

Hierarchy of evidence

Given the ever growing number of research papers, busy healthcare professionals need some direction about where to go to find the best available evidence to guide their decision-making. To help, researchers developed the concept of a 'hierarchy of evidence', or levels of evidence, the idea that not all evidence (or more accurately, not every research methodology) is born equal.

Various nuanced versions of the hierarchy have circulated since the first one was published in 1995. The concept has its critics, but the aim is to provide a way of grading the reliability of research methodologies and thereby attribute a relative value to any particular study design.

Systematic Reviews are considered to top the hierarchy because they rigorously and transparently identify, synthesize and appraise high quality research on particular topics.

Meta Analysis is like systematic review but includes the statistical combination of the results of similar studies and aims at drawing a conclusion about the overall effects of an intervention.

Systematic review and meta analysis are considered to provide the best-supported forms of evidence.

Randomised Controlled Trials are regarded as the most reliable form of scientific evidence because they aim to reduce spurious causality and bias. RCTs are prospective or longitudinal


studies that follow groups of subjects over time. A single RCT cannot prove causality but randomisation can help reduce bias and aid the study of cause-effect relationships.

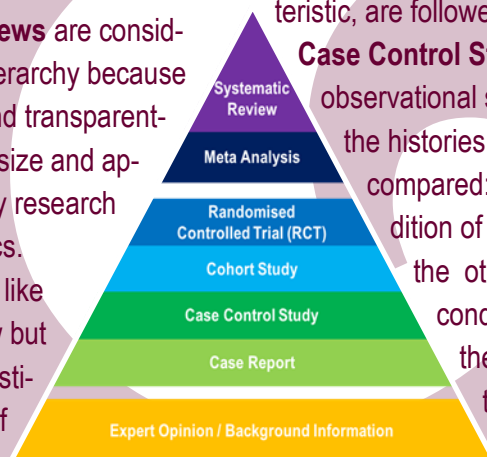
Cohort Studies are observational studies in which a cohort, or group of individuals, who share some characteristic, are followed over time.

Case Control Studies are also observational studies, in which the histories of two groups are compared: one having a condition of particular interest, the other lacking that condition. Researchers look for factors that might be causing a disease.

Case Reports or case studies are detailed reports of symptoms, diagnosis, treatment and follow-up of an individual patient.

Expert Opinion is simply knowledge gained by professional experience.

Caveat Hierarchies of evidence can be a useful tool but they can also be overly simplistic. They should not be treated as definitive about the value of a study. 




Research First

Over the last year Mark Newitt and I, on behalf of the College of Health Care Chaplains and the Free Churches Group respectively, have run a digital journal club every three months.

From September, we plan to expand this journal club into a monthly, UK wide journal club. Along with the CHCC and FCG, the expanded club will be supported and promoted by Association of Hospice and Palliative Care Chaplains, NHS Education for Scotland, Northern Ireland Healthcare Chaplains Association and Paediatric Chaplaincy Network. More frequent meetings will help build research literacy and mean more articles can be discussed over the year.


The new name is **Research First Journal Club** and meetings will be on a rolling pattern of first Tuesday, Wednesday and Thursday of a month.

See pages 8 and 9 for dates and more details. 

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CHCC COLLEGE OF HEALTH CARE CHAPLAINS

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

Health and Social Care Chaplaincy

VOL 10, NO 2 (2022)

HSCC publishes two interesting research papers, one from Germany, about how practices of pastoral encounter were effected by COVID-19, the other from Sweden, presenting a case study that explores healthcare chaplaincy identity.

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COVID-19

Haußmann, AD and Fritz B **Challenges for Pastoral Care in Times of COVID-19: Encounters, Contexts, Topics and Professional Needs – A Cross-Sectional Study** (pages 141–164)

Aim: To understand how pastoral care encounters developed during the pandemic. Did the need for pastoral care increase, decrease or remain the same as before? What media were used for pastoral care before and during the lock-down period? What topics arose in pastoral care during the pandemic?

Method: Survey of pastoral carers (N=307) conducted via online tool "Soscisurvey.de" (20 April 2020 to 3 June 2020).

