

UK CHAPLAINS' RESEARCH DIGEST

To steal ideas from one person is plagiarism; to steal from many is research!
- Stephen Wright

Winter issue (September 2023—November 2023)

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FEATURED ARTICLE | OPEN ACCESS

Siesage H, et al, **Exploring the Changing Experiences of Chaplains Employed in Care and Residential Homes During the COVID-19 Pandemic: A Longitudinal Qualitative Study**

Health and Social Care Chaplaincy, 11, 2, 220-239 | <https://doi.org/10.1558/hsc.26645>

Although COVID-19 may be considered endemic, it is all but certain that at some point there will be another pandemic. This paper continues to ask questions about what can be learned in order to be better prepared in the future. Specifically, the study highlights issues experienced by chaplains in UK residential and aged care homes at the forefront of COVID-19-related deaths.

Research method

A qualitative and longitudinal study, the research was opportunist and necessarily pragmatic in its approach, being limited by the constraints of conducting research during a pandemic. As such, sampling was both convenient (i.e., participants were 'drawn from a source ... conveniently accessible to the researcher') and purposive (i.e., researchers 'chose chaplains in various physical relationships to the practice of chaplaincy during a pandemic').

Six chaplains participated in recorded Zoom interviews (May 2020). Subsequently, three further rounds of interviews enabled longitudinal insight to be gathered (23 in total). One chaplain was male; no data were collected on ethnicity; all interviewees were Christian; most were not ordained clergy.

Verbatim transcriptions were analysed using inductive [reflexive thematic analysis](#), a theoretically flexible interpretative approach that facilitates identification and analysis of patterns or themes in a data set (Braun and Clarke 2012), which allowed for the development of themes that reflected participant opinion.

Analysing across four time points followed a recurrent cross-sectional design. Interviews were coded separately with codes developed from interviews at each time point (30–40 broad themes). These themes were developed across all time points (20 overall themes), which were further refined across all time points (three final themes).

Results

Three final themes identified:

Adapting work practices how chaplains established new ways of working and the challenges encountered, such as infection rate of COVID-19, safety measures and restrictions introduced, and funerals and memorial services.

Mental health and well-being The impact of the pandemic on mental health and wellbeing of participants and the strategies embraced to cope with the pandemic and the enforced restrictions.

Giving and receiving support Specifically, the emotional support offered by participants to staff and the emotional and physical support participants experienced.

Value of the study

A key finding addresses changes to the role played by chaplains as they flexed in response to the constraints COVID-19 imposed: adapting working hours to cope with increased workload; stepping outside assumed boundaries of their role in ways that shifted perceptions of what chaplains are for; developing new types of relationships with residents' families, often acting as intermediaries.

Another key finding records the impact COVID-19 had on chaplains mental health, with reports of chaplains feeling changed by the experience: some feeling they were closer to what God had called them to, and others feeling pushed "off centre".

Further reading

Braun V, and Clarke V (2012) **Thematic analysis**. In Cooper et al (eds.) *APA Handbook of Research Methods in Psychology, Research Designs* (2) (57–71). APA: Washington.

Welcome

Once again, a wide spread of topics are considered in the last quarter's published research.

Papers in *JORH* range across elder care and women's health issues, with several technical papers focused on the empirical measurement of religion, spirituality and health (specifically, scales). Only two papers appear to have particular relevance to UK chaplains.

Our own journal, *HSCC*, besides the featured article, leans toward educational interests, reporting on scoping reviews of spiritual care education for nursing and health and social care workers, and work in the United States to close the literature gap in mental health training for chaplains working with geriatric patients.

JHCC focuses on issues of identity and improving services.

Don't forget: If you are a member of the College of Health Care Chaplains you are eligible to **free access** to *Health and Social Care Chaplaincy*. You will need to email journals@equinoxpub.com using the member's authorisation code (available on the Members' Area of the website), to set up and renew your free subscription.

Steve Nolan

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CHCC COLLEGE OF HEALTH CARE CHAPLAINS

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

Journal of Religion and Health

Vol 62 No 5 (2023)

This issue of JORH explores a variety of concerns related to the care of the elderly within a number of countries (China, India, Iran, Israel, Turkey, USA). Issues relating to Women's Health are considered across the life span, particularly regarding gynaecology, paediatrics, cancer, mental health and well-being. Research is presented on the empirical measurement of religion, spirituality and health with scales developed and/or tested in Iran, India, Haiti, Taiwan, Jordan and the Netherlands. The two papers highlighted here represent research of particular relevance to UK chaplains.

