Reliable and Valid?

When it comes to evaluating a research paper, it is important to evaluate how well the research has measured whatever it was that it set out to measure. The key questions to keep in mind are, is this research *reliable* and is it *valid*? The concepts reliability and validity are superficially similar, but their differences are important.

In brief:

Reliability questions how consistent the method has been in measuring what it set out to measure. If the same result could consistently be achieved with the same method under the same circumstance, then the measurement can be considered reliable.

Validity questions how accurate the method has been in measuring what it set out to measure. Research that has high validity is research that produces results that correspond to real properties, characteristics, and variations in the real world (physical or social).

Reliability and validity are estimated using different approaches. There are several ways to test for reliability.

• *Test-retest* asks whether the measure is consistent across time: are results the same when the measurement is repeated?

• *Interrater reliability* asks whether there is consistency between raters or observers: do different people get the same results when using the same measure?

• *Internal consistency* asks whether the measurement itself is consistent: are results the same when different parts of a test are designed to measure the same thing?

Equally, there are several ways to test the validity of a research project.

• *Construct validity* asks whether the measure is coherent with existing theory and knowledge of what is being measured.

• *Content validity* asks whether the measurement covers all aspects of the concept measured.

• *Criterion validity* asks whether extent to which the result of a measure corresponds to other valid measures of the same concept.

When it comes to assessing validity of a cause-and-effect relationship, it is also necessary to consider both the **internal validity** and the **external validity** of the research.

Internal validity considers how well a research study has been designed and conducted and how accurately its results reflect the studied group.

External validity considers how far the findings might be applicable in the real world, in other words, how far can the results can be generalised.

Reliability and validity of a project's results depend on the strength of its design, which is why research papers report in such detail the methodology employed by the researchers. It is not enough simply to read the findings; everything depends on how thoroughly the research has been designed. ℭ

Welcome

Themes in this quarter's trawl of journals with particular relevance to spiritual care research indicate that interest in the impact of COVID-19 remains high. Both JHCC and JORH have examining the topic.

JORH continues a focus on chaplaincy issues, with several papers being available as **OPEN ACCESS**.

Of related interest JPCC has a paper on resilience in paediatric healthcarers, and research on paediatric care in wider contexts is presented in papers published by JORH.

While not in themselves 'research' papers, two articles in HSCC introduce and question the concept of moral injury. Specifically, the author asks whether a 'deeper discussion' is needed and whether 'moral injury' is an adequate name for what he calls 'spiritual damage'.

A literature review on the spiritual support of transgender individuals is published by JHCC and JORH has an interesting collection of papers, several of which are **OPEN ACCESS**, on the topic of prayer as a spiritual care intervention. ℭ

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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 relevant journal's abstracts. ∽

Health and Social Care Chaplaincy

Vol 11, No 1 (2023):

Disparate topics are aired in this issue of H&SCC: conversations in end of life care; chaplaincy boundaries and dual relationships; moral injury; suicide; and electronic patient records.

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Yih, C **Conversation as a Bridging Tool in End of Life Spiritual Care: The Case of Hong Kong** (pages 8-23)

Aim: To examine lived experiences of Hong Kong palliative chaplains in public hospitals.

Method: Uses interpretative phenomenological analysis to critically explore the experience of Christian chaplains (*N*=11) in eight acute government hospitals in Hong Kong.

Main findings: Chaplains experience their role as taking place in relation to two distinct conditions, categorized under the themes of 'homelessness' – the experience of deep marginalization, alienation and vulnerability – and 'homefulness' – the sentiments of safety, nurture and belonging.

https://doi.org/10.1558/hscc.20932

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Newitt, M, et al. **Boundaries and Dual Relationships Within Chaplaincy Care: Reflections Following a Case Review** (pages 24-39)

Aim: To explore related issues of boundaries and dual relationships within health and social care chaplaincy.

Method: Case review (the authors do not view this a case study).

Main findings: The article argues that, while chaplaincy boundaries may need to be flexible, an awareness of normal practice is vital, so that any extending of boundaries is done consciously and that chaplains discuss boundaries within supervision in line with clear team policies and protocols.

https://doi.org/10.1558/hscc.22614

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MORAL INJURY

OF INTEREST (but not research)

Davies, MJ **Spiritual Wounds and Injuries (Part 1): Moral Injury – A Prelude for Spiritual Care Practitioners** (pages 40–67)

Aims: This article has two aims: first, to enable spiritual care practitioners to participate in this crucial area of veterans' health and well-being, by introducing the history, language and concepts regarding MI; second, to serve as a starting point for a deeper discussion on whether spiritual damage is best described in a MI context, or whether a deeper analysis is needed independent of MI syndrome.

https://doi.org/10.1558/hscc.23758

MORAL INJURY

OF INTEREST (but not research)

Davies, MJ **Spiritual Wounds and Injuries (Part 2): Moral Injury and Spiritual Damage** (pages 68–94)

Aim: Part 2 examines the idea of recognizing 'spiritual damage' as a distinct conceptualization. It argues deeper consideration should be given to how damage in the institutional and personal aspects of religion and spirituality can both wound and injure an individual's spiritual schema, while also providing the potential for spiritual growth. In particular, the study considers five areas: (i) spirituality and science; (ii) a relationship with the divine; (iii) the use of spiritual tools; (iv) the recognition of spirituality as more than just an 'aftermath' issue; and (v) spiritual growth. https://doi.org/10.1558/hscc.25399

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Søberg, AIB, et al. **Hospital Chaplains as Interlocutors on Existential Themes with Patients at Risk of Suicide: A Norwegian Qualitative Study** (pages 95-112)

Aim: To understand how hospital chaplains encounter and explore existential themes in their conversations with patients at risk of suicide

Method: A qualitative focus group interviews, analysed by systematic text condensation.

