

Spirituality & Health: A Select Bibliography of *Medline*-Indexed Articles Published in 2015

Chaplain John W. Ehman (john.ehman@uphs.upenn.edu)
University of Pennsylvania Health System - Philadelphia, PA
May 5, 2016

The following is a selection of 237 *Medline*-indexed journal articles pertaining to spirituality & health published during 2015, from among the more than 1140 articles categorized under the subject headings of “Religion and Medicine,” “Religion and Psychology,” “Religion,” “Spirituality,” and “Pastoral Care”; plus the more than 400 relevant articles in *Medline*’s *In-Process* database not yet listed on the general *Medline* database at the time of this bibliography’s completion. The sample here indicates the great scope of the literature, but note that since *Medline* is itself a selective index of journals, an even broader range of material may be found through other health science indices/databases—e.g., *CINAHL/Nursing* or *PsycINFO*.

Abu-Raiya, H., Pargament, K. I., Krause, N. and Ironson, G. [Tel Aviv University, Bowling Green State University, University of Michigan, and University of Miami]. “**Robust links between religious/spiritual struggles, psychological distress, and well-being in a national sample of American adults.**” *American Journal of Orthopsychiatry* 85, no. 6 (Nov 2015): 565-575. [Note: This article was still listed on *Medline*’s *In-Process* database at the time of this bibliography’s completion.]

[Abstract:] This study is one of the first attempts to examine the relationships between religious and spiritual struggles (*r/s* struggles) measured comprehensively and indicators of psychological distress (i.e., depressive symptoms, generalized anxiety) and well-being (i.e., satisfaction with life, happiness) using a nationally representative sample of American adults (N = 2,208) dealing with a wide range of major life stressors. In addition, it examines the key question of whether these relationships persist after controlling for potentially confounding psychosocial/religious influences. Correlational analyses revealed that all 5 types of the *r/s* struggles assessed (i.e., divine, demonic, interpersonal, moral, ultimate-meaning) correlated significantly positively with both depressive symptoms and generalized anxiety, and significantly negatively with both satisfaction with life and happiness. Hierarchical regression analyses indicated that even after controlling for the effects of demographics and other potentially confounding variables (i.e., neuroticism, social isolation, religious commitment) the *r/s* struggle subscales added unique variance to the prediction of all 4 criterion measures. Theoretical and practical implications of the findings are offered, and the limitations of the study are discussed.

Agli, O., Bailly, N. and Ferrand, C. [University Francois Rabelais Tours, France]. “**Spirituality and religion in older adults with dementia: a systematic review.**” *International Psychogeriatrics* 27, no. 5 (May 2015): 715-725.

[Abstract:] BACKGROUND: Religious and spiritual issues are clearly important to the older adult population and may play a positive role in maintaining health and recovering from illness. This study systematically reviewed the literature examining the effects of religion and spirituality on health outcomes such as cognitive functioning, coping strategies, and quality of life in people with dementia. METHODS: First, 51 articles with defined keywords were collected from online databases. Then, using inclusion and exclusion criteria, 11 articles were selected. These were classified according to methodological quality before being analyzed one by one. RESULTS: The findings highlight the benefits of spirituality and religion on health outcomes. Three articles showed that in participants who used their spirituality or religion more, through their faith, their practices and in maintaining social interactions, their cognitive disorders tended to reduce or stabilize. In the other eight articles, use of spirituality or faith in daily life enabled people to develop coping strategies to help accept their disease, maintain their relationships, maintain hope, and find meaning in their lives, thereby improving their quality of life. CONCLUSIONS: Spirituality and religion appear to slow cognitive decline, and help people use coping strategies to deal their disease and have a better quality of life. This literature review allows us to take stock of research over the last decade on spirituality/religion and health outcomes. The benefits observed should be considered with caution and included in rigorous experimental research in the future.

Akrawi, D., Bartrop, R., Potter, U. and Touyz, S. [University of Western Sydney, Campbelltown; Sydney Medical School-Northern, St. Leonards; Blacktown/Mt Druitt Clinical School, Blacktown Hospital, Sydney; and University of Sydney, Australia]. “**Religiosity, spirituality in relation to disordered eating and body image concerns: a systematic review.**” *Journal of Eating Disorders* 3 (2015): 29 [electronic journal article designation]. [Note: This article was still listed on *Medline*’s *In-Process* database at the time of this bibliography’s completion.]

[Abstract:] OBJECTIVE: This systematic review aims to critically examine the existing literature that has reported on the links between aspects of religiosity, spirituality and disordered eating, psychopathology and body image concerns. METHOD: A systematic search of online databases (*PsycINFO*, *Medline*, *Embase* and *Web of Science*) was conducted in December 2014. A search protocol was designed to identify relevant articles that quantitatively explored the relationship between various aspects of religiosity and/or spirituality and disordered eating, psychopathology and/or body image concerns in non-clinical samples of women and men. RESULTS: Twenty-two studies were identified to have matched the inclusion criteria. Overall, the main findings to emerge were that strong and internalised religious beliefs coupled with having a secure and satisfying relationship with God were associated with lower levels of disordered eating, psychopathology and body image concern. Conversely, a superficial faith coupled with a doubtful and anxious relationship with God were associated with greater levels of disordered eating, psychopathology and body image concern. DISCUSSION: While the studies reviewed have a number of evident limitations in design and methodology, there is sufficient evidence to make this avenue of enquiry worth pursuing. It is hoped that the direction provided

by this review will lead to further investigation into the protective benefits of religiosity and spirituality in the development of a clinical eating disorder. Thus a stronger evidence base can then be utilised in developing community awareness and programs which reduce the risk.

Al-Ozairi, E., Al Kandari, J., Al Haqqan, D., Al Harbi, O., Masters, Y. and Syed, A. A. [Department of Medicine, Kuwait University]. **“Obesity surgery and Ramadan: a prospective analysis of nutritional intake, hunger and satiety and adaptive behaviours during fasting.”** *Obesity Surgery* 25, no. 3 (Mar 2016): 523-529.

[Abstract:] BACKGROUND: Fasting for religious or lifestyle reasons poses a challenge to people who have undergone bariatric surgery. A total fast (abstaining from all forms of nourishment including liquids) during long summer days puts these patients at risk of dehydration and poor calorie and nutrient intake. METHODS: We undertook telephone surveys of 24-h food recall, hunger and satiety scores, medication use, adverse symptoms and depression scores on a fasting day in Ramadan and a non-fasting day subsequently. RESULTS: We studied 207 participants (166 women) who had undergone sleeve gastrectomy. The mean (standard error) age was 35.2 (0.7) years. Men and women consumed 20.4 % (P=0.018) and 16.9 % (P<0.001) fewer calories and 44.8 % (P<0.001) and 32.4 % (P<0.001) less protein during fasting, respectively. There was no significant difference in the intake of fluids or incidence of adverse gastrointestinal, hypoglycaemic and sympathoadrenal symptoms. Of participants on pharmacotherapy, 89.5 % took their prescribed medications; 86.3 % made no changes to the doses, but 80.4 % changed the timing of the medications. Both women and men reported feeling less hungry and a preference for savoury foods during Ramadan. There was no difference in depression and work impairment scores. CONCLUSIONS: Fasting was well tolerated in persons who had undergone sleeve gastrectomy. It may be advisable to raise awareness about dietary protein intake and managing medications appropriately during fasting.

Al-Yateem, N., Al Yateem, S. and Rossiter, R. [College of Health Sciences, University of Sharjah, Sharjah, UAE]. **“Cultural and religious educational needs of overseas nurses working in the Kingdom of Saudi Arabia and the United Arab Emirates.”** *Holistic Nursing Practice* 29, no. 4 (Jul-Aug 2015): 205-215.

[Abstract:] A competent transcultural health care service has been identified as essential for the delivery of safe health care in the United Arab Emirates (UAE) and the Kingdom of Saudi Arabia (KSA) and indeed internationally. Delivery of contextually informed educational programs to new employees forms an important component of achieving this requirement. Nurse educators have an essential role in identifying the cultural and religious knowledge needed by new employees and in designing programs to address these needs. The objective of this article was to explore the cultural and religious educational needs of overseas nurses working with Muslim patients in the KSA and the UAE as derived from the experience of nurses themselves. Written narratives from nurses employed to work primarily with Muslim patients were analyzed using a qualitative descriptive methodology. In the UAE and the KSA context, and perhaps for nurses working with Muslim-Arabic patients worldwide, the culturally and religiously specific topics that need to be a component of preemployment education include the basic Islamic principles (5 daily prayers, Ramadan fasting, Zamzam water, and time management skills to accommodate religious practices within care); Kinship and Social Factors (family structure, gender-related issues, and social support system); and Basic Arabic language skills.

Al Zaben, F., Sehlo, M. G., Khalifa, D. A. and Koenig, H. G. [King Abdulaziz University, Jeddah, Saudi Arabia]. **“Test-retest reliability of the Muslim Religiosity Scale: follow-up to ‘Religious involvement and health among dialysis patients in Saudi Arabia.’”** *Journal of Religion & Health* 54, no. 3 (Jun 2015): 1144-1147. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] The intra-class correlation coefficient for the scale was 0.961, 95 % CI 0.912-0.983. We conclude that the MRS is a highly reliable measure of Muslim religiosity over time.

Anderson, N., Heywood-Everett, S., Siddiqi, N., Wright, J., Meredith, J. and McMillan, D. [University of York; and University of Leeds, UK]. **“Faith-adapted psychological therapies for depression and anxiety: systematic review and meta-analysis.”** *Journal of Affective Disorders* 176 (May 1, 2015): 183-196.

[Abstract:] BACKGROUND: Incorporating faith (religious or spiritual) perspectives into psychological treatments has attracted significant interest in recent years. However, previous suggestion that good psychiatric care should include spiritual components has provoked controversy. To try to address ongoing uncertainty in this field we present a systematic review and meta-analysis to assess the efficacy of faith-based adaptations of bona fide psychological therapies for depression or anxiety. METHODS: A systematic review and meta-analysis of randomised controlled trials were performed. RESULTS: The literature search yielded 2274 citations of which 16 studies were eligible for inclusion. All studies used cognitive or cognitive behavioural models as the basis for their faith-adapted treatment (F-CBT). We identified statistically significant benefits of using F-CBT. However, quality assessment using the Cochrane risk of bias tool revealed methodological limitations that reduce the apparent strength of these findings. LIMITATIONS: Whilst the effect sizes identified here were statistically significant, there were relatively a few relevant RCTs available, and those included were typically small and susceptible to significant biases. Biases associated with researcher or therapist allegiance were identified as a particular concern. CONCLUSIONS: Despite some suggestion that faith-adapted CBT may out-perform both standard CBT and control conditions (waiting list or "treatment as usual"), the effect sizes identified in this meta-analysis must be considered in the light of the substantial methodological limitations that affect the primary research data. Before firm recommendations about the value of faith-adapted treatments can be made, further large-scale, rigorously performed trials are required.

Ando, M., Marquez-Wong, F., Simon, G. B., Kira, H. and Becker, C. [St. Mary's College, Fukuoka, Japan; St. Francis Hospice, Honolulu, HI; Kurume University, Kurume, Japan; and Kyoto University, Kyoto, Japan]. **“Bereavement life review improves spiritual well-being and ameliorates depression among American caregivers.”** *Palliative & Supportive Care* 13, no. 2 (Apr 2015): 319-325.

[Abstract:] OBJECTIVE: The aim of our study was to investigate the utility of bereavement life review (BLR) to elevate spiritual well-being and alleviate depression among Hawaiian-American caregivers, and to identify changes that occur when caring for their loved ones up to the time of death. METHOD: Bereavement life review therapy was provided for 20 bereaved Hawaiian Americans. In the first session, subjects reviewed memories of the deceased with a therapist, who recorded their narratives and collected them into a personal history book. During the second session, subjects discussed the contents of this book. Caregivers completed the Functional Assessment Chronic Illness Therapy-Spiritual (FACIT-Sp) questionnaire and the Beck Depression Inventory, Second Edition (BDI-II) pre- and post-intervention. Subjects also described changes in their views that occurred during the caring process in response to questions. RESULTS: FACIT-Sp scores significantly

increased from 34.1 +/- 9.63 to 36.3 +/- 10.6 ($t = -2.6$, $p < 0.05$, and BDI scores significantly decreased from 11.7 +/- 7.7 to 8.8 +/- 7.0 ($t = 2.27$, $p < 0.05$). Five categories were chosen from the narratives on changes that had occurred during caregiving and due to the deceased death: "Learning from practical caring experience," "Positive understanding of patients," "Recognition of appreciation," "Self-change or growth," and "Obtaining a philosophy." SIGNIFICANCE OF RESULTS: These findings show the applicability of bereavement life review therapy for Hawaiian families, including efficacy for spiritual well-being and depression. The comments of the caregivers also indicate the potential of the therapy for identifying the positive aspects of caring for terminally ill patients.

Anthony, J. S., Johnson, A. and Schafer, J. "**African American clergy and depression: what they know; what they want to know.**" *Journal of Cultural Diversity* 22, no. 4 (2015): 118-126.

[Abstract:] Nearly 40% of African Americans use clergy as their primary source of help with depression. However, less than half of African American clergy are trained in counseling. OBJECTIVES: 1) to examine how African American clergy recognize depression and 2) identify what they need to more effectively identify and address depression in their congregants. DESIGN: This was a descriptive, quantitative study using a Personal Profile Questionnaire and a Mental Health Counseling Survey. RESULTS: Sixty-five clergy completed the data collection tools; approximately 50% had some training in counseling. The majority could identify signs of depression. Eighty-one percent stated they needed additional education about depression and access to referral resources. CONCLUSIONS: If clergy take an active role in addressing the issue of depression and establishing liaisons with mental health professionals the stigma associated with depression could be greatly reduced, and individuals might enter into treatment earlier thus improving their quality of life.

Aoun, S. M., Chochinov, H. M. and Kristjanson, L. J. [Curtin University, Perth, Australia]. "**Dignity therapy for people with motor neuron disease and their family caregivers: a feasibility study.**" *Journal of Palliative Medicine* 18, no. 1 (Jan 2015): 31-37.

[Abstract:] BACKGROUND: There are calls to explore psychological interventions to reduce distress in patients with motor neuron disease (MND) and their family caregivers. Dignity therapy is a short-term psychotherapy intervention shown to alleviate distress for people with life-limiting illnesses. OBJECTIVES: To assess the acceptability, feasibility, and effectiveness of dignity therapy to reduce distress in people with MND and their family caregivers. METHODS: The study used a repeated-measures design pre- and post-intervention. Acceptability and feasibility were assessed using participants' ratings of the helpfulness of the intervention across several domains and time and resources required. Effectiveness measures for patients included: dignity-related distress, hopefulness, and spiritual well-being [using the FACIT-Sp]; and those for family caregivers included burden, hopefulness, anxiety, and depression. RESULTS: Twenty-seven patients and 18 family caregivers completed the intervention. Dignity therapy was well accepted, including those patients who required assisted communication devices. The feasibility may be limited in small or not well-resourced services. There were no significant differences in all outcome measures for both groups. However, the high satisfaction and endorsement of dignity therapy by patients suggests it has influenced various important aspects of end-of-life experience. Family caregivers overwhelmingly agreed that the dignity therapy document is and will continue to be a source of comfort to them and they would recommend dignity therapy to others in the same situation. CONCLUSIONS: This is the first dignity therapy study to focus on MND and on home-based caregiving. RESULTS established the importance of narrative and generativity for patients with MND and may open the door for other neurodegenerative conditions.

Awaad, R., Ali, S., Salvador, M. and Bandstra, B. [Stanford University, Stanford, CA]. "**A process-oriented approach to teaching religion and spirituality in psychiatry residency training.**" *Academic Psychiatry* 39, no. 6 (Dec 2015): 654-660. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVES: Although the importance of addressing issues of spirituality and religion is increasingly acknowledged within psychiatry training, many questions remain about how to best teach relevant knowledge, skills, and attitudes. Current literature on curricula highlights the importance of maintaining a clinical focus and the balance between didactic content and process issues. The authors present findings from a program evaluation study of a course on religion, spirituality, and psychiatry that deliberately takes a primarily process-oriented, clinically focused approach. METHODS: Two six-session courses were offered. The first course targeted fourth-year psychiatry residents and the second targeted third-year psychiatry residents. Teaching sessions consisted of brief didactics combined with extensive process-oriented discussion. A two-person faculty team facilitated the courses. Clinical case discussions were integrated throughout the curriculum. A panel of chaplains was invited to participate in one session of each course to discuss the interface between spiritual counsel and psychiatry. A modified version of the Course Impact Questionnaire, a 20-item Likert scale utilized in previous studies of spirituality curricula in psychiatry, assessed residents' personal spiritual attitudes, competency, change in professional practice, and change in professional attitudes before and after the course ($N = 20$). Qualitative feedback was also elicited through written comments. RESULTS: The results from this study showed a statistically significant difference between the pre- and post-test scale for residents' self-perceived competency and change in professional practice. CONCLUSION: The findings suggest improvement in competency and professional practice scores in residents who participated in this course. This points toward the overall usefulness of the course and suggests that a process-oriented approach may be effective for discussing religion and spirituality in psychiatric training.

Bai, M. and Lazenby, M. [Yale University]. "**A systematic review of associations between spiritual well-being and quality of life at the scale and factor levels in studies among patients with cancer.**" *Journal of Palliative Medicine* 18, no. 3 (Mar 2015): 286-298.

[Abstract:] OBJECTIVE: The purpose of this systematic review was to examine the literature for associations between spiritual well-being and quality of life (QOL) among adults diagnosed with cancer. METHODS: A systematic literature search was conducted in the PubMed and CINAHL databases on descriptive correlational studies that provided bivariate correlations or multivariate associations between spiritual well-being and QOL. A total of 566 citations were identified; 36 studies were included in the final review. Thirty-two studies were cross-sectional and four longitudinal; 27 were from the United States. Sample size ranged from 44 to 8805 patients. RESULTS: A majority of studies reported a positive association (ranges from 0.36 to 0.70) between overall spiritual well-being and QOL, which was not equal among physical, social, emotional, and functional well-being. The 16 studies that examined the Meaning/Peace factor and its association with QOL reported a positive association for overall QOL (ranges from 0.49 to 0.70) and for physical (ranges from 0.25 to 0.28) and mental health (ranges from 0.55 to 0.73), and remained significant after controlling for demographic and clinical variables. The Faith factor was not consistently associated with QOL. CONCLUSIONS: This review found consistent independent associations between spiritual well-being and QOL at the scale and factor (Meaning/Peace) levels, lending support for integrating Meaning/Peace constituents into assessment of QOL outcomes among people with

cancer; more research is needed to verify our findings. The number of studies conducted on spiritual well-being and the attention to its importance globally emphasizes its importance in enhancing patients' QOL in cancer care.

Bai, M., Lazenby, M., Jeon, S., Dixon, J. and McCorkle, R. [Yale University, New Haven, CT]. **“Exploring the relationship between spiritual well-being and quality of life among patients newly diagnosed with advanced cancer.”** *Palliative & Supportive Care* 13, no. 4 (Aug 2015): 927-935.

[Abstract:] OBJECTIVE: In our context, existential plight refers to heightened concerns about life and death when people are diagnosed with cancer. Although the duration of existential plight has been proposed to be approximately 100 days, evidence from longitudinal studies raises questions about whether the impact of a diagnosis of advanced cancer may require a longer period of adjustment. The purpose of our study was to examine spiritual well-being (SpWB) and quality of life (QoL) as well as their interrelationship in 52 patients with advanced cancer after 100 days since the diagnosis at one and three months post-baseline. METHOD: The study was designed as a secondary data analysis of a cluster randomized clinical trial involving patients with stage 3 or 4 cancer undergoing treatment. SpWB was measured using the 12-item Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp-12); common factor analyses revealed a three-factor pattern on the FACIT-Sp-12. Quality of life was measured with the Functional Assessment of Cancer Therapy-General (FACT-G). We limited our sample to participants assigned to the control condition (n = 52). RESULTS: SpWB and QoL remained stable between one and three months post-baseline, which were a median of 112 and 183 days after diagnosis, respectively. SpWB was found to be associated with QoL more strongly than physical and emotional well-being. Peace and Meaning each contributed unique variance to QoL, and their relative importance shifted over time. Faith was positively related to QoL initially. This association became insignificant at three months post-baseline. SIGNIFICANCE OF RESULTS: This study underscores the significance of SpWB for people newly diagnosed with advanced cancer, and it highlights the dynamic pattern of Peace, Meaning, and Faith in association with QoL. Our results confirm that patients newly diagnosed with advanced cancer experience an existential crisis, improve and stabilize over time. Future studies with larger samples over a longer period of time are needed to verify these results.

Bailey, Z. D., Slopen, N., Albert, M. and Williams, D. R. [Harvard T. H. Chan School of Public Health, Boston, MA; Howard University College of Medicine, Washington, DC; and McGill University, Montreal, Canada]. **“Multidimensional religious involvement and tobacco smoking patterns over 9-10 years: a prospective study of middle-aged adults in the United States.”** *Social Science & Medicine* 138 (Aug 2015): 128-135.

[Abstract:] This study examined the relationship between multiple dimensions of religious involvement and transitions of tobacco smoking abstinence, persistence, cessation and relapse over 9-10 years of follow-up in a national sample of adults in the United States. Using data provided at baseline and follow-up, participants were categorized as non-smokers, persistent smokers, ex-smokers, and relapsed smokers. Religious involvement over the two time points were categorized into combinations of "high" and "low" involvement within the domains of (a) religious attendance, (b) religious importance, (c) spiritual importance, (d) religious/spiritual comfort seeking, and (e) religious/spiritual decision-making. High levels of religious involvement across five dimensions (religious attendance, religious importance, spiritual importance, religious/spiritual comfort-seeking, and religious/spiritual decision-making) were associated with lower odds of being a persistent smoker or ex-smoker. Religious involvement was not associated with smoking cessation among smokers at baseline. Interventions to increase smoking abstinence may be more effective if they draw on ties to religious and spiritual organizations and beliefs. Meanwhile, religious involvement is unlikely to affect smoking cessation effectiveness.

Balboni, M. J., Bandini, J., Mitchell, C., Epstein-Peterson, Z. D., Amobi, A., Cahill, J., Enzinger, A. C., Peteet, J. and Balboni, T. [Dana-Farber Cancer Institute, Boston; Harvard Medical School, Boston; Brandeis University, Waltham; Harvard School of Public Health, Boston; Boston College, Chestnut Hill, MA; and University of Washington, Seattle, WA]. **“Religion, spirituality, and the hidden curriculum: medical student and faculty reflections.”** *Journal of Pain & Symptom Management* 50, no. 4 (Oct 2015): 507-515. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Religion and spirituality play an important role in physicians' medical practice, but little research has examined their influence within the socialization of medical trainees and the hidden curriculum. OBJECTIVES: The objective is to explore the role of religion and spirituality as they intersect with aspects of medicine's hidden curriculum. METHODS: Semistructured, one-on-one interviews and focus groups (n = 33 respondents) were conducted to assess Harvard Medical School student and faculty experiences of religion/spirituality and the professionalization process during medical training. Using grounded theory, theme extraction was performed with interdisciplinary input (medicine, sociology, and theology), yielding a high inter-rater reliability score (kappa = 0.75). RESULTS: Three domains emerged where religion and spirituality appear as a factor in medical training. First, religion/spirituality may present unique challenges and benefits in relation to the hidden curriculum. Religious/spiritual respondents more often reported to struggle with issues of personal identity, increased self-doubt, and perceived medical knowledge inadequacy. However, religious/spiritual participants less often described relationship conflicts within the medical team, work-life imbalance, and emotional stress arising from patient suffering. Second, religion/spirituality may influence coping strategies during encounters with patient suffering. Religious/spiritual trainees described using prayer, faith, and compassion as means for coping whereas nonreligious/nonspiritual trainees discussed compartmentalization and emotional repression. Third, levels of religion/spirituality appear to fluctuate in relation to medical training, with many trainees experiencing an increase in religiousness/spirituality during training. CONCLUSION: Religion/spirituality has a largely unstudied but possibly influential role in medical student socialization. Future study is needed to characterize its function within the hidden curriculum. [See also the article by Choi, P. J., et al., in the same issue of the journal, also cited in this bibliography.]

Barnby, J. M., Bailey, N. W., Chambers, R. and Fitzgerald, P. B. [Alfred Hospital and Monash University, Australia]. **“How similar are the changes in neural activity resulting from mindfulness practice in contrast to spiritual practice?”** *Consciousness & Cognition* 36 (Nov 2015): 219-232. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Meditation and spiritual practices are conceptually similar, eliciting similar subjective experiences, and both appear to provide similar benefits to the practicing individuals. However, no research has examined whether the mechanism of action leading to the beneficial effects is similar in both practices. This review examines the neuroimaging research that has focused on groups of meditating individuals,

groups who engage in religious/spiritual practices, and research that has examined groups who perform both practices together, in an attempt to assess whether this may be the case. Differences in the balance of activity between the parietal and prefrontal cortical activation were found between the three groups. A relative prefrontal increase was reflective of mindfulness, which related to decreased anxiety and improved well-being. A relative decrease in activation of the parietal cortex, specifically the inferior parietal cortex, appears to be reflective of spiritual belief, whether within the context of meditation or not. Because mindful and spiritual practices differ in focus regarding the 'self' or 'other' (higher being), these observations about neurological components that reflect spirituality may continue work towards understanding how the definition of 'self' and 'other' is represented in the brain, and how this may be reflected in behaviour. Future research can begin to use cohorts of participants in mindfulness studies which are controlled for using the variable of spirituality to explicitly examine how functional and structural similarities and differences may arise. [See also the article by Gibbons, J. A., et al., in the same issue of the journal, also cited in this bibliography.]

Barton, Y. A. and Miller, L. [Columbia University, New York, NY]. **“Spirituality and positive psychology go hand in hand: an investigation of multiple empirically derived profiles and related protective benefits.”** *Journal of Religion & Health* 54, no. 3 (Jun 2015): 829-843. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] We investigate the relationship between personal spirituality and positive psychology traits as potentially presented in multiple profiles, rather than monolithically across a full sample. A sample of 3966 adolescents and emerging adults (aged 18-25, mean = 20.19, SD = 2.08) and 2014 older adults (aged 26-82, mean = 38.41, SD = 11.26) completed a survey assessing daily spiritual experiences (relationship with a Higher Power and sense of a sacred world), forgiveness, gratitude, optimism, grit, and meaning. To assess the relative protective benefits of potential profiles, we also assessed the level of depressive symptoms and frequency of substance use (tobacco, marijuana, alcohol, and heavy alcohol use). Latent class analysis (LCA) was used to examine common subgroupings of study participants across report on personal spirituality and positive psychology scales in each age cohort, with potential difference between latent classes then tested in level of depressive symptoms and degree of substance use. LCA determined a four-class and a three-class best-fitting models for the younger and older cohorts, respectively. Level of personal spirituality and level of positive psychology traits were found to coincide in 83 % of adolescents and emerging adults and in 71 % of older adults, suggesting personal spirituality and positive psychology traits go hand in hand. A minority subgroup of "virtuous humanists" showed high levels of positive psychology traits but low levels of personal spirituality, across both age cohorts. Whereas level of depression was found to be inversely associated with positive psychology traits and personal spirituality, uniquely personal spirituality was protective against degree of substance use across both age cohorts. Overall interpretation of the study findings suggests that personal spirituality may be foundational to positive psychology traits in the majority of people.

Bassett, A. M., Baker, C. and Cross, S. [University of Brighton, East Sussex; University of Nottingham, Derbyshire; and Nottingham Trent University, Nottingham, UK]. **“Religion, assessment and the problem of 'normative uncertainty' for mental health student nurses: a critical incident-informed qualitative interview study.”** *Journal of Psychiatric & Mental Health Nursing* 22, no. 8 (Oct 2015): 606-615. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] There is limited research around how mental health (MH) student nurses interpret and differentiate between people's religious and cultural beliefs and the existence of psychopathological symptomatology and experiences. Here we focus on one cultural issue that arose from research exploring how MH student nurses approach and interpret religion and culture in their practice - that is, the difficulties in determining the clinical significance of the religious beliefs and experiences expressed by the people they care for. While problems with establishing the cultural boundaries of normality in clinical assessments are an important area of debate in cultural psychiatry, it remains a peripheral issue in MH nurse education. An anthropologically informed qualitative research design underpinned 'critical incident' (CI)-focused ethnographic interviews with 36 second and third-year MH nursing field students and seven undergraduate MH branch lecturers. Follow up focus groups were also carried out. Interview transcripts were subject to thematic analysis. Four subthemes were identified under the broad theme of the clinical significance of religious-type expression and experience: (1) identifying the difference between delusions and religious belief; (2) identifying whether an experience was hallucination or religious experience; (3) the clinical implications of such challenges; and (4) applying religion-specific knowledge. There are clinical implications that may result from the difficulties with assessing the clinical significance of religious beliefs and experiences, identified in both our research and within international cultural psychiatry literature and research. Misinterpretation and therefore wrongly assessing someone's experience as pathological is a significant concern. It is suggested that CI analysis could be adapted to help nurses, nursing students and nurse educators recognize the religious dimensions of mental distress, particularly those that then potentially impact upon the accuracy and person centeredness of clinical assessment. Further research is proposed to investigate the clinical assessment and training needs of nurses in the area of religion and mental distress.

Bateman, L. B. and Clair, J. M. [University of Alabama at Birmingham]. **“Physician religion and end-of-life pediatric care: a qualitative examination of physicians' perspectives.”** *Narrative Inquiry in Bioethics* 5, no. 3 (2015): 251-269. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Physician religion/spirituality has the potential to influence the communication between physicians and parents of children at the end of life. In order to explore this relationship, the authors conducted two rounds of narrative interviews to examine pediatric physicians' perspectives (N=17) of how their religious/spiritual beliefs affect end-of-life communication and care. Grounded theory informed the design and analysis of the study. As a proxy for religiosity/spirituality, physicians were classified into the following groups based on the extent to which religious/spiritual language was infused into their responses: Religiously Rich Responders (RRR), Moderately Religious Responders (MRR), and Low Religious Responders (LRR). Twelve of the 17 participants (71%) were classified into the RRR or MRR groups. The majority of participants suggested that religion/spirituality played a role in their practice of medicine and communication with parents in a myriad of ways and to varying degrees. Participants used their religious/spiritual beliefs to support families' spirituality, uphold hope, participate in prayer, and alleviate their own emotional distress emerging from their patients' deaths.

Baumsteiger, R. and Chenneville, T. [Claremont Graduate University, Claremont, CA; and University of South Florida Saint Petersburg, FL]. **“Challenges to the conceptualization and measurement of religiosity and spirituality in mental health**

research.” *Journal of Religion & Health* 54, no. 6 (Dec 2015): 2344-2354. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Investigating religiosity and spirituality may help to further elucidate how individuals' worldviews influence their attitudes, behavior, and overall well-being. However, inconsistencies in how these constructs are conceptualized and measured may undercut the potential value of religiosity and spirituality research. Results from a survey of undergraduate students suggest that laypeople define spirituality as independent from social influence and that few people associate religiosity with negative terms. A content analysis of spirituality measures indicates that spirituality measures contain items that do not directly measure the strength of spirituality. Implications and suggestions for future research are discussed.

Berkovich-Ohana, A., Wilf, M., Kahana, R., Arieli, A. and Malach, R. [Department of Neurobiology, Weizmann Institute of Science, Rehovot, Israel]. **“Repetitive speech elicits widespread deactivation in the human cortex: the ‘Mantra’ effect?”** *Brain and Behavior* 5, no. 7 (Jul 3025): e00346 [electronic journal article designation].

[Abstract:] BACKGROUND: Mantra (prolonged repetitive verbal utterance) is one of the most universal mental practices in human culture. However, the underlying neuronal mechanisms that may explain its powerful emotional and cognitive impact are unknown. In order to try to isolate the effect of silent repetitive speech, which is used in most commonly practiced Mantra meditative practices, on brain activity, we studied the neuronal correlates of simple repetitive speech in nonmeditators - that is, silent repetitive speech devoid of the wider context and spiritual orientations of commonly practiced meditation practices. METHODS: We compared, using blood oxygenated level-dependent (BOLD) functional magnetic resonance imaging (fMRI), a simple task of covertly repeating a single word to resting state activity, in 23 subjects, none of which practiced meditation before. RESULTS: We demonstrate that the repetitive speech was sufficient to induce a widespread reduction in BOLD signal compared to resting baseline. The reduction was centered mainly on the default mode network, associated with intrinsic, self-related processes. Importantly, contrary to most cognitive tasks, where cortical-reduced activation in one set of networks is typically complemented by positive BOLD activity of similar magnitude in other cortical networks, the repetitive speech practice resulted in unidirectional negative activity without significant concomitant positive BOLD. A subsequent behavioral study showed a significant reduction in intrinsic thought processes during the repetitive speech condition compared to rest. CONCLUSIONS: Our results are compatible with a global gating model that can exert a widespread induction of negative BOLD in the absence of a corresponding positive activation. The triggering of a global inhibition by the minimally demanding repetitive speech may account for the long-established psychological calming effect associated with commonly practiced Mantra-related meditative practices.

Best, A. L., Alcaraz, K. I., McQueen, A., Cooper, D. L., Warren, R. C. and Stein, K. [American Cancer Society, Behavioral Research Center; Washington University, School of Medicine; and Tuskegee University, National Center for Bioethics in Research and Health Care]. **“Examining the mediating role of cancer-related problems on spirituality and self-rated health among African American cancer survivors: a report from the American Cancer Society's Studies of Cancer Survivors-II.”** *Psycho-Oncology* 24, no. 9 (Sep 2015): 1051-1059. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] OBJECTIVE: African American (AA) cancer survivors report poorer self-rated health (SRH) compared to other racial/ethnic groups. Spirituality is often linked to positive health outcomes, with AAs reporting greater levels of spirituality. This study examined the potential mediating role of cancer-related problems in the relationship between spirituality and SRH among AA cancer survivors compared to non-African American (non-AA) survivors. METHODS: We analyzed data on 9006 adult cancer survivors from the American Cancer Society's Study of Cancer Survivors-II. Preliminary analyses compared characteristics of AAs and non-AAs and identified significant covariates of SRH. We tested a path model using multi-group structural equation modeling (SEM), and then examined race as a moderator. RESULTS: Of the three domains of spirituality assessed, AAs had higher levels of peace ($p < .001$) and faith ($p < .001$), but not meaning, compared to non-AAs; and of four domains of cancer-related problems assessed, AAs had greater physical distress ($p < .001$), emotional distress ($p < .001$), and employment/finance problems ($p < .001$), but not fear of recurrence. In SEM analyses adjusting for number of comorbidities and income, race moderated the impact of spirituality and cancer-related problems on SRH. Specifically, spirituality had significantly stronger associations with cancer-related problems among AAs than non-AAs. Spirituality was positively associated with all four domains of cancer-related problems, but only physical distress was associated with SRH among AAs. CONCLUSIONS: The negative effects of physical distress may attenuate the positive effects of spirituality on AA's SRH. Future studies should consider racial/ethnic differences in the determinants and conceptualization of SRH, which is a known predictor of survival.

Best, M., Aldridge, L., Butow, P., Olver, I., Price, M. and Webster, F. [University of Sydney, Australia]. **“Assessment of spiritual suffering in the cancer context: a systematic literature review.”** *Palliative & Supportive Care* 13, no. 5 (Oct 2015): 1335-1361. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] OBJECTIVE: An important goal of cancer medicine is relief of patients' suffering. In view of the clinical challenges of identifying suffering patients, we sought to identify valid instruments for assessing the spiritual suffering of people diagnosed with cancer. METHOD: A systematic review of the literature was conducted in the Medline, Embase, the Cochrane Library, and PsycINFO databases seeking assessment instruments that measure either suffering or one of its synonyms or symptoms. The psychometric properties of the identified measures were compared. RESULTS: A total of 90 articles were identified that supplied information about 58 measures. The constructs examined were: suffering, hopelessness/demoralization, hope, meaning, spiritual well-being, quality of life where a spiritual/existential dimension was included, distress in the palliative care setting and pain, distress or struggle of a spiritual nature. The Pictorial Representation of Illness and Self Measure (PRISM) (patient completed) was the most promising measure identified for measuring the burden of suffering caused by illness due to its ease of use and the inclusion of a subjective component. SIGNIFICANCE OF RESULTS: Although the appropriateness of any measure for the assessment of spiritual suffering in cancer patients will depend on the context in which it is intended to be utilized, the PRISM is promising for measuring the burden of suffering due to illness.

Best, M., Butow, P. and Olver, I. [University of Sydney and Greenwich Hospital Palliative Care Service, Greenwich, Australia; and University of South Australia, Adelaide]. **“Do patients want doctors to talk about spirituality? A systematic literature review.”** *Patient Education & Counseling* 98, no. 11 (Nov 2015): 1320-1328. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] OBJECTIVE: The aim of this systematic literature review was to ascertain the patient perspective regarding the role of the doctor in the discussion of spirituality. METHODS: We conducted a systematic search in ten databases from inception to January 2015. Eligible papers reported on original research including patient reports of discussion of spirituality in a medical consultation. Papers were separated into qualitative and quantitative for the purposes of analysis and quality appraisal with QualSyst. Papers were merged for the final synthesis. RESULTS: 54 studies comprising 12,327 patients were included. In the majority of studies over half the sample thought it was appropriate for the doctor to enquire about spiritual needs in at least some circumstances (range 2.1-100%, median 70.5%), but patient preferences were not straightforward. CONCLUSION: While a majority of patients express interest in discussion of religion and spirituality in medical consultations, there is a mismatch in perception between patients and doctors regarding what constitutes this discussion and therefore whether it has taken place. PRACTICE IMPLICATIONS: This review demonstrated that many patients have a strong interest in discussing spirituality in the medical consultation. Doctors should endeavor to identify which patients would welcome such conversations.

Bhargav, H., Jagannathan, A., Raghuram, N., Srinivasan, T. M. and Gangadhar. B. N. [Swami Vivekananda Yoga Anusandhana Samsthana (S-VYASA) University, Bangalore, Karnataka, India]. “**Schizophrenia patient or spiritually advanced personality? A qualitative case analysis.**” *Journal of Religion & Health* 54, no. 5 (Oct 2015): 1901-1918, with erratum on pp. 1919-1920. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Many aspects of spiritual experience are similar in form and content to symptoms of psychosis. Both spiritually advanced people and patients suffering from psychopathology experience alterations in their sense of 'self.' Psychotic experiences originate from derangement of the personality, whereas spiritual experiences involve systematic thinning out of the selfish ego, allowing individual consciousness to merge into universal consciousness. Documented instances and case studies suggest possible confusion between the spiritually advanced and schizophrenia patients. Clinical practice contains no clear guidelines on how to distinguish them. Here we use a case presentation to help tabulate clinically useful points distinguishing spiritually advanced persons from schizophrenia patients. A 34-year-old unmarried male reported to our clinic with four main complaints: lack of sense of self since childhood; repeated thoughts questioning whether he existed or not; social withdrawal; and inability to continue in any occupation. Qualitative case analysis and discussions using descriptions from ancient texts and modern psychology led to the diagnosis of schizophrenia rather than spiritual advancement.

Blaber, M., Jone, J. and Willis, D. [University of Birmingham, UK]. “**Spiritual care: which is the best assessment tool for palliative settings?**” *International Journal of Palliative Nursing* 21, no. 9 (Sep 2015): 430-438.

[Abstract:] BACKGROUND: Although it is widely acknowledged that spiritual care is an important component of good palliative care, there remains a lack of confidence about it among healthcare providers. This paper analyses the benefits and drawbacks of using spiritual history-taking tools to address the problem, considering four of the most widely used tools-FICA, FAITH, SPIRITual and HOPE. METHOD: The authors conducted a literature review to establish the main themes identified as important to spirituality at the end of life. They then applied these findings to the spiritual history-taking tools to determine the extent to which they may be of assistance in identifying the spiritual needs of patients receiving palliative care. CONCLUSION: The authors conclude that spiritual history-taking tools do have an important role in identifying the spiritual needs of patients at the end of life, with the 'HOPE' tool most comprehensively addressing the spirituality themes identified as important within the healthcare literature.

Bock, G. L. [Associate Professor of Philosophy, Walters State Community College]. “**Case study. Faith and futility in the ICU. Commentary.**” *Hastings Center Report* 45, no. 1 (Jan-Feb 2015): 10.

