UK CHAPLAINS' RESEARCH DIGEST

Research is a means to understand issues and increase public awareness

Spring Issue | December 2022—February 2023 research@healthcarechaplains.org

Research Bias

The possibility of bias is something all researchers need to be alert to, and it is something to be aware of when reading research papers. It is all but impossible to eliminate bias in research. Often, it goes unnoticed; assumptions and values affect the way projects are designed, and researchers need to be rigorous in planning their research. There is only room here to describe a few forms of bias that researchers identify.

The most obvious, possibly frequent, form of bias is **researcher bias**. This occurs when a researcher's own beliefs influence how they design the research or collect their data. Usually, this will be unconscious act, few researcher will deliberately make false claims; but such unethical practice does occur.

Allied to this is **interviewer bias**. Here an interview may pose their questions or react to the interviewee's answers. The effect of interviewer bias is to distort responses and so impact on the quality of the data collected.

Several forms of bias can be grouped under the heading of **response bias**, in which inaccurate or false answers are given to a survey or in an interview. Participants may respond in this way because a question is not phrased in a way that will elicit a specific answers and the reply is too general. Or they may, for some reason, feel they want to please the researcher and give an answer they think the researcher is looking for.

Another term that names several types of bias is **selection bias**. Here bias slips into the research due to the nature of the study population. Selection bias can take several forms. When a sample group is unrepresentative of the population being studied, there will likely be a ***sampling bias***, which will weaken the external validity and affect the generalizability of the findings. Similarly, respondents who volunteer as participants may not represent the study population. This ***self-selection bias*** happens when those with particular interest in the research opt in, but less interested people opt out.

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Researchers commonly use a form probability sampling (see **Digest** Winter 2022) to prevent sampling bias. Similarly, respondents who volunteer as participants may not represent the study population. What is known as ***self-selection bias*** happens when participants with a particular interest in the research opt in, but less interested and potentially interesting, people fail to participate.

There are a number of steps that researchers can take in attempting to eliminate bias from their research. For example, quantitative researchers commonly use *probability sampling* (see **Digest** Winter 2022) to mitigated selection bias. Typically, qualitative researchers make use of *triangulation* (i.e., multiple datasets, methods, investigators) to improve the validity of their findings.

Get involved?

The Digest is starting its third year and it has been pleasing, if totally unexpected, to learn that it has readers around the world.

From Europe, Australia and North America, readers have said they appreciate the quarterly round-up. So this seems like a good time to expand the editorship and invite others, who want the profession to develop its research literacy, to form a small team to work on the publication.

If that sounds like you, please email me about your interest and background.

The aim of the **Digest** is to foster research literacy and share news about spiritual care research. There is only so much one person can do, so it would be great to share this work with others who are interested in the field.

Do drop me an email!

Steve Nolan

research@healthcarechaplains.org

CHCC COLLEGE OF HEALTH CARE CHAPLAINS

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

Journal of Health Care Chaplaincy

Vol 29, No 1

Two papers from researchers in the Netherlands examine the practice and context of professional spiritual care. So-called telechaplaincy is again of interest, with both a research paper and a discussion paper looking at the subject. Of interest to the relevance of chaplaincy in secular context is the paper by Advocat et al examining the patients' perspective of faith-based spiritual care.

Leavitt-Alcántara, S et al **Religiosity and religious and spiritual struggle and their association to depression and anxiety among adolescents admitted to inpatient psychiatric units** (pp.1-13)

Aim: To examine relationship between religious and spiritual (R/S) struggle and religiosity with depression and anxiety in inpatient adolescents at Midwest paediatric psychiatric unit.

Method: Four self-reported scales administered to 71 adolescents (ages 13–17) assessing religiosity, R/S struggle, depression, and anxiety.

Main findings: Prevalence of R/S struggle in this population was high (88.73%). Significant associations were found between R/S struggle and depression and anxiety, linking greater R/S struggles with more severe depression or anxiety. No significant associations between religiosity and depression and anxiety were noted.

https://doi.org/10.1080/08854726.2022.2040227

Den Toom, N et al **The professionalization of chaplaincy: A comparison of 1997 and 2017 surveys in the Netherlands** (pp.14-29)

Aim: To describe implications for individual chaplains of increasingly professionalized chaplaincy in the Netherlands.

Method: Comparison of existing survey data.