Main findings: The use of media has increased significantly, with a preference for synchronous interaction via telephone and video. Topics of pastoral care varied from everyday hassles to existential concerns, also including spiritual needs and struggles. Social isolation, the need to just talk to someone and the need for comfort and hope were mentioned the most. <https://doi.org/10.1558/hsc.19554>

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Grimell J **From Theory to Practice when Presenting Core Features of a Swedish Hospital Chaplaincy Identity: A Case Study Analysis** (pages 165–184)

Aim: To explore how a full-time position as a hospital chaplain, coupled with extensive experience within a secularized context organized around medical expertise and other important social and spiritual factors, forged a specific chaplain character, which consisted of six overarching core features or identity markers.

Method: Case study.

Main findings: Findings broaden existing knowledge and confirm existing theoretical positions, with regard to healthcare chaplaincy-identity in Sweden.

<https://doi.org/10.1558/hsc.20372>

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Journal of Religion and Health

VOL 61, NO 3 (2022)

This issue of JRH presents interesting research relevant to chaplaincy on the spiritual care provided by nurses. It also continues to publish research on the effects of COVID-19 on the delivery of spiritual care.

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Harris S, Tao H **The Impact of US Nurses' Personal Religious and Spiritual Beliefs on Their Mental Well-Being and Burnout: A Path Analysis** (pages 1772–1791)

Aim: To understand the impact of nurses' personal religious and spiritual beliefs on their mental well-being and burnout.

Method: Surveys of nurses (N=207) in southeastern USA tested a model of association between religion/spirituality, mental well-being, and burnout.

Main findings: Path analysis supported a model in which religion/spirituality was negatively associated with emotional exhaustion and depersonalization and positively associated with personal accomplishment.

<https://doi.org/10.1007/s10943-021-01203-y>

Path analysis is used to examine relationships between a dependent variable (in this case, burnout) and two or more independent variables (in this case, nurses' religion/spirituality, mental well-being). It uses a form of multiple regression analysis to estimate both the magnitude and significance of causal connections between variables.

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Fradelos E, et al. **Factors Affecting Greek Nurses' Caring Behaviors: The Role of Nurses' Spirituality and the Spiritual Climate of Hospitals** (pages 1816–1830)

Aim: To examine effect of nurses' personality, spirituality and spiritual care in nurses' caring behaviours.

Method: Descriptive, cross-sectional study conducted in two Greek hospitals, based on four-part self-reported questionnaire.

Main findings:

Work experience seems to play important, positive role on nurses' caring behaviours and all personality traits, except neuroticism. Nurses' spirituality (faith) and hospital spiritual climate can also positively influence nursing care.

<https://doi.org/10.1007/s10943-022-01503-x>

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Fradelos EC, et al. **The Effect of Spirituality in Quality of Life of Hemodialysis Patients** (pages 2029–2040)

Aim: To assess the effect of spirituality on quality of life of end-stage renal disease patients undergoing hemodialysis (HD)

Method: Cross-sectional study of patients (N=367) in six HD Units. FACIT-Sp-12 and the Missoula Vitas Quality of Life Index-15 used to measure spirituality and the quality of life.

Main findings: Spirituality can have a positive effect on the QoL of HD patients. Spirituality and its dimensions such of Meaning in Life and Peace had a positive effect on global QoL, symptoms, interpersonal and well-being.

<https://doi.org/10.1007/s10943-020-01153-x>

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Taş F, Selçuk Tosun A and Akgül Gündoğdu N
The Effect of Islamic Belief and Spiritual Well-being on Organ Donation in Turkey: A Descriptive-Relational Study (pages 2121–2140)

OPEN
ACCESS

Aim: To determine how Islamic belief and spiritual well-being affect individuals' attitudes towards organ donation

Method: Descriptive-relational study (N=402) adults in eastern Mediterranean region of Turkey. Personal information form, Organ Donation Attitude Scale and Spiritual Well-being Scale used

Main findings:

Islamic belief and spiritual well-being have an effect on the organ donation attitudes of individuals. Statistically significant relationship observed between acceptance of organ donation according to Islamic beliefs and organ donation attitude. A negative relationship found between organ donation attitude and scores on the anomie sub-dimension of the Spiritual Well-being Scale; positive relationship found between organ donation attitude and scores on transcendence and harmony with nature sub-dimensions.