This is a comment on a case of a highly religious patient surrogate decision-maker who insists that his father – dying and without decision-making capacity – be treated aggressively for apparently religion-based reasons. {See also the paired comment by Mendola, A., also noted in this bibliography.}

Bodemann, C. [Pastoral Care Department, Lutheran Medical Center, Brooklyn, NY]. “**Seeing eye to eye: becoming the chaplain in the emergency department of a Level I trauma center.**” *Journal of Emergency Medicine* 48, no. 6 (Jun 2015): 751-753.

[This is a personal reflection.]

Boisvert, J. A. and Harrell, W. A. [University of Alberta in Edmonton, Canada]. “**Integrative treatment of pediatric obesity: psychological and spiritual considerations.**” *Integrative Medicine* 14, no. 1 (Feb 2015): 40-47. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] This article presents an integrative approach to the problem of pediatric obesity, which is a multifaceted medical condition that is epidemic in the United States and elsewhere in the world. In this article, definitions of pediatric obesity are provided, and its prevalence, etiological factors, medical complications, and comorbidities are reviewed. Psychological and spiritual factors associated with pediatric obesity are discussed, together with their importance to integrative treatment. This review suggests that the use of psychological interventions, such as cognitive behavioral therapy (CBT) and animal-assisted therapy (AAT), can be considered in conjunction with medical and educational interventions to treat pediatric obesity successfully.

Bradshaw, M., Ellison, C. G., Fang, Q. and Mueller, C. [Baylor University, Waco, TX; University of Texas-San Antonio, TX; Bowling Green State University, OH; and Duke University, Durham, NC]. “**Listening to religious music and mental health in later life.**” *Gerontologist* 55, no. 6 (Dec 2015): 961-971. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] PURPOSE OF THE STUDY: Research has linked several aspects of religion--including service attendance, prayer, meditation, religious coping strategies, congregational support systems, and relations with God, among others--with positive mental health outcomes among older U.S. adults. This study examines a neglected dimension of religious life: listening to religious music. DESIGN AND METHODS: Two waves of nationally representative data on older U.S. adults were analyzed (n = 1,024). RESULTS: Findings suggest that the frequency of listening to religious music is associated with a decrease in death anxiety and increases in life satisfaction, self-esteem, and a sense of control across the 2 waves of data. In addition, the frequency of listening to gospel music (a specific type of religious music) is associated with a decrease in death anxiety and an increase in a sense of control. These associations are similar for blacks and whites, women and men, and low- and high-socioeconomic status individuals. IMPLICATIONS: Religion is an important socioemotional resource that has been linked with desirable mental health outcomes among older U.S. adults. This study shows that listening to religious music may promote psychological well-

being in later life. Given that religious music is available to most individuals—even those with health problems or physical limitations that might preclude participation in more formal aspects of religious life—it might be a valuable resource for promoting mental health later in the life course.

Breitbart, W. **“Special issue on spirituality in palliative and supportive care: Who are we talking to when we are talking to ourselves?”** *Palliative & Supportive Care* 13, no. 1 (Feb 2015): 1-2.

This is the introduction to the special issue by the editor. [See other articles in the journal’s theme issue on spirituality in palliative and supportive care, also noted in this bibliography, by Bryson, K.; by Clemm, S., et al.; Lambie, D., et al.; by Shields, M., et al.; by Stein, E. M., et al.; and by Vonarx, N.]

Breitbart, W., Rosenfeld, B., Pessin, H., Applebaum, A., Kulikowski, J. and Lichtenthal, W. G. [Fordham University, New York, NY].

“Meaning-centered group psychotherapy: an effective intervention for improving psychological well-being in patients with advanced cancer.” *Journal of Clinical Oncology* 33, no. 7 (Mar 1, 2015): 749-754.

[Abstract:] PURPOSE: To test the efficacy of meaning-centered group psychotherapy (MCGP) to reduce psychological distress and improve spiritual well-being in patients with advanced or terminal cancer. PATIENTS AND METHODS: Patients with advanced cancer (N = 253) were randomly assigned to manualized eight-session interventions of either MCGP or supportive group psychotherapy (SGP). Patients were assessed before and after completing the treatment and 2 months after treatment. The primary outcome measures were spiritual well-being and overall quality of life, with secondary outcome measures assessing depression, hopelessness, desire for hastened death, anxiety, and physical symptom distress. RESULTS: Hierarchical linear models that included a priori covariates and only participants who attended > three sessions indicated a significant group x time interaction for most outcome variables. Specifically, patients receiving MCGP showed significantly greater improvement in spiritual well-being and quality of life and significantly greater reductions in depression, hopelessness, desire for hastened death, and physical symptom distress compared with those receiving SGP. No group differences were observed for changes in anxiety. Analyses that included all patients, regardless of whether they attended any treatment sessions (ie, intent-to-treat analyses), and no covariates still showed significant treatment effects (ie, greater benefit for patients receiving MCGP v SGP) for quality of life, depression, and hopelessness but not for other outcome variables. CONCLUSION: This large randomized controlled study provides strong support for the efficacy of MCGP as a treatment for psychological and existential or spiritual distress in patients with advanced cancer.

Briki, W., Aloui, A., Bragazzi, N. L., Chaouachi, A., Patrick, T. and Chamari, K. [University of French West Indies and Qatar University]. **“Trait self-control, identified-introjected religiosity and health-related-feelings in healthy Muslims: a structural equation model analysis.”** *PLoS ONE* 10, no. 5 (2015): e0126193 [electronic journal article designation].

[Abstract:] AIM: The present study attempted to test McCullough and Willoughby’s hypothesis that self-control mediates the relationships between religiosity and psychosocial outcomes. Specifically, this study examined whether trait self-control (TSC) mediates the relationship of identified-introjected religiosity with positive and negative health-related-feelings (HRF) in healthy Muslims. METHODS: Two hundred eleven French-speaking participants (116 females, 95 males; Mage = 28.15, SDage = 6.90) answered questionnaires. One hundred ninety participants were retained for the analyses because they reported to be healthy (105 females, 85 males; Mage = 27.72, SDage = 6.80). To examine the relationships between religiosity, TSC and HRF, two competing mediation models were tested using structural equation model analysis: While a starting model used TSC as mediator of the religiosity-HRF relationship, an alternative model used religiosity as mediator of the TSC-HRF relationship. RESULTS: The findings revealed that TSC mediated the relationship between identified religiosity and positive HRF, and that identified religiosity mediated the relationship between TSC and positive and negative HRF, thereby validating both models. Moreover, the comparison of both models showed that the starting model explained 13.211% of the variance (goodness of fit = 1.000), whereas the alternative model explained 6.877% of the variance (goodness of fit = 0.987). CONCLUSION: These results show that the starting model is the most effective model to account for the relationships between religiosity, TSC, and HRF. Therefore, this study provides initial insights into how religiosity influences psychological health through TSC. Important practical implications for the religious education are suggested.

Brown, A. J., Sun, C. C., Urbauer, D., Zhukovsky, D. S., Levenback, C., Frumovitz, M., Thaker, P. H., Bodurka, D. C. and Ramondetta, L. M. [University of Texas MD Anderson Cancer Center, Houston, TX]. **“Targeting those with decreased meaning and peace: a supportive care opportunity.”** *Supportive Care in Cancer* 23, no. 7 (Jul 2015): 2025-2032.

[Abstract:] PURPOSE: To evaluate if an individual’s level of meaning/peace (M/P) predicts various quality of life (QOL) and mental well-being measures. To identify targets that might enhance the overall spiritual well-being and QOL of ovarian cancer patients. METHODS: Multi-site analysis of women with newly diagnosed stages II-IV ovarian, primary peritoneal, or fallopian tube cancer. Patients completed the following surveys: Functional Assessment of Chronic Illness Therapy-Ovarian (FACT-O), Functional Assessment of Chronic Illness Therapy-Spiritual (FACIT-Sp), Edmonton Symptom Assessment System (ESAS), Hospital Anxiety and Depression Scale (HADS), Templer’s Death Anxiety Scale (DAS), Herth Hope Index (HHI), and Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS). Linear regression models were created to examine the effect of M/P (FACIT-Sp) upon QOL, symptoms, and other measures of mental well-being. These models adjusted for the effect of site, race, age, stage, anaphylaxis to chemotherapy, and partner status as potential confounders. RESULTS: This study enrolled 104 patients from three separate sites. After adjusting for potential confounders, it was found that higher M/P predicted better QOL (FACT-O) (p<0.0001). Higher M/P also predicted decreased death anxiety, depression, and anxiety (p<0.005). Finally, higher M/P predicted increased hope and coping scores (p<0.0005). CONCLUSIONS: Level of M/P is associated with several important mental and physical health states. This information may allow providers to identify patients at increased risk for mental/physical distress and may facilitate early referral to targeted psychotherapy interventions focused on improving patient QOL and decreasing anxiety and depression.

Brown, S. A. [Mayo Clinic, Rochester, MN]. **“Mnemonics for assessing and addressing spiritual care needs of the caregiver.”** *Southern Medical Journal* 108, no. 1 (Jan 2015): 67.

This letter notes briefly three sets of mnemonics regarding Key Questions, Key Concepts, and Key Resources for addressing spiritual care needs of caregivers: *SIDNEY AC* is for Support, Important, Different, Needs, Experience, You, Available, and Changed; *PLiWA* is for Presence, Listening deeply, Witness, and Acts of Compassion; and *Triple C* is for Caring nurses, Chaplains, and community Clergy.

Bryant-Davis, T., Ullman, S., Tsong, Y., Anderson, G., Counts, P., Tillman, S., Bhang, C. and Gray, A. [Pepperdine University, Encino, CA]. **“Healing pathways: longitudinal effects of religious coping and social support on PTSD symptoms in African American sexual assault survivors.”** *Journal of Trauma & Dissociation* 16, no. 1 (2015): 114-128.

[From the abstract:] African American women are at a slightly increased risk for sexual assault However, because of stigma, experiences of racism, and historical oppression, African American women are less likely to seek help from formal agencies compared to White women...and/or women of other ethnic backgrounds.... Therefore, the provision of culturally appropriate services, such as the inclusion of religion and spiritual coping, may be necessary when working with African American women survivors of sexual assault. Controlling for age and education, the current study explores the impact of religious coping and social support over 1 year for 252 African American adult female sexual assault survivors recruited from the Chicago metropolitan area. Results from hierarchical linear regression analyses reveal that high endorsement of religious coping and social support at Time 1 does not predict a reduction in posttraumatic stress disorder (PTSD) symptoms at Time 2. However, high social support at Time 2 does predict lower PTSD at Time 2. Also, it is significant to note that survivors with high PTSD at Time 1 and Time 2 endorse greater use of social support and religious coping. Clinical and research implications are explored.

Bryson, K. [Cape Breton University, Sydney, Nova Scotia, Canada]. **“Guidelines for conducting a spiritual assessment.”** *Palliative & Supportive Care* 13, no. 1 (Feb 2015): 91-98.

The article presents a guideline that the author has “field tested” at Cape Breton University and used in courses and workshops. “The aim of this paper is to provide a guide for locating the place of lost spiritual meaning in the life of a patient” [p. 91]. [See other articles in the journal’s theme issue on spirituality in palliative and supportive care, also noted in this bibliography, by Breitbart, W.; by Clemm, S., et al.; Lambie, D., et al.; by Shields, M., et al.; by Stein, E. M., et al.; and by Vonarx, N.]

Burns, D. S., Perkins, S. M., Tong, Y., Hilliard, R. E. and Cripe, L. D. [Indiana University]. **“Music therapy is associated with family perception of more spiritual support and decreased breathing problems in cancer patients receiving hospice care.”** *Journal of Pain & Symptom Management* 50, no. 2 (Aug 2015): 225-231. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] CONTEXT: Music therapy is a common discretionary service offered within hospice; however, there are critical gaps in understanding the effects of music therapy on hospice quality indicators, such as family satisfaction with care. OBJECTIVES: The purpose of this study was to examine whether music therapy affected family perception of patients’ symptoms and family satisfaction with hospice care. METHODS: This was a retrospective, cross-sectional analysis of electronic medical records from 10,534 cancer patients cared for between 2006 and 2010 by a large national hospice. Logistic regression was used to estimate the effect of music therapy using propensity scores to adjust for non-random assignment. RESULTS: Overall, those receiving music therapy had higher odds of being female, having longer lengths of stay, and receiving more services other than music therapy, and lower odds of being married/partnered or receiving home care. Family satisfaction data were available for 1495 (14%) and were more likely available if the patient received music therapy (16% vs. 12%, $P < 0.01$). There were no differences in patient pain, anxiety, or overall satisfaction with care between those receiving music therapy vs. those not. Patients who received music therapy were more likely to report discussions about spirituality (odds ratio [OR] = 1.59, $P = 0.01$), had marginally less trouble breathing (OR = 0.77, $P = 0.06$), and were marginally more likely to receive the right amount of spiritual support (OR = 1.59, $P = 0.06$). CONCLUSION: Music therapy was associated with perceptions of meaningful spiritual support and less trouble breathing. The results provide preliminary data for a prospective trial to optimize music therapy interventions for integration into clinical practice.

Bundy, S. J. [North Dakota State University, Fargo]. **“Religious congregations in disaster response.”** *Journal of Emergency Management* 13, no. 6 (Nov-Dec 2015): 532-538.

[Abstract:] Knowledge of whether or not religious congregations are indeed involved in disaster response and-if involved-in what tasks and activities they are engaged is important for the planning and management of disaster response. Although limited in generalizability of findings based on methodologies used, a review of the academic literature demonstrates a fairly clear role for religious congregations in disaster recovery activities but does not delineate a distinct role for congregations in response functions. However, anecdotal evidence and limited empirical evidence exists that suggests that religious congregations might and could play a role in pre-impact response activities, including warning, precautionary action, and evacuation, as well as in post impact response activities associated with providing for the welfare of survivors. The research literature also provides predictors of congregational involvement, as well as a number of barriers and limitations to involvement. This involvement-or lack thereof-has implications for both the discipline and practice of emergency management.

Buttle, H. [Massey University, Auckland, New Zealand, and Amherst College, Amherst, MA]. **“Measuring a journey without goal: meditation, spirituality, and physiology.”** *BioMed Research International* (2015): 891671 [electronic journal article designation].

[Abstract:] The secular practice of meditation is associated with a range of physiological and cognitive effects, including lower blood pressure, lower cortisol, cortical thickening, and activation of areas of the brain associated with attention and emotion regulation. However, in the context of spiritual practice, these benefits are secondary gains, as the primary aim is spiritual transformation. Despite obvious difficulties in trying to measure a journey without goal, spiritual aspects involved in the practice of meditation should also be addressed by experimental study. This review starts by considering meditation in the form of the relaxation response (a counterpart to the stress response), before contrasting mindfulness research that emphasizes the role of attention and alertness in meditation. This contrast demonstrates how reference to traditional spiritual texts (in this case Buddhist) can be used to guide research questions involving meditation. Further considerations are detailed, along with the proposal that research should triangulate spiritual textual sources, first person accounts (i.e., neurophenomenology), and physiological/cognitive measures in order to aid our understanding of meditation, not only in the secular context of health benefits, but also in the context of spiritual practice.

Canzona, M. R., Peterson, E. B., Villagran, M. M. and Seehusen, D. A. [George Mason University]. **“Constructing and communicating privacy boundaries: how family medicine physicians manage patient requests for religious disclosure in the clinical interaction.”** *Health Communication* 30, no. 10 (2015): 1001-1012. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Religion/spirituality (R/S) is an important component of some patients’ psychosocial framework when facing illness. While many patients report an increased desire for R/S dialogue in clinical interaction, especially when facing a frightening diagnosis, some physicians report discomfort talking about R/S and hold various beliefs regarding the appropriateness of such discussions. Not only do physicians manage conversations centering on patient disclosures in the clinical visit, they must also navigate requests to share their own personal information. Farber et al. (2000) found that over a 12-month period nearly 40% of physicians reported that patients asked questions that transgressed

professional boundaries. This article uses Petronio's communication privacy management theory as a lens through which to situate our understanding of how family medicine physicians construct and communicate privacy boundaries in response to patient requests for religious disclosure. Results provide an in-depth theoretical understanding of issues surrounding religious disclosure in the medical visit and expand the discussion on health care providers' personal and professional privacy boundaries as documented by Petronio and Sargent (2011). Implications for health care training and practice are discussed.

Capretto, P. [Vanderbilt University, Nashville, TN]. **“Empathy and silence in pastoral care for traumatic grief and loss.”** *Journal of Religion & Health* 54, no. 1 (Feb 2015): 339-357. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This paper evaluates silence as a therapeutic practice in pastoral care for traumatic grief and loss. Informed by the history of attachment and mourning theory, its research considers the basic effect that empathy has upon the therapeutic relationship around psychic difference. The study appraises the potential resources and detriments that empathic language may have for the grief process. Offering clinical examples in hospice chaplaincy, it refutes the idea that silence is formulaic tool to be used. It instead offers silence as the acceptance of the limits of empathic language and the affirmation of psychological difference and theological wholeness.

Carey, L. B. and Cohen, J. [La Trobe University, Melbourne, Australia]. **“The utility of the WHO ICD-10-AM pastoral intervention codings within religious, pastoral and spiritual care research.”** *Journal of Religion & Health* 54, no. 5 (Oct 2015): 1772-1787. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The World Health Organization (WHO) 'Pastoral Intervention Codings' were first released in 2002 as part of the 'International Statistical Classification of Diseases and Related Health Problems' (WHO 2002). The purpose of the WHO pastoral intervention codings (colloquially abbreviated as 'WHO-PICs') was to record and account for the religious, pastoral and/or spiritual interventions of chaplains and volunteers providing care to patients and other clients experiencing religious and/or spiritual health and well-being issues. The intent of such WHO codings was to provide information in five areas: statistical, research, clinical, education and policy. The purpose of this paper predominantly accounts for research although it does intersect and relate to other WHO priorities. Over the past 10 years, research by the current and associated authors to test the efficacy of the WHO-PICs has been implemented in a number of different health and welfare contexts that have engaged chaplaincy personnel. In summary, while the WHO-PICs are yet to be more widely utilized internationally, the codings have largely proven to be valuable indices appropriate to a variety of contexts. Research utilizing the WHO-PICs, however, has also revealed the necessity for a number of changes and inclusions to be implemented. Recommendations concerning the future utilisation of the WHO-PICs are made, as are recommendations for these codings to be further developed and promoted by the WHO, so as to more accurately record religious, pastoral and spiritual interventions.

Carey, L. B. and Rumbold, B. [La Trobe University, Melbourne, Australia]. **“Good practice chaplaincy: an exploratory study identifying the appropriate skills, attitudes and practices for the selection, training and utilisation of chaplains.”** *Journal of Religion & Health* 54, no. 4 (Aug 2015): 1416-1437. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This article presents an overview of exploratory research regarding the skills, knowledge, attitudes and practices considered necessary for chaplains to be highly competent in providing holistic care to clients and staff. Utilising a qualitative methodology, two focus groups comprising Salvation Army chaplains and their managers provided data about their expectations of chaplaincy personnel and about the pastoral care interventions undertaken by chaplains. The results indicated that while there were some differences in opinion, nevertheless, in overall terms, there was general agreement between chaplains and their managers about particular personal and professional qualities necessary for chaplains to be considered appropriate and proficient. Evidence was also obtained indicating a need for change with regard to the organisational attitude and culture of The Salvation Army towards chaplaincy. Recommendations are presented concerning (1) the selection criteria for chaplaincy, (2) training and utilisation of chaplains plus (3) issues relating to organizational cultural change necessary to develop a future-ready chaplaincy more suitable for the twenty-first century.

Carey, L. B., Willis, M. A., Krikheli, L. and O'Brien, A. [La Trobe University, Melbourne, Australia]. **“Religion, health and confidentiality: an exploratory review of the role of chaplains.”** *Journal of Religion & Health* 54, no. 2 (Apr 2015): 676-692. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Chaplaincy has traditionally been considered a profession highly respectful of confidentiality. Nevertheless, given increasing professional collaboration within health and welfare contexts, plus the requirements of intervention reporting and the ease of technological data sharing, it is possible that confidentiality may be sacrificed for the sake of expediency. This exploratory review considers the literature relating to the role of chaplaincy and confidentiality that suggests a number of principles which should be considered by chaplaincy associations/organizations to ensure appropriate professional practice and the holistic health and well-being of patients/clients. Recommendations are made for the development of specific policies and procedures, confidentiality training programs and further research for developing universal protocols relating to chaplains and their handling of confidential information.

Carr, J. C. [St. Stephen's College, Canada]. **“The evolution of research paradigms in pastoral/spiritual care, counseling, and education.”** *Journal of Pastoral Care & Counseling* 69, no. 4 (Dec 2015): 232-239.

[Abstract:] This partially autobiographical article is presented as a chapter in the narrative of the evolution of research methodology in the social sciences and the impact that evolution has had on pastoral/spiritual care research as the author has experienced and observed it during the latter part of the 20th century and the early years of the 21st century.

Chang, B. H., Stein, N. R. and Skarf, L. M. [VA Boston Healthcare System, Boston, MA]. **“Spiritual distress of military veterans at the end of life.”** *Palliative & Supportive Care* 13, no. 3 (Jun 2015): 635-639.

[Abstract:] OBJECTIVE: Although combat experiences can have a profound impact on individuals' spirituality, there is a dearth of research in this area. Our recent study indicates that one unique spiritual need of veterans who are at the end of life is to resolve distress caused by combat-related events that conflict with their personal beliefs. This study sought to gain an understanding of chaplains' perspectives on this type of spiritual need, as well as the spiritual care that chaplains provide to help veterans ease this distress. METHOD: We individually interviewed

five chaplains who have provided spiritual care to veterans at the end of life in a Veterans Administration hospital. The interviews were recorded, transcribed, and analyzed based on "grounded theory." RESULTS: Chaplains reported that they frequently encounter veterans at the end of life who are still suffering from thoughts or images of events that occurred during their military career. Although some veterans are hesitant to discuss their experiences, chaplains reported that they have had some success with helping the veterans to open up. Additionally, chaplains reported using both religious (e.g., confessing sins) and nonreligious approaches (e.g., recording military experience) to help veterans to heal. SIGNIFICANCE OF RESULTS: Our pilot study provides some insight into the spiritual distress that many military veterans may be experiencing, as well as methods that a chaplain can employ to help these veterans. Further studies are needed to confirm our findings and to examine the value of integrating the chaplain service into mental health care for veterans.

Cheng, J., Purcell, H. N., Dimitriou, S. M. and Grosseohme, D. H. [College of Medicine, Texas A&M Health Science Center, Bryan, TX]. **"Testing the feasibility and acceptability of a chaplaincy intervention to improving treatment attitudes and self-efficacy of adolescents with cystic fibrosis: a pilot study."** *Journal of Health Care Chaplaincy* 21, no. 2 (2015): 76-90.

[Abstract:] Religious factors are known to contribute to treatment adherence in different patient populations, and religious coping has been found to be particularly important to adolescents dealing with chronic diseases. Adherence to prescribed treatments slows disease progression and contributes to desirable outcomes in most patients, and, therefore, adherence-promoting interventions provided by chaplains could be beneficial to various patient populations. The current article describes a pilot study to test the feasibility of a theoretically and empirically based chaplain intervention to promote treatment adherence for adolescents with CF. Cognitive interviews were conducted 24 with adolescents with CF, and content analysis was used to identify themes, which informed revision of the intervention protocol. The authors thought that presenting the methods and results of this pilot study would be helpful for chaplains who want to conduct intervention research. The results indicated that the proposed intervention was acceptable and feasible to deliver in hard copy or an electronic platform.

Chevalier, L., Goldfarb, E., Miller, J., Hoepfner, B., Gorrindo, T. and Birnbaum, R. J. [Massachusetts General Hospital, Boston]. **"Gaps in preparedness of clergy and healthcare providers to address mental health needs of returning service members."** *Journal of Religion & Health* 54, no. 1 (Feb 2015): 327-338. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] To elucidate gaps in the preparedness of clergy and healthcare providers to care for service members (SM) with deployment-related mental health needs. Participants identified clinically relevant symptoms in a standardized video role play of a veteran with deployment-related mental health needs and discussed their preparedness to deal with SM. Clergy members identified suicide and depression most often, while providers identified difficulty sleeping, low energy, nightmares and irritability. Neither clergy nor providers felt prepared to minister to or treat SM with traumatic brain injury. Through a mixed methods approach, we identified gaps in preparedness of clergy and healthcare providers in dealing with the mental health needs of SM.

Choi, P. J., Curlin, F. A. and Cox, C. E. [Duke University Medical Center, Durham, NC]. **"The patient is dying, please call the chaplain: the activities of chaplains in one medical center's Intensive Care Units."** *Journal of Pain & Symptom Management* 50, no. 4 (Oct 2015): 501-506. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Patients and families commonly experience spiritual stress during an intensive care unit (ICU) admission. Although most patients report that they want spiritual support, little is known about how these issues are addressed by hospital chaplains. OBJECTIVES: To describe the prevalence, timing, and nature of hospital chaplain encounters in ICUs. METHODS: This was a retrospective cross-sectional study of adult ICUs at an academic medical center. Measures included days from ICU admission to initial chaplain visit, days from chaplain visit to ICU death or discharge, hospital and ICU lengths of stay, severity of illness at ICU admission and chaplain visit, and chart documentation of chaplain communication with the ICU team. RESULTS: Of a total of 4169 ICU admissions over six months, 248 (5.9%) patients were seen by chaplains. Of the 246 patients who died in an ICU, 197 (80%) were seen by a chaplain. There was a median of two days from ICU admission to chaplain encounter and a median of one day from chaplain encounter to ICU discharge or death. Chaplains communicated with nurses after 141 encounters (56.9%) but with physicians after only 14 encounters (5.6%); there was no documented communication in 55 encounters (22%). CONCLUSION: In the ICUs at this tertiary medical center, chaplain visits are uncommon and generally occur just before death among ICU patients. Communication between chaplains and physicians is rare. Chaplaincy service is primarily reserved for dying patients and their family members rather than providing proactive spiritual support. These observations highlight the need to better understand challenges and barriers to optimal chaplain involvement in ICU patient care. [See also the article by Balboni, M. J., et al., in the same issue of the journal, also cited in this bibliography.]

Churchill, L. R. [Vanderbilt University, Nashville, TN]. **"Embracing a broad spirituality in end of life discussions and advance care planning."** *Journal of Religion & Health* 54, no. 2 (Apr 2015): 759-764. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Advance care planning for end of life typically focuses on the mechanics of completing living wills and durable power of attorney documents. Even when spiritual aspects of end of life care are discussed, the dominant assumptions are those of traditional religious systems. A broad view of spirituality is needed, one that may involve traditional religious beliefs but also includes personal understandings of what is holy or sacred. Embracing this broad practice of spirituality will help both familial and professional caregivers honor an essential aspect of end of life discussions and promote greater discernment of the deep meaning in advance care documents.

Clemm, S., Jox, R. J., Borasio, G. D. and Roser, T. [Munich University Hospital, Munich, Germany]. **"The role of chaplains in end-of-life decision making: results of a pilot survey."** *Palliative & Supportive Care* 13, no. 1 (Feb 2015): 45-51.

[Abstract:] OBJECTIVE: The overall aim of this study was to discover how chaplains assess their role within ethically complex end-of-life decisions. METHODS: A questionnaire was sent to 256 chaplains working for German health care institutions. Questions about their role and satisfaction as well as demographic data were collected, which included information about the chaplains' integration within multi-professional teams. RESULTS: The response rate was 59%, 141 questionnaires were analyzed. Respondents reported being confronted with decisions concerning the limitation of life-sustaining treatment on average two to three times per month. Nearly 74% were satisfied with the decisions made within these situations. However, only 48% were satisfied with the communication process. Whenever chaplains were integrated within a multi-professional team there was a significantly higher satisfaction with both: the decisions made ($p = 0.000$) and the communication process

($p = 0.000$). Significance of the results: Although the results of this study show a relatively high satisfaction among surveyed chaplains with regard to the outcome of decisions, one of the major problems seems to reside in the communication process. A clear integration of chaplains within multi-professional teams (such as palliative care teams) appears to increase the satisfaction with the communication in ethically critical situations. [See other articles in the journal's theme issue on spirituality in palliative and supportive care, also noted in this bibliography, by Breitbart, W.; by Bryson, K.; Lambie, D., et al.; by Shields, M., et al.; by Stein, E. M., et al.; and by Vonarx, N.]

Coble, R. [Vanderbilt University]. **"Recognition and the fleeting glimpse of intimacy: tracing the chaplain's response to ungrieved death."** *Journal of Pastoral Care & Counseling* 69, no. 1 (Mar 2015): 4-12.

[Abstract:] The article traces the response of the hospital chaplain witnessing ungrieved death. Linking grief with cultural recognition, the article analyzes the absence of grief on the occasion of death within outcast social spheres. It then outlines the ways chaplains both participate in the cultural norms that render lives ungrievable and, conversely, in the solidarity of God, who cares for every life and death. The article closes by situating the chaplain as a liminal figure and proposing liminality itself as an opportunity for solidarity.

Cook, C. C. [Durham University, Durham, UK]. **"Religious psychopathology: the prevalence of religious content of delusions and hallucinations in mental disorder."** *International Journal of Social Psychiatry* 61, no. 4 (Jun 2015): 404-425.

[Abstract:] BACKGROUND: Religious themes are commonly encountered in delusions and hallucinations associated with major mental disorders, and the form and content of presentation are significant in relation to both diagnosis and management. AIMS: This study aimed to establish what is known about the frequency of occurrence of religious delusions (RD) and religious hallucinations (RH) and their inter-relationship. METHODS: A review was undertaken of the quantitative empirical English literature on RD and RH. RESULTS: A total of 55 relevant publications were identified. The lack of critical criteria for defining and classifying RD and RH makes comparisons between studies difficult, but prevalence clearly varies with time and place, and probably also according to personal religiosity. In particular, little is known about the content and frequency of RH and the relationship between RH and RD. CONCLUSION: Clearer research criteria are needed to facilitate future study of RD and RH, and more research is needed on the relationship between RD and RH.

Cook, D., Swinton, M., Toledo, F., Clarke, F., Rose, T., Hand-Breckenridge, T., Boyle, A., Woods, A., Zytaruk, N., Heels-Ansdell, D. and Sheppard, R. [McMaster University and St. Joseph's Healthcare, Hamilton, Ontario, Canada, and North Cypress Medical Center, Cypress, TX]. **"Personalizing death in the Intensive Care Unit: the 3 Wishes Project: a mixed-methods study."** *Annals of Internal Medicine* 163, no. 4 (Aug 18, 2015): 271-279.

[From the abstract:] BACKGROUND: Dying in the complex, efficiency-driven environment of the intensive care unit can be dehumanizing for the patient and have profound, long-lasting consequences for all persons attendant to that death. OBJECTIVE: To bring peace to the final days of a patient's life and to ease the grieving process. DESIGN: Mixed-methods study. SETTING: 21-bed medical-surgical intensive care unit. PARTICIPANTS: Dying patients and their families and clinicians. INTERVENTION: To honor each patient, a set of wishes was generated by patients, family members, or clinicians. The wishes were implemented before or after death by patients, families, clinicians (6 of whom were project team members), or the project team. MEASUREMENTS: Quantitative data included demographic characteristics, processes of care, and scores on the Quality of End-of-Life Care-10 instrument. Semistructured interviews of family members and clinicians were transcribed verbatim, and qualitative description was used to analyze them. RESULTS: Participants included 40 decedents, at least 1 family member per patient, and 3 clinicians per patient. The 159 wishes were implemented and classified into 5 categories: humanizing the environment, tributes, family reconnections, observances, and "paying it forward." Scores on the Quality of End-of-Life Care-10 instrument were high. The central theme from 160 interviews of 170 persons was how the 3 Wishes Project personalized the dying process. For patients, eliciting and customizing the wishes honored them by celebrating their lives and dignifying their deaths. For families, it created positive memories and individualized end-of-life care for their loved ones. For clinicians, it promoted interprofessional care and humanism in practice. LIMITATION: Impaired consciousness limited understanding of patients' viewpoints. CONCLUSION: The 3 Wishes Project facilitated personalization of the dying process through explicit integration of palliative and spiritual care into critical care practice....

Cope, H., Garrett, M. E., Gregory, S. and Ashley-Koch, A. [Duke University Medical Center, Durham, NC]. **"Pregnancy continuation and organizational religious activity following prenatal diagnosis of a lethal fetal defect are associated with improved psychological outcome."** *Prenatal Diagnosis* 35, no. 8 (Aug 2015): 761-768. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: The aim of the article is to examine the psychological impact, specifically symptoms of grief, post-traumatic stress and depression, in women and men who either terminated or continued a pregnancy following prenatal diagnosis of a lethal fetal defect. METHOD: This project investigated a diagnostically homogeneous group composed of 158 women and 109 men who lost a pregnancy to anencephaly, a lethal neural tube defect. Participants completed the Perinatal Grief Scale, Impact of Event Scale - Revised and Beck Depression Inventory-II, which measure symptoms of grief, post-traumatic stress and depression, respectively. Demographics, religiosity and pregnancy choices were also collected. Gender-specific analysis of variance was performed for instrument total scores and subscales. RESULTS: Women who terminated reported significantly more despair ($p=0.02$), avoidance ($p=0.008$) and depression ($p=0.04$) than women who continued the pregnancy. Organizational religious activity was associated with a reduction in grief (Perinatal Grief Scale subscales) in both women ($p=0.02$, $p=0.04$ and $p=0.03$) and men ($p=0.047$). CONCLUSION: There appears to be a psychological benefit to women to continue the pregnancy following a lethal fetal diagnosis. Following a lethal fetal diagnosis, the risks and benefits, including psychological effects, of termination and continuation of pregnancy should be discussed in detail with an effort to be as nondirective as possible.

Cramer, E. M., Tenzek, K. E. and Allen, M. [North Central College, Naperville, IL; SUNY Buffalo, NY; and University of Wisconsin-Milwaukee, Milwaukee, WI]. **"Recognizing success in the chaplain profession: connecting perceptions with practice."** *Journal of Health Care Chaplaincy* 21, no. 4 (2015): 131-150.

[Abstract:] The current investigation examines the communicative hallmarks of successful chaplaincy work as articulated by professional chaplains providing spiritual care at the end-of-life. Data grounded in qualitative interviews with 32 chaplains of various denominations and lengths of service reveals a challenge in gauging success when working with dying patients and families. Chaplains reported nonverbal hallmarks of success consist of (a) intrapersonal sense of accomplishment, (b) progress in fulfilling patient needs, and (c) meaningful connection with patients. Verbal hallmarks of success include (a) patient affirmation, (b) family affirmation, and the (c) chaplain being asked to

participate in religious rites. In practice, the authors conjecture, chaplains assess professional competency in the self, patient, and family domains. Implications and future directions are discussed.

Crowther, S. and Hall, J. [Bournemouth University, UK]. **“Spirituality and spiritual care in and around childbirth.”** *Women & Birth: Journal of the Australian College of Midwives* 28, no. 2 (Jun 2015): 173-178.

[Abstract:] BACKGROUND: Emerging evidence points to childbirth as a spiritually felt meaningful occasion. Although growing literature and development of guidelines charge the midwife to provide spiritual care felt spiritual experiences are not addressed. There is need to revisit contemporary approaches to spiritual care in midwifery lest something of significance becomes lost in policy rhetoric. AIM: The aim of this discussion paper is to bring to the surface what is meant by spiritual care and spiritual experiences, to increase awareness about spirituality in childbirth and midwifery and move beyond the constraints of structured defined protocols. METHODS: The authors' own studies and other's research that focuses on the complex contextual experiences of childbirth related to spirituality are discussed in relation to the growing interest in spiritual care assessments and guidelines. FINDINGS: There is a growing presence in the literature about how spirituality is a concern to the wellbeing of human beings. Although spirituality remains on the peripheral of current discourse about childbirth. Spiritual care guidelines are now being developed. However spiritual care guidelines do not appear to acknowledge the lived-experience of childbirth as spiritually meaningful. CONCLUSION: Introduction of spiritual care guidelines into midwifery practice do not address the spiritual meaningful significance of childbirth. If childbirth spirituality is relegated to a spiritual care tick box culture this would be a travesty. The depth of spirituality that inheres uniquely in the experience of childbirth would remain silenced and hidden. Spiritual experiences are felt and beckon sensitive and tactful practice beyond words and formulaic questions.

Culatto, A. and Summerton, C. B. [Central Manchester Foundation Trust and Trafford General Hospital, Manchester, UK]. **“Spirituality and health education: a national survey of academic leaders UK.”** *Journal of Religion & Health* 54, no. 6 (Dec 2015): 2269-2275. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[From the abstract:] Whole person care is deemed important within UK medical practice and is therefore fundamental in education. However, spirituality is an aspect of this often neglected. Confusion and discomfort exists regarding how care relating to issues of spirituality and health (S&H) should be delivered. Different interpretations have even led to disciplinary action with professionals seeking to address these needs.... Previous research shows 45% of patients want spiritual needs to be addressed within their care... Two-thirds of healthcare professionals want to do this. However, lack of knowledge is a significant barrier... Little is known regarding how Medical schools address S&H, only one limited study exists in the literature.... Thirty-two UK educational institutions were surveyed. The chosen survey was compiled by Koenig and Meador.... Fifty-nine academics were contacted across UK medical schools, and the response rate was 57.6%. Statistical analysis was performed using SPSS 16.0. 5.6% institutions provide required and dedicated S&H teaching, 63.4% provided it as an integrated component. Nearly 40% felt staff were not adequately trained to teach S&H but welcomed opportunities for training. S&H is given value in undergraduate education but with little evidence of formal teaching. Institutions feel that this area is addressed within other topic delivery, although previous studies have shown integrating S&H with PBL leads to poor clinical performance.... Seminars or lectures are students' preferred methods of learning.... Further consideration should be given towards S&H delivery and training for practice.

Cummings, J. P., Carson, C. S., Shrestha, S., Kunik, M. E., Armento, M. E., Stanley, M. A., Amspoker, A. B. [Houston VA Health Service Research and Development Center for Innovations in Quality, Effectiveness and Safety, Houston, TX]. **“Santa Clara Strength of Religious Faith Questionnaire: psychometric analysis in older adults.”** *Aging & Mental Health* 19, no. 1 (Jan 2015): 86-97.

[Abstract:] OBJECTIVES: To assist researchers and clinicians considering using the Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ) with older-adult samples, the current study analyzed the psychometrics of SCSRFQ scores in two older-adult samples. METHOD: Adults of age 55 or older who had formerly participated in studies of cognitive-behavioral therapy for anxiety and/or depression were recruited to complete questionnaires. In Study 1 (N = 66), the authors assessed the relations between the SCSRFQ and other measures of religiousness/spirituality, mental health, and demographic variables, using bivariate correlations and nonparametric tests. In Study 2 (N = 223), the authors also conducted confirmatory and exploratory factor analyses of the SCSRFQ, as well as an item response theory analysis. RESULTS: The SCSRFQ was moderately to highly positively correlated with all measures of religiousness/spirituality. Relations with mental health were weak and differed across samples. Ethnic minorities scored higher than White participants on the SCSRFQ, but only in Study 2. Factor analyses showed that a single-factor model fit the SCSRFQ best. According to item response theory analysis, SCSRFQ items discriminated well between participants with low-to-moderate levels of the construct but provided little information at higher levels. CONCLUSION: Although the SCSRFQ scores had adequate psychometric characteristics, the measure's usefulness may be limited in samples of older adults.

Currier, J. M., Holland, J. M. and Drescher, K. D. [University of South Alabama, Psychology Department, Mobile]. **“Spirituality factors in the prediction of outcomes of PTSD treatment for U.S. military veterans.”** *Journal of Traumatic Stress* 28, no. 1 (Feb 2015): 57-64.

[Abstract:] Spirituality is a multifaceted construct that might affect veterans' recovery from posttraumatic stress disorder (PTSD) in adaptive and maladaptive ways. Using a cross-lagged panel design, this study examined longitudinal associations between spirituality and PTSD symptom severity among 532 U.S. veterans in a residential treatment program for combat-related PTSD. Results indicated that spirituality factors at the start of treatment were uniquely predictive of PTSD symptom severity at discharge, when accounting for combat exposure and both synchronous and autoregressive associations between the study variables, betas = .10 to .16. Specifically, veterans who scored higher on adaptive dimensions of spirituality (daily spiritual experiences, forgiveness, spiritual practices, positive religious coping, and organizational religiousness) at intake fared significantly better in this program. In addition, possible spiritual struggles (operationalized as negative religious coping) at baseline were predictive of poorer PTSD outcomes, beta = .11. In contrast to these results, PTSD symptomatology at baseline did not predict any of the spirituality variables at posttreatment. In keeping with a spiritually integrative approach to treating combat-related PTSD, these results suggest that understanding the possible spiritual context of veterans' trauma-related concerns might add prognostic value and equip clinicians to alleviate PTSD symptomatology among those veterans who possess spiritual resources or are somehow struggling in this domain. Copyright Published 2015. This article is a US government work and is in the public domain in the USA.

