FEATURED ARTICLE | OPEN ACCESS

So, H, *et al*, Spirituality in Australian Health Professional Practice: A Scoping Review and Qualitative Synthesis of Findings

Journal of Religion and Health, 62, 4, 2297–2322 | https://doi.org/10.1007/s10943-023-01840-5

Many aspects of Australian spiritual life are unique. Yet, as this paper demonstrates, healthcare research from the country nonetheless offer insights to a wider audience. In particular, this literature review explores how spiritual generalist (i.e., non-chaplain) health professions integrate spirituality into their everyday practice, specifically, how they understand spirituality and how they address it.

Research method

The authors, all occupational therapists, cite research that suggests Australians want their healthcare team to be more open to discussing spiritual beliefs. From this, and in line with the JBI methodology, they initially searched six databases using the terms 'spiritual*', 'spirituality' and 'spiritual care', and (to encompass 'religion' and religiosity') 'religio*'. The search, which was limited to papers relevant to Australia 2002 to 2022), yielded 67 studies.

Results

To present results as a qualitative synthesis, the researchers developed a conceptual model that addresses the study questions according to four themes.

Understanding spirituality and related concepts includes definitions and concepts of spirituality. As might be expected, understanding underpins HPs interactions with a client's spirituality and, while there was no generally accepted definition (25 authors provided their own original definition), the 'international palliative care consensus definition' was used in several papers.

Relating skills, i.e., relational, often non-verbal skills were widely mentioned in the literature, often as a precursor to further engaging and, in some cases, the use of such skills is seen 'as an intervention in and of itself'.

Engaging includes active and verbal addressing of clients' spirituality. This category is further sub-themed into: 'exploring', which encompasses healthcare professionals' direct questioning and cue-following to inquire about a client's spirituality; and 'responding', which interestingly the literature often appears to discuss together with 'religious and cultural beliefs and practices'. More significantly, the study identifies three general responding actions: (i) adapt clinical care to the client's beliefs/ practices; (ii) refer to spiritual expert; (iii) offer direct spiritual intervention with client.

Facilitators and barriers are perhaps as might be predicted. Facilitators include having training in spirituality, taking an holistic approach to care, being open to cultural and religious diversity, and being self-reflective about spirituality. Barriers include the lack of spirituality training, lack of time, inability to define spirituality concepts, and having a physical focus regarding care.

Value of the study

Although the researchers are interested in the Australian context, their study has much wider relevance. The definition of spirituality may lack common consent (although certain themes are finding acceptance) the issue of training also remains an issue. In the UK, McSherry and Jamieson highlighted this issue over a decade ago. The study references spiritual care experts but intentionally says nothing about their contribution. It does, however, demonstrate the professional education gap that chaplains are well positioned to fill. ☙

Further reading

Sena, MAB, et al (2021) **Defining spirituality in healthcare: A systematic review and conceptual framework** *Frontiers in Psychology*, 12, 756080. doi:10.3389/fpsyg.2021.756080

McSherry W & Jamieson S (2011) **An online survey of nurses' perceptions of spirituality and spiritual care** *Journal of Clinical Nursing* 20, 11-12, 1757-1767 doi:10.1111/j.1365-2702.2010.03547.x

Welcome

This month sees a slight change in format with the introduction of a 'Featured Article'. This will not replicate the 'Article of the Month' that has for almost 21 years been hosted at the **ACPE Research website**. That column was published by Chaplain John Ehman, who has built an archive of nearly 250 research papers. John has recently retired, but his archive remains openly accessible and is a great resource for anyone who wants to build their research literacy. Each month, John highlighted a research paper he thought would interest the profession, summarising and commenting on the paper, offering suggestions for its use in education, and signposting items of related interest. The aims of the **Digest** are less ambitious: whereas John scoped a range of journals, the **Digest** limits itself (mainly) to the four journals that are most relevant to chaplains. John's contribution to developing the profession has been immense, and the **Digest** pays tribute to the work he has done.

Thank you John. ☙

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Journal of Religion and Health

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Many of the 42 articles in this issue of *JORH* examine the appropriateness of physicians discussing religion/spirituality within their medical practice and consider both its possible benefits and also the concerns physicians have with including religion and spirituality as part of their role. Once again, religious and spiritual issues related to COVID-19 feature.

