

Spirituality & Health: A Select Bibliography of *Medline*-Indexed Articles Published in 2017

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May 4, 2018

The following is a selection of 225 *Medline*-indexed journal articles pertaining to spirituality & health published during 2017, from among the more than 1,000 articles categorized under the subject headings of “Religion and Medicine,” “Religion and Psychology,” “Religion,” “Spirituality,” and “Pastoral Care”; plus the more than 1,000 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*. Inclusion in this bibliography does not necessarily indicate endorsement of an article’s content.

AbdelGawad, N., Chotalia, J., Parsaik, A., Pigott, T. and Allen, M. [University of Texas Health Science Center at Houston; and Harris County Psychiatric Center, Houston, TX]. “**Religiosity in acute psychiatric inpatients: relationship with demographics, clinical features, and length of stay.**” *Journal of Nervous & Mental Disease* 205, no. 6 (Jun 2017): 448-452.

[Abstract:] This study examined the relationship between religiosity in 175 psychiatric inpatients as measured by the subscales of the Duke University Religion Index (DUREL) and sociodemographic (age, sex, and race), clinical (primary diagnosis, suicidality, and psychotic symptoms), and outcome (length of stay [LOS] and readmission rates) measures. Psychosis was assessed by Clinician-Rated Dimensions of Psychosis Symptom Severity (CRDPSS) scale. Bivariate and multivariate analyses were used to examine the association between the DUREL subscales and the outcome measures. High scorers on the nonorganized religiosity subscale were less likely to have psychosis (47% vs. 52%; $p < 0.05$) but had greater psychosis severity (mean \pm SD, 14.5 \pm 5 vs. 12.4 \pm 6; $p < 0.05$), as measured by the CRDPSS scale, and significantly longer LOS (mean \pm SD, 8.3 \pm 3.8 vs. 6.9 \pm 3.4; $p < 0.05$). Conversely, they were less likely to report previous suicide attempts than low scorers ($p < 0.05$). These results suggest that a brief measure of religious activities may identify psychiatric inpatients at greater risk for psychosis, suicidality, and longer hospitalizations.

Ahmadi, N. and Ahmadi, F. [University of Gavle, Sweden]. “**The use of religious coping methods in a secular society: a survey study among cancer patients in Sweden.**” *Illness, Crisis & Loss* 25, no. 3 (Jul 2017): 171-199. [Note: This article was still listed on *Medline*’s *In-Process* database at the time of this bibliography’s completion.]

[Abstract:] In the present article, based on results from a survey study in Sweden among 2,355 cancer patients, the role of religion in coping is discussed. The survey study, in turn, was based on earlier findings from a qualitative study of cancer patients in Sweden. The purpose of the present survey study was to determine to what extent results obtained in the qualitative study can be applied to a wider population of cancer patients in Sweden. The present study shows that use of religious coping methods is infrequent among cancer patients in Sweden. Besides the two methods that are ranked in 12th and 13th place, that is, in the middle (Listening to religious music and Praying to God to make things better), the other religious coping methods receive the lowest rankings, showing how nonsignificant such methods are in coping with cancer in Sweden. However, the question of who turns to God and who is self-reliant in a critical situation is too complicated to be resolved solely in terms of the strength of individuals’ religious commitments. In addition to background and situational factors, the culture in which the individual was socialized is an important factor. Regarding the influence of background variables, the present results show that gender, age, and area of upbringing played an important role in almost all of the religious coping methods our respondents used. In general, people in the oldest age-group, women, and people raised in places with 20,000 or fewer residents had a higher average use of religious coping methods than did younger people, men, and those raised in larger towns.

Ahrenfeld, L. J., Moller, S., Andersen-Ranberg, K., Vitved, A. R., Lindahl-Jacobsen, R. and Hvidt, N. C. [University of Southern Denmark, and Odense University Hospital, Odense, Denmark]. “**Religiousness and health in Europe.**” *European Journal of Epidemiology* 32, no. 10 (Oct 2017): 921-929.

[Abstract:] Recent research suggests that epidemiological forces in religion and health can have opposed effects. Using longitudinal data of people aged 50+ included in wave 1 (2004-2005) of the Survey of Health, Ageing and Retirement in Europe (SHARE), and followed up through waves 2 (2006-2007), 4 (2011) and 5 (2013), we examined two forms of religious internalization and their association with health. Multivariate logistic regressions were used to examine all associations. Taking part in a religious organization was associated with lower odds of GALI (global activity limitation index) (OR = 0.86, 95% CI 0.75, 0.98) and depressive symptoms 0.80 (95% CI 0.69, 0.93), whereas being religiously educated lowered odds of poor self-rated health (SRH) 0.81 (95% CI 0.70, 0.93) and long-term health problems 0.84 (95% CI 0.74, 0.95). The more religious had lower odds of limitations with activities of daily living 0.76 (95% CI 0.58, 0.99) and depressive symptoms 0.77 (95% CI 0.64, 0.92) than other respondents, and compared to people who only prayed and did not have organizational involvement, they had lower odds of poor SRH 0.71 (95% CI 0.52, 0.97) and depressive symptoms 0.66 (95% CI 0.50, 0.87). Conversely, people who only prayed had higher odds of depressive symptoms than non-religious people 1.46 (95% CI 1.15, 1.86). Our findings suggest two types of religiousness: 1. Restful religiousness (praying, taking part in a religious organization and being religiously educated), which is associated with good health, and 2. Crisis religiousness (praying without other religious activities), which is associated with poor health. [See also: VanderWeele. T. J.,

“Religion and health in Europe: cultures, countries, context,” *European Journal of Epidemiology* 32, no. 10 (Oct 2017): 857-861; also noted in this bibliography.]

Alt, P. L. [Alt Architecture+Research Associates LLC, Chicago, IL]. “**Sacred space and the healing journey.**” *Annals of Palliative Medicine* 6, no. 3 (Jul 2017): 284-296.

[Abstract:] Sacred space and spirituality have long been used to heal the mind, body, and spirit. This article illuminates the origins of sacred space and its role as a healing environment from the first human construct, the burial mound, to the 5th Century BCE Greek healing city of Epidaurus. It then examines the role of spirituality as one of the necessary human institutions for a healthy society, according to the Italian philosopher Giambattista Vico. The conclusion then surveys three contemporary healing environments' architecture, the Department of Veteran Affairs Healing Environment Design Guideline (VAHEDG), and how these sacred spaces mend individual and community ailments. [See also other articles from this theme issue on Healing and Spirituality also noted in the present bibliography: by Berger, A.; by Coats, H. L.; by Li, L., et al.; by Mistretta, E. G.; by Sajja, A., et al.; by Simone, C. B. 2nd; by Steinhorn, D. M., et al.; and by Weaver, M. S., et al.]

Aslakson, R. A., Kweku, J., Kinnison, M., Singh, S., Crowe, T. Y. 2nd for the AAHPM Writing Group [Johns Hopkins School of Medicine, the Kimmel Comprehensive Cancer Center at Johns Hopkins, and the Department of Spiritual Care and Chaplaincy, The Johns Hopkins Hospital, Baltimore, MD]. “**Operationalizing the Measuring What Matters spirituality quality metric in a population of hospitalized, critically ill patients and their family members.**” *Journal of Pain & Symptom Management* 53, no. 3 (Mar 2017): 650-655.

[Abstract:] CONTEXT: Measuring What Matters (MWM) quality indicators support measurement of the percentage of patients who have spiritual discussions, if desired. OBJECTIVES: The objective of this study was to 1) determine the ease of, and barriers to, prospectively collecting MWM spirituality quality measure data and 2) further explore the importance of spirituality in a seriously ill, hospitalized population of critically ill patients and their family members. METHODS: Electronic medical record (EMR) review and cross-sectional survey of intensive care unit (ICU) patients and their family members from October to December 2015. Participants were in four adult ICUs totaling 68 beds at a single academic, urban, tertiary care center which has ICU-assigned chaplains and an in-house, 24-hour, on-call chaplain. RESULTS: All patients had a "Spiritual Risk Screen" which included two questions identifying patient religion and whether a chaplain visit was desired. Approximately 2/3 of ICU patients were eligible, and there were 144 respondents (50% female; 57% patient and 43% family member), with the majority being Caucasian or African American (68% and 21%, respectively). Common religious identifications were Christian or no faith tradition (76% and 11%, respectively). Approximately half of patients had an EMR chaplain note although it did not document presence of a "spiritual discussion." No study patients received palliative care consultation. A majority (85%) noted that spirituality was "important to them" and that prevalence remained high across respondent age, race, faith tradition, or admitting ICU. CONCLUSION: Operationalizing the MWM spirituality quality indicator was challenging as elements of a "spiritual screening" or documentation of a "spiritual discussion" were not clearly documented in the EMR. The high prevalence of spirituality among respondents validates the importance of spirituality as a potential quality metric.

Balboni, M. J., Sullivan, A., Enzinger, A. C., Smith, P. T., Mitchell, C., Peteet, J. R., Tulskey, J. A., VanderWeele, T. and Balboni, T. A. [Dana-Farber Cancer Institute, Harvard Medical School Center for Bioethics, Harvard School of Public Health, Brigham and Women's Hospital, and Initiative on Health, Religion, and Spirituality within Harvard, Boston, MA]. “**U.S. clergy religious values and relationships to end-of-life discussions and care.**” *Journal of Pain & Symptom Management* 53, no. 6 (Jun 2017): 999-1009.

[Abstract:] CONTEXT: Although clergy interact with approximately half of U.S. patients facing end-of-life medical decisions, little is known about clergy-congregant interactions or clergy influence on end-of-life decisions. OBJECTIVE: The objective was to conduct a nationally representative survey of clergy beliefs and practices. METHODS: A mailed survey to a nationally representative sample of clergy completed in March 2015 with 1005 of 1665 responding (60% response rate). The primary predictor variable was clergy religious values about end-of-life medical decisions, which measured belief in miracles, the sanctity of life, trust in divine control, and redemptive suffering. Outcome variables included clergy-congregant end-of-life medical conversations and congregant receipt of hospice and intensive care unit (ICU) care in the final week of life. RESULTS: Most U.S. clergy are Christian (98%) and affirm religious values despite a congregant's terminal diagnosis. Endorsement included God performing a miracle (86%), pursuing treatment because of the sanctity of life (54%), postponement of medical decisions because God is in control (28%), and enduring painful treatment because of redemptive suffering (27%). Life-prolonging religious values in end-of-life medical decisions were associated with fewer clergy-congregant conversations about considering hospice (adjusted odds ratio [AOR], 0.58; 95% CI 0.42-0.80), stopping treatment (AOR 0.58, 95% CI 0.41-0.84, P = 0.003), and forgoing future treatment (AOR 0.50, 95% CI 0.36-0.71, P < 0.001) but not associated with congregant receipt of hospice or ICU care. Clergy with lower medical knowledge were less likely to have certain end-of-life conversations. The absence of a clergy-congregant hospice discussion was associated with less hospice (AOR 0.45; 95% CI 0.29-0.66, P < 0.001) and more ICU care (AOR 1.67; 95% CI 1.14-2.50, P < 0.01) in the final week of life. CONCLUSION: American clergy hold religious values concerning end-of-life medical decisions, which appear to decrease end-of-life discussions. Clergy end-of-life education may enable better quality end-of-life care for religious patients.

Balboni, T. A., Fitchett, G., Handzo, G. F., Johnson, K. S., Koenig, H. G., Pargament, K. I., Puchalski, C. M., Sinclair, S., Taylor, E. J. and Steinhauer, K. E. [Dana Farber Cancer Institute, Boston, MA; Rush University Medical Center, Chicago, IL; HealthCare Chaplaincy Network, New York, NY; Duke University School of Medicine, and Durham Veterans Affairs Medical Center, Durham, NC; Bowling Green State University, Bowling Green, OH; George Washington School of Medicine and Health Sciences, Washington, DC; University of Calgary, Canada; and Loma Linda University, Loma Linda, CA]. “**State of the science of spirituality and palliative care research part II: screening, assessment, and interventions.**” *Journal of Pain & Symptom Management* 54, no. 3 (Sep 2017): 441-453. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The State of the Science in Spirituality and Palliative Care was convened to address the current landscape of research at the intersection of spirituality and palliative care and to identify critical next steps to advance this field of inquiry. Part II of the SOS-SPC report addresses the state of extant research and identifies critical research priorities pertaining to the following questions: 1) How do we assess spirituality? 2) How do we intervene on spirituality in palliative care? And 3) How do we train health professionals to address spirituality in

palliative care? Findings from this report point to the need for screening and assessment tools that are rigorously developed, clinically relevant, and adapted to a diversity of clinical and cultural settings. Chaplaincy research is needed to form professional spiritual care provision in a variety of settings, and outcomes assessed to ascertain impact on key patient, family, and clinical staff outcomes. Intervention research requires rigorous conceptualization and assessments. Intervention development must be attentive to clinical feasibility, incorporate perspectives and needs of patients, families, and clinicians, and be targeted to diverse populations with spiritual needs. Finally, spiritual care competencies for various clinical care team members should be refined. Reflecting those competencies, training curricula and evaluation tools should be developed, and the impact of education on patient, family, and clinician outcomes should be systematically assessed. [See also: Steinhauer & Balboni, "State of the science of spirituality and palliative care research: research landscape and future directions"; and Steinhauer, et al., "State of the science of spirituality and palliative care research part I: definitions, measurement, and outcomes" –also cited in this bibliography.]

Bandini, J. I., Courtwright, A., Zollfrank, A. A., Robinson, E. M. and Cadge, W. [Brandeis University, Waltham; and Massachusetts General Hospital, Boston, MA; Hospital of the University of Pennsylvania, Philadelphia, PA; and Yale-New Haven Hospital, New Haven, CT]. "**The role of religious beliefs in ethics committee consultations for conflict over life-sustaining treatment.**" *Journal of Medical Ethics* 43, no. 6 (Jun 2017): 353-358.

[Abstract:] Previous research has suggested that individuals who identify as being more religious request more aggressive medical treatment at end of life. These requests may generate disagreement over life-sustaining treatment (LST). Outside of anecdotal observation, however, the actual role of religion in conflict over LST has been underexplored. Because ethics committees are often consulted to help mediate these conflicts, the ethics consultation experience provides a unique context in which to investigate this question. The purpose of this paper was to examine the ways religion was present in cases involving conflict around LST. Using medical records from ethics consultation cases for conflict over LST in one large academic medical centre, we found that religion can be central to conflict over LST but was also present in two additional ways through (1) religious coping, including a belief in miracles and support from a higher power, and (2) chaplaincy visits. In-hospital mortality was not different between patients with religiously versus non-religiously centred conflict. In our retrospective cohort study, religion played a variety of roles and did not lead to increased treatment intensity or prolong time to death. Ethics consultants and healthcare professionals involved in these cases should be cognisant of the complex ways that religion can manifest in conflict over LST.

Barnes, M. J. D. and Massey, K. [Advocate Lutheran General Hospital, Park Ridge, IL]. "**Spiritual care encounter-journeying with a grief stricken family.**" *Simulation in Healthcare: The Journal of The Society for Medical Simulation* 12, no. 5 (Oct 2017): 339-347. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

This is a case presentation using the taxonomy of chaplaincy activities and interventions developed by the authors (et al.), suggesting that one advantage of that taxonomy is "that it now permits educators to design simulation scenarios in which chaplains can demonstrate achieving their outcomes through specific interventions" [p. 339]. For more on that taxonomy, see: Massey, K., Barnes, M. J., Villines, D., Goldstein, J. D., Pierson, A. L., Scherer, C., Vander Laan, B. and Summerfelt, W. T., "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].

Beck, D., Cosco Holt, L., Burkard, J., Andrews, T., Liu, L., Heppner, P. and Bormann, J. E. [Veterans Affairs San Diego Healthcare System, San Diego; and the University of California, San Diego, CA]. "**Efficacy of the mantram repetition program for insomnia in veterans with posttraumatic stress disorder: a naturalistic study.**" *Advances in Nursing Science* 40, no. 2 (Apr/Jun 2017): E1-E12.

[Abstract:] Statistics show that more than 80% of Veterans mention posttraumatic stress disorder (PTSD)-related symptoms when seeking treatment. Sleep disturbances and nightmares are among the top 3 presenting problems. Current PTSD trauma-focused therapies generally do not improve sleep disturbances. The mantram repetition program (MRP), a mind-body-spiritual intervention, teaches a portable set of cognitive-spiritual skills for symptom management. The aim of this study was to evaluate the efficacy of the MRP on insomnia in Veterans with PTSD in a naturalistic, clinical setting. Results show that participation in the MRP significantly reduced insomnia, as well as decreased self-reported and clinician-assessed PTSD symptom burden.

Berger, A. [National Institutes of Health, Clinical Center, Bethesda, MD]. "**Psychosocial spiritual healing.**" *Annals of Palliative Medicine* 6, no. 3 (Jul 2017): 203-205.

Preface to the special theme issue on Healing and Spirituality. [Abstract:] Palliative care providers have for a long time recognized that there are seriously ill or terminal patients who progress beyond the experiences of psychological trauma, coping, and acceptance. [See also other articles from this theme issue on Healing and Spirituality also noted in the present bibliography: by Alt, P. L.; by Coats, H. L.; by Li, L., et al.; by Mistretta, E. G.; by Sajja, A., et al.; by Simone, C. B. 2nd; by Steinhorn, D. M., et al.; and by Weaver, M. S., et al.]

Berzengi, A., Berzenji, L., Kadim, A., Mustafa, F. and Jobson, L. [Northgate Hospital; Kirkuk University; and Monash University, Australia]. "**Role of Islamic appraisals, trauma-related appraisals, and religious coping in the posttraumatic adjustment of Muslim trauma survivors.**" *Psychological Trauma: Theory, Research, Practice and Policy* 9, no. 2 (Mar 2017): 189-197.

[Abstract:] OBJECTIVE: This research investigated the role of Islamic appraisals, trauma-related appraisals, and religious coping in Muslim trauma survivors. METHOD: We report 2 studies of Muslim trauma survivors with and without posttraumatic stress disorder (PTSD) living in the United Kingdom (Study 1) and a sample of Muslim trauma survivors living in Northern Iraq (Study 2). In both studies participants completed the Posttraumatic Stress Diagnostic Scale, Brief Religious Coping Scale, Islamic Appraisal Questionnaire, and Posttraumatic Cognitions Inventory in Arabic. RESULTS: First, it was found that negative religious coping differentiated between trauma survivors with and without PTSD (Study 1) and was significantly correlated with PTSD symptoms (Study 2). Second, negative Islamic appraisals were significantly associated with greater PTSD symptoms whereas positive Islamic appraisals were significantly associated with fewer PTSD symptoms (Study 2). Third, negative trauma-related appraisals correlated significantly with, and uniquely predicted, PTSD symptoms (Study 2). Finally, trauma-related appraisals were found to mediate the relationship between negative Islamic appraisals and negative religious coping and PTSD symptoms. CONCLUSIONS: These findings suggest that the theoretical emphasis on trauma-related cognitions may also be applicable to our understanding of PTSD in Muslim trauma survivors. However, for this population, trauma-related appraisals and subsequent

coping strategies may be influenced by Islamic beliefs and values. Clinically, our findings suggest that addressing PTSD symptoms in Muslim trauma survivors may require clinicians to consider the impact of trauma on the survivor's religious appraisals and relationship with God.

Boucher, N. A., Siddiqui, E. A. and Koenig, H. G. [Durham Veterans Administration Medical Center; Duke University Center for the Study of Aging in NC; Duke University Medical Center in Durham; and Mount Sinai Medical Center in New York, NY]. **“Supporting Muslim patients during advanced illness.”** *Permanente Journal* (2017): 21 [electronic journal article designation].

[Abstract:] Religion is an important part of many patients' cultural perspectives and value systems that influence them during advanced illness and toward the end of life when they directly face mortality. Worldwide violence perpetrated by people identifying as Muslim has been a growing fear for people living in the US and elsewhere. This fear has further increased by the tense rhetoric heard from the recent US presidential campaign and the new presidential administration. For many, this includes fear of all Muslims, the second-largest religious group in the world with 1.6 billion adherents and approximately 3.5 million in the US alone. Patient-centered care requires health professionals to look past news headlines and unchecked social media so they can deliver high-quality care to all patients. This article explores areas of importance in the context of advanced illness for practitioners of Islam. These include the conditions needed for prayer, the roles of medical treatment and religious authority, the importance of modesty, the religious concordance of clinicians, the role of family in medical decision making, advance care planning, and pain and symptom management. Initial recommendations to optimize care for Muslim patients and their families, informed by the described tenets of Muslim faith, are provided for clinicians and health systems administrators. These include Islamic cultural awareness training for staff, assessment of patients and families to determine needs, health education and decision-making outreach, and community health partnerships with local Islamic institutions.

Bowie, J. V., Bell, C. N., Ewing, A., Kinlock, B., Ezema, A., Thorpe, R. J. Jr. and LaVeist, T. A. [Johns Hopkins University, Baltimore, MD; and George Washington University, Washington, DC]. **“Religious coping and types and sources of information used in making prostate cancer treatment decisions.”** *American Journal of Men's Health* 11, no. 4 (Jul 2017): 1237-1246. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Treatment experiences for prostate cancer survivors can be challenging and dependent on many clinical and psychosocial factors. One area that is less understood is the information needs and sources men utilize. Among these is the influence of religion as a valid typology and the value it may have on treatment decisions. The objective of this study was to assess the relationship between race, religion, and cancer treatment decisions in African American men compared with White men. Data were from the Diagnosis and Decisions in Prostate Cancer Treatment Outcomes Study that consisted of 877 African American and White men. The main dependent variables sought respondents' use of resources or advisors when making treatment decisions. Questions also assessed men perceptions of prostate cancer from the perspective of religious coping. After adjusting for age, marital status, education, and insurance status, race differences in the number of sources utilized were partially mediated by cancer was a punishment from God (beta = -0.46, SE = 0.012, $p < .001$), cancer was a test of faith (beta = -0.49, SE = 0.013, $p < .001$), and cancer can be cured with enough prayer (beta = -0.47, SE = 0.013, $p < .001$). Similarly, race differences in the number of advisors utilized in making the treatment decision were partially mediated by cancer was a punishment from God (beta = -0.39, SE = 0.014, $p = .006$), and cancer was a test of faith (beta = -0.39, SE = 0.014, $p = .006$). Religious views on prostate cancer may play an important role in explaining race differences in information used and the number of advisors utilized for treatment decision making for prostate cancer.

Bowman, T. [University of Saint Thomas, Saint Paul, MN]. **“Spirituality and countertransference: individual and systemic considerations.”** *Death Studies* 41, no. 3 (Mar 2017): 154-161.

[Abstract:] Spirituality is now routinely included in the arc of palliative or holistic care. In spite of this recognition, its importance can be compromised unless countertransference in its many forms gains more attention. In this article, individual and systemic considerations related to the intersection of spirituality and countertransference in hospice and palliative care will be addressed, with particular emphasis on practitioner implications. A framework, developed by Kenneth Pargament will be extended to highlight perceptions that can exacerbate countertransference and spirituality. Practitioner questions useful in eliciting spiritual matters are included.

Bressler, T. and Popp, B. **“Orthodox Jewish thought leaders' insights regarding BRCA mutations: a descriptive study.”** *Journal of Oncology Practice/American Society of Clinical Oncology* 13, no. 4 (Apr 2017): e303-e309.

[Abstract:] AB PURPOSE: To examine the factors that influence Orthodox Jewish (OJ) thought leaders' perceptions of genetic counseling and testing for BRCA mutations. The specific aims of this study were to describe (1) OJ thought leaders' views on genetic counseling and testing for BRCA mutation status and (2) insights into this high-risk faith-based minority group and their beliefs about counseling and testing for BRCA mutations. METHODS: In-depth focus groups and demographic questionnaires were used in this descriptive, qualitative study, which was performed in the cancer center of a 750-bed community teaching hospital in Brooklyn, New York. Participants included 17 OJ thought leaders in a large metropolitan area in the northeastern United States. RESULTS: Four themes emerged that describe the key components of the views of OJ thought leaders regarding genetic counseling and testing for BRCA mutation carriers. There was a high level of concern about cancer, recognition that community norms shift, acknowledgment of the role of the rabbi in medical decision making, and concern about the balance between determinism and personal responsibility in utilizing this health care service. CONCLUSION: The identification of social contributors to the utilization of genetic counseling and testing, as well as identification of solutions to optimize utilization of BRCA testing, supports the philosophic premise or conceptual model that faith-based leaders are crucial to the promotion of culturally sensitive health care delivery. Incorporating faith-based leaders early in health care strategic planning and implementation can translate into communities better utilizing health-related services. [See also the editorial: Paulk, M. E., “Understanding the role of religion in medical decision making,” *Journal of Oncology Practice / American Society of Clinical Oncology* 13, no. 4 (Apr 2017): 219-220.]

Brintz, C. E., Birnbaum-Weitzman, O., Merz, E. L., Penedo, F. J. Daviglius, M. L., Fortmann, A. L., Gallo, L. C., Gonzalez, P., Johnson, T, P, Navas-Nacher, E. L., Youngblood, M. E. and Llabre, M. M. [University of Miami; California State University, Dominguez Hills; Northwestern University Feinberg School of Medicine; University of Illinois at Chicago; Scripps Health; San Diego State University; and University of North Carolina at Chapel Hill]. **“Validation of the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being-Expanded (FACIT-Sp-Ex) across English and Spanish-Speaking Hispanics/Latinos: results from the Hispanic Community Health Study/Study of Latinos Sociocultural Ancillary Study.”**

Psychology of Religion & Spirituality 9, no. 4 (Nov 2017): 337-347. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The validity of the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp) has been examined in primarily non-Hispanics/Latinos with chronic illness. This study assessed the psychometric properties of the non-illness, expanded FACIT-Sp (FACIT-Sp-Ex) in 5,163 U.S. Hispanic/Latino adults. Measures were interviewer-administered in English or Spanish. Confirmatory factor analyses indicated four factors: Meaning, Peace, Faith, and Relational. The scale demonstrated measurement invariance across English and Spanish. Subscales displayed adequate internal and test-retest reliability. Scores were positively associated with Duke Religion Index (DUREL) subscales. When all subscales were entered in a single model, Meaning and Peace were inversely associated with depressive symptoms and positively associated with HRQOL. Faith was positively associated with depressive symptoms and inversely associated with HRQOL. Relational was not associated with any outcome. FACIT-Sp-Ex subscales were generally more strongly associated than DUREL subscales with well-being. The FACIT-Sp-Ex appears to be a valid measure of spiritual well-being in U.S. Hispanics/Latinos.

Bristol, S. T., Lloyd, S. L. and Bristol, A. A. **“Integrating spiritual bereavement skills into an advanced practice curriculum.”** *Journal of Nursing Education* 56, no. 7 (Jul 1, 2017): 439-442.

[Abstract:] BACKGROUND: When advanced practice nurses (APNs) encounter the need to address a bereaved individual's spirituality, gaps in educational preparation may prevent effective intervention. In addition, past and current research studies have not provided clear guidance for spiritually based bereavement care curricula within the graduate APN program. METHOD: Graduate advanced practice faculty successfully introduced classroom-based spiritual bereavement care education modules for APN students. RESULTS: Course evaluations indicated student appreciation for the new content and practicum experiences provided. Students felt the new content to be essential in their development as expert practitioners. CONCLUSION: Through this innovation, the authors found that a variety of learning activities that addressed spiritual needs during the bereavement process was perceived as highly satisfactory by APNs. Within an ever increasingly diverse society, APNs have a significant role in performing responsibilities for bereaved individuals.

Brown, J. and Gardner, J. [St. John of God Subiaco Hospital, Western Australia]. **“The role of the pastoral practitioner in health outcomes and wellbeing during acute illness: exploring the patient experience of a pastoral visit.”** *Journal of Pastoral Care & Counseling: JPCC* 71, no. 4 (Dec 2017): 230-236. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The role of the pastoral practitioner is embedded in many health care services and organizations. Despite this, there is little evidence to describe the impact of this role on patient outcomes, in particular how visits by a pastoral practitioner influence patient healing and recovery. This paper describes a small study that explored the patient experience of pastoral practitioner visits in an acute care facility.

Burke, A., Lam, C. N., Stussman, B. and Yang, H. [San Francisco State University; University of Southern California, Los Angeles; and National Institutes of Health, Bethesda, MD]. **“Prevalence and patterns of use of mantra, mindfulness and spiritual meditation among adults in the United States.”** *BMC Complementary & Alternative Medicine* 17, no. 1 (Jun 15, 2017): 316 [electronic journal article designation].