<https://doi.org/10.1007/s10943-021-01252-3>

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COVID-19

Connolly M and Timmins F **Experiences Related to Patients and Families' Expression of Spiritual Needs or Spiritual Support Within Healthcare Settings During the COVID-19 Pandemic: A Scoping Review** (pages 2141–2167)

OPEN
ACCESS

Aim: To explore the evidence surrounding patients and families' expression of spirituality, spiritual needs or spiritual support within healthcare settings during the COVID-19 pandemic from the perspective of nursing practice

Method: Scoping review to find select potential studies and undertake data extraction and synthesis

Main findings: Twenty-one studies published between March 2020 and August 2021 identified. Themes/subthemes included spiritual needs, new awareness of spiritual needs and spiritual interventions, chaplaincy referrals, and improved well-being.

<https://doi.org/10.1007/s10943-022-01556-y>

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COVID-19

de Diego-Cordero R, et al. **The Role of Spirituality and Religiosity in Healthcare During the COVID-19 Pandemic: An Integrative Review of the Scientific Literature** (pages

2168–2197)

Aim: To investigate role of spirituality and religiosity in healthcare during the COVID-19 pandemic

Method: An integrative review of scientific literature available on PubMed, Scopus, and Web of Science databases, plus review of gray literature in the Information System on Gray Literature in Europe (OpenGrey)

Main findings: 25 articles included in review revealed importance of including spirituality in clinical practice for both health professionals and patients: spirituality can be considered a good coping strategy used by healthcare professionals to promote mental health and well-being, resulting in greater patient satisfaction with the care given; addressing spiritual needs of individuals leads to a reduction in stress, anxiety, depression, and an increase in resilience and hope among patients. <https://doi.org/10.1007/s10943-022-01549-x>

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COVID-19

Kaur G and Basra MK **COVID-19 and the Sikh Community in the UK: A Qualitative Study** (pages 2302–2318)

Aim: To assess impact of the pandemic on British Sikhs

Method: Sample of British Sikhs (N=44) across 11 virtual focus groups

Main findings: Three main themes emerged: making meaningful connections; struggling to adjust; the organisation of gurdwara in coping with the COVID-19 pandemic. Faith may promote collective action for collective healing especially during mass trauma

<https://doi.org/10.1007/s10943-022-01575-9>

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Journal of Pastoral Care and Counselling

VOL 76, NO 2 (2022)

Two small studies will be of interest to mental health chaplains. One examines the way pastoral leaders understand and relate to mental health issues; the other is a study of spiritual health professionals in forensic mental health. While not in itself research, a paper on Supervised Pastoral Education (SPE) in Ontario speaks to the question of interest to many chaplains, which is how our profession relates to psychotherapy.

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Moore, D, Williams, C and Cooper, CE **Pastoral Leaders Perceptions of Mental Health and Relational Concerns within Faith Based Organizations** (pages 88-88)

Aim: To explore attitudes, beliefs and perspectives of pastoral leaders regarding mental health and relational concerns within Faith-Based Organizations.

Method: Survey of pastoral leaders (N=12).

Main findings: Three themes emerged from their responses: (1) Defining mental health; (2) The role of pastoral leaders in mental health; and (3) Mental health needs in pastoral leadership. The small study adds to the body of knowledge about what pastoral leaders and constituents may need, as one considers opportunities for collaboration.

<https://doi.org/10.1177/15423050221081476>

Heard, CP, Scott, J and Yeo, S **Spiritual Care Professionals as Unit-Based Interdisciplinary Team Members? Considering Patient and Staff Perceptions in a Forensic Mental Health Care Setting** (pages 139-149)

Aim: Two co-occurring studies of the perceptions of patients (n=8) and staff (n=8) related to assignment of Spiritual Care students as full-time interdisciplinary team members at a Forensic mental health facility. Students, individually assigned to care units, completed 12-week placements.

Method: Qualitative method consistent with Interpretative Phenomenological Analysis.