Main findings: Chaplains' expertise developed by growing but highly diverse body of knowledge. Pluralization of chaplains' worldviews was observed, including non-religious and non-affiliated positions. No major changes were observed in the embedding of chaplains.

https://doi.org/10.1080/08854726.2021.1996810

Glasner, T, Schuhmann, C and Kruizinga, R **The future of chaplaincy in a secularized society: A mixed-methods survey from the Netherlands** (pp.132-144)

Aim: To explore impact of current significant changes within the spiritual care profession in the Netherlands (increasing demand for secular and multi-faith spiritual care; move towards professionalization; formulating 'best practices'; etc.)

Method: Dutch healthcare chaplains (*N*=405) completed an online mixed methods survey (with open and closed-ended questions) about their work situation and professional identity (October 2019).

Main findings: Quantitative analyses showed most respondents positively evaluated current developments in chaplaincy. Qualitative findings showed trends towards interconfessional and secular spiritual care, outpatient spiritual care and the emergence of evidence-based chaplaincy. Participants who responded most negatively, criticized evidence-based approaches for measuring effects of chaplaincy, unstable financing structures and encroachment of other professions upon domain of spiritual care.

https://doi.org/10.1080/08854726.2022.2040894

Advocat, J et al **Hospital-based spiritual care: What matters to patients?** (pp.30-40)

Aim: To examine patient preferences for hospital chaplaincy provided by faith communities, and the importance of faith affiliation compared to other spiritual care provider characteristics.

Method: Survey and in-depth interview methods at an inner-city Australian hospital (*N*=110).

Main findings: High proportion (74%) prefer spiritual care provided by a person of same faith. However, considered relative to other characteristics, faith affiliation not as important as kindness, listening skills and non-judgmental attitude.

https://doi.org/10.1080/08854726.2021.1996964

Sprik, PJ et al **Chaplains and telechaplaincy: Best practices, strengths, weaknesses - a national study** (pp.41-63)

Aim: To describe use of telechaplaincy (use of telecommunications and virtual technology to deliver religious/spiritual care) in US and chaplains' perceptions of the practice.

Method: Survey of chaplains through chaplain-certifying-body email-listservs, then in-depth interviews with participants identified through maximum variation sampling (*n*=36). Quantitative analysis and qualitative, thematic analysis.

Main findings: In 2019, approximately half of chaplains

surveyed performed telechaplaincy. Rural chaplains more likely to use the practice. Qualitative findings describe chaplains' perceptions of strengths, weaknesses, and best practices. https://doi.org/10.1080/08854726.2022.2026103

OF RELATED INTEREST (but not research!)

Winiger, F **The changing face of spiritual care: Current developments in telechaplaincy** (pp.114-131)

Aim: To address gap in understanding chaplains' response to practices of telehealth.

Method: Three case studies of US healthcare settings where chaplains have become an integral component of telehealth infrastructure.

Main findings: Interviews with chaplains and directors of chaplaincy departments, show how 'telechaplains' have adapted to the introduction of telehealth across the continuum of care. The article discusses legal, economic, practical and theological challenges and hopes reported in each case.

https://doi.org/10.1080/08854726.2022.2040895

Domaradzki, J **Hospital chaplains facing the pandemic. A qualitative study** (pp.145-160)

Aim: To explore hospital chaplains' perspective on the impact of the coronavirus pandemic on provision of spiritual care in Poland.

Method: Semi-structured interviews with hospital chaplains (*N*=16) providing spiritual care in hospitals during COVID-19.

Main findings: Six main themes emerged: chaplains' experience of the pandemic, chaplaincy during the outbreak, patients' needs, health professionals needs, social stigma and discriminatory behaviours against chaplains, and importance of spiritual care during the crisis. Although COVID-19 crisis changed the nature of providing spiritual care in hospitals, it positively impacted the visibility of hospital chaplaincy. It also underpins the contribution of hospital chaplains to modern healthcare practice.

https://doi.org/10.1080/08854726.2022.2043680

OF INTEREST (but not research!)

OPEN ACCESS

Wierstra, IR et al **Addressing spiritual needs in palliative care: Proposal for a narrative and interfaith spiritual care intervention for chaplaincy** (pp.64-77)

This paper argues the importance of developing empirically grounded interventions designed to alleviate spiritual needs for patients in palliative care. The authors claim this is needed in order to improve spiritual care in (post)secular/religiously plural context. The paper proposes an interfaith chaplain-led spiritual care intervention for home-based palliative care that addresses patients' spiritual needs. The intervention is based on elements of spiritual care interventions that have been investigated among other populations. Important characteristics of the proposed intervention are (1) life review; (2) materiality, ritual and embodiment; and (3) imagination.

https://doi.org/10.1080/08854726.2021.2015055

Journal of Pastoral Care and Counselling

Vol 76, No 4

Two papers are highlighted from this issue of JPCC (both are Open Access). The first is not research as such but it is of related interest to spiritual carers. The second is a study of spiritual care management during COVID.