[Abstract:] BACKGROUND: Despite a growing body of scientific literature exploring the nature of meditation there is limited information on the characteristics of individuals who use it. This is particularly true of comparative studies examining prevalence and predictors of use of various forms of meditation. METHODS: A secondary analysis was conducted using data from the 2012 National Health Interview Survey (n = 34,525). Three popular forms of meditation were compared—mantra, mindfulness, and spiritual—to determine lifetime and 12-month use related to key sociodemographic, health behavior, health status, and healthcare access variables. RESULTS: The 12-month prevalence for meditation practice was 3.1% for spiritual meditation, 1.9% for mindfulness meditation, and 1.6% for mantra meditation. This represents approximately 7.0, 4.3, and 3.6 million adults respectively. A comparison across the three meditation practices found many similarities in user characteristics, suggesting interest in meditation may be more related to the type of person meditating than to the type of practice selected. Across meditation styles use was more prevalent among respondents who were female, non-Hispanic White, college educated, physically active; who used other complementary health practices; and who reported depression. Higher utilization of conventional healthcare services was one of the strongest predictors of use of all three styles. In addition to similarities, important distinctions were observed. For example, spiritual meditation practice was more prevalent among former drinkers. This may reflect use of spiritual meditation practices in support of alcohol treatment and sobriety. Reasons for use of meditation were examined using the sample of respondents who practiced mindfulness meditation. Wellness and prevention (74%) was a more common reason than use to treat a specific health condition (30%). Common reasons for use included stress management (92%) and emotional well-being (91%), and to support other health behaviors. Meditation was viewed positively because it was self-care oriented (81%) and focused on the whole person (79%). CONCLUSION: Meditation appears to provide an accessible, self-care resource that has potential value for mental health, behavioral self-regulation, and integrative medical care. Considering consumer preference for distinct types of meditation practices, understanding the underlying mechanisms, benefits, and applications of practice variations is important.

Cafferky, B., Norton, A. and Travis, W. J. [Loma Linda University, Loma Linda, CA; Texas Woman's University, Denton, TX; and United States Air Force Academy, San Antonio, TX]. **“Air Force chaplains' perceived effectiveness on service member's resilience and satisfaction.”** *Journal of Health Care Chaplaincy* 23, no. 2 (Apr-Jun 2017): 45-66.

[Abstract:] This study examined how 3,777 active duty male United States Air Force service members' (SMs) rank and residence location moderated the associations between perceived chaplain effectiveness, SMs' resilience, family coping, marital satisfaction, and satisfaction with the Air Force (AF). A multiple-sample structural equation model was conducted with four subgroups of SMs who had received chaplain support: enlisted members living on base, enlisted members living off base, officers living on base, and officers living off base. Chaplain effectiveness was significantly related, both directly and indirectly, to SMs' spirituality, resilience, family coping, marital satisfaction, and AF satisfaction. Resilience was significantly associated with increased AF satisfaction for all SMs, except for those living on base. However, living on base was found to strengthen the protective factor between family coping and relationship satisfaction. Rank was found to moderate the link between resilience and family coping. Family coping was significantly related to increased relationship satisfaction.

Caldeira, S., Timmins, F., de Carvalho, E. C. and Vieira, M. [Trinity College Dublin, Ireland; Universidade Catolica Portuguesa, Lisbon, Portugal; and University of Sao Paulo, Brazil]. **“Spiritual well-being and spiritual distress in cancer patients**

undergoing chemotherapy: utilizing the SWBQ as component of holistic nursing diagnosis.” *Journal of Religion & Health* 56, no. 4 (Aug 2017): 1489-1502.

[Abstract:] Holistic nursing care requires attention to the spiritual dimension. This is particularly important when caring for patients with cancer. This research presents the results of the assessment of spiritual well-being using the Spiritual Well-Being Questionnaire (SWBQ) to validate the nursing diagnosis of spiritual distress. Structured interviews were conducted with 169 patients in one hospital in Portugal. We concluded that the SWBQ is a useful and reliable instrument to assess spiritual distress, which highlights the importance of listening to patients and questioning them about spiritual needs as well as the importance of differential diagnosis aimed at effective interventions.

Ceylan, M. E., Onen Unsalver, B. and Evrensel, A. [Uskudar University, Istanbul, Turkey]. “**Major depressive disorder with religious struggle and completed suicide after hair transplantation.**” *SAGE Open Medical Case Reports* 5 (2017): 2050313X17700744 [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: Psychological outcomes of aesthetic surgical procedures like hair transplantation are mostly positive including decreased anxiety, depression and social phobia and increased general well-being, self-efficacy and self-esteem. However, some patients may suffer from post-surgical depression and post-surgical increased suicide rates have been reported for breast augmentation patients. Difficulty adapting to the new image, unfulfilled psychological needs expected to be met by the surgery, side effects of the surgery like tissue swelling or bruising, uncontrolled pain, presence of body dysmorphic disorder and previous history of mood disorder may be some of the risk factors for post-surgical depression. METHODS: Here, we present a case without prior psychiatric history who developed major depressive disorder after hair transplantation and died of suicide. RESULTS: He started experiencing religious struggle related to his decision about the hair transplant which he interpreted as acting against God’s will. While religious involvement has been reported to be a protective factor against depression, spiritual struggle, which includes religious guilt, has been described as an important risk factor for depression, hopelessness and suicidality which might explain the severity of depression in our patient. CONCLUSIONS: This case highlights the importance of a detailed psychiatric evaluation and exploration of religious concerns of any patient before any type of aesthetic surgery. Major depressive disorder is a treatable condition; however, mild depression can go unnoticed. Religious belief and related religious practices affect an individual’s personal health attitudes; therefore, we think that every physician is needed to explore the religious concerns of any patient during any medical examination or surgical procedure. Relevant religious authorities should be consulted when necessary.

Chakraborty, R., El-Jawahri, A. R., Litzow, M. R., Syrjala, K. L., Parnes, A. D. and Hashmi, S. K. [Essentia Health-St. Joseph’s Medical Center, Brainerd; and Mayo Clinic, Rochester, MN; Massachusetts General Hospital; and Brigham and Women’s Hospital, and Harvard Medical School, Boston, MA; and Fred Hutchinson Cancer Research Center, Seattle, WA]. “**A systematic review of religious beliefs about major end-of-life issues in the five major world religions.**” *Palliative & Supportive Care* 15, no. 5 (Oct 2017): 609-622. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] OBJECTIVE: The objective of this study was to examine the religious/spiritual beliefs of followers of the five major world religions about frequently encountered medical situations at the end of life (EoL). METHOD: This was a systematic review of observational studies on the religious aspects of commonly encountered EoL situations. The databases used for retrieving studies were: Ovid MEDLINE In-Process & Other Non-Indexed Citations, Ovid MEDLINE, Ovid EMBASE, Ovid PsycINFO, Ovid Cochrane Central Register of Controlled Trials, Ovid Cochrane Database of Systematic Reviews, and Scopus. Observational studies, including surveys from healthcare providers or the general population, and case studies were included for review. Articles written from a purely theoretical or philosophical perspective were excluded. RESULTS: Our search strategy generated 968 references, 40 of which were included for review, while 5 studies were added from reference lists. Whenever possible, we organized the results into five categories that would be clinically meaningful for palliative care practices at the EoL: advanced directives, euthanasia and physician-assisted suicide, physical requirements (artificial nutrition, hydration, and pain management), autopsy practices, and other EoL religious considerations. A wide degree of heterogeneity was observed within religions, depending on the country of origin, level of education, and degree of intrinsic religiosity. SIGNIFICANCE OF RESULTS: Our review describes the religious practices pertaining to major EoL issues and explains the variations in EoL decision making by clinicians and patients based on their religious teachings and beliefs. Prospective studies with validated tools for religiosity should be performed in the future to assess the impact of religion on EoL care.

Chatters, L. M., Taylor, R. J., Woodward, A. T., Bohnert, A. S. B., Peterson, T. L. and Perron, B. E. [University of Michigan, and University of Oklahoma]. “**Differences between African Americans and Non-Hispanic Whites utilization of clergy for counseling with serious personal problems.**” *Race and Social Problems* 9, no. 2 (Jun 2017): 139-149. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] There is a paradox in research on African Americans and non-Hispanic whites in the utilization of clergy. Research finds that African Americans have higher levels of religious service attendance and higher levels of contact with clergy. Research also finds that despite this, African Americans are less likely than non-Hispanic whites to seek out assistance from clergy for psychiatric disorders including depression and anxiety. The goal of this paper was to investigate race differences in the use of clergy for counseling for serious personal problems. It uses the National Survey of American Life. We find that non-Hispanic whites were more likely than African Americans to use clergy for a serious personal problem. The significant difference between African Americans and non-Hispanic whites appeared to be mediated by the fact that African Americans were more likely to have seen clergy in a religious setting and non-Hispanic whites were more likely to have seen clergy in other settings including hospitals.

Chen, Y., Xiao, H., Yang, Y. and Lan, X. [School of Nursing, Fujian Medical University, Fuzhou, China]. “**The effects of life review on psycho-spiritual well-being among patients with life-threatening illness: a systematic review and meta-analysis.**” *Journal of Advanced Nursing* 73, no. 7 (Jul 2017): 1539-1554.

[Abstract:] AIM: The aim of this study was to examine the strength of evidence regarding the effects of life review on psycho-spiritual well-being among patients with life-threatening illness. BACKGROUND: Life-threatening illness not only causes physical symptoms but also psycho-spiritual burdens. Life review has been widely implemented to assist people coping with these burdens. However, the effectiveness of life review is not clear. To date, no systematic review or meta-analysis has been published on this topic. DESIGN AND REVIEW METHODS:

A systematic review with meta-analysis consistent with the recommendations of the Cochrane Collaboration was conducted. DATA SOURCES: Database searches included MEDLINE, Cochrane Central Register of Controlled Trials, EMBASE, CINAHL, PsycINFO, CNKI and VIP et al. up to April 2015. We also searched the grey literature, reviewed reference lists from relevant articles and book chapters and contacted experts. RESULTS: Nine randomized controlled trials (RCTs) and two controlled clinical trials (CCTs) were eligible for this systematic review and meta-analysis. The risk of bias for those studies were rated as moderate (n = 11). The meta-analyses demonstrated significant standardized mean differences or mean differences in favour of life review compared with the control for depression, quality of life and self-esteem. CONCLUSION: The findings indicate that life review can decrease depressive symptoms, improve quality of life and enhance self-esteem among patients with life-threatening illnesses. Multi-centre studies with adequate sample size and rigorous designs are needed in future research.

Clark, E. M., Huang, J., Roth, D. L., Schulz, E., Williams, B. R. and Holt, C. L. [Saint Louis University, MO; Johns Hopkins University, Baltimore, MD; Still University, Mesa, AZ; UAB Comprehensive Center for Healthy Aging, Birmingham, AL; and University of Maryland, College Park, MD]. **“The relationship between religious beliefs and behaviors and changes in spiritual health locus of control over time in a national sample of African Americans.”** *Mental Health, Religion & Culture* 20, no. 5 (2017): 449-463. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Using data from a sample of African Americans, the present study examined the role of religious beliefs and behaviors in predicting changes in spiritual health locus of control (SHLOC), or beliefs about the role that God plays in a person's health. A national sample of African American adults was recruited using a telephone survey and re-contacted 2.5 years later. Overall, results indicated that both higher religious beliefs and behaviors predicted increases in active SHLOC, or the view that one collaboratively works with God to maintain one's health. However, only religious behaviors predicted increases in passive SHLOC, or the view that because God is in complete control of health that one's own behaviors are unnecessary. Among men, religious beliefs predicted strengthening active SHLOC beliefs, while religious behaviors predicted growing passive SHLOC beliefs. Among women, religious behaviors predicted strengthening active and passive SHLOC beliefs.

Coats, H. L. [UW/Cambria Palliative Care Center of Excellence, University of Washington]. **“African American elders’ psychological-social-spiritual cultural experiences across serious illness: an integrative literature review through a palliative care lens.”** *Annals of Palliative Medicine* 6, no. 3 (Jul 2017): 253-269.

[Abstract:] Disparities in palliative care for seriously ill African American elders exist because of gaps in knowledge around culturally sensitive psychological, social, and spiritual care. The purpose of this integrative literature review is to summarize the research examining African American elders' psychological, social, and spiritual illness experiences. Of 108 articles, 60 quantitative, 42 qualitative, and 6 mixed methods studies were reviewed. Negative and positive psychological, social, and spiritual experiences were noted. These experiences impacted both the African American elders' quality of life and satisfaction with care. Due to the gaps noted around psychological, social, and spiritual healing and suffering for African American elders, palliative care science should continue exploration of seriously ill African American elders' psychological, social, and spiritual care needs. [See also other articles from this theme issue on Healing and Spirituality also noted in the present bibliography: by Alt, P. L.; by Berger, A.; by Li, L., et al.; by Mistretta, E. G.; by Sajja, A., et al.; by Simone, C. B. 2nd; by Steinhorn, D. M., et al.; and by Weaver, M. S., et al.]

Cohen, A. B., Mazza, G. L., Johnson, K. A., Enders, C. K., Warner, C. M., Pasek, M. H. and Cook, J. E. [Arizona State University, Tempe]. **“Theorizing and measuring religiosity across cultures.”** *Personality & Social Psychology Bulletin* 43, no. 12 (Dec 2017): 1724-1736. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] For almost 50 years, psychologists have been theorizing about and measuring religiosity essentially the way Gordon Allport did, when he distinguished between intrinsic and extrinsic religiosity. However, there is a historical debate regarding what this scale actually measures, which items should be included, and how many factors or subscales exist. To provide more definitive answers, we estimated a series of confirmatory factor analysis models comparing four competing theories for how to score Gorsuch and McPherson's commonly used measure of intrinsic and extrinsic religiosity. We then formally investigated measurement invariance across U.S. Protestants, Irish Catholics, and Turkish Muslims and across U.S. Protestants, Catholics, and Muslims. We provide evidence that a five-item version of intrinsic religiosity is invariant across the U.S. samples and predicts less warmth toward atheists and gay men/lesbians, validating the scale. Our results suggest that a variation of Gorsuch and McPherson's measure may be appropriate for some but not all uses in cross-cultural research.

Connors, J., Good, P. and Gollery, T. [Polk State College, Winter Haven; and Southeastern University, Lakeland, FL]. **“Using innovative teaching strategies to improve nursing student competence and confidence in providing spiritual care.”** *Nurse Educator* 42, no. 2 (Mar/Apr 2017): 62-64.

This is a phased assessment of three strategies for teaching students spiritual care. The first strategy was a traditional classroom instruction on the topic of spirituality and caring behaviors conducted for 12 hours with nursing students in their first semester; the second required that all students perform a spiritual assessment on a patient while in the clinical environment and submit the completed assessment to their clinical instructor; and the third was a spiritual simulation. The impact of these methods on students’ perceptions of competence and confidence in addressing the spiritual aspects of nursing care was statistically significant across all 3 phases of the study. Students recommended an additional simulation to better prepare them for providing spiritual care.

Cornish, M. A., Lannin, D. G., Wade, N. G. and Martinez, M. [Auburn University; Illinois State University; and Iowa State University]. **“Can use of positive religious coping predict greater distress? An examination of Army soldiers on deployment.”** *Journal of Counseling Psychology* 64, no. 3 (Apr 2017): 302-309.

[Abstract:] Although positive religious coping is generally viewed as an adaptive, functional coping pattern, some studies have actually found positive religious coping to be associated with more distress in military populations. In the current study, we examined the role of positive religious coping on distress across 2 time points. Participants in this study were 192 Army soldiers (men = 90.4%) who were stationed in Iraq for a 1-year deployment in 2005. Using structural equation modeling, we conducted a cross-lag analysis of positive religious coping and distress. Results indicated that greater use of positive religious coping significantly predicted greater distress 1 month later, whereas distress at T1 did not predict positive religious coping 1 month later. Combat exposure was also a significant predictor of distress 1 month later.

Implications of these results include the need to inquire about clients' use of religious coping and whether such coping methods are having the desired effect for them.

Cunningham, C. J. L., Panda, M., Lambert, J., Daniel, G. and DeMars, K. [University of Tennessee College of Medicine and University of Tennessee at Chattanooga; and East Tennessee State University, Johnson City, TN]. **“Perceptions of chaplains' value and impact within hospital care teams.”** *Journal of Religion & Health* 56, no. 4 (Aug 2017): 1231-1247.

[Abstract:] Many scholars have written about the role of spirituality in health care. One mechanism for incorporating spirituality into the care of patients is to integrate clinically trained chaplains into hospital care teams. We examined in a mixed-methods fashion, the effects of this type of integrated care team within a teaching hospital setting. The quality and impact of chaplain involvement were studied from patient and physician-in-training perspectives, using data from more than 200 patients and physicians in training. Findings clearly show that clinically trained chaplains can contribute meaningful expertise and real value to the quality and comprehensiveness of patient and physician experiences.

Currier, J. M., Drescher, K. D., Nieuwsma, J. A. and McCormick, W. H. [University of South Alabama, Mobile, AL; Palo Alto VA Healthcare System, Menlo Park, CA; and Department of Veterans Affairs, and Duke University Medical School, Durham, NC]. **“Theodicies and professional quality of life in a nationally representative sample of chaplains in the Veterans' Health Administration.”** *Journal of Prevention & Intervention in the Community* 45, no. 4 (Oct-Dec 2017): 286-296. [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 role of theodicies or theological/philosophic attempts to resolve existential dilemmas related to evil and human suffering in chaplains' professional quality of life (ProQOL). A nationally representative sample of 298 VHA chaplains completed the recently developed Views of Suffering Scale (Hale-Smith, Park, & Edmondson, 2012) and ProQOL-5 (Stamm, 2010). Descriptive results revealed that 20-50% endorsed strong theistic beliefs in a compassionate deity who reciprocally suffers with hurting people, God ultimately being responsible for suffering, and that suffering can provide opportunities for intimate encounters with God and personal growth. Other results indicated that chaplains' beliefs about human suffering were differentially linked with their sense of enjoyment/purpose in working with veterans. These results suggest that theodicies might serve as a pathway to resilience for individuals in spiritual communities and traditions in USA, particularly for clinicians and ministry professionals who are committed to serving the needs of traumatized persons.

Currier, J. M. and Eriksson, C. B. [University of South Alabama, Mobile, AL]. **“Trauma and spirituality: empirical advances in an understudied area of community experience.”** *Journal of Prevention & Intervention in the Community* 45, no. 4 (Oct-Dec 2017): 231-237. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Trauma and spirituality represent an understudied area of community experience. As in introductory article for this themed issue for the *Journal of Prevention & Intervention in the Community*, this article describes the importance of considering these topics together for individuals and communities across the world.

Currier, J. M., Foster, J. D., Abernethy, A. D., Witvliet, C. V. O., Root Luna, L. M., Putman, K. M., Schnitker, S. A., VanHarn, K. and Carter, J. [University of South Alabama, Mobile; Fuller Theological Seminary, Graduate School of Psychology, Pasadena, CA; Hope College, Psychology Department, Holland, MI; Department of Graduate Psychology, Azusa Pacific University, Azusa, CA; and Pine Rest Christian Mental Health Services, Grand Rapids, MI]. **“God imagery and affective outcomes in a spiritually integrative inpatient program.”** *Psychiatry Research* 254 (Aug 2017): 317-322.

[Abstract:] Religion and/or spirituality (R/S) can play a vital, multifaceted role in mental health. While beliefs about God represent the core of many psychiatric patients' meaning systems, research has not examined how internalized images of the divine might contribute to outcomes in treatment programs/settings that emphasize multicultural sensitivity with R/S. Drawing on a combination of qualitative and quantitative information with a religiously heterogeneous sample of 241 adults who completed a spiritually integrative inpatient program over a two-year period, this study tested direct/indirect associations between imagery of how God views oneself, religious comforts and strains, and affective outcomes (positive and negative). When accounting for patients' demographic and religious backgrounds, structural equation modeling results revealed: (1) overall effects for God imagery at pre-treatment on post-treatment levels of both positive and negative affect; and (2) religious comforts and strains fully mediated these links. Secondary analyses also revealed that patients' generally experienced reductions in negative emotion in God imagery over the course of their admission. These findings support attachment models of the R/S-mental health link and suggest that religious comforts and strains represent distinct pathways to positive and negative domains of affect for psychiatric patients with varying experiences of God.

Cyphers, N. A., Clements, A. D. and Lindseth, G. [DeSales University, Center Valley, PA; East Tennessee State University, Johnson City, TN; and University of North Dakota, Grand Forks, ND]. **“The relationship between religiosity and health-promoting behaviors in pregnant women.”** *Western Journal of Nursing Research* 39, no. 11 (2017): 1429-1446.

[Abstract:] Pender's health promotion model guided this descriptive/correlational study exploring the relationship between religiosity and health-promoting behaviors of pregnant women at Pregnancy Resource Centers (PRCs). A consecutive sample included women who knew they were pregnant at least 2 months, could read/write English, and visited PRCs in eastern Pennsylvania. Participants completed self-report surveys that examined religiosity, demographics, pregnancy-related variables, services received at PRCs, and health-promoting behaviors. Women reported they "sometimes" or "often" engaged in health-promoting behaviors, Hispanic women reported fewer health-promoting behaviors than non-Hispanic women, and women who attended classes at the centers reported more frequent health-promoting behaviors than those who did not attend classes. In separate multiple linear regressions, organized, non-organized, and intrinsic religiosity and satisfaction with surrender to God explained additional variance in health-promoting behaviors above and beyond what Hispanic ethnicity and attending classes at the PRCs explained in pregnant women at PRCs.

Dalmida, S. G., McCoy, K., Koenig, H. G., Miller, A., Holstad, M. M., Thomas, T., Clayton-Jones, D., Grant, M., Fleming, T., Wirani, M. M. and Mugoya, G. [University of Alabama, Tuscaloosa; University of Washington, Bothell, WA; Duke University Medical Center, Durham, NC; Walden University, Minneapolis, MN; Emory University, Atlanta, GA; Florida International University, Miami; and University of Wisconsin-Milwaukee]. **“Examination of the role of religious and psychosocial factors**

in HIV medication adherence rates.” *Journal of Religion & Health* 56, no. 6 (Dec 2017): 2144-2161. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Optimal adherence to antiretroviral therapy (ART) is associated with favorable HIV outcomes, including higher CD4 cell counts, HIV virus suppression and a lower risk of HIV transmission. However, only 25% of people living with HIV/AIDS (PLWH) in the USA are virally suppressed. Sub-optimal adherence (<90-95%) contributes to antiretroviral resistance and worse medical outcomes, including more rapid progression to AIDS and death. Psychosocial factors and religion/spirituality (R/S) have a significant impact on ART adherence, but the findings are mixed. The purpose of this study was to examine religious and psychosocial correlates and predictors of $\geq 90\%$ ART adherence in PLWH. A cross-sectional study was conducted with a sample of 292 outpatient PLWH in the Southeastern USA. Participants completed computerized surveys. The mean ART adherence percentage was 80.9% and only about half reported $\geq 90\%$ adherence. There were statistically significant differences in ART adherence rates based on age, depressive symptom status and frequency of religious attendance and prayer. Praying at least once a day was significantly associated with $\geq 90\%$ ART adherence (OR = 2.26, 95% CI [1.06-4.79], $p < 0.05$). Social support satisfaction was also significantly associated with ART adherence (OR = 1.52, 95% CI [1.11-2.08], $p < 0.05$) and energy/fatigue/vitality (OR = 1.03, 95% CI [1.00-1.05], $p < 0.05$).

Damiano, R. F., DiLalla, L. F., Lucchetti, G. and Dorsey, J. K. [Pontifical Catholic University of Sao Paulo, Sorocaba; and Federal University of Juiz de Fora, Minas Gerais, Brazil; and Southern Illinois University and School of Medicine, Carbondale, IL]. **“Empathy in medical students is moderated by openness to spirituality.”** *Teaching & Learning in Medicine* 29, no. 2 (Apr-Jun 2017): 188-195.

[Abstract:] THEORY: Empathy is one component of medical student education that may be important to nurture, but there are many potential psychological barriers to empathy, such as student depression, burnout, and low quality of life or wellness behaviors. However, few studies have addressed how positive behaviors such as wellness and spirituality, in combination with these barriers, might affect empathy. HYPOTHESES: We hypothesized a negative relationship between psychological distress and empathy, and a positive relationship between empathy and wellness behaviors. We also hypothesized that openness to others' spirituality would moderate the effects of psychological distress on empathy in medical students. METHOD: This cross-sectional study included 106 medical students in a public medical school in the U.S. Midwest. Mailed questionnaires collected student information on specialty choice and sociodemographics, empathy, spirituality openness, religiosity, wellness, burnout, depression, anxiety, and stress. Hierarchical multiple regression analysis was conducted, with empathy as the dependent variable, psychological distress and all wellness behaviors as predictors, and spirituality openness as a moderator. RESULTS: Specialty choice, burnout, wellness behaviors, spirituality openness, and religiosity were significant independent predictors of empathy. In addition, when added singly, one interaction was significant: Spirituality Openness x Depression. Spirituality openness was related to empathy only in nondepressed students. Empathy of students with higher levels of depression was generally lower and not affected by spirituality openness. CONCLUSIONS: Nondepressed students who reported lower openness to spirituality might benefit most from empathy training, because these students reported the lowest empathy. Highly depressed or disengaged students may require interventions before empathy can be addressed. In addition, burnout was related to lower levels of empathy and wellness was related to higher levels. These provide potential points of intervention for medical schools developing tools to increase medical trainees' empathy levels.

Daniel, T. **“Grief as a mystical journey: Fowler's stages of faith development and their relation to post-traumatic growth.”** *Journal of Pastoral Care & Counseling: JPCC* 71, no. 4 (Dec 2017): 220-229. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] This paper explores the relationship between embedded theological assumptions and the ways in which one copes with loss and bereavement. Based on James Fowler's research on Stages of Faith Development, the paper examines common Western psycho-spiritual beliefs related to loss, trauma, and grief, and proposes that profound loss experiences have the potential to lead the griever to a shift in theological thinking. It addresses the ways in which a "crisis of faith" triggered by loss or trauma prompts the questioning of closely-held beliefs, which can lead to an expanded spiritual perspective that can be beneficial to the healing process.

DeSanto-Madeya, S. and Safizadeh, P. [Boston College, Chestnut Hill, MA; and MedStar Georgetown University Hospital, Washington, DC]. **“Family satisfaction with end-of-life care in the Intensive Care Unit: a systematic review of the literature.”** *DCCN - Dimensions of Critical Care Nursing* 36, no. 5 (Sep/Oct 2017): 278-283. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] BACKGROUND: Assessment of family satisfaction after the death of a loved one in the intensive care unit (ICU) provides a way to determine whether quality end-of-life care was received by the patient and family. The purpose of this systematic review was to explore the factors associated with family satisfaction with end-of-life care in the ICU. METHODS: A systematic literature review was conducted using electronic databases CINAHL, MEDLINE, EMBASE, and PsychINFO. Databases were searched using a combination of search terms: "family satisfaction," "end of life," "intensive care unit," and "family." Results were limited to English-language reports of empirical studies published from January 2000 to January 2016. Studies describing adult family members' satisfaction with end-of-life care of patients admitted or transferred to an ICU were included in the review. RESULTS: The search yielded 466 articles. Review of the titles and abstracts resulted in 122 articles that underwent full review; 30 articles met study inclusion and were included in the final analysis. Major themes identified from the literature reviewed included communication, decision making, nursing care, ICU environment, and spiritual care. CONCLUSIONS: Families can provide valuable insight and information on the quality of care provided in the ICU at end of life. Their perceptions of communication, decision making, nursing care, the ICU environment, and spiritual support strongly influence their satisfaction or dissatisfaction with end-of-life care in the ICU. Personalized and frequent communication; assistance in the decision-making process; compassionate nursing care; a warm, family-friendly environment; and spiritual support can help alleviate the sequelae and enhance family satisfaction with end-of-life care in the ICU.

Diwan, V., Purohit, M., Chandran, S., Parashar, V., Shah, H., Mahadik, V. K., Stalsby Lundborg, C. and Tamhankar, A. J. [Gardi Medical College, and Ujjain Charitable Trust Hospital and Research Centre, Ujjain, India; and Karolinska Institutet, Stockholm, Sweden]. **“A three-year follow-up study of antibiotic and metal residues, antibiotic resistance and resistance genes, focusing on Kshipra-A river associated with holy religious mass-bathing in India: protocol paper.”** *International Journal of Environmental Research & Public Health* 14, no. 6 (2017): [electronic journal article designation].