Main findings: The co-occurring studies identified that enhanced access to Spiritual Care was valued. Staff and patients indicated a desire for more spirituality focused participation.

<https://doi.org/10.1177/15423050221092317>

OF INTEREST (but not research!)

Mills, J **Is Supervised Pastoral Education (SPE) “Substantially Equivalent” to a Recognized Psychotherapy Program in Ontario?** (pages 114-128)

After completing their Supervised Pastoral Education units provided by the Canadian Association for Spiritual Care, two soon-to-be-certified Spiritual Care Practitioners applied to the College of Registered Psychotherapists of Ontario. Both were rejected because their Supervised Pastoral Education program was not deemed to be “substantially equivalent” to a recognized psychotherapy program. This came as a surprise since similarly qualified Canadian Association for Spiritual Care Practitioners in Ontario are also members of the College of Registered Psychotherapists of Ontario through a process called “grandparenting.” Using the 10 characteristics of a College of Registered Psychotherapists of Ontario recognized program, this paper examines Canadian Association for Spiritual Care's SPE program in detail, showing how closely it aligns with the College of Registered Psychotherapists of Ontario's description of an equivalent psychotherapy program. I conclude by suggesting the College of Registered Psychotherapists of Ontario should embrace Supervised Pastoral Education as an equivalent program and grant memberships, not just to those grandparented in, but to future Canadian Association for Spiritual Care Practitioners.

<https://doi.org/10.1177/15423050221089577>

Journal of Health Care Chaplaincy

VOL 28, NO 3 (2022)

This issue of JHCC includes a study of the impact of COVID-19, a research protocol and an assessment of the Scottish PROM. In addition, it includes a supplementary issue devoted to the topic of moral injury (see below).

COVID-19

Jones, KF *et al* **Responding to the “unknown assailant”: A qualitative exploration with Australian health and aged care chaplains on the impact of COVID-19** (pages 295-309)

Aim: To consider the impact of COVID-19 from the perspective of Australian chaplains.

Method: Grounded Theory. Semi-structured interviews conducted with chaplains (N=17).

Main findings: Increased healthcare restrictions in response to COVID-19 raised levels of fear and anxiety among patients, residents, family members and staff, and generated feelings of isolation and disconnection. Chaplains responded by providing a calm presence, being available, holding out hope, introducing creative ways to provide spiritual care and seeking spiritual nourishment themselves.

<https://doi.org/10.1080/08854726.2020.1861536>

Liefbroer, AI *et al* **A spiritual care intervention for chaplains in home-based palliative care: Design of a mixed-methods study investigating effects on patients' spiritual wellbeing** (pages 328-341)

This paper presents the design of a study investigating the impact of a chaplaincy-led intervention to improve the spiritual wellbeing of patients in palliative, home-based care. The authors argue that one way to develop a research-focus within chaplaincy is by presenting and discussing study protocols *before starting data collection*. Study protocols provide a detailed description of the prospective study's rationale, design and methods. Such protocols may also assist the research community in understanding the study design and contribute to research literacy, informing practicing chaplains on the conduct of research and assisting them to assess critically the research design and methods.

<https://doi.org/10.1080/08854726.2021.1894532>

Muehlhausen, BL *et al* **Patients' and Loved Ones' Expectations of Chaplain Services** (pages 350-364)

Aim: To assess patients' and loved ones' expectations of hospital chaplains at Ascension St. Vincent Indiana hospitals.

Method: In-person interviews with patients and loved ones (N=452), recording demographics, awareness of chaplain availability, expectations of visits, reasons for wanting to see a chaplain and feedback regarding visits.

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

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

Perry, KR *et al* **Coordinating assessment of spiritual needs: a cross-walk of narrative and psychometric assessment tools used in palliative care** (pages 365-377)

Aim: To illustrate the overlap between narrative and psychometric assessment tools as a step toward improving interdisciplinary communication and patient care.

Method: Scoping review, comparing four narrative tools against eight psychometric tools.

Main findings: SpNQ-120 and Brief RCOPE demonstrated consistent domain coverage across four narrative tools.