Bigatti SM, Lydon-Lam J and Storniolo AM **Breast Cancer Worry in U.S. Female First-degree Relatives: Moderating Role of Daily Spiritual Experiences** (pp 3466-3479)

Aim: To examine the role of daily spiritual experiences as a potential protective factor against breast cancer worry.

Method: Researchers hypothesized daily spiritual experiences would moderate relationship between relatives' stage of disease and breast cancer worry. Surveys with mothers/daughters/sisters (N=63) of breast cancer survivors assessing relative's disease characteristics and own demographics, fear of breast cancer, and daily spiritual experiences. All participants were living in the midwestern United States.

Main findings: Results showed that daily spiritual experiences moderated the relationship between stage of disease and breast cancer worry. Low scores on daily spiritual experiences associated with more worry when relatives had advanced disease; high scores on daily spiritual experiences associated with less worry.

<https://doi.org/10.1007/s10943-023-01807-6>

van den Brink B, *et al.* **The Experience Sampling Method: A New Way of Assessing Variability of the Emotional Dimensions of Religiosity and Spirituality in a Dutch Psychiatric Population** (pp 3687-3701)

Aim: The experience sampling method (ESM) study aims to assess the variability of three parameters of religiosity and spirituality around affective representations of God and spiritual experiences in a psychiatric population.

Method: Depressed in- and outpatients (N=28) self-identifying as being spiritual or religious participated, from two Dutch mental health care institutions. Participants rated momentary affective R/S-variables up to 10 times per day over a 6-day period when prompted by a mobile application.

Main findings:

All three examined parameters varied significantly within the day. ESM examination showed good compliance and little reactivity, indicating ESM offers a feasible, usable, and valid way to explore R/S in a psychiatric population.

<https://doi.org/10.1007/s10943-023-01857-w>

Health and Social Care Chaplaincy

Vol 11 No 2 (2023)

HSCC reports on particularly interesting paper from the Republic of Ireland. While not empirical research, the article by Doherty and Nuzum offers insights from a chaplain for the d/Deaf regarding the competencies needed for empathic relational communication. The authors explore how relational empathy and spiritual connection can be deepened among d/Deaf persons in healthcare.

Aird R and O'Neill M **A Call to Address Gaps in Spiritual Care Education: Two Scoping Reviews Observing Spiritual Care Education of Nurses and Health and Social Care Workers in Scottish Universities and Further Education Colleges** (pp 166-181)

The authors discovered a paucity of literature relating to Scotland regarding healthcare support workers' spiritual care education and little more regarding that for nurses. There are gaps in understanding spiritual care, curriculum planning for spiritual care and subsequent learning by students. These scoping reviews challenge the dissonance between policies on the delivery of spiritual care (SC) to clients in institutions and the education required to perform that delivery.

Conclusion: As planning is embedded in human rights policy and government health and social care standards, the educational and professional governing bodies should be responsible for ensuring that planning features in all healthcare training, which should include planning assessment in the curriculum as a way of learning and endorsing knowledge. Specialist knowledge should either be available in colleges and universities or brought in to deliver education.

DOI: <https://doi.org/10.1558/hsc.23640>

Gopaul MT and Deena A Martinelli DA **A Healthcare Chaplain's Guide to Mental Health Chaplaincy for Geriatric Patients in the United States** (pp 182-204)

Aim: To close a gap in the literature regarding reported levels of mental health training and preparedness of chaplains who minister to geriatric patients with mental health disorders.

Method: Quantitative questionnaire study of experienced healthcare chaplains (N=26) in New York, New Jersey and Connecticut.

Main findings: Findings confirmed need for additional training and preparedness among chaplains who minister to geriatric patients with mental health disorders.

DOI: <https://doi.org/10.1558/hsc.23332>

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OF INTEREST (but not research)

Doherty JP and Nuzum D **“Can You See What I Say?” Beyond Words: Pastoral Care Education and Practice Among the Deaf and Hard of Hearing Community** (pp 205-219)

Empathic relational communication is a key competency in spiritual care for establishing a trusting pastoral relationship. Ministry with d/Deaf persons requires a deeper level of relational skill, where attentiveness to sign language, non-manual features, visual cues and facial grammar are important for meaningful pastoral relatedness. It is widely recognized that d/Deaf persons experience higher than average healthcare access barriers and associated psychological impacts, and therefore spiritual need. In addition, d/Deaf persons develop a non-auditory approach to emotional expression and communication. The competencies of clinical pastoral education (CPE) provide a natural context to further develop the necessary deeper relational skills for healthcare ministry. This article draws on the lived experiences of a chaplain for the d/Deaf engaged in CPE and a CPE educator, in order to highlight current deficiencies in pastoral care for d/Deaf persons, and to explore and illustrate how relational empathy and spiritual connection can be deepened among d/Deaf persons in healthcare by developing the competencies of CPE.