[Abstract:] BACKGROUND: Antibiotic resistance (ABR) is one of the major health emergencies for global society. Little is known about the ABR of environmental bacteria and therefore it is important to understand ABR reservoirs in the environment and their potential impact on health. METHOD/DESIGN: Quantitative and qualitative data will be collected during a 3-year follow-up study of a river associated with religious mass-bathing in Central India. Surface-water and sediment samples will be collected from seven locations at regular intervals for 3 years during religious mass-bathing and in absence of it to monitor water-quality, antibiotic residues, resistant bacteria, antibiotic resistance genes and metals. Approval has been obtained from the Ethics Committee of R.D. Gardi Medical College, Ujjain, India (No. 2013/07/17-311). RESULTS: The results will address the issue of antibiotic residues and antibiotic resistance with a focus on a river environment in India within a typical socio-behavioural context of religious mass-bathing. It will enhance our understanding about the relationship between antibiotic residue levels, water-quality, heavy metals and antibiotic resistance patterns in *Escherichia coli* isolated from river-water and sediment, and seasonal differences that are associated with religious mass-bathing. We will also document, identify and clarify the genetic differences/similarities relating to phenotypic antibiotic resistance in bacteria in rivers during religious mass-bathing or during periods when there is no mass-bathing.

Donohue, P. K., Norvell, M., Boss, R. D., Shepard, J., Frank, K., Patron, C. and Crowe, T. Y. 2nd. [Johns Hopkins School of Medicine and Johns Hopkins Hospital, Baltimore, MD]. **“Hospital chaplains: through the eyes of parents of hospitalized children.”** *Journal of Palliative Medicine* 20, no. 12 (Dec 2017): 1352-1358. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] BACKGROUND: Chaplain services are available in 68% of hospitals, but hospital chaplains are not yet incorporated into routine patient care. OBJECTIVES: To describe how families of hospitalized children view and utilize hospital chaplains. DESIGN: Telephone survey with 40 questions: Likert, yes/no, and short-answer responses. SUBJECTS: Parents visited by a hospital chaplain during their child’s hospitalization in a tertiary care center. MEASUREMENTS: Descriptive statistics were used to characterize the sample. Nonparametrics were used to compare religious versus nonreligious parents. Regression was used to identify independent predictors of a chaplain visit positively influencing satisfaction with hospital care. RESULTS: Seventy-four parents were interviewed; most were 25-50 years old, and 75% felt their child was very sick. Children ranged from newborn to adolescence. Forty-two percent of parents requested a chaplain visit; of the 58% with an unsolicited visit, 11% would have preferred giving prior approval. Parents felt that chaplains provided religious and secular services, including family support and comfort, help with decision making, medical terminology, and advocacy. Chaplains helped most parents maintain hope and reduce stress. Seventy-five percent of parents viewed chaplains as a member of the healthcare team; 38% reported that chaplains helped medical personnel understand their preferences for care and communication. Most parents (66%) felt that hospital chaplaincy increased their satisfaction with hospital care. CONCLUSION: Families play a fundamental role in the recovery of hospitalized children. Parents view hospital chaplains as members of the healthcare team and report that they play an important role in the well-being of the family during childhood hospitalization. Chaplains positively influence satisfaction with hospital care.

Doram, K., Chadwick, W., Bokovoy, J., Profit, J., Sexton, J. D. and Sexton, J. B. [Adventist Health, Palo Alto; and Stanford University School of Medicine and Lucile Packard Children’s Hospital, Palo Alto, CA; and Duke University Health System, Durham, NC]. **“Got spirit? The spiritual climate scale, psychometric properties, benchmarking data and future directions.”** *BMC Health Services Research* 17, no. 1 (Feb 11, 2017): 132 [electronic journal article designation].

[Abstract:] BACKGROUND: Organizations that encourage the respectful expression of diverse spiritual views have higher productivity and performance, and support employees with greater organizational commitment and job satisfaction. Within healthcare, there is a paucity of studies which define or intervene on the spiritual needs of healthcare workers, or examine the effects of a pro-spirituality environment on teamwork and patient safety. Our objective was to describe a novel survey scale for evaluating spiritual climate in healthcare workers, evaluate its psychometric properties, provide benchmarking data from a large faith-based healthcare system, and investigate relationships between spiritual climate and other predictors of patient safety and job satisfaction. METHODS: Cross-sectional survey study of US healthcare workers within a large, faith-based health system. RESULTS: Seven thousand nine hundred twenty three of 9199 eligible healthcare workers across 325 clinical areas within 16 hospitals completed our survey in 2009 (86% response rate). The spiritual climate scale exhibited good psychometric properties (internal consistency: Cronbach alpha=.863). On average 68% (SD 17.7) of respondents of a given clinical area expressed good spiritual climate, although assessments varied widely (14 to 100%). Spiritual climate correlated positively with teamwork climate ($r=.434$, $p<.001$) and safety climate ($r=.489$, $p<.001$). Healthcare workers reporting good spiritual climate were less likely to have intentions to leave, to be burned out, or to experience disruptive behaviors in their unit and more likely to have participated in executive rounding ($p<.001$ for each variable). CONCLUSIONS: The spiritual climate scale exhibits good psychometric properties, elicits results that vary widely by clinical area, and aligns well with other culture constructs that have been found to correlate with clinical and organizational outcomes.

Duckett, K. [Duckett Consulting, Townsend, MA]. **“The importance of a spiritual history in home healthcare.”** *Home Healthcare Now* 35, no. 3 (Mar 2017): 181-182. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

This is a brief commentary by a nurse regarding the use of a spiritual history.

Ebert, A. and Strehlow, K. [Murdoch University, Murdoch, Australia]. **“Does on-site chaplaincy enhance the health and well being of fly-in, fly-out (FIFO) personnel?”** *Health Promotion Journal of Australia* 28, no. 2 (Aug 2017): 118-122. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] ISSUE ADDRESSED: The fly-in, fly-out (FIFO) work style has been linked to mental-health and interpersonal issues and a need for strategies that maintain a healthy workforce. This study investigated whether 24/7 on-site chaplains deliver a service that promotes the health and well being of FIFO personnel. METHODS: A phenomenological approach was used to explore the perceptions of FIFO personnel working in different roles and organisational sections on a remote mine site in Western Australia. Multi-pronged strategies recruited 29 participants who represented management, supervisors, workers and support staff. Participants took part in semistructured interviews conducted either one-on-one or in pairs. RESULTS: Chaplains were described as making a valuable contribution to the physical and mental health of FIFO personnel. Specific aspects of the service such as active outreach, effective trust building and the on-site availability were identified as central to the service being accessed and overcoming barriers embedded in mining culture and masculinity. CONCLUSIONS: On-site chaplaincy appears to be effective in promoting the physical and mental health of FIFO personnel working at a remote mine site. So what? This

promising model of active on-site outreach offered by chaplains is set apart from existing FIFO support structures. We recommend further exploration of its potential to become part of an integrated health-support system in the mining sector and other industries.

Egan, R., MacLeod, R., Jaye, C., McGee, R., Baxter, J., Herbison, P. and Wood, S. [University of Otago, Dunedin, New Zealand; and HammondCare and the University of Sydney, Sydney, Australia]. **“Spiritual beliefs, practices, and needs at the end of life: results from a New Zealand national hospice study.”** *Palliative & Supportive Care* 15, no. 2 (Apr 2017): 223-230.

[Abstract:] OBJECTIVE: International studies have shown that patients want their spiritual needs attended to at the end of life. The present authors developed a project to investigate people's understanding of spirituality and spiritual care practices in New Zealand (NZ) hospices. METHOD: A mixed-methods approach included 52 semistructured interviews and a survey of 642 patients, family members, and staff from 25 (78%) of NZ's hospices. We employed a generic qualitative design and analysis to capture the experiences and understandings of participants' spirituality and spiritual care, while a cross-sectional survey yielded population level information. RESULTS: Our findings suggest that spirituality is broadly understood and considered important for all three of the populations studied. The patient and family populations had high spiritual needs that included a search for (1) meaning, (2) peace of mind, and (3) a degree of certainty in an uncertain world. The healthcare professionals in the hospices surveyed seldom explicitly met the needs of patients and families. Staff had spiritual needs, but organizational support was sometimes lacking in attending to these needs. SIGNIFICANCE OF RESULTS: As a result of our study, which was the first nationwide study in NZ to examine spirituality in hospice care, Hospice New Zealand has developed a spirituality professional development program. Given that spirituality was found to be important to the majority of our participants, it is hoped that the adoption of such an approach will impact on spiritual care for patients and families in NZ hospices.

Ellington, L., Billitteri, J., Reblin, M. and Clayton, M. F. **“Spiritual care communication in cancer patients.”** *Seminars in Oncology Nursing* 33, no. 5 (Dec 2017): 517-525. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVES: To provide a definition of spirituality, define the scope and nature of spiritual care communication, describe how to initiate communication about, and elicit, a spiritual history, and introduce the AMEN protocol to support patient/family hopes for a miracle. DATA SOURCES: Literature review. CONCLUSION: Spiritual communication is important throughout cancer care. Nurses can assess and integrate patient and family caregivers' spiritual needs in clinical care by practicing self-awareness and engaging in spiritual care communication strategies. IMPLICATIONS FOR NURSING PRACTICE: Spirituality is recognized as an essential component of quality care. Spiritual conversations can increase patients' satisfaction with care and improve well-being.

Fitchett, G. [Rush University Medical Center, Chicago, IL]. **“Recent progress in chaplaincy-related research.”** *Journal of Pastoral Care & Counseling: JPCC* 71, no. 3 (Sep 2017): 163-175. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] In light of the continued growth of chaplaincy-related research this paper presents an overview of important findings. The review summarizes research in six broad areas: what chaplains do; the importance of religion and spiritual care to patients and families; the impact of chaplains' spiritual care on the patient experience; the impact of chaplain care on other patient outcomes; spiritual needs and chaplain care in palliative and end of life care; and chaplain care for staff colleagues. It concludes with a description of several innovative and important new studies of chaplain care and notes areas for future investigation.

Fitchett, G., Murphy, P. and King, S. D. W. [Rush University Medical Center, Chicago, IL; and Seattle Cancer Care Alliance, WA]. **“Examining the validity of the Rush Protocol to screen for religious/spiritual struggle.”** *Journal of Health Care Chaplaincy* 23, no. 3 (Jul-Sep 2017): 98-112.

[Abstract:] Effective deployment of limited spiritual care resources requires valid and reliable methods of screening that can be used by nonchaplain health care professionals to identify and refer patients with potential religious/spiritual (R/S) need. Research regarding the validity of existing approaches to R/S screening is limited. In a sample of 1,399 hematopoietic stem cell transplant survivors, we tested the validity of the Rush Protocol and two alternative versions of it. The negative religious coping subscale of the Brief RCOPE provided the reference standard. Based on the Protocol, 21.9% of the survivors were identified as having potential R/S struggle. The sensitivity of the Protocol was low (42.1%) and the specificity was marginally acceptable (81.3%). The sensitivity and specificity of the two alternative versions were similar to those for the unmodified Protocol. Further research with the Rush Protocol, and other models, should be pursued to develop the best evidence-based approaches to R/S screening.

Fowler, J. **“From staff nurse to nurse consultant: spiritual care part 1: the importance of spiritual care.”** *British Journal of Nursing* 26, no. 8 (April 2017): 478.

John Fowler, educational consultant and part-time university chaplain, examines the role of clinically based nurses in caring for the spiritual needs of patients.

Fowler, J. **“From staff nurse to nurse consultant: spiritual care part 2: holistic health and religion.”** *British Journal of Nursing* 26, no. 10 (May 25, 2017): 576.

Fowler, J. **“From staff nurse to nurse consultant: spiritual care part 3: Buddhism.”** *British Journal of Nursing* 26, no. 12 (June 2017): 710.

Fowler, J. **“From staff nurse to nurse consultant: spiritual care part 4: Christianity.”** *British Journal of Nursing* 26, no. 14 (Jul 27, 2017): 834.

Fowler, J. **“From staff nurse to nurse consultant: spiritual care part 5: Confucianism.”** *British Journal of Nursing* 26, no. 15 Aug 10, 2017): 891.

Fowler, J. **“From staff nurse to nurse consultant: spiritual care part 6: Hinduism.”** *British Journal of Nursing* 26, no. 17 (September 2017): 996.

- Fowler, J. **“From staff nurse to nurse consultant: spiritual care part 7: Islam.”** *British Journal of Nursing* 26, no. 19 (Oct 26, 2017): 1082.
- Fowler, J. **“From staff nurse to nurse consultant: spiritual care part 8: Jehovah's Witnesses.”** *British Journal of Nursing* 26, no. 21 (Nov 23, 2017): 1207.
- Fowler, J. **“From staff nurse to nurse consultant: spiritual care part 9: Judaism.”** *British Journal of Nursing* 26, no. 22 (Dec 14, 2017): 1262.
- Galanter, M., Josipovic, Z., Dermatis, H., Weber, J. and Millard, M. A. [New York University School of Medicine, New York; and Columbia University, New York, NY]. **“An initial fMRI study on neural correlates of prayer in members of Alcoholics Anonymous.”** *American Journal of Drug & Alcohol Abuse* 43, no. 1 (Jan 2017): 44-54.
 [Abstract:] BACKGROUND: Many individuals with alcohol-use disorders who had experienced alcohol craving before joining Alcoholics Anonymous (AA) report little or no craving after becoming long-term members. Their use of AA prayers may contribute to this. Neural mechanisms underlying this process have not been delineated. OBJECTIVE: To define experiential and neural correlates of diminished alcohol craving following AA prayers among members with long-term abstinence. METHODS: Twenty AA members with long-term abstinence participated. Self-report measures and functional magnetic resonance imaging of differential neural response to alcohol-craving-inducing images were obtained in three conditions: after reading of AA prayers, after reading irrelevant news, and with passive viewing. Random-effects robust regressions were computed for the main effect (prayer > passive + news) and for estimating the correlations between the main effect and the self-report measures. RESULTS: Compared to the other two conditions, the prayer condition was characterized by: less self-reported craving; increased activation in left-anterior middle frontal gyrus, left superior parietal lobule, bilateral precuneus, and bilateral posterior middle temporal gyrus. Craving following prayer was inversely correlated with activation in brain areas associated with self-referential processing and the default mode network, and with characteristics reflecting AA program involvement. CONCLUSION: AA members' prayer was associated with a relative reduction in self-reported craving and with concomitant engagement of neural mechanisms that reflect control of attention and emotion. These findings suggest neural processes underlying the apparent effectiveness of AA prayer.
- Gall, T. L. and Bilodeau, C. [Saint Paul University, Ottawa, Canada]. **“Why me? Women's use of spiritual causal attributions in making sense of breast cancer.”** *Psychology & Health* 32, no. 6 (Jun 2017): 709-727.
 [Abstract:] OBJECTIVE: This study addressed the role of positive (event is due to God's Love or to God's Will) and negative (event is due to God's Anger) spiritual causal attributions in women's adjustment to breast cancer. DESIGN: Ninety-three women diagnosed with breast cancer were assessed at six times from pre-diagnosis through two years post-surgery. MAIN OUTCOME MEASURES: Women completed positive and negative measures of spiritual causal attributions (e.g. God's Love), cognitive appraisals (e.g. threat), coping behaviour (e.g. avoidance) and well-being (e.g. distress). RESULTS: Positive spiritual attributions were consistently related to positive aspects of adjustment (e.g. positive appraisal, acceptance coping, and/or emotional well-being) while negative spiritual attribution was related to negative factors (e.g. appraisals of loss and uncontrollability, avoidance coping, and/or emotional distress). Path analyses revealed that the effects of positive and negative spiritual attributions on well-being were mediated by general cognitive appraisal and coping behaviour. Cross-lagged correlational analysis revealed a 'downward spiral' effect wherein the negative attribution of God's Anger at pre-diagnosis predicted greater distress at 1 week pre-surgery which in turn predicted an increase in the negative attribution and so on across time. CONCLUSION: Although positive spiritual attributions may help women maintain an attitude of hope and acceptance in the face of cancer, results indicate that the effects of negative spiritual attribution can play a significant role in undermining their well-being.
- Galloway, S. and Hand, M. W. [Rhode Island College, Providence; and University of Southern Indiana, Evansville]. **“Spiritual immersion: developing and evaluating a simulation exercise to teach spiritual care to undergraduate nursing students.”** *Nurse Educator* 42, no. 4 (Jul/Aug 2017): 199-203.
 [Abstract:] This article describes the development, implementation, and evaluation of a simulation exercise designed to teach spiritual care to prelicensure nursing students. Participation in a spiritual care simulation resulted in improved knowledge and attitudes relating to spirituality and spiritual care. The results from this study demonstrate the value of using simulation and spiritual assessment to teach students how to recognize and respond therapeutically to spiritual needs.
- Gardner, L. [Penn State Children's Hospital, Hershey, PA]. **“A day in the life of a Mayo chaplain.”** *Journal of Pastoral Care & Counseling: JPCC* 71, no. 4 (Dec 2017): 293-294. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
 This is a first-hand outline of a day in the life of a chaplain at Penn State Children's Hospital, Hershey, PA
- Garimella, R., Koenig, H. G., Larson, D. L. and Hultman, C. S. [Brown University, Providence, RI; Duke University Medical Center, Durham, NC; Medical College of Wisconsin, Milwaukee; and University of North Carolina at Chapel Hill]. **“Of these, faith, hope, and love: assessing and providing for the psychosocial and spiritual needs of burn patients.”** *Clinics in Plastic Surgery* 44, no. 4 (Oct 2017): 893-902.
 [Abstract:] Burn treatment has grown increasingly advanced and technologically capable. Clinicians must take into account, however, multidimensional patient needs that factor into long-term burn recovery. Important psychosocial factors associated with burn care include psychiatric comorbidities, such as anxiety and depression, healthy family relationships, social support, and community involvement. Spiritual factors and resources, such as time spent praying and/or meditating and access to pastoral services, are also important to consider. Further study is needed to identify specific psychosocial and spiritual needs of patients and to develop interventions or therapies that specifically provide for these needs.
- Garssen, B., Ebenau, A. F., Visser, A., Umland, N. and Groot, M. [Helen Dowling Institute, Bilthoven; Radboud University Medical Center, Nijmegen; University of Groningen, Groningen; and Free University, Amsterdam; The Netherlands]. **“A critical analysis of scales to measure the attitude of nurses toward spiritual care and the frequency of spiritual nursing care activities.”** *Nursing Inquiry* 24, no. 3 (2017): 2017 07 [electronic journal article designation].

[Abstract:] Quantitative studies have assessed nurses' attitudes toward and frequency of spiritual care [SC] and which factors are of influence on this attitude and frequency. However, we had doubts about the construct validity of the scales used in these studies. Our objective was to evaluate scales measuring nursing SC. Articles about the development and psychometric evaluation of SC scales have been identified, using Web of Science, and CINAHL, and evaluated with respect to the psychometric properties and item content of the scales. Item content was evaluated by each of the five authors with respect to the following questions: Does the item (1) reflect a general opinion about SC instead of a personal willingness to offer SC; (2) reflect general psychosocial care instead of specific SC; (3) focus solely on religious care; (4) contain the words 'spiritual' (care/needs/health/strengths, etc.); and (5) contain multiple propositions, or have an unclear meaning? We found eight scales. Psychometric analysis of these scales was often meager and the items of all but one scale suffered from two or more of the five problems described above. This leads us to conclude that many quantitative results in this area are based on findings with questionable scales. Suggestions for improvements are provided.

Ghaferi, H. A., Bond, C. and Matheson, C. [National Rehabilitation Centre, Abu Dhabi, United Arab Emirates; and University of Aberdeen, Scotland]. **“Does the biopsychosocial-spiritual model of addiction apply in an Islamic context? A qualitative study of Jordanian addicts in treatment.”** *Drug & Alcohol Dependence* 172 (2017): 14-20.

[Abstract:] BACKGROUND: There is a dearth of research in the published literature on substance use and addiction in the Middle East and Islamic countries. This study was the first to explore whether the biopsychosocial-spiritual model of addiction was relevant to an addicted treatment population in Jordan, an Islamic country. METHODS: A qualitative study design using semi-structured, face-to-face interviews were conducted with a sample of 25 males in addiction treatment. The sample was drawn from a cohort of in-patients at a treatment centre in Amman, Jordan who had already participated in a quantitative survey. A purposive sample was selected to ensure the inclusion of a range of characteristics that might affect their experience of developing addiction and its consequences, i.e., age, marital status and educational level. Interviews were transcribed and thematic analysis conducted using verbatim quotes to illustrate themes. Themes were mapped onto the biopsychosocial-spiritual model of addiction. RESULTS: This study found addiction was associated with a range of health (physical and psychological), social and spiritual factors. Unpleasant physical withdrawal effects, psychological symptoms, such as anxiety and suicide attempts, were experienced. There was breakdown in marital and family relations, loss of employment, involvement in crime and neglect of religious practices, resulting in social isolation. CONCLUSION: This study found that, despite some differences in emphasis, the biopsychosocial, spiritual model of addiction fit well, particularly given the relative importance of religion in Islamic culture. Spirituality was not explored and further study of spirituality versus religious practice in this culture is recommended.

Ghous, M., Malik, A. N., Amjad, M. I. and Kanwal, M. [Riphah International University, Islamabad, Pakistan]. **“Effects of activity repetition training with Salat (prayer) versus task oriented training on functional outcomes of stroke.”** *JPMA - Journal of the Pakistan Medical Association* 67, no. 7 (Jul 2017): 1091-1093. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Stroke is one of most disabling condition which directly affects quality of life. The objective of this study was to compare the effect of activity repetition training with Salat (prayer) versus task oriented training on functional outcomes of stroke. The study design was randomized control trial and 32 patients were randomly assigned into two groups. The stroke including infarction or haemorrhagic, age bracket 30-70 years was included. The demographics were recorded and standardized assessment tool included Berg Balance Scale (BBS), Motor assessment scale (MAS) and Time Up and Go Test (TUG). The measurements were obtained at baseline, after four and six weeks. The mean age of the patients was 54.44+/-10.59 years with 16 (59%) male and 11(41%) female patients. Activity Repetition Training group showed significant improvement ($p < 0.05$) and is effective in enhancing the functional status as compare to task oriented training group. The repetition with motivation and concentration is the key in re-learning process of neural plasticity.

Gillilan, R., Qawi, S., Weymiller, A. J. and Puchalski, C. [St Agnes Hospital, Baltimore, MD; University of Arkansas, Fayetteville, AR; and George Washington University's Institute for Spirituality and Health (GWish), George Washington University School of Medicine, Washington, DC]. **“Spiritual distress and spiritual care in advanced heart failure.”** *Heart Failure Reviews* 22, no. 5 (Sep 2017): 581-591. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] As patients face serious and chronic illness, they are confronted with the realities of dying. Spiritual and existential issues are particularly prominent near the end of life and can result in significant distress. It is critical that healthcare professionals know how to address patients' and families' spiritual concerns, diagnose spiritual distress and attend to the deep suffering of patients in a way that can result in a better quality of life for patients and families. Tools such as the FICA spiritual history tool help clinicians invite patients and families to share their spiritual or existential concerns as well as sources of hope and meaning which can help them cope better with their illness. This article presents ways to help clinicians listen to the whole story of the patient and support patients in their care.

Glauser, J., Connolly, B., Nash, P. and Grosseohme, D. H. [Cincinnati Children's Hospital Medical Center, OH; and Birmingham Children's Hospital, Birmingham, UK]. **“A machine learning approach to evaluating illness-induced religious struggle.”** *Biomedical Informatics Insights* 9 (2017): 1178222616686067 [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:] Religious or spiritual struggles are clinically important to health care chaplains because they are related to poorer health outcomes, involving both mental and physical health problems. Identifying persons experiencing religious struggle poses a challenge for chaplains. One potentially underappreciated means of triaging chaplaincy effort are prayers written in chapel notebooks. We show that religious struggle can be identified in these notebooks through instances of negative religious coping, such as feeling anger or abandonment toward God. We built a data set of entries in chapel notebooks and classified them as showing religious struggle, or not. We show that natural language processing techniques can be used to automatically classify the entries with respect to whether or not they reflect religious struggle with as much accuracy as humans. The work has potential applications to triaging chapel notebook entries for further attention from pastoral care staff.

Glenister, D. and Prewer, M. [Royal Melbourne Hospital, Parkville, Australia]. **“Capturing religious identity during hospital admission: a valid practice in our increasingly secular society?”** *Australian Health Review* 41, no. 6 (Dec 2017): 626-631. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Most major Victorian hospitals include religious identity in routine admission demographic questions. However, approximately 20% of admissions do not have their religious identity recorded. At the Royal Melbourne Hospital this missing 20% was surveyed throughout 2014-15 for two reasons: (1) to enable patient care; and (2) to provide an insight into the significance of religious identity for patients. There is scarce literature on this subject, so the present mixed-methods study, including a qualitative component, will start to bridge the gap. METHODS: Mixed methods, cross-sectional survey. RESULTS: The quantitative component of the study found that religious identity was important for a significant proportion of our diverse population and that, in general, demographics were congruent with Australian Bureau of Statistics (ABS) census figures. The qualitative component also revealed significant complexity behind religious identity labels, which the census is unable to capture, providing an insight into the requirements of our growing multicultural population. CONCLUSIONS: This study illustrates that religious identity is important for a majority of Royal Melbourne's culturally diverse inpatients. This data would seem to give the practice of collecting religious identity data on admission new credence, especially as our culturally and linguistically diverse populations increase. In order to understand these nuances and provide appropriate care, skilled spiritual screening and assessment would appear to be not optional, but rather necessary in our increasingly complex healthcare future. What is known about the topic? A search of the literature using related terms (religious, religion, spiritual identity, care) revealed that there is scarce literature on the subject of religious identity and its importance and meaning to patients. What does this paper add? This mixed methods study approaches the issue of the importance of religious identity from the patient perspective via a spiritual screening survey that included a qualitative component, so will begin to bridge a gap in knowledge. What are the implications for practitioners? Improved understanding of the complexity of the spiritual needs of our Victorian multicultural population and commensurate emphasis on the need for individual spiritual screening and assessment.

Goncalves, J. P. B., Lucchetti, G., Menezes, P. R. and Vallada, H. [Universidade de Sao Paulo; and Federal University of Juiz de Fora, Juiz de Fora, Brazil]. **“Complementary religious and spiritual interventions in physical health and quality of life: a systematic review of randomized controlled clinical trials.”** *PLoS ONE* 12, no. 10 (2017): e0186539 [electronic journal article designation].

[Abstract:] OBJECTIVE: To examine whether religious and spiritual interventions (RSIs) can promote physical health and quality of life in individuals. METHODS: The following databases were used to conduct a systematic review: PubMed, Scopus, Web of Science, EMBASE, PsycINFO, Cochrane, and Scielo. Randomized controlled trials that evaluated RSIs regarding physical health outcomes and/or quality of life in English, Spanish or Portuguese were included. RSI protocols performed at a distance (i.e. intercessory prayer) or for psychiatric disorders were excluded. This study consisted of two phases: (a) reading titles and abstracts, and (b) assessing the full articles and their methodological quality using the Cochrane Back Review Group scale. RESULTS: In total, 7,070 articles were identified in the search, but 6884 were excluded in phase 1 because they were off topic or repeated in databases. Among the 186 articles included in phase 2, 140 were excluded because they did not fit the inclusion criteria and 16 did not have adequate randomization process. Thus, a final selection of 30 articles remained. The participants of the selected studies were classified in three groups: chronic patients (e.g., cancer, obesity, pain), healthy individuals and healthcare professionals. The outcomes assessed included quality of life, physical activity, pain, cardiac outcomes, promotion of health behaviors, clinical practice of healthcare professionals and satisfaction with protocols. The divergence concerning scales and protocols proposed did not allow a meta-analysis. RSIs as a psychotherapy approach were performed in 40% of the studies, and the control group was more likely to use an educational intervention (56.7%). The results revealed small effect sizes favoring RSIs in quality of life and pain outcomes and very small effects sizes in physical activity, promotion of health behaviors and clinical practice of health professionals compared with other complementary strategies. Other outcomes, such as cardiac measures and satisfaction with the protocols, revealed no evidence for RSIs. Regarding the quality of the selected articles according to the Cochrane Back Review Group Scale, the average score was 6.83 (SD = 9.08) on a scale of 11, demonstrating robustness in the studies. CONCLUSION: Clinical trials on RSIs demonstrated that they had small benefits compared with other complementary health therapies by reducing pain and weight, improving quality of life and promoting health behaviors. The lack of clinical trials that included biological outcomes and the diversity of approaches indicate a need for more studies to understand the possible mechanisms of action of RSIs and their roles in health care.