<https://doi.org/10.1080/08854726.2021.1904653>

Snowden, A, Karimi, L and Tan, H **Statistical fit is like beauty: A Rasch and Factor Analysis of the Scottish PROM** (pages 415-430)

Aim: To establish whether the Scottish Patient Reported Outcome Measure (PROM)© could be used to identify patients in need of chaplain interventions.

Method: Rasch and Confirmatory Factor Analysis conducted on an international dataset of post intervention PROMS from UK, Europe and Australia (N=1117).

Main findings: A Scottish PROM© score of 9 and under could identify people for whom chaplaincy may be beneficial.

<https://doi.org/10.1080/08854726.2021.1916336>

The Rasch model is a psychometric model for analyzing categorical data, such as questionnaire responses, as a function of the trade-off between (a) the respondent's abilities, attitudes, or personality traits and (b) the item difficulty.

Factor analysis condenses many variables to a few, with the aim of making research data is easier to work with.

Factor analysis looks for the way different underlying factors influence variance among variables. Every factor has an influence; some factors explain variance better than others, meaning that the factor more accurately represents the variables it's comprised of.

Confirmatory Factor Analysis (CFA) is a method of statistical modelling used to assess how accurately different systems measure and evaluate a concept. Researchers use their background knowledge of a concept to develop a hypothesis about how to measure it. They then apply CFA to test the accuracy of their ideas.

VOL 28, S1 (2022)

This issue of JHCC includes a supplementary issue devoted to the topic of moral injury. Articles empirical research as well as papers reflecting on aspects of moral injury.

OF INTEREST (but not research!)

Nieuwsma, JA, Smigelsky, MA and Grossoehme, DH **Introduction to the special issue "Moral injury care: Practices and collaboration"** (pages S3-S8)

Since moral injury was introduced in the psychological literature little more than a decade ago, it has received substantial attention from mental health professionals as well as chaplains. This special issue features ways that chaplains are and can be engaged in addressing moral injury within health care contexts, especially the Department of Veterans Affairs. The efforts highlighted in this special issue provide building blocks for advancing moral injury care practices, research agendas, and interdisciplinary collaborations into the future.

<https://doi.org/10.1080/08854726.2022.2047564>

Wortmann, JH et al **Collaborative spiritual care for moral injury in the veterans Affairs Healthcare System (VA [Veterans Affairs]): Results from a national survey of VA chaplains** (pages S9-S24)

Aim: To identify how chaplains in the Veterans Affairs Healthcare System conceptualize moral injury.

Method: Anonymous online survey (N=361; 45% response rate): a battery of items and free-text definitions of moral injury.

Main findings:

>90% chaplains indicated that they encounter moral injury in

their chaplaincy care, similar proportion agreed that chaplains and mental health professionals should collaborate in providing care for moral injury. >33% chaplains offer or plan to offer a moral injury group. Nearly 25% indicated present or planned collaboration with mental health to provide groups that in some manner address moral injury.

<https://doi.org/10.1080/08854726.2021.2004847>

OF INTEREST (but not research!)

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

Moral injury is a soul struggle for many veterans. It includes a deep sense of regret, shame, and division within themselves due to morally injurious events. Spiritual practices like Centering Prayer are complementary disciplines that help veterans heal from moral injury and process embedded trauma, guilt, and shame. Contemplative practices can help with acceptance of difficult emotions and thoughts connected to past moral injury and help veterans refocus on values that are part of their community, faith, and social backgrounds. Guidelines and intended outcomes for Centering Prayer practice is outlined for veterans group at Loveland Veterans Affairs, including previously researched benefits of mindfulness and meditation-based practices for PTSD, which often co-occurs with moral injury.

As a mindfulness-based spiritual practice with Judeo-Christian roots, Centering Prayer is a powerful addition to a chaplaincy program that promotes whole health healing and growth.

<https://doi.org/10.1080/08854726.2022.2032977>

OF INTEREST (but not research!)

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

This paper expands the dialogue about applying psychological flexibility processes to moral injury-related spiritual suffering using Acceptance and Commitment Therapy (ACT). Psychological flexibility is the process of practicing present moment awareness and openness to experiences of emotions and thoughts, while also choosing to engage in actions that are consistent with one's values. Authors provide a framework and a case example illustrating how spiritual care providers and Chaplains can use psychological flexibility processes to target spiritual suffering in the context of moral injury.