OF INTERTEST (but not chaplaincy!)

OPEN ACCESS

Campbell, M **When Faith Hurts: Clients' Experience of the Therapeutic Relationship and a Counselor's way of Being on the Resolution of Religious and Spiritual Struggles** (pp.245-253)

Aim: To explore lived experiences of individuals who sought counselling to address religious and spiritual struggles.

Method: Hermeneutical phenomenological study

Main findings: Unaddressed religious and spiritual struggles can lead to poor mental health, making identifying the pathways individuals take towards growth of great importance.

Focus on how the counsellor's way of being influenced growth pathways (as predictive of positive outcome) and elaborates clinical implications.

https://doi.org/10.1177/15423050221116542

COVID-19

OPEN ACCESS

Muehlhausen, BL et al **Managing Spiritual Care Departments During the COVID-19 Pandemic: A Qualitative Study** (pp.294-303)

A qualitative study, reporting how 20 spiritual care leaders provided leadership in the early months of the COVID-19 pandemic. Emergent patterns and themes centred around the changing world of chaplaincy, the administrative role of the leader, and the personal story of the leader. The spiritual care leaders demonstrated creativity with the potential to shape chaplaincy in positive ways, expanding the reach of spiritual care. https://doi.org/10.1177/15423050221122029

Journal of Religion and Health

Vol 76, No 4

Once again, JORHC has a focus on contemporary chaplaincy. Somewhat polemically, the editors write: 'The outcomes of this chaplaincy research challenges the rationalist philosophies and sabotaging activities of those secularists who deliberately or subtly discriminate against people needing or wanting the provision of pastoral and spiritual care interventions—particularly for people with religious affiliations'. The journal has 12 articles on this theme, plus others on Judaism, moral injury and COVID. The issue also celebrates a belated 50th anniversary of the journal.

Toates, SE and Hickey, VKD **Relationships Between the Number of Chaplain Visits and Patient Characteristics: A Retrospective Review of a Large Suburban Midwest Hospital, USA** (pages 39–54)

Aim: To understand the characteristics of patients who receive spiritual care through chaplain visits.

Method: Retrospective review of patient records (*N*=2373) of chaplain visits provided to patients (*N*=1315) over three-month period at large suburban teaching hospital, Midwest, USA.

Main findings: Approximately 70% of patients received one chaplain visit. Data revealed that patients admitted as an emergency or for reasons of self-harm/suicidality, frequency of chaplain visits increased significantly.

Study suggests need for spiritual care for patients with emergency or mental health conditions and highlights need for training and resourcing of chaplains to increase clinical competencies. https://doi.org/10.1007/s10943-022-01717-z

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Kimball, S.L., Syeda, H.S., Chergui, H. *et al.* **Embedding Chaplaincy Services in Primary Care for Immigrants, Refugees and Asylum Seekers: A Boston Pilot Intervention**. 55–64 (2023).

Aim: To explore integrated outpatient chaplaincy in refugee and immigrant health primary care clinic.

Method: Patients (*N*=48) screened for spiritual distress and offered meeting with chaplaincy interns.

Main findings: Forty-eight patients seen in clinic, 28 screened, 9 met with chaplain. Most frequent domains of spiritual distress were grief (*n*=8), feelings of abandonment (*n*=5), guilt (*n*=4), betrayal (*n*=4), fear of death (*n*=3), shame (*n*=3), and trust (*n*=3). Faith was relevant to treatment decision-making for 6 patients. Outpatient chaplaincy services found to be feasible intervention to address spiritual distress in immigrant and refugee patients.

https://doi.org/10.1007/s10943-022-01568-8

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OPEN ACCESS

Tunks Leach, K., *et al.* **The Role and Value of Chaplains in an Australian Ambulance Service: A Comparative Study of Chaplain and Paramedic Perspectives** (pages 98–116)

Aim: To present key findings from interviews with ambulance chaplains about their role and value.

Method: Semi-structured interviews with ambulance chaplains (*N*=13). Data analysed using framework analysis. Findings compared with those of paramedics derived from earlier phase of this study.