Good, M., Hamza, C. and Willoughby, T. [Department of Psychology, Redeemer University College, Ancaster, Ontario; Ontario Institute for Studies in Education, University of Toronto; and Brock University, St. Catharines, Ontario, Canada]. **“A longitudinal investigation of the relation between nonsuicidal self-injury and spirituality/religiosity.”** *Psychiatry Research* 250 (Apr 2017): 106-112.

[Abstract:] Despite increased research on factors that predict engagement in nonsuicidal self-injury (NSSI), one factor that has been neglected is spirituality/religiosity. While some researchers suggest that spiritual/religious beliefs and practice may protect against aversive mental health outcomes, it also is possible that certain aspects of spirituality/religiosity - specifically doubt and questioning - may be distressing. In this study, we examined whether multiple dimensions of spirituality/religiosity, including the often-overlooked experience of doubt/questioning, were associated with engagement in NSSI among university students over time. Participants included 1,132 (70.5% female) first-year undergraduate students (Mean age=19.06, SD=1.05) from a Canadian university who were surveyed first in their freshman year, and again one year later. Auto-regressive cross-lagged analyses revealed a bidirectional relation between doubt/questioning and NSSI, where higher doubt/questioning predicted increased NSSI over time (after controlling for baseline depressive symptoms), and vice versa. There were no longitudinal associations between general spirituality/religiosity (i.e., general beliefs/practice) and NSSI. Our findings suggest questioning and doubt may be distressing for some individuals, and predict increased risk for NSSI as a form of coping. Further, higher NSSI may predict increases in questioning/doubt over time. However, the hypothesis that general spirituality/religiosity may protect against NSSI, was not supported.

Gordon, N. A., O'Riordan, D. L., Dracup, K. A., De Marco, T. and Pantilat, S. Z. [Netter MD School of Medicine, Quinnipiac University, North Haven, CT; and University of California, San Francisco]. **“Let us talk about it: heart failure patients' preferences toward discussions about prognosis, advance care planning, and spiritual support.”** *Journal of Palliative Medicine* 20, no. 1 (Jan 2017): 79-83.

[Abstract:] OBJECTIVE: The objective of this study is to describe preferences of patients with heart failure (HF) for having advance care planning (ACP) discussions with clinicians and to identify characteristics associated with those preferences. BACKGROUND: National guidelines call for having ACP discussions with patients with serious illnesses such as HF. Many patients with HF do not discuss ACP with their physician despite wanting to have them. METHODS: We conducted a cross-sectional cohort study between July 2007 and November

2009 within HF clinics affiliated with a large, urban, academic medical center. Patients with New York Heart Association HF classes II and III were surveyed about whether they had or would like to have discussions with their clinician about what to expect in the future regarding their HF, prognosis, ACP, and their surrogate choice. RESULTS: Patients (n=104) were on average 53 years old (standard deviation=14.3; range: 21-84) and had Class II (57%) or Class III (43%) HF. Most patients had discussed what to expect in the future regarding HF (76.5%, 78/102), prognosis (68.0%, 68/100), surrogate choice (90.3%, 93/103), and ACP (46.5%, 47/101). Most of those who did not have these discussions would have liked to discuss expectations regarding their HF (87.5%, 21/24), prognosis (80.6%, 25/31), and ACP (59.6%, 31/52). Men were more likely than women to report having had discussions about their HF (83.6% vs. 62.9%; p=0.02), prognosis (78.5% vs. 48.6%; p=0.002), and ACP (56.1% vs. 28.6%; p=0.01). On average younger patients were more likely to report having discussed what to expect regarding their HF (50 years vs. 59 years; p=0.007), and to be asked about their spirituality (43 years vs. 56 years; p=0.0001). DISCUSSION: Conforming to national guidelines, most patients with HF have discussed ACP with clinicians and most of those who have not, want to. Findings should embolden clinicians to routinely discuss ACP.

Groot, M., Ebenau, A. F., Koning, H., Visser, A., Leget, C., van Laarhoven, H. W. M., van Leeuwen, R., Ruben, R., Wulp, M. and Garssen, B. [Helen Dowling Institute for Psycho-Oncological Care, Bilthoven; Radboud University Medical Center, Nijmegen; University of Groningen, and Rijksuniversiteit Groningen; University of Humanistic Studies, Utrecht; University of Amsterdam; Reformed University of Applied Science, Zwolle; Hospital Gelderse Vallei (ZGV), Ede, The Netherlands]. **“Spiritual care by nurses in curative cancer care: protocol for a national, multicentre, mixed method study.”** *Journal of Advanced Nursing* 73, no. 9 (Sep 2017): 2201-2207. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] AIM: To gain insight into the quantity and quality of spiritual care provided by nurses in curative cancer care, from the perspectives of both patients and nurses. BACKGROUND: Cancer causes patients to suffer from diverse symptoms related to their illness. Nurses play an important role in the care for people with cancer. Next to paying attention to physical and psychosocial needs, caring for spiritual needs of patients also belongs to good nursing. Most of the research concerning spirituality and spiritual care in relation to cancer has focused on palliative care. DESIGN: A mixed methods design will be used in two sub-phases. First, we will conduct semi-structured interviews with 72-90 patients coming from nine hospitals. Subsequently, approximately the same number of nurses working on oncology wards of these hospitals will be interviewed. METHODS: We meticulously composed both interview guides so that only near the end of the interview explicit terms like spirituality and spiritual care are explicitly mentioned. Until that point, we will use other words to define the concepts. Next to the interviews, demographics, answers to some statements and several questionnaires will be gathered. Content analysis supported by DEDOOSE will be used to answer the research questions. DISCUSSION: The insight we will gain in this study enables us to compare experiences from the perspective of both patients and nurses. This can also provide us with suggestions for the improvement of nursing care for people with cancer who are treated with curative intent, a topic until now hardly addressed.

Gungormus, Z. and Gungormus, M. [Gaziantep University, Gaziantep, Turkey]. **“Effect of religious belief on selecting of graft materials used in oral and maxillofacial surgery.”** *Journal of Oral & Maxillofacial Surgery* 75, no. 11 (Nov 2017): 2347-2353.

[Abstract:] PURPOSE: Various graft materials, such as synthetic and biological products, are used routinely in maxillofacial surgery. These materials are usually derived from porcine, bovine, and human tissues; some religious beliefs forbid the dietary use of substances from certain animal sources. The aim of this study was to evaluate the effect of religious belief on selecting different graft types used in maxillofacial surgery. MATERIALS AND METHODS: In total, 203 participants were included in this survey. Data were collected using a questionnaire on sociodemographic characteristics and different graft types and the Revised Religious Fundamentalism Scale for religious belief levels of participants. The purpose of the study and the origins of different graft types were explained to participants, and their opinions for the acceptance or rejection of each type were recorded. Data were analyzed using SPSS 20.0 (IBM Corp, Armonk, NY). RESULTS: The most preferred grafts were autologous grafts (88.7%), followed by alloplastic grafts (65%), bovine-derived xenografts (60.1%), allografts (53.2%), and porcine-derived xenografts (7.4%). One hundred fifty-nine participants (84.6%) rejected the porcine-derived xenografts for religious reasons, and there was a statistical difference in religious belief levels between participants who accepted and those who rejected porcine-derived xenografts. CONCLUSIONS: Autogenous grafts were the most preferred grafts and porcine-derived xenografts were the least preferred grafts. Porcine-derived xenografts were refused specifically for religious reasons, and religious belief and dietary restrictions affected graft selection.

Handzo, G., Flannelly, K. J. and Hughes, B. P. [HealthCare Chaplaincy Network, New York, NY]. **“Hospital characteristics affecting healthcare chaplaincy and the provision of chaplaincy care in the United States: 2004 vs. 2016.”** *Journal of Pastoral Care & Counseling: JPCC* 71, no. 3 (Sep 2017): 156-162. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] This study replicates, expands and analyzes a 2004 survey examining six hospital characteristics influencing three measures of chaplain employment in large, small, for-profit and nonprofit hospitals. The relationship between hospital characteristics and hiring Board Certified Chaplains was minor and inconsistent across time. The results indicate that religiously affiliated hospitals employed more full-time chaplains and that chaplain full-time equivalents were inversely related to hospital size in both surveys. The current survey suggests that urban and religiously affiliated hospitals were more likely to hire chaplains. The sampling method proved problematic, precluding meaningful conclusions but the study focus and questions remain important for future investigation based on this pilot effort.

Hanselin, M. R., Roybal, D. L. and Leininger, T. B. [Regis University, Denver, CO]. **“Ethics and oncofertility: a call for religious sensitivity.”** *Journal of Oncology Practice/American Society of Clinical Oncology* 13, no. 7 (Jul 2017): e582-e589.

[Abstract:] For patients of reproductive age, treating cancer may come at the price of infertility. Literature regarding fertility preservation recommendations in this population has increased significantly, but this literature too often overlooks or insufficiently considers the relevance of religious preferences. Similarly, practice guidelines do not address the role of religion in the oncofertility discussion. The acceptance of oncofertility practices varies significantly among Christianity, Judaism, and Islam. A patient's faith-based spirituality or secular morality may enhance his or her interpretation of the meaning of illness and should be incorporated into the informed-consent process. In this article, we describe the role of religious sensitivity in oncofertility care and argue for its importance in such care. We briefly summarize the views and

moral reasoning about oncofertility in a few religions commonly encountered in many patient populations today. We recommend that clinicians discuss fertility options early in the decision process and, when relevant, incorporate the patient's moral and religious preferences into the treatment plan. We encourage providers to be prepared to offer resources to patients who desire moral and spiritual guidance about fertility preservation options. Hospital chaplains should be able to provide such resources.

Helmke, A. E., Lesser, J. and Flaskerud, J. H. [Spiritual Services Department, Haven for Hope at San Antonio, TX; University of Texas Health Science Center at San Antonio, TX; and School of Nursing, University of California, Los Angeles]. **“Perspectives: spiritual metrics inform and transform recovery-oriented trauma-informed direct care.”** *Issues in Mental Health Nursing* 38, no. 11 (Nov 2017): 974-976.

This is a brief description of an initiative at the 800-patient Haven for Hope Transformational Campus in San Antonio, TX, seeking metrics to inform mental health care.

Hill, T. D., Vaghela, P., Ellison, C. G. and Rote, S. [University of Arizona, Tucson; Florida State University, Tallahassee; University of Texas at San Antonio; and University of Louisville, KY]. **“Processes linking religious involvement and telomere length.”** *Biodemography & Social Biology* 63, no. 2 (2017): 167-188.

[Abstract:] Although numerous studies suggest that religious involvement is associated with better health and longer life expectancies, it is unclear whether these general patterns extend to cellular aging. The mechanisms linking indicators of religious involvement with indicators of cellular aging are also undefined. We employed longitudinal data from the 2004 and 2008 Health and Retirement Study, a national probability sample of Americans aged 50 and older, to test whether average telomere length varied according to level of religious attendance. We also tested several potential mechanisms. Our results showed that respondents who attended religious services more frequently in 2004 also exhibited fewer stressful events, lower rates of smoking, fewer symptoms of depression, and lower levels of C-reactive protein in 2008. Respondents who increased their level of attendance from 2004 to 2008 also exhibited lower rates of smoking in 2008. Although religious attendance was not directly associated with telomere length, our mediation analyses revealed significant indirect effects through depression and smoking, but not stressful events or C-reactive protein. We conclude that religious attendance may promote telomere length indirectly by reducing symptoms of depression and the risk of smoking. There was no evidence to support stressful events or C-reactive protein as mechanisms of religious attendance.

Hodgson, T. J. and Carey, L. B. [University of Queensland, St. Lucia; and La Trobe University, Kingsbury Drive, Bundoora, Australia]. **“Moral injury and definitional clarity: betrayal, spirituality and the role of chaplains.”** *Journal of Religion & Health* 56, no. 4 (Aug 2017): 1212-1228.

[Abstract:] This article explores the developing definition of moral injury within the current key literature. Building on the previous literature regarding 'Moral Injury, Spiritual Care and the role of Chaplains' (Carey et al. in *JORH* 55(4):1218-1245, 2016b. doi: 10.1007/s10943-016-0231-x), this article notes the complexity that has developed due to definitional variations regarding moral injury-particularly with respect to the concepts of 'betrayal' and 'spirituality'. Given the increasing recognition of moral injury and noting the relevance and importance of utilizing a bio-psycho-social-spiritual model, this article argues that betrayal and spirituality should be core components for understanding, defining and addressing moral injury. It also supports the role of chaplains being involved in the holistic care and rehabilitation of those affected by moral injury.

Holyoke, P. and Stephenson, B. [Saint Elizabeth Health Care, Markham; and Memorial University of Newfoundland, St. John's, Canada]. **“Organization-level principles and practices to support spiritual care at the end of life: a qualitative study.”** *BMC Palliative Care* 16, no. 1 (Apr 11, 2017): 24 [electronic journal article designation].

[Abstract:] BACKGROUND: Though most models of palliative care specifically include spiritual care as an essential element, secular health care organizations struggle with supporting spiritual care for people who are dying and their families. Organizations often leave responsibility for such care with individual care providers, some of whom are comfortable with this role and well supported, others who are not. This study looked to hospice programs founded and operated on specific spiritual foundations to identify, if possible, organizational-level practices that support high-quality spiritual care that then might be applied in secular healthcare organizations. METHODS: Forty-six digitally-recorded interviews were conducted with bereaved family members, care providers and administrators associated with four hospice organizations in North America, representing Buddhist, Catholic, Jewish, and Salvation Army faith traditions. The interviews were analyzed iteratively using the constant comparison method within a grounded theory approach. RESULTS: Nine Principles for organizational support for spiritual care emerged from the interviews. Three Principles identify where and how spiritual care fits with the other aspects of palliative care; three Principles guide the organizational approach to spiritual care, including considerations of assessment and of sacred places; and three Principles support the spiritual practice of care providers within the organizations. Organizational practices that illustrate each of the principles were provided by interviewees. CONCLUSIONS: These Principles, and the practices underlying them, could increase the quality of spiritual care offered by secular health care organizations at the end of life.

Hooker, S. A., Ross, K., Masters, K. S., Park, C. L., Hale, A. E., Allen, L. A. and Bekelman, D. B. [University of Colorado Denver and Veterans Affairs Eastern Colorado Healthcare System, Denver; and University of Connecticut, Storrs]. **“Denver Spirited Heart: mixed-methods pilot study of a psychospiritual intervention for heart failure patients.”** *Journal of Cardiovascular Nursing* 32, no. 3 (May/June 2017): 226-235.

[Abstract:] BACKGROUND: Increased spiritual well-being is related to quality of life (QOL) in patients with heart failure (HF). However, consistent and deliberate integration of spirituality into HF patient care has received limited attention. OBJECTIVE: The aim of this study was to evaluate the feasibility, acceptability, and preliminary evidence regarding the efficacy of a resource-sparing psychospiritual intervention to improve QOL in HF patients. METHODS: A 12-week mail-based intervention addressing spirituality, stress, coping, and adjusting to illness was developed and tested using a mixed-methods, 1-group pretest-posttest pilot study design. A convenience sample of patients with HF completed prestudy and poststudy questionnaires, including the Kansas City Cardiomyopathy Questionnaire, Patient Health Questionnaire, Meaning in Life Questionnaire, and Functional Assessment of Chronic Illness Therapy-Spiritual. Research staff conducted semistructured interviews with program completers. Interviews were coded and analyzed using conventional content analysis. RESULTS: Participants (N = 33; 82% male; mean age, 61 years) completed 87% of baseline data collection, an average of 9 intervention modules, and 55% of poststudy questionnaires. Participants rated all the modules as at least moderately helpful, and qualitative themes suggested that patients found the

intervention acceptable and beneficial. Most participants believed spirituality should continue to be included, although they disagreed on the extent to which religion should remain. Participants who completed the intervention reported evidence suggesting increased QOL (Kansas City Cardiomyopathy Questionnaire; effect size [ES], 0.53), decreased depressive symptoms (Patient Health Questionnaire-9; ES, 0.62), and less searching for meaning (Meaning in Life Questionnaire; ES, 0.52). **CONCLUSIONS:** Results indicate that a module-based program integrating spirituality and psychosocial coping strategies was feasible and acceptable and may improve QOL. This preliminary study suggests that clinicians be open to issues of spirituality as they may relate to QOL in patients with HF. Future research will test a revised intervention.

Hosrik, E. M., Cuceloglu, A. E. and Erpolat, S. [Ankara University, and Turgut Ozal Hospital, Ankara; and Kayseri Military Hospital, Kayseri, Turkey]. “**Therapeutic effects of Islamic intercessory prayer on warts.**” *Journal of Religion & Health* 56, no. 6 (Dec 2017): 2053-2060. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] The present study aimed to examine the therapeutic effects of Islamic intercessory prayer on warts. Forty-five participants who are mostly Muslims and infected with warts were randomized into three groups: Group-1 (uncertain, with intercessory prayer), Group-2 (uncertain, no intercessory prayer), and control group (informed, no intervention). Stress symptoms were also measured before and after prayer sessions for these three groups. The results revealed that there were no significant differences between the groups in terms of healing. Although participants believed in the therapeutic effects of prayer, when participants did not trust the intercessor, prayer had no effect on warts.

Howell, M. L., Schwab, K., Ayres, A. M., Shapley, D., Anderson, C. D., Gurol, M. E., Viswanathan, A., Greenberg, S. M., Rosand, J. and Goldstein, J. N. [Massachusetts General Hospital, Boston, MA]. “**Chaplaincy visitation and spiritual care after intracerebral hemorrhage.**” *Journal of Health Care Chaplaincy* 23, no. 4 (Oct-Dec 2017): 156-166.

[Abstract:] To better understand factors influencing spiritual care during critical illness, we examined the use of spiritual care in patients hospitalized with intracerebral hemorrhage (ICH), a frequently disabling and fatal disease. Specifically, the study was designed to examine which demographic and clinical characteristics were associated with chaplain visits to critically ill patients. The charts of consecutive adults (>18) with spontaneous ICH presenting to a single academic medical center between January 2014 and September 2015 were reviewed. Chaplains visited 86 (32%) of the 266 patients. Family requests initiated the majority of visits (57%). Visits were disproportionately to Catholic patients and those with more severe injury. Even among Catholics, 28% of those who died had no chaplaincy visit. Standardized chaplaincy screening methods and note templates may help maximize access to spiritual care and delineate the religious and spiritual preferences of patients and families.

Hubbell, S. L., Kauschinger, E. and Oermann, M. [University of North Carolina at Chapel Hill; and Duke University School of Nursing, Durham, NC]. “**Development and implementation of an educational module to increase nurses' comfort with spiritual care in an inpatient setting.**” *Journal of Continuing Education in Nursing* 48, no. 8 (Aug 1, 2017): 358-364. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Increasing focus is being placed on providing spiritual care for patients as a component of holistic nursing care. Studies indicate that patients whose spiritual needs are met report higher quality of and satisfaction with their care. However, nurses are not including spiritual assessment and care into their practice. One barrier cited by nurses is that they lack educational preparation. A 2-hour, face-to-face educational module about the provision of spiritual care was implemented for inpatient nursing staff at a large academic medical center. Program evaluations of the module suggested an increase in the comfort of nurses providing spiritual care. This article describes the development and implementation of this educational program, with preliminary results.

Hvidt, N. C., Hvidtjorn, D., Christensen, K., Nielsen, J. B. and Sondergaard, J. [University of Southern Denmark, Odense]. “**Faith moves mountains - mountains move faith: two opposite epidemiological forces in research on religion and health.**” *Journal of Religion & Health* 56, no. 1 (Feb 2017): 294-304.

[Abstract:] Research suggests opposite epidemiological forces in religion and health: (1). Faith seems to move mountains in the sense that religion is associated with positive health outcomes. (2). Mountains of bad health seem to move faith. We reflected on these forces in a population of 3000 young Danish twins in which all religiosity measures were associated with severe disease. We believe the reason for this novel finding is that the sample presents as a particularly secular population-based study and that the second epidemiological force has gained the upper hand in this sample. We suggest that all cross-sectional research on religion and health should be interpreted in light of such opposite epidemiological forces potentially diluting each other.

Idler, E., Blevins, J., Kiser, M. and Hogue, C. [Emory University, Atlanta, GA]. “**Religion, a social determinant of mortality? A 10-year follow-up of the Health and Retirement Study.**” *PLoS ONE* 12, no. 12 (2017): e0189134 [electronic journal article designation].

[Abstract:] The social determinants of health framework has brought a recognition of the primary importance of social forces in determining population health. Research using this framework to understand the health and mortality impact of social, economic, and political conditions, however, has rarely included religious institutions and ties. We investigate a well-measured set of social and economic determinants along with several measures of religious participation as predictors of adult mortality. Respondents (N = 18,370) aged 50 and older to the Health and Retirement Study were interviewed in 2004 and followed for all-cause mortality to 2014. Exposure variables were religious attendance, importance, and affiliation. Other social determinants of health included gender, race/ethnicity, education, household income, and net worth measured at baseline. Confounders included physical and mental health. Health behaviors and social ties were included as potential explanatory variables. Cox proportional hazards regressions were adjusted for complex sample design. After adjustment for confounders, attendance at religious services had a dose-response relationship with mortality, such that respondents who attended frequently had a 40% lower hazard of mortality (HR = 0.60, 95% CI 0.53-0.68) compared with those who never attended. Those for whom religion was “very important” had a 4% higher hazard (HR = 1.04, 95% CI 1.01-1.07); religious affiliation was not associated with risk of mortality. Higher income and net worth were associated with a reduced hazard of mortality as were female gender, Latino ethnicity, and native birth. Religious participation is multi-faceted and shows both lower and higher hazards of mortality in an adult US sample in the context of a comprehensive set of other social and economic determinants of health.

- Ijaz, S., Khalily, M. T. and Ahmad, I. [International Islamic University, Islamabad, Pakistan]. “**Mindfulness in Salah prayer and its association with mental health.**” *Journal of Religion & Health* 56, no. 6 (Dec 2017): 2297-2307. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
 [Abstract:] Plethora of researches has been carried out for the last many decades and has identified relationship between mental health and religious convictions; in particular, range of religious practices has been found instrumental in the promotion of mental health. The aim of this paper is to find out association between mindfulness in Salah (prayer) and mental health of individuals who identify themselves with Islam and to examine the mental health of those Muslims who offer Salah prayer with mindfulness and those who offer without mindfulness. A total of 174 participants with mean age of 21.57 including 62% males and females 38% were selected through convenient sampling. RAND Mental Health Inventory was used to measure mental health and other three variables; three self-reported measures were constructed. They included Islamic religious education scale, Salah education scale and mindfulness in Salah scale. Psychometric properties for all scales were established. The findings indicated that mean on mindfulness and mental health was significantly higher for those who were offering Salah (prayer) regularly ($p < 0.01$) as compared with those who were not offering it regularly. Moreover, those who were offering Salah (prayer) with mindfulness had also significantly higher mean for mental health ($p < 0.01$) as compared with those who were offering it without mindfulness. Religious education, Salah education and mindfulness were able to account for 13% of the variance in mental health ($p < 0.01$). Of note two of the measures included Salah education and mindfulness made a significant contribution in the prediction of mental health ($p < 0.01$). The present study indicated that individuals who offer prayer regularly and with mindfulness have better mental health as compared with those who don't offer it regularly and with mindfulness. The findings of this study urge to spread awareness regarding offering prayer regularly with mindfulness for the better outcome of mental health in people.
- Jacob, B., White, A. and Shogbon, A. [Mercer University College of Pharmacy, Atlanta, GA; and University of North Texas System College of Pharmacy, Fort Worth, TX]. “**First-year student pharmacists' spirituality and perceptions regarding the role of spirituality in pharmacy education.**” *American Journal of Pharmaceutical Education* 81, no. 6 (Aug 2017): 108.
 [Abstract:] Objective: To measure student pharmacists' spirituality utilizing validated survey instruments and to determine perceptions regarding the anticipated role of spirituality in academic course work and professional practice. Methods: This was a cross-sectional, descriptive study. The survey was offered to all first-year student pharmacists during the first week of the fall semester (2012-2015). Descriptive and inferential statistics were used to analyze data. Results: A total of 580 students (98%) participated. The majority of students reported having each of the spiritual experiences on most days of the week or more frequently (58% to 89% based on individual item). Furthermore, 57% of students anticipate that matters of spirituality would be significant components of academic course work and 75% anticipate they would be incorporated into eventual professional practice settings. These perceptions were positively correlated to measures of spirituality and religiosity. Conclusion: These findings suggest that faculty should evaluate current and future incorporation of topics related to spirituality and health in pharmacy curriculum.
- Janssen-Niemeijer, A. J., Visse, M., Van Leeuwen, R., Leget, C. and Cusveller, B. S. [University of Applied Science VIAA, Zwolle; and University of Humanistic Studies, Utrecht, The Netherlands]. “**The role of spirituality in lifestyle changing among patients with chronic cardiovascular diseases: a literature review of qualitative studies.**” *Journal of Religion & Health* 56, no. 4 (Aug 2017): 1460-1477.
 [Abstract:] Chronic cardiovascular diseases (CVD) are diseases with marked morbidity. Patients are often advised to change their lifestyle to prevent complications and impairment of their diseases. Compliance, however, is influenced by multiple factors. Initial studies show that spirituality is an important aspect in health behavior and lifestyle changing, but to health professionals like nurses this is unknown. The aim of this review is to investigate and synthesize evidence about the role of spirituality in lifestyle changing in patients with chronic CVD. A comprehensive search was conducted in electronic databases Academic Search Premier, E-journals, Medline and PubMed, published between the years 2000-2015. After selection based on pre-set inclusion criteria, studies were retrieved and evaluated on quality using the criteria of the QOREC. Twelve studies with a qualitative empirical design and mixed methods were included. This review shows that spirituality, is related to the self-management of patients with chronic diseases. For instance, lifestyle changes are experienced as a continuous inner battle. Religion gives strength, but is also experienced as a struggle. Feelings of guilt and becoming a victim influence patients' experience. For effectively advising patients with CVD on lifestyle changes, nurses cannot ignore this factor but further investigation is required.
- Jeuland, J., Fitchett, G., Schulman-Green, D. and Kapo, J. [Yale-New Haven Hospital, Yale School of Nursing, and Yale School of Medicine, New Haven, CT; and Rush University Medical Center, Chicago, IL]. “**Chaplains working in palliative care: who they are and what they do.**” *Journal of Palliative Medicine* 20, no. 5 (May 2017): 502-508.
 [Abstract:] BACKGROUND: Palliative care (PC) programs utilize chaplains to address patients' spiritual care needs; however, there is no comprehensive description of chaplaincy in PC programs nationally. OBJECTIVE: To describe chaplains working in PC across the United States, including their integration on the PC team and visit content. DESIGN: National online survey conducted February-April 2015. SUBJECTS: We invited participation from hospital-based chaplains belonging to four national professional chaplain associations who spent 15% or more of their working hours with PC teams. Measure(s): We developed a 41-item survey to investigate main outcomes of chaplain demographics, practice information, integration into the PC team, and visit content. RESULTS: 531 valid responses were received. We report on respondents who were full-time chaplains ($n=382$). Almost half were women (46%), and the majority was Protestant (70%). The average number of PC patients seen per day was 5.2 (SD=3.5, range 1-30). Half (52%) reported frequently participating in PC rounds. Primary chaplain activities were relationship building (76%), care at the time of death (69%), and helping patients with existential issues or spiritual distress (49%). Over half (55%) reported addressing goals of care 60% of the time or more. DISCUSSION: This survey provides the first description of chaplains working in PC across the United States. We describe chaplains' critical role in attending to relationship building, care for the dying, and goals of care conversations. Our results highlight how the chaplains' level of involvement in PC affects the content of their visits. Our study suggests that when chaplains are more involved in PC teams, they provide more comprehensive support to PC patients and their families.
- Kao, L. E., Lokko, H. N., Gallivan, K., O'Brien, V. and Peteet, J. R. [Brigham & Women's Hospital, Boston, MA]. “**A model of collaborative spiritual and psychiatric care of oncology patients.**” *Psychosomatics* 58, no. 6 (Nov-Dec 2017): 614-623. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] BACKGROUND: Many oncology patients see both chaplains and consultation-liaison (C-L) psychiatrists during medical hospitalizations. Studies show that spirituality and mental health influence one another, and that patients often prefer that physicians understand their spirituality. Though models of inpatient chaplaincy-psychiatry collaboration likely exist, none are apparent in the literature. In this study, we present one model of chaplaincy-psychiatry collaboration, hypothesizing that both specialties would find the intervention helpful. METHODS: From April through December 2015, the C-L psychiatry service at Brigham & Women's Hospital piloted 13 sessions of interdisciplinary rounds, where chaplains and C-L psychiatrists discussed common oncology patients. Participants completed questionnaires including quantitative and qualitative prompts before the intervention, after each session, and at the study's conclusion. RESULTS: Eighteen individuals completed baseline questionnaires. Between baseline and final surveys, the proportion of participants describing themselves as "very satisfied" with the 2 services' integration rose from 0-36%. The proportion of participants feeling "not comfortable" addressing issues in the other discipline declined from 17-0%. The most frequently chosen options on how discussions had been helpful were that they had enhanced understanding of both patient needs (83.3%) and the other discipline (78.6%). Qualitative data yielded similar themes. At conclusion, all respondents expressed preference that interdisciplinary rounds continue. CONCLUSION: This study describes a model of enhancing collaboration between chaplains and C-L psychiatrists, an intervention not previously studied to our knowledge. A pilot intervention of the model was perceived by both specialties to enhance both patient care and understanding of the other discipline.