DOI: <https://doi.org/10.1558/hsc.25862>

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Siesage H, Sams L, Ellis NJ and Swift C **Exploring the Changing Experiences of Chaplains Employed in Care and Residential Homes During the COVID-19 Pandemic: A Longitudinal Qualitative Study** (pp 220-239)

Aim: To explore changing experiences of chaplains employed by a large care provider during COVID-19 pandemic.

Method: Semi-structured interviews, over ten-month period with six chaplains during COVID-19 pandemic.

Main findings: Findings highlight three key themes relating to experiences in care homes during the crisis: (i) adapting work practices; (ii) mental health and well-being; (iii) giving and receiving support.

DOI: <https://doi.org/10.1558/hsc.26645>

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Journal of Health Care Chaplaincy

Vol 29 No 4 (2023)

Articles in this issue of JHCC focus on aspects of chaplain identity and service improvement.

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Russell J, Quaack KR and Nunez J **Chaplain reported plans for end-of-life care conversations: Role clarity for the spiritual care specialists** (pp. 337-352)

Aim: To examine chaplain reported plans for patient end-of-life (EOL) care conversations through the lens of multiple goals.

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

Main findings: Findings indicated plans primarily consisted of relational and identity goals, with a majority navigating multiple goal orientations. Content overwhelmingly involved developing rapport with patients, eliciting patient preferences for care, and serving as a patient liaison.

<https://www.tandfonline.com/doi/abs/10.1080/08854726.2022.2087965>

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Calder S, Andreotta M, Morris T and Atee M **Improving quality in pastoral care using the Pastoral Care Activity Tracker (PCAT): A feasibility study of a digital tool within an Australian healthcare organization** (pp. 353-367)

Aim: To render pastoral care activity reporting of Pastoral Care Coordinators (PCCs) more efficient through digitizing data collection in pastoral care settings.

Method: One-year feasibility (pilot) study of the Pastoral Care Activity Tracker (PCAT) digital tool (conducted in an Australian nonprofit healthcare organization June 2020-May 2021). Feasibility measured using electronic activity logs collected by the tool and user feedback surveys by PCCs.

Main findings: Of 43 PCCs working in the organization, 42 (97.7%) used the PCAT tool to complete the logging of 66,298 pastoral care activities (M[SD]=1,578.5 [827.8] activities per PCC). Survey responses (n=20, 46.6%) indicated many PCCs found the PCAT more convenient (n=15, 75.0%) and easier to use (n=10, 50.0%) than paper-based method.

<https://www.tandfonline.com/doi/abs/10.1080/08854726.2022.2091837>

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Jones KF, Washington J, Kearney M and Best MC **What is the role of spiritual care specialists in teaching generalist spiritual care? The perspectives of pastoral care staff in a large Catholic health and aged care organisation** (pp. 368-380)

Aim: To investigate how spiritual care specialists (SCSs) perceive their role in delivering spiritual care education to other staff.

Method: SCSs (N=14) participated in 3 online focus groups.

Main findings: Two key themes identified: First, SCSs build upon existing capacity of staff by: (i) recognising existing strengths and capabilities; (ii) using relevant stories; (iii) using language which makes spiritual care accessible; (iv) making training relevant and practical; (v) tapping into staff vocation or calling; and (vi) building awareness of one's own spirituality. Second, SCSs assist staff to draw upon SCS expertise by establishing a trusting relationship and developing staff awareness of the SCS role.