Main findings: Ambulance chaplains provided paramedic-centred emotional and spiritual care, proactively and reactively supporting paramedics in their work. Chaplains saw value in their relational approach, which facilitated trust and access, did not seek to 'fix' or diagnose but instead offered physical and emotional presence, and promoted supportive conversations. https://doi.org/10.1007/s10943-022-01685-4

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Farr, S., Roser, T. and Coors, M. **Ethical Conflicts in Healthcare Chaplaincy: Results of an Exploratory Survey Among Protestant Chaplains in Switzerland, Germany, and Austria** (pages 130–146)

Aim: To understand better the ways chaplains provide helpful resources in ethical conflicts and their specific position within the healthcare institution.

Method: Exploratory online survey among German, Austrian, and Swiss hospital chaplains (*N*=158) identifying ethical conflicts encountered in their work.

Main findings: Questions surrounding end-of-life care are predominant among the conflicts faced. Most encounters occur during pastoral care visits rather than in structured forms of ethics consultation such as clinical ethics committees.

https://doi.org/10.1007/s10943-022-01681-8

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Laird, L.D., Abdul-Majid, S. **Muslim chaplains in the clinical borderlands: Authority, function, and identity** (pages 147–171).

Background: Muslim chaplains represent a public face of a minority religious community; provide a ministry of presence or accompaniment for those in the healthcare institution; and exercise a new form of professionalized religious leadership in the Islamic tradition. The border between religious leader and spiritual caregiver, between imam and chaplain, is blurry, gendered, and contested.

Aim: To examine experiences of Muslim interfaith spiritual care providers in US healthcare institutions.

Method: twenty in-depth interviews,

Main findings: The Christian hegemony (often masked by 'spiritual care' discourse and educational practice) impels Muslim chaplains to critically evaluate, recover and adapt traditional sources integral to the professional development of contemporary American Muslim religious leaders.

https://doi.org/10.1007/s10943-022-01644-z

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Egerod, I., Bargfeldt, E.H. & Kaldan, G. **Ponderings, pleas and prayer: A qualitative content analysis of Danish hospital chapel guest books** (pages172–193)

Aim: To explore contemporary thoughts and prayers related to critical illness and hospitalization expressed in hospital chapel Guest Books.

Method: Qualitative content analysis of written texts was performed on Guest Books completed from 2005–2019.

Main findings: Main themes: health and illness, life and death, and science and religion. Visitors welcomed the Guest Books as a place to express religious and spiritual thought, even in a nominally nonreligious society.

https://doi.org/10.1007/s10943-022-01612-7

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OF INTEREST (but not research!)

MORAL INJURY

OPEN ACCESS

Fleming, W.H. **The Moral Injury Experience Wheel: An instrument for identifying moral emotions and conceptualizing the mechanisms of moral injury** (pages 194–227)

This paper introduces an infographic tool called *The Moral Injury Experience Wheel,* designed to help users accurately label moral emotions and conceptualize the mechanisms of moral injury (MI). The literature on the skill of emotion differentiation shows a causal relationship between identifying emotions with specificity and emotional and behavioural regulation. Emerging research in moral psychology indicates that differentiating moral emotions with precision is related to similar regulatory effects. Design of the wheel is empirically grounded in Moral Injury definitional and scale studies. Iterative evaluative feedback from Veterans with features of Moral Injury offers initial qualitative evidence of validity. Two case studies show utility of the wheel in clinical settings and present preliminary evidence of efficacy.

https://doi.org/10.1007/s10943-022-01676-5

Cherniak, A.D., Pirutinsky, S. and Rosmarin, D.H. **Religious beliefs, trust In public figures, and adherence to COVID-19 health guidelines among American Orthodox and Non-Orthodox Jews** (pages 355–372)

Background: COVID-19 pandemic and the resultant health crisis highlighted the lack of scholarly understanding of the effects of sociocultural factors and religious beliefs on compliance with public health guidelines. Orthodox Jews in particular were suspected of mistrusting medical experts and were singled out for alleged non-compliance with COVID-19 health guidelines.

Aim: To examine whether and how religious beliefs, trust in relevant public figures and compliance with health guidelines are related.