Kearney, G., Fischer, L. and Groninger, H. [MedStar Health, Columbia, MD; and MedStar Washington Hospital Center, Washington, DC]. **"Integrating spiritual care into palliative consultation: a case study in expanded practice."** *Journal of Religion & Health* 56, no. 6 (Dec 2017): 2308-2316. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Recognizing and addressing spiritual needs has long been identified as a key component of palliative care (PC). More often than not, the provision of spiritual care involves referral to a hospital chaplain. In this study, we aim to describe the role of a PC chaplain embedded within the interdisciplinary PC team and demonstrate how this palliative chaplain role differs from that of a traditional hospital chaplain. We postulate that integrating spiritual care provision into a PC team may offer a broader spiritual care experience for patients receiving PC and begin to delineate expanded clinical roles for the palliative chaplain.

Kestenbaum, A., Shields, M., James, J., Hocker, W., Morgan, S., Karve, S., Rabow, M. W. and Dunn, L. B. [University of California, San Diego Health; University of California San Francisco Medical Center and UCSF Benioff Children's Hospital, San Francisco; and Stanford University, CA]. **"What impact do chaplains have? A pilot study of Spiritual AIM for advanced cancer patients in outpatient palliative care."** *Journal of Pain & Symptom Management* 54, no. 5 (Nov 2017): 707-714. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Spiritual care is integral to quality palliative care. Although chaplains are uniquely trained to provide spiritual care, studies evaluating chaplains' work in palliative care are scarce. OBJECTIVES: The goals of this pre-post study, conducted among patients with advanced cancer receiving outpatient palliative care, were to evaluate the feasibility and acceptability of chaplain-delivered spiritual care, utilizing the Spiritual Assessment and Intervention Model ("Spiritual AIM"), and to gather pilot data on Spiritual AIM's effects on spiritual well-being, religious and cancer-specific coping, and physical and psychological symptoms. METHODS: Patients with advanced cancer (N = 31) who were receiving outpatient palliative care were assigned based on chaplains' and patients' outpatient schedules, to one of three professional chaplains for three individual Spiritual AIM sessions, conducted over the course of approximately six to eight weeks. Patients completed the following measures at baseline and post-intervention: Edmonton Symptom Assessment Scale, Steinhouser Spirituality, Brief RCOPE, Functional Assessment of Chronic Illness Therapy-Spiritual (FACIT-Sp-12), Mini-Mental Adjustment to Cancer (Mini-MAC), Patient Dignity Inventory, Center for Epidemiological Studies-Depression (10 items), and Spielberger State Anxiety Inventory. RESULTS: From baseline to post-Spiritual AIM, significant increases were found on the FACIT-Sp-12 Faith subscale, the Mini-MAC Fighting Spirit subscale, and Mini-MAC Adaptive Coping factor. Two trends were observed, i.e., an increase in Positive religious coping on the Brief RCOPE and an increase in Fatalism (a subscale of the Mini-MAC). CONCLUSION: Spiritual AIM, a brief chaplain-led intervention, holds potential to address spiritual needs and religious and general coping in patients with serious illnesses.

Khorashadizadeh, F., Heydari, A., Nabavi, F. H., Mazlom, S. R., Ebrahimi, M. and Esmaili, H. [North Khorasan University of Medical Science, Bojnurd; School of Nursing and Midwifery, and Department of Medical Surgical Nursing, and Mashhad University of Medical Sciences, Mashhad, Iran]. **"Development of Islamic Spiritual Health Scale (ISHS)."** *JPMA - Journal of the Pakistan Medical Association* 67, no. 3 (Mar 2017): 386-394. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: To develop and psychometrically assess spiritual health scale based on Islamic view in Iran. METHODS: The cross-sectional study was conducted at Imam Ali and Quem hospitals in Mashhad and Imam Ali and Imam Reza hospitals in Bojnurd, Iran, from 2015 to 2016. In the first stage, an 81-item Likert-type scale was developed using a qualitative approach. The second stage comprised quantitative component. The scale's impact factor, content validity ratio, content validity index, face validity and exploratory factor analysis were calculated. Test-retest and internal consistency was used to examine the reliability of the instrument. Data analysis was done using SPSS 11. RESULTS: Of 81 items in the scale, those with impact factor above 1.5, content validity ratio above 0.62, and content validity index above 0.79 were considered valid and the rest were discarded, resulting in a 61-item scale. Exploratory factor analysis reduced the list of items to 30, which were divided into seven groups with a minimum eigen value of 1 for each factor. But according to scatter plot, attributes of the concept of spiritual health included love to creator, duty-based life, religious rationality, psychological balance, and attention to afterlife. Internal reliability of the scale was calculated by alpha Cronbach coefficient as 0.91. CONCLUSIONS: There was solid evidence of the strength factor structure and reliability of the Islamic Spiritual Health Scale which provides a unique way for spiritual health assessment of Muslims.

Kichenadasse, G., Sweet, L., Harrington, A. and Ullah, S. [Flinders Medical Centre, and Flinders University, South Australia; and South Australian Health & Medical Research Institute, Adelaide, Australia]. **"The current practice, preparedness and educational preparation of oncology professionals to provide spiritual care."** *Asia-Pacific Journal of Clinical Oncology* 13, no. 5 (Oct 2017): e506-e514.

[Abstract:] AIM: Limited data are available on how spiritual needs of patients with cancer care are addressed by Australian oncologists. The objectives of this study were to explore the current practice, preparedness and education of Australian oncologists and oncology trainees on the

provision of spiritual care for their patients with cancer. **METHODS:** Participants were recruited through oncology professional organizations and data collected through an anonymous online survey using a validated questionnaire. **RESULTS:** Responses from a total of 69 medical professionals were suitable for data analysis. The majority of the respondents had encountered patients with spiritual care needs during clinical consultations. Only 45% of the respondents perceived that they were able to meet the spiritual needs of their patients. Barriers to providing spiritual care identified a lack of time, education and understanding of spirituality and spiritual care in the context of health. Only 25% stated they had received some form of education on spiritual care with 7% of these stated that the education was adequate. Participants believed that they learnt how to provide spiritual care on the job or because of their self-interest, and not as formal training. **CONCLUSION:** The results of this study indicate that Australian oncology professionals often encounter patients with spiritual care needs in their clinical practice. Despite this finding, only a small proportion of the medical professionals had education on spiritual care during their professional training. Forty-five percent of the medical practitioners believed that they were able to partly or completely meet their patients' spiritual care needs.

King, S. D., Fitchett, G., Murphy, P. E., Pargament, K. I., Harrison, D. A. and Loggers, E. T. [Seattle Cancer Care Alliance; University of Washington School of Medicine; and Fred Hutchinson Cancer Research Center, Seattle, WA; and Rush University Medical Center, Chicago, IL]. **“Determining best methods to screen for religious/spiritual distress.”** *Supportive Care in Cancer* 25, no. 2 (Feb 2017): 471-479.

[Abstract:] **PURPOSE:** This study sought to validate for the first time a brief screening measure for religious/spiritual (R/S) distress given the Commission on Cancer's mandated screening for psychosocial distress including spiritual distress. **METHODS:** Data were collected in conjunction with an annual survey of adult hematopoietic cell transplantation (HCT) survivors. Six R/S distress screeners were compared to the Brief RCOPE, Negative Religious Coping subscale as the reference standard. We pre-specified validity as a sensitivity score of at least 85%. As no individual measure attained this, two post hoc analyses were conducted: analysis of participants within 2 years of transplantation and of a simultaneous pairing of items. Data were analyzed from 1449 respondents whose time since HCT was 6 months to 40 years. **RESULTS:** For the various single-item screening protocols, sensitivity ranged from 27% (spiritual/religious concerns) to 60% (meaning/joy) in the full sample and 25% (spiritual/religious concerns) to 65% (meaning/joy) in a subsample of those within 2 years of HCT. The paired items of low meaning/joy and self-described R/S struggle attained a net sensitivity of 82% in the full sample and of 87% in those within 2 years of HCT but with low net specificities. **CONCLUSIONS:** While no single-item screener was acceptable using our pre-specified sensitivity value of 85%, the simultaneous use of meaning/joy and self-described struggle items among cancer survivors is currently the best choice to briefly screen for R/S distress. Future research should validate this and other approaches in active treatment cancer patients and survivors and determine the best times to screen.

King, S. D., Fitchett, G., Murphy, P. E., Pargament, K. I., Martin, P. J., Johnson, R. H., Harrison, D. A. and Loggers, E. T. [Rush University Medical Center, Chicago, IL; Bowling Green State University, Bowling Green, OH; Fred Hutchinson Cancer Research Center and University of Washington, Seattle; and Seattle Children's Hospital, WA]. **“Spiritual or religious struggle in hematopoietic cell transplant survivors.”** *Psycho-Oncology* 26, no. 2 (Feb 2017): 270-277.

[Abstract:] **BACKGROUND:** This study describes the prevalence of religious or spiritual (R/S) struggle in long-term survivors after hematopoietic cell transplantation (HCT), demographic and medical correlates of R/S struggle, and its associations with depression and quality of life. **METHODS:** Data were collected in conjunction with an annual survey of adult (age ≥ 18 years) survivors of HCT. Study measures included R/S struggle (negative religious coping, NRC, from Brief RCOPE), measures of quality of life (subscales from 36-item Short Form Health Survey and McGill), and the Patient Health Questionnaire 8. R/S struggle was defined as any non-zero response on the NRC. Factors associated with R/S struggle were identified using multi-variable logistic regression models. **RESULTS:** The study analyzed data from 1449 respondents who ranged from 6 months to 40 years after HCT. Twenty-seven percent had some R/S struggle. In a multi-variable logistic regression model, R/S struggle was associated with greater depression and poorer quality of life. R/S struggle was also associated with younger age, non-White race, and self-identification as either religious but not spiritual or spiritual but not religious. R/S struggle was not associated with any medical variables, including time since transplant. **CONCLUSIONS:** Religious or spiritual struggle is common among HCT survivors, even many years after HCT. Survivors should be screened and, as indicated, referred to a professional with expertise in R/S struggle. Further study is needed to determine causal relationships, longitudinal trajectory, impact of struggle intensity, and effects of R/S struggle on health, mood, and social roles for HCT survivors. Copyright © 2015 John Wiley & Sons, Ltd.

Koenig, H. G., Boucher, N. A., Oliver, R. J., Youssef, N., Mooney, S. R., Currier, J. M. and Pearce, M. [Durham Veterans Administration Medical Center, Center for Aging, Duke University Medical Center; Durham Veterans Affairs Medical Center, Durham, NC; Eisenhower Army Medical Center, Augusta, GA; University of South Alabama, Mobile, AL; and University of Maryland School of Medicine, Baltimore]. **“Rationale for spiritually oriented cognitive processing therapy for moral injury in active duty military and veterans with posttraumatic stress disorder.”** *Journal of Nervous & Mental Disease* 205, no. 2 (Feb 2017): 147-153.

[Abstract:] Wartime experiences have long been known to cause ethical conflict, guilt, self-condemnation, difficulty forgiving, loss of trust, lack of meaning and purpose, and spiritual struggles. "Moral injury" (MI) (also sometimes called "inner conflict") is the term used to capture this emotional, cognitive, and behavioral state. In this article, we provide rationale for developing and testing Spiritually Oriented Cognitive Processing Therapy, a version of standard cognitive processing therapy for the treatment of MI in active duty and veteran service members (SMs) with posttraumatic stress disorder symptoms who are spiritual or religious (S/R). Many SMs have S/R beliefs that could increase vulnerability to MI. Because the injury is to deeply held moral standards and ethical values and often adversely affects spiritual beliefs and worldview, we believe that those who are S/R will respond more favorably to a therapy that directly targets this injury from a spiritually oriented perspective. An evidence-based treatment for MI in posttraumatic stress disorder that not only respects but also utilizes SMs' spiritual beliefs/behaviors may open the door to treatment for many S/R military personnel.

Koenig, H. G., Perno, K., Erkanli, A. and Hamilton, T. [Duke University Medical Center, and Duke University School of Medicine, Durham, NC; and Adventist Health System, Orlando, FL]. **“Effects of a 12-month educational intervention on clinicians' attitudes/practices regarding the screening spiritual history.”** *Southern Medical Journal* 110, no. 6 (Jun 2017): 412-418.

[Abstract:] **OBJECTIVES:** Patients' spiritual values, beliefs, and preferences are identified in outpatient medical settings by the taking of a screening spiritual history (SSH). We report the impact of an educational/training program on the attitudes/practices of physicians (MDs) and

midlevel practitioners (MLPs). METHODS: A convenience sample of 1082 MDs or MLPs in outpatient practices was approached to participate in a 12-month educational/training program in this single-group experimental study. Of the 1082 professionals, 48% (427 physicians, 93 MLPs) agreed to complete a questionnaire assessing demographics, practice characteristics, religiosity, and attitudes/practices regarding the SSH. Changes in attitudes/practices over time were examined and baseline predictors identified using mixed-effects regression. RESULTS: Of the 520 participants completing questionnaires at baseline, 436 were assessed at 1 month (83.8%) and 432 were assessed at 12 months (83.1%). The belief that MDs should take a SSH did not significantly change over time ($B = -0.022$, standard error [SE] 0.028, $P = 0.426$). However, those who took an SSH often/always increased from 16.7% at baseline to 34.8% at 12-month follow-up ($B = 0.328$, SE 0.030, $P < 0.0001$), and perceived patient acceptance/appreciation increased from 72.1% to 80.5% ($B = 0.074$, SE 0.023, $P = 0.001$). Predictors of increased SSH taking across time among MDs were older age, female sex, family medicine specialty, prior training, and importance of religion; older age was the only predictor in MLPs. CONCLUSIONS: Although attitudes toward taking an SSH were not affected, taking an SSH increased initially and was sustained over time, as did the sense that patients accepted/appreciated this practice. Educational programs of this type may be used to increase SSH taking by outpatient MDs and MLPs. [See also: McCarthy, M. P., "Commentary on 'Effects of a 12-month educational intervention on clinicians' attitudes/practices regarding the screening spiritual history'" *Southern Medical Journal* 110, no. 6 (2017): 419-420.]

Koenig, H. G., Perno, K. and Hamilton, T. [Duke University Medical Center, Durham, NC; and Adventist Health System, Orlando, FL]. "Effects of a 12-month educational intervention on outpatient clinicians' attitudes and behaviors concerning spiritual practices with patients." *Advances in Medical Education & Practice* 8 (2017): 129-139. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: We report here the impact of an educational training program on attitudes and practices of physicians (MDs) and mid-level practitioners (MLPs) toward controversial spiritual practices, such as practitioner-led prayer, sharing personal religious beliefs, and encouraging patients' religious beliefs. METHODS: In this single-group experimental study, 427 physicians and 93 MLPs affiliated with the Adventist Health System agreed to complete a questionnaire assessing demographics, practice characteristics, religiosity, and attitudes and behaviors at baseline, 1 month, and 12 months. Changes in attitudes and practices over time were examined and baseline predictors were identified using mixed-effects regression models. RESULTS: For the most part, attitudes regarding praying with patients, sharing faith with patients, and encouraging patients' own religious faith did not change much during the 12-month educational training program. However, significant increases were found in frequency of praying with patients (MDs and MLPs), willingness to pray with patients (MDs), sharing their faith with patients (MDs), and encouraging patient's own religious faith (MDs and MLPs). Among physicians, predictors of praying with patients across time were older age, Christian affiliation, and importance of religion, and among MLPs, they were older age, non-White race, and importance of religion. No interaction between time and religiosity was found. CONCLUSION: Although attitudes toward these mostly controversial practices were largely unaffected, the frequency of praying with patients, sharing faith, and supporting patient's own religious faith increased over time in both religious and nonreligious clinicians. Educational programs of this type may be important in changing clinicians' behaviors regarding appropriate and sensitive engagement in such activities with patients.

Koenig, H. G., Perno, K. and Hamilton, T. [Duke University Medical Center, Durham, NC; and Adventist Health System, Orlando, FL]. "Integrating spirituality into outpatient practice in the Adventist Health System." *Southern Medical Journal* 110, no. 1 (Jan 2017): 1-7.

[Abstract:] OBJECTIVES: We examined Adventist Health System (AHS)-affiliated providers and staff regarding controversial spiritual practices such as praying led by a practitioner, sharing of personal religious beliefs, and encouraging patients' religious beliefs for health reasons. METHODS: Approached were 1082 providers to participate in a project to integrate spirituality into outpatient care. Those who agreed were asked to identify staff in their practice to assist. Providers and staff were asked to complete a baseline questionnaire examining attitudes/practices concerning spiritual activities with patients. Regression models were used to identify predictors. RESULTS: Questionnaires were completed by 520 providers (83% physicians and 17% mid-level practitioners) and 217 nurses and other staff members. A significant proportion of providers and staff (29.6% vs 49.1%) indicated "often/very often" to a statement that healthcare professionals should pray with patients, should initiate an offer to pray (25.7% vs 49.1%), should pray if the patient initiates the request (72.2% vs 79.5%), and should encourage greater religious activity for health reasons (48.9 vs 48.1%). With regard to behaviors, 15.3% of providers and 8.8% of nurses and other staff members currently often or always prayed with patients, 24.2% and 25.1% shared their personal faith, and 28.2% compared with 22.0% encouraged patients to become more active in their religious faith; however, 93.3% had little or no training on how to do so. The strongest and most consistent predictor of religious activity with patients was self-rated religiosity of the health professional. CONCLUSIONS: A significant proportion of Adventist Health System providers and staff favor engaging in spiritual practices with patients. Training is needed to engage appropriately and sensitively in these activities. [See also: Peteet, J. R., "Commentary on 'Integrating spirituality into outpatient practice in the Adventist Health System,'" *Southern Medical Journal* 110, no. 1 (2017): 8.]

Koenig, H. G., Perno, K. and Hamilton, T. [Duke University Medical Center, Durham, NC; and Adventist Health System, Orlando, FL]. "The spiritual history in outpatient practice: attitudes and practices of health professionals in the Adventist Health System." *BMC Medical Education* 17, no. 1 (Jun 12, 2017): 102 [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: A screening spiritual history (SSH) is how health professionals (HP) identify patients' spiritual values, beliefs and preferences (VBPs) in the outpatient setting. We report on attitudes and practices of HPs in the largest Protestant health system in the U.S., the Adventist Health System (AHS). METHOD: Physicians or mid-level practitioners ($N = 1082$) in AHS-affiliated practices were approached and 513 (47%) agreed to participate. Participants were asked to identify a "spiritual care coordinator" (nurse/staff) and complete a questionnaire that assessed demographics, practice characteristics, religious involvement, and attitudes/practices concerning the SSH. Prevalence and predictors of attitudes/practices were identified. RESULTS: Questionnaires were completed by 427 physicians, 86 mid-level practitioners, and 224 nurses/staff (i.e., spiritual care coordinators). Among physicians, 45% agreed that HPs should take a SSH; of mid-level practitioners, 56% agreed; and of nurses/staff, 54% agreed. A significant proportion (range 31-54%) agreed that physicians should take the SSH. Participants indicated a SSH is appropriate for all outpatients (46-57%), well-visit exams (50-60%), the chronically ill (71-75%) and terminally ill (79-82%). A majority agreed the SSH should be documented in the medical record (67-80%). Few (11-17%) currently took a SSH, although most were at least sometimes willing to take a SSH (87-94%) or review the results thereof (86-98%). Self-rated importance of religion was the

strongest predictor of SSH attitudes/practices. CONCLUSIONS: Many in the AHS say a SSH should be done, are willing to do it, and are willing to review the results, although few currently do so. Education, training, and support may help HPs identify and address patients' spiritual VBPs.

Kopacz, M. S., Adams, M. S. and Searle, R. F. [Department of Veterans Affairs, Canandaigua, NY]. “**Lectio divina: a preliminary evaluation of a chaplaincy program.**” *Journal of Health Care Chaplaincy* 23, no. 3 (Jul-Sep 2017): 87-97.

[Abstract:] This participant outcome evaluation serves as a preliminary investigation into the effects of lectio divina, a chaplaincy service representing a form of focused Scripture reading. A sample of n=19 patients who participated in this service at a Department of Veterans Affairs Medical Center in upstate New York was screened at baseline and 30-days follow-up using the Duke University Religion Index, Berg Spiritual Injury Scale, and a screening question for thoughts of harming self or others. These measures were used to assess the intended outcomes of enhanced religiosity, ameliorated spiritual injury, and decreased thoughts of violence. Data were collected through retrospective clinical chart reviews. The outcomes of enhanced religiosity or decreased thoughts of violence were not observed in this sample population. Ameliorated spiritual injury was observed in veterans with substantial engagement in lectio divina (>2 sessions) as well as those who endorsed thoughts of harming self or others.

Kopacz, M. S., Kane, C. P., Pigeon, W. R. and Nieuwsma, J. A. [Center of Excellence for Suicide Prevention, Canandaigua; and University of Rochester Medical Center, Rochester, NY; Duke University Medical Center; and Mid-Atlantic Mental Illness Research, Education and Clinical Center, Mental Health and Chaplaincy, Durham, NC]. “**Chaplaincy encounters following a suicide attempt.**” *Journal of Health Care Chaplaincy* 23, no. 4 (Oct-Dec 2017): 167-173.

[Abstract:] This descriptive study examines the provision of chaplaincy services to veterans who sought health care at a Department of Veterans Affairs (VA) Medical Center following a suicide attempt. A system-wide VA database of suicidal behavior was used to identify a cohort of n=22,701 veterans who survived a suicide attempt. Next, an electronic review of VA clinical records found that n=7,447 (32.8%) received chaplaincy services in the 30 days following their attempt. Of this group, the overwhelming majority of first chaplaincy encounters took place in in-patient settings: n=6890 (92.5%). First chaplaincy encounters most often occurred 1-7 days following the attempt: n=5,033 (67.6%). Most chaplaincy service users had only one chaplaincy encounter: n=3,514 (47.2%). The findings suggest that, at VA Medical Centers, a relatively sizeable percentage of suicide attempt survivors have contact with chaplaincy services. Additional research is needed to ascertain if chaplaincy services yield any therapeutic benefit for this group.

Krause, N., Hill, P. C., Emmons, R., Pargament, K. I. and Ironson, G. [University of Michigan, Ann Arbor, MI; Biola University, La Miranda, CA; University of California-Davis, CA; Bowling Green State University, Bowling Green, OH; and University of Miami, Coral Gables, FL]. “**Assessing the relationship between religious involvement and health behaviors.**” *Health Education & Behavior* 44, no. 2 (Apr 2017): 278-284.

[Abstract:] A growing body of research suggests that people who are more deeply involved in religion may be more likely to adopt beneficial health behaviors. However, religion is a complex phenomenon, and as a result, religion may affect health behaviors in a number of ways. The purpose of the current study was to see whether a sacred view of the body (i.e., belief that the body is the temple of God) is associated with better health behavior. It was proposed that the relationship between a sacred body view and health behavior will emerge only among study participants who have a stronger sense of religiously oriented control (i.e., stronger God-mediated control beliefs). Five positive health behaviors were evaluated: more frequent strenuous exercise, more frequent moderate exercise, more frequent consumption of fruits and vegetables, higher quality sleep, and the adoption of healthy lifestyles. Data from a recent nationwide sample reveal that a sacred body view is associated with each health behavior, but only among study participants who have a strong religiously oriented sense of control.

Krause, N., Ironson, G., Pargament, K. and Hill, P. [University of Michigan; University of Miami; Bowling Green State University; and Biola University]. “**Neighborhood conditions, religious coping, and uncontrolled hypertension.**” *Social Science Research* 62 (Feb 2017): 161-174. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The purpose of this study is to see whether God-mediated control beliefs moderate the relationship between living in rundown neighborhoods and uncontrolled hypertension. God-mediated control refers to the belief that God will help people handle the stressors that arise in life. Data are provided by a nationwide survey of adults (N = 1919). Three ways of assessing uncontrolled hypertension are examined: a binary format contrasting people with and without uncontrolled hypertension, systolic and diastolic blood pressure scored continuously, and a four ordinal category scheme recommended by the American Heart Association. The data suggest that stronger God-mediated control beliefs moderate the relationship between neighborhood conditions and uncontrolled blood pressure when blood pressure is scored continuously and when the American Heart Association scheme are used as outcomes.

Krause, N., Pargament, K. I., Ironson, G. and Hayward, R. D. [University of Michigan, Ann Arbor; Bowling Green State University, Bowling Green, OH; and University of Miami, Coral Gables, FL]. “**Spiritual struggles and interleukin-6: assessing potential benefits and potential risks.**” *Biodemography & Social Biology* 63, no. 4 (2017): 279-294. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The purpose of this study is to evaluate the relationship between spiritual struggles and levels of interleukin-6 (IL-6) with a subsample (N = 943) of participants who took part in a nationwide survey. This study, which was completed in 2014, was conducted in the United States. Spiritual struggles refer to difficulties that a person may encounter with his or her faith and include having a troubled relationship with God, encountering difficulties with religious others, and being unable to find a sense of ultimate meaning in life. Based on the notion that spiritual struggles may be associated with personal growth as well physical health problems, it was hypothesized that there is a nonlinear relationship between the two: levels of IL-6 will decline at relatively low levels of spiritual struggles, but levels of IL-6 will increase as spiritual struggles become more severe. The findings support this hypothesis and suggest there is a quadratic relationship between spiritual struggles and IL-6. The clinical implications of these findings are discussed.

Krentzman, A. R. [University of Minnesota]. “**Longitudinal differences in spirituality and religiousness between men and women in treatment for alcohol use disorders.**” *Psychology of Religion & Spirituality* 9, suppl. 1 (2017): S11-S21. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This study compares men and women with alcohol use disorders on levels and trajectories of spirituality and religiousness over 30 months while controlling for critical covariates. Men (n=92) and women (n=65) entering abstinence-based treatment were assessed for drinking behavior, spirituality, and psychosocial variables in a longitudinal panel study. Multiple regression tested for baseline differences and multi-level models tested for differences from baseline to 6 months (early recovery) and from 6 to 30 months (later recovery) in seven dimensions of spirituality/religiousness. Between baseline and 6 months, women had higher scores than men for forgiveness of others and lower scores than men for negative religious coping. Between 6 and 30 months, the acceleration of positive change in self-forgiveness was significantly greater for women than men. Differences in negative religious coping and forgiveness might relate to differences in shame and guilt and their resolution by gender. Future research should examine whether gender differences in spirituality serve as an asset to women as they pursue addiction recovery.

Kroning, M. and Yezzo, P. [Nyack (NY) College and Good Samaritan Hospital in Suffern, NY]. **“Building a bridge to spiritual care.”** *Nursing Management* 48, no. 6 (2017): 32-39.

This article reports a Quality Improvement initiative at a nonprofit, 286-bed acute care hospital in upstate New York to encourage the integration of patients' spiritual needs into care plans. Participants were nurses working the day or night shift on one of the four medical-surgical units or one of the two cardiac care units. Among the findings: a very high percentage said that they provided spiritual care but a low percentage chose to say how; nearly half of respondents said they prayed with patients; and barriers to providing spiritual care that were identified included lack of time, having a different religious viewpoints from a patient, and lack of education and training. The project led to four programmatic initiatives at the hospital.

