Sampling: key to unlocking data

Researchers aim to get the fullest answer to the particular question they are investigating. In a world where resources of money and time were limitless, they would be free to gather their data by consulting an entire population. Budgets and availability make such investigations impractical, so researchers limit their study to a sample of the population of interest.

That 'population' may be the entire population of a country. More likely, the population will be a group of patients with a particular condition or experience. This group may be further defined by age, gender, ethnicity, income, etc.

Choice of sample depends on the question(s) researchers are addressing and there are two main options.

Quantitative researchers, aiming to find results that are *representative* of the population, will likely use a form of **probability sampling**. The aim here is to give everyone in the population an equal chance of being included in the sample. Again, there are options. For example, *simple random sampling* might allocate a number across the population, then use a [random number generator](#) to select a sample.

Stratified or *cluster sampling* is a way to ensure all sectors of a population are equally included. Researchers divide the population into subgroups (strata), for example by age, race, etc. then randomise their sample based on the proportions of the population the need to sampled.

In contrast to probability sampling, qualitative researchers tend to use **non-probability sampling**. This is an easier and cheaper approach but is more open to sampling bias (below).

As the name suggests, *convenience sampling* works for the convenience of access to research subjects. However, by its nature, it is unlikely to be representative and, therefore, it won't be possible to generalise any findings.

When researchers believe that certain groups of subjects have particularly relevant knowledge or experience, they will adopt a *purposive sampling* strategy. Here, researchers will have clear inclusion/exclusion criteria, which they will usually describe when they report on their research.

Researchers should be conscious of the risk of bias in their work, both in the collection and analysis of data. **Sampling bias** occurs when the sample group does not represent the population. Bias matters because it can affect the validity and generalisability of the findings. Over sampling is one technique to avoid bias but good research design is the best strategy ☙

Welcome

Unlike recent quarters there no particular themes dominate the research papers highlighted in this issue of the **Digest**.

JORH has foregrounds research highlighting philosophical perspectives regarding medicine, science, health and religion (61:4; 61:6), with a special focus on Islam (61:5). The journal also has research on COVID and cancer related concerns. Spiritual assessment and chaplain support for nursing staff feature in JHCC. It also has research related to professional development, as does JPCC.

Research First Digital Journal Club has cycled through a first quarter of meetings. In September, colleagues discussed research on chaplains' professional registration; pastoral care during COVID was the subject for October; and November considered recent research on spiritual care outcomes. Any chaplain can join in the online discussion. To join, colleagues should register with Mark Newitt, using the email address on page 8. ☙

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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 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 journal's abstracts. ❧

Journal of Religion and Health

This issue of JORH focuses on four key themes: (1) religious and spiritual issues in China, (2) gender-related issues, (3) philosophical perspectives regarding medicine, science, health and religion and (4) new or adapted religion/spirituality measurements and scales.

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Niu Y, McSherry W and Partridge M. **Exploring the Meaning of Spirituality and Spiritual Care in Chinese Contexts: A Scoping Review** (pages 2643–2662)
Aim: Review of literature to explore how spirituality as a fundamental aspect of health and nursing care is recognised and understood outside of Western culture, specifically, among people from Chinese backgrounds.
Method: This scoping review adopted Arksey and O'Malley's method used to search the main databases in health and nursing. Eighteen (n = 18) empirical studies were included in the review: 11 qualitative studies and 7 quantitative involving 1870 participants.
Main findings: Chinese understanding of spirituality is multidimensional: an abstract and personal concept, which can refer to an internal vital force, experiences of suffering and traditional Chinese cultural and religious values.
https://doi.org/10.1007/s10943-021-01199-5

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Badanta B et al **How Does Confucianism Influence Health Behaviors, Health Outcomes and Medical Decisions? A Scoping Review** (pages 2679–2725)

OPEN ACCESS

Aim: To analyse influence of Confucianism on health behaviors, health outcomes and medical decisions.
Method: Scoping review of 40 articles.
Main findings: Family is a central aspect of Confucianism. Seems to affect participation in medical decisions, taking care of relatives, ethical dilemmas and mental health problems. Most Confucianist influence positive; some ways of thinking could increase suffering, burnout and a delay in healthcare seeking. https://doi.org/10.1007/s10943-022-01506-8

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Kaleta K and Mróz J **Gender Differences in Forgiveness and its Affective Correlates** (pages 2819–2837)

OPEN ACCESS

Aim: To understand unique correlates (positive and negative affect, anxiety, and emotional control) or differential patterns of experiencing forgiveness by gender.
Method: 625 individuals aged 19–69 (478 (76.5% women) completed Polish versions of Heartland Forgiveness Scale, Positive and Negative Affect Schedule, Courtauld Emotional Control Scale, and State-Trait Anxiety Inventory.
Main findings: Men showed a higher level of general forgiveness and greater willingness to overcome unforgiveness than women but no significant difference in positive facets of the disposition to forgive. In both genders negative affect, anxiety, and control of anger and of depression, were negatively related to dimensions of dispositional forgiveness. Gender moderated a number of links between affective traits and forgiveness of self and of situations beyond control, but not forgiveness of others.
https://doi.org/10.1007/s10943-021-01369-5