Method: American Jews (*N*=1,141) surveyed during the early stages of the pandemic concerning religious beliefs connected with the pandemic, trust in relevant public figures, and compliance with health guidelines

Main findings: Participants expressed high levels of trust in scientists, medical professionals, and religious leaders and a high degree of adherence to health guidelines. Overall, this research underscores the relevance of religious beliefs and trust in public figures to adherence to health guidelines and public health messaging.

https://doi.org/10.1007/s10943-022-01718-y

OF INTEREST (but not research!)

related to Cherniak, Pirutinsky and Rosmarin above

OPEN ACCESS

Berger Lipsky, T. and Gabbay, E. **Sociocultural and Religious Perspectives Toward the COVID-19 Pandemic in the Haredi Jewish Community** (pages 389–407)

Background: American Haredi Jewish community's trajectory throughout the pandemic was marked by high caseloads and deep yearning to return to religious life. Some community members' non-adherence to public health guidelines led to public attention and scrutiny, which led many community members to feel unfairly targeted. This exacerbated feelings of dissonance toward the medical community, which to date has led to low communal vaccination rates.

Method: Examined religious texts, along with cultural factors and historical precedencies that contributed to the Haredi response to the COVID-19 pandemic.

Main findings: Offer guidance about how understanding religious and sociocultural makeup of the Haredi community could have resulted in a more effective and engaged pandemic response and provide a framework for creating a more beneficial alliance with the community in the future.

https://doi.org/10.1007/s10943-022-01667-6

COVID-19

Pankowski, D., Wytrychiewicz-Pankowska, K. **Turning to Religion During COVID-19 (Part I): A Systematic Review, Meta-analysis and Meta-regression of Studies on the Relationship Between Religious Coping and Mental Health Throughout COVID-19** (pages 510–543)

Turning to Religion During COVID-19 (Part II): A Systematic Review, Meta-analysis and Meta-regression of Studies on the Relationship between Religious Coping and Mental Health throughout COVID-19 (pages 544–584)

Aim: To systematically review the relationship between religious coping and selected indicators of mental health. Part One discusses positive mental health indicators; Part Two discusses negative mental health indicators

Method: Systematic review and meta-analysis of correlation.

Main findings: Meta-analyses indicated a statistically significant relationship between positive religious coping and flourishing (well-being). Further calculations indicated a relationship between negative religious coping and flourishing. Data synthesis shows associations between religious coping and such indicators as satisfaction with life and post-traumatic growth, but these issues require further investigation.

https://doi.org/10.1007/s10943-022-01703-5

Meier, B.P., Dillard, A.J., Fetterman, A.K. *et al.* **Religiosity and the Naturalness Bias in Drug and Vaccine Choices** (pages 702–719).

Aim: To determine whether a bias for natural versus synthetic drugs is associated with religiosity.

Method: Three cross-sectional studies (*N*=1399 US participants) assessing measures of religiosity, preferences for natural versus synthetic drugs and vaccines in hypothetical scenarios, examined impact of religiosity on the naturalness bias in the drug and vaccine domains.

Main findings: Participants with high versus low religiosity had stronger preferences for natural versus synthetic drugs and vaccines. These participants less likely to have taken the COVID-19 vaccine. Overall, participants higher in religiosity had a stronger preference for natural versus synthetic drugs and vaccines, and this preference had implications for health behaviour. https://doi.org/10.1007/s10943-022-01694-3

Critically Appraising the Evidence Base programme

Critical appraisal skills are essential for both clinical and non-clinical healthcare professionals. Being able to appraise research evidence critically equips staff to use the right knowledge, at the right time, in the right place, to ensure good decision-making and achieve the goal of excellent healthcare and health improvement.

Critical appraisal means assessing the validity, trustworthiness and value of research evidence. It is a process of evaluating how well the research has minimised *bias* and it involves assessing the *internal* and *external validity* of the research.

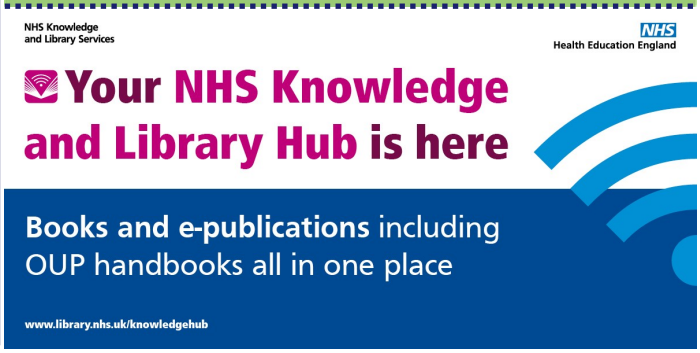
Critical appraisal means assessing the validity, trustworthiness and value of research evidence

Designed by the NHS Knowledge for Healthcare Learning Academy, the **Critically Appraising the Evidence Base** programme is a *free to access course* aimed at building confidence in critical appraisal skills.