Main findings: Participants understood their role as representing life. They saw their theological perspectives, pastoral clinical education and experiences were seen as being important in these conversations. https://doi.org/10.1558/hscc.23010

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Journal of Health Care Chaplaincy

Vol 29, No 2 (2023):

A range of issues are addressed in this issue, including spiritual support for transgender and gender nonconforming people, assessments of the value of chaplaincy care and chaplains' own experiences during COVID-19.

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Rajaee, G and Patel, MR **Preferences for healthcare chaplaincy services among U.S. adults: Differences by inpatient and outpatient settings** (pages 161-175)

Aim: To examine the preferences of US adults (in outpatient and inpatient settings) for around spiritual support delivered by chaplains.

Method: Cross-sectional, survey of US adults (*N*=1,020).

Main findings: In outpatient settings, 5% reported interest in chaplain services; 16% reported interest in inpatient settings. In both settings, higher perceived value of chaplain services ($p<01$) and previous experience with a chaplain ($p<.01$) were

associated with a greater interest in a chaplain consult. In both settings, the most desired services were to explore what was most important in the event of a serious illness or injury (46–47%), values related to treatment decisions (43–46%) and connecting to resources for personal strength and resilience (36–39%). Exploring more religious concerns was less desirable. https://doi.org/10.1080/08854726.2022.2064125

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Visser, A., Damen, A and Schuhmann, C **Goals of chaplaincy care: A scoping review of Dutch literature** (pages 176-195)
Aim: To contribute to formulating intrinsic chaplaincy outcomes by identifying chaplaincy goals.
Method: Scoping review of Dutch chaplaincy literature, focusing on articles, books, and dissertations published between 2014 and 2019.
Main findings: Six distinct goals of chaplaincy identified: worldview vitality and plausibility, processing life events, deepening spirituality, relational affirmation, well-being and exercising freedom of religion.
https://doi.org/10.1080/08854726.2022.2080964

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Sonneville, SA **Spiritual support of transgender individuals: A literature review** (pages 196-210)
Aim: To identify opportunities for extending spiritual support to transgender and gender nonconforming (TGNC) individuals in healthcare and identify evidence of current spiritual support advocacy initiatives and interventions for TGNC patients.
Method: Literature search using PubMed and CINAHL, performed in 2020 (171 unique citations).
Main findings: Review found open and ongoing dialogue regarding transgender and spiritual support in healthcare. Numerous articles discuss healthcare implications of religious concerns for TGNC individuals written by professionals other than clergy. Advocacy for this vulnerable population is congruent with the principles and values identified in (US) Professional Standards and Code of Ethics for healthcare chaplains. In conjunction with other healthcare interventions, spiritual care may aid in mitigating the distress which triggers suicidality and other self-harming behaviour in TGNC individuals and contribute to a sense of wellbeing.
https://doi.org/10.1080/08854726.2022.2080965

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Snowden, A, et al **Chaplains Work in Primary Care** (pages 211-228)
Aim: To review value of Community Chaplaincy Listening (CCL) service (specially trained chaplains listening to patients referred for spiritual support by GPs, in Scotland).
Method: Between 2018 and 2019, 143 people used CCL and completed baseline and post-discharge outcome measures.
Main findings: Mean Scottish PROM scores rose from 7.94 (± 3.4) at baseline to 12 (± 3.5) post discharge, a statistically and clinically significant rise of 4.06 (95% CI, 3–5.12), $t(50)=7.7$, $p<0.0001$, $d=1.08$. The improvement was seen whether patients self-described as religious, spiritual, both or neither. Results suggest that CCL worked in primary care, especially for patients historically considered 'difficult to treat'.
https://doi.org/10.1080/08854726.2022.2077555

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Desjardins, CM, et al **American health care chaplains' narrative experiences serving during the COVID-19 pandemic: A phenomenological hermeneutical study** (pages 229-244)

Aim: To capture the experiences of health care chaplains across the United States.
Method: Hermeneutic phenomenological analysis of narrative journals, (recorded weekly April 2020–June 2020), submitted by Board Certified (or eligible) chaplains (*N*=21).
Main findings: The overarching patterns identified included: The World of Chaplaincy, Policies/Procedures/Visitation, Staff Care, Rituals, Chaplain Emotional Responses, Coping, and Racism. A significant finding was the resiliency and creativity of chaplains despite the rapid changes, uncertainty and fear brought on by the pandemic. The results also suggest journaling as feasible and acceptable method in chaplaincy research. https://doi.org/10.1080/08854726.2022.2087964

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Journal of Religion and Health

Vol 62, No 2 (2023):
This issue of JORH has research papers on paediatrics, allied health professions and COVID-19. It also includes calls for papers for special issues on, 'Religion, Spirituality, Suicide, and its Prevention' 'Spiritual Care for People with Parkinson's Disease and their Caregivers'.