- Daher, M., Chaar, B. and Saini, B. [University of Sydney, Australia]. **“Impact of patients' religious and spiritual beliefs in pharmacy: from the perspective of the pharmacist.”** *Research in Social & Administrative Pharmacy* 11, no. 1 (Jan-Feb 2015): e31-41.
- [Abstract:] BACKGROUND: Socio-cultural perspectives including religious and spiritual beliefs affect medicine use and adherence. Increasingly communities that pharmacists serve are diverse and pharmacists need to counsel medicine use issues with ethical and cultural sensitivity as well as pharmaceutical competence. There is very little research in this social aspect of pharmacy practice, and certainly none conducted in Australia, an increasingly multicultural, diverse population. OBJECTIVES: The purpose of this study was to explore, from a pharmacy practitioner's viewpoint, the frequency and nature of cases where patients' articulated religious/spiritual belief affect medicine use; and pharmacist perspectives on handling these issues. METHODS: Qualitative method employing semi-structured interviews with pharmacy practitioners, constructed around an interview guide. Pharmacist participants were recruited purposively from areas of linguistic diversity in Sydney, New South Wales, Australia. Verbatim transcription and thematic analyses were performed on the data. RESULTS: Thematic analyses of 21 semi-structured interviews depicted that scenarios where religious and spiritual belief and medication use intersect were frequently encountered by pharmacists. Patient concerns with excipients of animal origin and medication use while observing religious fasts were the main issues reported. Participants displayed scientific competence; however, aspects of ethical sensitivity in handling such issues could be improved. This novel study highlights the urgent need for more research, training and resource development for practitioners serving patients in multi-faith areas.
- Daverio-Zanetti, S., Schultz, K., del Campo, M. A., Malcarne, V., Riley, N. and Sadler, G. R. [UCSD Moores Cancer Center, La Jolla, CA]. **“Is religiosity related to attitudes toward clinical trials participation?”** *Journal of Cancer Education* 30, no. 2 (Jun 2015): 220-204.
- [Abstract:] Research indicates that a low percentage of cancer patients enroll in cancer clinical trials. This is especially true among minority groups such as Hispanic Americans. Considering the importance of religion in the Hispanic American community, it is important to understand its relationship to perceptions of clinical trials. Five hundred and three Latina women completed the Barriers to Clinical Trials Participation Scale and the Duke University Religion Index. For the total sample, higher organizational and intrinsic religiosity was significantly associated with a perceived lack of community support for clinical trials participation. In subgroup analysis, the relationship between organizational religiosity and lack of support was stronger among Latinas who were Spanish language preferred and Latinas who were Catholic. Intrinsic religiosity was associated with mistrust among Spanish language-preferred Latinas, and both organizational and intrinsic religiosities were associated with a lack of familiarity with clinical trials among Christian (non-Catholic) Latinas. These results indicate that religious institutions that serve Latinas may be an effective venue for disseminating clinical trial education programs to improve attitudes toward clinical trials participation. [Note also the article by Piderman, K. M., et al., in the same issue of the journal, also cited in this bibliography.]
- Davis, D. E., Rice, K., Hook, J. N., Van Tongeren, D. R., DeBlaere, C., Choe, E. and Worthington, E. L. Jr. [Georgia State University, University of North Texas, Hope College, Georgia State University, and Virginia Commonwealth University]. **“Development of the Sources of Spirituality Scale.”** *Journal of Counseling Psychology* 62, no. 3 (Jul 2015): 503-513. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
- [Abstract:] Most measures of spirituality privilege religious spirituality, but people may experience spirituality in a variety of ways, including a sense of closeness, oneness, or connection with a theistic being, the transcendent (i.e., something outside space and time), oneself, humanity, or nature. The overall purpose of the present 4 studies was to develop the Sources of Spirituality (SOS) Scale to measure these different elements of spirituality. In Study 1, we created items, had them reviewed by experts, and used data from a sample of undergraduates (N = 218) to evaluate factor structure and inform initial measurement revisions. The factor structure replicated well in another sample of undergraduates (N = 200; Study 2), and in a sample of community adults (N = 140; Study 3). In a sample of undergraduates (N = 200; Study 4), we then evaluated evidence of construct validity by examining associations between SOS Scale scores and religious commitment, positive attitudes toward the Sacred, and dispositional connection with nature. Moreover, based on latent profile analyses results, we found 5 distinct patterns of spirituality based on SOS subscales. We consider implications for therapy and relevance of the findings for models of spirituality and future research.
- Davis, M. A., Anthony, D. L. and Pauls, S. D. [Geisel School of Medicine and Dartmouth College, Hanover, NH]. **“Seeking and receiving social support on Facebook for surgery.”** *Social Science & Medicine* 131 (Apr 2015): 40-47.
- [Abstract:] Social networking sites such as Facebook provide a new way to seek and receive social support, a factor widely recognized as important for one's health. However, few studies have used actual conversations from social networking sites to study social support for health related matters. We studied 3,899 Facebook users, among a sample of 33,326 monitored adults, who initiated a conversation that referred to surgery on their Facebook Wall during a six-month period. We explored predictors of social support as measured by number of response posts from "friends." Among our sample, we identified 8,343 Facebook conversation threads with the term "surgery" in the initial post with, on average, 5.7 response posts (SD 6.2). We used a variant of latent semantic analysis to explore the relationship between specific words in the posts that allowed us to develop three thematic categories of words related to family, immediacy of the surgery, and prayer. We used generalized linear mixed models to examine the association between characteristics of the Facebook user as well as the thematic categories on the likelihood of receiving response posts following the announcement of a surgery. Words from the three thematic categories were used in 32.5% (family), 39.5% (immediacy), and 50.7% (prayer) of root posts. Few user characteristics were associated with response in multivariate models [rate ratios, RR, 1.08 (95% CI 1.01, 1.15) for married/living with partner; 1.10 (95% CI 1.03, 1.19) for annual income > \$75,000]. In multivariate models adjusted for Facebook user characteristics and network size, use of family and prayer words in the root post were associated with significantly higher number of response posts, RR 1.40 (95% CI 1.37, 1.43) and 2.07 (95% CI 2.02, 2.12) respectively. We found some evidence of social support on Facebook for surgery and that the language used in the root post of a conversation thread is predictive of overall response.
- Delgado-Guay, M. O., Chisholm, G., Williams, J. and Bruera, E. [University of Texas MD Anderson Cancer Center, Houston, TX]. **“The association between religiosity and resuscitation status preference among patients with advanced cancer.”** *Palliative & Supportive Care* 13, no. 5 (Oct 2015): 1435-1439. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: The potential influence of patient religious and spiritual beliefs on the approach to end-of-life care and resuscitation status preferences is not well understood. The aim of this study was to assess the association between religiosity and resuscitation preferences in advanced-cancer patients. METHOD: We performed a secondary analysis of a randomized controlled trial that evaluated the influence of physician communication style on patient resuscitation preferences. All patients completed the Santa Clara Strength of Religious Faith Questionnaire-Short Form (SCSRFQ-SF) and expressed their resuscitation preferences. We determined the frequency of resuscitation preferences and its association with intensity of religiosity. RESULTS: A total of 78 patients completed the study. The median age was 54 years, with a range of 18-78. Some 46 (59%) were women; 57 patients (73%) were Caucasian, 15 (19%) African American, and 5 (7%) Hispanic. A total of 46 patients (56%) were Protestant and 13 (17%) Catholic. Some 53 of 60 patients who chose Do Not Resuscitate status (DNR) (88%) and 16 of 18 patients who refused DNR (89%) for a video-simulated patient were highly religious ($p = 0.64$). When asked about a DNR for themselves after watching the videos, 43 of 48 who refused DNR (90%) and 26 of 30 patients who chose DNR (87%) were highly religious ($p = 0.08$). The Spearman correlation coefficient for patients choosing DNR for themselves and intensity of religiosity was $r = -0.16$ ($p = 0.16$). Some 30 patients (38%) who chose DNR for the video patient refused DNR for themselves, and 42 who chose DNR for both the video patient and themselves (54%) were highly religious ($p = \text{NS}$). SIGNIFICANCE OF RESULTS: There was no significant association between intensity of patient religiosity and DNR preference for either the video patient or the patients themselves. Other beliefs and demographic factors likely impact end-of-life discussions and resuscitation status preferences.

Doolittle, B. R. and Windish D. M. [Yale University School of Medicine, New Haven, CT]. “**Correlation of burnout syndrome with specific coping strategies, behaviors, and spiritual attitudes among interns at Yale University, New Haven, USA.**” *Journal of Educational Evaluation for Health Professions* 12 (2015): 41 [electronic journal article designation]. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] PURPOSE: This study aimed to determine the correlation of burnout syndrome with specific coping strategies, behaviors, and spiritual attitudes among interns in internal medicine, primary care, and internal medicine/pediatrics residency programs at two institutions. METHODS: Intern physicians completed anonymous voluntary surveys prior to starting the internship in June 2009 and in the middle of the internship in February 2010. Three validated survey instruments were used to explore burnout, coping, and spiritual attitudes: the Maslach Burnout Inventory, the COPE Inventory, and the Hatch Spiritual Involvement and Beliefs Scale. The interns were in programs at the Yale University School of Medicine and a Yale-affiliated community hospital, New Haven, Connecticut, USA. RESULTS: The prevalence of self-identified burnout prior to starting the internship was 1/66 (1.5%) in June 2009, increasing to 10/53 (18.9%) in February 2010 ($P < 0.0001$). From June 2009 to February 2010, the prevalence of high emotional exhaustion increased from 30/66 (45.5%) to 45/53 (84.9%) ($P < 0.0001$), and that of high depersonalization increased from 42/66 (63.6%) to 45/53 (84.9%) ($P = 0.01$). Interns who employed the strategies of acceptance and active coping were less likely to experience emotional exhaustion and depersonalization ($P < 0.05$). Perceptions of high personal accomplishment was 75.5% and was positively correlated with total scores on the Hatch Spiritual Involvement and Beliefs Scale, as well as the internal/fluid and existential/meditative domains of that instrument. Specific behaviors did not impact burnout. CONCLUSION: Burnout increased during the intern year. Acceptance, active coping, and spirituality were correlated with less burnout. Specific behaviors were not correlated with burnout domains.

Emanuel, L., Handzo, G., Grant, G., Massey, K., Zollfrank, A., Wilke, D., Powell, R., Smith, W. and Pargament, K. [HealthCare Chaplaincy Network, New York, NY; Feinberg School of Medicine, Northwestern University, Chicago, IL; Emory University, Atlanta, GA; Advocate Lutheran General Hospital, Chicago, IL; Yale-New Haven Hospital, New Haven, CT; University of Illinois at Chicago; and Bowling Green State University, Bowling Green, OH]. “**Workings of the human spirit in palliative care situations: a consensus model from the Chaplaincy Research Consortium.**” *BMC Palliative Care* 14 (2015): 29 [electronic journal article designation].

[Abstract:] BACKGROUND: Chaplaincy is a relatively new discipline in medicine that provides for care of the human spirit in healthcare contexts for people of all worldviews. Studies indicate wide appreciation for its importance, yet empirical research is limited. Our purpose is to create a model of human spiritual processes and needs in palliative care situations so that researchers can locate their hypotheses in a common model which will evolve with relevant findings. METHODS: The Model Building Subgroup worked with the Chaplaincy Research Consortium as part of a larger Templeton Foundation funded project to enhance research in the area. It met with members for an hour on three successive occasions over three years and exchanged drafts for open comment between meetings. All members of the Subgroup agreed on the final draft. RESULTS: The model uses modestly adapted existing definitions and models. It describes the human experience of spirituality during serious illness in three renditions: visual, mathematical, and verbal so that researchers can use whichever is applicable. The visual rendition has four domains: spiritual, psychological, physical and social with process arrows and permeable boundaries between all areas. The mathematical rendition has the same four factors and is rendered as an integral equation, corresponding to an integrative function postulated for the human spirit. In both renditions, the model is notable in its allowance for direct spiritual experience and a domain or factor in its own right, not only experience that is created through the others. The model does not describe anything beyond the human experience. The verbal rendition builds on existing work to describe the processes of the human spirit, relating it to the four domains or factors. CONCLUSIONS: A consensus model of the human spirit to generate hypotheses and evolve based on data has been delineated. Implications of the model for how the human spirit functions and how the chaplain can care for the patient or family caregiver’s spiritual coping and well-being are discussed. The next step is to generate researchable hypotheses, results of research from which will give insight into the human spirit and guidance to chaplains caring for it.

Epstein-Peterson, Z. D., Sullivan, A. J., Enzinger, A. C., Trevino, K. M., Zollfrank, A. A., Balboni, M. J., VanderWeele, T. J. and Balboni, T. A. [Harvard University, Boston, MA; Dana-Farber Cancer Institute, Boston, MA; Rowan University, Glassboro, NJ; and Massachusetts General Hospital, Boston, MA]. “**Examining forms of spiritual care provided in the advanced cancer setting.**” *American Journal of Hospice & Palliative Medicine* 32, no. 7 (Nov 2015): 750-757.

[Abstract:] Spiritual care (SC) is important to the care of seriously ill patients. Few studies have examined types of SC provided and their perceived impact. This study surveyed patients with advanced cancer ($N = 75$, response rate [RR] = 73%) and oncology nurses and physicians ($N = 339$, RR = 63%). Frequency and perceived impact of 8 SC types were assessed. Spiritual care is infrequently provided, with encouraging or affirming beliefs the most common type (20%). Spiritual history taking and chaplaincy referrals comprised 10% and 16%, respectively. Most patients viewed each SC type positively, and SC training predicted provision of many SC types. In conclusion, SC is infrequent, and core

elements of SC-spiritual history taking and chaplaincy referrals-represent a minority of SC. Spiritual care training predicts provision of SC, indicting its importance to advancing SC in the clinical setting.

Ernecoff, N. C., Curlin, F. A., Buddhadhumaruk, P. and White, D. B. [University of Pittsburgh School of Medicine, Pittsburgh, PA; and Duke University, Durham, NC]. **“Health care professionals' responses to religious or spiritual statements by surrogate decision makers during goals-of-care discussions.”** *JAMA Internal Medicine* 175, no. 10 (Oct 2015): 1662-1669.

[Abstract:] IMPORTANCE: Although many patients and their families view religion or spirituality as an important consideration near the end of life, little is known about the extent to which religious or spiritual considerations arise during goals-of-care conversations in the intensive care unit. OBJECTIVES: To determine how frequently surrogate decision makers and health care professionals discuss religious or spiritual considerations during family meetings in the intensive care unit and to characterize how health care professionals respond to such statements by surrogates. DESIGN, SETTING, AND PARTICIPANTS: A multicenter prospective cohort study was conducted between October 8, 2009, and October 24, 2012, regarding 249 goals-of-care conversations between 651 surrogate decision makers and 441 health care professionals in 13 intensive care units across the United States. Audio-recorded conversations between surrogate decision makers and health care professionals were analyzed, transcribed, and qualitatively coded. Data analysis took place from March 10, 2012, through May 24, 2014. EXPOSURES: Goals-of-care conferences. MAIN OUTCOMES AND MEASURES: Constant comparative methods to develop a framework for coding religious and spiritual statements were applied to the transcripts. Participants completed demographic questionnaires that included religious affiliation and religiosity. RESULTS: Of 457 surrogate decision makers, 355 (77.6%) endorsed religion or spirituality as fairly or very important in their life. Discussion of religious or spiritual considerations occurred in 40 of 249 conferences (16.1%). Surrogates were the first to raise religious or spiritual considerations in most cases (26 of 40). Surrogates' statements (n=59) fell into the following 5 main categories: references to their religious or spiritual beliefs, including miracles (n=34); religious practices (n=19); religious community (n=8); the notion that the physician is God's instrument to promote healing (n=4); and the interpretation that the end of life is a new beginning for their loved one (n=4). Some statements fell into more than 1 category. In response to surrogates' religious or spiritual statements, health care professionals redirected the conversation to medical considerations (n=15), offered to involve hospital spiritual care providers or the patient's own religious or spiritual community (n=14), expressed empathy (n=13), acknowledged surrogates' statements (n=11), or explained their own religious or spiritual beliefs (n=3). In only 8 conferences did health care professionals attempt to further understand surrogates' beliefs, for example, by asking questions about the patient's religion. CONCLUSIONS AND RELEVANCE: Among a cohort of surrogate decision makers with a relatively high degree of religiosity, discussion of religious or spiritual considerations occurred in fewer than 20% of goals-of-care conferences in intensive care units, and health care professionals rarely explored the patient's or family's religious or spiritual ideas.

Feuille, M. and Pargament, K. [Bowling Green State University]. **“Pain, mindfulness, and spirituality: a randomized controlled trial comparing effects of mindfulness and relaxation on pain-related outcomes in migraineurs.”** *Journal of Health Psychology* 20, no. 8 (Aug 2015): 1090-1106. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] In order to examine mindfulness as an intervention for pain, 107 migraineurs, predominantly college students, were randomly assigned to brief training in standardized mindfulness, spiritualized mindfulness, and simple relaxation instructions. After 2 weeks of daily practice, participants completed the cold-pressor task while practicing their assigned technique, and their experience of the task was assessed. Among the 74 study-completers, standardized mindfulness led to significantly reduced pain-related stress relative to simple relaxation, providing modest support for the utility of mindfulness in pain management. Pain-related outcomes in the spiritualized mindfulness condition were similar to those of standardized mindfulness, though spirituality did appear to enhance mindful awareness.

Fitchett, G., Emanuel, L., Handzo, G., Boyken, L. and Wilkie, D. J. [Rush University Medical Center, Northwestern University, and University of Illinois at Chicago College of Nursing, Chicago, IL; and HealthCare Chaplaincy Network, New York, NY]. **“Care of the human spirit and the role of dignity therapy: a systematic review of dignity therapy research.”** *BMC Palliative Care* 14 (2015): 8 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Dignity Therapy (DT), an intervention for people facing serious illness, focuses on dignity conservation tasks such as settling relationships, sharing words of love, and preparing a legacy document for loved ones. Research on DT began more than a decade ago and has been conducted in 7 countries, but a systematic review of DT research has not been published. METHODS: Using a PubMed search with key terms of 'dignity therapy', 'dignity psychotherapy', 'Chochinov', and 'dignity care', we found 29 articles on DT and retained 25 after full-text review. RESULTS: Of these, 17 articles representing 12 quantitative studies establish that patients who receive DT report high satisfaction and benefits for themselves and their families, including increased sense of meaning and purpose. The effects of DT on physical or emotional symptoms, however, were inconsistent. CONCLUSIONS: Conclusions point to three areas for future research on DT, to determine: (1) whether the DT intervention exerts an impact at a spiritual level and/or as a life completion task; (2) how DT should be implemented in real world settings; and (3) if DT has an effect on the illness experience within the context of not only the patient, but also the family and community. Building on this body of DT research, investigators will need to continue to be sensitive as they involve participants in DT studies and innovations to facilitate the generation and delivery of legacy documents to participants near the end of life.

Fitchett, G., Tartaglia, A., Massey, K., Jackson-Jordon, B. and Derrickson, P. E. [Rush University Medical Center, Chicago, IL; Virginia Commonwealth University, Richmond, VA; Advocate Health Care, Downers Grove, IL; and Carolinas Healthcare Northeast, Concord, NC]. **“Education for professional chaplains: Should certification competencies shape curriculum?”** *Journal of Health Care Chaplaincy* 21, no. 4 (2015): 151-164.

[Abstract:] The growing importance of professional chaplains in patient-centered care has raised questions about education for professional chaplaincy. One recommendation is that the curricula of Clinical Pastoral Education (CPE) residency programs make use of the chaplaincy certification competencies. To determine the adoption of this recommendation, we surveyed CPE supervisors from 26 recently re-accredited, stipended CPE residency programs. We found the curricula of 38% of these programs had substantive engagement with the certification competencies, 38% only introduced students to the competencies, and 23% of the programs made no mention of them. The majority of the supervisors (59%) felt engagement with the competencies should be required while 15% were opposed to such a requirement. Greater

engagement with chaplaincy certification competencies is one of several approaches to improvements in chaplaincy education that should be considered to ensure that chaplains have the training needed to function effectively in a complex and changing healthcare environment.

Flannelly, K. J., Jankowski, K. R. and Flannelly, L. T. [Center for Psychosocial Research, Massapequa, NY]. **“Measures of variability in chaplaincy, health care, and related research.”** *Journal of Health Care Chaplaincy* 21, no. 3 (2015): 122-130.

[Abstract:] This article discusses statistical measures of variability in relation to measures of central tendency and levels of measurement. Three measures of variability used in healthcare research (the range, the interquartile range, and the standard deviation) are described and compared, including their uses and limitations. The article describes how each of the three measures is calculated, and it provides a step-by-step example of calculating the sums of squares, variance, and standard deviation. Graphs of frequency and percentage distributions are used to show how the interquartile range and the standard deviation represent the variability observed within distributions. The article discusses the properties of the normal curve regarding the distribution of scores around the mean in relation to the standard deviation, and illustrates differences in the shapes of normal curves with the same mean but different standard deviations.

Fortune-Britt, A. G., Nieuwsma, J. A., Gierisch, J. M., Datta, S. K., Stollendorf, D. P., Cantrell, W. C., Ethridge, A. K., Angel, C., Millsbaugh, D., Bauch, S. L. and Jackson, G. L. [Durham Veterans Affairs Medical Center, Durham, NC; Veterans Affairs Tennessee Valley Healthcare System, Nashville, TN; Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, IN; Veterans Affairs San Diego Healthcare System, San Diego, CA; National Chaplain Center, Veterans Health Administration, Hampton, VA; and Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration, Washington, DC]. **“Evaluating the implementation and sustainability of a program for enhancing veterans' intimate relationships.”** *Military Medicine* 180, no. 6 (Jun 2015): 676-683. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The Warrior to Soul Mate (W2SM) program is a grassroots initiative on the part of Veterans Affairs chaplain services to provide relationship enhancement skills to veterans and significant others based on the Practical Application of Intimate Relationship Skills model. To examine the implementation and sustainability of the W2SM program, two online surveys were sent to each participating facility's W2SM leader. The first examined how individual W2SM events were conducted (100% response rate, 67 surveys) and the second assessed facility-level issues impacting program sustainability (100% response rate, 23 surveys). Four sites were selected for qualitative interviews based on levels of sustainability. In 2013, W2SM served 1,664 people including 847 veterans, incurring reasonable program costs when compared to other intensive Veterans Affairs services. However, there have been important systematic (e.g., contracting processes) and resource (e.g., time, concern over funding) challenges that are reflected in the wide range of predicted program sustainability.

Fradelos, E. C., Tzavella, F., Koukia, E., Papathanasiou, I. V., Alikari, V., Stathoulis, J., Panoutsopoulos, G. and Zyga, S. [University of Peloponnese and University of Peloponnese, Sparta; University of Athens; and Technological Educational Institute of Thessaly, Greece]. **“Integrating chronic kidney disease patient's [sic] spirituality in their care: health benefits and research perspectives.”** *Materia Sociomedica* 27, no. 5 (Oct 2015): 354-358. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] INTRODUCTION: Patients who suffer from chronic renal disease face problems in many aspects of their life; problems such as physical and social as well as mental such as stress, anxiety, depression. In addition, they exhibit an amount of spiritual needs, which relate and influence the psychological adaptation to the illness. AIM: The aim of this article is to examine evidence from the international literature regarding the possible relation of spirituality and health outcomes, mostly in the complex codex of a chronic and life threatening disease such as CKD. RESULTS: Spirituality is a very debatable issue and the term has no single and widely agreed definition. The key components of spirituality were 'meaning', 'hope', 'relatedness/connectedness', and 'beliefs/beliefs systems'. Spirituality has been characterized as the quest for meaning in life, mainly through experiences and expressions of mind, in a unique and dynamic process different for each individual. For many individuals spirituality and religion are important aspects of their existence, constituting a source support contribute to wellbeing and coping with life's daily difficulties. CONCLUSION: Considering, assessing and addressing chronic kidney disease patient's [sic] spirituality and spiritual needs is necessary and it can have a positive outcome in health related quality of life, mental health and life expectancy.

Frazier, M., Schnell, K., Baillie, S. and Stuber, M. L. [David Geffen School of Medicine at UCLA, Los Angeles, CA]. **“Chaplain rounds: a chance for medical students to reflect on spirituality in patient-centered care.”** *Academic Psychiatry* 39, no. 3 Jun 2015): 320-323.

[Abstract:] OBJECTIVE: This study assesses the perceived impact of a required half-day with a hospital chaplain for first-year medical students, using a qualitative analysis of their written reflections. METHODS: Students shadowed chaplains at the UCLA hospital with the stated goal of increasing their awareness and understanding of the spiritual aspects of health care and the role of the chaplain in patient care. Participation in the rounds and a short written reflection on their experience with the chaplain were required as part of the first-year Doctoring course. RESULTS: The qualitative analysis of reflections from 166 students using grounded theory yielded four themes: (1) the importance of spiritual care, (2) the chaplain's role in the clinical setting, (3) personal introspection, and (4) doctors and compassion. CONCLUSIONS: Going on hospital rounds with a chaplain helps medical students understand the importance of spirituality in medicine and positively influences student perceptions of chaplains and their work.

Freitas, T. H., Hyphantis, T. N., Andreoulakis, E., Quevedo, J., Miranda, H. L., Alves, G. S., Souza, M. H., Braga, L. L., Pargament, K. I., Soczynska, J. K., McIntyre, R. S. and Carvalho, A. F. [Universidade Federal do Ceara, Fortaleza, Brazil; University of Ioannina, Greece; Aristotle University of Thessaloniki, Greece; University of Texas Medical School at Houston, Houston; Bowling Green State University, Bowling Green, OH; and University of Toronto, Canada]. **“Religious coping and its influence on psychological distress, medication adherence, and quality of life in inflammatory bowel disease.”** *Revista Brasileira de Psiquiatria* 37, no. 3 (Jul-Sep 2015): 219-227.

[Abstract:] OBJECTIVE: Inflammatory bowel disease (IBD) is associated with elevated levels of anxiety and depression and a reduction in health-related quality of life (HRQoL). Nonadherence to treatment is also frequent in IBD and compromises outcomes. Religious coping plays a role in the adaptation to several chronic diseases. However, the influence of religious coping on IBD-related psychological distress, HRQoL, and treatment adherence remains unknown. METHOD: This cross-sectional study recruited 147 consecutive patients with either Crohn's

disease or ulcerative colitis. Sociodemographic data, disease-related variables, psychological distress (Hospital Anxiety and Depression Scale), religious coping (Brief RCOPE Scale), HRQoL (WHOQOL-Bref), and adherence (8-item Morisky Medication Adherence Scale) were assessed. Hierarchical multiple regression models were used to evaluate the effects of religious coping on IBD-related psychological distress, treatment adherence, and HRQoL. RESULTS: Positive RCOPE was negatively associated with anxiety ($b = 0.256$; $p = 0.007$) as well as with overall, physical, and mental health HRQoL. Religious struggle was significantly associated with depression ($b = 0.307$; $p < 0.001$) and self-reported adherence ($b = 0.258$; $p = 0.009$). Finally, anxiety symptoms fully mediated the effect of positive religious coping on overall HRQoL. CONCLUSION: Religious coping is significantly associated with psychological distress, HRQoL, and adherence in IBD.

Friedrich, M. D. [Vanderbilt University Medical Center, Nashville, TN]. **“The Affordable Care Act and hospital chaplaincy: re-visioning spiritual care, re-valuing institutional wholeness.”** *Journal of Health Care Chaplaincy* 21, no. 3 (2015): 108-121.

[Abstract:] This article focuses on the institutional dimensions of spiritual care within hospital settings in the context of the Patient Protection and Affordable Care Act of 2010 (ACA), applying policy information and systems theory to re-imagine the value and function of chaplaincy to hospital communities. This article argues that chaplaincy research and practice must look beyond only individual interventions and embrace chaplain competencies of presence, ritual, and communication as foundational tools for institutional spiritual care.

Galbraith, T. and Conner, B. T. [Colorado State University]. **“Religiosity as a moderator of the relation between sensation seeking and substance use for college-aged individuals.”** *Psychology of Addictive Behaviors* 29, no. 1 (Mar 2015): 168-175.

[Abstract:] Substance use has been identified as a major problem on college campuses across the country, with excessive use often leading to unintended and unwanted negative health outcomes. Sensation seeking has been shown to be a consistent predictor of engagement in various health risk behaviors, including substance use. Religiosity has been shown to negatively predict substance use. However, there is mixed evidence on the relations among these risk and protective factors. This may be due to the operational definitions of religiosity in previous research. The current study investigated religiosity as a moderator of the relation between sensation seeking and substance use using robust measures of religiosity. The primary hypotheses were (a) sensation seeking would be positively associated with higher levels of heavy episodic drinking and marijuana use; (b) religiosity would be negatively associated with higher levels of substance use; and (c) religiosity would moderate the relation between sensation seeking and substance use such that, when religiosity was high, there would be no association between sensation seeking and substance use, but at low and moderate levels of religiosity, there would be a positive association between them. Religiosity was a significant moderator of the relation between risk seeking and marijuana use ($p < .01$), but it was less effective as a moderator between sensation seeking and heavy episodic drinking. Religiosity appears to have a stronger buffering effect for illegal drug use compared with alcohol use, perhaps in part because of the relative acceptance of alcohol consumption across major U.S. religious orientations.

Gibbons, J. A., Hartzler, J. K., Hartzler, A. W., Lee, S. A. and Walker, W. R. [Christopher Newport University, and Colorado State University at Pueblo]. **“The Fading Affect Bias shows healthy coping at the general level, but not the specific level for religious variables across religious and non-religious events.”** *Consciousness & Cognition* 36 (Nov 2015): 265-276. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[From the abstract:] The research on fading emotions has shown that unpleasant emotions fade more over time than pleasant emotions, which is a phenomenon referred to as the Fading Affect Bias (FAB). Based on the negative relation between the FAB and dysphoria..., some researchers have argued that the FAB is a healthy coping mechanism.... As religious variables are related to positive emotions and emotional coping..., we examined the FAB as a healthy coping mechanism at the general and specific levels of analysis in the context of religion. General healthy coping was supported by (1) FAB effects across both religious events (REs) and non-religious events (NREs) and (2) a positive relation for spirituality and the FAB. However, specific healthy coping was not supported by a small FAB for (1) REs at high levels of positive religious coping (PRC) for NREs, (2) NREs at low levels of PRC for NREs, and (3) purely REs relative to REs involving spirituality. Other implications are discussed. [See also the article by Barnby, J. M., et al., in the same issue of the journal, also cited in this bibliography.]

Gomez-Castillo, B. J., Hirsch, R., Groninger, H., Baker, K., Cheng, M. J., Phillips, J., Pollack, J. and Berger, A. M. [National Institutes of Health Clinical Center, Bethesda, MD]. **“Increasing the number of outpatients receiving spiritual assessment: a pain and palliative care service quality improvement project.”** *Journal of Pain & Symptom Management* 50, no. 5 (Nov 2015): 724-729. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] BACKGROUND: Spirituality is a patient need that requires special attention from the Pain and Palliative Care Service team. This quality improvement project aimed to provide spiritual assessment for all new outpatients with serious life-altering illnesses. MEASURES: Percentage of new outpatients receiving spiritual assessment (Faith, Importance/Influence, Community, Address/Action in care, psychosocial evaluation, chaplain consults) at baseline and postinterventions. INTERVENTION: Interventions included encouraging clinicians to incorporate adequate spiritual assessment into patient care and implementing chaplain covisits for all initial outpatient visits. OUTCOMES: The quality improvement interventions increased spiritual assessment (baseline vs. postinterventions): chaplain covisits (25.5% vs. 50%), Faith, Importance/Influence, Community, Address/Action in care completion (49% vs. 72%), and psychosocial evaluation (89% vs. 94%). CONCLUSIONS/LESSONS LEARNED: Improved spiritual assessment in an outpatient palliative care clinic setting can occur with a multidisciplinary approach. This project also identifies data collection and documentation processes that can be targeted for improvement.

Goncalves, J. P., Lucchetti, G., Menezes, P. R. and Vallada, H. [University of Sao Paulo Medical School, Sao Paulo; and Federal University of Juiz de Fora, Juiz de Fora, Minas Gerais, Brazil]. **“Religious and spiritual interventions in mental health care: a systematic review and meta-analysis of randomized controlled clinical trials.”** *Psychological Medicine* 45, no. 14 (Oct 2015): 2937-2949. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] BACKGROUND: Despite the extensive literature assessing associations between religiosity/spirituality and health, few studies have investigated the clinical applicability of this evidence. The purpose of this paper was to assess the impact of religious/spiritual interventions (RSI) through randomized clinical trials (RCTs). METHOD: A systematic review was performed in the following databases: PubMed, Scopus, Web of Science, PsycINFO, Cochrane Collaboration, Embase and SciELO. Through the use of a Boolean expression, articles were included if they: (i) investigated mental health outcomes; (ii) had a design consistent with RCTs. We excluded protocols involving intercessory prayer or distance healing. The study was conducted in two phases by reading: (1) title and abstracts; (2) full papers and assessing

their methodological quality. Then, a meta-analysis was carried out. RESULTS: Through this method, 4751 papers were obtained, of which 23 remained included. The meta-analysis showed significant effects of RSI on anxiety general symptoms ($p < 0.001$) and in subgroups: meditation ($p < 0.001$); psychotherapy ($p = 0.02$); 1 month of follow-up ($p < 0.001$); and comparison groups with interventions ($p < 0.001$). Two significant differences were found in depressive symptoms: between 1 and 6 months and comparison groups with interventions ($p = 0.05$). In general, studies have shown that RSI decreased stress, alcoholism and depression. CONCLUSIONS: RCTs on RSI showed additional benefits including reduction of clinical symptoms (mainly anxiety). The diversity of protocols and outcomes associated with a lack of standardization of interventions point to the need for further studies evaluating the use of religiosity/spirituality as a complementary treatment in health care.

Greenfield, B. L., Hallgren, K. A., Venner, K. L., Hagler, K. J., Simmons, J. D., Sheche, J. N., Homer, E. and Lupee, D. [University of New Mexico, University of Wisconsin-Madison, and the Southwest Native American MICRA Project]. **“Cultural adaptation, psychometric properties, and outcomes of the Native American Spirituality Scale.”** *Psychological Services* 12, no. 2 (May 2015): 123-133.

[Abstract:] Spirituality is central to many Native Americans (NAs) and has been associated with recovery from substance use disorders (SUDs). However, no published questionnaire uniquely taps tribal-specific spiritual beliefs and practices. This hinders efforts to integrate traditional NA spirituality into SUD treatment and track spiritual outcomes. As part of a randomized controlled trial examining SUD treatment for NAs, we adapted the Daily Spiritual Experience Scale (DSES) in collaboration with members of a Southwest tribe to create the Native American Spirituality Scale (NASS) and measured changes in the NASS over the course of treatment. The 83 participants (70% male) were from a single Southwest tribe and seeking SUD treatment. They completed the NASS at baseline, 4, 8, and 12 months. Exploratory factor analysis of the NASS was conducted and its temporal invariance, construct validity, and longitudinal changes in the factor and item scores were examined. The NASS yielded a 2-factor structure that was largely invariant across time. Factor 1 reflected behavioral practices, while Factor 2 reflected more global beliefs. Both factors significantly increased across 12 months, albeit at different assessment points. At baseline, Factor 1 was negatively related to substance use and positively associated with measures of tribal identification while Factor 2 was unrelated to these measures. Given the importance of tribal spirituality to many NAs, the development of this psychometrically sound measure is a key precursor and complement to the incorporation of tribal spirituality into treatment, as well as research on mechanisms of change for SUD treatment among NAs and assessment of NA spirituality in relation to other aspects of health.

Greenson, J. M., Smoski, M. J., Suarez, E. C., Brantley, J. G., Ekblad, A. G., Lynch, T. R. and Wolever, R. Q. [Duke University Medical Center, Durham, NC]. **“Decreased symptoms of depression after mindfulness-based stress reduction: potential moderating effects of religiosity, spirituality, trait mindfulness, sex, and age.”** *Journal of Alternative & Complementary Medicine* 21, no. 3 (Mar 2015): 166-174.

[Abstract:] OBJECTIVE: Mindfulness-based stress reduction (MBSR) is a secular meditation training program that reduces depressive symptoms. Little is known, however, about the degree to which a participant's spiritual and religious background, or other demographic characteristics associated with risk for depression, may affect the effectiveness of MBSR. Therefore, this study tested whether individual differences in religiosity, spirituality, motivation for spiritual growth, trait mindfulness, sex, and age affect MBSR effectiveness. METHODS: As part of an open trial, multiple regression was used to analyze variation in depressive symptom outcomes among 322 adults who enrolled in an 8-week, community-based MBSR program. RESULTS: As hypothesized, depressive symptom severity decreased significantly in the full study sample ($d=0.57$; $p<0.01$). After adjustment for baseline symptom severity, moderation analyses revealed no significant differences in the change in depressive symptoms following MBSR as a function of spirituality, religiosity, trait mindfulness, or demographic variables. Paired *t* tests found consistent, statistically significant ($p<0.01$) reductions in depressive symptoms across all subgroups by religious affiliation, intention for spiritual growth, sex, and baseline symptom severity. After adjustment for baseline symptom scores, age, sex, and religious affiliation, a significant proportion of variance in post-MBSR depressive symptoms was uniquely explained by changes in both spirituality ($\beta=-0.15$; $p=0.006$) and mindfulness ($\beta=-0.17$; $p<0.001$). CONCLUSIONS: These findings suggest that MBSR, a secular meditation training program, is associated with improved depressive symptoms regardless of affiliation with a religion, sense of spirituality, trait level of mindfulness before MBSR training, sex, or age. Increases in both mindfulness and daily spiritual experiences uniquely explained improvement in depressive symptoms.

Grodensky, C. A., Golin, C. E., Jones, C., Mamo, M., Dennis, A. C., Abernethy, M. G. and Patterson, K. B. **“I should know better': the roles of relationships, spirituality, disclosure, stigma, and shame for older women living with HIV seeking support in the South.”** *Journal of the Association of Nurses in AIDS Care* 26, no. 1 (Jan-Feb 2015): 12-23.

[Abstract:] The population of older people living with HIV in the United States is growing. Little is known about specific challenges older HIV-infected women face in coping with the disease and its attendant stressors. To understand these issues for older women, we conducted semi-structured in-depth interviews with 15 women (13 African American, 2 Caucasian) 50 years of age and older (range 50-79 years) in HIV care in the southeastern United States, and coded transcripts for salient themes. Many women felt isolated and inhibited from seeking social connection due to reluctance to disclose their HIV status, which they viewed as more shameful at their older ages. Those receiving social support did so mainly through relationships with family and friends, rather than romantic relationships. Spirituality provided great support for all participants, although fear of disclosure led several to restrict connections with a church community. Community-level stigma-reduction programs may help older HIV-infected women receive support.

Grossoehme, D. H., Szczesniak, R. D., Britton, L. L., Siracusa, C. M., Quittner, A. L., Chini, B. A., Dimitriou, S. M and Seid, M. [Cincinnati Children's Hospital Medical Center, Cincinnati, OH; University of Alabama Birmingham/Children's Hospital of Alabama Cystic Fibrosis Center, Birmingham, AL; and University of Miami, Miami, FL]. **“Adherence determinants in cystic fibrosis: cluster analysis of parental psychosocial, religious, and/or spiritual factors.”** *Annals of the American Thoracic Society* 12, no. 6 (Jun 2015): 838-846.