Through eight bite-sized modules, the course, the first unit of which was rolled out in 2022, introduces basic concepts and explains the major types of study design, such as randomised controlled trials, case-control studies and case reports. Subsequent modules will cover equity considerations, interpreting results, systematic reviews, qualitative studies and critical appraisal tools.

You will need an e-Learning for Health (e-lfh) account to access the programme, which can be set up on the e-lfh website (https://www.e-lfh.org.uk/). Click on the Programmes menu, scroll down to find the **Critically Appraising the Evidence Base**. Registration is on the programme's landing page.

https://www.e-lfh.org.uk/programmes/critically-appraising-the-evidence-base/



ACPE Research
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.*

December 2022

Boska, RL et al (2022) **Chaplains' perspectives on standardizing spiritual assessments** *Psychological Services* online ahead of print, 12/5/22.

https://pubmed.ncbi.nlm.nih.gov/36469435/

Ehman includes this paper because he regards it as a modest project that may pose interesting questions for further study or additional research. Although the investigation is limited in size and scope, it touches on a subject that affects chaplains in general: 'the experience of producing spiritual assessments from clinical encounters, especially in light of research-driven trends in health care around the standardization of assessments and their documentation'.

Aim: To investigate 'how chaplains conduct spiritual assessments, their perspectives on standardized spiritual assessments, and their opinions on future integration of empirically validated measures'.

Method: Focus groups with chaplains from a Veterans Health Administration facility in Southeastern US (*N*=14 [2x7]). Chaplains described experiences related to: (a) difficulties they perceived implementing a new spiritual assessment template; (b) preferences for using a spiritual assessment template; (c) openness to including empirically validated instruments as part of the spiritual assessment; (d) perspectives on incorporating validated measures to current spiritual assessment procedures; and (e) perceived difficulties of using a standardized spiritual assessment.

Main findings: The chaplains in our study described discomfort in using standardized templates as primary tools, but appeared open to having a more standardized secondary questionnaire if the chaplain chooses. They emphasized need for any standardized approach to be developed interdisciplinary involvement, including chaplaincy. 'Chaplains indicated an acceptance of integrated spiritual assessment as long as they would continue to have flexibility allowing them to engage with veterans in a conversational way'.

January 2023

Klitzman, R et al (2023) **Exiting patients' rooms and ending relationships: questions and challenges faced by hospital chaplains** *Journal of Pastoral Care & Counseling* online ahead of print, 1/3/23. Doi:10.1177/15423050221146507

For Ehman, this article, on an 'eminently practical' and understudied topic, is among a group of articles he has highlighted that show 'how qualitative study can yield a rich well of information for multiple analyses'.

Aim: To investigate the scope/boundaries of chaplains' relationships with patients/families.

Method: Grounded Theory. Semi-structured interviews with chaplains (*N*=23) between 42-75 yo (mean 63), practicing 3-30 years (mean 18.8).

Main finding: Authors compare and contrast the position of chaplains to that of other healthcare professionals, especially psychotherapists, for whom patient interactions are usually more structured, making boundary issues potentially more manageable. Chaplains confront uncertainties and rely on verbal- and non-verbal cues to gauge how long to stay with each patient/family, sometimes unsure.

February 2023

Sprik, PJ, Janssen Keenan, A, Boselli, D and Grossoehme, DH (2023) **Chaplains and telechaplaincy: best practices, strengths, weaknesses – a national study** *Journal of Health Care Chaplaincy* 29, 1, 41-63.

https://doi.org/10.1080/08854726.2022.2026103

Ehman highlights this article (follow up to August 2020 Article of the Month by the same authors) on the subject of telechaplaincy (see Digest Summer 2022, Research Journal Club and visit the College website to watch the video introduction to the Research First Journal Club discussion).

Aim: To describe use of telechaplaincy (use of telecommunications and virtual technology to deliver religious/spiritual care) in US and chaplains' perceptions of the practice.

Method: Survey of chaplains through chaplain-certifying-body email-listservs, yielding 781 responses (final total 699) for quantitative analysis. In-depth interviews with participants identified through maximum variation sampling (*n*=36). Quantitative analysis and qualitative, thematic analysis.

Main findings: In 2019, almost half of chaplains surveyed (47.4%) practiced telechaplaincy. Rural chaplains more likely to use the practice. Qualitative findings describe chaplains' perceptions of strengths, weaknesses, and best practices.

https://www.pastoralezorg.be/page/erich/

From the Newsletter (December 2022):

● **Suggested reading:** Serena Margaret Saliba et al., The Importance of Timing, Fundamental Attitudes, and Appropriate Interventions as Key Aspects of Chaplain Suicide Prevention: A European Expert Panel of Mental Health Chaplains *Journal of Pastoral Care and Counseling*, Advance online publication.