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Duran, S. and Can Öz, Y. **The Association Between Spirituality and Hope Among Turkish Women Undergoing Infertility Treatment** (pages 764–777)
Aim: To determine the effect of spirituality on the levels of hope in women undergoing infertility treatment.
Method: Cross-sectional study of women undergoing IVF treatment (*N*=150) at university hospital in Kocaeli.
Main findings: Women's spiritual well-being levels were high, and their hope levels were above the average score. Significant correlations were found between hope, spirituality, educational status, and age. Since attempts to boost hope will increase the chance of success in treatment, it is thought that factors affecting the level of hope should be determined and addressed. It is also thought that health professionals can apply hope therapy to women and take initiatives to provide spiritual support. https://doi.org/10.1007/s10943-022-01689-0

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Upenieks, L., Ford-Robertson, J. **Childhood Abuse, Goal-Striving Stress and Self-Esteem: An Explanatory Role for Perceptions of Divine Control?** (pages 906–931)
Hypothesis: that individuals who experience early life adversity may be more susceptible to the effect of stressors that are rooted in self-concept.
Method: Uses data from 2014 Nashville Stress and Health Study (USA) to examine how belief in divine causal influence in human life may explain why goal-striving stress takes a larger toll on self-esteem of individuals abused in childhood.
Main findings: Findings indicate: (1) childhood abuse was positively associated with goal-striving stress and inversely associated with self-esteem, (2) goal-striving stress inversely associated with self-esteem, (3) goal-striving stress exacerbated association between childhood abuse and lower self-esteem, (4) lower perceptions of divine control explain why goal-striving stress was more damaging for victims of childhood abuse. https://doi.org/10.1007/s10943-022-01682-7

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Sargeant, S., Yoxall, J. **Psychology and Spirituality: Reviewing Developments in History, Method and Practice** (pages 1159–1174)

Beginning with an overview of the governing principles of psychology, this paper outlines the key paradigm shifts that potentially aligned with concepts of spirituality from the early twentieth century to contemporary theory. Discussion moves to consider how research methods in psychology can contribute to understanding how spirituality is measured and described. The authors consider contribution of validated surveys, and how qualitative methods can access lived experience of spiritual phenomena. Finally, they draw attention to how exploration how spirituality of individuals may be addressed and the scope for including spiritual appreciation in competencies required in psychological practice.

https://doi.org/10.1007/s10943-022-01731-1

Journal of Religion and Health

JORH again has papers specifically examining chaplaincy related issues (See also **Digest** *Summer 2022; JORH, 2022, 61:2), several of which are OPEN ACCESS papers. JORH also caries an article collection related to 'prayer'.*

Best, MC, et al **Chaplaincy Perspectives on the Role of Spirituality in Australian Health and Aged Care** (pages 1473–1490)

OPEN ACCESS

Aim: To explore Australian chaplains' views of spirituality.

Method: Semi-structured online interviews were conducted with 16 participants and analysed using reflexive thematic analysis.

Main findings: Four inter-related themes identified: (1) The core of spirituality: spirituality as a source of meaning or belief which leads to connectedness with something greater than oneself; (2) A function of spirituality: spirituality empowers people to cope in a crisis, by providing motivation, hope and comfort; (3) The experience of spiritual crisis: admission to hospital or residential care can lead to existential struggle; and (4) The spiritual practice: of holding space between struggle and growth. Greater understanding of the theoretical basis of their work may allow chaplains to offer more in the therapeutic space. Participants relied on metaphors and analogies to describe spirituality.

https://doi.org/10.1007/s10943-023-01752-4

Layson, MD, Carey, LB and Best, MC

OPEN ACCESS

The Impact of Faith-Based Pastoral Care in Decreasingly Religious Contexts: The Australian Chaplaincy Advantage in Critical Environments (pages 1491–1512)

This article explores five ways in which faith-based chaplaincy model provides best practice service and builds capability advantage for organizations that engage faith-based chaplaincy services. The paper discusses faith-based chaplaincy and organizational holistic care; the role of faith-based chaplains, much of which is largely unknown and poorly appreciated; the unique capability of faith-based chaplains to provide spiritual and religious care to those of faith and for those of none; how faith-based chaplains can leverage the positive impact of religious organizations to provide additional low-cost resources for other organizations and their staff; and operational advantage of faith-based chaplains on the world stage..

https://doi.org/10.1007/s10943-023-01791-x

Potts, G, et al **Spiritual Caregiving and Assessments for America's Religious 'Nones': A Chaplaincy Perspective** (pages 1513–1531)

OPEN ACCESS

Aim: To envision what chaplain care for the spiritual dimension should look like in practice.

Method: Qualitative study, using thematic analysis of in-depth interviews with five chaplains at a cancer research institution (Florida, USA).

Main findings: The research demonstrates *why* chaplains suggest spiritual caregiving contributes to holistic wellbeing and suggests *how* spiritual care and assessments may be provided to religious 'nones' – those who identify as spiritual but not religious, not religiously affiliated, secular humanist, atheist, agnostic, etc. We conclude with a novel spirituality assessment for use while serving this patient population.

https://doi.org/10.1007/s10943-023-01757-z

Tracey, E, et al **TIMS: A Mixed Methods Evaluation of the Impact of a Novel Chaplain Facilitated Recorded Interview Placed in the Medical Chart for the Medical Staff in an ICU During the COVID-19 Pandemic** (pages 1532–1545)

Aim: To examine how a novel intervention (TIMS, 'This is My Story') impacted clinicians caring for patients during the COVID-19 pandemic in the medical intensive care unit (MICU) at the Johns Hopkins Hospital.