Kwan, C. W. M., Ng, M. S. N. and Chan, C. W. H. [Bradbury Hospice, New Territories East Cluster, Hospital Authority; and The Chinese University of Hong Kong, Hong Kong, China]. **“The use of life review to enhance spiritual well-being in patients with terminal illnesses: an integrative review.”** *Journal of Clinical Nursing* 26, no. 23-24 (Dec 2017): 4201-4211. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIMS AND OBJECTIVES: To conduct an integrative review of the current literature on using life review as an intervention to address the spiritual need of patients with terminal illnesses. BACKGROUND: Palliative care highlights the holistic approach of care including the spiritual aspect. Life review has been used in palliative nursing intending to enhance patients' emotional and spiritual well-being, and quality of life. However, there is a lack of publications that provide a structured overview on life review programmes and their effectiveness. DESIGN: Integrative review. METHODS: The Whittemore and Knafl integrative review method was used. Five major online databases were included in our literature search. The keywords used were "life review" and "palliative care, terminal care, terminally ill, death & dying, hospice, spiritual wellbeing, spirituality". Seven primary papers were identified, critically appraised and synthesised in the final review. RESULTS: There are limited clinical studies on life review programmes for patients with terminal illness. The research design of these studies is too widely varied for meta-analysis. Here, we identified two major programmes of life review as an intervention to address the spiritual well-being of patients with terminal illness. However, repeated studies on the effectiveness of these two programmes are lacking. The shorter programme of life review is more likely to be applicable and effective for terminal patients. CONCLUSIONS: Further research in this area is required to provide strong evidence on the effectiveness and applicability of life review in patients receiving palliative care. RELEVANCE TO CLINICAL NURSING: This review adds weight to the need of a better understanding on the use of life review in addressing the spiritual needs of patients with terminal illness. Such understanding would provide evidence for the use of life review as an alternative approach in palliative care delivery.

Lac, A., Austin, N., Lemke, R., Poojary, S. and Hunter, P. [Peninsula Health, and Caulfield Hospital, Melbourne]. **“Association between religious practice and risk of depression in older people in the subacute setting.”** *Australasian Journal on Ageing* 36, no. 2 (Jun 2017): E31-E34.

[Abstract:] OBJECTIVE: To identify the association between religious practice and risk of depression in older people admitted to a subacute hospital. METHODS: A cross-sectional survey was conducted with 100 patients aged ≥ 65 years with Mini-Mental State Examination (MMSE) scores ≥ 24 consecutively admitted to a subacute hospital. Religious practice was measured using the Duke University Religion Index and risk of depression using the 15-item Geriatric Depression Scale (GDS). RESULTS: Geriatric Depression Scale was significantly correlated with intrinsic religiosity ($r = -0.21, P = 0.04$) and cognition ($r = -0.22, P = 0.03$). CONCLUSION: This cross-sectional study of older people in a subacute setting found depression scores were negatively and independently associated with both intrinsic religiosity and cognition. In conjunction with cognitive assessment, health professionals working with older people may consider taking a spiritual history as part of holistic care.

Lee, B. M., Curlin, F. A. and Choi, P. J. [Duke University, Duke University School of Medicine, and Duke University Hospital, Durham, NC]. **“Documenting presence: a descriptive study of chaplain notes in the Intensive Care Unit.”** *Palliative & Supportive Care* 15, no. 2 (Apr 2017): 190-196.

[Abstract:] OBJECTIVE: To clarify and record their role in the care of patients, hospital chaplains are increasingly called on to document their work in the medical record. Chaplains' documentation, however, varies widely, even within single institutions. Little has been known, however, about the forms that documentation takes in different settings or about how clinicians interpret chaplain documentation. This study aims to examine how chaplains record their encounters in an intensive care unit (ICU). METHOD: We performed a retrospective chart review of the chaplain notes filed on patients in the adult ICUs at a major academic medical center over a six-month period. We used an iterative process of qualitative textual analysis to code and analyze chaplains' free-text entries for emergent themes. RESULTS: Four primary themes emerged from chaplain documentation. First, chaplains frequently used "code language," such as "compassionate presence," to recapitulate interventions already documented elsewhere in a checklist of ministry interventions. Second, chaplains typically described what they observed rather than interpreting its clinical significance. Third, chaplains indicated passive follow-up plans, waiting for patients or family members to request further interaction. Fourth, chaplains sometimes provided insights into particular relationship dynamics. SIGNIFICANCE OF RESULTS: As members of the patient care team, chaplains access the medical record to communicate clinically relevant information. The present study suggests that recent emphasis on evidence-based practice may be leading chaplains, at least in the medical center we studied, to use a reduced, mechanical language insufficient for illuminating patients' individual stories. We hope that our study will promote further consideration of how chaplain documentation can enhance patient care and convey the unique value that chaplains add to the clinical team.

- Lee, Y. S., Park, S. Y., Roh, S., Koenig, H. G. and Yoo, G. J. [San Francisco State University, San Francisco, CA; New York University, New York, NY; University of South Dakota, Sioux Falls, SD; and Duke University Medical Center, Durham, NC]. **“The role of religiousness/spirituality and social networks in predicting depressive symptoms among older Korean Americans.”** *Journal of Cross-Cultural Gerontology* 32, no. 2 (Jun 2017): 239-254.
[Abstract:] This study (1) examined the effects of religiousness/spirituality and social networks as predictors of depressive symptoms in older Korean Americans and (2) compared the best predictors of depressive symptoms. A cross-sectional survey was conducted with 200 older Korean Americans residing in the New York City area in 2009. Best-subsets regression analyses were used to evaluate the best predictors of depressive symptoms. Nearly 30% of older Korean participants reported mild or severe depressive symptoms. The best model fit for depressive symptoms involved four predictors: physical health status, religious/spiritual coping skills, social networks, and annual household income. Social networks and religious/spiritual coping skills contributed significantly to the variance of depressive symptoms. Adding additional variables to the model did not enhance predictive and descriptive power. Religiousness/spirituality and social networks are important for coping with life stress and may be useful in developing effective health care strategies in the management of depression among older Korean Americans. Health education and intervention could be framed in ways that strengthen such coping resources for this population. Future research is needed to best guide prevention and intervention strategies.
- Leland, B. D., Nitu, M. E., Hancock, M., Moody, K., Gunderman, R., Moser, E. and Rowan, C. M. [Indiana University School of Medicine, Indianapolis]. **“Prospective evaluation of physical contact with critically ill child on caregiver spiritual wellbeing.”** *Journal of Pediatrics* 191 (Dec 2017): 250-254.e1.
[Abstract:] OBJECTIVES: To evaluate whether a pediatric intensive care unit initiative promoting physical contact between caregiver and patient improves caregiver spiritual wellbeing. The secondary objectives were to evaluate caregiver perceptions of care before and after the initiative and to follow unplanned extubation rate as a marker of safety of the initiative. We hypothesized that caregiver spiritual wellbeing and caregiver perceptions of care would improve with implementation of our physical contact initiative known as Project ROSE (Reach Out, Soothe, and Embrace). STUDY DESIGN: Project ROSE was a practice change initiative promoting physical contact between caregiver and hospitalized child in an academic quaternary care pediatric intensive care unit. Caregivers' spiritual wellbeing and perceptions of care were surveyed at days 1 and 4, then compared pre- and postimplementation of the unit-wide initiative. Wilcoxon rank sum tests compared groups (pre- and post-Project ROSE). A total of 331 caregivers returned surveys. RESULTS: We analyzed 331 surveys (pre, n = 174/post, n = 157). Caregiver spiritual wellbeing at enrollment (day 1) was no different between groups (P=.47). Caregiver spiritual wellbeing on day 4 was greater in the postintervention group (pre 40.0 [32.0, 44.0] vs post 42.0 [37.5, 45.0] P=.03). Caregiver perceptions of care improved postintervention. There was no change in the unplanned extubation rate between groups. CONCLUSION: Project ROSE improved caregiver spiritual wellbeing and perceptions of care, was implemented safely, addresses a need in family-centered care of critically ill pediatric patients, and merits consideration for integration into practice.
- Lester, D. and Walker, R. L. [Richard Stockton College of New Jersey, Galloway, NJ; and University of Houston, TX]. **“Religiosity is a protective factor for suicidal ideation in European American students but not in African American students.”** *Omega - Journal of Death & Dying* 74, no. 3 (Feb 2017): 295-303.
[Abstract:] In a sample of 419 college students, intrinsic religiosity scores, but not extrinsic religiosity scores, contributed significantly to the prediction of current suicidal ideation. Religiosity was a protective factor for suicidal ideation in women but not in men and in European American students but not in African American students. The assessment of suicidal risk, therefore, may require different sets of scales depending on the sex and ethnicity of the client.
- Levin, J. [Baylor University, Waco, TX]. **“For they knew not what it was’: rethinking the tacit narrative history of religion and health research.”** *Journal of Religion & Health* 56, no. 1 (Feb 2017): 28-46.
[Abstract:] Over the past couple of decades, research on religion and health has grown into a thriving field. Misperceptions about the history and scope of this field, however, continue to exist, especially among new investigators and commentators on this research. Contrary to the tacit narrative, published research and writing date to the nineteenth century, programmatic research to the 1950s, and NIH funding to 1990; elite medical journals have embraced this topic for over 100 years; study populations are religiously and sociodemographically diverse; and published findings are mostly positive, consistent with psychosocial theories of health and confirmed by comprehensive reviews and expert panels.
- Levin, J. [Baylor University, Waco, TX]. **“What is ‘healing’?: reflections on diagnostic criteria, nosology, and etiology.”** *Explore: The Journal of Science & Healing* 13, no. 4 (Jul-Aug 2017): 244-256. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
Spiritual perspectives are mentioned *passim*. [Abstract:] This article examines the conceptual history and contemporary usages of the term “healing.” In response to longstanding definitional ambiguity, reflections are offered on what are termed the diagnostic criteria, nosology, and etiology of healing. First, a summary is provided of how healing has been defined within medicine. Second, the dimensionality of healing is discussed. Third, healing’s putative determinants are outlined. For biomedicine, healing mainly concerns repair of wounds or lesions and is unidimensional. For complementary medicine, by contrast, healing has been defined alternatively as an intervention, an outcome, and a process-or all of these at once-and is multidimensional, impacting multiple systems from the cellular to the psychosocial and beyond. Notwithstanding these usages, a review of medical texts reveals that healing is rarely defined, nor is its dimensionality or determinants described. Persistent lack of critical attention to the meaning of “healing” has implications for medical research and practice.
- Li, L., Sloan, D. H., Mehta, A. K., Willis, G., Weaver, M. S. and Berger, A. C. [University of Oklahoma College of Medicine; Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; University of Virginia Health System, Charlottesville; National Institutes of Health, Bethesda, MD; and Children’s Hospital & Medical Center, Omaha, Nebraska]. **“Life perceptions of patients receiving palliative care and experiencing psycho-social-spiritual healing.”** *Annals of Palliative Medicine* 6, no. 3 (Jul 2017): 211-219.
[Abstract:] BACKGROUND: It is important to identify, from the patients' perspectives, the different factors that contribute toward psycho-social-spiritual healing. METHODS: This was a qualitative study that took place at a large research center, an underserved clinic, and a community hospital. We used a needs assessment questionnaire and open-ended questions to assess the constituents of psycho-social-spiritual

healing: (I) how previous life experiences affected patients' present situations in dealing with their illnesses; (II) barriers to palliative care, and (III) benefits of palliative care. RESULTS: Of a total of 30 participants from 3 different study sites, 24 (80%) were receiving inpatient or outpatient palliative care at a research center. Thirteen (43%) participants were female, 10 (33%) were Black/African American, and 16 (53%) reported being on disability. While the initial shock of the diagnosis made participants feel unprepared for their illnesses, many looked to role models, previous work experiences, and spiritual as well as religious support as sources of strength and coping mechanisms. Barriers to palliative care were identified as either external (lack of proper resources) or internal (symptom barriers and perceived self-limitations). The feeling of "being seen/being heard" was perceived by many participants as the most beneficial aspect of palliative care. CONCLUSIONS: The needs assessment questionnaire and open-ended questions presented in this study may be used in clinical settings to better help patients achieve psycho-social-spiritual healing through palliative care and to help clinicians learn about the person behind the patient. [See also other articles from this theme issue on Healing and Spirituality also noted in the present bibliography: by Alt, P. L.; by Berger, A.; by Coats, H. L.; by Mistretta, E. G.; by Sajja, A., et al.; by Simone, C. B. 2nd; by Steinhorn, D. M., et al.; and by Weaver, M. S., et al.]

Liefbroer, A. I., Olsman, E., Ganzevoort, R. R. and van Etten-Jamaludin, F. S. [University of Amsterdam; Leiden University Medical Center, Leiden; and Hospice Bardo, Hoofddorp, The Netherlands]. **"Interfaith spiritual care: a systematic review."** *Journal of Religion & Health* 56, no. 5 (Oct 2017): 1776-1793. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Although knowledge on spiritual care provision in an interfaith context is essential for addressing the diversity of patients' religious and spiritual needs, an overview of the literature is lacking. Therefore, this article reviews the empirical literature on interfaith spiritual care (ISC) in professional caring relationships. A systematic search in electronic databases was conducted to identify empirical studies published after 2000. Twenty-two studies were included. The quality of the included studies was assessed, and their results were thematically analyzed. The majority were conducted in North America, mainly using qualitative methods and focusing on professional caregivers, who had a variety of professional and spiritual backgrounds. Two core categories were identified: (1) normativity: reasons for (not) wanting to provide ISC, in which universalist and particularist approaches were identified; and (2) capacity: reasons for (not) being able to provide ISC, which included the competences that health care professionals may need when providing ISC, as well as contextual possibilities and restraints. This systematic review identifies gaps in the literature and indicates that future studies have to explore patient perspectives on ISC.

Lindholm, K. [Trinity International University, Deerfield]. **"Handling stereotypes of religious professionals: strategies hospice chaplains use when interacting with patients and families."** *Journal of Pastoral Care & Counseling: JPCC* 71, no. 4 (Dec 2017): 284-290. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Stereotypes of religious professionals can create barriers for those who provide spiritual/pastoral care. Through interviews and journal entries, hospice chaplains (n=45) identified the following stereotypes that affected their work: chaplains as people whom others try to impress, who only talk about spiritual and religious topics, who are male, and who try to convert others. Participants reported using a variety of communication strategies to counteract stereotypes and make meaningful connections with the people they serve.

Longo, G. S., Bray, B. C. and Kim-Spoon, J. [Pennsylvania State University, University Park, PA; and Virginia Tech, Blacksburg, VA]. **"Profiles of adolescent religiousness using latent profile analysis: implications for psychopathology."** *British Journal of Developmental Psychology* 35, no. 1 (Mar 2017): 91-105.

[Abstract:] Prior research has documented robust associations between adolescent religiousness/spirituality (R/S) and psychopathology outcomes including externalizing and internalizing symptomatology, yet no previous studies have examined these associations with adolescent R/S profiles using a person-centred approach. We examined whether there are identifiable subgroups characterized by unique multidimensional patterns of R/S experiences and how these experiences may be related to externalizing and internalizing symptomatology. The sample consisted of 220 Appalachian adolescents between 12 and 18 years old who were primarily White and primarily Christian. Latent profile analysis revealed three profiles of adolescent R/S: high religiousness (28.4%), introjectors (47.6%), and low religiousness (24.0%). These profiles were differentially related to internalizing and externalizing symptomatology such that the high religiousness group was significantly lower than the introjectors with respect to internalizing and externalizing symptomatology and lower than the low religiousness group in externalizing symptomatology. Implications and suggestions for future research using person-centred approaches to better understand differential developmental trajectories of religious development are provided. Statement of contribution What is already known Prior research has demonstrated a negative relationship between adolescent religiousness and spirituality (R/S) and psychopathology. Numerous studies document the differential relationships between aspects of R/S and psychopathology; however, few have done so from a person-centred perspective. There are several theories that outline how R/S to study R/S when paying specific attention to culture. Saroglou's Big Four dimensions of religion (believing, bonding, behaving, and belonging) posits that these four dimensions (1) are able to delimit religion from proximal constructs; (2) translate major distinct dimensions of religiousness; (3) can be seen across cultural contexts; and (4) are good candidates to study cultural variability in religion due to their diversity; however, to the authors' knowledge there has been no attempt to synthesize the Big Four dimensions and person-centred work. What the present study adds The present study found three profiles of adolescent R/S: high religiousness, low religiousness, and of particular interest, the introjectors. Those high in introjection seem to have a partial internalization of religiousness due to their low score in private practices but moderate to high scores on other aspects of religiousness. This group would not have been found through the use of traditional data analysis techniques or even through structural equation models. Importantly, those in the introjector group were also significantly higher in internalizing symptomatology than those in the high religiousness group, and higher in externalizing symptomatology than both the high religiousness and low religiousness. This 'u-shaped' pattern in which those in the middle-range of R/S were the worst off would also not have been found using traditional data analysis techniques.

Macdonald, G. [Regent Gardens Medical Centre, Glasgow, Scotland]. **"Primary care chaplaincy: a valid talking therapy?"** *British Journal of General Practice* 67, no. 655 (Feb 2017): 77.

This brief article from the UK presents an argument and data that suggest that primary care chaplaincy is a valid talking therapy and could be considered as a reasonable alternative to medication. [See also: Macdonald, G., "The efficacy of primary care chaplaincy compared with antidepressants: a retrospective study comparing chaplaincy with antidepressants," also cited in this bibliography.]

Macdonald, G. [Regent Gardens Medical Practice, Glasgow, Scotland]. “**The efficacy of primary care chaplaincy compared with antidepressants: a retrospective study comparing chaplaincy with antidepressants.**” *Primary Health Care Research & Development* 18, no. 4 (Jul 2017): 354-365. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Aim To determine the effectiveness of primary care chaplaincy (PCC) when used as the sole intervention, with outcomes being compared directly with those of antidepressants. This was to be carried out in a homogenous study population reflective of certain demographics in the United Kingdom. BACKGROUND: Increasing numbers of patients are living with long-term conditions and 'modern maladies' and are experiencing loss of well-being and depression. There is an increasing move to utilise non-pharmacological interventions such as 'talking therapies' within this context. Chaplaincy is one such 'talking therapy' but within primary care its evidence base is sparse with only one quantitative study to date. There is therefore a need to evaluate PCC excluding those co-prescribed antidepressants, as this is not evidenced in the literature as yet. PCC also needs to be directly compared with the use of antidepressants to justify its use as a valid alternative treatment for loss of well-being and depression. METHODS: This was a retrospective observational study based on routinely collected data. There were 107 patients in the PCC group and 106 in the antidepressant group. Socio-demographic data were collected. Their pre- and post-intervention (either chaplaincy or antidepressant) well-being was assessed, by the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) which is a validated Likert scale. Findings The majority of both groups were female with both groups showing marked ethnic homogeneity. PCC was associated with a significant and clinically meaningful improvement in well-being at a mean follow-up of 80 days. This treatment effect was maintained after those co-prescribed antidepressants were removed. PCC was associated with an improvement in well-being similar to that of antidepressants with no significant difference between the two groups. [See also: Macdonald, G., “Primary care chaplaincy: a valid talking therapy?” also cited in this bibliography.]

Manning, L. K. and Miles, A. [Concordia University-Chicago, River Forest, IL; and University of Toronto, Toronto, ON, Canada]. “**Examining the effects of religious attendance on resilience for older adults.**” *Journal of Religion & Health* 57, no. 1 (Feb 2017): 191-208. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Growing older often brings hardship, adversity, and even trauma. Resilience is a broad term used to describe flourishing despite adversity. To date, resilience and the connections to religion have not been well studied, despite compelling evidence that religious practice can promote psychological health. This research examines the role that religion plays in promoting resilience among older adults. Research questions include: (a) What is the relationship between religion and trait resilience? and (b) Does religion promote resilient reintegration following traumatic life events? Results indicate that religious service attendance is tied to higher levels of trait resilience and that both service attendance and trait resilience directly predict lower levels of depression and higher rates of resilient reintegration following traumatic life events. Findings suggest that religious service attendance has protective properties that are worthy of consideration when investigating resilience.

McCormick, W. H., Carroll, T. D., Slagel, B. A., Drescher, K. D., Nieuwsma, J. A. and Currier, J. M. [University of South Alabama, Mobile; Palo Alto VA Healthcare System, Menlo Park, CA; Department of Veterans Affairs, Mid-Atlantic Mental Illness Research, Education and Clinical Center, Durham, NC; and Duke University Medical School, Durham, NC]. “**Professional quality of life and changes in spirituality among VHA chaplains: a mixed methods investigation.**” *Journal of Health Care Chaplaincy* 23, no. 3 (Jul-Sep 2017): 113-129.

[Abstract:] A mixed method design was implemented to examine the spirituality and emotional well-being of Veterans Health Administration (VHA) chaplains and how potential changes in spirituality and emotional well-being may affect their professional quality of life. Four distinct categories of changes emerged from the narrative statements of a nationally representative sample of 267 VHA chaplains: (1) positive changes (e.g., increased empathy), (2) negative changes (e.g., dysthymic mood, questioning religious beliefs), (3) combination of positive and negative changes, and (4) no change (e.g., sustenance through spirituality or self-care). Most chaplains reported positive (37%) or no change (30%) in their spirituality and/or emotional well-being. However, quantitative analyses revealed that chaplains who reported negative changes endorsed greater burnout and secondary traumatic stress. Overall, these findings suggest VHA chaplains are predominantly spiritually resilient, but negative changes in the spiritual domain can occur, potentially increasing the risk of adverse changes in professional quality of life.

McGovern, T. F., McMahan, T., Nelson, J., Bundoc-Baronia, R., Giles, C. and Schmidt, V. [Texas Tech University Health Sciences Center, Lubbock, TX]. “**A descriptive study of a spirituality curriculum for general psychiatry residents.**” *Academic Psychiatry* 41, no. 4 (Aug 2017): 471-476.

[Abstract:] OBJECTIVE: The study collected data on the attitudes of residents toward religion and spirituality in their practice after taking part in a 3-year curriculum on spirituality during their residency. METHODS: This is a descriptive, single-site study with psychiatry residents as subjects. A questionnaire was given to the residents at the end of their third year of residency (N=12). RESULTS: The responses heavily endorsed the religiousness/spirituality curriculum to be helpful and meaningful. Residents consider addressing spiritual and religious needs of patients to be important (76.9%) and appropriate. For majority of the residents (69.2%), there is strong agreement in the management of addictions having spiritual dimensions. Residents also strongly agreed that treatment of suffering, depression, guilt, and complicated grief may require attention to spiritual concerns (92-100%). CONCLUSION: Regardless of cultural or religious background, the residents endorsed the curriculum as a worthwhile experience and increased their appreciation of the place of spirituality in the holistic care of patients with psychiatric conditions.

McSherry, W. and Ross, L. [Staffordshire University, and University Hospitals of North Midlands NHS Trust; University of South Wales, UK; and University College, Bergen, Norway]. “**Spiritual care should be part of the Code.**” *Nursing Standard* 31, no. 33 (Apr 12, 2017): 29. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] We welcome the new National Institute for Health and Care Excellence (NICE) quality standard, which calls for individualised care plans that address the 'cultural, religious or social preferences' of people in the last two to three days of life, as well as those of people important to them.

- Medlock, M. M., Rosmarin, D. H., Connery, H. S., Griffin, M. L., Weiss, R. D., Karakula, S. L. and McHugh, R. K. [Harvard Medical School, Boston; and McLean Hospital, Belmont, MA]. **“Religious coping in patients with severe substance use disorders receiving acute inpatient detoxification.”** *American Journal on Addictions* 26, no. 7 (Oct 2017): 744-750.
 [Abstract:] BACKGROUND AND OBJECTIVES: Religious coping, one of the most widely studied components of spirituality among psychiatric populations, has rarely been addressed in patients with severe substance use disorders (SUD). The aim of our study was to elucidate whether religious coping is related to symptom expression and mutual-help participation. METHODS: Self-reported religious coping was assessed in individuals sequentially admitted to a private psychiatric hospital for inpatient detoxification. Target symptoms of SUD included severity of substance use prior to admission and craving during detoxification. Three hundred thirty-one patients (68.6% male) participated in the survey; mean age was 38.0 years, and primary presenting diagnosis was most commonly alcohol use disorder (n=202; 61%), followed by opioid use disorder (n=119; 36%). RESULTS: Positive religious coping was associated with significantly greater mutual-help participation, fewer days of drug use prior to admission, and was modestly, yet significantly associated with lower drug craving. Negative religious coping was associated with lower confidence in the ability to remain abstinent post-discharge and higher drug craving. CONCLUSIONS: Consistent with hypotheses, greater positive religious coping was associated with greater mutual-help participation, lower severity of pre-admission drug use, and lower substance craving during detoxification. Use of positive religious coping may modify the course of SUD recovery by promoting engagement in mutual-help activities. SCIENTIFIC SIGNIFICANCE: The findings of this study suggest that positive and negative religious coping are linked with several key SUD recovery variables. Further research to replicate this finding and to assess mechanisms within this potential association is warranted.
- Medved Kendrick, H. [University of Alabama at Birmingham]. **“Are religion and spirituality barriers or facilitators to treatment for HIV: a systematic review of the literature.”** *AIDS Care* 29, no. 1 (Jan 2017): 1-13.
 [Abstract:] Much attention has been given to the relationship between religion/spirituality (R/S) and HIV in recent years, but comparatively little has been explored in regard to R/S and HIV testing, retention in care, and adherence to medication. Religious views concerning HIV risk behavior pose challenges to communication and education about sexual health in religious communities and may serve as barriers to HIV treatment and care. Conversely, religious coping and spiritual well-being, as well as social support could serve as facilitators to HIV treatment and care. This study aims to fill a gap in the literature by addressing the following questions: (1) what dimensions of R/S have been found to be factors associated with HIV outcomes?; (2) which R/S factors function as barriers or facilitators to care among people living with HIV (PLWH)?; and (3) which R/S factors, if any, vary across socio-demographic groups? Thirty-three empirical articles were identified for systematic review. Of the 33 empirical studies included, 24 studies found that at least one measure of R/S was associated with better adherence and clinical health outcomes. Twelve studies found at least one measure of R/S to be associated with poorer adherence and clinical health outcomes. Seven of the studies found at least one R/S measure to have no significant association with outcomes. Though all of the studies included in this review focused on R/S experiences of PLWH, there was very little consistency in regard to measurement of R/S. Studies in this review included a wide range of R/S measures, including beliefs, religious/spiritual practices, R/S coping, organizational religion, and many more. Of the 33 studies reviewed, only 9 focused on unique populations such as women, people with histories of substance abuse, immigrants, etc. Findings from this review highlight opportunities for more studies in various populations using standardized R/S measures.
- Mesquita, A. C., Chaves, E. C. L. and Barros, G. A. M. [Paulista State University (UNESP), Sao Paulo; and Alfenas (UNIFAL-MG), Alfenas, Minas Gerais, Brazil]. **“Spiritual needs of patients with cancer in palliative care: an integrative review.”** *Current Opinion in Supportive & Palliative Care* 11, no. 4 (Dec 2017): 334-340. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
 [Abstract:] PURPOSE OF REVIEW: The experience of a life crisis, such as the experience of end-of-life terminality whenever facing cancer can make the spiritual needs of patients clear. The goal of this revision was to synthesize the existing evidence regarding the spiritual needs of patients with cancer in palliative care. RECENT FINDINGS: An integrated revision of the literature was conducted regarding the database sources from PubMed, CINAHL, EMBASE, LILACS and Scopus, without publishing year restrictions. There were 16 primary studies included. A total of 1469 patients have been evaluated, whereas eight groups of spiritual needs have been identified: finding the meaning and purpose of life; finding the meaning in experiencing the disease; being connected to other people, God and nature; having access to religious/spiritual practices; physical, psychological, social and spiritual wellbeing; talking about death and the experience of dying; making the best out of their time; being independent and being treated like a normal person. SUMMARY: It is essential to pay attention to patients’ spiritual dimensions regarding palliative care. Therefore, patients’ spiritual needs must be identified and remedied or mitigated. It is necessary to develop studies that find specific strategies and interventions for the treatment of these needs.
- Mistretta, E. G. [Catholic University of America, Washington, DC]. **“Spirituality in young adults with end-stage cancer: a review of the literature and a call for research.”** *Annals of Palliative Medicine* 6, no. 3 (Jul 2017): 279-283.
 [Abstract:] Existing research finds that spiritual wellness may enhance quality of life in those with end-stage cancer. Unfortunately, much of the literature is focused on the spirituality of those in middle and older adulthood, leaving questions about the spirituality of young adults facing life-threatening illness. This article reviews the current landscape of spirituality in young adults with cancer. In addition, this paper serves as a call for research to consider the development of spirituality in this unique population. The literature shows that young adults with cancer are less likely to use mental health services compared to other age groups with cancer. Research tends to be restricted to early young adulthood with a focus on spiritual or religious practices and less about the meaning of spirituality in the context of their illness. A review of the development of spirituality in healthy young adults helps to build the framework to ask questions about what may be occurring for those with life-threatening illness. [See also other articles from this theme issue on Healing and Spirituality also noted in the present bibliography: by Alt, P. L.; by Berger, A.; by Coats, H. L.; by Li, L., et al.; by Sajja, A., et al.; by Simone, C. B. 2nd; by Steinhorn, D. M., et al.; and by Weaver, M. S., et al.]
- Mistretta, E. G., Sloan, D., BrintzenhofeSzoc, K., Weber, K. M. and Berger, A. [National Institutes of Health, Bethesda, MD; Catholic University of America, Washington, DC; University of Cincinnati, Cincinnati, OH; and Hektoen Institute of Medicine/Cook County Health and Hospitals System, Chicago, IL]. **“Testing domains of the healing experiences in all life stressors questionnaire in a cohort of HIV-infected and HIV-uninfected Chicago women.”** *Psychology Research & Behavior*

Management 10 (2017): 201-208. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: Patients may deal with issues of spiritual and religious meaning when coping with life-threatening or chronic illness. Researchers at the National Institutes of Health have developed the healing experiences in all life stressors (HEALS) questionnaire, an assessment to determine psychosocial spiritual adjustment to healing. Many measures assess religious and spiritual behavior, but there exists a need to capture the meaning of these factors in the process of healing. The instrument consists of spirituality, religion, interpersonal, and intrapersonal domains. This study explores the preliminary partial validation of the spirituality and religion domains of the HEALS against the Ironson-Woods Spirituality and Religiousness Index (IWSR). METHODS: The abbreviated HEALS, IWSR, and a measure of depression were completed by 205 human immunodeficiency virus (HIV)-infected and HIV-uninfected women from Chicago as part of the Women's Interagency HIV Study. Total scores on the HEALS and IWSR were correlated using Pearson correlations to examine convergent validity. Total depression scores were analyzed with Pearson correlations to investigate criterion validity. RESULTS: Responses between the abbreviated HEALS and IWSR were highly correlated ($r=0.74$). Similar to other measures of its kind, scores on the HEALS were associated with depressive symptoms. Women with clinically significant depressive symptoms scored significantly lower on the HEALS than women without. No significant differences were found for race, age, education, or HIV status. CONCLUSION: This study is an important step in the future validation of the HEALS. Results suggest that the spirituality and religion domains of the HEALS have good construct validity with the IWSR. After further validation, this measure may provide clinicians and researchers with a unique way to assess psychosocial spiritual healing.