<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: To describe and present preliminary outcomes of 'Reclaiming Experiences And Loss' ('REAL', an innovative moral injury group therapy developed collaboratively by Veterans Affairs mental health and spiritual care providers.

Method: Clinical outcome measures collected pre- and post-group indicates that REAL is effective at reducing symptoms of post-traumatic stress disorder and depression.

Main findings: A cohort case example demonstrates the

impact of REAL told through individual stories and the intersectionality and interactions that comprise a typical REAL cohort.

<https://doi.org/10.1080/08854726.2022.2032978>

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OF INTEREST (but not research!)

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)

The authors developed Acceptance and Forgiveness Therapy, a psychospiritual group intervention that guides veterans with moral injury experientially from a trauma-focused (damaged, broken, guilty, unforgivable, hopeless, unacceptable) to restorative (worthy, connected, hopeful, forgiven, responsible) view of self. A mental health trained chaplain and mental health provider, as co-leaders, provide psychoeducation, facilitate therapeutic interaction, 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. 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. Retention rate across seven group administrations ranged from 50% to 100%. Outcomes suggest AFT is a promising practice for veteran moral injury meriting further study and implementation.

<https://doi.org/10.1080/08854726.2022.2032982>

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Kopacz, M **Feasibility of using moral injury screening instruments in VA [Veterans Affairs] chaplaincy spiritual assessments** (pages S89-S100)

Aim: A preliminary study to examine psychometric properties and feasibility of two new moral injury screening tools, purposefully designed to assess for moral injury in chaplaincy settings at Department of Veterans Affairs Medical Centers.

Main findings: The results provide preliminary psychometric evidence to support the reliability and validity of these two new screening tools, which were shown to be feasible for use in VA chaplaincy settings.

<https://doi.org/10.1080/08854726.2022.2032980>



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.

MAY 2022

Palmer, JA et al **The spiritual experience of dementia from the health care provider perspective: implications for intervention** *Gerontologist* 62, 4 (556-567)

Aim: To explore salient spiritual needs in dementia to inform future intervention development.

Method: Semi-structured qualitative interviews with providers, sampled purposively by discipline (chaplains, nursing staff, social workers, activities professionals) and religious tradition (for chaplains) ($N=24$). Interview guide inquired about, for example, the nature of spiritual needs in dementia and stakeholders' roles in addressing them.

Main findings: Inductive/deductive thematic analysis identified two themes. One, that spiritual experience in dementia differs from that in other medical conditions (subthemes: fear, profound loss of self, progressive and incurable nature, and impacted ability to access faith). Two the need for spiritual intervention at the mild stage of dementia (subthemes: awareness in mild dementia and its influence on spiritual distress, and a window of opportunity).

<https://doi-org.eres.qnl.qa/10.1093/geront/gnab134>

JUNE 2022

Klitzman, R et al **Hospital chaplains' communication with patients: characteristics, functions and potential benefits** *Patient Education and Counseling*: online ahead of print.

Aim: To study how hospital chaplains communicate with

patients concerning spirituality/religion.

Method: Qualitative (Grounded Theory) telephone interviews with chaplains (ca 60 mins) ($N=21$).

Main findings:

Chaplains can provide several critical beneficial functions, such as, obtaining key information from patients/families that can help with decision-making and with diagnosis and treatment, and conveying medical providers' points of view to patients/families. Consequently, chaplains can serve as mediators between patients/families and providers, help overcome staff biases and patient 'labelling', and pursue or encourage psychological interventions. <https://doi.org/10.1016/j.pec.2022.05.004>

JULY 2022

Russell, J, Quaack, KR and Nunez, J **Chaplain reported plans for end-of-life care conversations: role clarity for the spiritual care specialists** *Journal of Health Care Chaplaincy*: online ahead of print, 6/26/22.

Aim: To examine chaplain reported plans for patient conversations regarding end-of-life (EOL) care through the lens of multiple goals. To afford insight into what content is prioritized and which conversational goals are present.