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Stanford, MS, Stiers, MR & Soileau, K **Integrating Religion and Spirituality into Psychiatric Outpatient Treatment in the United States** (pages 2258–2271)

Aim: To consider the effectiveness of using a psychospiritual therapeutic curriculum to integrate religion and spirituality (RS) into psychiatric outpatient treatment.

Method: Comparison of clinical assessments administered, at intake and program exit, to highly religious clients (*N*=150) seeking services through a faith-based clinic (clients averaged 6.5 months in the program).

Main findings: Results suggest use of a religiously integrated curriculum within a broader psychiatric treatment program is beneficial and may be a way to overcome clinicians' RS concerns and shortcomings while meeting religious clients' desires for inclusion. https://doi.org/10.1007/s10943-023-01821-8

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Malviya, S **The Need for Integration of Religion and Spirituality into the Mental Health Care of Culturally and Linguistically Diverse Populations in Australia: A Rapid Review** (pages 2272–2296)

OPEN ACCESS

Aim: To critically evaluate studies that identified relevant religious/spiritual aspects regarding mental health care for culturally and linguistically diverse (CALD) backgrounds.

Method: Rapid review of empirical studies (*N*=16).

Main findings: Religious/spiritual practices identified as effective mental health strategies by CALD people. Religious leaders noted as important sources of mental health support and guidance for individuals from some CALD communities. Collaboration of religious leaders in the mental health care, and integration of religious/spiritual practices into mainstream mental health interventions, may improve mental health care for people with CALD backgrounds.
https://doi.org/10.1007/s10943-023-01761-3

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So, H, *et al* **Spirituality in Australian Health Professional Practice: A Scoping Review and Qualitative Synthesis of Findings** (pages 2297–2322)

Aim: To explore how spirituality is integrated into practice across the different Australian health professions.

Method: Literature review of sixty-seven articles using qualitative synthesis.

Main findings: 'Meaning' and 'purpose in life' were found to be key to many spirituality definitions. The most frequently reported approach for Australian health professionals (HPs) in asking about client spirituality was using one or two questions within a comprehensive assessment. Major facilitators included a holistic care approach and prior training. A key barrier was a lack of time. https://doi.org/10.1007/s10943-023-01840-5

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Best, MC, *et al* **Australian Patient Preferences for the Introduction of Spirituality into their Healthcare Journey: A Mixed Methods Study** (pages 2323–2340)

OPEN ACCESS

Aim: To investigate inpatient preferences regarding how they would like spirituality to be raised in the hospital setting.

Method: Cross-sectional survey conducted with inpatients at six hospitals in Sydney, Australia (*N*=897), and qualitative interviews with an invited subset (*n*=41).

Main findings: Findings indicated a high level of patient acceptability for discussing spirituality in healthcare: 94.0–99.8% approval for all proposed spiritual history prompts; in interviews, context dictated the appropriateness of discussions.
https://doi.org/10.1007/s10943-022-01616-3

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Andersen, AH, Illes, Z & Roessler, KK **Regaining Autonomy in a Holding Environment: Patients' Perspectives on the Existential Communication with Physicians When Suffering from a Severe, Chronic Illness: A Qualitative Nordic Study** (pages 2375–2390)

Aim: To investigate Nordic patients' experiences of existential communication with their physicians related to the treatment of multiple sclerosis or chronic pain.

Method: Semi-structured interviews with patients (*N*=23), analyzed using Interpretative Phenomenological Analysis.

Main findings: Analysis showed that existential communication not only supported patients in developing and regaining autonomy but also functioned as a moderator for illness-related distress, as a prevention of withdrawal from treatment, and as significant for patients in relation to living with chronic illness. Further education in existential communication is desirable, to support physicians integrating existential dimen-

sions in consultations and shared decision-making with patients suffering from a severe, chronic illness.
https://doi.org/10.1007/s10943-022-01658-7

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García Torrejon, MC, *et al* **Spirituality in Critical Care: An Observational Study of the Perceptions of Professionals, Patients and Families, in Spain and Latin America** (pages 2391–2411)

Aim: To describe perspectives of health care professionals, patients, and family members regarding spiritual care options in intensive care units (ICUs).

Method: Spanish-language questionnaires collected in Spain and Latin America.