[Abstract:] RATIONALE: Cystic fibrosis is a progressive disease requiring a complex, time-consuming treatment regimen. Nonadherence may contribute to an acceleration of the disease process. Spirituality influences some parental healthcare behaviors and medical decision-making. OBJECTIVES: We hypothesized that parents of children with cystic fibrosis, when classified into groups based on adherence rates, would share certain psychosocial and religious and/or spiritual variables distinguishing them from other adherence groups. METHODS: We conducted a multisite, prospective, observational study focused on parents of children younger than 13 years old at two cystic fibrosis center

sites (Site 1, n= 83; Site 2, n = 59). Religious and/or spiritual constructs, depression, and marital adjustment were measured by using previously validated questionnaires. Determinants of adherence included parental attitude toward treatment, perceived behavioral norms, motivation, and self-efficacy. Adherence patterns were measured with the Daily Phone Diary, a validated instrument used to collect adherence data. Cluster analysis identified discrete adherence patterns, including parents' completion of more treatments than prescribed. MEASUREMENTS AND MAIN RESULTS: For airway clearance therapy, four adherence groups were identified: median adherence rates of 23%, 52%, 77%, and 120%. These four groups differed significantly for parental depression, sanctification of their child's body, and self-efficacy. Three adherence groups were identified for nebulized medications: median adherence rates of 35%, 82%, and 130%. These three groups differed significantly for sanctification of their child's body and self-efficacy. CONCLUSIONS: Our results indicated that parents in each group shared psychosocial and religious and/or spiritual factors that differentiated them. Therefore, conversations about adherence likely should be tailored to baseline adherence patterns. Development of efficacious religious and/or spiritual interventions that promote adherence by caregivers of children with cystic fibrosis may be useful.

Hajj Hussein, I., Dany, M., Forbes, W., Barremkala, M., Thompson, B. J. and Jurjus, A. [Oakland University, Rochester, MI; Medical University of South Carolina, Charleston SC; and American University of Beirut]. **“Perceptions of human cadaver dissection by medical students: a highly valued experience.”** *Italian Journal of Anatomy & Embryology* 120, no. 3 (2015): 162-171.

[From the abstract:] This study, which involved medical students of various cultural backgrounds, assessed their responses to dissection. Medicine I year students (n = 100) at Oakland University William Beaumont School of Medicine [Rochester, Michigan, USA] were invited to complete a questionnaire after the first week of dissection, and again at the end of the course. ...At the end of the course, dissection was significantly less anxiety-provoking, and, interestingly, the study found that culture and religious beliefs became more important to the students.

Hamilton, J. B., Galbraith, K. V., Best, N. C., Worthy, V. C. and Moore, L. T. [Johns Hopkins University, Baltimore, MD]. **“African-American cancer survivors' use of religious beliefs to positively influence the utilization of cancer care.”** *Journal of Religion & Health* 54, no. 5 (Oct 2015): 1856-1869. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Among African-Americans, religion impacts health-seeking behaviors. This qualitative study used criterion purposeful sampling and thematic analysis in analysis of data from 31 African-American cancer patients to understand the influence of religion on the utilization of cancer care services. Our findings suggest that religious beliefs and practices positively influenced attitudes toward their illness and ability to endure treatment. God's ability to heal and cure, God's control over survival, God's will over their lives, and God's promise for health and prosperity were examples of survivor's religious beliefs. Religious practices such as prayer promoted a trusting relationship with healthcare providers and were a source of strength and encouragement.

Heard, C. P., Scott, J. and Yeo, S. [Southwest Centre for Forensic Mental Health Care and Parkwood Institute, Ontario, Canada]. **“Walking the labyrinth: considering mental health consumer experience, meaning making, and the illumination of the sacred in a forensic mental health setting.”** *Journal of Pastoral Care & Counseling* 69, no. 4 (Dec 2015): 240-250.

[Abstract:] The purpose of this study is to explore the unique meaning and experience associated with walking a unicursal seven circuit outdoor Chartress Labyrinth and 11 circuit indoor Chartress Labyrinth for persons residing at a forensic mental health care facility. Over the past several decades labyrinths have enjoyed something of a renaissance and are often utilized by spiritual care practitioners and health care clinicians in order to support reflection, stress reduction, and the exploration of personal wellness in a sacred setting. Labyrinths are used in many settings including places of worship, hospitals, long-term care facilities, and parks. While labyrinths are becoming more prevalent, an understanding of their impact, particularly in the mental health context, is limited. This qualitative study supports a novel investigation of the meaning associated with participation in walking a labyrinth for persons residing at a forensic mental health care facility. The study design is a qualitative methodology involving transcribed interviews with 12 individuals resident at the Southwest Centre for Forensic Mental Health Care who participated in the 'Walking the Labyrinth' program as facilitated by spiritual care staff. A standardized interview protocol was utilized and the collected data was coded for themes. Several methods were employed to establish trustworthiness including triangulation by analyst and by theory/perspective. Member checking was also utilized in order to further validate the themes. Recommendations related to potential health care applications for labyrinths are identified. These include a focus upon the linkage between mental health care planning and labyrinth participation.

Hickner, J. [University of Illinois at Chicago, IL]. **“Will you pray with me, doctor?”** *Journal of Family Practice* 64, no. 7 (Jul 2015): 391.

This is an editorial from the Editor-in-Chief of the journal, relating a personal experience.

Hodge, D. R. [Arizona State University and the University of Pennsylvania]. **“Administering a two-stage spiritual assessment in healthcare settings: a necessary component of ethical and effective care.”** *Journal of Nursing Management* 23, no. 1 (Jan 2015): 27-38. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIM: This article delineates rationales for administering a spiritual assessment as a universal component of care. BACKGROUND: The notion that nurses should identify and address patients' spiritual needs remains controversial, particularly in the UK where criticisms derived from secularization theory have appeared in the literature. EVALUATION: To respond to these criticisms and to develop rationales supportive of spiritual assessment, I draw upon scholarship from a variety of disciplines including social work, sociology, and medicine. KEY ISSUES: Five rationales are posited to support the concept of universal spiritual assessments: professional ethics, patient autonomy, knowledge of patients' worldviews, the identification of spiritual assets, and accrediting and governmental requirements. Criticisms based on secularization theory are discussed and analysed. CONCLUSION: A two-stage spiritual assessment - consisting of a brief preliminary assessment followed, if necessary, by a comprehensive assessment - provides a mechanism to efficiently identify patients' spiritual needs. IMPLICATIONS FOR NURSING MANAGEMENT: As key members of the healthcare team, nurse managers are ideally situated to ensure that all patients receive a spiritual assessment as a routine component of care. In so doing, they help ensure the provision of ethical and effective care to the diverse spiritual groups that will continue to populate the UK for the foreseeable future.

Hodge, D. R. **“Spirituality and religion among the general public: implications for social work discourse.”** *Social Work* 60, no. 3 (Jul 2015): 219-227.

[Abstract:] Conceptualizations play a central role in social work discourse, shaping actions in the areas of practice, research, and education. Although many formulations of spirituality and religion have been advanced by social work scholars, the views of members of the general public have been largely absent from the professional conversation. The present article adds to the profession's evolving discussion on spirituality and religion by describing common understandings of spirituality and religion among the general population and by discussing the implication of these views for social work discourse on spirituality and religion. By understanding common views among the public, the social work profession is better positioned to provide ethical and professional services that respect clients' spiritual beliefs and values. [See also: Oxhandler, H. K., “The Integration of Clients' Religion and Spirituality...,” in the same issue of the journal, noted elsewhere in this bibliography.]

Hodge, D. R. and Wolosin, R. J. [Arizona State University, Phoenix]. **“Addressing the spiritual needs of American Indians: predictors of satisfaction.”** *Social Work in Health Care* 54, no. 2 (2015): 118-133. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Spirituality is instrumental to health and wellness in many American Indian (AI) cultures. Although the Joint Commission requires spiritual assessments to identify and address clients' spiritual needs during hospitalization, little is known about the operationalization of this process for American Indians (AIs). To address this gap in the literature, the present study employed a national sample of AIs (N = 1,281) to identify predictors of satisfaction with the manner in which their spiritual needs were addressed. The results suggest the discharge process, physicians, room quality, and nurses play important roles in satisfactorily addressing AIs' spiritual needs. Of these, the discharge process had the largest effect on satisfaction, underscoring the salience of social workers in addressing the spiritual needs of hospitalized AIs.

Hodge, D. R. and Wolosin, R. J. [Arizona State University, Phoenix]. **“Failure to address African Americans' spiritual needs during hospitalization: identifying predictors of dissatisfaction across the arc of service provision.”** *Journal of Gerontological Social Work* 58, no. 2 (2015): 190-205. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Using a national sample of recently hospitalized older African Americans (N = 2,227), this study identified predictors of dissatisfaction with the manner in which clients' spiritual needs were addressed during hospitalization. Of 8 major areas of service provision examined, 3 were significant predictors of dissatisfaction: nurses, physicians, and the discharge process. The findings underscore the importance of collaborative efforts to address elderly Black clients' spiritual needs. Social workers, who frequently oversee the discharge process, can play an important role in addressing African Americans' spiritual needs by developing discharge plans that incorporate clients' spiritual strengths and resources into the planning process.

Hosseini, M., Davidson, P. M., Khoshknab, M. F. and Nasrabadi, A. N. [University of Social Welfare & Rehabilitation Sciences, Tehran, Iran; University of Technology, Sydney, Australia; and Johns Hopkins University, Baltimore, MD]. **“Experience of spiritual care in cardiac rehabilitation: an interpretative phenomenological analysis.”** *Journal of Pastoral Care & Counseling* 69, no. 2 (Jun 2015): 68-76.

[Abstract:] The aim of the study was to explore the experience of spiritual care among a cardiac rehabilitation team. Spiritual care is an important dimension of providing comprehensive care, and understanding the views of health professionals is pivotal to making recommendations for caring. This study used an interpretive phenomenological approach. Semi-structured interviews were undertaken with 13 cardiac rehabilitation professionals. Seven persons participated in individual interviews and six in focus group discussions. Data were analyzed using Smith and Osborn's interpretative phenomenological analysis method. Study data were categorized into more than 150 initial themes, 12 clustered and four superordinate themes, included: 'Helping patients to obtain a meaningful sense of being', 'Providing religious/spiritual focused care', 'holistic approach to rehabilitation is needed' and 'spirituality as a neglected aspect of rehabilitation'. Participants described that they did not have sufficient training in providing spiritual care. Nurses' awareness of spiritual care meaning among a cardiac rehabilitation team is helping to respond to rehabilitation care in a holistic approach. Helping patients to get a meaningful sense of being is an important part of assisting in recovery and adjustment following an acute cardiac event. Providing clear guidelines and support for providing spiritual care in cardiac rehabilitation is required.

Hudson, D. L., Purnell, J. Q., Duncan, A. E. and Baker, E. [Washington University in St. Louis, MO]. **“Subjective religiosity, church attendance, and depression in the National Survey of American Life.”** *Journal of Religion & Health* 54, no. 2 (Apr 2015): 584-597. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Studies have consistently indicated that blacks report lower rates of depression than whites. This study examined the association between religion and depression and whether religion explained lower rates of depression among blacks compared to whites. Data were drawn from the National Survey of American Life, a multi-ethnic sample of African Americans, Caribbean Blacks, and non-Hispanic whites (n = 6,082). African Americans and Caribbean Blacks reported higher mean levels of subjective religiosity than whites, but there were no significant differences in levels of church attendance. African Americans (OR 0.54; CI 0.45-0.65) and Caribbean Blacks (OR 0.66; CI 0.48-0.91) reported significantly lower odds of depression than whites. Differences in subjective religiosity and church attendance did not account for the association between major depression and African American and Caribbean Black race/ethnicity relative to whites. More research is needed to examine whether there are other factors that could protect against the development of depression.

Isgandarova, N. [Centre for Addiction and Mental Health and Ontario Multifaith Council, Canada]. **“Physician-assisted suicide and other forms of euthanasia in Islamic spiritual care.”** *Journal of Pastoral Care & Counseling* 69, no. 4 (Dec 2015): 215-221.

[Abstract:] The muteness in the Qur'an about suicide due to intolerable pain and a firm opposition to suicide in the hadith literature formed a strong opinion among Muslims that neither repentance nor the suffering of the person can remove the sin of suicide or mercy 'killing' (al-qatl al-rahim), even if these acts are committed with the purpose of relieving suffering and pain. Some interpretations of the Islamic sources even give advantage to murderers as opposed to people who commit suicide because the murderers, at least, may have opportunity to repent for their sin. However, people who commit suicide are 'labeled' for losing faith in the afterlife without a chance to repent for their act. This paper claims that Islamic spiritual care can help people make decisions that may impact patients, family members, health care givers and the whole

community by responding to questions such as 'What is the Islamic view on death?', 'What is the Islamic response to physician-assisted suicide and other forms of euthanasia?', 'What are the religious and moral underpinnings of these responses in Islam?'

Jacobs, C. [Smith College School for Social Work, Sunderland, MA]. **“Contemplative spaces in social work practice.”** *Journal of Pain & Symptom Management* 49, no. 1 (Jan 2015): 150-154.

[Abstract:] Exploring contemplative practices and spirituality in social work has developed a new impetus as the understanding of the importance of those variables in patient care has increased. Social work brings its historical attention to the whole person and the many ways the social worker and patient understand their respective roles in assisting in the process of healing and coping with loss. It is essential that social workers attend to their own understanding of the space for contemplative practice in their lives. This article sets the context for this important work and provides an example of a program designed to increase the social worker's awareness and practice skills that reflect the particular dynamics of engaging spirituality in the clinical relationship.

Jankowski, K. R. and Flannelly, K. J. [Center for Psychosocial Research, Massapequa, NY]. **“Measures of central tendency in chaplaincy, health care, and related research.”** *Journal of Health Care Chaplaincy* 21, no. 1 (2015): 39-49.

[Abstract:] The three measures of central tendency are discussed in this article: the mode, the median, and the mean. These measures of central tendency describe data in different and important ways, in relation to the level of measurement (nominal, ordinal, interval, or ratio) used to obtain the data. The results of published research studies, thought experiments, and graphs of frequency and percentage distributions of data are used as examples to demonstrate and explain the similarities and differences among these summary measures of data. The examples include the application of nominal, ordinal, interval, and ratios scales to measure pain, anxiety, chaplaincy services, religious behaviors, and treatment-related preferences, and their respective measures of central tendency. Examples of unimodal and bimodal distributions, and differences in the relative locations of the median and mean in symmetrical and skewed distributions are also presented and discussed.

Jim, H. S., Pustejovsky, J. E., Park, C. L., Danhauer, S. C., Sherman, A. C., Fitchett, G., Merluzzi, T. V., Munoz, A. R., George, L., Snyder, M. A. and Salsman, J. M. [Moffitt Cancer Center, Tampa, FL; University of Texas at Austin; University of Connecticut, Storrs; Forest School of Medicine, Winston Salem, NC; University of Arkansas for Medical Sciences, Little Rock; Rush University Medical Center, Chicago, IL; University of Notre Dame, Notre Dame, IN; and Northwestern University and Feinberg School of Medicine, Chicago, IL]. **“Religion, spirituality, and physical health in cancer patients: a meta-analysis.”** *Cancer* 121, no. 21 (Nov 1, 2015): 3760-3768.

[Abstract:] Although religion/spirituality (R/S) is important in its own right for many cancer patients, a large body of research has examined whether R/S is also associated with better physical health outcomes. This literature has been characterized by heterogeneity in sample composition, measures of R/S, and measures of physical health. In an effort to synthesize previous findings, a meta-analysis of the relation between R/S and patient-reported physical health in cancer patients was performed. A search of PubMed, PsycINFO, the Cumulative Index to Nursing and Allied Health Literature, and the Cochrane Library yielded 2073 abstracts, which were independently evaluated by pairs of raters. The meta-analysis was conducted for 497 effect sizes from 101 unique samples encompassing more than 32,000 adult cancer patients. R/S measures were categorized into affective, behavioral, cognitive, and 'other' dimensions. Physical health measures were categorized into physical well-being, functional well-being, and physical symptoms. Average estimated correlations (Fisher z scores) were calculated with generalized estimating equations with robust variance estimation. Overall R/S was associated with overall physical health ($z=0.153$, $P<.001$); this relation was not moderated by sociodemographic or clinical variables. Affective R/S was associated with physical well-being ($z=0.167$, $P<.001$), functional well-being ($z=0.343$, $P<.001$), and physical symptoms ($z=0.282$, $P<.001$). Cognitive R/S was associated with physical well-being ($z=0.079$, $P<.05$) and functional well-being ($z=0.090$, $P<.01$). 'Other' R/S was associated with functional well-being ($z=0.100$, $P<.05$). In conclusion, the results of the current meta-analysis suggest that greater R/S is associated with better patient-reported physical health. These results underscore the importance of attending to patients' religious and spiritual needs as part of comprehensive cancer care. [This article is part of a special Religion & Spirituality series featured in this issue of the journal. See other articles in the series, also cited in this bibliography: by Park, C. L., et al; by Sherman, A. C., et al.; and two by Salsman, J. M., et al.]

Kestenbaum, A., James, J., Morgan, S., Shields, M., Hocker, W., Rabow, M. and Dunn, L. B. [Jewish Theological Seminary, New York, NY; University of California, San Francisco; UCSF Benioff Children's Hospital, San Francisco; and the UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco]. **“Taking your place at the table’: an autoethnographic study of chaplains' participation on an interdisciplinary research team.”** *BMC Palliative Care* 14 (2015): 20 [electronic journal article designation].

[Abstract:] BACKGROUND: There are many potential benefits to chaplaincy in transforming into a "research-informed" profession. However little is known or has been documented about the roles of chaplains on research teams and as researchers or about the effects of research engagement on chaplains themselves. This report describes the experience and impact of three chaplains, as well as tensions and challenges that arose, on one particular interdisciplinary team researching a spiritual assessment model in palliative care. Transcripts of our research team meetings, which included the three active chaplain researchers, as well as reflections of all the members of the research team provide the data for this descriptive, qualitative, autoethnographic analysis. METHODS: This autoethnographic project evolved from the parent study, entitled "Spiritual Assessment Intervention Model (AIM) in Outpatient Palliative Care Patients with Advanced Cancer." This project focused on the use of a well-developed model of spiritual care, the Spiritual Assessment and Intervention Model (Spiritual AIM). Transcripts of nine weekly team meetings for the parent study were reviewed. These parent study team meetings were attended by various disciplines and included open dialogue and intensive questions from non-chaplain team members to chaplains about their practices and Spiritual AIM. Individual notes (from reflexive memoing) and other reflections of team members were also reviewed for this report. The primary methodological framework for this paper, autoethnography, was not only used to describe the work of chaplains as researchers, but also to reflect on the process of researcher identity formation and offer personal insights regarding the challenges accompanying this process. RESULTS: Three major themes emerged from the autoethnographic analytic process: 1) chaplains' unique contributions to the research team; 2) the interplay between the chaplains' active research role and their work identities; and 3) tensions and challenges in being part of an interdisciplinary research team. CONCLUSIONS: Describing the contributions and challenges of one interdisciplinary research team that included chaplains may help inform chaplains about the experience of participating in research. As an autoethnographic study, this work is not meant to offer generalizable results about all chaplains' experiences on research teams. Research teams that are interdisciplinary may mirror the richness and efficacy of clinical interdisciplinary teams. Further work is needed to better characterize both the promise and pitfalls of chaplains' participation on research teams.

- Kevern, P. and Hill, L. [Staffordshire University, Stafford, UK]. **“Chaplains for well-being’ in primary care: analysis of the results of a retrospective study.”** *Primary Health Care Research & Development* 16, no. 1 (Jan 2015): 87-99. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
 [Abstract:] AIM: To analyse quantitative changes in patient well-being concurrent with chaplaincy interventions in a retrospective study of a group of Primary Care centres in Sandwell and West Birmingham, United Kingdom. BACKGROUND: Anecdotal evidence suggests that support from trained Primary Care Chaplains may be particularly useful for those with subclinical mental health issues; it can reduce the tendency to ‘medicalise unhappiness’ and is a positive response to patients with medically unexplained symptoms. However, to date there has been no published research attempting to quantify their contribution. METHOD: Data were gathered from a group of Primary Care Centres, which make use of a shared Chaplaincy service. Demographic data and pre-post scores on the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) were collected for patients who had attended consultations with a Chaplain. These were subjected to tests of statistical significance to evaluate the possible contribution of chaplaincy to patient well-being along with possible confounding variables. FINDINGS: a substantial improvement in WEMWBS scores (mean=9 points, BCa 95% CI [7.23, 10.79], P=0.001) post-intervention. The improvement in scores was highest for those with initially lower levels of well-being. There is therefore evidence that chaplaincy interventions correlate with an improvement of holistic well-being as measured by a WEMWBS score. A prospective study on a larger scale would provide more detailed information on the interaction of possible variables. Further study is also required to evaluate the implications of this result for patient outcomes and GP resources. The efficacy of Primary Care Chaplaincy is under-researched and difficult to measure. This paper represents the first attempt to quantify a measurable improvement in the well-being of patients who are referred to the service.
- Khalaf, D. R., Hebborn, L. F., Dal, S. J. and Naja, W. J. [Lebanese University, Beirut, Lebanon]. **“A critical comprehensive review of religiosity and anxiety disorders in adults.”** *Journal of Religion & Health* 54, no. 4 (Aug 2015): 1438-1450. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
 [Abstract:] Over the past three decades, there has been increasing research with respect to the relation of religion and mental health disorders. Consequently, the current article aims to first provide a comprehensive literature review of the interplay between different domains of religiosity and a wide variety of categorical anxiety disorders in adults, and secondly, to uncover the major methodological flaws often yielding mixed, contradictory and unreliable results. The search was conducted using the PubMed/Medline database and included papers published between 1970 and 2012, under a rigorous set of inclusion/exclusion criteria. A total of ten publications were retained as part of the current study, and three main outcomes were identified: (1) certain aspects of religiosity and specific religious interventions have mostly had a protective impact on generalized anxiety disorder (40% of the studies); (2) other domains of religiosity demonstrated no association with post-traumatic stress disorder (30% of the studies); and (3) mixed results were seen for panic and phobic disorders.
- Khalsa, D. S. [University of New Mexico School of Medicine, Albuquerque, NM]. **“Stress, meditation, and Alzheimer's disease prevention: where the evidence stands.”** *Journal of Alzheimer's Disease* 48, no. 1 (2015): 1-12 [electronic journal page designation].
 [Abstract:] Although meditation is believed to be over five thousand years old, scientific research on it is in its infancy. Mitigating the extensive negative biochemical effects of stress is a superficially discussed target of Alzheimer's disease (AD) prevention, yet may be critically important. This paper reviews lifestyle and stress as possible factors contributing to AD and meditation's effects on cognition and well-being for reduction of neurodegeneration and prevention of AD. This review highlights Kirtan Kriya (KK), an easy, cost effective meditation technique requiring only 12 minutes a day, which has been successfully employed to improve memory in studies of people with subjective cognitive decline, mild cognitive impairment, and highly stressed caregivers, all of whom are at increased risk for subsequent development of AD. KK has also been shown to improve sleep, decrease depression, reduce anxiety, down regulate inflammatory genes, upregulate immune system genes, improve insulin and glucose regulatory genes, and increase telomerase by 43%; the largest ever recorded. KK also improves psycho-spiritual well-being or spiritual fitness, important for maintenance of cognitive function and prevention of AD. KK is easy to learn and practice by aging individuals. It is the premise of this review that meditation in general, and KK specifically, along with other modalities such as dietary modification, physical exercise, mental stimulation, and socialization, may be beneficial as part of an AD prevention program.
- Khanna, S. and Greyson, B. [University of Virginia School of Medicine, Charlottesville, VA]. **“Near-death experiences and posttraumatic growth.”** *Journal of Nervous & Mental Disease* 203, no. 10 (Oct 2015): 749-755.
 [Abstract:] Posttraumatic growth denotes positive psychological change after a traumatic experience that is an improvement over the state before the trauma. Inasmuch as it involves existential reevaluation, posttraumatic growth overlaps with spiritual change, although it also encompasses other domains of positive outcome. This study investigated posttraumatic growth and presence and depth of near-death experience at the time of the close brush with death among 251 survivors of a close brush with death, using the Posttraumatic Growth Inventory and the Near-Death Experience (NDE) Scale. Near-death experiences were associated with greater posttraumatic growth than were close brushes with death in the absence of such an experience, and scores on the NDE Scale were significantly correlated with scores on the Posttraumatic Growth Inventory. To the extent that NDEs are interpreted as spiritual events, these findings support prior research suggesting that spiritual factors make a significant contribution to posttraumatic growth and are consistent with the model that posits challenges to the assumptive worldview as a major stimulus to posttraumatic growth.
- Kim, J., Smith, T. W. and Kang, J. H. [Sungkyunkwan University and Yonsei University, Seoul, Korea; and University of Chicago, IL]. **“Religious affiliation, religious service attendance, and mortality.”** *Journal of Religion & Health* 54, no. 6 (Dec 2015): 2052-2072. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
 [Abstract:] Very few studies have examined the effects of both religious affiliation and religiosity on mortality at the same time, and studies employing multiple dimensions of religiosity other than religious attendance are rare. Using the newly created General Social Survey-National Death Index data, our report contributes to the religion and mortality literature by examining religious affiliation and religiosity at the same time. Compared to Mainline Protestants, Catholics, Jews, and other religious groups have lower risk of death, but Black Protestants, Evangelical Protestants, and even those with no religious affiliation are not different from Mainline Protestants. While our study is consistent with previous findings that religious attendance leads to a reduction in mortality, we did not find other religious measures, such as strength of religious affiliation, frequency of praying, belief in an afterlife, and belief in God to be associated with mortality. We also find interaction effects between religious affiliation and attendance. The lowest mortality of Jews and other religious groups is more apparent for those with

lower religious attendance. Thus, our result may emphasize the need for other research to focus on the effects of religious group and religious attendance on mortality at the same time.

Kim, N. Y., Huh, H. J. and Chae, J. H. [Catholic University of Korea, College of Medicine, Seoul, Republic of Korea]. “**Effects of religiosity and spirituality on the treatment response in patients with depressive disorders.**” *Comprehensive Psychiatry* 60 (Jul 2015): 26-34.

[Abstract:] BACKGROUND: Few studies have investigated the roles of religiosity and spirituality in predicting treatment response among psychiatric patients with depressive disorders. METHODS: In total, 232 outpatients with depressive disorders completed measurements of psychological symptoms, religiosity, and spirituality at baseline. A response was defined as Clinical Global Impression-Improvement scale (CGI-I) score of 1 or 2 at the last visit during a 6-month treatment period. Univariate analyses and logistic regression analysis were used to identify predictors of treatment response. RESULTS: In univariate analyses, treatment response was associated with marital status, longer treatment duration, less severe baseline symptoms, higher personal importance of religion, and higher spirituality. In logistic regression analysis, subjective important considerations for religion and spirituality were significantly related with treatment response after controlling for marital status, treatment duration, and baseline symptom severity. Of these variables, spirituality remained a significant predictor in the final model. CONCLUSIONS: These findings suggest that higher spirituality may independently contribute to favorable treatment responses among depressed patients in addition to other demographic and clinical factors.

Kim, Y., Carver, C. S. and Cannady, R. S. [University of Miami, FL]. “**Caregiving motivation predicts long-term spirituality and quality of life of the caregivers.**” *Annals of Behavioral Medicine* 49, no. 4 (Aug 2015): 500-509.

[Abstract:] BACKGROUND: Studies have shown that caregivers report impaired quality of life (QOL). This study investigated how caregiving motives predict long-term spirituality and QOL among cancer caregivers and the role of gender in these associations. METHOD: Caregiving motives of family members (n=369) were measured 2 years after their relative's cancer diagnosis (T1), and both spirituality and QOL (mental and physical health) were measured at 5 years postdiagnosis (T2). RESULTS: Structural equation modeling was used to test spirituality dimensions as potential mediators of links from caregiving motives to QOL. Among male caregivers, autonomous caregiving motives at T1 related to better mental health at T2, apparently because these motives led caregivers to find greater peace and meaning in life at T2. CONCLUSIONS: Findings suggest that caregivers may benefit from interventions that facilitate their ability to be autonomously motivated and find contentment in their caregiving experience, which may improve spiritual adjustment and QOL years later.

Kobayashi, D., Shimbo, T., Takahashi, O., Davis, R. B. and Wee, C. C. Beth Israel Deaconess Medical Center, Boston, MA; St. Luke's International Hospital, Tokyo, Japan; St. Luke's Life Science Institute, Tokyo, Japan; and Kagawa University, Kagawa, Japan; and National Center for Global Health and Medicine, Tokyo, Japan]. “**The relationship between religiosity and cardiovascular risk factors in Japan: a large-scale cohort study.**” *Journal of the American Society of Hypertension* 9, no. 7 (Jul 2015): 553-562.

[Abstract:] The goal of this study was to examine the relationship between religiosity and cardiovascular risk factors in a Japanese population. A retrospective cohort study was conducted involving individuals who underwent annual health check-ups at St. Luke's International Hospital from 2005 to 2010. Data collected included self-reported demographics, clinical information, and health habits, as well as religiosity, baseline examination, and laboratory measures. We conducted multivariable regression analyses to examine the associations between religiosity and cardiovascular risk factors at baseline and longitudinally. The analyses were performed in 2012. A total of 36,965 participants were enrolled, and 13,846 (37.8%) reported being at least somewhat religious. Compared with those who were not religious at baseline, religious participants (n = 3685) were less likely to be current smokers (odds ratio [OR], 0.59; 95% confidence interval [CI], 0.53-0.67) and to report excessive alcohol consumption (OR, 0.74; 95% CI, 0.67-0.82), and more likely to exercise at least three times a week (OR, 1.27; 95% CI, 1.16-1.39) and to be obese (OR, 1.32; 95% CI, 1.19-1.47). There were no significant differences in the rate of hypertension, diabetes mellitus, or dyslipidemia prevalence. In longitudinal data analyses, religiosity was associated with a lower likelihood of smoking and excessive alcohol consumption, and a higher likelihood of regular exercise and a lower incidence of diabetes over time. Individuals who were more religious were significantly more likely to have favorable health habits and fewer cardiovascular risk factors, except for a higher prevalence of overweight/obesity at baseline. Religiosity was also associated with better health habits over time and less likely to be associated with future diabetes but not with blood pressure or lipid levels.

Koenig, H. G. [Duke University]. “**Religion, spirituality, and health: a review and update.**” *Advances in Mind-Body Medicine* 29, no. 3 (2015): 19-26.

[Abstract:] This article summarizes research prior to 2010 and more recent research on religion, spirituality, and health, including some of the latest work being done by research teams at Columbia University, Harvard University, Duke University, and other academic medical centers. First, terms such as religion, humanism, and spirituality are defined. Second, based on his research team's previous systematic review of quantitative studies published in the peer-reviewed literature prior to 2010, the author discusses the findings from that research on the effects of religion and spirituality (R/S) on (1) mental health-well-being, purpose in life, hope, optimism, self-esteem, depression, anxiety, suicide, and substance abuse; (2) health behaviors-exercise, diet, cigarette smoking, and risky sexual activity; and (3) physical health-coronary artery disease, cancer, and all-cause mortality. Third, the author examines the latest research on the prevalence of spiritual needs among individuals with serious or terminal medical illnesses, the consequences of ignoring those needs, and the results of clinical trials that have examined the effects of spiritual assessments by physicians. Finally, the author reviews the research currently being conducted at Duke University on the efficacy of religious cognitive-behavioral therapies and on the effects of religious involvement on telomere length in stressed caregivers. Resources are provided that will assist seasoned researchers and clinicians who might be interested in doing research in this novel and expanding area of whole-person medicine.

Kopacz, M. S. and Pollitt, M. J. [Department of Veterans Affairs, VISN 2 Center of Excellence for Suicide Prevention, Canandaigua, NY]. “**Delivering chaplaincy services to veterans at increased risk of suicide.**” *Journal of Health Care Chaplaincy* 21, no. 1 (2015): 1-13.

[Abstract:] The present study quantitatively examines the delivery of chaplaincy services to Veterans at increased risk of suicide as well as how chaplains collaborate with other healthcare providers. An on-line survey was distributed to the nationwide network of U.S. Department of Veterans Affairs chaplains, yielding a response rate of 11.91% (N = 118). Most chaplains reported some form of training in suicide prevention,

approximately half were involved in safety planning, and the majority reported not engaging in firearm safety counseling. Chaplaincy services were usually delivered through in-person, group, and phone consultations. Respondents were generally satisfied with their collaboration with other healthcare providers, most often collaborating with psychologists, social workers, and counselors. As a descriptive study, the findings serve to inform the delivery of chaplaincy services to at-risk Veterans. Recommendations include expanding service delivery options, developing competency in safety planning and counseling, as well as increasing institutional awareness of chaplaincy services.

Krageloh, C. U., Billington, D. R., Henning, M. A. and Chai, P. P. [Auckland University of Technology and University of Auckland, New Zealand]. **“Spiritual quality of life and spiritual coping: evidence for a two-factor structure of the WHOQOL spirituality, religiousness, and personal beliefs module.”** *Health & Quality of Life Outcomes* 13 (2015): 26 [electronic journal article designation].

[Abstract:] BACKGROUND: The WHOQOL-SRPB has been a useful module to measure aspects of QOL related to spirituality, religiousness, and personal beliefs, but recent research has pointed to potential problems with its proposed factor structure. Three of the eight facets of the WHOQOL-SRPB have been identified as potentially different from the others, and to date only a limited number of factor analyses of the instrument have been published. METHODS: Analyses were conducted using data from a sample of 679 university students who had completed the WHOQOL-BREF quality of life questionnaire, the WHOQOL-SRPB module, the Perceived Stress scale, and the Brief COPE coping strategies questionnaire. Informed by these analyses, confirmatory factor analyses suitable for ordinal-level data explored the potential for a two-factor solution as opposed to the originally proposed one-factor solution. RESULTS: The facets WHOQOL-SRPB facets connected, strength, and faith were highly correlated with each other as well as with the religious coping sub-scale of the Brief COPE. Combining these three facets to one factor in a two-factor solution for the WHOQOL-SRPB yielded superior goodness-of-fit indices compared to the original one-factor solution. CONCLUSIONS: A two-factor solution for the WHOQOL-SRPB is more tenable, in which three of the eight WHOQOL-SRPB facets group together as a spiritual coping factor and the remaining facets form a factor of spiritual quality of life. While discarding the facets connectedness, strength, and faith without additional research would be premature, users of the scale need to be aware of this alternative two-factor structure, and may wish to analyze scores using this structure. \

Krageloh, C. U., Henning, M. A., Billington, R. and Hawken, S. J. [Auckland University of Technology, Auckland, New Zealand]. **“The relationship between quality of life and spirituality, religiousness, and personal beliefs of medical students.”** *Academic Psychiatry* 39, no. 1 (Feb 2015): 85-89.

[Abstract:] OBJECTIVE: This study investigated the effects of spirituality, religiousness, and personal beliefs on the quality of life (QOL) of medical students affiliated with a religious faith and those without affiliation. METHODS: Using a cross-sectional design, 275 medical students (78 % response rate) in their fourth and fifth year of study completed the WHOQOL-BREF quality of life instrument and the WHOQOL-SRPB module for spirituality, religiousness, and personal beliefs. RESULTS: For religious students, a larger range of characteristics of existential beliefs were positively related to quality of life. For all students, hope and optimism and meaning of life predicted higher scores on psychological. CONCLUSIONS: For religious and nonreligious medical students, reduced meaning in life and hope were the strongest indicators of psychological distress. Interventions to improve the mental well-being of medical students may be more effective if aimed at teaching students how to find meaning and purpose in their lives and how to foster an enduring sense of hope and optimism.

Kremer, H., Ironson, G., Kaplan, L., Stuetzle, R., Baker, N. and Fletcher, M. A. [University of Miami, Coral Gables, FL]. **“Spiritual coping predicts CD4-cell preservation and undetectable viral load over four years.”** *AIDS Care* 27, no. 1 (2015): 71-79.

[Abstract:] In this study of 177 people living with HIV, we examined if spiritual coping leads to slower HIV disease progression (CD4 cells, viral load [VL]), and more positive health behaviors (adherence, safer sex, less substance use). Prior research suggests that physicians' assessment of spiritual coping can be an interventional aid in promoting positive spiritual coping. Longitudinal spiritual coping was rated using qualitative content analysis of six-monthly interviews/essays. Positive spiritual coping (65%) was predominant over negative (7%), whereas 28% did not make significant use of spirituality as a means to cope. Spiritual coping was associated with less substance use disorder but not with less sexual risk behavior. Hierarchical linear modeling demonstrated that spiritual coping predicted sustained undetectable VL and CD4-cell preservation over four years, independent of sociodemographics, baseline disease status, and substance use disorder. Achieving undetectable VL significantly increased over time in participants with positive spiritual coping but decreased among those with negative spiritual coping. For every participant with positive spiritual coping achieving undetectable VL, four with negative spiritual coping reported with detectable/transmittable HIV. Notably, even when controlling for the effect of VL suppression, CD4-cell decline was 2.25 times faster among those engaged in negative versus positive spiritual coping. In conclusion, spiritual coping is associated with positive health behaviors, such as maintaining long-term VL suppression and less onset/relapse of substance use disorder over time. Among those who are sexually active, positive spiritual coping reduces the risk of HIV transmission via VL suppression but may not prevent the transmission of other STDs because spiritual coping is not related to safer sexual behavior. Notably, the association between spiritual coping and immune preservation was direct (i.e., not explained by VL suppression), suggesting potential psychoneuroimmunological pathways. Thus, assessment of spiritual coping may be an important area of intervention to achieve undetectable VL, reduce HIV disease progression, and prevent substance use onset/relapse.

Lambie, D., Egan, R., Walker, S. and MacLeod, R. [Sydney Medical School, University of Sydney, Australia]. **“How spirituality is understood and taught in New Zealand medical schools.”** *Palliative & Supportive Care* 13, no. 1 (Feb 2015): 53-58. [Erratum appears on p. 103.]

[Abstract:] OBJECTIVES: The objective of this research was to explore how spirituality is currently understood and taught in New Zealand Medical Schools. METHODS: A mixed methods study was carried out involving interviews (n = 14) and a survey (n = 73). The first stage of the study involved recorded semi-structured interviews of people involved in curriculum development from the Dunedin School of Medicine (n = 14); which then informed a cross-sectional self-reported electronic survey (n = 73). RESULTS: The results indicate that spirituality is regarded by many involved in medical education in New Zealand as an important part of healthcare that may be taught in medical schools, but also that there is little consensus among this group as to what the topic is about. SIGNIFICANCE OF RESULTS: These findings provide a basis for further discussion about including spirituality in medical curricula, and in particular indicate a need to develop a shared understanding of what 'spirituality' means and how it can be taught appropriately. As a highly secular country, these New Zealand findings are significant for medical education in other secular Western countries. Addressing spirituality with patients has been shown to positively impact a range of health outcomes, but how spirituality is taught in medical schools is still developing across the globe. [See other articles in the journal's theme

issue on spirituality in palliative and supportive care, also noted in this bibliography, by Breitbart, W.; by Bryson, K.; by Clemm, S., et al.; by Shields, M., et al.; by Stein, E. M., et al.; and by Vonarx, N.]

LaRocca-Pitts, M. [Crossroads Hospice of Atlanta, GA]. **“Four FACTs Spiritual Assessment Tool.”** *Journal of Health Care Chaplaincy* 21, no. 2 (2015): 51-59.

[Abstract:] The Four FACTs Spiritual Assessment Tool combines the Four Fs and the FACT Spiritual Assessment Tool of LaRocca-Pitts into a single tool. The Four FACTs Tool is specifically designed for beginning students, but can also meet the needs of professional chaplains. Though designed for use in an acute care setting, it can be easily adapted for other settings. The Four FACTs Tool is easy to learn and to use and it gathers and evaluates relevant clinical information that can then be used to develop a plan of care. In its shortened form, as ACT, it informs how the chaplain can be fully present with patients and their families, especially in a time of crisis

Laway, B. A. and Ashraf, H. [Sher-i-Kashmir Institute of Medical Sciences, Soura, Srinagar, India]. **“Basic rules of Ramadan: a medico-religious perspective.”** *JPMA - Journal of the Pakistan Medical Association* 65, no. 5, suppl. 1 (May 2015): S14-17. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Fasting during the month of Ramadan is obligatory for all adult Muslims with few exceptions. The person observing a fast does not eat, drink, and smoke from dawn to dusk. Google and Medline search was undertaken for the articles related to basic rules of fasting-religious and medical perspectives in the previous 24 years using following key words: Islamic fasting, fasting and diabetes, fasting and endocrine system. There are clear cut guidelines regarding fasting in healthy people and exemptions have been emphasized. Some alterations in pulmonary, cardiac, gastrointestinal and neuropsychiatric systems are observed which do not harm a normal person. A risk strategy has been devised for people with diabetes regarding management during Ramadan fasting. Rules regarding adherence to fasting and concessions during the month of Ramadan are clear. Minor alterations in different body systems are observed in normal people during Ramadan.