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Orr J, Kenny RA and McGarrigle CA **Religiosity and Quality of Life in Older Christian Women in Ireland: A Mixed Methods Analysis** (pages 2927–2944)

OPEN ACCESS

Aim: To understand the ways in which religion and quality of life (QoL) are associated in later life in Ireland.
Method: Mixed methods: longitudinal quantitative data from Christian women (*N*=2112) aged 57+ at baseline (2009–10) participating in the Irish Longitudinal Study on Ageing, with qualitative data from semi-structured interviews from Christian women (*N*=11) aged 65+ in 2018.
Main findings: Quantitative data showed an association between lower religiosity and lower QoL. Qualitative data supported an effect of religious involvement on QoL, although certain aspects of being religious in Ireland accompanied by distress. Relationship between religious attendance and higher QoL could be driven by multifactorial pathways, including psychological, social, and practical benefits.
https://doi.org/10.1007/s10943-022-01519-3

• •

Hvidt NC, Assing Hvidt E and la Cour P **Meanings of "the existential" in a Secular Country: A Survey Study** (pages 3276–3301)
Aim: To increase research-based insight into the meaning of 'the existential.
Method: Questionnaire inquiry of 1106 Danes' personal associations linked to 'the existential'.
Main findings:
Factor analysis resulted in three different groups of meaning: (1) essential meanings of life, (2) spirituality/religiosity and (3) existential thinking. Findings show that 'the existential' serves well as an overarching construct potentially including secular,

spiritual and religious meaning domains, at least within the European context. https://doi.org/10.1007/s10943-021-01253-2

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VOL 61, NO 5 (2022)

Four key themes are revisited in this issue of JORH: (1) mental health, (2) Islam, (3) various clinical issues relating to religiosity and/or spirituality and (4) ongoing concerns of COVID-19.

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OF INTEREST

Van Denend J, *et al* **The Body, the Mind, and the Spirit: Including the Spiritual Domain in Mental Health Care** (pages 3571–3588)

OPEN ACCESS

This article follows the suggestion of Sulmasy and others in expanding Engel's biopsychosocial model into a biopsychosocial-spiritual model. The authors utilize case studies to describe five areas of clinical work within mental health (religious grandiosity, depression and grief, demoralization and suicidality, moral injury, and opioid use disorder) with emerging evidence for the inclusion of the spiritual domain in addition to the biological, psychological and social. For each clinical area, they compare an underutilization of the spiritual domain with a more developed and integrated use to make an argument for developing, understanding and utilizing a biopsychosocial-spiritual model in mental health.
https://doi.org/10.1007/s10943-022-01609-2

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Jackson DC, *et al* **Bipolar Disorder, Religion, and Spirituality: A Scoping Review** (pages 3589–3614)

Aim: To provide a synthesis of empirical research useful in clinical practice concerning religion and spirituality of patients with bipolar disorder.

Method: Scoping review of 14 quantitative and four qualitative studies.

Main findings: Intrinsic religiosity and positive religious coping are the dimensions of religion and spirituality that have the most positive correlations with improvement of bipolar disorder symptoms as revealed by measures of clinical outcomes. Patients struggle with their religious experiences and wish that religion and spirituality would be taken into account by mental health professionals. Unfortunately, the qualitative literature has not caught up with quantitative approaches in terms of diagnostic rigor. https://doi.org/10.1007/s10943-022-01502-y

• •

Upenieks L **Perceptions of Dignity, Attachment to God, and Mental Health in a National US Sample** (pages 3615–3636)

Aim: To test whether attachment to God may protect against the hypothesized negative mental health consequences of having low perceptions of dignity.

Method: Analysis of nationally representative data from the 2017 Baylor Religion Survey (N = 1375).

Main findings: Lower perceptions of dignity were associated with higher depression and anxiety. For respondents with low self-perceptions of dignity, stronger feelings of secure attachment to God attenuated (weakened) the otherwise positive association between low dignity and greater depression and anxiety. Taken together, a secure attachment to God could lead believers to confront challenges and problems, including the undermining of dignity, with confidence and security.
https://doi.org/10.1007/s10943-022-01559-9

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Cetty L, *et al.* **Religiosity, Religious Coping and Distress Among Outpatients with Psychosis in Singapore** (pages 3677–3697)

OPEN ACCESS

Aim: To investigate the prevalence of religious coping and explore the association between religious coping, religiosity and distress symptoms.