<https://www.tandfonline.com/doi/abs/10.1080/08854726.2022.2095779>

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OF INTEREST (but not research)

Ferrell BR, Buller H, Paice JA, Glajchen M and Haythorn T **Interprofessional communication training to address spiritual aspects of cancer care** (pp. 381-393)

This article addresses the development of a 3-day train-the-trainer communication cancer education program (ICC: Interprofessional Communication Curriculum) organized by the 8 domains of the National Consensus Project for Quality Palliative Care. The main objectives of ICC are to train adult oncology clinicians (nurses, social workers, and chaplains) in com-

munication skills across all aspects of palliative care and to help prepare them to provide communication skills training to their colleagues at their home institutions. ICC participants attend in dyads consisting of differing disciplines and create 3 goals for implementing institutional change. To date, 126 participants (69 teams) have attended an ICC training. Pre-course survey results identified spiritual care as participants' least effective area of communication. Immediate post-course evaluation data revealed the spiritual care module and its subsequent lab session as the most useful sessions to participants' practice. Data from the 6-and-12-months post-course follow-up revealed participants' quality improvement projects focused heavily on improving spiritual care.

<https://www.tandfonline.com/doi/abs/10.1080/08854726.2022.2097781>

Glusiec W and Suchodolska M **Chaplains as mediators in conflicts concerning method of patients' medical care-study of the situation in Poland** (pp. 394-405)

Aim: To analyse phenomenon of asking hospital/hospice chaplains in Poland to take on the role of mediators in conflicts concerning methods of patients' medical care.

Method: Survey among Catholic chaplains (N=108) (10% of all chaplains currently working in Polish hospitals/hospices). Survey conducted using electronic questionnaire through intermediary with no follow-up and so self-selecting.

Main findings: 31% of respondents received requests to mediate in conflicts over patient care. Requests were not conditional upon the type or location of medical facility, nor the chaplain's years of experience. 30% of chaplains received requests to mediate between patients and doctors. Solving disputes between family members and members of the medical teams were less frequent (25 and 19%, respectively). Majority of respondents (73%) accept the role of the mediator, although 46% reserve the right to refuse in certain situations.

<https://www.tandfonline.com/doi/abs/10.1080/08854726.2022.2104566>

NEWS ... NEWS ... NEWS ... NEWS ... NEWS ... NEWS

9th European Conference on Religion, Spirituality and Health

16-18 May 2024, Salzburg

Spiritual Care Interventions in Modern Health Care

This will be a hybrid conference, with onsite and online participation, considering the questions: What interventions have been established and what do we know about their benefit for patients?

International keynote speakers from a variety of disciplines and backgrounds will present their results and experiences.

<https://ecrsh.eu/ecrsh-2024>

Four-Day Research Workshop 12-15 May 2024

Harold G. Koenig is a leading figure in research on religion, spirituality and health, whose work includes co-authoring the *Handbook of Religion and Health*.

Preceding the ECRSH conference Prof Koenig will lead a four-day research workshop. These workshops, which he developed at Duke University, have supported many early-stage researchers in gaining

research literacy and practical skills to develop their own research work.

<https://ecrsh.eu/research-workshop>

18th European Network of Health Care Chaplaincy (ENHCC) consultation

10-14 April 2024, Prague

No details as yet, but information about the consultation should soon be available on the ENHCC website.

<http://www.enhcc.eu/consultations.htm>

European Research Institute for Chaplains in Healthcare (ERICH)

ERICH will shortly be inviting mental health chaplains to take part in a research project looking at suicide prevention. The research will take the form of completing a survey questionnaire. More to come!

<https://www.pastoralezorg.be/page/suicide-prevention/>

Research study at UCSD

An interprofessional palliative care team of chaplains, pharmacists, physicians, and social workers at UC San Diego Health are recruiting

participants for a project to evaluate barriers in palliative care research. Prior research experience is not necessary to complete the survey. The team want to gather information related to ANY kind of research, qualitative and/or quantitative.

Learn more [here](#).

New article on the identity and perception of chaplains

Chaplaincy Innovation Lab director Wendy Cadge, together with and Research Manager Amy Lawton, have published research from the Lab's ongoing work on covenantal pluralism:

'The persistence of religion as a master status for chaplains'

<https://doi.org/10.1177/0034673X231215280>

Research First Journal Club

The Club is open to all chaplains who wish to develop their research literacy.

Future dates for the Club:

Thursday 11th January

15:15-16:30

note this is the *second* Thursday

Tuesday 6th February

10:00-11:15



First Research Journal Club

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

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 online Journal Club, email **Mark Newitt** mark.newitt@freechurches.org.uk

Journal article:

Part 1: Summarise the research paper

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

Part 2: Reflect on your learning

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

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

UK Chaplains' Research Digest is sent to all CHCC members to help develop research literacy and awareness.

To be part of more regular research conversations, email the address below.

Non-CHCC members can also request the **Digest** using the same address: research@healthcarechaplains.org