Lawson, T. and Ralph, C. [Derriford Hospital, Plymouth, Devon; and Royal Cornwall Hospital, Truro, Cornwall, UK]. **“Perioperative Jehovah's Witnesses: a review.”** *British Journal of Anaesthesia* 115, no. 5 (Nov 2015): 676-687.

[Abstract:] There are many patient groups who may refuse blood products; the most well known amongst them is the Jehovah's Witness faith. Treatment of anaemia and bleeding in such patients presents a challenge to medical, anaesthetic, and surgical teams. This review examines the perioperative issues and management of Jehovah's Witnesses. The history and beliefs of Jehovah's Witnesses are outlined together with their impact on ethics and the law, and different management options throughout the perioperative period are discussed.

LeBaron, V. T., Cooke, A., Resmini, J., Garinther, A., Chow, V., Quinones, R., Noveroske, S., Baccari, A., Smith, P. T., Peteet, J., Balboni, T. A. and Balboni, M. J. [University of Virginia School of Nursing, Charlottesville, VA; Beth Israel Deaconess Medical Center, Boston, MA; Boston University School of Theology, MA; Boston College, MA; Brigham & Women's Hospital, Boston, MA; Dana-Farber Cancer Institute, Harvard Cancer Center, Boston, MA; Harvard Divinity School, Boston, MA; and Gordon-Conwell Theological Seminary, Boston, MA]. **“Clergy views on a good versus a poor death: ministry to the terminally ill.”** *Journal of Palliative Medicine* 18, no. 12 (Dec 2015):1000-1007. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] BACKGROUND: Clergy are often important sources of guidance for patients and family members making medical decisions at the end-of-life (EOL). Previous research revealed spiritual support by religious communities led to more aggressive care at the EOL, particularly among minority patients. Understanding this phenomenon is important to help address disparities in EOL care. OBJECTIVE: The study objective was to explore and describe clergy perspectives regarding "good" versus "poor" death within the participant's spiritual tradition. METHODS: This was a qualitative, descriptive study. Community clergy from various spiritual backgrounds, geographical locations within the United States, and races/ethnicities were recruited. Participants included 35 clergy who participated in one-on-one interviews (N = 14) and two focus groups (N = 21). Semistructured interviews explored clergy viewpoints on factors related to a "good death." Principles of grounded theory were used to identify a final set of themes and subthemes. RESULTS: A good death was characterized by wholeness and certainty and emphasized being in relationship with God. Conversely, a "poor death" was characterized by separation, doubt, and isolation. Clergy identified four primary determinants of good versus poor death: dignity, preparedness, physical suffering, and community. Participants expressed appreciation for contextual factors that affect the death experience; some described a "middle death," or one that integrates both positive and negative elements. Location of death was not viewed as a significant contributing factor. CONCLUSIONS: Understanding clergy perspectives regarding quality of death can provide important insights to help improve EOL care, particularly for patients highly engaged with faith communities. These findings can inform initiatives to foster productive relationships between clergy, clinicians, and congregants and reduce health disparities

Ledford, C. J., Canzona, M. R., Seehusen, D. A., Cafferty, L. A., Schmidt, M. E., Huang, J. C. and Villagran, M. M. [Department of Family Medicine, Uniformed Services University of the Health Sciences, Bethesda, MD]. **“Differences in physician communication when patients ask versus tell about religion/spirituality: a pilot study.”** *Family Medicine* 47, no. 2 (Feb 2015): 138-142.

[Abstract:] BACKGROUND AND OBJECTIVES: Research suggests that physicians should pursue spiritual issues and that patients desire to discuss religion/spirituality (R/S) in medical encounters. This study explored the differences in physician communication in response to patient inquiry or disclosure of R/S and hypothesizes that physician communication will differ when patients disclose R/S as contrasted to inquire about R/S. METHODS: Family physicians and family medicine resident physicians were recruited from a family medicine department at a community hospital (n=27). An objective structured clinical examination, with a standardized patient encounter, was used to expose the participants to a conversation regarding R/S. Participants were assigned, by alternating clustered assignment, to two conditions: patient disclosure of R/S or patient inquiry about physician R/S. The primary outcome measure was physician response, specifically physician-control, partnership-building, and supportive-talk messages. RESULTS: When the patient asks questions about R/S, physicians communicate more control messages and less supportive talk messages than when the patient discloses information about R/S. CONCLUSIONS: Training physicians to anticipate and respond to patient disclosure and inquiry will increase the likelihood they can enact patient-centered strategies. These methods should focus on teaching residents how to be sensitive to the R/S context of their patients and to recognize their own intuitive reactions to patient communication in that context.

- Leeson, L. A., Nelson, A. M., Rathouz, P. J., Juckett, M. B., Coe, C. L., Caes, E. W. and Costanzo, E. S. [University of Wisconsin-Madison and University of South Florida]. **“Spirituality and the recovery of quality of life following hematopoietic stem cell transplantation.”** *Health Psychology* 34, no. 9 (Sep 2015): 920-928.
[Abstract:] OBJECTIVE: Spirituality has been linked to improved adjustment and functioning in individuals with cancer; however, its effect on quality of life following hematopoietic stem cell transplantation (HSCT) has not been well-studied. This study investigated changes in spirituality in hematologic cancer patients recovering from HSCT and relationships between spirituality and dimensions of quality of life following HSCT. METHODS: Participants (N = 220) completed measures of two dimensions of spirituality (meaning/peace and religious faith), depression, anxiety, fatigue, pain, and physical and functional well-being prior to transplant and at 1-, 3-, 6-, and 12-months posttransplant. RESULTS: Meaning/peace declined at 1-month posttransplant and returned to pretransplant levels by 6-months posttransplant, and faith increased from pretransplant to 6-months posttransplant. Mixed-effects linear regression models indicated that greater pretransplant meaning/peace, but not religious faith, predicted less depression, anxiety, and fatigue, and better physical and functional well-being during the 12-months following transplant. CONCLUSIONS: The capacity to find meaning and peace may facilitate recovery following HSCT. Results suggest that spirituality may be a resilience factor that could be targeted to improve quality of life for HSCT recipients.
- Lepherd, L. [Centre for Health Sciences Research, University of Southern Queensland, Toowoomba, Australia]. **“Spirituality: everyone has it, but what is it?”** *International Journal of Nursing Practice* 21, no. 5 (Oct 2015): 566-574. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
[Abstract:] Spirituality has been the subject of discussion over many years, yet understanding its nature, and usefulness during illness, can be elusive. Nurses and other health-care practitioners can often be in the position to help patients discuss spiritual matters because of their direct contact on a frequent basis, but might not feel confident to do so because the subject can appear to be overly complex. This paper summarizes some of the essential elements of spirituality as synthesized from literature that refers to it. The literature draws attention to spirit as the core of a person's being, and the notion that spirituality comprises multiple dimensions that exist internally or become externally manifest through behaviors. The presence and use of spirituality can lead to such outcomes as peace of mind, self-fulfillment and alleviation of suffering. Underpinning all spirituality is the concept of transcendence where a person can be 'lifted up' above the challenges of illness.
- Levine, E. G., Vong, S. and Yoo, G. J. [Walden University, Minneapolis, MN; and San Francisco State University, San Francisco, CA]. **“Development and initial validation of a spiritual support subscale for the MOS Social Support Survey.”** *Journal of Religion & Health* 54, no. 6 (Dec 2015): 2355-2366. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
[Abstract:] While spirituality and religious practices are important in coping with illness or other crises, there are few ways of assessing support that people receive from members of their spiritual communities. The goal of this study was to validate a new spiritual support subscale for the Medical Outcomes Study Social Support Scale (MOS-SSS). Questions for the subscale were formed based on responses of 135 breast cancer survivors who were interviewed about their cancer experience. Exploratory factor analysis resulted in four specific factors for the MOS-SSS: emotional/informational, tangible, affectionate, and spiritual support. The new spiritual support subscale has adequate reliability and validity and may be useful in assessing an area of support that is not always addressed.
- Lewinson, L. P., McSherry, W. and Kevern, P. [Staffordshire University, Stafford, UK; and Haraldsplass Deaconess University College, Bergen, Norway]. **“Spirituality in pre-registration nurse education and practice: a review of the literature.”** *Nurse Education Today* 35, no. 6 (Jun 2015): 806-814.
[Abstract:] Spirituality is known to be an integral part of holistic care, yet research shows that it is not well valued or represented in nurse education and practice. However, the nursing profession continues to make efforts to redress the balance by issuing statements and guidance for the inclusion of spirituality by nurses in their practice. A systematic literature review was undertaken and confirms that nurses are aware of their lack of knowledge, understanding and skills in the area of spirituality and spiritual care, and desire to be better informed and skilled in this area. Consequently, in order for nurses to support the spiritual dimension of their role, nurse education has a vital part to play in raising spiritual awareness and facilitating competence and confidence in this domain. The literature review also reveals that studies involving pre-registration are few, but those available do provide examples of innovation and various teaching methods to deliver this topic in nursing curricular.
- Leyva, B., Nguyen, A. B., Allen, J. D., Taplin, S. H. and Moser, R. P. [National Cancer Institute, Rockville, MD]. **“Is religiosity associated with cancer screening? Results from a national survey.”** *Journal of Religion & Health* 54, no. 3 (Jun 2015): 998-1013. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
[Abstract:] This study examined the following: (1) relationships between religiosity-as measured by religious service attendance-and screening for breast, cervical, and colorectal cancers; (2) the potential mediating role of social support; and (3) the potential moderating effect of race/ethnicity. Statistical analyses showed that religiosity was associated with greater utilization of breast, cervical, and colorectal cancer screening. Social support fully mediated the relationship between religiosity and Pap screening, and partially mediated the relationship between religiosity and colorectal screening, but had no effect on the relationship between religiosity and mammography screening. Race/ethnicity moderated the relationship between religiosity and social support in the cervical cancer screening model, such that the positive association between religiosity and social support was stronger for non-Hispanic Blacks than it was for non-Hispanic Whites. These findings have implications for the role of social networks in health promotion and can inform cancer screening interventions in faith-based settings
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- Linardakis, M., Papadaki, A., Smpokos, E., Sarri, K., Vozikaki, M. and Philalithis, A. [University of Crete, Greece; and University of Bristol, UK]. **“Are religiosity and prayer use related with multiple behavioural risk factors for chronic diseases in European adults aged 50+ years?”** *Public Health* 129, no. 5 (May 2015): 436-443.
[Abstract:] OBJECTIVES: Behavioural risk factors for chronic diseases involve factors relating to lifestyle habits. This study examined the relationship of religious and spiritual beliefs with the adoption and presence of multiple behavioural risk factors (MBRFs) in European adults. STUDY DESIGN: Cross-sectional study. METHODS: Data were used from 16,557 individuals, aged 50+ years, participating in the Survey of Health, Ageing and Retirement in Europe (2004/05). MBRFs clustering was defined by high body weight, smoking, physical inactivity and risky alcohol consumption, and regression estimations with religiosity and prayer use were assessed based on sampling weights. RESULTS: In

total, 79.4% of participants had received religious education, 33.4% had used prayer '>1 time/day' and 53.3% had clustering of 2+ MBRFs. Lower prevalence of smoking was found in males (20.6% vs. 29.4%, $P < 0.05$), as well as in females (13.1% vs. 22.6%, $P < 0.05$), who prayed '>1 time/day', compared to those who never prayed. Categorical regression analysis revealed that the presence of MBRFs was associated negatively with religious education (standardized beta = -0.048, $P < 0.001$) and positively with low frequency of prayer use (standardized beta = 0.056, $P < 0.001$). CONCLUSIONS: Having received religious education and prayer use were related to the presence of fewer MBRFs in European adults aged 50+ years. These lifestyle factors should be assessed as potential determinants of MBRFs adoption when examining chronic disease development in multicultural populations.

Lopez-Sierra, H. E. and Rodriguez-Sanchez, J. [Inter-American University of Puerto Rico, Metropolitan Campus, San Juan, Puerto Rico]. **“The supportive roles of religion and spirituality in end-of-life and palliative care of patients with cancer in a culturally diverse context: a literature review.”** *Current Opinion in Supportive & Palliative Care* 9, no. 1 (Mar 2015): 87-95.

[Abstract:] PURPOSE OF REVIEW: This is a literature review of the supportive roles of religion and spirituality (R/S) in end-of-life (EoL) and palliative care of patients with cancer in a culturally diverse context. This review examines 26 noteworthy articles published between August 2013 and August 2014 from five well supported databases. RECENT FINDINGS: Current evidence shows that R/S evokes in patients the sources to find the necessary inner strengths, which includes perspective thinking, rituals for transcending immediate physical condition and modalities of coping with their oncological illnesses. R/S are not a monolithically experience for they always manifest themselves in diverse cultural settings. As such, R/S provide the individual and their families with a practical context and social memory, which includes traditions and social family practices for maintaining meaning and well-being. Nonetheless, although various dimensions of R/S show a link between cancer risk factors and well being in cancer patients, more specific dimensions of R/S need to be studied taking into account the individuals' particular religious and cultural contexts, so that R/S variables within that context can provide a greater integrative structure for understanding and to move the field forward. SUMMARY: Behavioral, cognitive and psychosocial scientists have taken a more in-depth look at the claims made in the past, suggesting that a relationship between R/S, cultural diversity and health exists. Case in point are the studies on EoL care, which have progressively considered the role of cultural, religion and spiritual diversity in the care of patients with oncological terminal illnesses. Beyond these facts, this review also shows that EoL supportive and palliative care providers could further enhance their practical interventions by being sensitive and supportive of cultural diversity.

Lukachko, A., Myer, I. and Hankerson, S. [Rutgers University, Newark, NJ; UCLA School of Law; and Columbia University, College of Physicians and Surgeons, New York State Psychiatric Institute]. **“Religiosity and mental health service utilization among African-Americans.”** *Journal of Nervous & Mental Disease* 203, no. 8 (Aug 2015): 578-582.

[Abstract:] African-Americans are approximately half as likely as their white counterparts to use professional mental health services. High levels of religiosity among African-Americans may lead to a greater reliance on religious counseling and coping when facing a mental health problem. This study investigates the relationship between three dimensions of religiosity and professional mental health service utilization among a large ($n = 3570$), nationally representative sample of African-American adults. African-American adults who reported high levels of organizational and subjective religiosity were less likely than those with lower levels of religiosity to use professional mental health services. This inverse relationship was generally consistent across individuals with and without a diagnosable Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, anxiety, mood, or substance use disorder. No association was found between nonorganizational religiosity and professional mental health service use. Seeking professional mental health care may clash with sociocultural religious norms and values among African-Americans. Strategic efforts should be made to engage African-American clergy and religious communities in the conceptualization and delivery of mental health services.

MacDonald, D. A., Friedman, H. L., Brewczynski, J., Holland, D., Salagame, K. K., Mohan, K. K., Gubrij, Z. O. and Cheong, H. W. [University of Detroit Mercy, Detroit, MI; University of Florida, Gainesville, FL; Veteran Affairs and University of Utah, Salt Lake City, UT; Neurobehavior Center of Minnesota, Edina, MN; University of Mysore and Indian Council of Social Sciences Research, New Delhi, India; Makerere University, Kampala, Uganda; Mahidol University, Bangkok, Thailand; University of Arkansas for Medical Sciences, Little Rock, AR; and Mental Health Center, Pyeong Taek-Si, South Korea]. **“Spirituality as a scientific construct: testing its universality across cultures and languages.”** *PLoS ONE* 10, no. 3 (2015): e0117701 [electronic journal article designation].

[Abstract:] Using data obtained from 4004 participants across eight countries (Canada, India, Japan, Korea, Poland, Slovakia, Uganda, and the U.S.), the factorial reliability, validity and structural/measurement invariance of a 30-item version of Expressions of Spirituality Inventory (ESI-R) was evaluated. The ESI-R measures a five factor model of spirituality developed through the conjoint factor analysis of several extant measures of spiritual constructs. Exploratory factor analyses of pooled data provided evidence that the five ESI-R factors are reliable. Confirmatory analyses comparing four and five factor models revealed that the five dimensional model demonstrates superior goodness-of-fit with all cultural samples and suggest that the ESI-R may be viewed as structurally invariant. Measurement invariance, however, was not supported as manifested in significant differences in item and dimension scores and in significantly poorer fit when factor loadings were constrained to equality across all samples. Exploratory analyses with a second adjective measure of spirituality using American, Indian, and Ugandan samples identified three replicable factors which correlated with ESI-R dimensions in a manner supportive of convergent validity. The paper concludes with a discussion of the meaning of the findings and directions needed for future research.

Mamier, I. and Taylor, E. J. [Loma Linda University, Loma Linda, CA]. **“Psychometric evaluation of the Nurse Spiritual Care Therapeutics Scale.”** *Western Journal of Nursing Research* 37, no. 5 (May 2015): 679-694. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] To measure nurse-provided spiritual care, robust instrumentation is needed. This study psychometrically evaluated an instrument that operationalizes frequency of nurse-provided spiritual care, the Nurse Spiritual Care Therapeutics Scale (NSCTS). The 17-item NSCTS, with an established content validity index of 0.88, was administered online to registered nurses (RNs) in four hospitals. Responses from 554 RNs (24% response rate), most who identified as Christian, provided evidence for the NSCTS' reliability and validity. Internal reliability was supported by an alpha coefficient of .93. Validity was evidenced by item-total correlations ranging from .40 to .80, low to modest direct correlations between the NSCTS and Daily Spiritual Experience Scale and Duke University Religiosity Index, and strong loadings between 0.41 and 0.84 on one factor (explaining 49.5% of the variance) during exploratory factor analysis.

- Marin, D. B., Sharma, V., Sosunov, E., Egorova, N., Goldstein, R. and Handzo, G. F. [Icahn School of Medicine at Mount Sinai, New York, NY]. **“Relationship between chaplain visits and patient satisfaction.”** *Journal of Health Care Chaplaincy* 21, no. 1 (2015): 14-24.
 [Abstract:] This prospective study investigated the relationship between chaplain visits and patient satisfaction, as measured by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Press Ganey surveys from 8,978 patients who had been discharged from a tertiary care hospital. Controlling for patients' age, gender, race, ethnicity, language, education, faith, general health status, and medical conditions, chaplain visits increased the willingness of patients to recommend the hospital, as measured by both the HCAHPS survey (regression coefficient = 0.07, $p < .05$) and the Press Ganey survey (0.11, $p < .01$). On the Press Ganey survey, patients visited by chaplains were also more likely to endorse that staff met their spiritual needs (0.27, $p < .001$) and their emotional needs (0.10, $p < .05$). In terms of overall patient satisfaction, patients visited by a chaplain were more satisfied on both the Press Ganey survey (0.11, $p < .01$) and on the HCAHPS survey (0.17, $p < .05$). Chaplains' integration into the healthcare team improves patients' satisfaction with their hospital stay.
- Marshall, J. and Archibald, C. **“The influence of spirituality on health behaviors in an Afro-Caribbean population.”** *ABNF Journal* 26, no. 3 (2015): 57-62.
 [Abstract:] Spirituality is an integral part of the Afro-Caribbean experience. This study explored spirituality's influence on health in a church-going Afro-Caribbean population in order to further develop the concept of Spiritually-Guided Health risk Interception (SGHRI). Using a naturalistic approach, ten (10) members of local Pentecostal churches including ministry leaders, were interviewed. Items from the Spiritual Health Locus of Control scale (SHLC) guided the sessions. Content analysis was used to examine the data, and three themes emerged: compassion for service, divine authority, and shared responsibility. The findings of this study suggested that Afro Caribbean church-goers are fervent in their spirituality and dedication to social services provided by the church. While they rely on church leaders for guidance in health matters, recognition of personal role in health promotion was acknowledged. This valuable resource may be used to combine the fundamental principles associated with their spiritual practices and with health risk interceptions.
- Marshall, K. and Smith, S. [Georgetown University, Washington, DC; and Joint United Nations Programme on HIV and AIDS, Geneva, Switzerland]. **“Religion and ebola: learning from experience.”** *Lancet* 386, no. 10005 (Oct 31, 2015): e24-25.
 This brief article notes three lessons from the recent experience in Africa: “...first, strengthening of knowledge of religious demography, institutions, and relationships would facilitate more effective engagement of faith communities; second, public health communities need more systematic and multidisciplinary community engagement approaches; and third, religious dimensions of behaviour change, for example on burials, highlight the value of community expertise and the need to draw on it more purposefully and systematically” [p. 24].
- Martin, A. S., Distelberg, B., Palmer, B. W. and Jeste, D. V. [University of California, San Diego (UCSD), La Jolla, CA]. **“Development of a new multidimensional individual and interpersonal resilience measure for older adults.”** *Aging & Mental Health* 19, no. 1 (Jan 2015): 32-45.
 [Abstract:] OBJECTIVES: Develop an empirically grounded measure that can be used to assess family and individual resilience in a population of older adults (aged 50-99). METHODS: Cross-sectional, self-report data from 1006 older adults were analyzed in two steps. The total sample was split into two subsamples and the first step identified the underlying latent structure through principal component exploratory factor analysis (EFA). The second step utilized the second half of the sample to validate the derived latent structure through confirmatory factor analysis (CFA). RESULTS: EFA produced an eight-factor structure that appeared clinically relevant for measuring the multidimensional nature of resilience. Factors included self-efficacy, access to social support network, optimism, perceived economic and social resources, spirituality and religiosity, relational accord, emotional expression and communication, and emotional regulation. CFA confirmed the eight-factor structure previously achieved with covariance between each of the factors. Based on these analyses we developed the multidimensional individual and interpersonal resilience measure, a broad assessment of resilience for older adults. CONCLUSION: This study highlights the multidimensional nature of resilience and introduces an individual and interpersonal resilience measure developed for older adults which is grounded in the individual and family resilience literature.
- Massey, K., Barnes, M. J., Villines, D., Goldstein, J. D., Pierson, A. L., Scherer, C., Vander Laan, B. and Summerfelt, W. T. [Advocate Health Care, Downers Grove, IL. **“What do I do? Developing a taxonomy of chaplaincy activities and interventions for spiritual care in Intensive Care Unit palliative care.”** *BMC Palliative Care* 14 (2015): 10 [electronic journal article designation].
 [Abstract:] BACKGROUND: Chaplains are increasingly seen as key members of interdisciplinary palliative care teams, yet the specific interventions and hoped for outcomes of their work are poorly understood. This project served to develop a standard terminology inventory for the chaplaincy field, to be called the chaplaincy taxonomy. METHODS: The research team used a mixed methods approach to generate, evaluate and validate items for the taxonomy. We conducted a literature review, retrospective chart review, focus groups, self-observation, experience sampling, concept mapping, and reliability testing. Chaplaincy activities focused primarily on palliative care in an intensive care unit setting in order to capture a broad cross section of chaplaincy activities. RESULTS: Literature and chart review resulted in 438 taxonomy items for testing. Chaplain focus groups generated an additional 100 items and removed 421 items as duplications. Self-Observation, Experience Sampling and Concept Mapping provided validity that the taxonomy items were actual activities that chaplains perform in their spiritual care. Inter-rater reliability for chaplains to identify taxonomy items from vignettes was 0.903. CONCLUSIONS: The 100 item chaplaincy taxonomy provides a strong foundation for a normative inventory of chaplaincy activities and outcomes. A deliberative process is proposed to further expand and refine the taxonomy to create a standard terminological inventory for the field of chaplaincy. A standard terminology could improve the ways inter-disciplinary palliative care teams communicate about chaplaincy activities and outcomes.
- Mathisen, B., Carey, L. B., Carey-Sargeant, C. L., Webb, G., Millar, C. and Krikheli, L. [La Trobe University, Bendigo; University of Melbourne, Melbourne; and University of Newcastle, Newcastle, Australia]. **“Religion, spirituality and speech-language pathology: a viewpoint for ensuring patient-centred holistic care.”** *Journal of Religion & Health* 54, no. 6 (Dec 2015): 2309-2323. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
 [Abstract:] This paper presents a viewpoint concerning the largely neglected clinical relevance of spirituality and religious belief in speech-language pathology (SLP) assessments, interventions and outcomes across the lifespan. An overview of the refereed SLP literature is presented with regard to religion and spirituality. It was found that while there is increasing research with regard to spirituality, health and well-being,

there is very little specific to SLP. What is available and clinically relevant, generally relates to holistic care and/or cultural and linguistic diversity. Amidst the health care literature, however, there is a growing number of recommended instruments (for religious/spiritual screening) sensitive to intercultural and interfaith issues that are currently available to medical, nursing, allied health and chaplaincy practitioners. These instruments can also be of value to SLPs to ensure holistic assessments and interventions. It would seem timely for SLPs (and other allied health practitioners) to consider including spiritual screenings/assessments as part of their clinical practice so as to ensure appropriate holistic care. This would also mean undertaking research and including relevant education within tertiary institutions and professional development programs.

McCarroll, P. R. [Knox College, University of Toronto, Canada]. “**Taking inventory and moving forward: a review of the research literature and assessment of qualitative research in JPCC, 2010-2014.**” *Journal of Pastoral Care & Counseling* 69, no. 4 (Dec 2015): 222-231.

[Abstract:] As the foremost journal in spiritual care and counseling (SCC), *Journal of Pastoral Care & Counseling* (JPCC) functions as a barometer for the discipline's research and interests. This article presents the findings of a review of the research literature in JPCC between 2010 and 2014. It examines research articles by asking the following questions: What are the quantity and types of research published? What are the dominant themes in this research? What are the quantity and methodologies of qualitative research? Findings are presented, discussed and recommendations are made in an effort to assess and further build the research base of the discipline.

McCormick, S. C. and Hildebrand, A. A. [Neuroscience Institute, Maine Medical Center, Portland, ME]. “**A qualitative study of patient and family perceptions of chaplain presence during post-trauma care.**” *Journal of Health Care Chaplaincy* 21, no. 2 (2015): 60-75.

[Abstract:] Improving the provision of spiritual care to hospitalized patients requires understanding what patients look for from a hospital chaplain, and why. This qualitative study uses grounded theory methodology to analyze data from 25 interviews with adult patients and/or adult family members who received spiritual care in a large tertiary care hospital. Analysis reveals three key themes in chaplaincy care: the attributes valued in the chaplain's presence, the elements necessary to form relationship with the chaplain, and the role of the chaplain in helping patients to discover and express meaning in their experiences. The authors weave these three themes together into a grounded theory and propose an assessment model that incorporates psychological theory about human motivation, faith development, and the development of autonomy. An understanding of the proposed assessment model can guide chaplain interventions and benefit all members of the clinical care team.

Mendola, A. [Director of Clinical Ethics and Assistant Professor of Medicine, University of Tennessee Medical Center in Knoxville]. “**Case study. Faith and futility in the ICU. Commentary.**” *Hastings Center Report* 45, no. 1 (Jan-Feb 2015): 9-10.

This is a comment on a case of a highly religious patient surrogate decision-maker who insists that his father – dying and without decision-making capacity – be treated aggressively for apparently religion-based reasons. {See also the paired comment by Bock, G. L., also noted in this bibliography.}

Meyer, I. H., Teylan, M. and Schwartz, S. [Williams Institute, School of Law, UCLA, Los Angeles, CA]. “**The role of help-seeking in preventing suicide attempts among lesbians, gay men, and bisexuals.**” *Suicide & Life-Threatening Behavior* 45, no. 1 (Feb 2015): 25-36.

[Abstract:] One possible approach to prevention of suicide attempts is to encourage help-seeking among individuals at risk. We assessed whether different forms of treatment were associated with lower odds of a suicide attempt in a diverse group of 388 lesbian, gay, and bisexual (LGB) adults aged 18-59, sampled from New York City venues. Of individuals who attempted suicide, 23% sought mental health or medical treatment and 14% sought religious or spiritual treatment prior to the suicide attempt. Black and Latino LGBs were underrepresented in mental health or medical treatment and Black LGBs were overrepresented in religious or spiritual treatment. Seeking mental health or medical treatment was not associated with lower odds of a suicide attempt; seeking religious or spiritual treatment was associated with higher odds of a suicide attempt. We discuss these results and posit hypotheses for further research of this understudied topic.

Michaelson, V., Pickett, W., Robinson, P. and Cameron, L. [Queen's University, Kingston, Canada]. “**Participation in church or religious groups and its association with health. Part 2: a qualitative, Canadian study.**” *Journal of Religion & Health* 54, no. 3 (Jun 2015): 1118-1133. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] As part of a mixed-methods study, this qualitative inquiry determined how adolescent participation in church or religious groups related to their health. We used grounded theory with a phenomenological approach to inquiry. Consistent with the quantitative findings, children (n = 12) involved in religious groups reported lower participation in risk behaviors, higher pro-social behaviors, but poorer levels of emotional well-being and physical health. Findings raise theological and practical questions about the practices and teaching of the church with respect to children's ministry. They suggest an emphasis on teaching about behaviors and morality rather than a more integrative message involving the whole of life.

Middleton, K. R., Andrade, R., Moonaz, S. H., Muhammad, C. and Wallen, G. R. [National Institutes of Health (NIH), Clinical Center, Bethesda, MD; Maryland University of Integrative Health, Baltimore, MD; and Vanderbilt University]. “**Yoga research and spirituality: a case study discussion.**” *International Journal of Yoga Therapy* 25, no. 1 (2015): 33-35. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] There is growing evidence that yoga can be beneficial as an aspect of self-care for people with arthritis. However, yoga may be less acceptable to those from different cultures, socioeconomic backgrounds, and racial/ethnic identities. While implementing a feasibility/acceptability pilot study of yoga as self-care in minority communities, the subject of spirituality surfaced. This commentary shares the experience of the researchers and yoga teachers collaborating on the study and the larger conversation that ensued following the withdrawal of one of the study participants. It is an attempt to start a relevant and needed dialogue around yoga research as an integrative health modality, and why the underlying body-mind-spirit approach to yoga may sometimes serve as a barrier to participation for diverse populations suffering from arthritis.

Mills, P. J., Wilson, K., Iqbal, N., Iqbal, F., Alvarez, M., Pung, M. A., Wachmann, K., Rutledge, T., Maglione, J., Zisook, S., Dimsdale, J. E., Lunde, O., Greenberg, B. H., Maisel, A., Raisinghani, A., Natarajan, L., Jain, S., Hufford, D. J. and Redwine, L.

[University of California, San Diego]. “**Depressive symptoms and spiritual wellbeing in asymptomatic heart failure patients.**” *Journal of Behavioral Medicine* 38, no. 3 (Jun 2015): 407-415. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Depression adversely predicts prognosis in individuals with symptomatic heart failure. In some clinical populations, spiritual wellness is considered to be a protective factor against depressive symptoms. This study examined associations among depressive symptoms, spiritual wellbeing, sleep, fatigue, functional capacity, and inflammatory biomarkers in 132 men and women with asymptomatic stage B heart failure (age 66.5 years +/- 10.5). Approximately 32 % of the patients scored >10 on the Beck Depression Inventory, indicating potentially clinically relevant depressive symptoms. Multiple regression analysis predicting fewer depressive symptoms included the following significant variables: a lower inflammatory score comprised of disease-relevant biomarkers ($p < 0.02$), less fatigue ($p < 0.001$), better sleep ($p < 0.04$), and more spiritual wellbeing ($p < 0.01$) (overall model $F = 26.6$, $p < 0.001$, adjusted R square = 0.629). Further analyses indicated that the meaning ($p < 0.01$) and peace ($p < 0.01$) subscales, but not the faith ($p = 0.332$) subscale, of spiritual wellbeing were independently associated with fewer depressive symptoms. Interventions aimed at increasing spiritual wellbeing in patients’ lives, and specifically meaning and peace, may be a potential treatment target for depressive symptoms asymptomatic heart failure.

Moghaddam, J. F., Momper, S. L. and Fong, T. W. [University of California Los Angeles]. “**Crystalizing the role of traditional healing in an urban Native American health center.**” *Community Mental Health Journal* 51, no. 3 (Apr 2015): 305-314.

[Abstract:] A needs assessment surveying American Indians and Alaska Natives (AI/ANs) at an AI/AN health center in the Midwestern United States was conducted, with an emphasis on traditional Native healing. Data from this study included qualitative material from interviews of community members ($N = 27$; age 12-82) and service providers ($N = 11$; age 26-70). Respondents emphasized the path to wellness includes physical, spiritual and mental health and that traditional healing can restore various imbalances. Furthermore, traditional healing was considered a complement to Western medicine. Third, traditional medicine as a tool in healthcare settings was conceptualized on a continuum.

Mohamed, C. R., Nelson, K., Wood, P. and Moss, C. “**Issues post-stroke for Muslim people in maintaining the practice of salat (prayer): a qualitative study.**” *Collegian: Journal of the Royal College of Nursing, Australia* 22, no. 3 (2015): 243-249.

[Abstract:] BACKGROUND: Muslims throughout the world perform salat (prayer) five times a day; *salat* involves a person reciting the Holy Qur’an while being in several positions. There are several steps that should be carried out before prayer, including *wudhu* (ablution) and covering one’s *awrah* (body). OBJECTIVES: To identify educational needs for stroke patients and their caregivers in Malaysia. Another purpose is to report on the needs identified by stroke patients and their families related to *salat*. METHODS: Descriptive qualitative study. Phase 1 involved semi-structured interviews with stroke patients ($n = 5$), family caregivers ($n = 5$) and health professionals ($n = 12$) in Kelantan Malaysia. Phase 2 involved presenting the findings from Phase 1 to the health professionals with the aim of establishing priorities and processes to develop education strategies for stroke patients and their families. RESULTS: Preparing for and performing *salat* was challenging for both patient and family carers to do following a stroke. Themes identified were prayer and the meaning of the stroke events for participants, difficulties praying post-stroke, prayer as part of rehabilitation therapy. CONCLUSION: Providing culturally safe care should include how nurses assess and support patients and their caregivers post stroke to meet their prayer needs. Nurses have a role in discussing with stroke patients and their families how in addition to its spiritual and customary benefits, prayer and for Muslims reciting the Holy Qur’an can have cognitive and rehabilitation benefits, as well as being a source of psychological support for stroke patients.

Moloney, S. and Gair, S. [James Cook University, Townsville, Australia]. “**Empathy and spiritual care in midwifery practice: contributing to women’s enhanced birth experiences.**” *Women & Birth: Journal of the Australian College of Midwives* 28, no. 4 (Dec 2015): 323-328. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] BACKGROUND: Research has identified empathy as a crucial ingredient in effective practice for health professionals, including midwifery. Equally, the role of spirituality has been recognised as enhancing the quality of the birth experience through the care, compassion and presence of the midwife. Yet literature discussing birthing women’s lived experiences of caregiver empathy and spiritual care appears uncommon. AIM: The aim of this article is to highlight women’s stories about midwives’ empathy and spiritual care or lack thereof during birth, in order to contribute to the promotion of more empathic, spiritually aware midwifery practice. METHODS: Ten interviews and seven focus groups were conducted with forty-eight women, including mothers, midwives and staff from a women’s service. A secondary analysis of the data was conducted examining women’s descriptions and reflections on midwives’ levels of empathy and spiritual care. FINDINGS: When midwives’ empathy and spiritual care were evident, women’s birth experiences appeared enhanced, providing a solid foundation for confident mothering. Conversely, participants appeared to link a lack of caregiver empathy, compassion or spiritual care with more enduring consequences, birth trauma and difficulty bonding with their babies. CONCLUSION: Midwives’ empathy and spiritual care can play a key role in creating positive birth and mothering experiences. More research into the role of empathy and spiritual care in enhancing midwifery practice in all birth settings is recommended, as is the increased embeddedness of empathic regard and the notion of ‘birth as sacred’ into midwifery curricula.

Moore, K., Talwar, V. and Moxley-Haegert, L. [McGill University, Canada]. “**Definitional ceremonies: narrative practices for psychologists to inform interdisciplinary teams’ understanding of children’s spirituality in pediatric settings.**” *Journal of Health Psychology* 20, no. 3 (Mar 2016): 259-272.

[Abstract:] In pediatric settings, parents and children often seek spiritual and religious support from their healthcare provider, as they try to find meaning in their illness. Narrative practices, such as definitional ceremonies, can provide a unique framework for psychologists to explore children’s spirituality and its role in the midst of illness. In addition, definitional ceremonies can be used as a means for psychologists to inform interdisciplinary teams’ understanding of children’s spirituality and its relevance in pediatric treatment settings. In this article, our objectives are to (a) provide a brief overview of the literature on children’s spirituality, (b) review some of the literature on childhood cancer patients’ spirituality, (c) highlight the importance of whole-person care for diverse pediatric patients, and (d) introduce definitional ceremonies as appropriate narrative practices that psychologists can use to both guide their therapy and inform interdisciplinary teams’ understanding of children’s spirituality.

- Mousley, S. [Chaplaincy Department, George Eliot Hospital NHS Trust, Nuneaton, UK]. **“The oasis project, exploring the concept of reducing anxiety & stress in a hospital setting.”** *Complementary Therapies in Clinical Practice* 21, no. 3 (Aug 2015): 173-180.
 [Abstract:] Comments written in a prayer book in a hospital Chaplaincy Centre, about the area being a 'quiet oasis' in the middle of a busy hospital amid lots of anxiety and stress led to a focus group forming to explore ideas on how this could be addressed; a short term vision was the creation of an area (Oasis) in the Chaplaincy centre and longer term in other areas across the whole hospital. These areas would have an ambience of calm and relaxation where the use of colour, sound, aroma's and touch would be used to help in the reduction of stress and anxiety, this may be from forthcoming surgery, procedures or life in general from traumatic circumstances. The potential impact of this would be to aid recovery, potentially reduce other stress related illness and improve general well-being using strategies to include relaxation, breathing and visualisation techniques and aromatherapy hand massage.
- Mundle, R. [Providence Care, Canada]. **“A narrative analysis of spiritual distress in geriatric physical rehabilitation.”** *Journal of Health Psychology* 20, no. 3 (Mar 2015): 273-285.
 [Abstract:] Drawing upon narrative data generated in a semi-structured interview with an 82-year-old female patient in geriatric physical rehabilitation, this clinical case study provides a detailed example of recognizing, assessing, and addressing spiritual distress as a symptom of physical pain. Data analysis focused on narrative content as well as on the interactive and performative aspects of narrating spiritual health issues in a close reading of two "attachment narratives." Results support the "narrative turn" in healthcare, including the therapeutic benefits of empathic listening as "narrative care" in geriatric rehabilitation and in healthcare in general
- Munoz, A. R., Salsman, J. M., Stein, K. D. and Cella, D. [Northwestern University Feinberg School of Medicine, Chicago, IL]. **“Reference values of the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being: a report from the American Cancer Society's studies of cancer survivors.”** *Cancer* 121, no. 11 (Jun 1, 2015): 1838-1844.
 [Abstract:] BACKGROUND: Health-related quality of life measures are common in oncology research, trials, and practice. Spiritual well-being has emerged as an important aspect of health-related quality of life and the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being; The 12-item Spiritual Well-Being Scale (FACIT-Sp-12) is the most widely used measure of spiritual well-being among those with cancer. However, there is an absence of reference values with which to facilitate the interpretation of scores in research and clinical practice. The objective of the current study was to provide FACIT-Sp-12 reference values from a representative sample of adult cancer survivors. METHODS: As part of the American Cancer Society's Study of Cancer Survivors-II, a national cross-sectional study of cancer survivors (8864 survivors) completed questionnaires assessing demographic characteristics, clinical information, and the FACIT-Sp-12. Scores were calculated and summarized by FACIT-Sp-12 subscale and total scores across age, sex, race/ethnicity, time after treatment, and cancer type. RESULTS: Student t tests for independent samples found that women reported significantly higher FACIT-Sp-12 scores ($P<.001$). Analyses of variance found significant main effects for FACIT-Sp-12 scores by age ($P<.01$), race/ethnicity ($P<.05$), and cancer type ($P<.001$). Post hoc comparisons revealed that older adults (those aged 60-69 years and 70-79 years) and black non-Hispanic individuals reported the highest FACIT-Sp-12 scores compared with those aged 18 to 39 years ($P<.05$; Cohen d [an effect size used to indicate the standardized difference between 2 means], 0.20-0.50) and white non-Hispanic individuals ($P<.05$; Cohen d, 0.02-0.62), respectively. All other significant main effects were small in magnitude (effect size range, 0.001-0.032). CONCLUSIONS: These data will aid in the interpretation of the magnitude and meaning of FACIT-Sp-12 scores, and allow for comparisons of scores across studies.
- Nagpal, N., Heid, A. R., Zarit, S. H. and Whitlatch, C. J [Pennsylvania State University, University Park, PA]. **“Religiosity and quality of life: a dyadic perspective of individuals with dementia and their caregivers.”** *Aging & Mental Health* 19, no. 6 (2015): 500-506.
 [Abstract:] OBJECTIVES: Dyadic coping theory purports the benefit of joint coping strategies within a couple, or dyad, when one dyad member is faced with illness or stress. We examine the effect of religiosity on well-being for individuals with dementia (IWDs). In particular, we look at the effect of both dyad members' religiosity on perceptions of IWDs' quality of life (QoL). Neither of these issues has been extensively explored. METHOD: One hundred eleven individuals with mild-to-moderate dementia and their family caregivers were interviewed to evaluate IWDs' everyday-care values and preferences, including religious preferences. Using an actor-partner multi-level model to account for the interdependent relationship of dyads, we examined how IWD and caregiver ratings of religiosity (attendance, prayer, and subjective ratings of religiosity) influence perceptions of IWDs' QoL. RESULTS: After accounting for care-related stress, one's own religiosity is not significantly related to IWDs' or caregivers' perceptions of IWD QoL. However, when modeling both actor and partner effects of religiosity on perceptions of IWDs' QoL, caregivers' religiosity is positively related to IWDs' self-reports of QoL, and IWDs' religiosity is negatively associated with caregivers' perceptions of IWDs' QoL. CONCLUSION: These findings suggest that religiosity of both the caregiver and the IWD affect perception of the IWD's QoL. It is important that caregivers understand IWDs' values concerning religion as it may serve as a coping mechanism for dealing with dementia.
- Namageyo-Funa, A., Muilenburg, J. and Wilson, M. [University of Georgia, Athens, GA]. **“The role of religion and spirituality in coping with type 2 diabetes: a qualitative study among Black men.”** *Journal of Religion & Health* 54, no. 1 (Feb 2015): 242-252. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
 [Abstract:] Religion and spirituality are instrumental to coping with health; however, there is limited literature on the use of religion and spirituality among Black men with type 2 diabetes. The purpose of this study is to explore how Black men use religion or spirituality to cope with diabetes management. We conducted in-depth interviews with 30 Black men recruited from a diabetes clinic in Atlanta, Georgia as part of a larger study. This article reports on data from 12 of the 30 Black men who reported the use of religion and spirituality as a coping strategy for diabetes management. The following coping strategies were reported: prayer and belief in God, keeping me alive, turning things over to God, changing my unhealthy behaviors, supplying my needs, reading the Bible, and religious or spiritual individuals helping me. Healthcare professionals and researchers involved in diabetes management among Black men should consider these findings in their efforts.
- Nuzum, D., Meaney, S., O'Donoghue, K. and Morris, H. [University College Cork, Cork University Maternity Hospital, Ireland]. **“The spiritual and theological issues raised by stillbirth for healthcare chaplains.”** *Journal of Pastoral Care & Counseling* 69, no. 3 (Sep 2015): 163-170. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The death of a baby is one of the most challenging bereavements for parents and healthcare professionals. This study explores the spiritual and theological issues raised for healthcare chaplains as they minister with parents following perinatal bereavement. Chaplains from 85% of maternity units in the Republic of Ireland participated in this study. Suffering, doubt and presence were the main theological themes raised for chaplains following perinatal death. The process of theological reflection is recommended as a sustaining and necessary tool in perinatal healthcare ministry.