Six mental health chaplains from several European countries discuss the specific contribution mental health chaplains make to suicide prevention and to generating good practice. Three themes emerged: (1) the importance of timing; (2) fundamental attitudes of the chaplain towards the patient; and (3) appropriate interventions.

● **Suggested reading:** Wendy Cadge and Shelly Rambo (eds.) *Chaplaincy and Spiritual Care in the Twenty-First Century: An Introduction* (North Carolina: The University of North Carolina Press, 2022)

This book is identifies three central chaplain competencies: individual, organisational and meaning-making. The book provides resources for building these skills.

● **Update on 'The Impact of Big Stories on Chaplaincy' project:**

During February 2023, ERICH posted a questionnaire and asked chaplains and researchers to participate in 'The Impact of Big Stories on Chaplaincy' project. Six questions aimed to evoke reflection on the big stories (meta narratives) that inspire chaplains. The questionnaire has closed but details and updates are available on the project webpage.

https://www.pastoralezorg.be/page/big-stories/

● **Interview with Elizabeth Allison**

Elizabeth recently completed her PhD: 'A study of an NHS chaplaincy service', which included mapping users of an acute NHS chaplaincy service in the north of England. She collected monitoring data, undertook a retrospective database review of patient records and conducted semi-structured interviews with staff. Significantly, she also conducted interviews with patients who accepted chaplaincy provision and those who declined.

A main finding of her research was that those who accepted chaplaincy were older people, with existing links to a faith group, who used the chaplaincy service for their religious and spiritual needs. They reported chaplaincy interventions promoted their wellbeing and recovery.

None of those declining chaplaincy went to church; nonetheless, all but one reported spiritual and/or religious beliefs. A main reason they declined was the timing of its offer. Some remarked that, if they had been offered chaplaincy at a point when things were very difficult, they may have spoken to the chaplain. Other reasons: the existence of external personal support mechanisms; their own spiritual resources/resilience; the willingness of the ward staff to talk with patients; and the lack of awareness of what the chaplaincy service involves.

Both groups perceived chaplaincy service as religious, but there was an awareness that chaplains are available for all.

At present, Elizabeth is writing a paper on what it is that chaplains should be recording.

hospice UK
Research & Evidence in Practice

The bi-monthly Hospice UK, Research & Evidence in Practice bulletin offers a 'featured paper', selected from the journal *BMJ Supportive and Palliative Care*. While not all the papers will be directly relevant to spiritual care, the helpful thing is that they are accompanied by a section 'Research and Evidence Top Tips'. This new section aims to resource further exploration of the research approach used in the paper.

This month's **Open Access**, 'Featured Paper' reports on patient satisfaction with video consultations provided by community palliative care professionals [nurses and doctors] during the pandemic.

OPEN ACCESS

Lee, J., McCarthy, O., Ryan, S. and Kiely, F (2023). **Video consultations in community palliative care – patient satisfaction: Mixed methods study** *BMJ Supportive & Palliative Care* DOI: 10.1136/spcare-2022-003757

In this study, video consultation is defined as real-time interactions that take place between healthcare professionals and patients and/or relatives via video that provided both audio and visual contact. The aim of this mixed methods study was to better understand the patient experience of receiving community palliative care through a video consultation.

Links and references are included in a 'Top Tips' attachment, which provides more detail about **mixed methods** research.

BMJ Supportive & Palliative Care is the official journal of Hospice UK. Colleagues can sign up for email alerts and content updates.

Colleagues can **subscribe to the free bi-monthly bulletin** by emailing Stuart Duncan, Clinical Administrator at Hospice UK: **s.duncan@hospiceuk.org**

Save the dates!

5 April Wednesday, 12:45 to 14:00 **Click here to join the meeting** (recurring 3 monthly meeting)
4 May Thursday, 15:15 to 16:30 **Click here to join the meeting** (recurring 3 monthly meeting)
6 June Tuesday, 10:00 to 11:15 **Click here to join the meeting** (recurring 3 monthly meeting)

Please put the dates in your diary and join the conversation!

If you would like a diary invite email mark.newitt@freechurches.org

January 2023

Telechaplaincy.io: Community of Practice to aid the 'digital turn' in spiritual care

Fabian Winiger University of Zurich

In 2016, the American Medical Association surveyed 1,300 physicians on their use of digital technologies in patient care. At that time, only 14% used 'Tele-Visits'. By 2019, that figure had doubled to 28%, and a new survey in 2022 found around 80% of physicians used the medium.