Method: Study of outpatients (N=364) diagnosed with psychosis in Singapore. Positive and Negative Religious Coping, religiosity (measuring the constructs of Organised Religious Activity, Non-Organised Religious Activity and Intrinsic Religiosity) and severity of distress symptoms (depression, anxiety and stress) were self-reported by the participants.

Main findings: Majority of participants (68.9%) reported religion to be important in coping with their illness. Multiple linear regression analyses found that Negative Religious Coping was significantly associated with higher symptoms of distress. In contrast, Organised Religious Activity was significantly associated with lower anxiety symptom scores. Overall, the study indicates the importance of religion in coping with psychosis and the potential value in incorporating religious interventions in mental health care.

https://doi.org/10.1007/s10943-022-01596-4

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Abernethy AD, *et al.* **Perceptions of Divine Forgiveness, Religious Comfort, and Depression in Psychiatric Inpatients: A Mixed Methods Study** (pages 3710–3728)

Aim: To understand how forgiveness relates to mental health outcomes may improve clinical care.

Method: Study assessed adult psychiatric inpatients (N=248), testing associations of forgiveness, religious comfort, religious strain, and changes in depressive symptomatology from admission to discharge.

Main findings: Experiencing divine forgiveness and self-forgiveness was both directly associated with religious comfort and inversely associated with religious strain. Using structural equation modelling, the path from divine forgiveness to depression through religious comfort was significant. Qualitative findings illustrated patients' changed perspectives on divine forgiveness during hospitalization.

https://doi.org/10.1007/s10943-022-01511-x

• •

Kim JJ, Payne ES and Tracy EL **Indirect Effects of Forgiveness on Psychological Health Through Anger and Hope: A Parallel Mediation Analysis** (pages 3729–3746)

Aim: To examine mediating roles of anger and hope in relationship between forgiveness and psychological health outcomes.

Method: Sample of college students from a large non-profit university (N = 202) filled out self-report measures on forgiveness, anger, anxiety, depression, hope, and self-esteem. Parallel mediation analysis used to examine the role of anger and hope in the forgiveness-psychological health link.

Main findings: Results supported indirect effect of forgiveness on psychological health through anger and hope.
https://doi.org/10.1007/s10943-022-01518-4

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Majeed U, *et al.* **Modulation of Heart and Brain Function by Surah Al-Rehman Recitation Among Distressed Diabetic Patients in Pakistan** (pages 3852–3865)
Aim: To explore psychophysiological modulation in diabetic distress in response to Surah Al-Rehman recitation.
Method: Single-group experimental study with before and after intervention assessments, in which participants (*N*=10) listened to Surah Al-Rehman recitation. Blood pressure, blood glucose, cortisol, ECG and EEG recorded before and after recitation.
Main findings: Significant reduction in systolic blood pressure, increase in low frequency and absolute alpha power at Fp2 observed. Heartbeat evoked potentials also significantly modulated. Findings suggest that Surah Al-Rehman modulated baroreflex activity thereby reducing sympathetic activity and improved heart brain coherence.
https://doi.org/10.1007/s10943-021-01431-2

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Gholamhosseini M, *et al.* **Effectiveness of Spiritual Counseling on the Enhancement of Hope in Iranian Muslim Patients with Myocardial Infarction: A Two-Month Follow-Up** (pages 3898–3908)
Aim: To determine the effectiveness of spiritual counseling on hope in patients with myocardial infarction over a two-month period.
Method: Iranian Muslim patients (*N*=56) with myocardial infarction randomly allocated to an intervention group (*n*=28) or control group (*n*=28). Experiment group received three sessions of group spiritual counselling. Patients' hope was measured before intervention and immediately, one month, and two months after the intervention.
Main findings: Results indicated no significant difference in hope present between either groups at baseline. Significance between-group differences favouring intervention group, were noted immediately post-intervention and at one and two months afterward.
https://doi.org/10.1007/s10943-021-01283-w

• •

Chambers-Richards T, Chireh B and D'Arcy C **Relationship Between Spirituality, Religiosity, and General Life Satisfaction Among Canadians Living with Neurological Conditions in New Brunswick and Manitoba** (pages 4119–4138)
Aim: To assess association between religion and spirituality on general life satisfaction among a sample of community-dwelling Canadians with neurological conditions.
Method: Weighted subsample of respondents with neurological conditions (*n*=4562) to the national Canadian Community Health Survey—Annual Component (CCHS-2011) used. Analysis included multivariate logistic regression.
Main findings: Spiritual coping, self-perceived general, and mental health were found to be predictors of greater life satisfaction and quality of life.
https://doi.org/10.1007/s10943-022-01510-y

• •

Lipowska M, *et al.* **The Role of Religion and Religiosity in Health-Promoting Care for the Body During the Lockdowns caused by the COVID-19 Pandemic in Egypt, Poland and Romania** (pages 4226–4244)