Method: Eight-question survey administered to MICU staff on their experience with TIMS files for pre- and post-listening reflections. Qualitative interviews were conducted with staff members (N=17): 97 pre-listening and 88 post-listening questionnaires completed.

Main findings: Responses indicated that audio recording was appropriate to discover more about the patient beyond the immediately observable and useful (98%), 'considerably' increased staff empathy for the patient (74%), and thought it would "some" or "considerably" improve subsequent interactions with the patient's loved ones (99%). The study demonstrates that TIMS audio files are an important addition to the electronic medical record, enabling clinicians to practice with greater awareness of the patient's context and increased empathy for patients and families.

https://doi.org/10.1007/s10943-023-01800-z

Gaines, AF, et al **Relationships Between Perceived Importance of Chaplain Presence and Health Professionals' Emotional Well-Being in the United States** (pages 1546–1560)

Aim: To clarify impact of perceived chaplain importance on healthcare staff's emotional and professional well-being is unclear.

Method: Survey of healthcare staff (N=1471) caring for patients in an acute care setting within a large health system.

Main findings: Findings suggest as perceived levels of chaplain importance increase, burnout may decrease and compas-

sion satisfaction may improve. Chaplain presence in hospital setting may support healthcare staff emotional and professional well-being following occupational stressors including COVID-19-related surges.

https://doi.org/10.1007/s10943-023-01809-4

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Ali, OME, et al **Informing the UK Muslim Community on Organ Donation: Evaluating the Effect of a National Public Health Programme by Health Professionals and Faith Leaders** (pages 1716–1730)

Background: There is a significant shortage of transplantable organs in the UK particularly from Black, Asian and Minority Ethnic (BAME) groups, of which Muslims make a large proportion. The British Islamic Medical Association (BIMA) held a nationwide series of community gatherings with the aim of describing the beliefs and attitudes to organ donation amongst British Muslims and evaluate the efficacy of a national public health programme on views and uncertainties regarding religious permissibility and willingness to register.

Method: Eight public forums were held across the UK between June 2019 and March 2020 by the British Islamic Medical Association (BIMA). A panel of experts consisting of health professionals and Imams discussed with audiences the procedures, experiences and Islamic ethico-legal rulings on organ donation. Attendees completed a self-administered questionnaire (N=554) which captured demographic data along with opinions before and after the session regarding religious permissibility and willingness to register given permissibility.

Main findings: Only 8% (45) respondents were registered as organ donors. Multiple justifications detailed, foremost of which was religious uncertainty (73%). Of those initially unsure or against permissibility or willingness to register, 72% changed their opinion towards deeming it permissible and 60% towards a willingness to register indicating a significant change in opinion ($p < 0.001$).

https://doi.org/10.1007/s10943-022-01680-9

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Bendien, E, et al **A Dutch Study of Remarkable Recoveries After Prayer: How to Deal with Uncertainties of Explanation** (pages 1731–1755)

Aim: To investigate how people who experienced remarkable recoveries re-construct and give meaning to these experiences, and examine the role that epistemic frameworks available to them, play in this process.

Method: Qualitative empirical research (Grounded Theory) in the Netherlands (2016–2021), drawing on 14 in-depth interviews with participants who had experienced a remarkable recovery during or after prayer.

Main findings: Analysis of the interviews resulted in three overarching themes, placing possible explanations of the recoveries within (1) the medical discourse, (2) biographical discourse, and (3) a discourse of spiritual and religious transformation. Juxtaposition of these explanatory frameworks provides a way to understand better the transformative experience that underlies remarkable recoveries. Uncertainty regarding an explanation is a component of knowing and can facilitate a dialogue between various domains of knowledge.

https://doi.org/10.1007/s10943-023-01750-6

Najem, C, et al **The Effect of Praying on Endogenous Pain Modulation and Pain Intensity in Healthy Religious Individuals in Lebanon: A Randomized Controlled Trial** (pages 1756–1779)

Aim: To explore effect of prayers on endogenous pain modulation, pain intensity and sensitivity in healthy religious participants.

Method: Total of 208 healthy religious participants randomly distributed to prayer group (n=156) and poem reading (control) group (n=52). Participants from prayer group then selectively allocated using prayer function scale to either active prayer group (n=94), receiving active praying, or passive prayer group (n=62), receiving passive praying. Pain assessments pre- and post-interventions included pressure pain threshold assessment (PPT), conditioned pain modulation (CPM) and a numerical pain rating scale.

Main findings: A significant group-by-time interaction for PPT (p=0.014) indicated post-intervention increases in PPT in the prayer group but not in the poem reading control group. Participants experienced a decrease in CPM efficacy (p=0.030) and a reduction in their NPRS (p<0.001) following the interventions, independent of their group allocation. The results showed that prayer, irrespective of the type, can positively affect pain sensitivity and intensity, but does not influence endogenous pain inhibition during hot water immersion. Future research should focus on understanding the mechanism behind 'prayer-induced analgesia'.

https://doi.org/10.1007/s10943-022-01714-2

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Jarego, M, et al **Are Prayer-Based Interventions Effective Pain Management Options? A Systematic Review and Meta-analysis of Randomized Controlled Trials** (pages 1780–1809)

Aim: To review effects of private and communal participatory prayer on pain.

Method: Nine databases searched; six randomized controlled trials included.