Responding to this trend, the Professorship of Spiritual Care at the University of Zurich began investigating the use of telehealth technology ('telechaplaincy') by chaplains.

Starting with a qualitative survey of chaplains at leading healthcare institutions (Winiger, 2022), researchers found that healthcare settings where chaplains are fully integrated into telehealth infrastructure are rare. This finding was confirmed in a national survey of telechaplains (Sprik et al. 2022).

The development of telechaplaincy, though at times perceived to be on the cutting edge of the profession's development, has fallen behind a fundamental transformation of healthcare which has been underway for decades.

The Zurich researchers argue this situation is problematic because it adds to the institutional marginalization of chaplains and, in those situations where chaplains are adapting their interventions for digital care settings, innovating on the fly, undermines the high standards of professional pastoral care.

To gain a clearer picture of these challenges, the Zurich researchers, in collaboration with Petra Sprik (University of Alabama) and with support from Transforming Chaplaincy, have initiated a Community of Practice for telechaplains. This collaboration led, in October 2022, to a two-day online conference, which confirmed both interest among chaplains in engaging proactively with digital health tools and the lack of information and training on telechaplaincy. Two-thirds of those who attended the conference stated they had had 'none' or 'very little' telechaplaincy training.

To assist spiritual care providers to navigate this development, the Zurich researchers launched **telechaplaincy.io** to be an information portal that will connect spiritual care providers, managers and researchers working in digital healthcare. The portal provides an introduction to telechaplaincy, together with current recommendations by professional associations, recent research and documentation of events like the conference. There is **an open invitation for practitioners to join the Community of Practice**.

The portal aims both to bridge academic reflections on the 'digital turn' in spiritual care and the professional reality of chaplains working in increasingly digital care settings, and cast an information bridge across the Atlantic, sharing North American developments with European colleagues.

Visit website: telechaplaincy.io

Spiritual Care in Healthcare: Elements of Best Practice, A Scoping Review

Richard Egan University of Otage Aotearoa New Zealand
Cheryl Holmes Spiritual Health Association, Australia

At an international online meeting, November 2021, Cheryl Holmes and Richard Egan discovered both their organisations were reviewing elements of best practice spiritual care in health, with the wider intention of co-designing national models for spiritual care in their respective countries.

Realising the benefits of combining teams and resources, their partnership led to the publication of ***Spiritual Care in Healthcare: Elements of best practice***. Their scoping review assembles the latest evidence on the components, elements and characteristics that indicate a quality model of spiritual care within healthcare settings.

Two questions framed the review: What are the current models, frameworks, guidelines, standards and best practices (abbreviated to MFGs) of spiritual care in healthcare internationally? What are the elements that contribute to a best practice model of spiritual care in healthcare?

Findings The review found no universal approach to spiritual care MFG within healthcare settings. Thirteen common elements of spiritual care MFGs were identified. However, recognition of Indigenous spiritual care within the spiritual care MFGs is lacking. The review noted that the theoretical underpinnings of spiritual care MFGs are inconsistently stated and that spiritual care MFGs reviewed were primarily developed by large professional associations, whose voices/ perspectives are dominant in spiritual care MFG in healthcare.

Recommendations A consistent application of evidence-based models of spiritual care is needed across healthcare. These models need to become accepted practice, rather than recommendations; however, this requires wide acceptance of a number of concepts and approaches:

1. A broad-based approach to developing spiritual care MFG in healthcare, inclusive of all cultures and spiritualities, and based on consensus.

2. Acceptance by all healthcare providers, administrators and governments that spiritual care is integral to whole person care, requiring system integration and adequate resourcing.

3. Testing and evaluation of MFG, which is critical to assess best practice of spiritual care in healthcare.

4. MFG flexibility for contextualising local approaches to spiritual care.

In Australia, Spiritual Health Association is using the review to inform a co-design project develop a national model for spiritual care in health. Find out more **here**.

The Aotearoa, New Zealand, rōpū (group) is planning and seeking funding to co-design their national framework.

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Upcoming dates for First Research Journal Club

7 March Tuesday, 10:00 to 11:15 Click here to join the meeting (recurring 3 monthly meeting)
5 April Wednesday, 12:45 to 14:00 Click here to join the meeting (recurring 3 monthly meeting)
4 May Thursday, 15:15 to 16:30 Click here to join the meeting (recurring 3 monthly meeting)

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.