OPEN ACCESS

Aim: To define the relationship between religiosity and health-promoting care for the body in the contexts of Christianity and Islam during the COVID-19 pandemic
Method: Participants from countries that feature one dominant religion (*N*=1502; 1147 women) represented Sunni Islam (Egypt, *n*=798), Roman Catholicism (Poland, *n*=443) and Orthodox Christianity (Romania, *n*=261). Coronavirus Anxiety Scale, Eating Attitudes Test and Inventory of Physical Activity Objectives used.
Main findings: Fear of COVID-19 is associated with engagement in pro-health activity, although not to such a significant extent as might be expected. The type of religion in question was revealed to moderate this relationship, but the intensity of religiosity was not found to serve as a moderator.
https://doi.org/10.1007/s10943-022-01624-3

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VOL 61, NO 6 (2022)
This issue of JORH collates adds to previous issues (JORH, 60, 4; 61, 2) with several papers focusing on cancer. The issue also has papers on Christian, Buddhist, Islamic, and secular philosophical perspectives on health, plus a collection of papers discussing spiritual/pastoral care around death and dying across various cultures.

• •

Dydjow-Bendek, D and Zagozdzon, P**. Breast Cancer and Spirituality Among Women in Poland: A Case–Control Study** (pages 4288–4301)
Aim: To assess differences in daily spiritual experiences between patients with breast cancer diagnoses and healthy controls in relation to other breast cancer risk factors.
Method: Spiritual experiences were assessed using Daily Spiritual Experiences Scale (DSES) was used to assess newly diagnosed Polish patients with breast cancer (*n*=201) (58 ± 6 years) and age-matched healthy controls (*n*=201).
Main findings: The study found little relationship between analyzed variables; however, presented differences in spirituality may differentiate the patterns of spiritual well-being among breast cancer patients.
https://doi.org/10.1007/s10943-022-01584-8

Case Control Studies are observational studies in which researchers compare the histories of two groups: the study group, which has the condition of interest (in the case above, breast cancer); the control group, which is demographically similar but does not have the condition. Researchers then look for factors that might shed light on the disease.

• •

Davari, S et al **The Effect of Religious–Spiritual Psychotherapy on Illness Perception and Inner Strength among Patients with Breast Cancer in Iran** (pages 4302–4319
Aim: To investigate effectiveness of religious-spiritual psychotherapy (based on Twelver Shia Sects of Islam (RSP-TSS)), to determine whether it improved their disease perception and inner strength.
Method: Hospitalized female breast cancer patients (*N*=45) (ages 31–58) randomly assigned to RSP-TSS (*n*=15), attention control (*n*=15) and untreated control groups (*n*=15). The study group received manualized RSP-TSS protocol, adapted to ten, weekly sessions of 90 min. Outcome measures were Revised Illness Perception Questionnaire and Inner Strength Questionnaire. Data collected pre- and post-intervention, and

at 4 months.

Main findings: Compared with the attention control and untreated control groups, RSP-TSS group achieved significant improvements in illness perception and inner strengths. These gains were maintained during the 4-month follow-up.
https://doi.org/10.1007/s10943-022-01594-6

• •

Khokhar, M.A et al **'Oral Cancer is a Punishment for my Sins': Oral Histories of Oral Cancer, Fatalism and Islamic Religious Beliefs in Pakistan** (pates 4337–4351)

Aim: To explore how Islamic religious beliefs, spiritual practices and fatalism may act as barriers to diagnosis of oral cancer in Rawalpindi/Islamabad Pakistan.

Method: Qualitative methodology using oral history and interviews (N=15) women diagnosed with oral cancer and receiving treatment in hospital.

Main findings: The research illustrates how religiosity, fatalism and the social determinants of health exist on a continuum and influence the perspectives of women in Pakistan, contributing to their late presentation and diagnosis of oral cancer. Analysis of patients' oral histories, suggests integration of spiritual/traditional healers into the existing health care system of Pakistan which may assist in reducing oral health inequalities. https://doi.org/10.1007/s10943-022-01585-7

• •

Elkhalloufi, F et al **Association Between Religiosity, Depression, and Anxiety Among Moroccan Cancer Patients** (pages 4382–4397)

Aim: To examine association between religiosity, depression, and anxiety in Moroccan cancer patients.

Method: Convenience sample (N=1055) completed questionnaires. Socio-demographic, religious, and cancer characteristics were assessed and the Arabic version of HADS scale used to assess depression and anxiety. Data was analysed using bivariate chi-square and multivariate logistic regression.

Main findings:
Engaging in religious practices significantly decreased risk of suffering from depression and/or anxiety. However, some religious practices may have a counter effect.
https://doi.org/10.1007/s10943-022-01538-0

• •

Miller, A.S., Aisenbrey, S. & Kimmel, D.M. **Awareness and Performance of Testicular Self-Examinations: An Analysis of Social and Cultural Barriers to Cancer Screenings in a US Orthodox Jewish Community** (pages 4398–4419)

Aim: To assess barriers to testicular self-examination (TSE) in a population of US Modern Orthodox Jewish undergraduate students.