Main findings: For private prayer, medium to large effects emerged for 67% to 69% of between-group comparisons; participants in the prayer condition reported lower pain intensity ($0.59 < d < 26.17$; 4 studies) and higher pain tolerance ($0.70 < d < 1.05$; 1 study). Pre- to post-intervention comparisons yielded medium to large effects ($0.76 < d < 1.67$; 2 studies); pain intensity decreased. Firm conclusions cannot be made because meta-analysis was based on only two studies, analysis suggests prayer may reduce pain intensity (SMD= -2.63, 95% CI[-3.11, -2.14], I =0%).

https://doi.org/10.1007/s10943-022-01709-z

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Upenieks, L **Unpacking the Relationship Between Prayer and Anxiety: A Consideration of Prayer Types and Expectations in the United States** (pages 1810–1831)

Aim: To examine mental health consequences of different types of prayer and various prayer purposes, beyond examination of prayer frequencies.

Method: Study drew on nationally representative data from Wave 6 of the Baylor Religion Survey (2021) to examine four subtypes of prayer and their association with anxiety: prayer efficacy (the belief that prayer can solve personal and world problems); devotional prayer (praise of God and prayer for the

well-being of others); prayers for support (e.g., better health, financial aid); and prayer expectancies (whether God answers prayers).

Main findings: Results suggest prayer efficacy, prayers for support and one form of devotional prayer (asking God for forgiveness) correlate with higher anxiety, while another form of devotional prayer (praise of God) and prayer expectancies associated with lower anxiety in the American population.
https://doi.org/10.1007/s10943-022-01708-0

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Babula, M **The Association of Prayer Frequency and Maslow's Hierarchy of Needs: A Comparative Study of the USA, India and Turkey** (pages 1832–1852)

OPEN ACCESS

Aim: To explore whether Maslow's hierarchy of needs and Inglehart's values paradigm underlie associations between prayer frequency and happiness.

Method: Responses from comparative analysis of Wave 6 from the World Values Survey for India (*n*=4078), Turkey (*n*=1605) and the USA (*n*=2232) used to examine associations between prayer frequency and happiness.

Main findings:
Prayer frequency interacted with Maslow's model to associate with happiness in India and Turkey; self-expression variables supplant prayer and are associated with happiness in USA.
https://doi.org/10.1007/s10943-022-01649-8

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OF INTEREST (but not research)
Peng, Y and Zhang, Z **Theory and Meditation of Confucian Mindfulness: Analysis Based on the Concept of Vigilance in Solitude in Chinese Confucianism** (pages 1872–1883)
Mindfulness has become an area of great interest in Western psychology, but it has been criticized for its de-religionization. Based on Chinese Confucianist Liu Zongzhou's concept of *shendu* (慎独; vigilance in solitude), this study attempts to present a complete overview of the Confucian mindfulness meditation system from the theoretical basis and training method. The unique value of Confucian mindfulness meditation is that it directly points to morality, which can make up for the deficiency of mindfulness in Western psychology. Furthermore, Confucian mindfulness meditation can provide more suitable training methods for individuals who are culturally Chinese.
https://doi.org/10.1007/s10943-022-01655-w

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OF INTEREST (but not research)
Koenig, HG **Person-Centered Mindfulness: A Culturally and Spiritually Sensitive Approach to Clinical Practice** (pages 1884–1896)
Mindfulness meditation is rapidly being integrated into many different forms of counselling and psychotherapy, and there is a growing evidence base for its effectiveness. It is important to understand the spiritual roots of mindfulness, and to apply it in a patient-centred manner, sensitive to the patient's own faith tradition rather than taking a one-size-fits-all approach, assuming that mindfulness-based practice is a purely secular approach. The philosophical underpinning of mindfulness lies squarely in the Buddhist faith tradition. Indeed, mindfulness is the 7th step on the Eightfold Path, which is the heart of Buddhist teachings. Many practitioners, however, may not realize that there are Western meditative techniques that are very

similar to mindfulness and that have deep roots within Christian, Jewish, and Muslim faith traditions. Patient-centred mindfulness involves the use of mindfulness and other meditation methods that are based on the patient's own faith tradition, rather than applying Eastern forms of mindfulness claiming these are a secular approach appropriate for everyone regardless of religious beliefs, even if those beliefs are not consistent with the Buddhist religious or philosophical approach. This article briefly examines evidence for the clinical effectiveness of mindfulness meditation, then goes into greater depth on Hindu, Buddhist, Christian, Jewish, and Muslim forms of mindfulness or similar meditative practices, providing resources that will better equip clinicians and researchers to provide patient-centred, culturally-sensitive care.
https://doi.org/10.1007/s10943-023-01768-w

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Illueca, M, Bradshaw, YS and Carr, DB **Spiritual Pain: A Symptom in Search of a Clinical Definition** (pages 1920–1932)

OPEN ACCESS

Aim: To identify and compare definitions of the experiential dimension of spiritual pain.

Method: Literature search of databases (pre-2021 inclusive), for papers with a definition of "spiritual" or "existential" pain/distress in a clinical setting.

Main findings: Of 144 hits, seven papers provided theoretical definitions/descriptions; none incorporated clinical observations or underlying pathophysiological constructs. Authors propose a new definition for 'spiritual pain': as a 'self-identified experience of personal discomfort, or actual or potential harm, triggered by a threat to a person's relationship with God or a higher power'.
https://doi.org/10.1007/s10943-022-01645-y

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Yoosefee, S et al **A Concept Analysis of Spiritual Pain at the End-of-Life in the Iranian-Islamic Context: A Qualitative Hybrid Model** (pages 1933–1949)

OPEN ACCESS

Aim: To explore the spiritual pain concept in Iranian-Islamic context.