Method: Chaplains ($N=69$) asked to curate a plan for engaging with a patient about EOL treatment options, including how they would engage in the conversation and what they would plan to discuss.

Main findings: Plans primarily consisted of relational and identity goals, a majority navigating multiple goal orientations. Content overwhelmingly involved developing rapport with patients, eliciting patient preferences for care and serving as a patient liaison. Integration of multiple goals offers preliminary evidence for conversational quality. Awareness of goal approach and content prioritized affords clarity on how chaplains can be called upon to support members of the interdisciplinary care team.

<https://doi.org/10.1080/08854726.2022.2087965>

Interview with George Fitchett

Many chaplains will be familiar with the name of George Fitchett. He has been a leading figure in chaplaincy research for many years and latterly a director of Transforming Chaplaincy. An inspiration to many chaplain researchers, George retires this year from his fulltime roles (although he will remain research active). The interview below is an edited version of a longer video interview, available via the CHCC research page.

D What triggered your initial interest in research and what sparked you off as a researcher?

GF I've worked in an academic medical centre my whole career, Rush University Medical Center. I'd sit in on research presentations being done by colleagues in other departments, and as I'd listen to the presentations, I wondered what would it mean to do research about spiritual care. Would it help us improve the care we're offering? I was also reading research in the pastoral care journals, really interesting work on religious/spiritual coping. Eventually there was opportunity to talk to the leadership in my department about whether we should be doing research.

D What are the standout developments you've seen over the years you've been engaged in chaplaincy research?

GF I would identify three developments that have been particularly significant. One is that the notion that being a research informed profession has become, here in the US, very pervasive. We have a situation where people in training are interested in programmes where they will have an evidence-based approach to spiritual care training. This has probably been the most dramatic change. Second, with Transforming Chaplaincy we had an opportunity to help 17 chaplains here in the US to get master's degrees in research—eight of them are in the process of getting doctoral degrees. We actually created a cohort of chaplains who have advanced training in research. That's really a dramatic change. The third thing is that while we had pioneers involved in research, often when those pioneers retired, the work they were doing was not continued. We now have medical centres that have sustained commitments to spiritual care research, so when an important person retires the programme of research is going to be sustained.

D Research is a big topic, what advice would you have for chaplains finding their way in the area?

GF The goal is not to be a researcher but to be research literate. Not all chaplains need to be doing research but we do all need to develop research literacy. We're seeing online courses developed specifically for chaplains. Transforming Chaplaincy has several online classes and we've been offering a week long intensive, we call it Research Summer Camp,

an in person exposure to research literacy. Sometimes, research journal

clubs get created where on a monthly or bimonthly basis chaplains will come together to read an article and discuss those articles, so participating in as many of those activities as you can is important.

As people do that they need to remember that there is a learning curve about this. Just because you've heard people discuss how to do statistical tests comparing two different groups one time doesn't mean that you're going to absorb it. You're going to need to hear that a few times. It's important to be patient with yourself around learning some of the technical language about research that will help you understand the presentations about research that you're listening to it's not going to come easily the first time, it's going to take several times around.

D How might a wannabe chaplain researcher move beyond being research literate and get involved in actual research?

GF I think the key is finding a research team that will welcome you to sit in and help them, particularly a team where the people might provide some mentoring for you. Thirty years ago there was such a small amount of chaplaincy research that people that had very little training, who mostly had been reading carefully, could do some research, get it published and make a contribution. That kind of do-it-yourself approach to being involved in spiritual care research was part of what I did 30-40 years ago when I started, but that really is not going to be a good use of anybody's time anymore.


Getting involved in research probably means two things. One is getting education. Taking some courses in research methods, whether those are qualitative methods that focus on interviews and texts, or quantitative that focus more on surveys and data. And then finding a research team that could use your help and a mentor that would be happy to mentor you.



Interview with George Fitchett

D As you look at chaplaincy research now, what do you see as the immediate and long-term challenges we need to address?