O'Brien, M. R. and Clark, D. [Edge Hill University, Lancashire, UK; and University of Glasgow, Scotland, UK]. **“Spirituality and/or religious faith: a means for coping with the effects of amyotrophic lateral sclerosis/motor neuron disease?”** *Palliative & Supportive Care* 13, no. 6 (Dec 2015): 1603-1614. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] OBJECTIVE: The notion of spirituality/religious belief is recognized internationally as a domain within end-of-life care and is important in patients' and carers' quality-of-life. When faced with incurable illness, patients often become more philosophical about their life; many seek comfort in spiritual or religious philosophies. Our intention was to understand how personal spirituality and religious faith might help those living with amyotrophic lateral sclerosis/motor neuron disease (ALS/MND) cope with their impending death. METHOD: Unsolicited narratives (internet and print-published) written by individuals diagnosed with the terminal condition of ALS/MND were analyzed thematically. Narratives from 161 individuals diagnosed with ALS/MND written over a period of 37 years (from 1968 to 2005) were included. RESULTS: Our findings reveal that religious faith sustains and helps people to avoid despair, and personal spirituality helps them make sense of what is happening to them. SIGNIFICANCE OF RESULTS: The use of personal narratives by people with ALS/MND has provided a vehicle for sharing their deepest spiritual and religious thoughts with others. The place of spirituality and religious faith within ALS/MND care should not be underestimated. Assessment of religious or spiritual needs should become a routine part of practice and is the responsibility of all members of the multidisciplinary team.

Oliver, A., Galiana, L. and Benito, E. [Department of Methodology for the Behavioral Sciences, University of Valencia, Spain]. **“Evaluation tools for spiritual support in end of life care: increasing evidence for their clinical application.”** *Current Opinion in Supportive & Palliative Care* 9, no. 4 (Dec 2015): 357-360. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] PURPOSE OF REVIEW: To summarize current evidence on evaluation tools for spiritual care, paying special attention to recent validations and new instruments, systematic reviews, recent consensus on spiritual care and its measurement, plus other emergent topics. RECENT FINDINGS: The systematic review resulted in 45 identified studies, 14 of which were considered: five works addressed the need for development and validation of spiritual tools; three studies reviewed tools for spirituality assessment, interventions, or related concepts; three more covered the efforts to define guidelines and priorities for spiritual care and its measurement. Other topics such as pediatric spiritual care, the use of new technologies, or nationwide surveys, also arose. SUMMARY: Recent contributions outline usability traits such as to shorten scales and measurement protocols for maximum respect of patients' quality of life. Other works addressed complicated grief or satisfaction with attention to spiritual care, transcending the patients, family and professionals' focus in on a sort of combined perspective. Further attention to culturally based specific models supporting questionnaires, a deeper understanding of quality of the spiritual care, both for patients and families, or further research on the relation between spiritual care and life span should be welcomed.

O'Reilly, D. and Rosato, M. [Queen's University, Belfast; and Ulster University, Derry, Northern Ireland, UK]. **“Religion and the risk of suicide: longitudinal study of over 1 million people.”** *British Journal of Psychiatry* 206, no. 6 (Jun 2015): 466-470.

[Abstract:] BACKGROUND: Durkheim's seminal historical study demonstrated that religious affiliation reduces suicide risk, but it is unclear whether this protective effect persists in modern, more secular societies. AIMS: To examine suicide risk according to Christian religious affiliation and by inference to examine underlying mechanisms for suicide risk. If church attendance is important, risk should be lowest for Roman Catholics and highest for those with no religion; if religiosity is important, then 'conservative' Christians should fare best. METHOD: A 9-year study followed 1 106 104 people aged 16-74 years at the 2001 UK census, using Cox proportional hazards models adjusted for census-based cohort attributes. RESULTS: In fully adjusted models analysing 1119 cases of suicide, Roman Catholics, Protestants and those professing no religion recorded similar risks. The risk associated with conservative Christians was lower than that for Catholics (HR = 0.71, 95% CI 0.52-0.97). CONCLUSIONS: The relationship between religious affiliation and suicide established by Durkheim may not pertain in societies where suicide rates are highest at younger ages. Risks are similar for those with and without a religious affiliation, and Catholics (who traditionally are characterised by higher levels of church attendance) do not demonstrate lower risk of suicide. However, religious affiliation is a poor measure of religiosity, except for a small group of conservative Christians, although their lower risk of suicide may be attributable to factors such as lower risk behaviour and alcohol consumption.

Orr, R. D. **“Incorporating spirituality into patient care.”** *AMA Journal of Ethics* 17, no. 5 (May 2015): 409-415.

From *AMA Journal of Ethics* special contributor, Robert D. Orr, MD, a retired clinical ethicist who has taught bioethics at Loma Linda University School of Medicine in California, the Graduate School of Trinity International University in Illinois, the University of Vermont College of Medicine, and the Graduate College of Union University in New York City. He outlines the relevance of spirituality to patient care from the perspective of ethics and his own Christian tradition.

Oxhandler, H. K., Parrish, D. E., Torres, L. R. and Achenbaum, W. A. **“The Integration of clients' religion and spirituality in social work practice: a national survey.”** *Social Work* 60, no. 3 (Jul 2015): 228-237.

[Abstract:] related to integrating clients' religion and spirituality in clinical practice. A total of 442 LCSWs from across the United States who advertised their services on the Internet provided anonymous responses to an online administration of the Religious/Spiritually Integrated Practice Assessment Scale. The results indicate that LCSWs have positive attitudes, high levels of self-efficacy, and perceive such integration as feasible, but report low levels of engagement in integrating clients' religious and spiritual beliefs into practice. Moreover, two variables emerged as significant predictors for LCSWs' overall orientation toward integrating clients' religion and spirituality in practice: practitioners' intrinsic religiosity and prior training (prior course work or continuing education). Implications and next steps for social work education and continuing training efforts are discussed. [See also: Hodge, D. R., “Spirituality and religion among the general public...,” in the same issue of the journal, noted elsewhere in this bibliography.]

Paal, P., Helo, Y. and Frick E. [Ludwig Maximilian University, Germany]. **“Spiritual care training provided to healthcare professionals: a systematic review.”** *Journal of Pastoral Care & Counseling* 69, no. 1 (Mar 2015): 19-30.

[Abstract:] This systematic review was conducted to assess the outcomes of spiritual care training. It outlines the training outcomes based on participants' oral/written feedback, course evaluation and performance assessment. Intervention was defined as any form of spiritual care training provided to healthcare professionals studying/working in an academic and/or clinical setting. An online search was conducted in MEDLINE, EMBASE, CINAHL, Web of Science, ERIC, PsycINFO, ASSIA, CSA, ATLA and CENTRAL up to Week 27 of 2013 by two independent investigators to reduce errors in inclusion. Only peer-reviewed journal articles reporting on training outcomes were included. A primary keyword-driven search found 4912 articles; 46 articles were identified as relevant for final analysis. The narrative synthesis of findings outlines the following outcomes: (1) acknowledging spirituality on an individual level, (2) success in integrating spirituality in clinical practice, (3) positive changes in communication with patients. This study examines primarily pre/post-effects within a single cohort. Due to an average study quality, the reported findings in this review are to be seen as indicators at most. Nevertheless, this review makes evident that without attending to [one's own beliefs] and needs, addressing spirituality in patients will not be forthcoming. It also demonstrates that spiritual care training may help to challenge the spiritual vacuum in healthcare institutions.

Parameshwaran, R. [Harvard Divinity School, Harvard University, Cambridge, MA; and Adibhat Foundation for Integrating Medicine and Spirituality, Greater Kailash-I, New Delhi, India]. **“Theory and practice of chaplain's spiritual care process: a psychiatrist's experiences of chaplaincy and conceptualizing trans-personal model of mindfulness.”** *Indian Journal of Psychiatry* 57, no. 1 (Jan-Mar 2015): 21-29. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Of various spiritual care methods, mindfulness meditation has found consistent application in clinical intervention and research. "Listening presence," a chaplain's model of mindfulness and its trans-personal application in spiritual care is least understood and studied. AIM: The aim was to develop a conceptualized understanding of chaplain's spiritual care process based on neuro-physiological principles of mindfulness and interpersonal empathy. MATERIALS AND METHODS: Current understandings on neuro-physiological mechanisms of mindfulness-based interventions (MBI) and interpersonal empathy such as theory of mind and mirror neuron system are used to build a theoretical framework for chaplain's spiritual care process. Practical application of this theoretical model is illustrated using a carefully recorded clinical interaction, in verbatim, between chaplain and his patient. Qualitative findings from this verbatim are systematically analyzed using neuro-physiological principles. RESULTS AND DISCUSSION: Chaplain's deep listening skills to experience patient's pain and suffering, awareness of his emotions/memories triggered by patient's story and ability to set aside personal emotions, and judgmental thoughts formed intra-personal mindfulness. Chaplain's insights on and ability to remain mindfully aware of possible emotions/thoughts in the patient, and facilitating patient to return and re-return to become aware of internal emotions/thoughts helps the patient develop own intra-personal mindfulness leading to self-healing. This form of care involving chaplain's mindfulness of emotions/thoughts of another individual, that is, patient, may be conceptualized as trans-personal model of MBI. CONCLUSION: Chaplain's approach may be a legitimate form of psychological therapy that includes inter and intra-personal mindfulness. Neuro-physiological mechanisms of empathy that underlie Chaplain's spiritual care process may establish it as an evidence-based clinical method of care. [See also the article under author, Ramakrishnan, P., also noted in this bibliography; it is by the same author as the present article.]

Park, C. L., Sherman, A. C., Jim, H. S. and Salsman, J. M. [University of Connecticut, Storrs; University of Arkansas for Medical Sciences, Little Rock; University of South Florida, Tampa; and Northwestern University Feinberg School of Medicine, Chicago, IL]. **“Religion/spirituality and health in the context of cancer: cross-domain integration, unresolved issues, and future directions.”** *Cancer* 121, no. 21 (Nov 1, 2015): 3789-3794.

[Abstract:] This article summarizes the findings of 3 previous meta-analytic reviews presented in this issue that evaluate associations between religiousness/spirituality (R/S) and patient-reported outcomes across mental, physical, and social health domains. The results are synthesized, caveats in interpreting this set of analyses are discussed, directions are provided for future research, and tentative suggestions are made for clinical applications. [This article is part of a special Religion & Spirituality series featured in this issue of the journal. See other articles in the series, also cited in this bibliography: by Jim, H. S., et al.; by Sherman, A. C., et al.; and two by Salsman, J. M., et al.]

Patton, E. W., Hall, K. S. and Dalton, V. K. [University of Michigan, Ann Arbor]. **“How does religious affiliation affect women's attitudes toward reproductive health policy? Implications for the Affordable Care Act.”** *Contraception* 91, no. 6 (Jun 2015): 513-519.

[Abstract:] BACKGROUND: Supreme Court cases challenging the Affordable Care Act (ACA) mandate for employer-provided reproductive health care have focused on religiously based opposition to coverage. Little is known about women's perspectives on such reproductive health policies. STUDY DESIGN: Data were drawn from the Women's Health Care Experiences and Preferences survey, a randomly selected, nationally representative sample of 1078 US women aged 18-55 years. We examined associations between religious affiliation and attitudes toward employer-provided insurance coverage of contraception and abortion services as well as the exclusion of religious institutions from this coverage. We used chi-square and multivariable logistic regression for analysis. RESULTS: Respondents self-identified as Baptist (18%), Protestant (Other Mainline, 17%), Catholic (17%), Other Christian (20%), Religious, Non-Christian (7%) or No Affiliation (21%). Religious affiliation was associated with proportions of agreement for contraception ($p=.03$), abortion ($p<.01$) and religious exclusion ($p<.01$) policies. In multivariable models, differences in the odds of agreement varied across religious affiliations and frequency of service attendance. For example, compared to non-affiliated women, Baptists and Other Nondenominational Christians (but not Catholics) had lower odds of agreement with employer coverage of contraception (OR 0.63, 95% CI 0.4-0.1 and OR 0.57, CI 0.4-0.9, respectively); women who attended services weekly or more than weekly had lower odds of agreement (OR 0.53, 95% CI 0.3-0.8 and OR 0.33, CI 0.2-0.6, respectively), compared to less frequent attenders. CONCLUSIONS: Recent religiously motivated legal challenges to employer-provided reproductive health care coverage may not represent the attitudes of many religious women. IMPLICATIONS: Recent challenges to the ACA contraceptive mandate appear to equate religious belief with opposition to employer-sponsored reproductive health coverage, but women's views are more complex.

Pearce, M. J., Koenig, H. G., Robins, C. J., Nelson, B., Shaw, S. F., Cohen, H. J. and King, M. B. [School of Medicine, University of Maryland; and Department of Psychiatry and Behavioral Sciences, Duke University Medical Center]. **“Religiously integrated**

cognitive behavioral therapy: a new method of treatment for major depression in patients with chronic medical illness.”

Psychotherapy: Theory, Research, Practice, Training 52, no. 1 (Mar 2015): 56-66.

[Abstract:] Intervention studies have found that psychotherapeutic interventions that explicitly integrate clients' spiritual and religious beliefs in therapy are as effective, if not more so, in reducing depression than those that do not for religious clients. However, few empirical studies have examined the effectiveness of religiously (vs. spiritually) integrated psychotherapy, and no manualized mental health intervention had been developed for the medically ill with religious beliefs. To address this gap, we developed and implemented a novel religiously integrated adaptation of cognitive-behavioral therapy (CBT) for the treatment of depression in individuals with chronic medical illness. This article describes the development and implementation of the intervention. First, we provide a brief overview of CBT. Next, we describe how religious beliefs and behaviors can be integrated into a CBT framework. Finally, we describe Religiously Integrated Cognitive Behavioral Therapy (RCBT), a manualized therapeutic approach designed to assist depressed individuals to develop depression-reducing thoughts and behaviors informed by their own religious beliefs, practices, and resources. This treatment approach has been developed for 5 major world religions (Christianity, Judaism, Islam, Buddhism, and Hinduism), increasing its potential to aid the depressed medically ill from a variety of religious backgrounds.

Perez, J. E. and Rex Smith, A. [University of San Francisco, CA]. **“Intrinsic religiousness and well-being among cancer patients: the mediating role of control-related religious coping and self-efficacy for coping with cancer.”** *Journal of Behavioral Medicine* 38, no. 2 (Apr 2015): 183-193.

[Abstract:] We examined the relationship between intrinsic religiousness and well-being, with control-related religious coping and self-efficacy for coping with cancer as potential mediators of this relationship among cancer patients. In a cross-sectional design, 179 ambulatory cancer patients completed measures of intrinsic religiousness, religious coping, self-efficacy for coping with cancer, well-being, and demographic variables. Type of cancer, stage of cancer, and time since diagnosis were collected from electronic medical charts. In a path model, the positive association between intrinsic religiousness and three types of well-being--physical, functional, and social--was fully mediated by active religious surrender and self-efficacy for coping with cancer. In addition, the negative association between passive religious deferral and all four types of well-being--physical, functional, social, and emotional--was fully mediated by self-efficacy for coping with cancer. Finally, there was a negative direct association between pleading for God's direct intercession and emotional well-being. These findings suggest pathways by which intrinsic religiousness and control-related religious coping are linked to various dimensions of well-being among cancer patients.

Petro, S. J. [Boston College School of Theology and Ministry]. **“Drawing close to the brokenhearted: pastoral responses to parents grieving stillbirth.”** *Journal of Pastoral Care & Counseling* 69, no. 1 (Mar 2015): 13-18.

[Abstract:] Despite its prevalence worldwide, stillbirth is poorly understood and rarely discussed. Accordingly, ministers and other pastoral caregivers are seldom prepared to counsel and console parents suffering from this type of infant loss and to effectively design, propose, and lead ministries within their faith communities for this grieving population. This article addresses the immediate pastoral needs of bereaved parents and proposes first and second order responses that ministers and faith communities can employ to compassionately and effectively care for parents suffering from the trauma of stillbirth

Piderman, K. M., Breikopf, C. R., Jenkins, S. M., Euerle, T. T., Lovejoy, L. A., Kwete, G. M., and Jatoi, A. [Mayo Clinic, Rochester, MN]. **“A chaplain-led spiritual life review pilot study for patients with brain cancers and other degenerative neurologic diseases.”** *Rambam Maimonides Medical Journal* 6, no. 2 (Apr 2015): e0015. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: This pilot study was designed to describe changes in spiritual well-being (SWB), spiritual coping, and quality of life (QOL) in patients with brain cancer or other neurodegenerative diseases participating in a chaplain-led spiritual life review interview and development of a spiritual legacy document (SLD). METHODS: Eligible participants were enrolled and completed baseline questionnaires. They were interviewed by a board-certified chaplain about spiritual influences, beliefs, practices, values, and spiritual struggles. An SLD was prepared for each participant, and one month follow-up questionnaires were completed. Two cases are summarized, and spiritual development themes are illustrated within a spiritual development framework. RESULTS: A total of 27 patients completed baseline questionnaires and the interview; 24 completed the SLD, and 15 completed the follow-up questionnaire. Increases in SWB, religious coping, and QOL were detected. The majority maintained the highest (best) scores of negative religious coping, demonstrating minimal spiritual struggle. CONCLUSIONS: Despite the challenges of brain cancers and other neurodegenerative diseases, participants demonstrated improvements in SWB, positive religious coping, and QOL. Patient comments indicate that benefit is related to the opportunity to reflect on and integrate spiritual experiences and to preserve them for others. Research with a larger, more diverse sample is needed, as well as clinical applications for those too vulnerable to participate in longitudinal follow-up.

Piderman, K. M., Breikopf, C. R., Jenkins, S. M., Lovejoy, L. A., Dulohery, Y. M., Marek, D. V., Durland, H. L., Head, D. L., Swanson, S. W., Hogg, J.T., Evans, J. L., Jorgenson, S. E., Bunkowski, L. J., Jones, K. L., Euerle, T. T., Kwete, G. M., Miller, K. A., Morris, J. R., Yoder, T. J., Lapid, M. I. and Jatoi, A. [Department of Chaplain Services, Mayo Clinic, Rochester, MN]. **“The feasibility and educational value of Hear My Voice, a chaplain-led spiritual life review process for patients with brain cancers and progressive neurologic conditions.”** *Journal of Cancer Education* 30, no. 2 (Jun 2015): 209-212, 2015 Jun.

[Abstract:] Research continues to establish the importance of spirituality for many persons with medical illnesses. This paper describes a pilot study titled, "Hear My Voice," designed to provide an opportunity for persons with progressive neurologic illnesses, including brain tumors and other neurodegenerative diseases, to review and discuss their spirituality with a board-certified chaplain, and to prepare a spiritual legacy document (SLD). First, we provide background information that underscores the importance of such a project for this patient population that is particularly vulnerable to cognitive impairment and communication difficulties. Second, we provide detailed methodology, including the semi-structured interview format used, the development of the SLD, and an overview of responses from participants and investigators. We also describe the quantitative and qualitative approaches to analysis taken with the aim of developing scientific validation in support of the Hear My Voice project. [Note also the article by Daverio-Zanetti, S., et al., in the same issue of the journal, also cited in this bibliography.]

Piderman, K. M., Kung, S., Jenkins, S. M., Euerle, T. T., Yoder, T. J., Kwete, G. M. and Lapid, M. I. [Mayo Clinic, Rochester, MN]. **“Respecting the spiritual side of advanced cancer care: a systematic review.”** *Current Oncology Reports* 17, no. 2 (Feb 2015): 6 [electronic journal article designation].

[Abstract:] Spirituality is among the resources that many turn to as they deal with a diagnosis of advanced cancer. Researchers have made much progress in exploring and understanding spirituality's complex and multifaceted role in the midst of metastatic disease. As a result, spirituality is seen as an important aspect of a holistic and respectful approach to clinical care for patients and their loved ones. In this article, we provide a systematic review of the literature related to the interface between spirituality and metastatic cancer. We included articles published from January 2013 to June 2014. Twenty-two articles were reviewed, consisting of clinical intervention trials, association studies, surveys, qualitative studies, and review articles. The articles discussed efforts to improve patients' spiritual well-being, with relevant measurement scales; the associations of spirituality and end of life treatment practices; and efforts to better understand and meet the spiritual needs of patients and caregivers.

Piderman, K. M., Sytsma, T. T., Frost, M. H., Novotny, P. J., Rausch Osian, S. M., Solberg Nes, L., Patten, C. A., Sloan, J. A., Rummans, T. A., Bronars, C. A., Yang, P. and Clark, M. M. [Mayo Clinic, Rochester, MN and Oslo University Hospital, Norway]. **"Improving spiritual well-being in patients with lung cancers."** *Journal of Pastoral Care & Counseling* 69, no. 3 (Sep 2015): 156-162. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Understanding variables that lessen disease burden and improve SWB is essential. The aim of this study was to explore the relationship between motivational level for physical activity and SWB in patients with lung cancer. Linear regression showed increased SWB as stage of change for physical activity increased ($p < 0.0001$), even after adjusting for multiple demographic variables.

Powell, R. A., Emanuel, L., Handzo, G., Lantos, J., Dunn, L. B., Idler, E. L., Wilkie, D. J., Massey, K., Summerfelt, W. T., Barnes, M. J., Quest, T. E., Kestenbaum, A., Steinhauser, K., Fitchett, G., Zollfrank, A., Olsen, A. K., Balboni, T. A. and Sommer, D. [HealthCare Chaplaincy Network, New York, NY; Feinberg School of Medicine, Northwestern University, Chicago, IL; Children's Mercy Hospital and University of Missouri at Kansas City, MO; University of California, San Francisco; UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco; Emory University, Atlanta, GA; University of Illinois at Chicago; Advocate Lutheran General Hospital, Chicago, IL; Jewish Theological Seminary, New York, NY; Duke University, North Carolina; Rush University, Chicago, IL; Yale-New Haven Hospital, New Haven, CT; Harvard Medical School, Boston, MA; and Children's Mercy Hospital, Kansas City]. **"Transcending differences to study the transcendent: an exploratory study of researchers' and chaplains' reflections on interdisciplinary spiritual care research collaboration."** *BMC Palliative Care* 14 (2015): 12 [electronic journal article designation].

[Abstract:] BACKGROUND: Despite recognition of the centrality of professional board-certified chaplains (BCC) in palliative care, the discipline has little research to guide its practices. To help address this limitation, HealthCare Chaplaincy Network funded six proposals in which BCCs worked collaboratively with established researchers. Recognizing the importance of interdisciplinary collaboration in the development of a new field, this paper reports on an exploratory study of project members' reflections over time on the benefits and challenges of conducting inter-disciplinary spiritual care research. METHODS: Data collection occurred in two stages. Stage 1 entailed two independent, self-reflective focus groups, organized by professional discipline, mid-way through the site projects. Stage 2 entailed end-of-project site reports and a conference questionnaire. RESULTS: Eighteen professionals participated in the group discussions. Stage 1: researchers perceived chaplains as eager workers passionately committed to their patients and to research, and identified challenges faced by chaplains in learning to conduct research. Chaplains perceived researchers as passionate about their work, were concerned research might uncover negative findings for their profession, and sensed they used a dissimilar paradigm from their research colleagues regarding the 'ways of relating' to knowledge and understanding. Stage 2: researchers and chaplains noted important changes they ascribed to the interdisciplinary collaboration that were classified into six domains of cultural and philosophical understanding: respect; learning; discovery; creativity; fruitful partnerships; and learning needs. CONCLUSIONS: Chaplains and researchers initially expressed divergent perspectives on the research collaborations. During the projects' lifespans, these differences were acknowledged and addressed. Mutual appreciation for each discipline's strengths and contributions to inter-professional dialogue emerged.

Pratt, S. D. and Jachna, B. R. [Beth Israel Deaconess Medical Center, Boston, MA]. **"Care of the clinician after an adverse event."** *International Journal of Obstetric Anesthesia* 24, no. 1 (Feb 2015): 54-63.

[Abstract:] The past two decades has seen a growing understanding that health care leads to harm in a large number of patients. With this insight has come an understanding that clinicians who care for patients who are harmed experience an understandable and predictable emotional response. After an adverse event, medical care givers may experience a wide range of symptoms including anger, guilt, shame, fear, loneliness, frustration and decreased job satisfaction. These may be accompanied by physical signs of fatigue, sleep disturbances, concentration difficulties, tachycardia and hypertension. These clinicians have been referred to as the "second victims." While many clinicians recover relatively quickly from an adverse event, for some this syndrome can last for weeks, months or indefinitely. Some have even contemplated or completed suicide. Being involved in an adverse event or error may also negatively impact the quality of care the clinician subsequently provides, either because of acute emotional distraction or chronic burnout. This can lead to additional errors and a vicious cycle of error, burnout and error. Health care systems have a moral responsibility to care for second victims. Care might be as simple as asking, "Are you OK?" and acknowledging the normal human emotional response to adverse events. Some centers have developed formal peer support programs in which clinicians are trained to act as peer supporter for emotional recovery after adverse events. Finally, more formal emotional support systems might be needed by some clinicians, including employee assistance programs, hospital clergy or psychological and psychiatric services.

Prince, P., Mitchell, S. A., Wehrlen, L., Childs, R., Savani, B., Yang, L. and Bevans, M. [National Institutes of Health Clinical Center, Bethesda, MD; National Cancer Institute, Rockville, MD; National Heart, Lung and Blood Institute, Bethesda, MD; and Vanderbilt University, Nashville, TN]. **"Spiritual well-being in Hispanic and non-Hispanic survivors of allogeneic hematopoietic stem cell transplantation."** *Journal of Psychosocial Oncology* 33, no. 6 (2015): 635-654.

[Abstract:] Research suggests that spiritual well-being positively contributes to quality of life during and following cancer treatment. This relationship has not been well-described in ethnically diverse survivors of allogeneic transplantation. This study compares spiritual well-being and quality of life of Hispanic ($n = 69$) and non-Hispanic ($n = 102$) survivors. Hispanic participants were significantly younger and reported significantly greater spiritual well-being than non-Hispanic survivors. Survivors with higher spiritual well-being had significantly better quality

of life. Meaning and Peace significantly predicted quality of life. Although Hispanic survivors report greater spiritual well-being, Meaning and Peace, irrespective of ethnicity, have a salutary effect on quality of life.

Puchalski, C. M. [George Washington Institute for Spirituality and Health, George Washington University School of Medicine, Washington, DC]. **“Spirituality in geriatric palliative care.”** *Clinics in Geriatric Medicine* 31, no. 2 (May 2015): 245-252.

[Abstract:] This article presents an overview of spirituality as an essential domain of geriatrics palliative care, and provides guidelines for clinicians to diagnose spiritual distress and to integrate spirituality into their clinical practice.

Purcell, H. N., Whisenhunt, A., Cheng, J., Dimitriou, S., Young, L. R. and Grosseohme, D. H. [Cincinnati Children's Hospital Medical Center, Cincinnati, OH]. **“A remarkable experience of God, shaping us as a family': parents' use of faith following child's rare disease diagnosis.”** *Journal of Health Care Chaplaincy* 21, no. 1 (2015): 25-38.

[Abstract:] A child's chronic illness can lead parents to utilize different types of coping, including religious beliefs and practices. Previous studies have generally focused on life-shortening diagnoses. The present study explored parental use of faith when the diagnosis was not life-shortening, using grounded-theory qualitative methodology. Data were collected using semi-structured telephone interviews with N = 12 parents of children diagnosed with Neuroendocrine Hyperplasia of Infancy (NEHI); approximately 50% of the diagnosed population in the United States at the time of the interview. Participants used faith to cope and make meaning in five ways: parents believed NEHI happened for a reason; beliefs provided resilience; parents were sustained by faith communities; beliefs affected parents' behavior; and beliefs developed over time. The results suggest that chaplains develop means for universal screening for spiritual struggle; educating congregational clergy how to support families in which a child has a chronic illness; and assisting parents construct meaning of their experience.

Purc-Stephenson, R., Bowlby, D. and Qaqish, S. T. [University of Alberta, Canada]. **“A gift wrapped in barbed wire' positive and negative life changes after being diagnosed with inflammatory bowel disease.”** *Quality of Life Research* 24, no. 5 (May 2015): 1197-1205.

[From the abstract:] METHODS: Three hundred and seventy-eight IBD patients provided answers to the qualitative question "Could you please describe the (positive/negative) effect(s) IBD has had on your life?" A grounded theory approach using NVivo was performed on participants' responses. RESULTS: Nearly 73 % of participants reported their disease positively affected their life in some way, and five themes related to positive changes emerged from the analysis: Interpersonal Relations, Personal Growth, Valuing Life, New Life Paths, and Spiritual Growth. However, almost 80 % of participants also reported their disease negatively affected their lives, with three themes emerging from the analysis: Freedom Restrictions, Psychological Side Effects, and Social Isolation. CONCLUSIONS: Our results support previous findings but also reveal that some dimensions related to the positive changes following adversity are not adequately assessed by the PTGI (e.g., appraising existing friendships, openness to try different forms of treatment or therapies, and psychological preparedness)....

Rabow, M. W. and Knish, S. J. [University of California, San Francisco, CA]. **“Spiritual well-being among outpatients with cancer receiving concurrent oncologic and palliative care.”** *Supportive Care in Cancer* 23, no. 4 (Apr 2015): 919-923.

[Abstract:] PURPOSE: Spiritual well-being is threatened by cancer, but its correlation with other illness symptoms and the efficacy of palliative care (PC) to ameliorate spiritual suffering are not well understood. METHODS: We conducted a retrospective study using a convenience sample of oncology patients at a comprehensive cancer center who received concurrent oncologic and palliative care between 2008 and 2011 and completed ESAS, QUAL-E, and Steinhauser Spiritual well-being survey questions was conducted. Descriptive, correlation, and t test statistics. RESULTS: Eight hundred eighty-three patients surveyed had an average age of 65.6 years, with 54.1 % female, 69.3 % white, and 49.3 % married. Half (452, 51.2 %) had metastatic disease. Religious affiliation was reported as Christian by 20.3 %, Catholic by 18.7 %, and "none" by 39.0 %. Baseline spiritual well-being was not significantly correlated with age, gender, race, cancer stage, marital status, insurance provider, or having a religious affiliation. Greater spiritual well-being was correlated with greater quality of life (<p=0.001) and well-being (<p=0.001), and with less depression (<p=0.001), anxiety (<p=0.001), fatigue (p=0.005), and pain (p=0.01). In multiple regression analysis, the associations persisted between spiritual well-being and anxiety, depression, fatigue, and quality of life (R (2)=0.677). Spiritual well-being improved comparing mean scores immediately prior to initial PC consultation with those at first follow-up (2.89 vs. 3.23 on a 1-5 scale, p=0.005). CONCLUSIONS: Among patients with cancer receiving concurrent oncologic and palliative care, spiritual well-being was not associated with patient age, gender, or race, or disease stage. It was correlated with physical and emotional symptoms. Spiritual well-being scores improved from just prior to the initial PC consultation to just prior to the first PC follow-up visit.

Rafferty, K. A., Billig, A. K. and Mosack, K. E. [University of Wisconsin-Milwaukee]. **“Spirituality, religion, and health: the role of communication, appraisals, and coping for individuals living with chronic illness.”** *Journal of Religion & Health* 54, no. 5 (Oct 2015): 1870-1885. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Currently, 10% of Americans are living with a chronic illness. One coping mechanism for individuals living with chronic illness is religion and/or spiritual (R/S). To better explicate the relationship among R/S and psychological well-being, we conceptualize R/S as an interpersonal process involving conversations that may facilitate positive reappraisals. We use a mixed-method approach from data collected from 106 participants, involving a content analysis of R/S conversations and test Burleson and Goldsmith's (Handbook of communication and emotion: research, theory, applications, and contexts, Academic Press, San Diego, pp 245-280, 1998) appraisal-based comforting model. Partial support for the model was found. In addition, the majority of R/S conversations were considered positive, helpful, and supportive. Theoretical and practical implications are discussed.

Ramakrishnan, P. [India Center for Study of World Religion, Harvard Divinity School, Cambridge MA]. **“You are here': locating 'spirituality' on the map of the current medical world.”** *Current Opinion in Psychiatry* 28, no. 5 (Sep 2015): 393-401.

[Abstract:] PURPOSE OF REVIEW: Clinical works at the intersection of 'spirituality, religion, theology and medicine' are studied to identify various aspects of what constitutes spirituality, what contributes to spiritual health and how to provide spiritual-healers for our current health-care system. RECENT FINDINGS: Spiritual care in the current medical world can be classed grossly into two departments: complementary and alternative medicine, considered as proxy variable for spirituality, and physician-initiated clinical Chaplaincy, informed by theology. The large body of research on 'self' as a therapeutic tool, though, falls into subtle categories: phenomenological studies, empathy, embodied care, and mindfulness-based therapies. Development in the field of 'spiritual medicine' has focused on spirituality-related curricula. SUMMARY: As mindfulness-based meditation programs help build deep listening skills needed to stay aware of the 'self', Clinical Pastoral Education trains the

chaplain to transcend the 'self' to provide embodied care. Clinical chaplaincy is the destination for health-care professionals as well as theological/religious scholars who have patients' spiritual health as their primary focus. Medical education curricula that train students in chaplain's model of transpersonal-mindfulness/empathy founded on neuro-physiological principles would help them gain skills in embodied care. Such education would seamlessly integrate evidence-based clinical practice and spiritual-theological concepts. [See also the article under author, Parameshwaran, R., also noted in this bibliography; it is by the same author as the present article.]

Ramchand, R., Ayer, L., Geyer, L., Kofner, A. and Burgette, L. [RAND Corporation, Arlington, VA]. **“Noncommissioned officers' perspectives on identifying, caring for, and referring soldiers and marines at risk of suicide.”** *Psychiatric Services* 66, no. 10 (Oct 2015): 1057-1063. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Noncommissioned officers (NCOs) in the U.S. Army and U.S. Marine Corps were surveyed to identify their ability and willingness to identify, intervene on behalf of, and refer fellow soldiers and marines at risk of suicide. METHODS: A total of 1,184 Army soldiers and 796 marines completed surveys. Descriptive statistics were collected, and regression analyses comparing the groups were conducted. RESULTS: Thirty-seven percent of marines and 40% of Army soldiers reported that they could use more suicide prevention training. Compared with trained civilians, NCOs reported greater efficacy to intervene with at-risk peers, but they also reported relatively more reluctance to intervene. Close to 40% of NCOs believed that they would be held responsible for a service member's suicide if they had asked the service member about suicidal thoughts before the suicide occurred. Chaplains were the preferred referral source, primarily because of the confidentiality they afford. CONCLUSIONS: Suicide prevention training for NCOs should focus on strategies for asking about suicide risk, assuring soldiers and marines that they will not be blamed for the suicides of fellow service members, and encouraging referrals. These results can help improve suicide prevention programs in the Army and Marine Corps, including whether current policies may need to be changed to optimize NCOs' ability to identify, intervene on behalf of, and refer service members at risk of suicide.

Rao, A., Sibbritt, D., Phillips, J. L. and Hickman, L. D. [University of Technology Sydney, New South Wales, Australia]. **“Prayer or spiritual healing as adjuncts to conventional care: a cross sectional analysis of prevalence and characteristics of use among women.”** *BMJ Open* 5, no. 6 (2015): e007345, [electronic journal article designation].

[Abstract:] OBJECTIVES: To determine the prevalence and characteristics of users of prayer or spiritual healing among women. DESIGN AND SETTING: This cross sectional study was conducted as a part of the Australian Longitudinal Study on Women's Health (ALSWH), a 20-year study that examines various factors affecting women's health and well-being. PARTICIPANTS: The sample used in the current study were women from the 1946-1951 cohort (n=9965) (59-64 years) who were surveyed in 2010. OUTCOME MEASURES: Use of prayer or spiritual healing; demographic factors and measures of health status. chi(2) Tests, analyses of variance (to determine associations) and a stepwise backward logistic regression model (for the most significant predictors) using a likelihood ratio test were used to determine the outcome measures. RESULTS: It is estimated that 26% of Australian women from the 1946-1951 cohort (aged 59-64 years) use prayer or spiritual healing on a regular basis. Women were significantly more likely to use prayer or spiritual healing if they were non-smokers, non-drinkers or low-risk drinkers, had symptoms of severe tiredness (OR 1.25; 95% CI 1.12 to 1.40), depression, (OR 1.30; 95% CI 1.11 to 1.53), anxiety (OR 1.33; 95% CI 1.15 to 1.53), diagnosed cancer (OR 1.84; 95% CI 1.28 to 2.65) or other major illnesses (OR 1.43; 95% CI 1.18 to 1.75) and used other complementary therapies. CONCLUSIONS: A significant proportion of adult women are using prayer or spiritual healing. Given that prayer or spiritual healing was significantly associated with health symptoms, chronic illnesses and positive health seeking behaviours, respect for prayer or spiritual healing practices is required within health care settings. Future research is recommended around specific populations using prayer or spiritual healing, reasons for their use and potential benefits on health related outcomes and general well-being.

Rassool, G. H. **“Cultural competence in nursing Muslim patients.”** *Nursing Times* 111, no. 14 (Apr 1-7, 2015): 12-15.