Mollica, M. A., Underwood, W. 3rd, Homish, G. G., Homish, D. L and Orom, H. [National Cancer Institute, Bethesda, MD; and University at Buffalo, NY]. **"Spirituality is associated with less treatment regret in men with localized prostate cancer."** *Psycho-Oncology* 26, no. 11 (Nov 2017): 1839-1845.

[Abstract:] BACKGROUND: Some patients with prostate cancer regret their treatment choice. Treatment regret is associated with lower physical and mental quality of life. We investigated whether, in men with prostate cancer, spirituality is associated with lower decisional regret 6 months after treatment and whether this is, in part, because men with stronger spiritual beliefs experience lower decisional conflict when they are deciding how to treat their cancer. METHODS: One thousand ninety three patients with prostate cancer (84% white, 10% black, and 6% Hispanic; mean age = 63.18; SD = 7.75) completed measures of spiritual beliefs and decisional conflict after diagnosis and decisional regret 6 months after treatment. We used multivariable linear regression to test whether there is an association between spirituality and decisional regret and structural equation modeling to test whether decisional conflict mediated this relationship. RESULTS: Stronger spiritual beliefs were associated with less decisional regret ($b = -0.39$, 95% CI = -0.53, -0.26, $P < .001$, partial $\eta^2 = 0.024$, confidence interval = -0.55, 39%, $P < .001$, partial $\eta^2 = 0.03$), after controlling for covariates. Decisional conflict partially (38%) mediated the effect of spirituality on regret (indirect effect: $b = -0.16$, 95% CI = -0.21, -0.12, $P < .001$). CONCLUSIONS: Spirituality may help men feel less conflicted about their cancer treatment decisions and ultimately experience less decisional regret. Psychosocial support post-diagnosis could include clarification of spiritual values and opportunities to reappraise the treatment decision-making challenge in light of these beliefs.

Morton, K. R., Lee, J. W. and Martin, L. R. [Loma Linda University; and La Sierra University]. **"Pathways from religion to health: mediation by psychosocial and lifestyle mechanisms."** *Psychology of Religion & Spirituality* 9, no. 1 (Feb 2017): 106-117. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Religiosity, often measured as attendance at religious services, is linked to better physical health and longevity though the mechanisms linking the two are debated. Potential explanations include: a healthier lifestyle, increased social support from congregational members, and/or more positive emotions. Thus far, these mechanisms have not been tested simultaneously in a single model though they likely operate synergistically. We test this model predicting all-cause mortality in Seventh-day Adventists, a denomination that explicitly promotes a healthy lifestyle. This allows the more explicit health behaviors linked to the religious doctrine (e.g., healthy diet) to be compared with other mechanisms not specific to religious doctrine (e.g., social support and positive emotions). Finally, this study examines both Church Activity (including worship attendance and church responsibilities) and Religious Engagement (coping, importance, and intrinsic beliefs). Religious Engagement is more inner-process focused (vs. activity-based) and less likely to be confounded with age and its associated functional status limitations, although it should be noted that age is controlled in the present study. The findings suggest that Religious Engagement and Church Activity operate through the mediators of health behavior, emotion, and social support to decrease mortality risk. All links between Religious Engagement and mortality are positive but indirect through positive Religious Support, Emotionality, and lifestyle mediators. However, Church Activity has a direct positive effect on mortality as well as indirect effects through, Religious Support, Emotionality, and lifestyle mediators (diet and exercise). The models were invariant by gender and for both Blacks and Whites.

Murray, R. P. and Dunn, K. S. [Tendercare Long Term Care, St. Ignace; and Oakland University, Rochester, MI]. **"Assessing nurses' knowledge of spiritual care practices before and after an educational workshop."** *Journal of Continuing Education in Nursing* 48, no. 3 (Mar 1, 2017): 115-122.

[Abstract:] BACKGROUND: Although current research findings reflect that spiritual care is integral to the discipline of nursing, implementation of spiritual care still remains a neglected area of practice. METHOD: The purpose of this pretest-posttest study was to determine whether a spiritual care educational workshop would increase nurses' knowledge, self-awareness, and abilities regarding spiritual care practices. The Spirituality and Spiritual Care Rating Scale (SSCRS) was used to measure the nurses' knowledge, attitudes, and beliefs about spirituality and spiritual care practices. RESULTS: Forty-nine nurses working at a satellite hospital within the midwestern United States attended the educational workshop. A statistically significant increase in nurses' knowledge, self-awareness, and abilities regarding spiritual care practices was observed after the educational workshop. The majority of nurses reported that their nursing education inadequately prepared them to provide spiritual care to their patients, and they were unable to meet the spiritual needs of their patients. CONCLUSION: Findings support the need for continued education regarding spiritual care practices among working nurses.

Nicholas, D. B., Barrera, M., Granek, L., D'Agostino, N. M., Shaheed, J., Beaune, L., Bouffet, E. and Antle, B. [University of Calgary, Edmonton; Hospital for Sick Children, and Princess Margaret Cancer Centre University Health Network, Toronto; and Ben-Gurion University of the Negev, Be'ersheva, Israel]. **"Parental spirituality in life-threatening pediatric cancer."** *Journal of Psychosocial Oncology* 35, no. 3 (May-Jun 2017): 323-334.

[Abstract:] This study addressed parental spirituality in the context of pediatric cancer with a poor prognosis. Drawing upon previous research implementing a longitudinal grounded theory design examining parental hope, 35 parents were interviewed regarding their experiences with an

emergent description of the role of spirituality in parents' daily lives. Spirituality included religious beliefs and practices, notions of a higher force or cosmos, relationship with a divine being, as well as elements emerging from meaning-making and relationships. Parental expectations of spirituality remained relatively constant across data collection time points (3-9 months postdiagnosis), although limited variation occurred relative to shifting circumstance (e.g., deterioration of the child's condition). Spirituality appeared to offer: greater acceptance of parents' inability to protect their child from harm related to her/his life-threatening illness, guidance and emotion decompression, and support from one's faith community. Recommendations for integrating spiritual assessment in clinical care practice are offered.

Nieuwsma, J. A., King, H. A., Jackson, G. L., Bidassie, B., Wright, L. W., Cantrell, W. C., Bates, M. J., Rhodes, J. E., White, B. S., Gatewood, S. J. L. and Meador, K. G. [U.S. Department of Veterans Affairs (VA); University Medical Center, Durham, NC; Vanderbilt University, Nashville, TN; and Department of Defense (DoD), Arlington, VA]. **“Implementing integrated mental health and chaplain care in a national quality improvement initiative.”** *Psychiatric Services* 68, no. 12 (Dec 1, 2017): 1213-1215. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This column describes the development, implementation, and outcomes of a quality improvement learning collaborative that aimed to better integrate chaplaincy with mental health care services at 14 participating health care facilities evenly distributed across the U.S. Department of Veterans Affairs and Department of Defense. Teams of health care chaplains and mental health professionals from participating sites sought to improve cross-disciplinary service integration in six key domains: screening, referrals, assessment, communication and documentation, cross-disciplinary training, and role clarification. Chaplains and mental health providers across all facilities at participating sites were significantly more likely post-collaboration to report having a clear understanding of how to collaborate and to report using a routine process for screening patients who could benefit from seeing a professional from the other discipline. Foundational efforts to enhance cross-disciplinary awareness and screening practices between chaplains and mental health professionals appear particularly promising.

Nishi, D., Susukida, R., Kuroda, N. and Wilcox, H. C. [University of Tokyo, Japan; and Johns Hopkins Bloomberg School of Public Health, Baltimore, MD]. **“The association of personal importance of religion and religious service attendance with suicidal ideation by age group in the National Survey on Drug Use and Health.”** *Psychiatry Research* 255 (Sep 2017): 321-327.

[Abstract:] Religiosity has been shown to be inversely associated with suicidal ideation, but few studies have examined associations by age group. This study aimed to examine the association between religiosity with suicidal ideation by age group. This study used a large nationally representative sample of 260,816 study participants from the National Survey on Drug Use and Health. Religiosity was defined as self-reported importance of religious beliefs and frequency of religious service attendance. The association between religiosity and suicidal ideation was assessed by multivariable logistic regression analysis stratified by age group (18-25, 26-34, 35-49, 50-64, 65 or older). The importance of religious beliefs was inversely associated with suicidal ideation in all age groups. The association was the strongest in people aged 65 or older, followed by people aged 18-25. Religious service attendance was also inversely associated with suicidal ideation in people aged 65 or more when attendance was more than 25 times per year. These findings may be helpful to understand age in relation to the relationship between religiosity and suicidal ideation. Particular attention to religiosity among older adults as a protective factor for suicidal ideation may be helpful in clinical settings.

Norko, M. A., Freeman, D., Phillips, J., Hunter, W., Lewis, R. and Viswanathan, R. [Yale University School of Medicine, New Haven; Connecticut Department of Mental Health and Addiction Services, Hartford, CT; Mission Health System, Asheville, NC; OVL Clinic, South Beach Psychiatric Center, Staten Island; and State University of New York Downstate Medical Center, Brooklyn, NY]. **“Can religion protect against suicide?”** *Journal of Nervous & Mental Disease* 205, no. 1 (Jan 2017): 9-14.

[Abstract:] The vast majority of the world's population is affiliated with a religious belief structure, and each of the major faith traditions (in its true form) is strongly opposed to suicide. Ample literature supports the protective effect of religious affiliation on suicide rates. Proposed mechanisms for this protective effect include enhanced social network and social integration, the degree of religious commitment, and the degree to which a particular religion disapproves of suicide. We review the sociological data for these effects and the general objections to suicide held by the faith traditions. We explore how clinicians may use such knowledge with individual patients, including routinely taking a religious/spiritual history. The clinician who is aware of the common themes among the faith traditions in opposition to suicide is better prepared to address religious/spiritual matters, as appropriate, in crisis situations. The clinician who understands the patient's belief system is also better prepared to request consultation with religious professionals when indicated

Nuzum, D., Meaney, S. and O'Donoghue, K. [University College Cork, Cork University Maternity Hospital, Wilton, Cork, Ireland]. **“The spiritual and theological challenges of stillbirth for bereaved parents.”** *Journal of Religion & Health* 56, no. 3 (Jun 2017): 1081-1095.

[Abstract:] Stillbirth is recognized as one of the most challenging experiences of bereavement raising significant spiritual and theological questions. Semi-structured qualitative interviews were conducted with bereaved parents cared for in a tertiary maternity hospital to explore the spiritual impact of stillbirth. Data were analysed using interpretative phenomenological analysis. Stillbirth was identified as an immensely challenging spiritual and personal experience with enduring impact for parents. The superordinate themes to emerge were searching for meaning, maintaining hope and questioning core beliefs. Most parents reported that their spiritual needs were not adequately addressed while in hospital. The faith of all parents was challenged with only one parent experiencing a stronger faith following stillbirth. This study reveals the depth of spiritual struggle for parents bereaved following stillbirth with a recommendation that spiritual care is provided as part of comprehensive perinatal bereavement care in the obstetric setting.

Oji, V. U., Hung, L. C., Abbasgholizadeh, R., Terrell Hamilton, F., Essien, E. J. and Nwulia, E. [University of the Incarnate Word, San Antonio and College of Pharmacy, Austin; University of Houston, TX; Howard University Translational Neuroscience Laboratory, Washington, DC]. **“Spiritual care may impact mental health and medication adherence in HIV+ populations.”** *HIV/AIDS Research and Palliative Care* 9 (2017): 101-109. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: To explore a potential role for spirituality in medication-related needs assessment for integrated care in chronically ill populations. METHOD: A systematic literature review was conducted to explore the impact of faith beliefs on health and/or medication adherence in individuals with depression and/or HIV+/AIDS. Retrospective electronic medical record review of adult HIV+ patients of an urban primary care clinic with integrated mental health services was conducted, with Substance Abuse and Mental Illness Symptoms Screener

(SAMISS), major depressive disorder (MDD) incidence over the preceding year, and history of contact with a spiritual advisor. A convenience sample was interviewed to qualitatively assess potential medication therapy management needs and medication-related problems. Another sample was examined utilizing the Daily Spiritual Experience Scale. RESULTS: The literature reports positive influence on health behaviors, coping and outcomes; and poor medication adherence and treatment decisions due to patient passivity or resistance. Spiritual advisor contact (not limited to a specific religion) was significantly associated with MDD absence (1.7% vs. 15.3%, $P < 0.005$) and inversely related to SAMISS, depression, and poor health behaviors. Patient interviews reflected significance of faith in terms of insight and acceptance of illness, the role or need for medications, coping, and medication adherence. An illustrative model was designed based on the literature and data collection. CONCLUSION: Spiritual assessment may help identify positive or negative influence on health. Spiritual interventions could be beneficial in promoting adherence and positive health outcomes. Further research is recommended.

Ormsby, A., Harrington, A. and Borbasi, S. [Royal Australian Air Force, RAAF Base Richmond; and Flinders University, Adelaide, Australia]. “**You never come back the same': the challenge of spiritual care in a deployed military nursing context.**” *Journal of Clinical Nursing* 26, nos. 9-10 (May 2017): 1351-1362.

[Abstract:] AIMS AND OBJECTIVES: To explore the experience of spirituality and spiritual care by military nurses on deployed operations. BACKGROUND: Despite an increasing body of research addressing spirituality in nursing care in a variety of clinical settings, the deployed military nursing context remains poorly understood. DESIGN: A qualitative, philosophical hermeneutic design. METHOD: Ten Australian military nurses were interviewed about their experiences of spirituality and spiritual care while on deployed operations. Analyses were performed using a phenomenological method informed by philosophical hermeneutics. RESULTS: The participants perceived that they had an important role in the provision of spiritual care in the absence of family on deployed operations. However, the nurse also needed to care for their own spiritual needs. The results suggested that spirituality and spiritual care may provide positive benefits in protecting against the long-term psychological, emotional and spiritual impacts of military service on deployed operations. CONCLUSIONS: Military nurses need to understand the factors that influence spiritual care delivery in their practice setting. Nurses need to be cognizant of the importance of spiritual care in the deployed military context, not only for their patients and colleagues, but also for themselves. Spirituality is argued as a protective factor against the challenges and consequences often associated with deployment. Well-developed spiritual resilience may assist in ensuring that military personnel return home emotionally, psychologically and spiritually 'fit'. RELEVANCE FOR CLINICAL PRACTICE: To provide effective spiritual nursing care to deployed military populations, the nurse needs to understand the complex military practice environment, the personal and individual nature of spiritual expressions and their own spiritual care requirements. Meaningful spiritual care aids resilience against the psychological, emotional and spiritual dangers of deployment.

Oxhandler, H. K. and Giardina, T. D. [Baylor University, Waco, TX]. “**Social Workers' perceived barriers to and sources of support for integrating clients' religion and spirituality in practice.**” *Social Work* 62, no. 4 (Oct 1, 2017): 323-332. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This article describes the qualitative responses from a national sample of licensed clinical social workers (LCSWs) on their views regarding integrating clients' religion and spirituality (RS) in practice. Two open-ended questions were asked to assess what helps or assists LCSWs in assessing and integrating clients' RS in practice and what hinders or prevents LCSWs from considering this area of clients' lives. A total of 329 responded to either item, with 319 responses to the first item and 279 responses to the second. The authors used open-coding procedures, developed a codebook to analyze the data, and reached consensus on each response. Overarching themes that emerged from LCSWs' responses to what helps them consider this area included personal religiosity, education, and having an RS-sensitive practice. Regarding what hinders RS integration, LCSWs reported that nothing hinders such integration; that it was not relevant; or listed various barriers, including a lack of training, client discouraging the discussion, or experiencing fear or perceiving RS as a taboo topic. The article concludes with a discussion of the implications for social work education and practice.

Paal, P., Frick, E., Roser, T. and Jobin, G. [Hospice Care Da Sein, Munich; Munich School of Philosophy; University Hospital of The Technical University of Munich (TUM); Department of Practical Theology, University of Munster, Munster, Germany; and Universite Laval Quebec, Canada]. “**Expert discussion on taking a spiritual history.**” *Journal of Palliative Care* 32, no. 1 (Jan 2017): 19-25. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This article elaborates on the hazards of spiritual history taking. It provides expert insights to consider before entering the field. In summer 2012, a group of spiritual care experts were invited to discuss the complexity of taking spiritual histories in a manner of hermeneutic circle. Thematic analysis was applied to define the emerging themes. The results demonstrate that taking a spiritual history is a complex and challenging task, requiring a number of personal qualities of the interviewer, such as 'being present', 'not only hearing, but listening', 'understanding the message beyond the words uttered', and 'picking up the words to respond'. To 'establish a link of sharing', the interviewer is expected 'to go beyond the ethical stance of neutrality'. The latter may cause several dilemmas, such as 'fear of causing more problems', 'not daring to take it further', and above all, 'being ambivalent about one's role'. Interviewer has to be careful in terms of the 'patient's vulnerability'. To avoid causing harm, it is essential to propose 'a follow-up contract' that allows responding to 'patient's yearning for genuine care'. These findings combined with available literature suggest that the quality of spiritual history taking will remain poor unless the health-care professionals revise the meaning of spirituality and the art of caring on individual level.

Packman, W., Bussolari, C., Katz, R., Carmack, B. J. and Field, N. P. [Palo Alto University, Palo Alto; University of San Francisco; and Zen Hospice Project, San Francisco, CA]. “**Posttraumatic growth following the loss of a pet.**” *Omega - Journal of Death & Dying* 75, no. 4 (Sep 2017): 337-359.

[Abstract:] The current study examined posttraumatic growth (PTG) experienced by bereaved pet owners following the death of their pet. Using qualitative methodology, we analyzed responses of 308 participants who answered yes to a question about experiencing PTG. Within the five factors model of PTG, the most endorsed included the following: Relating to Others ($n=76$), Appreciation of Life ($n=52$), Personal Strength ($n=51$), Spiritual Change ($n=32$), and New Possibilities ($n=29$). Other themes not captured by the PTG included as follows: relating to animals ($n=70$), continuing bonds ($n=53$), attachment relationship ($n=44$), and unconditional love ($n=13$). Our findings support the notion that PTG occurs for people who have experienced pet loss, with new emergent themes

- Pagis, M., Tal, O. and Cadge, W. [Bar Ilan University, Ramat Gan, Israel; and Brandeis University, Waltham, MA]. **“What do non-clergy spiritual care providers contribute to end of life care in Israel? A qualitative study.”** *Journal of Religion & Health* 56, no. 2 (Apr 2017): 614-622.
 [Abstract:] Spiritual care is an increasingly important component of end of life care. As it emerges in Israel, it is intentionally built on a nonclerical model. Based on interviews with spiritual care providers in Israel, we find that they help patients and families talk about death and say goodbyes. They encourage the wrapping up of unfinished business, offer diverse cultural resources that can provide meaning, and use presence and touch to produce connection. As spiritual care emerges in Israel, providers are working with patients at the end of life in ways they see as quite distinct from rabbis. They offer broad frames of meaning to which patients from a range of religious traditions can connect.
- Paine, D. R. and Sandage, S. J. [Boston University, MA]. **“Religious involvement and depression: the mediating effect of relational spirituality.”** *Journal of Religion & Health* 56, no. 1 (Feb 2017): 269-283.
 [Abstract:] Multiple studies have examined the relationship between religious involvement and depression. Many of these investigations reveal a negative correlation between these constructs. Several others yield either no association or a positive correlation. In this article, we discuss possible explanations for these discrepant findings. We investigate the degree to which relational spirituality factors mediate the relationship between religious involvement and depression in a sample of graduate students. Results indicated that spiritual instability and disappointment in God were distinct predictors of depression over and above the predictive strength of religious involvement. Implications for training and conceptualization are discussed.
- Panzini, R. G., Mosqueiro, B. P., Zimpel, R. R., Bandeira, D. R., Rocha, N. S. and Fleck, M. P. [Department of Psychiatry, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil]. **“Quality-of-life and spirituality.”** *International Review of Psychiatry* 29, no. 3 (Jun 2017): 263-282.
 [Abstract:] Spirituality has been identified as an important dimension of quality-of-life. The objective of this study was to review the literature on quality-of-life and spirituality, their association, and assessment tools. A search was conducted of the keyterms 'quality-of-life' and 'spirituality' in abstract or title in the databases PsycINFO and PubMed/Medline between 1979-2005, complemented by a new search at PUBMED from 2006-2016. Quality-of-life is a new concept, which encompasses and transcends the concept of health, being composed of multiple domains: physical, psychological, environmental, among others. The missing measure in health has been defined as the individual's perception of their position in life in the context of culture and value system in which they live and in relation to their goals, expectations, standards, and concerns. There is consistent evidence of an association between quality-of-life and religiosity/spirituality (R/S), through studies with reasonable methodological rigour, using several variables to assess R/S (e.g. religious affiliation, religious coping, and prayer/spirituality). There are also several valid and reliable instruments to evaluate quality-of-life and spirituality. Further studies are needed, however, especially in Brazil. Such studies will provide empirical data to be used in planning health interventions based on spirituality, seeking a better quality-of-life. In the last 10 years, research is consistently growing about quality-of-life and spirituality in many countries, and also in many areas of health research.
- Parikh, P. P., White, M. T., Buckingham, L., and Tchorz, K. M. [Wright State University, Boonshoft School of Medicine, Dayton, OH]. **“Evaluation of palliative care training and skills retention by medical students.”** *Journal of Surgical Research* 211 (May 1, 2017): 172-177.
 This study out of Wright State University's Boonshoft School of Medicine (Dayton, OH) evaluated retention of skills and knowledge by third-year students who had received communication skills training in palliative care that employed using simulated patients and web-based preparation. At one year afterward, “relatively few respondents (16%) retained skills regarding religious or spiritual values.”
- Park, C. L. [University of Connecticut, Storrs]. **“Spiritual well-being after trauma: correlates with appraisals, coping, and psychological adjustment.”** *Journal of Prevention & Intervention in the Community* 45, no. 4 (Oct-Dec 2017): 297-307. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
 [Abstract:] Spiritual issues are often implicated in trauma, yet little research has examined the specific pathways through which trauma may affect spiritual well-being or relations between spiritual well-being and other aspects of adjustment following trauma. Such information would be helpful in developing psychological interventions for trauma recovery. In a sample of 436 college students who had survived a traumatic experience, a transactional stress and coping perspective were used to examine both predictors of three components of spiritual well-being (faith, meaning, and peace) and relations between spiritual well-being and other aspects of psychological adjustment. Results suggest that different patterns of appraisals and coping predict each component of spiritual well-being and that all three components-particularly those of meaning and peace-are related to psychological adjustment. These results suggest that spiritual well-being is an important posttraumatic outcome warranting future research and clinical attention.
- Park, C. L. and Cho, D. [University of Connecticut, Storrs]. **“Spiritual well-being and spiritual distress predict adjustment in adolescent and young adult cancer survivors.”** *Psycho-Oncology* 26, no. 9 (Sep 2017): 1293-1300.
 [Abstract:] OBJECTIVE: Spirituality is related to many aspects of cancer survivors' physical and psychological adjustment. Given their unique developmental issues, spiritual issues may be especially important to adolescent and young adult (AYA) survivors, yet little research has been conducted on spirituality with AYA survivors. The present study examines how two aspects of spirituality, spiritual well-being (comprising faith and meaning/peace), and spiritual struggle relate to later post-cancer adjustment. METHODS: At Time 1 (T1), 120 AYA survivors completed questionnaires on spirituality and adjustment (fear of recurrence, post-traumatic stress symptoms, perceived post-traumatic growth, psychological distress, and health-related quality of life). Eighty-three of these participants also completed these questionnaires at Time 2 (T2), one year later. RESULTS: Our sample reported fairly low spiritual well-being (meaning/peace, faith) and spiritual struggle. As expected, T1 spiritual well-being was positively correlated with some aspects of psychological adjustment at T2, whereas T1 spiritual struggle was inversely correlated with T2 psychological adjustment. Both dimensions of T1 spiritual well-being, but not struggle, were positively associated with perceived T2 posttraumatic growth. In general, T1 spiritual well-being and struggle correlated with T2 psychological adjustment even when demographics and cancer-related variables were controlled. CONCLUSIONS: These results suggest that while spirituality is not important to all AYA survivors, both spiritual well-being and struggle have important associations with adjustment and may warrant clinical attention. Future research is needed to more fully understand the role of spirituality in AYA survivors' adjustment in more depth.

Park, C. L., Masters, K. S., Salsman, J. M., Wachholtz, A., Clements, A. D., Salmoirago-Blotcher, E., Trevino, K. and Wischenka, D. M. [University of Connecticut, Storrs; University of Colorado, Denver; Wake Forest School of Medicine & the Comprehensive Cancer Center of Wake, Forest University, Winston-Salem, NC; University of Massachusetts Medical School, Worcester, MA; East Tennessee State University, Johnson City, TN; Brown University School of Medicine and School of Public Health, Providence, RI; Weill Cornell Medicine, New York, NY; and Yeshivah University, Bronx, NY]. **“Advancing our understanding of religion and spirituality in the context of behavioral medicine.”** *Journal of Behavioral Medicine* 40, no. 1 (Feb 2017): 39-51.