GF Up until now a lot of the research that has happened, I'd call opportunistic. Chaplains were in conversations with people who were gathering data and were allowed to add some questions or look at the data, but we weren't able to be strategic about what are the really important questions we want to be asking and how do we design the projects to address those questions. As we shift from being opportunistic to being more strategic, we need to actively find resources that will support that research. A key to that is going to be donors and foundations. To what extent are chaplains who may not be researchers be in a position to be in conversation with people who might want to support spiritual care research?

Then as we think strategically, what are probably the two most important research questions, the big questions that we want to pursue? The first one is, What are the effects of spiritual care? How do we know that we are actually benefiting our patients and families, staff colleagues, what is the research we can do to gather the evidence that we are having those beneficial effects? So, that outcomes-oriented research is just critical, an important direction for what we need to do. The second is, I think we will increasingly need to focus some of our research on people who don't identify themselves as coming from a religious background. As the population in Europe, the population in the US who have no religious affiliation will continue to increase, we need to know what are the spiritual resources and spiritual needs among those people and what does it mean for chaplains to address those spiritual needs and resources. 

Click the image below to watch the full interview with George Fitchett (18.28 min)



Book Review

Steve Nolan and Annelieke Damen (eds)


[Transforming Chaplaincy: The George Fitchett Reader](#)

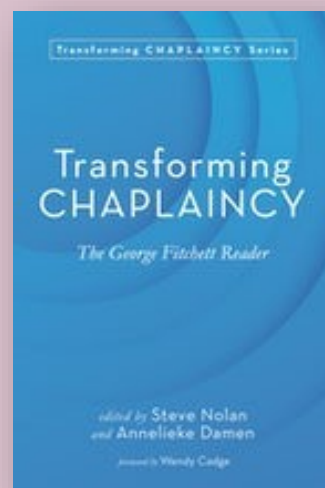
Wipf & Stock, pp. xxvii, 250, £25.00

In a career spanning over 30 years, George Fitchett has been a leading figure in research on chaplaincy and spiritual care. This collection offers more than just accessible access to 10 of his most influential papers, it provides stimulus to some of the important issues that will face chaplaincy in the coming years. For this reason, the book also includes commentary on Fitchett's work by three authors who are themselves engaged in key debates about the future of professional spiritual care.

The selected papers are presented in Part One, arranged across three sections: Religion/Spirituality and Health; CPE and Research Literacy; and Spiritual Screening and Assessment—topic areas that will continue to have direct relevance for the development of professional spiritual care. However, an important aspect of Fitchett's work is that it has not only stimulated these areas of debate, it has also shown that topics which have been considered impossible to measure can actually be quantified and empirically researched.

In Part Two, Cheryl Holmes, Martin Walton and David Fleenor comment on issues and themes on which Fitchett has worked, making their own distinctive contributions and moving forward debates that Fitchett has stimulated.

Finally, in a short Appendix, the editors provide a brief orientation to statistical terms used in quantitative research papers, which should aid readers unfamiliar with the terminology of empirical research develop their research literacy. 



Research First Journal Club

6 September Tuesday, 10:00 to 11:15 [Click here to join the meeting](#) (recurring 3 monthly meeting)

5 October Wednesday, 12:45 to 14:00 [Click here to join the meeting](#) (recurring 3 monthly meeting)

3 November Thursday, 15:15 to 16:30 [Click here to join the meeting](#) (recurring 3 monthly meeting)

As before, the club will provide participants with the opportunity to earn up to 3 UKBHC accredited CPD points.

Please put the dates in your diary. If you would like a diary invite email mark.newitt@freechurches.org



First Research Journal Club

Wednesday 5 October, 12:45-2:00pm | facilitators Mark Newitt (FCG) and Steve Nolan (CHCC)

Haußmann and Fritz **Challenges for Pastoral Care in Times of COVID-19: Encounters, Contexts, Topics and Professional Needs – A Cross-Sectional Study** *Health and Social Care Chaplaincy*, 10, 2, 141-164 <https://doi.org/10.1558/hsc.19554>

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 might the research inform your day to day chaplaincy practice?	
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 <i>this</i> research article that will enhance your professional practice?
4	How might <i>this</i> research article have practical application in your context?
5	What have you learnt about research from reading and reflecting on <i>this</i> 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