Method: Hybrid research model: in phase one, international and Iranian-Islamic literature systematically searched and reviewed; in phase two, researchers referred to oncology wards, palliative care centres and intensive care units to conduct unstructured interviews with dying patients (*N*=19); phase three, attributes and final analysis of spiritual pain extracted from phase one, and following phase two, definition of spiritual pain finalized.

Main findings: Results showed spiritual pain is a type of unique transcendental pain in the context of a continuum, rooted in human nature: from the pain of deprivation from worldly pleasures (oneself, the family, and others) to the pain of breaking away from and striving to return to one's origin (God).
https://doi.org/10.1007/s10943-022-01654-x

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Sabet, P, et al **Effect of Spirituality-Based Palliative Care on Pain, Nausea, Vomiting, and the Quality of Life in Women with Colon Cancer: A Clinical Trial in Southern Iran** (pages 1985–1997)
Aim: To examine effect of spirituality-based palliative care on pain, nausea, vomiting and the quality of life in Iranian colon

cancer inpatients (N=80) in southern Iran.
Method: Randomized controlled clinical trial. Patients randomly assigned to intervention and control groups. Intervention group took part in 4x120-min sessions; control group received standard care. Pain, nausea, vomiting and quality of life assessed pre-intervention and at one month post-intervention. Data analysed using paired t-test and independent t-test.
Main findings: Between-groups differences analysis showed a significant difference in quality-of-life scores, pain score and nausea and vomiting scores at one-month post-intervention. Spirituality-based palliative care intervention may be beneficial in improving quality-of-life and reducing symptoms.
https://doi.org/10.1007/s10943-023-01742-6

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Cavalcanti, IDL, et al **Benefits of Spiritual and Religious Support in the Pain Management of Cancer Patients: A Literature Scoping Review** (pages 1998–2032)
Aim: To summarize the scientific knowledge already published related to the influence of spirituality on pain therapy in cancer patients.
Method: Literature review. Databases (PubMed, SciELO, SciFinder, PsycInfo, ScienceDirect) searched using descriptors: 'Spirituality', 'Religion', 'Chronic Pain', 'Pain Management' and 'Cancer'. Total of 68 articles included.
Main findings: Most articles dealt with the influence of spirituality in palliative care, focussed on patient quality and highlighted the importance of integrative oncology. Although few studies associated spirituality with chronic pain, most articles reported that spirituality could confer greater pain control.
https://doi.org/10.1007/s10943-022-01652-z

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Rosenfeld, M, et al **"There is a God or There is No God – It is in the Hands of God:" Fatalistic Beliefs Among Israeli People About Cancer and Their Impact on Behavioral Outcomes** (pages 2033–2049)
Aim: To examine fatalistic beliefs and cancer causal attributions among people without cancer.
Method: Qualitative study (focus groups) of Israeli women and men (*N*=30; 51–70 years) from diverse sociocultural backgrounds.
Main findings: Three main themes: variability in fatalistic beliefs of cancer occurrence and cancer outcome; duality in attributing causality to divine providence and mere luck or chance; connection between distinct fatalistic beliefs and health behaviours. Data analysis enabled expansion of the understanding of cancer fatalism as a multidimensional structure, whereby interactions between causality attribution and different fatalistic beliefs are related to prevention and screening behaviours.
https://doi.org/10.1007/s10943-023-01751-5

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Fopka-Kowalczyk, M, Best, M and Krajnik, M
The *Spiritual Supporter Scale* as a New Tool for Assessing Spiritual Care Competencies in Professionals: Design, Validation, and Psychometric Evaluation (pages 2081–2111)

OPEN ACCESS

Aim: To design, validate and standardize the Spiritual Supporter (SpSup) Scale (tool designed to assess competency to provide spiritual care, including knowledge, sensitivity to spiritual needs and spiritual support skills. The study was conducted in Poland in the Polish language.
Main findings: The SpSup Scale demonstrates high overall reliability (Cronbach's α=0.88), a satisfactory diagnostic accuracy (0.79) and a satisfactory discriminatory power of the items. Given the psychometric properties of SpSup Scale demonstrated here, the scale is recommended for the assessment of the competency to provide spiritual care in both clinical and research settings in Poland.
https://doi.org/10.1007/s10943-022-01608-3

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Journal of Pastoral Care and Counselling

Vol 77, No 1 (2023:
This issue of JPCC includes papers on clinical pastoral education and the importance of positive relationships and self-growth in fostering the psychological health of prospective counsellors. Of specific interest to spiritual care practitioners in health interested in research, is a paper on resilience in paediatric healthcarers.