Main findings: Most families (71.7%) and patients (60.2%) felt that spiritual suffering occurred during their stay in the ICU. Most (69.7%) critical care professionals considered this type of care to be a part of their profession; however, 50.1% did not feel competent to provide this type of care and 83.4% felt that training in this area was necessary. Results suggest a perceived deficit in spiritual care in ICUs.
https://doi.org/10.1007/s10943-023-01746-2

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Mächler, R, *et al* **GPs´ Personal Spirituality, Their Attitude and Spiritual Competence: A Cross-Sectional Study in German General Practices** (pages 2436–2451)

OPEN ACCESS

Aim: To understand if GPs' spiritual competence, their personal spirituality and attitude towards enquiring about spirituality in practice interrelate.

Method: Cross-sectional survey of German GPs (*N*=30) regarding issues of SC.

Main findings:

Results show that GPs' personal spirituality and spiritual competence are related to addressing spirituality with their patients. Correlations found between GPs' personal spirituality, their spiritual competence and their attitudes towards SC. The ability to perceive spiritual needs of patients was the competence most strongly related to GPs' attitude towards SC. The competence with the strongest correlation to personal spirituality was Self-awareness and Proactive opening. No correlation was found between affiliation to a spiritual community and GPs' attitude towards SC. To foster SC, training programmes should raise awareness for one's personal spirituality and encourage one to reflect on spiritual competence.
https://doi.org/10.1007/s10943-022-01536-2

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COVID-19

Huang, X, *et al* **How Coronavirus Restrictions Adopted by Governments Affected World Religious Groups: A Review** (pages 2779–2798)

Aim: To study the effect of COVID-19 on religious communities' response to the pandemic progress to determine what tools of public influence can be used by secular authorities and religious leaders to counter the global viral threats.

Method: Analysis of faith communities' reactions to restrictive measures adopted by the governments in relation to religious services and gatherings.

Main findings: Findings suggest that information campaigns

launched by the secular authorities to prevent COVID-19 spread cannot offset the need for collective worshipping for a long time, even under the possibility of being infected.
https://doi.org/10.1007/s10943-023-01841-4

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COVID-19 & Moral Injury

Jack, FJG & Kotronoulas, G **The Perceptions of Healthcare Staff Regarding Moral Injury and the Impact on Staff Life and Work During COVID-19: A Scoping Review of International Evidence** (pages 2836–2860)

Aim: To examine whether and how COVID-19 restrictions affected healthcare staff's experiences of moral injury?

Method: Scoping review aimed at synthesising international evidence. (Nine studies met the search criteria.)

Main findings: Although healthcare staff were aware of the risks and effects of moral injury, they were still reluctant to 'name' it. Although psychological support is often the recommended approach by organisations, the emotional and spiritual needs of healthcare staff were mostly ignored.
https://doi.org/10.1007/s10943-023-01803-w

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Other COVID-19 related papers

Village, A and Francis, LJ **The Effects of Spiritual Wellbeing on Self-Perceived Health Changes Among Members of the Church of England During the COVID-19 Pandemic in England** (pages 2899–2915)

OPEN ACCESS

https://doi.org/10.1007/s10943-023-01790-y

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Safdar, MR, *et al* **The Role of Religion and Spirituality to Cope with COVID-19 Infections Among People of Lower Socioeconomic Status in Pakistan: An Exploratory Qualitative Study** (pages 2916–2932).
https://doi.org/10.1007/s10943-023-01781-z

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Mohd Jenol, NA and Ahmad Pazil, NH *Halal* or *Haram*? **The COVID-19 Vaccine Discussion Among Twitter users in Malaysia** (pages 2933–2946)
https://doi.org/10.1007/s10943-023-01798-4

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Kılıç, C, *et al* **Seeking New Meaning in the Shadow of the COVID-19 Pandemic: A Qualitative Research of Spiritual Issues and Experiences among Students in Turkish Society** (pages 2947–2965)
https://doi.org/10.1007/s10943-023-01850-3

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Koç, M, *et al* **Investigation into the Relationship Between COVID-19 Anxiety and Spiritual Orientation in Elderly Individuals in Nursing Homes and Care Centers in Turkey** (pages 2966–2983)
https://doi.org/10.1007/s10943-023-01799-3

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Asadi, Z, *et al* **Investigating the Relationship Between Spiritual Health, Meaning in Life, and Death Attitudes among COVID-19 Patients Discharged from ICUs: A Cross-Sectional Study in Iran** (pages 2984–2996)
https://doi.org/10.1007/s10943-023-01834-3

Journal of Health Care Chaplaincy

Special issue: *Chaplains of Color*

This issue of *JHCC* focuses on the so far neglected experience of non-white chaplains. The collection opens with an introductory article by Cadge and Barnes.