Method: Participants answered questionnaires measuring their performance of and attitudes toward TSE.

Main findings: Of 541 participants, 301 (55.6%) had heard of TSEs, 177 (32.7%) had ever performed a TSE, and 21 (3.9%) performed TSEs once per month in the past year. Shame and adherence to certain religious beliefs negatively correlated with awareness and performance of TSEs.
https://doi.org/10.1007/s10943-022-01623-4

• •

Üçer, H et al **Knowledge, Attitudes, and Behaviors of Imams on Prostate Cancer in Kahramanmaras, Turkey** (pages 4420–4432)

Aim: To investigate knowledge and attitudes of Imams toward prostate cancer (PCa) and evaluate their contribution to fighting PCa.

Method: Questionnaire investigated knowledge, attitudes and behaviours towards PCa of serving Imams (N=287). Mean age of Imams 40.46 ±8.93 (range22-60).

Main findings: Of the participants, 266 (92.7%) had heard of PCa, 16 (5.6%) had heard of the prostate-specific antigen (PSA) test. The majority of Imam's had poor knowledge regarding PCa. Results revealed that Imams lack significant knowledge on PCa. https://doi.org/10.1007/s10943-022-01592-8

• •

Shapiro, E **A Protective Canopy: Religious and Social Capital as Elements of a Theory of Religion and Health** (pages 4466–4480)

Aim: To help fill the gap in midrange theory for the religion-health connection.

Method: Literature review on religious capital as well as social capital, a concept with which religious capital is sometimes incorrectly conflated.

Main findings: The paper identifies elements and mechanisms for each type of capital, including both quality and quantity, and describes evidence for their relationship with health. It suggests that expanding, unifying and integrating these theoretical elements can help better understand the underlying mechanisms of the relationship between religion and health, with concomitant policy implications such as faith-based interventions as well as spur additional research on the topic. https://doi.org/10.1007/s10943-021-01207-8

• •

Jastrzębski, AK **Unconscious Spirituality: Toward a Contemporary Conceptualization** (pages 4499–4515)

Aim: To evaluate IQ among participants identifying as differentially religious/spiritual (i.e., religious only, spiritual only, both religious and spiritual, or neither religious nor spiritual) and among those classified as either Christian/Catholic, Atheist, or Agnostic.

Method: As part of a larger study, participants (N=432) completed a brief measure of IQ, a scale of religiousness and spirituality, and a demographics questionnaire via Amazon's Mechanical Turk.

Main findings: Correlations between IQ and self-reported religiousness/spirituality were small and negative (Mean r = −0.17), consistent with previous literature. Multivariate analyses of covariance, controlling for age, gender, education, and socioeconomic status indicated IQ scores tended to be lowest (p<0.001) for 'religious only' participants (estimated marginal mean [EMM] =93.0) and highest for 'neither religious nor spiritual' participants (EMM=103.7). IQ scores were significantly lower (ps<0.001) for Christian/Catholic participants (EMM=96.7) compared to both Atheist (EMM=104.9) and Agnostic participants (EMM=107.5).
https://doi.org/10.1007/s10943-021-01320-8

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OPEN ACCESS

OPEN ACCESS

Pérez, S and Rohde, D **The Relationship Between Religious/Spiritual Beliefs and Subjective Well-Being: A Case-Based Comparative Cross-National Study** (pages 4585–4607)

Aim: To explore relationship between R/S supernatural beliefs

and subjective well-being (SWB).

Method: Case-based, comparative cross-national design (two religious nations [USA (*N*=1060) and Turkey (*N*=1353)] and two secular nations [Denmark (*N*=1281) and Czech Republic (*N*=1112)]), obtaining data from the International Social Survey Programme, Religion IV module. SWB measured as happiness and self-rated health. Statistical analyses used binary logistic regression models replicated across countries.

Main findings: Results indicated: US sample showed no evidence of relationships between R/S and SWB outcomes: Turkey, some R/S beliefs related in a statistically significant way to SWB. No associations were found in the secular countries.
https://doi.org/10.1007/s10943-022-01550-4

• •

Speed, D **Throw BABE** [belief-as-benefit effect] **Out With the Bathwater? Canadian Atheists are No Less Healthy than the Religious** (pages 4608–4634)

Aim: To explore health differences in stress, life satisfaction, subjective physical wellbeing, and subjective mental wellbeing across R/S identities (atheists, agnostics, Nones, Catholics, Protestants, Eastern Religions).

Method: Analysis of Cycle 29 of the cross-sectional General Social Survey from Statistics Canada (*N*>15,900).