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OF INTEREST (but not research)
Walker-Cornetta, E, et al **Improving Professional Spiritual Care to Persons with Limited English Proficiency: The Cross-Language Chaplaincy Introduction Guidebook** (pages 19-26)
Hospitalized individuals in the United States with limited English proficiency (LEP) may experience complications when receiving hospital care. Grounded in the ethical principles of chaplaincy and motivated by the desire to address inequitable health service provision, we developed the Cross-Language Chaplaincy Introduction Guidebook. The Guidebook introduces chaplaincy in 20 different languages with the goal of improving chaplain accessibility. We report on the rigorous development of the Guidebook and how to integrate the resource clinically. https://doi.org/10.1177/15423050221138745

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Fowler, EK **Assessing How Spirituality Affects Resiliency in the Pediatric Healthcare Practitioner** (pages 34-40
Aim: This study aims to discover how practitioners experience spiritual health in the workplace and identify interventions that enhance resiliency with the challenges of paediatrics.
Method: Literature review.
Main findings: Two themes emerged: healthcare practitioners desire to have a sense of belonging at work and the utilization of chaplains is helpful. Implications from this study are applied to chaplaincy and research.
https://doi.org/10.1177/15423050221127210

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OF INTEREST (but not research)
Corpuz, JCG **A Spirituality of Death in the Context of Pastoral Care and Counseling** (pages 73-74
In major world religious/spiritual traditions, death is accepted as a natural end of life and a point of transition into the unknown. In this paper, I reflect from my personal experience as both a survivor of a Near-Death Experience (NDE) and as a theologian doing pastoral care and counseling. NDEs foster an internal sense of connection to the divine and to something greater or higher than the self which I call the 'Spirituality of Death'. https://doi.org/10.1177/15423050221130770

ACPE RESEARCH
Articles of the Month

This quarter *John Ehman's selection of articles includes research on staff support by chaplains , chaplains' experience in COVID-19, and the development of a standardized spiritual screening tool.*

March 2023

Tartaglia, A et al **Supporting staff: the role of health care chaplains** *Journal of Health Care Chaplaincy* online ahead of print, 12/15/22 https://doi.org/10.1080/08854726.2022.2154107

Ehman highlights this article as a companion piece to the authors' previous benchmarking paper on chaplain staffing (October 2022 Article-of-the-Month; **Digest** *Winter 2022).*

Aim: To describe the range of spiritual care activities in support of clinical colleagues at a subset of US hospitals.

Method: Descriptive cross-sectional design using a 76-item Zoom/telephone guided survey containing a subset of staff care questions was employed. Data provided by directors/ managers responsible for spiritual care services at the 2020– 2021 *U.S. News & World Report* top hospitals.

Main findings: Results identified staff support as an important chaplaincy function at both organizational and spiritual care department levels. Staff chaplains at over half of the hospitals spend an estimated 10-30% of their time on staff care, with chaplains in five hospitals spending greater than 30%. Most frequently reported activities were religiously associated, e.g., blessings and rituals for hospital events. Chaplains also support staff during critical events such as patient deaths and through organizational protocols and critical incident debriefings. Chaplain support for staff most commonly grew out of personal relationships or referrals from clinical managers.

Future research: Systematic data collection for chaplains' specific staff support activities as well as efforts to investigate the impact of those activities on patient experience.

April 2023

Desjardins, C. M., Muehlhausen, B. L., Galchutt, P., Tata-Mbeng, B. S. and Fitchett, G. **American health care chaplains' narrative experiences serving during the COVID-19 pandemic: a phenomenological hermeneutical study** *Journal of Health Care Chaplaincy* 29, 2, 229-244. https://doi.org/10.1080/08854726.2022.2087964

This paper focuses on the individual experiences of chaplains, recorded in journals kept 2 April-30 June, 2020. Ehman suggests that, since the pandemic is receding in popular consciousness and healthcare settings are normalizing operations for the endemic presence of the virus, this article offers chaplains help in for reflecting on how the crisis affected our work and lives profoundly.

Aim: To capture the experiences of health care chaplains across the United States.

Method: Hermeneutic phenomenological analysis of narrative journals, (recorded weekly April 2020–June 2020), submitted by Board Certified (or eligible) chaplains (N=21).

Main findings: The overarching patterns identified included: The World of Chaplaincy, Policies/Procedures/Visitation, Staff Care, Rituals, Chaplain Emotional Responses, Coping, and Racism. A significant finding was the resiliency and creativity of chaplains despite the rapid changes, uncertainty and fear brought on by the pandemic. The results also suggest journaling as feasible and acceptable method in chaplaincy research.

May 2023

Campbell, D, Robison, JG and Godsey, JA **Standardized spiritual screening increases chaplain referrals through the EMR: a nurse-chaplain collaboration for holistic acute healthcare** *Journal of Holistic Nursing* 41, 1, 30-39 https://doi.org/10.1177/08980101221079463

Ehman chose this article with clinical chaplains new conducting research in mind, for the reason that it shows how a busy chaplain took a research-minded approach to an issue important for his department and developed a study in partnership with allied professionals. For further reading, Ehman draws attention to other research into screening for spiritual distress.

Aim: To design a tool responsive to the evolving, spiritual needs of patients – a collaboration between chaplains and nurses.

Method: Literature review to identify candidate questions, subsequently reviewed by patients (*N*=101). Ten questions reduced to 4

> Do your spiritual/religious/cultural beliefs act as a source of comfort and strength and help you cope with a crisis?
>
> Do you have any spiritual/religious/cultural practices and/ or customs that can better help us take care of you?
>
> Do you have any spiritual/religious/cultural requests or concerns at this time that we can help you with?
>
> Would you like us to contact your clergy?

Main findings: Data collected indicated that, following the implementation of the Standardized Spiritual Screening and Referral program, the number of referrals increased 149% between 2011 and 2012 (from 1305 to 3245) and 689% over the period 2011-2019 (from 1305 to 10,294 annually).