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Cadge, W, Savage, B and Barnes, MJD **Chaplains of Color: Histories and Practices** (pages 245-255)

From the gallows and fields of war to the street and bedside, chaplains of color have been present and instrumental in providing spiritual and emotional support in public and private settings across the United States. Their histories and experiences are not well documented and integrated into the field of spiritual care and chaplaincy, a field often understood as predominantly White, male, and Christian. This article introduces this special issue by offering historical context—particularly for Black chaplains—and naming the key themes that weave through the articles included. Naming the experiences of chaplains of color is a central step in responding to historically grounded racial inequities in the work of chaplaincy and spiritual care in the United States.

https://doi.org/10.1080/08854726.2023.2210028

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Shu, C **"I need my granddaughter to know who I am!" A case study of a 67-year-old African American man and his spiritual legacy** (p 256-268)

Aim: To describe spiritual care relationship between African American man, receiving palliative care for metastatic cancer, and Chinese American woman chaplain over the period of multiple hospitalizations.

Method: Case study

Main findings: The study illustrates legacy making as a key spiritual need, one complicated by discrimination, structural racism, estranged family relationships, and the patient's own mortality. The case posits the importance of voices of chaplains of color. https://doi.org/10.1080/08854726.2023.2209463

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Cadge, W **Racial burdens in the work experiences of state-supported Black chaplains** (pages 269-278 |

Aim: To consider how the experiences of Black chaplains are integrated into their workplaces.

Method: Interviews with Black chaplains (*N*=10) in the military and prisons.

Main findings: All interviewees experience racial burdens in the workplace as part of being the first or only Black chaplain or in response to overt racial discrimination, with few to no formal workplace efforts to support them.

https://doi.org/10.1080/08854726.2023.2210027

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Barnes, MJD et al **"I've never seen a Black woman chaplain before:" From personal narratives to hypotheses** (pages 279-291)

This article shifts the traditional approach to case studies in healthcare chaplaincy from questions about what chaplains do to questions of who chaplains are and how they experience the work. We draw insights from womanist theology to offer three narratives written by African American healthcare chaplains that illustrate themes of intersectionality, the effects interview contexts have on training and work, and key questions that emerge while doing the work.

https://doi.org/10.1080/08854726.2023.2209465

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COVID-19

Muehlhausen, BL et al **Spiritual care department leaders' response to racial reckoning in 2020 and 2021** (pages 292-306)

Aim: To better understand how spiritual care leaders understand their role in issues concerning justice, equity, and inclusion.

Method: Qualitative study using hermeneutic phenomenology methodology. Four rounds of individual interviews conducted with 22 leaders from Ascension and TC contacts. Secondary analysis examined responses from participants on racial reckoning from interviews 2–4.

Main findings: Four phenomenological patterns emerged: World of Racial Reckoning, Lack of Safety, Creating Safety, and Movement Toward Justice.

https://doi.org/10.1080/08854726.2023.2167416

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OF INTEREST, but not research

Sharma, S and Reimer-Kirkham, S **Exploring racism and racialization in the work of healthcare chaplains: a case for a critical multifaith approach** (pages 307-319)

Aim: To understand racism and racialization in healthcare chaplaincy.

Method: Drawing on research in healthcare in Canada and England, authors generate four composite narratives and use critical race lens to analyze racialization's variability and resistances employed by Indigenous, Arab, Black, and White chaplains.

Main findings: The composites disclose complex intersecting histories of colonialism, religion, race, and gender. Authors propose a 'critical multifaith approach' and argue this perspective on healthcare delivery is an essential competency for chaplains wanting to impact the systems in which they serve in the direction of more equitable human flourishing.

https://doi.org/10.1080/08854726.2023.2209462

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Journal of Pastoral Care and Counselling

Research material in this issue of *JPCC* invites spiritual care practitioners to examine their professionalism. A particularly interesting paper explores the challenge of ending visits or relationships with patients and/or families. Two papers look at neurodiversity, in particular, issues of inclusion and equity for neuro-minorities.