Main findings: Results indicated (1) religious attendance, prayer, and religiosity were generally unrelated to all health outcomes for all R/S identities, (2) averagely religious atheists reported health parity with averagely religious members of all other R/S identities, and (3) comparing maximally nonreligious atheist group against several maximally religiously affiliated groups, atheists largely showed health parity.
https://doi.org/10.1007/s10943-022-01558-w

• •

Upenieks, L and Ford-Robertson, J **Changes in Spiritual but Not Religious Identity and Well-Being in Emerging Adulthood in the United States: Pathways to Health Sameness?** (pages 4635–4673)

Aim: To study relationship between 'spiritual but not religious' (SBNR) and health to assess whether within-person changes in SBNR identity are associated with health and mental health in emerging adulthood and consider several pathways that may account for observed differences.

Method: Analysis of longitudinal data from the National Study of Youth and Religion (2005–2008).

Main findings: Results suggest that consistently identifying as SBNR was associated with worse physical and mental health relative to youth that were consistently religious. Using parametric mediation analyses, the researchers found evidence that three of four proposed mediators (religious attendance, sense of closeness to God, and religious doubt, but not life meaning) partially explained these mental health differences. https://doi.org/10.1007/s10943-022-01540-6

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OF INTEREST

Grove, G, Lovell, M and Best, M **Perspectives of Major World Religions regarding Euthanasia and Assisted Suicide: A Comparative Analysis** (4758–4782)

Aim: To explore perspectives on euthanasia and physician-assisted suicide of the four major world religions, Christianity, Islam, Hinduism and Buddhism, through analysis of primary texts.

Method: Literature review. Search of American Theological Library Association database revealed 41 relevant secondary texts from which pertinent primary texts were extracted.

Main findings: Texts demonstrate an opposition to EPAS based on themes common to all four religions: an external locus of morality and the personal hope for a better future after death that transcends current suffering.
https://doi.org/10.1007/s10943-022-01498-5

• •

OF INTEREST

Khan, I and Saad, A **Death Be Not Proud: A Commentary on Muslim Acceptance of Death in the Intensive Care Unit** (pages 4913–4922)

Technologies used in medicine have meant that treatments can keep people biologically alive but often fail to provide meaningful recovery and quality of life. Many of those from the Islamic faith have relied on these technologies for recovery on religious grounds, even when it may be against clinical advice. This commentary seeks to challenge this notion among many Muslims and suggests there is a psycho-spiritual motivation within the Islamic tradition in not pursuing intensive care treatment that is deemed futile by clinicians. A wish to embrace death in these situations should be expressed to loved ones, and the dying person's loved ones should be encouraged to embrace death, in order to minimise harm from disagreements between clinical staff and family.
https://doi.org/10.1007/s10943-021-01458-5

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Journal of Health Care Chaplaincy

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This issue has research on professional development, spiritual assessment, Clinical Pastoral Education, chaplain support for nursing staff and paediatric care.

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Callis, A et al **An effective in-hospital chaplaincy-led care program for nurses: Tea for the soul a qualitative investigation** (pages 526-539

Aim: To assess the value of Tea for the Soul (TFS) as a programme to provide nurses opportunity to express feelings and explore ways of adapting effectively with the death of a patient and other traumatic workplace experiences.

Method: Qualitative grounded theory study, hospital nurses (*N*=7) were interviewed regarding whether TFS: (a) was personally beneficial, (b) helped nurses feel better about their work, and (c) affected job satisfaction.

Main findings: Emergent themes: (a) Nurses' Self-Care, (b) Professional Practice, (c) Community, and (d) Improved Patient Care Outcomes. Nurses reported TFS facilitated a spiritual respite and a sense of enhanced community, and was a source of strength and coping. https://www.tandfonline.com/doi/abs/10.1080/08854726.2021.1932134?journalCode=whcc20

• •

Kestenbaum, A et al **Spiritual AIM: assessment and documentation of spiritual needs in patients with cancer** (pages 566-577)

Aim: An assessment of the number of spiritual assessments documented by chaplains. Secondary objectives included descriptive analysis of identified spiritual needs.
Method: Retrospective analysis of chaplaincy documentation in an outpatient palliative care clinic at an academic medical centre over six-month period. Researchers identified unique adult patients with cancer then manually extracted variables from the electronic medical record.
Main findings: Of 376 total patient encounters, 292 (77.8%) included documentation of a chaplain's spiritual assessment. Most frequent spiritual need was self-worth/community (n=163, 55.8%). https://www.tandfonline.com/doi/abs/10.1080/08854726.2021.2008170?journalCode=whcc20

