apply. He poses a questions based on the ideas he has

introduced and he follows this with his own comments, explaining the reasoning behind the conclusion.

One of the book's selling points is that, as the subtitle suggests, it doesn't demand its readers to do any type of calculations. However, it never loses sight of the need to keep a real-world focus and each concept is not only explained, Rowntree shows why and how it can be put to use.

Statistics without Tears is a small book and Rowntree's aim is to provide only a basic introduction to the field. So this is statistics on a 'need to know' basis. Anyone wanting advanced material, will need to look to more technical books.

However, this book will provide chaplains who want to be introduced, or perhaps reintroduced to statistics with enough knowledge to make sense of the kinds of statistical thinking found in many empirical research papers. *Statistics without Tears* is an ideal introductory book for anyone wanting to develop their research literacy. 



TRANSFORMING
CHAPLAINCY

From the Newsletters

- Telechaplancy is a relatively novel intervention that, during COVID-19, has found increasing use. Petra Spink and a team in Charlotte, NC, USA, have researched the feasibility and acceptability of telephone-based chaplaincy with oncology patients (for a link to the study, see Journal Club below). Transforming Chaplaincy and The University of Zurich are co-hosting a training series on telechaplancy and have issued a [call for presentation proposals](#), including case studies, vignettes, and didactics.

- [Chaplaincy Research Summer Institute](#) takes place in Chicago, 11-15 July. Aimed at developing skills to conduct simple research and quality improvement projects, the Institute includes hands-on activities, such as conducting a literature search and develop research questions/proposals. Healthcare chaplains should submit a one-page statement of interest (with relevant research experience) and CV to andrew_w_andresco@rush.edu.

[Click here](#) for a program brochure.

- The next **Research Literacy 101: An Introduction for Chaplains** is scheduled to commence **Wednesday**,

1 June. This course was reviewed in the **Digest** Autumn 2021. [Click here](#) for more information.

Webinars (you may have missed!)

- [Love in the time of Dementia: Remembering a 'Forgotten' Dimension of Care with Dr. John Swinton](#)

Conversation on dementia from scientific and theological perspectives.

- [The Emerging Role of Professional Chaplains in Psychedelic Care](#)

The contributions of professional chaplains to psychedelic therapies, emerging pathways for spiritual care.

- [Palliative Workplace Stress: Qualitative Research Data about It and Considering the Benefits of Self-Compassion to Address It](#)

Two 30-minute sessions on palliative workplace stress.

Free e-books

- CM Desjardins and N Redl (eds), [In Their Own Words: Stories of Chaplains' Courage, Creativity, and Compassion During the Early Epidemic](#)

- S Varner-Perez (ed), [Staff Care in the Midst of Traumatic Events](#)



Spiritual Health Association

Spiritual Health Association (Australia) has announced the publication (18 May) of its national study, 'The Future of Spiritual Care in Australia: A national study on spirituality, wellbeing and spiritual care in hospitals'.

Commissioned by SHA, McCrindle Research conducted focus groups and an Australia-wide survey (N=2,501) to investigate how Australians communicate about spirituality, their experiences of spiritual care and their thoughts about spiritual care in health.

Key findings include that Australians think spiritual care provides peace, support, and confidence in their treatment process. Of those Australians who stayed in hospital for at least one week, 34% received spiritual or pastoral care. Yet more than one in two (54%) would like to receive spiritual care when in hospital. Significantly, the study found this desire for spiritual care is driven by younger generations, with 64% Gen Z (18-26) and 62% Gen Y (27-41), likely to want spiritual care in hospitals in the future (this compares with 53% Gen X (42-56) and 41% Baby Boomers (57-75).

The report is available on the SHA website <https://www.spiritualhealth.org.au/The-Future-of-Spiritual-Care-in-Australia.pdf> and is published as an open access document.

Research Journal Club

Thursday 21 July 3:15-4:30pm | Joint facilitators Mark Newitt (FCG) and Steve Nolan (CHCC)



Sprick, P, et al, (2021) [Feasibility and acceptability of a telephone-based chaplaincy intervention in a large, outpatient oncology center](#). *Supportive Care Cancer* 29, 3, 1275-1285 doi: 10.1007/s00520-020-05598-4

To discuss this paper, and gain up to **three hours CPD** you can join a live online **Research Journal Club**. To earn the CPD points, first read the paper and try to answer some of the questions using the Research Article Summary Outline sheet below (one CPD hour), then join in the Research 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 next online Journal Club, email **Mark Newitt** mark.newitt@freechurches.org.uk

Journal article:

Part 1: Summarise the research paper

1	TYPE OF RESEARCH What type of research does the author report?	Qualitative / Quantitative Survey / Interviews / Observations / Focus groups
2	RESEARCH AIMS What is this research trying to discover?	
3	RESEARCH QUESTION In your own words, what is the main question this research is asking?	
4	RESEARCH DESIGN How would you explain the way the researcher has designed this study?	
5	RESEARCH METHOD What method of collecting the data has the researcher used?	
6	RESEARCH FINDINGS How would you summarise the main findings of this research?	
7	RESEARCH ANALYSIS How well does the evidence support the findings?	
8	CONCLUSION What conclusion(s) does the researcher draw from the research?	
9	THE VALUE OF THE RESEARCH 1 How far does the evidence support the researchers findings?	
10	THE VALUE OF THE RESEARCH 2 How does this research relate to what we already know about the subject? What does it add to what we know and what does it fail to address?	

Part 2: Reflect on your learning

- 1 In one or two sentences, how would you sum up the substance of this research article?
- 2 How would you describe the strengths and weaknesses of this research article?
- 3 What have you learnt from reading *this* research article that will enhance your professional practice?
- 4 How might *this* research article have practical application in your context?
- 5 What have you learnt about research from reading and reflecting on *this* research article?

A writable e-version (Word) of this article summary sheet can be downloaded from the [CHCC website](#).

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