Future research: Healthcare organizations might choose to implement/further evaluate/refine the tool and develop referral processes as a result of this initiative. ❧

TRANSFORMING CHAPLAINCY

❧ ❧ R E S E A R C H   T R A I N I N G ❧ ❧

Chaplaincy Research Summer Institute, 2023

Chaplains are invited to apply for the Chaplaincy Research Summer Institute

First offered in July of 2017, the CRSI prepares chaplains to develop skills for conducting simple but valuable research and quality improvement projects. The CRSI follows a short-term, intensive format with ample opportunities for follow-up. Participants will also begin building a network with both early-career and established chaplains for future collaborations. The Institute includes a number of hands-on activities, including using PubMed to conduct a literature search and working in small groups to develop research questions and proposals to be presented at the end of the conference.

This year the Chaplaincy Research Summer Institute will take place in at the Cedars-Sinai Medical Center in Los Angeles 17-21 July. Participants must be working or otherwise engaged as a chaplain, or providing consultation to chaplains, in a health-related setting (e.g., hospitals, clinics, hospices, or long-term care facilities). Applicants should send a one-page statement of interest (including relevant research experience) and resume to Andrew Andresco, Transforming Chaplaincy Project Coordinator, at andrew_w_andresco@rush.edu. Click here for details about the program, how to apply and fees.

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Chaplain Case Study Research: Building a Foundation for Geriatrics & Long-term Care

Featuring M. Jeanne Wirpsa, co-author of *Chaplains as Partners in Medical Decision-Making*, the webinar discusses chaplaincy case studies, why we need them and how to write them. Jeanne is joined by Kathryn Lyndes, and Sarah McEvoy, co-conveners of the Elder Care Research Network for Transforming Chaplaincy, who discuss opportunities for case study development in geriatrics and long-term care.

Panelists: **M. Jeanne Wirpsa** Program Director & Clinical Ethicist, Northwestern Memorial Hospital Faculty, MacLean Center for Clinical Ethics, University of Chicago; **Sarah McEvoy**, Long-term Care Chaplain, Co-convener, Elder Care Research Network, Transforming Chaplaincy; **Kathryn Lyndes**, Assistant Professor of Social Work & Gerontology, Saint Mary's College, Notre Dame, IN, Co-convener, Elder Care Research Network, Transforming Chaplaincy.

Prioritizing Spiritual Care in Healthcare: A Moderated Conversation about the Strategic Priorities for Professional Chaplaincy

What are the key challenges for spiritual care in healthcare in the next 5 years?

What should spiritual care providers and our professional organizations be doing to prepare to address these challenges?

Four spiritual care leaders engage in a conversation about identifying areas of focus and advocacy for professional chaplaincy in the coming years.

Panelists: **LaVera Crawley**, System VP Pastoral and Spiritual

Care CommonSpirit Health; **Rev. Jay Foster**, Vice President of Spiritual Care, Chaplaincy Services and Congregational Partnerships, Indiana University Health System; **Rev. Imani Jones**, Director, Department of Chaplaincy and Clinical Pastoral Education, The Ohio State University Wexner Medical Center; **Rabbi Mychal B. Springer**, Manager of Clinical Pastoral Education, NewYork-Presbyterian Hospital. Moderator: **Geila Rajaee**, University of Michigan School of Public Health, Health Behavior & Health Education

Spiritual Care for Nursing Home Residents with Dementia: Building a Chaplain's Musical Tool Kit

Dr. Meganne K. Masko discusses her on-going focus group study on long term care chaplains use of music with persons living with dementia including their work with music therapists, and she offered practical suggestions for mitigating harm in the use of music, how to broaden the application of music from hymn sings, and where to find musical resources.

Presenter: **Meganne K. Masko**, Assistant Professor and Music Therapy Program Director for the Department of Music and Arts Technology at Indiana University Purdue University Indiana.

Best Practices in TeleSupervision

Clinical supervision is a core competency area within counseling and chaplaincy, and essential to the development of competent clinicians. Although traditionally face-to-face formats have been used to provide clinical supervision, advances in telecommunication and the changing nature of clinical practice have led to growth in the use of computer-based technologies. This webinar focuses on understanding how telesupervision may be similar or different from face-to-face supervision, identifying best practices in telesupervision and understanding ethical and cultural considerations in telesupervision.

Presenter: **Arpana G. Inman**, Dean and Distinguished Professor of the Graduate School of Applied and Professional Psychology at Rutgers University-New Brunswick. Respondents: **Sarah Knoll Sweeney**, Memorial Hermann Health System, Houston, Texas; **Marcus McKinney**, Director, Community Health Academy, Day Kimball Healthcare, Putnam, Connecticut. Moderator: **Rev. David Fleenor**, STM, BCC, ACPE Certified Educator and Founding Manager of CPE at Stony Brook University Hospital in New York.

Click the image above to download the Annual Report

Research First Journal Club
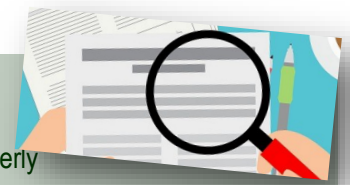
Research First meets on the first Tuesday, Wednesday and Thursday of a month on a rolling quarterly pattern. Future planned dates are:

- **Thursday 6 July: 15:15-16:30** • **Tuesday 1 August: 10:00-11:15** • **Wednesday 6 September: 12:45-14:00** •

To gain up to **three hours CPD**, 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 Journal Club and get details of the paper to be discussed, email **Mark Newitt** mark.newitt@freechurches.org.uk

Journal article:

Part 1: Summarise the research paper

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

Part 2: Reflect on your learning

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

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