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Henderson, KK, Oliver, JP and Hemming **Patient Religiosity and Desire for Chaplain Services in an Outpatient**

Primary Care Clinic (pages 81-91)

Aim: To assess perceptions of patients in Durham, North Carolina, concerning chaplain services, understanding of Chaplains' roles, and desire for chaplain services in specific hypothetical scenarios.

Method: Survey, which included asking patients about their personal levels of extrinsic and intrinsic religiosity using the well-validated Duke University Religion Index.

Main findings: Results indicate which chaplain interventions are most desired among this outpatient population in relation to patients' self-reported religiosity. Most patients – regardless of their religiosity – express desire for support from an outpatient healthcare chaplain when they need a listening ear, are grieving a loss, or are seeking prayer.
https://doi.org/10.1177/15423050221147901

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Klitzman, R et al **Exiting Patients' Rooms and Ending Relationships: Questions and Challenges Faced by Hospital Chaplains** (pages 92-100)

Aim: To explore chaplains' challenges in ending visits/relationships with patients/families.

Method: Interviews conducted with chaplains (*N*=23) who face questions/challenges regarding how to end visits and interactions, including individual conversations and ongoing relationships with patients/families.

Main findings: Chaplains confront uncertainties and rely on verbal and non-verbal cues to gauge how long to stay with each patient/family, and they are sometimes unsure.
https://doi.org/10.1177/15423050221146507

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Harris, SL et al **A Mixed-Methods Pilot Study of a Well-Being Intervention for Healthcare Chaplains** (pages 101-112)

Aim: To explore psychological and emotional experiences of chaplains and the feasibility, acceptability, and impact of workshops designed to support chaplain well-being.

Method: Mixed-methods pilot study

Main findings: After workshops, scores on a measure of self-compassion increased, while secondary traumatic stress and burnout scores decreased. Qualitative data reflected the range of experiences of chaplaincy as well as the benefits of the workshops. https://doi.org/10.1177/15423050221146510

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OF INTEREST, but not research

Saliba, SM 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** (pages 113-122)

An expert panel consisting of six mental health chaplains from several European countries was convened to ascertain the specific contribution of mental health chaplains to suicide prevention, and to generate good practices for suicide prevention. Three themes emerged: (1) the importance of timing; (2) fundamental attitudes of the chaplain towards the patient, and (3) appropriate interventions.
https://doi.org/10.1177/15423050221141047

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International Chaplaincy Research Autumn School

Save the date!

Following two previous and very successful schools, the *Third International Chaplaincy Research School* has been announced and will take place this autumn.

A collaboration between the University of Humanistic Studies in Utrecht, the Tilburg School of Catholic Theology and the European Research Institute for Chaplains in Healthcare (ERICH), the research schools aim to introduce participants to existing chaplaincy research, including research procedures and a range of research methods.

Taught by a team of experienced researchers, the School will take place **30 October—3 November** and will be offered in hybrid form. Participants will be able to join on-site at the **Katholieke Universiteit Leuven** in Belgium, or attend most lectures online.

Save the dates and find further news at the **ERICH website**: www.chaplaincyresearch.eu

Research First Journal Club

Research First is a open access journal club for any chaplain, paid or volunteer who wishes to engage with research relevant to chaplaincy and spiritual care and also earn CPD points.

To earn CPD points and receive a CPD certificate: (i) read the paper for discussion answer the questions on the *Research Article Summary Outline* sheet below (one CPD hour); (ii) join the Research Journal Club meeting (one CPD hour); (iii) after the meeting, write up and submit your reflections on your learning (one CPD hour) - the certificate will then be emailed to you.

To register for the next meeting and get details of the paper to be discussed, email: mark.newitt@freechurches.org.uk

Dates for the next three months:
ɔ   Thursday 5th October 2023: 15:15 to 16:30   ɔ   Tuesday 7th November 2023: 10:00 to 11:15
ɔ   Wednesday 6th December 2023: 12:45 to 14:00

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.

UK Chaplains' Research Digest is sent to all CHCC members to help develop research literacy and awareness.
To be part of more regular research conversations, email the address below.
Non-CHCC members can also request the **Digest** using the same address: **research@healthcarechaplains.org**