[Abstract:] Delivering high-quality care to Muslim patients involves having an awareness of the ramifications of the Islamic faith and Islamic beliefs. Nurses need to understand the implications of spiritual and cultural values for clinical practice. They should be aware of the need for modesty and privacy, the appropriate use of touch, dietary requirements and use of medications. This article reviews the key issues involved in delivering culturally competent care to Muslim patients.

Rawlings, D. and Devery, K. [Flinders University, South Australia]. **“Near death experience and nursing practice: lessons from the palliative care literature.”** *Australian Nursing & Midwifery Journal* 22, no. 8 (Mar 2015): 26-29.

This brief systematic review addresses the phenomenon and implications and strategies for practice for clinical practice improvement and for families and patients.

Rickhi, B., Kania-Richmond, A., Moritz, S., Cohen, J., Paccagnan, P., Dennis, C., Liu, M., Malhotra, S., Steele, P. and Toews, J. [Canadian Institute of Natural and Integrative Medicine (CINIM); Tom Baker Cancer Center; Foothills Hospital; Child and Adolescent Addiction and Mental Health Programming NW Clinic; and University of Calgary; Canada]. **“Evaluation of a spirituality informed e-mental health tool as an intervention for major depressive disorder in adolescents and young adults -- a randomized controlled pilot trial.”** *BMC Complementary & Alternative Medicine* 15, no. 1 (2015): 450 [electronic journal article designation].

[Abstract:] BACKGROUND: Depression in adolescents and young adults is a major mental health condition that requires attention. Research suggests that approaches that include spiritual concepts and are delivered through an online platform are a potentially beneficial approach to treating/managing depression in this population. The purpose of this study was to evaluate the effectiveness of an 8-week online spirituality informed e-mental health intervention (the LEAP Project) on depression severity, and secondary outcomes of spiritual well-being and self-concept, in adolescents and young adults with major depressive disorder of mild to moderate severity. METHODS: A parallel group, randomized, waitlist controlled, assessor-blinded clinical pilot trial was conducted in Calgary, Alberta, Canada. The sample of 62 participants with major depressive disorder (DSM-IV-TR) was defined by two age subgroups: adolescents (ages 13 to 18 years; n=31) and young adults (ages 19 to 24 years; n=31). Participants in each age subgroup were randomized into the study arm (intervention initiated upon enrolment) or the waitlist control arm (intervention initiated after an 8-week wait period). Comparisons were made between the study and waitlist control arms at week 8 (the point where study arm had completed the intervention and the waitlist control arm had not) and within each arm at four time points over 24-week follow-up period. RESULTS: At baseline, there was no statistical difference between study and waitlist participants for both age subgroups for all three outcomes of interest. After the intervention, depression severity was significantly reduced; comparison

across arms at week 8 and over time within each arm and both age subgroups. Spiritual well-being changes were not significant, with the exception of an improvement over time for the younger participants in the study arm ($p=0.01$ at week 16 and $p=0.0305$ at week 24). Self-concept improved significantly for younger participants immediately after the intervention ($p=0.045$ comparison across arms at week 8; $p=0.0175$ in the waitlist control arm) and over time in the study arm ($p=0.0025$ at week 16). In the older participants, change was minimal, with the exception of a significant improvement in one of six factors (vulnerability) in study arm over time ($p=0.025$ at week 24). **CONCLUSIONS:** The results of the LEAP Project pilot trial suggest that it is an effective, online intervention for youth ages 13 to 24 with mild to moderate major depressive disorder with various life situations and in a limited way on spiritual well-being and self-concept.

Rodin, D., Balboni, M., Mitchell, C., Smith, P. T., VanderWeele, T. J. and Balboni, T. A. [University of Toronto, Princess Margaret Cancer Centre]. **“Whose role? Oncology practitioners' perceptions of their role in providing spiritual care to advanced cancer patients.”** *Supportive Care in Cancer* 23, no. 9 (Sep 2015): 2543-2550.

[Abstract:] **PURPOSE:** The purpose of this study is to determine how oncology nurses and physicians view their role in providing spiritual care (SC), factors influencing this perception, and how this belief affects SC provision. **METHODS:** This is a survey-based, multisite study conducted from October 2008 to January 2009. All oncology physicians and nurses caring for advanced cancer patients at four Boston, MA cancer centers were invited to participate; 339 participated (response rate=63 %). **RESULTS:** Nurses were more likely than physicians to report that it is the role of medical practitioners to provide SC, including for doctors (69 vs. 49 %, $p<0.001$), nurses (73 vs. 49 %, $p<0.001$), and social workers (81 vs. 63 %, $p=0.001$). Among nurses, older age was the only variable that was predictive of this belief [adjusted odds ratio (AOR) 1.08; 1.01-1.16, $p=0.02$]. For nurses, role perception was not related to actual SC provision to patients. In contrast, physicians' role perceptions were influenced by their intrinsic religiosity (AOR, 1.44; 95 % CI, 1.09-1.89; $p=0.01$) and spirituality (AOR, 6.41; 95 % CI, 2.31-17.73, $p<0.001$). Furthermore, physicians who perceive themselves as having a role in SC provision reported greater SC provision to their last advanced cancer patients seen in clinic, 69 % compared to 31 %, $p<0.001$. **CONCLUSIONS:** Nurses are more likely than physicians to perceive medical practitioners as having a role in SC provision. Physicians' perceptions of their role in SC provision are influenced by their religious/spiritual characteristics and are predictive of actual SC provision to patients. Spiritual care training that includes improved understanding of clinicians' appropriate role in SC provision to severely ill patients may lead to increased SC provision.

Rogers, M. and Wattis, J. [University of Huddersfield, Huddersfield, England]. **“Spirituality in nursing practice.”** *Nursing Standard* 29, no. 39 (May 27, 2015): 51-57. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Spirituality is an important aspect of holistic care that is frequently overlooked. This is because of difficulties in conceptualising spirituality and confusion about how it should be integrated into nursing care. This article explores what is meant by spirituality and spiritually competent practice. It examines attitudes to spirituality, describes factors that might affect the integration of spirituality into nursing care and offers practical guidance to equip nurses to incorporate spirituality into their practice.

Rosenberg, E. L., Zanesco, A. P., King, B. G., Aichele, S. R., Jacobs, T. L., Bridwell, D. A., MacLean, K. A., Shaver, P. R., Ferrer, E., Sahdra, B. K., Lavy, S., Wallace, B. A. and Saron, C. D. [University of California, Davis]. **“Intensive meditation training influences emotional responses to suffering.”** *Emotion* 15, no. 6 (December 2015): 775-790.

[Abstract:] Meditation practices purportedly help people develop focused and sustained attention, cultivate feelings of compassionate concern for self and others, and strengthen motivation to help others who are in need. We examined the impact of 3 months of intensive meditative training on emotional responses to scenes of human suffering. Sixty participants were assigned randomly to either a 3-month intensive meditation retreat or a wait-list control group. Training consisted of daily practice in techniques designed to improve attention and enhance compassionate regard for others. Participants viewed film scenes depicting human suffering at pre- and posttraining laboratory assessments, during which both facial and subjective measures of emotion were collected. At post-assessment, training group participants were more likely than controls to show facial displays of sadness. Trainees also showed fewer facial displays of rejection emotions (anger, contempt, disgust). The groups did not differ on the likelihood or frequency of showing these emotions prior to training. Self-reported sympathy--but not sadness or distress--predicted sad behavior and inversely predicted displays of rejection emotions in trainees only. These results suggest that intensive meditation training encourages emotional responses to suffering characterized by enhanced sympathetic concern for, and reduced aversion to, the suffering of others.

Rosenbaum, J. L., Smith, J. R., Yan, Y., Abram, N. and Jeffe, D. B. [Washington University School of Medicine, St. Louis, MO]. **“Impact of a neonatal-bereavement-support DVD on parental grief: a randomized controlled trial.”** *Death Studies* 39, nos. 1-5 (Jan-Jun 2015): 191-200.

[Abstract:] This study tested the effect of a neonatal-bereavement-support DVD on parental grief after their baby's death in a Neonatal Intensive Care Unit compared with standard bereavement care (controls). Following a neonatal death, the authors measured grief change from a 3- to 12-month follow-up using a mixed-effects model. Intent-to-treat analysis was not significant, but only 18 parents selectively watched the DVD. Thus, we subsequently compared DVD viewers with DVD nonviewers and controls. DVD viewers reported higher grief at 3-month interviews compared with DVD nonviewers and controls. Higher grief at 3 months was negatively correlated with social support and spiritual/religious beliefs. These findings have implications for neonatal-bereavement care.

Rosmarin, D. H., Forester, B. P., Shassian, D. M., Webb, C. A. and Bjorgvinsson, T. [McLean Hospital, Harvard Medical School, Boston, MA]. **“Interest in spiritually integrated psychotherapy among acute psychiatric patients.”** *Journal of Consulting & Clinical Psychology* 83, no. 6 (Dec 2015): 1149-1153. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] **OBJECTIVE:** Spiritually integrated psychotherapy (SIP) is increasingly common, though systematic assessment of interest in such treatments, and predictors of such interest, has not yet been conducted among acute psychiatric patients. **METHODS:** We conducted a survey with 253 acute psychiatric patients (95-99% response rate) at a private psychiatric hospital in Eastern Massachusetts to assess for interest in SIP, religious affiliation, and general spiritual or religious involvement alongside clinical and demographic factors. **RESULTS:** More than half (58.2%) of patients reported "fairly" or greater interest in SIP, and 17.4% reported "very much" interest. Demographic and clinical factors were not significant predictors except that current depression predicted greater interest. Religious affiliation and general spiritual or religious involvement were associated with more interest; however, many affiliated patients reported low or no interest (42%), and conversely many

unaffiliated patients reported "fairly" or greater interest (37%). CONCLUSIONS: Many acute psychiatric patients, particularly individuals with major depression, report interest in integrating spirituality into their mental health care. Assessment of interest in SIP should be considered in the context of clinical care.

Ross, L. and Austin, J. [University of South Wales, Pontypridd, UK]. **"Spiritual needs and spiritual support preferences of people with end-stage heart failure and their carers: implications for nurse managers."** *Journal of Nursing Management* 23, no. 1 (Jan 2015): 87-95. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Spiritual care is an important element of holistic care but has received little attention within palliative care in end-stage heart failure. AIMS: To identify the spiritual needs and spiritual support preferences of end-stage heart failure patients/carers and to develop spiritual support guidelines locally. METHOD: Semi-structured interviews (totalling 47) at 3-monthly intervals up to 1 year with 16 end-stage heart failure patients/carers. Focus group/consultation with stakeholders. RESULTS: Participants were struggling with spiritual/existential concerns alongside the physical and emotional challenges of their illness. These related to: love/belonging; hope; coping; meaning/purpose; faith/belief; and the future. As a patient's condition deteriorated, the emphasis shifted from 'fighting' the illness to making the most of the time left. Spiritual concerns could have been addressed by: having someone to talk to; supporting carers; and staff showing sensitivity/taking care to foster hope. A spiritual support home visiting service would be valued. CONCLUSIONS: Our sample experienced significant spiritual needs and would have welcomed spiritual care within the palliative care package. IMPLICATIONS FOR NURSING MANAGEMENT: Nurse managers could play a key role in developing this service and in leading further research to evaluate the provision of such a service in terms of its value to patients and other benefits including improved quality of life, spiritual wellbeing, reduced loneliness/isolation and a possible reduction in hospital admissions.

Sakar, M. N., Gultekin, H., Demir, B., Bakir, V. L., Balsak, D., Vuruskan, E., Acar, H., Yucel, O. and Yayla. M. [Suleymaniye Maternity Education and Research Hospital, Istanbul; Haseki Education and Research Hospital, Istanbul; International Hospital, Istanbul; and MH Diyarbakir Obstetrics and Gynecology Hospital, Diyarbakir, Turkey]. **"Ramadan fasting and pregnancy: implications for fetal development in summer season."** *Journal of Perinatal Medicine* 43, no. 3 (May 2015): 319-323.

[Abstract:] AIMS: In the Islamic religion, Ramadan is a month in the year that is passed by fasting. Healthy adult individuals are prohibited to eat, drink, and smoke from sunrise to sunset. In the present study, our aim was to assess the relation of Ramadan fasting with fetal development and maternal-fetal Doppler indices in pregnant women. METHODS: This is a prospective case-control study carried out in the month of Ramadan in 2013 (9 July-7 August). One hundred and six pregnant women at the second and third trimesters of pregnancy were enrolled into the study. The sample size of the fasting group was 83 and the non-fasting group sample size was also 83. Fetal biometric measurements, such as biparietal diameter, head circumference, abdominal circumference, femur length, estimated fetal weight, amniotic fluid index, and Doppler indices of both uterine and umbilical arteries were evaluated by gray scale and color Doppler ultrasound at the beginning and end of Ramadan. RESULTS: At the end of the Ramadan, increase in biparietal diameter, head circumference, and femur length showed a statistically significant difference from initial measurements ($P < 0.05$). When fasting and non-fasting groups were compared separately, an increase in amniotic fluid index was statistically significant in the non-fasting group ($P < 0.05$). CONCLUSION: We demonstrated some adverse effects of Ramadan fasting on fetal development. In the Islamic religion, pregnant individuals have the privilege of not fasting; therefore, they should consider postponing fasting to the postpartum period, especially in the summer season. If they are willing to do so, an appropriate nutritional program should be recommended.

Salsman, J. M., Fitchett, G., Merluzzi, T. V., Sherman, A. C. and Park, C. L. [Northwestern University Feinberg School of Medicine, Chicago, IL; Northwestern University, Chicago, IL; Rush University Medical Center, Chicago, IL; University of Notre Dame, Notre Dame, IN; University of Arkansas for Medical Sciences, Little Rock; and University of Connecticut, Storrs]. **"Religion, spirituality, and health outcomes in cancer: A case for a meta-analytic investigation."** *Cancer* 121, no. 21 (Nov 1, 2015): 3754-3759.

[Abstract:] A growing body of research shows that a majority of patients with cancer report having religious and spiritual (R/S) beliefs, engaging in R/S behaviors, or deriving comfort from R/S experiences. These studies have been reviewed but not subjected to rigorous critical analysis. A meta-analytic approach is needed to provide a more definitive understanding of the relationships between R/S (affective, behavioral, and cognitive dimensions) and physical, mental, and social health in all phases of cancer including diagnosis, treatment, survivorship, and palliative care. A meta-analysis can quantify the degree of association between R/S dimensions and patient-reported health outcomes and the conditions under which these associations are strengthened or attenuated. Results can, in turn, help focus future work in this area by highlighting key variables for inclusion in studies of R/S and cancer and identifying particular subgroups for whom dimensions of R/S are particularly important to their health. [This article is part of a special Religion & Spirituality series featured in this issue of the journal. See other articles in the series, also cited in this bibliography: by Jim, H. S., et al.; by Park, C. L., et al.; by Sherman, A. C., et al.; and another by Salsman, J. M., et al.]

Salsman, J. M., Pustejovsky, J. E., Jim, H. S., Munoz, A. R., Merluzzi, T. V., George, L., Park, C. L., Danhauer, S. C., Sherman, A. C., Snyder, M. A. and Fitchett, G. [Northwestern University, Chicago, IL; University of Texas at Austin; Moffitt Cancer Center, Tampa, FL; University of Illinois at Chicago; University of Notre Dame, Notre Dame, IN; University of Connecticut, Storrs; Forest School of Medicine, Winston Salem, NC; University of Arkansas for Medical Sciences, Little Rock; and Rush University Medical Center, Chicago, IL]. **"A meta-analytic approach to examining the correlation between religion/spirituality and mental health in cancer."** *Cancer* 121, no. 21 (Nov 1, 2015): 3769-3778.

[Abstract:] Religion and spirituality (R/S) are patient-centered factors and often are resources for managing the emotional sequelae of the cancer experience. Studies investigating the correlation between R/S (eg, beliefs, experiences, coping) and mental health (eg, depression, anxiety, well being) in cancer have used very heterogeneous measures and have produced correspondingly inconsistent results. A meaningful synthesis of these findings has been lacking; thus, the objective of this review was to conduct a meta-analysis of the research on R/S and mental health. Four electronic databases were systematically reviewed, and 2073 abstracts met initial selection criteria. Reviewer pairs applied standardized coding schemes to extract indices of the correlation between R/S and mental health. In total, 617 effect sizes from 148 eligible studies were synthesized using meta-analytic generalized estimating equations, and subgroup analyses were performed to examine moderators

of effects. The estimated mean correlation (Fisher z) was 0.19 (95% confidence interval [CI], 0.16-0.23), which varied as a function of R/S dimensions: affective R/S ($z=0.38$; 95% CI, 0.33-0.43), behavioral R/S ($z=0.03$; 95% CI, -0.02-0.08), cognitive R/S ($z=0.10$; 95% CI, 0.06-0.14), and 'other' R/S ($z=0.08$; 95% CI, 0.03-0.13). Aggregate, study-level demographic and clinical factors were not predictive of the relation between R/S and mental health. There was little indication of publication or reporting biases. The correlation between R/S and mental health generally was positive. The strength of that correlation was modest and varied as a function of the R/S dimensions and mental health domains assessed. The identification of optimal R/S measures and more sophisticated methodological approaches are needed to advance research. [This article is part of a special Religion & Spirituality series featured in this issue of the journal. See other articles in the series, also cited in this bibliography: by Jim, H. S., et al.; by Park, C. L., et al; by Sherman, A. C., et al.; and another by Salsman, J. M., et al.]

Sansone, R. A. and Wiederman, M. W. [Wright State University School of Medicine, Dayton, and Kettering Medical Center, Kettering, OH; and University of South Carolina School of Medicine Greenville, Greenville, SC]. **“Religiosity/spirituality: relationships with non-suicidal self-harm behaviors and attempted suicide.”** *International Journal of Social Psychiatry* 61, no. 8 (Dec 2015): 762-767. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] BACKGROUND: The relationships between religiosity/spirituality (RS) and self-harm behavior, including non-suicidal self-harm behavior (NS-SHB) and suicide attempts/completions, remain of keen interest. Whereas the majority of studies strongly suggest that RS protects against suicide attempts/completions, relationships between RS and NS-SHB have been rarely studied. AIM: In this study, we examined RS in relationship to both NS-SHB (six explicit behaviors) and past history of suicide attempts. METHOD: In a cross-sectional sample of 306 consecutive primary care outpatients, we administered four self-report assessments for RS (extent participant considered self a religious person, extent participant considered self a spiritual person, extent religion is involved in understanding/dealing with stressful situations, Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp-12)) as well as examined seven items on the Self-Harm Inventory: six items reflecting NS-SHB and one item reflecting a past suicide attempt. RESULTS: While two RS items yielded no significant findings (extent participant considered self a spiritual person, extent religion is involved in understanding/dealing with stressful situations), the remaining two items were associated with a lowered risk of self-harm behavior, particularly the FACIT-Sp-12. CONCLUSIONS: Some but not all aspects of RS are associated with lowered risk for self-harm. In this study, considering oneself a religious person and reporting a general sense of RS well-being offered the most protective effect to participants, particularly the latter.

Sautermeister, J., Mathieu, R. and Bogner, V. [Ludwig Maximilian University of Munich, Germany]. **“Xenotransplantation-theological-ethical considerations in an interdisciplinary symposium.”** *Xenotransplantation* 22, no. 3 (May-Jun 2015): 174-182.

This summary of a symposium on "Xenotransplantation -- A Challenge to Theological Ethics," occurring 9/30/13-10/2/13 in Munich, included the consideration of xenotransplantation in light of Christian, Jewish, and Islamic perspectives and also in terms of the metaphorical meaning of the human heart and the idea of compassion. The overall conclusion [from the abstract]: According to the perspectives of Christianity, Judaism, and Islam, there are no specifically religious fundamental and generally binding reasons to prohibit xenotransplantation as a means of treating grave and life-threatening organ insufficiencies.

Schreiber, J. A. and Edward, J. [University of Louisville, KY]. **“Image of God, religion, spirituality, and life changes in breast cancer survivors: a qualitative approach.”** *Journal of Religion & Health* 54, no. 2 (Apr 2015): 612-622. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Religion and spirituality are much studied coping mechanisms; however, their relationship to changes in behaviors, relationships, and goals is unclear. This study explored the impact of a breast cancer diagnosis on religion/faith and changes in behaviors, relationship, or goals. In this qualitative study, women, who participated in a larger, quantitative study, completed written responses to questions regarding the role of religion/faith in their lives, the impact of their diagnosis on their image of God and on faith/religious beliefs, and any changes in behaviors, relationships, or life goals were examined. Based on previous findings noting differences in psychological outcomes based on a higher (HE) or lesser (LE) engaged view of God, 28 (14 HE; 14 LE) women were included in the analysis. Awareness of life and its fleeting nature was common to all. Ensuing behaviors varied from a need to focus on self-improvement-egocentrism (LE)-to a need to focus on using their experiences to help others-altruism (HE). Study results suggest that seemingly small, but highly meaningful, differences based on one’s worldview result in considerably different attitudinal and behavioral outcomes.

Setta, S. M. and Shemie, S. D. [Northeastern University, Boston, MA; and Montreal Children’s Hospital, McGill University Health Centre, Montreal, Canada]. **“An explanation and analysis of how world religions formulate their ethical decisions on withdrawing treatment and determining death.”** *Philosophy, Ethics, & Humanities in Medicine* 10 (2015): 6 [electronic journal article designation]. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] INTRODUCTION: This paper explores definitions of death from the perspectives of several world and indigenous religions, with practical application for health care providers in relation to end of life decisions and organ and tissue donation after death. It provides background material on several traditions and explains how different religions derive their conclusions for end of life decisions from the ethical guidelines they proffer. METHODS: Research took several forms beginning with a review of books and articles written by ethicists and observers of Bon, Buddhism, Christianity, Hinduism, Indigenous Traditions, Islam, Judaism, Shinto and Taoism. It then examined sources to which these authors referred in footnotes and bibliographies. In addition, material was gathered through searches of data bases in religious studies, general humanities, social sciences and medicine along with web-based key word searches for current policies in various traditions. RESULTS: Religious traditions provide their adherents with explanations for the meaning and purpose of life and include ethical analysis for the situations in which their followers find themselves. This paper aims to increase cultural competency in practitioners by demonstrating the reasoning process religions use to determine what they believe to be the correct decision in the face of death. CONCLUSION: Patterns emerge in the comparative study of religious perspectives on death. Western traditions show their rootedness in Judaism in their understanding of the human individual as a finite, singular creation. Although the many branches of Western religions do not agree on precisely how to determine death, they are all able to locate a moment of death in the body. In Eastern traditions personhood is not defined in physical terms. From prescribing the location of death, to resisting medical intervention and definitions of death, Eastern religions, in their many forms, incorporate

the beliefs and practices that preceded them. Adding to the complexity for these traditions is the idea that death is a process that continues after the body has met most empirical criteria for determining death. For Hinduism and Buddhism, the cessation of heart, brain and lung function is the beginning of the process of dying--not the end.

Shahawy, S., Deshpande, N. A., Nour, N. M. Harvard Medical School and Brigham and Women's Hospital, Boston, MA; and the Hospital of the University of Pennsylvania, Philadelphia, PA]. **“Cross-cultural obstetric and gynecologic care of Muslim patients.”** *Obstetrics & Gynecology* 126, no. 5 (Nov 2015): 969-973.

[Abstract:] With the growing number of Muslim patients in the United States, there is a greater need for obstetrician-gynecologists (ob-gyns) to understand the health care needs and values of this population to optimize patient rapport, provide high-quality reproductive care, and minimize health care disparities. The few studies that have explored Muslim women's health needs in the United States show that among the barriers Muslim women face in accessing health care services is the failure of health care providers to understand and accommodate their beliefs and customs. This article outlines health care practices and cultural competency tools relevant to modern obstetric and gynecologic care of Muslim patients, incorporating emerging data. There is an exploration of the diversity of opinion, practice, and cultural traditions among Muslims, which can be challenging for the ob-gyn who seeks to provide culturally competent care while attempting to avoid relying on cultural or religious stereotypes. This commentary also focuses on issues that might arise in the obstetric and gynecologic care of Muslim women, including the patient-physician relationship, modesty and interactions with male health care providers, sexual health, contraception, abortion, infertility, and intrapartum and postpartum care. Understanding the health care needs and values of Muslims in the United States may give physicians the tools necessary to better deliver high-quality care to this minority population.

Shand, L. K., Cowlshaw, S., Brooker, J. E., Burney, S. and Ricciardelli, L. A. [Deakin University, Burwood, Victoria, Australia; University of Bristol, UK; Monash University, Clayton, Victoria, Australia; and Cabrini Health, Malvern, Victoria, Australia]. **“Correlates of post-traumatic stress symptoms and growth in cancer patients: a systematic review and meta-analysis.”** *Psycho-Oncology* 24, no. 6 (Jun 2015): 624-634.

[Abstract:] OBJECTIVE: The aim of this study is to examine the relationships among demographic, medical, and psychosocial factors and post-traumatic stress symptoms (PTSS) and post-traumatic growth (PTG) in oncology populations. METHOD: A systematic search identified k=116 relevant studies published between 1990 and 2012. Meta-analyses synthesized results from studies that reported data on correlates of PTSS (k=26) or PTG (k=48). A meta-analysis was performed for k=5 studies reporting the correlation between PTSS and PTG. RESULTS: Post-traumatic stress symptoms were associated with depression (r=0.56), anxiety (r=0.65), distress (r=0.62), social support (r=-0.33), and physical quality of life (r=-0.44). PTG was associated with age (r=-0.08), gender (r=-0.15), distress (r=-0.16), depression (r=-0.06), social support (r=0.30), optimism (r=0.27), positive reappraisal (r=0.46), spirituality (r=0.33), and religious coping (r=0.36). There was a small positive relationship between PTSS and PTG (r=0.13). CONCLUSIONS: Post-traumatic stress symptoms and PTG appear to be independent constructs, rather than opposite ends of a single dimension. This is reflected in a small relationship between these variables and different psychosocial correlates. PTSS were strongly associated with variables reflecting a general state of negative affect. Optimism, spirituality, and positive coping styles were associated with PTG. It remains unclear how they are associated with PTSS, given the lack of relevant studies. Longitudinal research is required to examine how psychosocial factors influence the relationship between PTSS and PTG.

Sherman, A. C., Merluzzi, T. V., Pustejovsky, J. E., Park, C. L., George, L., Fitchett, G., Jim, H. S., Munoz, A. R., Danhauer, S. C., Snyder, M. A. and Salsman, J. M. [University of Arkansas for Medical Sciences, Little Rock; University of Notre Dame, Notre Dame, IN; University of Texas at Austin; University of Connecticut, Storrs; Rush University Medical Center, Chicago, IL; Moffitt Cancer Center, Tampa, FL; Northwestern University, Chicago, IL; and Wake Forest School of Medicine, Winston Salem, NC]. **“A meta-analytic review of religious or spiritual involvement and social health among cancer patients.”** *Cancer* 121, no. 21 (Nov 1, 2015): 3779-3788.

[Abstract:] Religion and spirituality (R/S) play an important role in the daily lives of many cancer patients. There has been great interest in determining whether R/S factors are related to clinically relevant health outcomes. In this meta-analytic review, the authors examined associations between dimensions of R/S and social health (eg, social roles and relationships). A systematic search of the PubMed, PsycINFO, Cochrane Library, and Cumulative Index to Nursing and Allied Health Literature databases was conducted, and data were extracted by 4 pairs of investigators. Bivariate associations between specific R/S dimensions and social health outcomes were examined in a meta-analysis using a generalized estimating equation approach. In total, 78 independent samples encompassing 14,277 patients were included in the meta-analysis. Social health was significantly associated with overall R/S (Fisher z effect size=.20; P<.001) and with each of the R/S dimensions (affective R/S effect size=0.31 [P<.001]; cognitive R/S effect size=.10 [P<.01]; behavioral R/S effect size=.08 [P<.05]; and 'other' R/S effect size=.13 [P<.001]). Within these dimensions, specific variables tied to social health included spiritual well being, spiritual struggle, images of God, R/S beliefs, and composite R/S measures (all P values<.05). None of the demographic or clinical moderating variables examined were significant. Results suggest that several R/S dimensions are modestly associated with patients' capacity to maintain satisfying social roles and relationships in the context of cancer. Further research is needed to examine the temporal nature of these associations and the mechanisms that underlie them. [This article is part of a special Religion & Spirituality series featured in this issue of the journal. See other articles in the series, also cited in this bibliography: by Jim, H. S., et al.; by Park, C. L., et al.; and two by Salsman, J. M., et al.]

Shields, M., Kestenbaum, A. and Dunn, L. B. [Spiritual Care Services Department, University of California San Francisco Medical Center and Benioff Children's Hospital, San Francisco, and Jewish Theological Seminary, New York]. **“Spiritual AIM and the work of the chaplain: a model for assessing spiritual needs and outcomes in relationship.”** *Palliative & Supportive Care* 13, no. 1 (Feb 2015): 75-89.

[Abstract:] OBJECTIVE: Distinguishing the unique contributions and roles of chaplains as members of healthcare teams requires the fundamental step of articulating and critically evaluating conceptual models that guide practice. However, there is a paucity of well-described spiritual assessment models. Even fewer of the extant models prescribe interventions and describe desired outcomes corresponding to spiritual assessments. METHOD: This article describes the development, theoretical underpinnings, and key components of one model, called the Spiritual Assessment and Intervention Model (Spiritual AIM). Three cases are presented that illustrate Spiritual AIM in practice. Spiritual AIM was developed over the past 20 years to address the limitations of existing models. The model evolved based in part on observing how different people respond to a health crisis and what kinds of spiritual needs appear to emerge most prominently during a health crisis. RESULTS:

Spiritual AIM provides a conceptual framework for the chaplain to diagnose an individual's primary unmet spiritual need, devise and implement a plan for addressing this need through embodiment/relationship, and articulate and evaluate the desired and actual outcome of the intervention. Spiritual AIM's multidisciplinary theory is consistent with the goals of professional chaplaincy training and practice, which emphasize the integration of theology, recognition of interpersonal dynamics, cultural humility and competence, ethics, and theories of human development. SIGNIFICANCE OF RESULTS: Further conceptual and empirical work is needed to systematically refine, evaluate, and disseminate well-articulated spiritual assessment models such as Spiritual AIM. This foundational work is vital to advancing chaplaincy as a theoretically grounded and empirically rigorous healthcare profession. [See other articles in the journal's theme issue on spirituality in palliative and supportive care, also noted in this bibliography, by Breitbart, W.; by Bryson, K.; by Clemm, S., et al.; Lambie, D., et al.; by Stein, E. M., et al.; and by Vonarx, N.]

Shinall, M. C. Jr. and Guillaumondegui, O. D. [Vanderbilt University Medical Center, Nashville, TN]. **"Effect of religion on end-of-life care among trauma patients."** *Journal of Religion & Health* 54, no. 3 (Jun 2015): 977-983. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Evidence suggests that religiousness is associated with more aggressive end-of-life (EOL) care among terminally ill patients. The effect of religion on care in more acutely life-threatening diseases is not well studied. This study examines the association of religious affiliation and request for chaplain visit with aggressive EOL care among critically injured trauma patients. We conducted a retrospective review of all trauma patients surviving at least 2 days but dying within 30 days of injury over a 3-year period at a major academic trauma center. Time until death was used as a proxy for intensity of life-prolonging therapy. Controlling for social factors, severity of injury, and medical comorbidities, religious affiliation was associated with a 43% increase in days until death. Controlling for these same variables, chaplain request was associated with a 24 % decrease in time until death. These results suggest that religious patients receive more aggressive, and ultimately futile, EOL care and that pastoral care may reduce the amount of futile care consumed.

Shorey, R. C., Gawrysiak, M. J., Anderson, S. and Stuart, G. L. [Ohio University]. **"Dispositional mindfulness, spirituality, and substance use in predicting depressive symptoms in a treatment-seeking sample."** *Journal of Clinical Psychology* 71, no. 4 (Apr 2015): 334-345.

[Abstract:] OBJECTIVE: It is imperative that research identifies factors related to depression among individuals in substance use treatment, as depression is associated with substance use relapse. Dispositional mindfulness and spirituality may bear an important role in the relationship between depression and substance use. METHOD: Using preexisting patient medical records (N = 105), the current study investigated dispositional mindfulness and spirituality in relation to depressive symptom clusters (affective, cognitive, and physiological) among men in residential substance use treatment. The mean age of the sample was 41.03 (standard deviation = 10.75). RESULTS: Findings demonstrated that dispositional mindfulness and spirituality were negatively associated with depressive symptoms. After controlling for age, alcohol use, and drug use, dispositional mindfulness remained negatively associated with all of the depression clusters. Spirituality only remained associated with the cognitive depression cluster. CONCLUSION: Mindfulness-based interventions may hold promise as an effective intervention for reducing substance use and concurrent depressive symptoms.

Siddall, P. J., Lovell, M. and MacLeod, R. [Greenwich Hospital and Sydney Medical School-Northern, University of Sydney, Australia]. **"Spirituality: what is its role in pain medicine?"** *Pain Medicine* 16, no. 1 (Jan 2015): 51-60.

[Abstract:] BACKGROUND: For many years, spirituality has been regarded as an integral aspect of patient care in fields closely allied to pain medicine such as palliative and supportive care. Despite this, it has received relatively little attention within the field of pain medicine itself. Reasons for this may include a lack of understanding of what spirituality means, doubtfulness of its relevance, an uncertainty about how it may be addressed, or a lack of awareness of how addressing spirituality may be of benefit. METHODS: A review of the literature was conducted to determine the changing conceptual frameworks that have been applied to pain medicine, the emergence of the biopsychospiritual approach and what that means as well as evidence for the benefits of incorporation of this approach for the management of pain. RESULTS: Although the concept of spirituality is broad, there is now greater consensus on what is meant by this term. Many authors and consensus panels have explored the concept and formulated a conceptual framework and an approach that is inclusive, accessible, relevant, and applicable to people with a wide range of health conditions. In addition, there is accumulating evidence that interventions that address the issue of spirituality have benefits for physical and emotional health. CONCLUSIONS: Given the firm place that spirituality now holds within other fields and the mounting evidence for its relevance and benefit for people with pain, there is increasing evidence to support the inclusion of spiritual factors as an important component in the assessment and treatment of pain.

Sinclair, S., McConnell, S., Raffin Bouchal, S., Ager, N., Booker, R., Enns, B. and Fung, T. [University of Calgary and Tom Baker Cancer Centre, Calgary, Canada]. **"Patient and healthcare perspectives on the importance and efficacy of addressing spiritual issues within an interdisciplinary bone marrow transplant clinic: a qualitative study."** *BMJ Open* 5, no. 11 (2015): e009392 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVES: The purpose of this study was to use a qualitative approach to better understand the importance and efficacy of addressing spiritual issues within an interdisciplinary bone marrow transplant clinic from the perspectives of patients and healthcare providers. SETTING: Participants were recruited from the bone marrow transplant clinic of a large urban outpatient cancer care centre in western Canada. PARTICIPANTS: Focus groups were conducted with patients (n=7) and healthcare providers (n=9) to explore the importance of addressing spiritual issues across the treatment trajectory and to identify factors associated with effectively addressing these needs. RESULTS: Data were analysed using the qualitative approach of latent content analysis. Addressing spiritual issues was understood by patients and healthcare providers, as a core, yet under addressed, component of comprehensive care. Both sets of participants felt that addressing basic spiritual issues was the responsibility of all members of the interdisciplinary team, while recognising the need for specialised and embedded support from a spiritual care professional. While healthcare providers felt that the impact of the illness and treatment had a negative effect on patients' spiritual well-being, patients felt the opposite. Skills, challenges, key time points and clinical indicators associated with addressing spiritual issues were identified. CONCLUSIONS: Despite a number of conceptual and clinical challenges associated with addressing spiritual issues patients and their healthcare providers emphasised the importance of an integrated approach whereby basic spiritual issues are addressed by members of the interdisciplinary team and by an embedded spiritual care professional, who in addition also provides specialised support. The identification of clinical issues associated with addressing spiritual needs provides healthcare providers with clinical guidance on how to better integrate this

aspect of care into their clinical practice, while also identifying acute incidences when a more targeted and specialised approach may be of benefit.

Skalla, K. A. and Ferrell, B. [Dartmouth-Hitchcock Medical Center, Lebanon, NH]. **“Challenges in assessing spiritual distress in survivors of cancer.”** *Clinical Journal of Oncology Nursing* 19, no. 1 (Feb 2015): 99-104. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] BACKGROUND: Many efforts have been made to better integrate spiritual assessment into the care of patients with cancer, with varying degrees of success in different parts of the United States. Little work has been done to describe challenges that face those who seek to implement assessment in busy ambulatory settings, particularly in the northeastern section of the United States. OBJECTIVES: This study sought to test the feasibility of a screening process describing spirituality, distress, and spiritual transformation in cancer survivors after chemotherapy for lung or gastrointestinal cancer. METHODS: This descriptive pilot study took place in a rural National Cancer Institute-designated comprehensive cancer center, referral center, and outpatient medical oncology clinic. A web-based questionnaire was completed by 29 survivors, and 22 declined participation. FINDINGS: Respondents were primarily Christian, aged 60 years or older, and an average of 18 months post-diagnosis. The mean spiritual distress score was 1.38 (SD = 2.09), and the mean psychological distress score was 3.03 (SD = 2.73). Participants reported mean spiritual well-being, positive degree of spiritual growth, and little spiritual decline. The opportunity for spiritual growth among survivors creates a need for effective assessment and intervention to promote spiritual growth and mitigate spiritual decline and spiritual distress.

Smith, K. A., Harvath, T. A., Goy, E. R. and Ganzini, L. [Reed College, Portland, OR; University of California-Davis, Sacramento, CA; Department of Veterans Affairs Medical Center, Portland, OR; and Oregon Health & Science University, Portland, OR]. **“Predictors of pursuit of physician-assisted death.”** *Journal of Pain & Symptom Management* 49, no. 3 (Mar 2015): 555-561.

[Abstract:] CONTEXT: Physician-assisted death (PAD) was legalized in 1997 by Oregon's Death with Dignity Act. The States of Washington, Montana, Vermont, and New Mexico have since provided legal sanction for PAD. Through 2013, 1173 Oregonians have received a prescription under the Death with Dignity Act and 752 have died after taking the prescribed medication in Oregon. OBJECTIVES: To determine the predictive value of personal and interpersonal variables in the pursuit of PAD. METHODS: Fifty-five Oregonians who either requested PAD or contacted a PAD advocacy organization were compared with 39 individuals with advanced disease who did not pursue PAD. We compared the two groups on responses to standardized measures of depression, hopelessness, spirituality, social support, and pain. We also compared the two groups on style of attachment to intimate others and caregivers as understood through attachment theory. RESULTS: We found that PAD requesters had higher levels of depression, hopelessness, and dismissive attachment (attachment to others characterized by independence and self-reliance), and lower levels of spirituality. There were moderate correlations among the variables of spirituality, hopelessness, depression, social support, and dismissive attachment. There was a strong correlation between depression and hopelessness. Low spirituality emerged as the strongest predictor of pursuit of PAD in the regression analysis. CONCLUSION: Although some factors motivating pursuit of PAD, such as depression, may be ameliorated by medical interventions, other factors, such as style of attachment and sense of spirituality, are long-standing aspects of the individual that should be supported at the end of life. Practitioners must develop respectful awareness and understanding of the interpersonal and spiritual perspectives of their patients to provide such support.

Smyre, C. L., Yoon, J. D., Rasinski, K. A. and Curlin, F. A. [University of Chicago and Duke University]. **“Limits and responsibilities of physicians addressing spiritual suffering in terminally ill patients.”** *Journal of Pain & Symptom Management* 49, no. 3 (Mar 2015): 562-569.