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Case, H et al **Inpatient pediatric chaplain service utilization among children with chronic, non-cancer diseases** (pages 578-590
Aim: To describe utilization of paediatric chaplain services by children hospitalized for non-cancer chronic illnesses and to identify factors that predict utilization of chaplain services.
Method: Unclear.
Main findings: Of 629 patients, chaplain services were utilized in 5.0% of 915 admissions. Utilization similar between religiously affiliated patients (7.5%) and un-affiliated patients (6.4%). Christian patients (7.3%) demonstrated similar utilization as non-Christian patients (7.0%). https://www.tandfonline.com/doi/abs/10.1080/08854726.2021.2015054?journalCode=whcc20

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OF INTEREST
Tan, H and Holmes C **Professional development for spiritual care practitioners: A program review** (pages 467-481) A report on the evaluation of a monthly professional development program, specifically for spiritual care practitioners, (2017–2019) Spiritual Health Association (Victoria, Australia) and its partners. Common themes of motivation, culture, purpose and areas for improvement are identified and examined. Recommendations include greater emphasis on professionalism in the sector, broader inclusions of sessions across culture and ethnicity, and the development of cross disciplinary communication skills. https://www.tandfonline.com/doi/abs/10.1080/08854726.2021.1916337?journalCode=whcc20

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OF INTEREST
Higgins, E et al **The CASH assessment tool: A window into existential suffering** (pages 482-496)
The CASH Assessment Tool focuses on four key areas of spiritual concern: Care, Assistance/Help, Stress, and Hopes/

Fears. In this project, a palliative care team within an urban, safety net, tertiary-care, academic healthcare setting sought to elicit themes from the CASH assessment used by chaplains caring for patients with serious illnesses. Thirty patients were included in the pilot. Themes identified include knowing the patient as a person, concern about loved ones, concern about pain and fear of death. The CASH Assessment Tool demonstrated the existential concerns of patients and serve as a framework for discussion about concerns and hopes of patients with serious illness. https://www.tandfonline.com/doi/abs/10.1080/08854726.2021.1922980?journalCode=whcc20

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Journal of Pastoral Care and Counselling

Two papers are of interest in this issue of JPCC.

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Stang, V et al. **Competencies for Spiritual Care Professionals Specializing in Palliative and Bereavement Care in Canada: A Mixed-Methods Study Using Qualitative Interviews and Modified Delphi Survey** (pages 171–180)
Aim: To update competencies for spiritual care professionals specializing in palliative and bereavement care in Canada.
Method: Phase 1 feedback from clients (N=11): interviews with inpatients with greater than two weeks of life expectancy (n=6); focus group with bereaved family members (n=5). Results were analyzed for congruence or discordance with draft competencies. Phase 2, spiritual care experts (N=22) used modified Delphi survey to reach consensus on 9 competencies. https://doi.org/10.1177/15423050221101818

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Ma, Y et al **Exploring the Perceptions Surrounding Hospital Chaplains in Patient Care and Healing** (pages 181-188)
Aim: To explore perceptions surrounding the role of chaplains in patient care and healing through assessing opinions, beliefs, and knowledge.
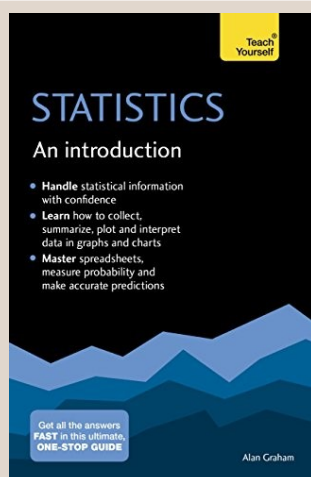**Method:** Survey.
Main findings: Results revealed poor understanding of the role of the hospital chaplain in the UK. The authors therefore advocate education programs to increase awareness of the varied role of the hospital chaplain in fulfilling patient spiritual needs to increase referral practices, leading to improved patient outcomes. https://doi.org/10.1177/15423050221100158

Book Review

Alan Graham (201) *Statistics: An Introduction*

Teach Yourself ®, pp.301, £14.99

Alan Graham has a disarmingly direct approach to teaching statistics. Like Derek Rowntree (*Statistics without Tears* (2018), see Digest Summer 2022), he developed his skill writing courses for the Open University. So, as you would expect, he takes the statistical novice from knowing nothing to grasping the basics of statistical thinking. Unlike Rowntree, Graham does want his readers to understand some of the maths, so he includes a chapter that recaps some basic maths, including algebra and graphs.

Graham's aim is not simply that his students should be equipped to interpret the statistical pages of a research paper. He assumes his readers want to work with statistics. So, for example, he not only describes how to interpret different types of graphs, he explains how to choose the right graph to illustrate a particular set of data, how to choose an appropriate sample, how to work with spreadsheets, and even how to choose the right type of calculator. The book has suggested reading and links to an app with short videos that further illustrate the concepts about which Graham writes. ✂

ACPE RESEARCH

Articles of the Month

August 2022

Balboni, TA et al (2022) **Spirituality in serious illness and health** *JAMA* 328, 2, 184-197

Ehman regards this paper as 'a milestone in the development of the Spirituality & Health literature' that signals 'that research in this area has now amassed enough high-quality evidence to suggest a well-founded and systematic strategy for patient care and outcomes in serious illness and health'.

Aim: To review evidence concerning spirituality in serious illness and health and identify implications for patient care and health outcomes.

Method: Systematic review and Delphi review panel of clinicians, public health personnel, researchers, health systems leaders, and medical ethicists.

Main findings: Delphi panel review yielded 8 evidence statements supported by evidence categorized as strong and proposed 3 top-ranked implications of this evidence for serious illness: (1) incorporate spiritual care into care for patients with serious illness; (2) incorporate spiritual care education into training of interdisciplinary teams caring for persons with serious illness; and (3) include specialty practitioners of spiritual care in care of patients with serious illness.

https://jamanetwork.com/journals/jama/article-abstract/2794049

September 2022

Klitzman, R et al (2022) **How hospital chaplains develop and use rituals to address medical staff distress** *SSM – Qualitative Research in Health* 328, 2, 2:100087 [electronic journal article designation].

OPEN ACCESS

Aim: To investigate whether and to what extent hospital chaplains assist staff physicians and nurses to face moral distress and burnout (exacerbated by the COVID-19).

Method: Thirty-one telephone interviews of board-certified chaplains (N=21).

Main findings: Respondents reported helping staff, often by creating innovative practices that take the form of rituals. Rituals vary in audience (physicians, nurses and/or other staff, with or without patients or families), form (from open-ended to structured), formality (from formal to informal), timing (at hospital discharge, time of death or after death), duration (from a few minutes to longer), frequency (from once to several times or ongoing), content (expressing and/or reframing feelings and experiences), and activities (e.g., talking, eating and/or making commemorative objects). Such rituals can help staff cope with death, grief, and other stresses. Challenges include hospital leaders' wariness, resistance or lack of support and staff time constraints, making briefer sessions more practical.

https://doi.org/10.1016/j.ssmqr.2022.100087

October 2022

Tartaglia, A et al (2022) **Chaplain staffing and scope of service: benchmarking spiritual care departments** *Journal of Health Care Chaplaincy*, online ahead of print, 9/14/22

The functions of hospital chaplains and the corresponding staffing of spiritual care departments remain persistent and parallel questions within the profession. No consensus exists on services provided by spiritual care departments nor the staffing patterns to meet those expectations.

Aim: To describe key activities and staffing, and connections between services, staffing at 20 US News and World Report Best Hospitals.

Method: Data gathered via Zoom/telephone assisted survey with spiritual care managers.

Main findings: While spiritual care departments are structurally integrated into their organizations and chaplains respond consistently to requests for care, involvement in established organizational protocols varies. Study findings support the notion that staffing levels are a function of chaplain integration into an organization and the activities organizations expect chaplains to fulfil. https://doi.org/10.1080/08854726.2022.2121579

November 2022

den Toom, N et al (2022) **The perceived impact of being a chaplain-researcher on professional practice** *Journal of Health Care Chaplaincy*, online ahead of print, 10/20/22

Many chaplains are becoming involved in research, often in the double-role of chaplain-researcher. Despite the increase of research involvement, how conducting research benefits chaplains' professional care for clients has not been studied.

Aim: To describe how chaplains perceive the impact of participation in the Dutch Case Studies Project (CSP) on their professional expertise and positioning in the institution.

Method: Survey distributed among participants of the CSP (N=50), completed by 48 participants.

Main findings: Participation in research contributed to the expertise of chaplains (e.g., its goal-orientation, the use of theory and method) and their positioning as they try to legitimate their profession. This study substantiates the presumption that engaging in research as a chaplain-researcher contributes to the perceived improvement of the quality of chaplaincy care and its legitimation.

https://doi.org/10.1080/08854726.2022.2132036

Research First Journal Club

6 December Tuesday, 10:00 to 11:15 Click here to join the meeting (recurring 3 monthly meeting)
4 January Wednesday, 12:45 to 14:00 Click here to join the meeting (recurring 3 monthly meeting)
2 February Thursday, 15:15 to 16:30 Click here to join the meeting (recurring 3 monthly meeting)

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

The club provides participants with the opportunity to earn up to 3 UKBHC accredited CPD points.

First Research Journal Club

Wednesday 4 January, 2023, 12:45-14:00 | facilitators Mark Newitt (FCG) and Steve Nolan (CHCC)

Pérez and Rohde (2022). **The relationship between religious/spiritual beliefs and subjective well-being: A case-based comparative cross-national study** *J. Religion and Health*, 61,4,4585–4607 https://doi.org/10.1007/s10943-022-01550-4

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 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 *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.