[Abstract:] CONTEXT: Many patients experience spiritual suffering that complicates their physical suffering at the end of life. It remains unclear what physicians' perceived responsibilities are for responding to patients' spiritual suffering. OBJECTIVES: To investigate U.S. physician opinions about the impact patients' unresolved spiritual struggles have on their physical pain, physicians' responsibilities for treating patients' spiritual suffering compared with patients' physical pain, and the number of patients in the past 12 months whose suffering the physician was unable to relieve to an acceptable point. METHODS: The study was based on a mailed survey to 2016 practicing U.S. physicians from clinical specialties that care for significant numbers of dying patients. RESULTS: Of 1878 eligible physicians, 1156 (62%) responded. Most physicians agreed that patients with unresolved spiritual struggles tend to have worse physical pain (81%) and that physicians should seek to relieve patients' spiritual suffering just as much as patients' physical pain (88%). Compared with physicians who strongly disagreed that physicians should seek to relieve patients' spiritual suffering just as much as patients' physical pain, those who strongly agreed were less likely to report being unable to relieve patients' suffering to a point the physician found acceptable (27% vs. 54% reported three or more such patients in the previous 12 months, adjusted odds ratio [95% CI] = 0.3 [0.1, 0.8]). CONCLUSION: Most physicians believe that spiritual suffering tends to intensify physical pain and that physicians should seek to relieve such suffering. Physicians who believe they should address spiritual suffering just as much as physical pain report more success in relieving patient's suffering.

Stein, E. M., Kolidas, E. and Moadel, A. [Ferkau Graduate School of Psychology, and Albert Einstein College of Medicine, Bronx, NY]. **“Do spiritual patients want spiritual interventions? A qualitative exploration of underserved cancer patients' perspectives on religion and spirituality.”** *Palliative & Supportive Care* 13, no. 1 (Feb 2015): 19-25.

[Abstract:] OBJECTIVE: This study examines religion and spirituality among advanced cancer patients from an underserved, ethnically-diverse population by exploring patient conceptualizations of religion and spirituality, the role of religion and spirituality in coping with cancer, and patient interest in spiritual support. METHOD: Qualitative semi-structured interviews were conducted with patients who had participated in a study of a "mind-body" support group for patients with all cancer types. Analysis based on grounded theory was utilized to identify themes and theoretical constructs. RESULTS: With regard to patient conceptualizations of religion and spirituality, three categories emerged: (1) Spirituality is intertwined with organized religion; (2) Religion is one manifestation of the broader construct of spirituality; (3) Religion and spirituality are completely independent, with spirituality being desirable and religion not. Religion and spirituality played a central role in patients' coping with cancer, providing comfort, hope, and meaning. Patients diverged when it came to spiritual support, with some enthusiastic about interventions incorporating their spiritual values and others stating that they already get this support through religious communities. SIGNIFICANCE OF RESULTS: Spirituality plays a central role in the cancer experience of this underserved ethnically-diverse population. While spirituality seems to be a universal concern in advanced cancer patients, the meaning of spirituality differs across individuals, with some equating it with organized religion and others taking a more individualized approach. It is important that psychosocial interventions are developed to address this concern. Future research is needed to further explore the different ways that patients conceptualize spirituality and to

develop spiritually-based treatments that are not "one size fits all." [See other articles in the journal's theme issue on spirituality in palliative and supportive care, also noted in this bibliography, by Breitbart, W.; by Bryson, K.; by Clemm, S., et al.; Lambie, D., et al.; by Shields, M., et al.; and by Vonarx, N.]

Stephenson, P. S. and Berry, D. M. [Kent State University, and Wright State University, OH]. **"Describing spirituality at the end of life."** *Western Journal of Nursing Research* 37, no. 9 (Sep 2015): 1229-1247. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Spirituality is salient to persons nearing the end of life (EOL). Unfortunately, researchers have not been able to agree on a universal definition of spirituality reducing the effectiveness of spiritual research. To advance spiritual knowledge and build an evidence base, researchers must develop creative ways to describe spirituality as it cannot be explicitly defined. A literature review was conducted to determine the common attributes that comprise the essence of spirituality, thereby creating a common ground on which to base spiritual research. Forty original research articles (2002 to 2012) focusing on EOL and including spiritual definitions/descriptions were reviewed. Analysis identified five attributes that most commonly described the essence of spirituality, including meaning, beliefs, connecting, self-transcendence, and value.

Strehlow, K. and Hewitson, J. [Murdoch University and Royal Perth Hospital, Western Australia]. **"The effects of CPE on primary relationships --Is it worth exploring?"** *Journal of Pastoral Care & Counseling* 69, no. 2 (Jun 2015): 78-84.

[Abstract:] Clinical Pastoral Education (CPE) can be a life transforming experience for students, but does it also transform students' primary relationships? An online survey of past CPE students at Royal Perth Hospital, Western Australia, found that--overall--CPE had a positive effect on primary relations in key areas, in particular communication, intimacy and spirituality. Recent relationships were more negatively affected. Some relationships did not survive CPE. Structural and pedagogical implications require further research.

Szczesniak, R. D., Zou, Y., Wetzel, J. D., Krause, N. and Grosseohme, D. H. [Cincinnati Children's Hospital Medical Center]. **"Increased congregational support for parents of children with cystic fibrosis."** *Journal of Religion & Health* 54, no. 2 (Apr 2015): 664-675.

[Abstract:] Positive health outcomes are related to adults' religious congregational participation. For parents of children with chronic disease, structured daily care routines and/or strict infection control precautions may limit participation. For this exploratory study, we examined the relationship between congregational support and religious coping by parents of children with cystic fibrosis (CF) compared to parents for whom child health issues were not significant stressors. CF parents reported higher levels of emotional support from congregation members and use of religious coping. Within-group differences were found for CF parents by denominational affiliation. Congregational support for parents dealing with child chronic disease is important.

Taylor, E. J., Petersen, C., Oyedele, O. and Haase, J. [Loma Linda University, Loma Linda, CA; and Indiana University, Indianapolis, IN]. **"Spirituality and spiritual care of adolescents and young adults with cancer."** *Seminars in Oncology Nursing* 31, no. 3 (Aug 2015): 227-241.

[Abstract:] OBJECTIVES: To review research on spiritual perspectives and spiritual care of adolescents and young adults (AYA) living with cancer. DATA SOURCES: Peer-reviewed publications, book chapters, and websites of professional organizations. CONCLUSION: There is a paucity of research specifically investigating AYA spirituality and lack of AYA-sensitive instruments to measure spirituality. Research that applies robust scientific methods to the study of AYA spirituality is needed. Research that provides evidence on which to base best practices for spiritual care that supports AYA spiritual well-being is likewise necessary. IMPLICATIONS FOR NURSING PRACTICE: Nurses can influence AYA health-related outcomes and experiences by providing ethical and evidence-based spiritual nurture.

Taylor, J. J., Hodgson, J. L., Kolobova, I., Lamson, A. L., Sira, N. and Musick, D. [CareNet Counseling East, Greenville, NC]. **"Exploring the phenomenon of spiritual care between hospital chaplains and hospital based healthcare providers."** *Journal of Health Care Chaplaincy* 21, no. 3 (2015): 91-107.

[Abstract:] Hospital chaplaincy and spiritual care services are important to patients' medical care and well-being; however, little is known about healthcare providers' experiences receiving spiritual support. A phenomenological study examined the shared experience of spiritual care between hospital chaplains and hospital-based healthcare providers (HBHPs). Six distinct themes emerged from the in-depth interviews: Awareness of chaplain availability, chaplains focus on building relationships with providers and staff, chaplains are integrated in varying degrees on certain hospital units, chaplains meet providers' personal and professional needs, providers appreciate chaplains, and barriers to expanding hospital chaplains' services. While HBHPs appreciated the care received and were able to provide better patient care as a result, participants reported that administrators may not recognize the true value of the care provided. Implications from this study are applied to hospital chaplaincy clinical, research, and training opportunities.

Teti, M., French, B., Bonney, L. and Lightfoot, M. [University of Missouri, Columbia]. **"I created something new with something that had died': photo-narratives of positive transformation among women with HIV."** *AIDS & Behavior* 19, no. 7 (Jul 2015): 1275-1287.

This study includes a major theme of spirituality (p. 1280, ff). [From the abstract:] This analysis explores positive life transformations among WLH through photo-stories. WLH (N = 30) from three U.S. cities participated in a pilot photovoice project to tell their story of HIV. The project included three group meetings, an individual interview, and a public exhibit. Using qualitative strategies of theme and narrative analysis we identified positive transformations in women's photo-stories. Participants were African American (83 %) and low income (83 %). Women described four major positive transitions in their lives including transformations related to healthfulness, spirituality, self-acceptance, and confidence. Despite challenges, WLH experience positive transformation and growth experiences. Understanding these transformative changes can shed light on women's motivation to make healthy life changes and thus frame strengths-based interventions for WLH. Photovoice itself is a potential strategy to promote WLH's strengths and health.

Thienprayoon, R., Campbell, R. and Winick, N. [Cincinnati Children's Hospital Medical Center, Cincinnati, OH; Children's Medical Center Dallas, Dallas, TX; and University of Texas Southwestern, Dallas, TX]. **"Attitudes and practices in the bereavement care offered by children's hospitals: a survey of the Pediatric Chaplains Network."** *Omega - Journal of Death & Dying* 71, no. 1 (2015): 48-59.

[Abstract:] Fifty thousand children die annually in the United States. No best practice standard exists regarding what services should be offered by children's hospitals to grieving families. We sought to identify the bereavement services most commonly offered, the departments primarily responsible for their dissemination, whether resources differ based on the patient's diagnosis or place of death, and whether the services offered are adequate. A 13-item anonymous online survey was emailed to 201 pediatric chaplains using the Pediatric Chaplains Network email list. Seventy respondents (34.8%) participated. Respondents described offering a variety of resources, but 47.8% of respondents believe the resources provided are not adequate. Increased staff and financial resources, and more consistency in services provided, were cited as needing improvement. The breadth and depth of bereavement services varies among children's hospitals. More studies are warranted to define the optimal approach to care for families grieving the loss of a child.

Thomas, T., Blumling, A. and Delaney, A. [Florida International University, Miami, FL; and Emory University, Atlanta, GA]. "**The influence of religiosity and spirituality on rural parents' health decision making and human papillomavirus vaccine choices.**" *Advances in Nursing Science* 38, no. 4 (Oct-Dec 2015): E1-E12. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] General health implications of religiosity and spirituality on health have been associated with health promotion, so the purpose of this study was to examine the influence of religiosity and spirituality on rural parents' decision making to vaccinate their children against human papillomavirus (HPV). The associations of religiosity and spirituality with parental HPV vaccine decisions were examined in a sample of parents residing in small rural communities (N = 37). Parents of children aged 9 to 13 years participated in focus groups held in rural community contexts. Religiosity (i.e., participation in religious social structures) was a recurring and important theme when discussing HPV vaccination. Spirituality (i.e., subjective commitment to spiritual or religious beliefs) was found to influence the ways in which parents perceived their control over and coping with health issues potentially related to HPV vaccination. Together, religiosity and spirituality were found to play integral roles in these parents' lives and influenced their attitudes toward HPV vaccination uptake for their children

Timmins, F., Murphy, M., Neill, F., Begley, T. and Sheaf, G. [Trinity College, Dublin, Ireland]. "**An exploration of the extent of inclusion of spirituality and spiritual care concepts in core nursing textbooks.**" *Nurse Education Today* 35, no. 1 (Jan 2015): 277-282.

[From the abstract:] AIM: The aim of this study is to examine the extent to which spiritual care concepts are addressed in core nursing textbooks. METHODS: Five hundred and forty three books were sampled from the Nursing and Midwifery Core Collection list (UK) ...representing 94% of the total (n=580). A survey, the Spirituality Textbook Analysis Tool (STAT), was developed and used to collect data. FINDINGS: One hundred and thirty of the books included content related to spirituality and religion. However there was little consistency in the core nursing textbooks with regard to direction for providing spiritual care. Thirty eight percent of the books defined spiritual care and 36% provided an outline of the role of the nurse in providing this. While some books advocated the assessment of patients' spiritual needs (32%) few referred specifically to assessment tools. DISCUSSION: It is essential that nurses are adequately prepared to address the spiritual needs of patients. While there are numerous spiritual care texts that deal solely with this issue for nurses, there is an argument emerging that core nursing texts used by nursing students ought to encompass spiritual care elements. Lack of specific focus on this field, by these key textbooks might infer that this important element of holistic care is less important than other matters in nursing. True holistic care ought to permeate across textbooks and as such spirituality and spiritual care ought not to be sequestered to specialized texts. Core nursing texts need to be strengthened through consistency of application and inclusion of spirituality and spiritual care where relevant.

Toivonen, K., Stolt, M. and Suhonen, R. [University of Turku, Finland]. "**Nursing support of the spiritual needs of older adults living with dementia: a narrative literature review.**" *Holistic Nursing Practice* 29, no. 5 (Sep-Oct 2015): 303-312.

[Abstract:] Across this literature review (n = 10), supporting spirituality in the nursing care of older adults with dementia is concerned with supporting religious activity, enabling connections, nurses' reflections on their own spirituality, and nonverbal communication. The benefits from the support of spirituality were seen to be reciprocal and to occur in everyday nursing.

Trevino, K. M. and McConnell, T. R. [Weill Cornell Medical College, New York City, New York, NY; Bloomsburg University, Bloomsburg, PA; and Geisinger Medical Center, Danville, PA]. "**Religiosity and spirituality during cardiac rehabilitation: a longitudinal evaluation of patient-reported outcomes and exercise capacity.**" *Journal of Cardiopulmonary Rehabilitation & Prevention* 35, no. 4 (Jul-Aug 2015): 246-254.

[Abstract:] PURPOSE: This study is a longitudinal evaluation of religiosity/spirituality (R/S) and religious coping in post-myocardial infarction and post-coronary artery bypass surgery patients during a 12-week cardiac rehabilitation program. This study examines change in R/S and the relationship between R/S and psychosocial outcomes and exercise capacity over time. METHODS: Cardiac rehabilitation patients (N = 105) completed measures of R/S, religious coping, quality of life (QOL), self-efficacy (SE), and energy expenditure (EE) at the beginning (baseline) and end of a 12-week program. Relationships between R/S and religious coping and QOL, SE, and EE were evaluated. RESULTS: A negative relationship emerged between baseline measures of R/S and religious coping and QOL, SE, and EE. There were significant increases in Good Deeds Coping, QOL, SE, and EE from baseline to end of program (Ps < .05). Baseline measures of Interpersonal Religious Support Coping were positively correlated with the change in EE from baseline to end (r = 0.21; P = .059), and there were positive correlations between the change in Experiential Religiosity (r = 0.32; P = .004) and Overall Religiosity (r = 0.25; P = .024) with the change in EE. DISCUSSION: The demonstrated relationships between R/S and Religious Coping and outcomes in cardiac patients provide compelling support for the development of spiritual care interventions for cardiac patients and evaluation of the impact of these interventions on physiological, medical, and psychological outcomes in these patients.

Tsai, J., El-Gabalawy, R., Sledge, W. H., Southwick, S. M. and Pietrzak, R. H. [University of Manitoba, Canada]. "**Post-traumatic growth among veterans in the USA: results from the National Health and Resilience in Veterans Study.**" *Psychological Medicine* 45, no. 1 (Jan 2015): 165-179.

[Abstract:] BACKGROUND: There is increasing recognition that, in addition to negative psychological consequences of trauma such as post-traumatic stress disorder (PTSD), some individuals may develop post-traumatic growth (PTG) following such experiences. To date, however, data regarding the prevalence, correlates and functional significance of PTG in population-based samples are lacking. METHOD: Data were analysed from the National Health and Resilience in Veterans Study, a contemporary, nationally representative survey of 3157 US veterans. Veterans completed a survey containing measures of sociodemographic, military, health and psychosocial characteristics, and the Posttraumatic

Growth Inventory-Short Form. RESULTS: We found that 50.1% of all veterans and 72.0% of veterans who screened positive for PTSD reported at least 'moderate' PTG in relation to their worst traumatic event. An inverted U-shaped relationship was found to best explain the relationship between PTSD symptoms and PTG. Among veterans with PTSD, those with PTSD reported better mental functioning and general health than those without PTG. Experiencing a life-threatening illness or injury and re-experiencing symptoms were most strongly associated with PTG. In multivariable analysis, greater social connectedness, intrinsic religiosity and purpose in life were independently associated with greater PTG. CONCLUSIONS: PTG is prevalent among US veterans, particularly among those who screen positive for PTSD. These results suggest that there may be a 'positive legacy' of trauma that has functional significance for veterans. They further suggest that interventions geared toward helping trauma-exposed US veterans process their re-experiencing symptoms, and to develop greater social connections, sense of purpose and intrinsic religiosity may help promote PTG in this population.

Twohig, B., Manasia, A., Bassily-Marcus, A., Oropello, J., Gayton, M., Gaffney, C. and Kohli-Seth, R. [Icahn School of Medicine at Mount Sinai, and Mount Sinai Hospital, New York, NY]. **"Family experience survey in the surgical Intensive Care Unit."** *Applied Nursing Research* 28, no. 4 (Nov 2015): 281-284. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The experience of critical care is stressful for both patients and their families. This is especially true when patients are not able to make their own care decisions. This article details the creation of a Family Experience Survey in a surgical intensive care unit (SICU) to capture and improve overall experience. Kolcaba's "Enhanced Comfort Theory" provided the theoretical basis for question formation, specifically in regards to the four aspects of comfort: "physical," "psycho-spiritual," "sociocultural" and "environmental." Survey results were analyzed in real-time to identify and implement interventions needed for issues raised. Overall, there was a high level of satisfaction reported especially with quality of care provided to patients, communication and availability of nurses and doctors, explanations from staff, inclusion in decision making, the needs of patients being met, quality of care provided to patients and cleanliness of the unit. It was noted that 'N/A' was indicated for cultural needs and spiritual needs, a chaplain now rounds on all patients daily to ensure these services are more consistently offered. In addition, protocols for doctor communication with families, palliative care consults, daily bleach cleaning of high touch areas in patient rooms and nurse-led progressive mobility have been implemented. Enhanced comfort theory enabled the opportunity to identify and provide a more 'broad' approach to care for patients and families.

Urkin, J. and Naimer, S. [Ben-Gurion University of the Negev, Beer-Sheva, Israel]. **"Jewish holidays and their associated medical risks."** *Journal of Community Health* 40, no. 1 (Feb 2015): 82-87.

[Abstract:] Religiosity is inherent in human cultures. Being different in many aspects, all have rules regarding appropriate behavior and rituals. Celebrations of social events and of holidays prevail in all major religions. These include code of dress, prayers, special food and activities which may have negative health implications. The Jewish religion is 'blessed' with an abundance of holidays each with its unique health implications. In this paper we provide an outline of the character of these festivals and possible medical repercussions on those celebrating them. Observant members of the Jewish religion and teams treating this population should be knowledgeable of potentially associated risks. Pre-holiday periods should be specifically targeted for educational and preventive activity in order to diminish injury or morbidity.

Vlasblom, J. P., van der Steen, J. T., Walton, M. N. and Jochemsen, H. [Ikazia Hospital, Rotterdam; VU University Medical Center, EMGO Institute for Health and Care Research, Amsterdam; Protestant Theological University, Groningen; and Wageningen University, Wageningen, The Netherlands]. **"Effects of nurses' screening of spiritual needs of hospitalized patients on consultation and perceived nurses' support and patients' spiritual well-being."** *Holistic Nursing Practice* 29, no. 6 (Nov-Dec 2015): 346-356.

[Abstract:] There is an undeniable relationship between spirituality and health, and taking a spiritual history is a simple way to increase the focus on spiritual care. This is a pre/posttest intervention study. Questionnaires were administered before implementation of a spiritual assessment (pretest, n = 106), and afterward (posttest, n = 103). Despite a difficult implementation process, the number of consultation requests for the Department of Spiritual and Pastoral Care increased from 2 in the pretest period to 33 in the posttest period. After adjusting for patient characteristics, we found no differences between pretest and posttest measurements on the FACIT-Sp-12 total score or nurses' support regarding dealing with illness; we did, however, find a significant decrease on the subscale Faith of the FACIT-Sp-12 and on nurses' support regarding questions about purpose and meaning (97%-83%). In conclusion, taking a spiritual history may contribute to the spiritual care of patients in a general hospital in the shape of more frequent referrals to the spiritual caregiver (chaplain), but further research is needed to determine whether this also means that nurses provide less spiritual care.

Voigt, L. P., Rajendram, P., Shuman, A. G., Kamat, S., McCabe, M. S., Kostelecky, N., Pastores, S. M, and Halpern, N. A. [Memorial Sloan-Kettering Cancer Center, New York, NY]. **"Characteristics and outcomes of ethics consultations in an oncologic Intensive Care Unit."** *Journal of Intensive Care Medicine* 30, no. 7 (Oct 2015): 436-442. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

Among the findings of this retrospective analysis of all adult patients with cancer who were admitted to the intensive care unit (ICU) of a comprehensive cancer center and had an ethics consultation between September 2007 and December 2011 [from the abstract]: ethics consultations facilitated the provision of palliative medicine and chaplaincy services to several patients who did not have these services offered to them prior to the ethics consultations. CONCLUSION: Our study showed that ethics consultations were helpful in resolving seemingly irreconcilable differences between the ICU team and the patients' surrogates in the majority of cases. Additionally, these consultations identified the need for an increased provision of palliative care and chaplaincy visits for patients and their surrogates at the end of life.

Vonarx, N. [Universite Laval, Quebec, Canada]. **"Cancer patients and spiritual experiences: redefining the self through initiatory ordeals."** *Palliative & Supportive Care* 13, no. 1 (Feb 2015): 27-40.

[Abstract:] OBJECTIVES: When one explores the paths that sick people follow in search of meaning and a cure, one is quite likely to encounter religious knowledge and practices. Examining this facet and the spiritual experiences that arise therein leads us to the subject of identity, which systematically comes up as soon as we consider the impact of serious illness on people's lives. We need to follow the identity-building process that occurs in the disease, ruptures, and redefinitions if we are to understand how religious practices and knowledge contribute to the process. METHODS: This article discusses these elements using data collected in a qualitative research study of 10 cancer patients, carried out in Quebec. Drawing on the sociology of religions, particularly the contemporary transformation of the religious and the spiritual, we

attempted to understand the patients' spiritual experiences by focusing on the self-discovery that occurred through the initiatory ordeal of their illness. RESULTS: We observe that these resources are particularly helpful when the patients use them to turn inwards, to pay attention to themselves, to unite the mind and body, to connect with something greater than themselves, and to transform their values so as to develop a new psychosocial version of themselves. SIGNIFICANCE OF RESULTS: Our analysis shows that there is a complementary relationship between religion and illness at the crossroad of the identity-building process. This relevance demands to be attentive to the initiatory process that leads to the self-discovery and a renewal of the relationship with the self. [See other articles in the journal's theme issue on spirituality in palliative and supportive care, also noted in this bibliography, by Breitbart, W.; by Bryson, K.; by Clemm, S., et al.; Lambie, D., et al.; by Shields, M., et al.; and by Stein, E. M., et al.]

Wesselmann, E. D., Day, M., Graziano, W. G. and Doherty, E. F. [Illinois State University, Normal, IL]. **“Religious beliefs about mental illness influence social support preferences.”** *Journal of Prevention & Intervention in the Community* 43, no. 3 (2015): 165-174.

[Abstract:] Research demonstrates that social support facilitates recovery from a mental illness. Stigma negatively impacts the social support available to persons with mental illness (PWMI). We investigated how religious beliefs about mental illness influenced the types of social support individuals would be willing to give PWMI. Christian participants indicated their denominational affiliation and their religious beliefs about mental illness. We then asked participants to imagine a situation in which their friend had depression. Participants indicated their willingness to give secular and spiritual social support (e.g., secular: recommending medication; spiritual: recommending prayer). Christians' beliefs that mental illness results from immorality/sinfulness and that mental illnesses have spiritual causes/treatments both predicted preference for giving spiritual social support. Evangelical Christians endorsed more beliefs that mental illnesses have spiritual causes/treatments than Mainline Protestant and Roman Catholic Christians, and they endorsed more preference for giving spiritual social support than Roman Catholic Christians.

Wilcox, C. E., Pearson, M. R. and Tonigan, J. S. [University of New Mexico]. **“Effects of long-term AA attendance and spirituality on the course of depressive symptoms in individuals with alcohol use disorder.”** *Psychology of Addictive Behaviors* 29, no. 2 (Jun 2015): 382-391.

[Abstract:] Alcohol use disorder (AUD) is associated with depression. Although attendance at Alcoholics Anonymous (AA) meetings predicts reductions in drinking, results have been mixed about the salutary effects of AA on reducing depressive symptoms. In this single-group study, early AA affiliates (n = 253) were recruited, consented, and assessed at baseline, 3, 6, 9, 12, 18, and 24 months. Lagged growth models were used to investigate the predictive effect of AA attendance on depression, controlling for concurrent drinking and treatment attendance. Depression was measured using the Beck Depression Inventory (BDI) and was administered at baseline, 3, 6, 12, 18, and 24 months. Additional predictors of depression tested included spiritual gains (Religious Background and Behavior questionnaire [RBB]) and completion of 12-step work (Alcoholics Anonymous Inventory [AAI]). Eighty-five percent of the original sample provided follow-up data at 24 months. Overall, depression decreased over the 24 month follow-up period. AA attendance predicted later reductions in depression (slope = -3.40, p = .01) even after controlling for concurrent drinking and formal treatment attendance. Finally, increased spiritual gains (RBB) also predicted later reductions in depression (slope = -0.10, p = .02) after controlling for concurrent drinking, treatment, and AA attendance. In summary, reductions in alcohol consumption partially explained decreases in depression in this sample of early AA affiliates, and other factors such as AA attendance and increased spiritual practices also accounted for reductions in depression beyond that explained by drinking.

Williams, A. L., Dixon, J., Feinn, R. and McCorkle, R. [Frank H. Netter MD School of Medicine at Quinnipiac University, Hamden, CT; and Yale University School of Nursing, New Haven, CT]. **“Cancer family caregiver depression: are religion-related variables important?”** *Psycho-Oncology* 24, no. 7 (Jul 2015): 825-831.

[Abstract:] OBJECTIVE: Prevalence estimates for clinical depression among cancer family caregivers (CFC) range upwards to 39%. Research inconsistently reports risk for CFC depressive symptoms when evaluating age, gender, ethnicity, or length of time as caregiver. The discrepant findings, coupled with emerging literature indicating religiosity may mitigate depression in some populations, led us to investigate religion-related variables to help predict CFC depressive symptoms. METHODS: We conducted a cross-sectional study of 150 CFC. Explanatory variables included age, gender, spousal status, length of time as caregiver, attendance at religious services, and prayer. The outcome variable was the Center for Epidemiological Studies Depression Scale score. RESULTS: Compared with large national and state datasets, our sample has lower representation of individuals with no religious affiliation (10.7% vs. 16.1% national, p=0.07 and 23.0% state, p=0.001), higher rate of attendance at religious services (81.3% vs. 67.2% national, p<0.001 and 30.0% state, p<0.001), and higher rate of prayer (65.3% vs. 42.9% national, p<0.001; no state data available). In unadjusted and adjusted models, prayer is not significantly associated with caregiver depressive symptoms or clinically significant depressive symptomatology. Attendance at religious services is associated with depressive symptoms (p=0.004) with an inversely linear trend (p=0.002). CONCLUSION: The significant inverse association between attendance at religious services and depressive symptoms, despite no association between prayer and depressive symptoms, indicates that social or other factors may accompany attendance at religious services and contribute to the association. Clinicians can consider supporting a CFC's attendance at religious services as a potential preventive measure for depressive symptoms.

Wilson, G. J. and John, G. T. [Royal Brisbane and Women's Hospital, Brisbane, Australia]. **“Toilet bowl palsy from prolonged prayer posture.”** *Medical Journal of Australia* 203, no. 8 (Oct 19, 2015): 323.

[Case Report.]

Woodward, A. T., Chatters, L. M., Taylor, H. O. and Taylor, R. J. [Michigan State University; University of Michigan, Ann Arbor; and Washington University in St. Louis, MO]. **“Professional service use for a serious personal problem: comparing older African Americans, Black Caribbeans, and Non-Hispanic Whites using the National Survey of American Life.”** *Journal of Aging & Health* 27, no. 5 (Aug 2015): 755-774.

[Abstract:] OBJECTIVES: Examines combinations of professionals visited for a serious personal problem. METHOD: The sample includes those aged 55 and above (N = 862) from the National Survey of American Life (NSAL). Latent class analysis was used to identify groups of respondents based on types of professionals visited. Multinomial logistic regression was used to identify factors associated with group membership. RESULTS: Classes included health provider plus clergy, physician plus mental health provider, and limited provider use. Whites were more likely than African Americans to fall into the health provider plus clergy and physician plus mental health provider classes. Those

with physical and emotional problems were more likely to be in the health provider plus clergy and physician plus mental health provider classes, respectively. DISCUSSION: Most respondents were in the limited provider use class suggesting that for many problems, minimal professional help is utilized. Physicians and clergy were important across all three classes.

Wu, A., Wang, J. Y. and Jia, C. X. [Vanderbilt University, Nashville, TN; and Shandong University, Jinan, China]. **“Religion and completed suicide: a meta-analysis.”** *PLoS ONE* 10, no. 6 (2015): e0131715 [electronic journal article designation]. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] INTRODUCTION: Suicide is a major public health concern and a leading cause of death around the world. How religion influences the risk of completed suicide in different settings across the world requires clarification in order to best inform suicide prevention strategies. METHODS: A meta-analysis using search results from Pubmed and Web of Science databases was conducted following PRISMA protocol and using the keywords "religion" or "religious" or "religiosity" or "spiritual" or "spirituality" plus "suicide" or "suicidality" or "suicide attempt". Random and fixed effects models were used to generate pooled ORs and I2 values. Sub-analyses were conducted among the following categories: young age (<45 yo), older age (>45 yo), western culture, eastern culture, and religious homogeneity. RESULTS: Nine studies that altogether evaluated 2339 suicide cases and 5252 comparison participants met all selection criteria and were included in the meta-analysis. The meta-analysis suggested an overall protective effect of religiosity from completed suicide with a pooled OR of 0.38 (95% CI: 0.21-0.71) and I2 of 91%. Sub-analyses similarly revealed significant protective effects for studies performed in western cultures (OR = 0.29, 95% CI: 0.18-0.46), areas with religious homogeneity (OR = 0.18, 95% CI: 0.13-0.26), and among older populations (OR = 0.42, 95% CI: 0.21-0.84). High heterogeneity of our meta-analysis was attributed to three studies in which the methods varied from the other six. CONCLUSION: Religion plays a protective role against suicide in a majority of settings where suicide research is conducted. However, this effect varies based on the cultural and religious context. Therefore, public health professionals need to strongly consider the current social and religious atmosphere of a given population when designing suicide prevention strategies.

Wurtzen, H., Dalton, S. O., Christensen, J., Andersen, K. K., Elsass, P., Flyger, H. L., Pedersen, A. E., Sumbundu, A., Steding-Jensen, M. and Johansen, C. [Danish Cancer Society Research Center , Copenhagen , Denmark]. **“Effect of mindfulness-based stress reduction on somatic symptoms, distress, mindfulness and spiritual wellbeing in women with breast cancer: results of a randomized controlled trial.”** *Acta Oncologica* 54, no. 5 (May 2015): 712-719.

[Abstract:] BACKGROUND: Women with breast cancer experience different symptoms related to surgical or adjuvant therapy. Previous findings and theoretical models of mind-body interactions suggest that psychological wellbeing, i.e. levels of distress, influence the subjective evaluation of symptoms, which influences or determines functioning. The eight-week mindfulness-based stress reduction (MBSR) program significantly reduced anxiety and depression in breast cancer patients in a randomized controlled trial (NCT00990977). In this study we tested the effect of MBSR on the burden of breast cancer related somatic symptoms, distress, mindfulness and spiritual wellbeing and evaluated possible effect modification by adjuvant therapy and baseline levels of, distress, mindfulness and spiritual wellbeing. MATERIAL AND METHODS: A population-based sample of 336 women Danish women operated for breast cancer stages I-III were randomized to MBSR or usual care and were followed up for somatic symptoms, distress, mindfulness skills and spiritual wellbeing post-intervention and after six and 12 months. Effect was tested by general linear regression models post-intervention, and after six and 12 months follow-up and by mixed effects models for repeated measures of continuous outcomes. Effect size (Cohen's d) was calculated to explore clinical significance of effects among intervention group. Finally, modification of effect of MBSR on burden of somatic symptoms after 12 months' follow-up by adjuvant therapy and baseline levels of, distress, mindfulness and spiritual wellbeing were estimated. RESULTS: General linear regression showed a significant effect of MBSR on the burden of somatic symptoms post-intervention and after 6 months' follow-up. After 12 months' follow-up, no significant effect of MBSR on the burden of somatic symptoms was found in mixed effect models. A statistically significant effect of MBSR on distress was found at all time-points and in the mixed effect models. Significant effects on mindfulness were seen after six and 12 months and no significant effect was observed for spiritual wellbeing. No significant modification of MBSR effect on somatic symptom burden was identified. CONCLUSION: This first report from a randomized clinical trial on the long-term effect of MBSR finds an effect on somatic symptom burden related to breast cancer after six but not 12 months follow-up providing support for MBSR in this patient group.

Yeary, K. H., Cornell, C. E., Prewitt, E., Bursac, Z., Tilford, J. M., Turner, J., Eddings, K., Love, S., Whittington, E. and Harris, K. [University of Arkansas for Medical Sciences, Department of Health Behavior and Health Education, Little Rock]. **“The WORD (Wholeness, Oneness, Righteousness, Deliverance): design of a randomized controlled trial testing the effectiveness of an evidence-based weight loss and maintenance intervention translated for a faith-based, rural, African American population using a community-based participatory approach.”** *Contemporary Clinical Trials* 40 (Jan 2015): 63-73.

[Abstract:] BACKGROUND: The positive effects of weight loss on obesity-related risk factors diminish unless weight loss is maintained. Yet little work has focused on the translation of evidence-based weight loss interventions with the aim of sustaining weight loss in underserved populations. Using a community-based participatory approach (CBPR) that engages the strong faith-based social infrastructure characteristic of rural African American communities is a promising way to sustain weight loss in African Americans, who bear a disproportionate burden of the obesity epidemic. OBJECTIVES: Led by a collaborative community-academic partnership, The WORD aims to change dietary and physical activity behaviors to produce and maintain weight loss in rural, African American adults of faith. DESIGN: The WORD is a randomized controlled trial with 450 participants nested within 30 churches. All churches will receive a 16-session core weight loss intervention. Half of the churches will be randomized to receive an additional 12-session maintenance component. METHODS: The WORD is a cultural adaptation of the Diabetes Prevention Program, whereby small groups will be led by trained church members. Participants will be assessed at baseline, 6, 12, and 18 months. A detailed cost-effectiveness and process evaluation will be included. SUMMARY: The WORD aims to sustain weight loss in rural African Americans. The utilization of a CBPR approach and the engagement of the faith-based social infrastructure of African American communities will maximize the intervention's sustainability. Unique aspects of this trial include the focus on weight loss maintenance and the use of a faith-based CBPR approach in translating evidence-based obesity interventions.

Yoon, J. D., Shin, J. H., Nian, A. L. and Curlin, F. A. [University of Chicago; Northwestern University; Duke University; and University of California School of Medicine, Irvine]. **“Religion, sense of calling, and the practice of medicine: findings from a national survey of primary care physicians and psychiatrists.”** *Southern Medical Journal* 108, no. 3 (Mar 2015): 189-195.

[Abstract:] OBJECTIVES: A sense of calling is a concept with religious and theological roots; however, it is unclear whether contemporary physicians in the United States still embrace this concept in their practice of medicine. This study assesses the association between religious

characteristics and endorsing a sense of calling among practicing primary care physicians (PCPs) and psychiatrists. METHODS: In 2009, we surveyed a stratified random sample of 2016 PCPs and psychiatrists in the United States. Physicians were asked whether they agreed with the statement, "For me, the practice of medicine is a calling." Primary predictors included demographic and self-reported religious characteristics, (eg, attendance, affiliation, importance of religion, intrinsic religiosity) and spirituality. RESULTS: Among eligible respondents, the response rate was 63% (896/1427) for PCPs and 64% (312/487) for psychiatrists. A total of 40% of PCPs and 42% of psychiatrists endorsed a strong sense of calling. PCPs and psychiatrists who were more spiritual and/or religious as assessed by all four measures were more likely to report a strong sense of calling in the practice of medicine. Nearly half of Muslim (46%) and Catholic (45%) PCPs and the majority of evangelical Protestant PCPs (60%) report a strong sense of calling in their practice, and PCPs with these affiliations were more likely to endorse a strong sense of calling than those with no affiliation (26%, bivariate $P < 0.001$). We found similar trends for psychiatrists. CONCLUSIONS: In this national study of PCPs and psychiatrists, we found that PCPs who considered themselves religious were more likely to report a strong sense of calling in the practice of medicine. Although this cross-sectional study cannot be used to make definitive causal inferences between religion and developing a strong sense of calling, PCPs who considered themselves religious are more likely to embrace the concept of calling in their practice of medicine

Young, W. C., Nadarajah, S. R., Skeath, P. R. and Berger, A. M. [National Institutes of Health Clinical Center, Bethesda, MD]. **"Spirituality in the context of life-threatening illness and life-transforming change."** *Palliative & Supportive Care* 13, no. 3 (Jun 2015): 653-660.

[Abstract:] OBJECTIVE: Individuals with life-threatening illness often engage in some form of spirituality to meet increased needs for meaning and purpose. This study aimed to identify the role of spirituality in persons who had reported positive, life-transforming change in relation to life-threatening cancer or cardiac events, and to connect these roles to palliative and supportive care. METHOD: A purposive sample of 10 cardiac survivors and 9 cancer survivors was recruited. Once the participants had given informed consent and passed screening in relation to life-transforming change and distress, they engaged in a semistructured one-hour qualitative interview on the theme of how their life-transforming change occurred in the context of their life-threatening illness. In the present article, our phenomenological analysis focuses on participants' references to purpose and meaning in their lives, with particular attention to the role and context of participants' spirituality. RESULTS: Participants mentioned spirituality, meaning, and purpose in many contexts, including connecting with family and friends, nature, art, music, and sometimes creating a relationship with God. Participants often accessed spirituality by enhancing connections in their own lives: with a higher power, people, their work, or themselves. These enhanced connections gave participants greater meaning and purpose in their lives, and substantially helped participants to adjust to their life-threatening illnesses. SIGNIFICANCE OF RESULTS: Understanding the roles and contexts of spirituality among patients with a life-threatening illness allows us to develop better palliative and supportive care plans. Spiritually oriented supportive care may include support groups, yoga, meditation, nature, music, prayer, or referral to spiritual or religious counselors. A quantitative scale is needed to help healthcare clinicians assess the spiritual and coping needs of individuals with life-threatening illness.

Zollfrank, A. A., Trevino, K. M., Cadge, W., Balboni, M. J., Thiel, M. M., Fitchett, G., Gallivan, K., VanderWeele, T. and Balboni, T. A. [Yale-New Haven Hospital, New Haven, CT]. **"Teaching health care providers to provide spiritual care: a pilot study."** *Journal of Palliative Medicine* 18, no. 5 (May 2015): 408-414.

[Abstract:] BACKGROUND: Health care providers' lack of education on spiritual care is a significant barrier to the integration of spiritual care into health care services. OBJECTIVE: The study objective was to describe the training program, Clinical Pastoral Education for Healthcare Providers (CPE-HP) and evaluate its impact on providers' spiritual care skills. METHODS: Fifty CPE-HP participants completed self-report surveys at baseline and posttraining measuring frequency of and confidence in providing religious/spiritual (R/S) care. Four domains were assessed: (1) ability and (2) frequency of R/S care provision; (3) comfort using religious language; and (4) confidence in providing R/S care. RESULTS: At baseline, participants rated their ability to provide R/S care and comfort with religious language as "fair." In the previous two weeks, they reported approximately two R/S patient conversations, initiated R/S conversations less than twice, and prayed with patients less than once. Posttraining participants' reported ability to provide spiritual care increased by 33% ($p < 0.001$). Their comfort using religious language improved by 29% ($p < 0.001$), and frequency of R/S care increased 75% ($p < 0.001$). Participants reported having 61% more ($p < 0.001$) R/S conversations and more frequent prayer with patients (95% increase; $p < 0.001$). Confidence in providing spiritual care improved by 36% overall, by 20% ($p < 0.001$) with religiously concordant patients, and by 43% ($p < 0.001$) with religiously discordant patients. CONCLUSIONS: This study suggests that CPE-HP is an effective approach for training health care providers in spiritual care. Dissemination of this training may improve integration of spiritual care into health care, thereby strengthening comprehensive patient-centered care.

Earlier bibliographies are available on line through the web site of the Department of Pastoral Care at the Hospital of the University of Pennsylvania at www.ups.upenn.edu/pastoral (--see the Research & Staff Education section of the site).