[Abstract:] Recognizing and understanding the potentially powerful roles that religiousness and spirituality (RS) may serve in the prevention and amelioration of disease, as well as symptom management and health related quality of life, significantly enhances research and clinical efforts across many areas of behavioral medicine. This article examines the knowledge established to date and suggests advances that remain to be made. We begin with a brief summary of the current knowledge regarding RS as related to three exemplary health conditions: (a) cardiovascular disease; (b) cancer; and, (c) substance abuse. We then focus on particular concerns for future investigations, emphasizing conceptual issues, possible mediators and moderators of relationships or effects, and methodology. Our discussion is framed by a conceptual model that may serve to guide and organize future investigations. This model highlights a number of important issues regarding the study of links between RS and health: (a) RS comprise many diverse constructs, (b) the mechanisms through which RS may influence health outcomes are quite diverse, and (c) a range of different types of health and health relevant outcomes may be influenced by RS. The multidimensional nature of RS and the complexity of related associations with different types of health relevant outcomes present formidable challenges to empirical study in behavioral medicine. These issues are referred to throughout our review and we suggest several solutions to the presented challenges in our summary. We end with a presentation of barriers to be overcome, along with strategies for doing so, and concluding thoughts.

Park, C. L. and Sacco, S. J. [Department of Psychology, University of Connecticut, Storrs]. **“Heart failure patients' desires for spiritual care, perceived constraints, and unmet spiritual needs: relations with well-being and health-related quality of life.”** *Psychology Health & Medicine* 22, no. 9 (Oct 2017): 1011-1020.

[Abstract:] Little information is available about HF patients' desires regarding having their healthcare providers address their spiritual concerns, feeling constrained in doing so, and the extent to which their spiritual needs go unmet. Nearly half of our sample reported high levels of unmet spiritual needs and reported moderately strong desires to have their doctor or other healthcare professional attend to their spiritual needs, and moderately strong feelings of constraint in doing so. Spiritual constraint and unmet spiritual needs were associated with poorer spiritual, psychological and physical well-being, but these effects varied, depending on patients' desire to discuss spiritual needs. These findings have important implications for clinical management of HF patients.

Park, C. L., Smith, P. H., Lee, S. Y., Mazure, C. M., McKee, S. A. and Hoff, R. [University of Connecticut, and Yale University]. **“Positive and negative religious/spiritual coping and combat exposure as predictors of posttraumatic stress and perceived growth in Iraq and Afghanistan veterans.”** *Psychology of Religion & Spirituality* 9, no. 1 (2017): 13-20. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] We examined religious/spiritual (RS) coping from the Survey of Experiences of Returning Veterans (SERV) Study, 630 participants who reported on their demographics, combat exposure, use of positive and negative RS coping, posttraumatic stress disorder (PTSD) symptoms and perceived posttraumatic growth (PPTG). PTSD symptoms and PPTG were inversely correlated. As hypothesized, negative RS coping was inversely associated with PPTG and positively with PTSD, while positive RS coping was related only to PPTG. Although we expected that RS coping would buffer relations between combat exposure and both PTSD and PPTG, we found only one moderator effect and it was opposite our hypothesized direction: Those with high combat exposure and high positive RS coping had the highest PTSD symptomatology. These results suggest, among veterans with combat exposure, negative RS coping is associated with higher PTSD symptomatology, while positive RS coping is generally associated with higher PPTG as well as higher PTSD for those with high combat exposure.

Partain, D. K., Ingram, C. and Strand, J. J. [Mayo Clinic, Rochester, MN]. **“Providing appropriate end-of-life care to religious and ethnic minorities.”** *Mayo Clinic Proceedings* 92, no. 1 (Jan 2017): 147-152.

[Abstract:] There is overwhelming evidence that racial and ethnic minorities face multiple health care disparities. Recognizing and addressing cultural and religious/spiritual (RS) values is a critical aspect of providing goal-concordant care for patients facing a serious illness, especially at the end of life. Failure to address a patient's cultural and RS needs can lead to diminished quality of care and worse health outcomes. Given the multitude of cultural and RS values, we believe that a framework of cultural and RS curiosity along with a willingness to engage patients in discussions about these elements of their care within an interdisciplinary team should be the goal of all providers who are discussing goals, preferences, and values with patients facing advanced terminal illness.

Pearce, M. and Chiamonte, D. [University of Maryland, Baltimore School of Medicine]. **“When a patient asks you to pray: what's a provider to do?”** *International Journal of Palliative Nursing* 23, no. 7 (Jul 2, 2017): 316-317.

The authors offer practical guidance according to the following questions: Who should initiate prayer? What constitutes a prayer? What if I don't know how to pray? What should I do when I pray in silence? Should I only pray with someone from my own faith tradition? How do I know what the patient wants me to pray for? How do I pray out loud with a patient? Should I touch the patient during prayer? How long should the prayer last? Shouldn't I just refer the patient to the chaplain? What if I just don't feel comfortable praying with patients?

Pereira-Salgado, A., Mader, P., O'Callaghan, C., Boyd, L. and Staples, M. [Cabrini Institute, Malvern; Monash University, Clayton; St Vincent's Hospital, The University of Melbourne, Fitzroy; and the University of Notre Dame Sydney, Australia]. **“Religious leaders' perceptions of advance care planning: a secondary analysis of interviews with Buddhist, Christian, Hindu, Islamic, Jewish, Sikh and Baha'i leaders.”** *BMC Palliative Care* 16, no. 1 (Dec 28, 2017): 79 [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: International guidance for advance care planning (ACP) supports the integration of spiritual and religious aspects of care within the planning process. Religious leaders' perspectives could improve how ACP programs respect patients' faith backgrounds. This study aimed to examine: (i) how religious leaders understand and consider ACP and its implications, including (ii) how religion affects followers' approaches to end-of-life care and ACP, and (iii) their implications for healthcare. METHODS: Interview transcripts from a primary

qualitative study conducted with religious leaders to inform an ACP website, ACPTalk, were used as data in this study. ACPTalk aims to assist health professionals conduct sensitive conversations with people from different religious backgrounds. A qualitative secondary analysis conducted on the interview transcripts focussed on religious leaders' statements related to this study's aims. Interview transcripts were thematically analysed using an inductive, comparative, and cyclical procedure informed by grounded theory. RESULTS: Thirty-five religious leaders (26 male; mean 58.6-years-old), from eight Christian and six non-Christian (Jewish, Buddhist, Islamic, Hindu, Sikh, Baha'i) backgrounds were included. Three themes emerged which focussed on: religious leaders' ACP understanding and experiences; explanations for religious followers' approaches towards end-of-life care; and health professionals' need to enquire about how religion matters. Most leaders had some understanding of ACP and, once fully comprehended, most held ACP in positive regard. Religious followers' preferences for end-of-life care reflected family and geographical origins, cultural traditions, personal attitudes, and religiosity and faith interpretations. Implications for healthcare included the importance of avoiding generalisations and openness to individualised and/ or standardised religious expressions of one's religion. CONCLUSIONS: Knowledge of religious beliefs and values around death and dying could be useful in preparing health professionals for ACP with patients from different religions but equally important is avoidance of assumptions. Community-based initiatives, programs and faith settings are an avenue that could be used to increase awareness of ACP among religious followers' communities.

Persynaki, A., Karras, S. and Pichard, C. [Geneva University Hospital, Geneva, Switzerland; and AHEPA Hospital, Thessaloniki, Greece]. **“Unraveling the metabolic health benefits of fasting related to religious beliefs: a narrative review.”** *Nutrition* 35 (Mar 2017): 14-20.

[Abstract:] Periodic fasting, under a religious aspect, has been adopted by humans for centuries as a crucial pathway of spiritual purification. Caloric restriction, with or without exclusion of certain types of food, is often a key component. Fasting varies significantly among different populations according to cultural habits and local climate conditions. Religious fasting in terms of patterns (continuous versus intermittent) and duration can vary from 1 to 200 d; thus, the positive and negative impact on health can be considerable. Advantages of religious fasting are claimed by many but have been explored mainly by a limited number of studies conducted in Buddhist, Christian, or Muslim populations. These trials indicate that religious fasting has beneficial effects on body weight and glycemia, cardiometabolic risk markers, and oxidative stress parameters. Animals exposed to a diet mimicking fasting have demonstrated weight loss as well as lowered plasma levels of glucose, triacylglycerols, and insulin growth factor-1, although lean body mass remained stable. Diabetic mice on repeated intermittent fasting had less insulin resistance than mice fed ad libitum. The long-term significance of such changes on global health remains to be explored. This review summarizes the data available with regard to benefits of fasting followed for religious reasons on human health, body anthropometry, and cardio-metabolic risk markers; aims to bridge the current knowledge gap on available evidence and suggests considerations for the future research agenda. Future studies should explore every type of religious fasting, as well as their consequences in subpopulations such as children, pregnant women, and the elderly, or patients with chronic metabolic diseases.

Petersen, C. L., Callahan, M. F., McCarthy, D. O., Hughes, R. G., White-Traut, R. and Bansal, N. K. [Marquette University, Milwaukee, WI; and Loyola University, Chicago, IL]. **“An online educational program improves pediatric oncology nurses' knowledge, attitudes, and spiritual care competence.”** *Journal of Pediatric Oncology Nursing* 34, no. 2 (Mar/Apr 2017): 130-139.

[Abstract:] This study evaluated the potential impact of an online spiritual care educational program on pediatric nurses' attitudes toward and knowledge of spiritual care and their competence to provide spiritual care to children with cancer at the end of life. It was hypothesized that the intervention would increase nurses' positive attitudes toward and knowledge of spiritual care and increase nurses' level of perceived spiritual care competence. A positive correlation was expected between change in nurses' perceived attitudes toward and knowledge of spiritual care and change in nurses' perceived spiritual care competence. A prospective, longitudinal design was employed, and analyses included one-way repeated-measures analysis of variance, linear regression, and partial correlation. Statistically significant differences were found in nurses' attitudes toward and knowledge of spiritual care and nurses' perceived spiritual care competence. There was a positive relationship between change scores in nurses' attitudes toward and knowledge of spiritual care and nurses' spiritual care competence. Online spiritual care educational programs may exert a lasting impact on nurses' attitudes toward and knowledge of spiritual care and their competence to provide spiritual care to children with cancer at the end of life. Additional studies are required to evaluate the direct effects of educational interventions patient outcomes.

Piderman, K. M., Egginton, J. S., Ingram, C., Dose, A. M., Yoder, T. J., Lovejoy, L. A., Swanson, S. W., Hogg, J. T., Lapid, M. I., Jatoi, A., Remtema, M. S., Tata, B. S. and Breitkopf, C. R. [Mayo Clinic, Rochester, MN]. **“I'm still me: inspiration and instruction from individuals with brain cancer.”** *Journal of Health Care Chaplaincy* 23, no. 1 (Jan-Mar 2017): 15-33.

[Abstract:] Individuals with brain cancer face many challenges, including threats to cognition, personality, and sensory and motor functioning. These can alter one's sense of identity and result in despair. Chaplain-led spiritual interviews were conducted with 19 patients with brain cancer as part of a larger spiritual legacy intervention called "Hear My Voice." The majority was female (58%), married (68%) and had aggressive/advanced tumors (63%). Participants were 22-68 years of age and expressed the following religious affiliations: Protestant (42%), Catholic (21%), Muslim (5%), and none (32%). Framework analysis was applied to reduce and understand the interview data. Primary codes were relationships with: God or the spiritual, others, and self. Brain cancer was reported to deepen and enrich patients' commitment to these relationships. Struggle and grief were also revealed. Results suggest the continued vitality, growth and generativity of these participants and provide insight for chaplains and others on the medical team.

Piderman, K. M., Radecki Breitkopf, C., Jenkins, S. M., Lapid, M. I., Kwete, G. M., Sytsma, T. T., Lovejoy, L. A., Yoder, T. J., and Jatoi, A. [Mayo Clinic Rochester, MN]. **“The impact of a spiritual legacy intervention in patients with brain cancers and other neurologic illnesses and their support persons.”** *Psycho-Oncology* 26, no. 3 (Mar 2017): 346-353.

[Abstract:] OBJECTIVE: The objectives were to assess the feasibility of using a novel, comprehensive chaplain-led spiritual life review interview to develop a personal Spiritual Legacy Document (SLD) for persons with brain tumors and other neurodegenerative diseases and to describe spiritual well-being (SWB), spiritual coping, and quality of life (QOL) of patients and their support persons (SP) before and after receipt of the SLD. METHODS: Patient-SP pairs were enrolled over a 2-year period. Assessments included the Functional Assessment of Chronic Illness Therapy-Spiritual Expanded Version, Brief Religious Coping Scale, Brief COPE Inventory, and QOL Linear Analog Scale. Baseline assessments were completed prior to an audio-recorded spiritual life review interview with a chaplain. RESULTS: Thirty-two patient/SP pairs were enrolled; 27 completed baseline assessments and the interview. Twenty-four reviewed their SLD and were eligible for

follow-up. A total of 15 patients and 12 SPs completed the 1-month follow-up; 10 patients and seven SPs completed the 3-month follow-up. Patients endorsed high levels of SWB and spiritual coping at baseline. Both patients and SPs evidenced improvement on several aspects of SWB, spiritual coping, and QOL at 1 month, but patients' decreased financial well-being was also observed. Patients and SPs demonstrated favorable changes in peacefulness and positive religious coping at both time points. **CONCLUSIONS:** A chaplain-led spiritual life review is a feasible intervention for patients with neurodegenerative disease and results in beneficial effects on patients and SPs.

Polite, B. N., Cipriano-Steffens, T., Hlubocky, F., Dignam, J., Ray, M., Smith, D., Undevia, S., Sprague, E., Olopade, O., Daugherty C., Fitchett, G. and Gehlert, S. [University of Chicago Medical Center and University of Chicago; Advocate Illinois Masonic Medical Center; and Rush University Medical Center, Chicago, IL; and Washington University, St. Louis, MO]. **“An evaluation of psychosocial and religious belief differences in a diverse racial and socioeconomic urban cancer population.”** *Journal of Racial & Ethnic Health Disparities* 4, no. 2 (Apr 2017): 140-148.

[Abstract:] Despite years of research aimed at decreasing the cancer mortality rates, the disparity between African-Americans and whites continues to grow. The fundamental psychosocial and belief differences that may mediate these disparities are poorly studied and rarely disentangle race versus specific socioeconomic status (SES) effects. In this study, breast, colon, and lung cancer patients presenting for their first oncology appointment completed a self-administered survey utilizing previously validated instruments regarding psychosocial and belief factors. Results were analyzed by self-identified race, income, and education. In total, 161 African-American (37 %) and 269 white (63 %) new oncology patients with breast (47 %), colon (16 %), or lung (37 %) cancer enrolled. African-Americans were more likely to be in the US\$<20,000 income group (45 vs. 9 %) but 21 % had incomes US\$>60,000. Apparent racial differences in health literacy and cancer knowledge were primarily mediated by income and education. Significant racial differences in God's perceived role in their cancer remained after adjustments for income and education with African-Americans more likely to feel that God was in control of their cancer (67 vs. 30 %). These findings suggest the need for a more nuanced understanding of how race and socioeconomic status exert both independent and interrelated effects in the health care setting. Only then can effective interventions that reduce disparities in survival be designed. This study adds further substantive evidence to the crucial importance of God's perceived role in the cancer experience for African-Americans. An important area for future research is to examine whether these racial differences in religious belief are also associated with differences in health-related behavior and medical decision-making.

Porter, K. E., Brennan-Ing, M., Burr, J. A., Dugan, E. and Karpiak, S. E. [ACRIA, Center on HIV and Aging, New York; and New York University College of Nursing, New York; and University of Massachusetts, Boston]. **“Stigma and psychological well-being among older adults with HIV: the impact of spirituality and integrative health approaches.”** *Gerontologist* 57, no. 2 (Apr 1, 2017): 219-228.

[Abstract:] Purpose of the Study: The National Institutes of Health calls for research that explores what it means to age optimally with HIV/AIDS as half of the U.S. people with HIV are aged 50 or older. This study applied the stress process model to examine the association between HIV stigma and psychological well-being and mediating resources (i.e., spirituality and complementary and integrative health [CIH] approaches) in older adults with HIV. Design and Methods: Using data from the Research on Older Adults with HIV (ROAH) study, structural equation modeling was used to estimate these relationships within a latent variable model. Namely, a direct negative association between HIV stigma and psychological well-being was hypothesized that would be mediated by spirituality and/or CIH use. Results: The analyses showed that the model fits the data well [$\chi^2(137, N = 914) = 561.44, p = .000$; comparative fit index = .964; root mean square error of approximation = .058, 95% confidence interval = .053 to .063]. All observed variables significantly loaded on their latent factor, and all paths were significant. Results indicated that spirituality and CIH use significantly mediated the negative association between HIV stigma and psychological well-being. Implications: Findings highlight the importance of spiritual and CIH interventions for older adults with HIV/AIDS. Practice recommendations are provided at the micro- and mesolevel.

Raines, A. M., Currier, J., McManus, E. S., Walton, J. L., Uddo, M. and Franklin, C. L. [Southeast Louisiana Veterans Health Care System; and University of South Alabama]. **“Spiritual struggles and suicide in veterans seeking PTSD treatment.”** *Psychological Trauma: Theory, Research, Practice and Policy* 9, no. 6 (Nov 2017): 746-749.

[Abstract:] OBJECTIVE: Research indicates that trauma can precipitate a loss of faith and struggles in the spiritual domain, leading to increased suicide risk. However, little is known about the specific types of spiritual struggles that may confer risk. This brief report examines the utility of a newly developed measure, the Religious and Spiritual Struggles Scale in gauging suicide risk in veterans. METHOD: As part of their initial assessment, 52 veterans presenting to an outpatient posttraumatic stress disorder and substance use clinic were administered self-report symptom measures. RESULTS: Multiple regression analyses revealed that divine struggles and struggles with the ultimate meaning were significantly and positively associated with increased suicide risk, even after controlling for relevant demographic (e.g., being male and Caucasian) and psychological variables (e.g., posttraumatic stress disorder symptoms as well as alcohol and substance use symptoms). CONCLUSIONS: Results provide preliminary support for use of the Religious and Spiritual Struggles Scale with veterans and highlight the potential utility in assessing for spiritual struggles when assessing suicide risk.

Robinson, K. A., Cheng, M. R., Hansen, P. D. and Gray, R. J. [Mayo Clinic Hospital, Phoenix; and Mayo Clinic, Scottsdale, AZ]. **“Religious and spiritual beliefs of physicians.”** *Journal of Religion & Health* 56, no. 1 (Feb 2017): 205-225.

[Abstract:] The aim of this study is to describe religious and spiritual beliefs of physicians and examine their influence on the decision to pursue medicine and daily medical practice. An anonymous survey was e-mailed to physicians at a large, multidisciplinary tertiary referral center with satellite clinics. Data were collected from January 2014 through February 2014. There were 2097 respondents (69.1 % men), and number of practicing years ranged from ≤ 1 to ≥ 30 . Primary care physicians or medical specialists represented 74.1 %, 23.6 % were in surgical specialties, and 2.3 % were psychiatrists. The majority of physicians believe in God (65.2 %), and 51.2 % reported themselves as religious, 24.8 % spiritual, 12.4 % agnostic, and 11.6 % atheist. This self-designation was largely independent of specialty except for psychiatrists, who were more likely report agnosticism ($P = 0.003$). In total, 29.0 % reported that religious or spiritual beliefs influenced their decision to become a physician. Frequent prayer was reported by 44.7 % of physicians, but only 20.7 % reported having prayed with patients. Most physicians consider themselves religious or spiritual, but the rates of agnosticism and atheism are higher than the general population. Psychiatrists are the least religious group. Despite the influence of religion on physicians' lives and medical practice, the majority have not incorporated prayer into patient encounters.

- Roman, J. and Elpern, D. J. [University of Texas Medical Branch, Galveston; and The Skin Clinic, Williamstown, MA]. **“Spirituality in dermatology practice: return to the soul.”** *JAMA Dermatology* 153, no. 7 (Jul 1, 2017): 629-630. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
This is a brief commentary supporting the use of a spiritual assessment/history with patients and a call for research.
- Ronaldson, S., Hayes, L., Aggar, C., Green, J. and Carey, M. [University of Sydney, Sydney; and Southern Cross University, Gold Coast Campus; Australia]. **“Palliative care nurses’ spiritual caring interventions: a conceptual understanding.”** *International Journal of Palliative Nursing* 23, no. 4 (Apr 2, 2017): 194-201.
[Abstract:] AIMS: To investigate spiritual caring by palliative care nurses and to describe their interventions. BACKGROUND: Spirituality and spiritual caring are recognised as integral components of holistic nursing. DESIGN: Qualitative data captured on a questionnaire were analysed thematically (Braun and Clarke, 2006). METHODS: The study involved forty-two palliative care registered nurses working across seven palliative care services in Sydney, Australia. The research question was: 'What spiritual caring interventions do palliative care nurses use in their practice?' Nurses completed an open-ended questionnaire to identify and interpret their spiritual caring. FINDINGS: Three sub-theme categories and four major concepts of spiritual caring. Categories identified are: humanistic, pragmatic and religious interventions; while concepts of spiritual caring are: 'being with', 'listening to', 'facilitation of' and 'engaging in'. CONCLUSION: A conceptual understanding of spiritual caring was identified.
- Routledge, C., Roylance, C. and Abeyta, A. A. [North Dakota State University, Fargo]. **“Further exploring the link between religion and existential health: the effects of religiosity and trait differences in mentalizing on indicators of meaning in life.”** *Journal of Religion & Health* 56, no. 2 (Apr 2017): 604-613.
[Abstract:] Religiosity contributes to perceptions of meaning. One of the cognitive foundations for religious belief is the capacity to mentalize the thoughts, emotions, and intentions of others (Theory of Mind). We examined how religiosity and trait differences in mentalizing interact to influence meaning. We hypothesized that people who are most cognitively inclined toward religion (high mentalizers) receive the greatest existential benefits (i.e., high and secure meaning) from religiosity. We assessed individual differences in mentalizing and religiosity, and measured indicators of meaning. Results confirmed that the combination of high mentalizing and high religiosity corresponded to the highest levels of existential health.
- Royse, D. and Badger, K. [University of Kentucky, Lexington]. **“Near-death experiences, posttraumatic growth, and life satisfaction among burn survivors.”** *Social Work in Health Care* 56, no. 3 (2017): 155-168.
[Abstract:] Survivors of large burns may face positive and negative psychological after-effects from close-to-death injuries. This study is the first to examine their near-death experiences (NDEs) and posttraumatic growth (PTG) and life satisfaction afterwards. With an available sample of 92 burn survivors, half met the criteria for an NDE using an objective scale. Those who indicated religion was a source of strength and comfort had high scores on life satisfaction, PTG, and the NDE Scale. Individuals with larger burns reported greater PTG than those with smaller total body surface area burned (TBSA). There were no significant differences on life satisfaction, PTG, or NDEs when examined by gender or years since the burn injury. Elements of the NDE most frequently reported were: An altered sense of time, a sense of being out of the physical body, a feeling of peace, vivid sensations, and sense of being in an "other worldly" environment. Social workers and other health providers need to be comfortable helping burn survivors discuss any NDEs and process these through survivors' spirituality and religious belief systems as they recover.
- Sailus, M. C. [Allied Services Integrated Health System Heinz Rehab Hospital, Wilkes-Barre Township, PA]. **“The role of the chaplain in the interdisciplinary care of the rehabilitation patient.”** *Rehabilitation Nursing Journal* 42, no. 2 (Mar/Apr 2017): 90-96.
[Abstract:] Chaplains have been utilized for years in acute/tertiary hospitals to meet spiritual needs of patients, their caregivers, and staff. Due to size, nature, and scheduling issues encountered in rehabilitation hospitals, these often do not employ a chaplain, relying on community clergy for religious or emergent needs. This article explores eight roles a chaplain assumes to assist in the total care of the patient and/or support system in conjunction with the rehabilitation nurse and other treatment team members. It also explores the value of the chaplain in ethical situations, as a link to the community and a resource to staff. These eight "roles" come from the author's nineteen years as a chaplain, as well as other resources, where noted. The article gives some suggestions how, in the chaplain's absence, the rehabilitation nurse may help to meet these spiritual needs, concluding with recommendations for the future.
- Sajja, A. and Puchalski, C. [George Washington University School of Medicine and Health Sciences, and the George Washington Institute for Spirituality and Health, Washington, DC]. **“Healing in modern medicine.”** *Annals of Palliative Medicine* 6, no. 3 (Jul 2017): 206-210.
Editorial for the special theme issue on Healing and Spirituality. [Abstract:] The practice of modern medicine has followed the tradition of Cartesian reductionism, which clings to probabilities and material certainties, and invests in genes and molecules. [See also other articles from this theme issue on Healing and Spirituality also noted in the present bibliography: by Alt, P. L.; by Berger, A.; by Coats, H. L.; by Li, L., et al.; by Mistretta, E. G.; by Simone, C. B. 2nd; by Steinhorn, D. M., et al.; and by Weaver, M. S., et al.]
- Sanders, J. J., Chow, V., Enzinger, A. C., Lam, T. C., Smith, P. T., Quinones, R., Baccari, A., Philbrick, S., White-Hammond, G., Peteet, J., Balboni, T. A. and Balboni, M. J. [Dana-Farber Cancer Institute; Brigham and Women's Hospital; Harvard Medical School Center for Bioethics; and Dana-Farber Cancer Institute, Boston; Gordon-Conwell Theological Seminary, South Hamilton; and Harvard Divinity School, Cambridge, MA; and University of Hong Kong, China]. **“Seeking and accepting: U.S. clergy theological and moral perspectives informing decision making at the end of life.”** *Journal of Palliative Medicine* 20, no. 10 (Oct 2017): 1059-1067. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
[Abstract:] BACKGROUND: People with serious illness frequently rely on religion/spirituality to cope with their diagnosis, with potentially positive and negative consequences. Clergy are uniquely positioned to help patients consider medical decisions at or near the end of life within a religious/spiritual framework. OBJECTIVE: We aimed to examine clergy knowledge of end-of-life (EOL) care and beliefs about the role of faith in EOL decision making for patients with serious illness. DESIGN: Key informant interviews, focus groups, and survey.

SETTING/SUBJECTS: A purposive sample of 35 active clergy in five U.S. states as part of the National Clergy End-of-Life Project. MEASUREMENT: We assessed participant knowledge of and desire for further education about EOL care. We transcribed interviews and focus groups for the purpose of qualitative analysis. RESULTS: Clergy had poor knowledge of EOL care; 75% desired more EOL training. Qualitative analysis revealed a theological framework for decision making in serious illness that balances seeking life and accepting death. Clergy viewed comfort-focused treatments as consistent with their faith traditions' views of a good death. They employed a moral framework to determine the appropriateness of EOL decisions, which weighs the impact of multiple factors and upholds the importance of God-given free will. They viewed EOL care choices to be the primary prerogative of patients and families. Clergy described ambivalence about and a passive approach to counseling congregants about decision making despite having defined beliefs regarding EOL care. CONCLUSIONS: Poor knowledge of EOL care may lead clergy to passively enable congregants with serious illness to pursue potentially nonbeneficial treatments that are associated with increased suffering.

Scharman, C. D., Burger, D., Shatzel, J. J., Kim, E. and DeLoughery, T. G. [Oregon Health and Science University, Portland]. **“Treatment of individuals who cannot receive blood products for religious or other reasons.”** *American Journal of Hematology* 92, no. 12 (Dec 2017): 1370-1381.

[Abstract:] By virtue of their religious principles, Jehovah's Witnesses (JWs) generally object to receiving blood products, raising numerous ethical, legal, and medical challenges for providers who care for these patients, especially in the emergent setting. In this review, we discuss several areas relevant to the care of JWs, including the current literature on "bloodless" medical care in the setting of perioperative and intraoperative management, acute blood loss, trauma, pregnancy, and malignancy. We have found that medical and administrative efforts in the form of bloodless medicine and surgery programs can be instrumental in helping to reduce risks of morbidity and mortality in these patients. Planning prior to an anticipated event associated with blood loss or anemia (such as elective surgery, pregnancy, and chemotherapy) is critical. Specifically, bloodless medicine programs should prioritize vigilant early screening and management of anemias, early establishment of patient wishes regarding transfusion, and the incorporation of those wishes into multidisciplinary medical and surgical care. Although there are now a variety of human-based and nonhuman-based products available as transfusion alternatives, the degree and quality of evidence to support their use varies significantly between products and is also largely dependent on the clinical setting.

Schoenberg, N. E., Swanson, M. [University of Kentucky, Lexington]. **“Rural religious leaders' perspectives on their communities' health priorities and health.”** *Southern Medical Journal* 110, no. 7 (Jul 2017): 447-451.

[Abstract:] OBJECTIVES: In traditionally underserved communities, faith-based interventions have been shown to be effective for health promotion. Religious leaders-generally the major partner in such interventions-however, are seldom are consulted about community health priorities and health promotion preferences. These insights are critical to ensure productive partnerships, effective programming, and sustainability. METHODS: Mixed-methods surveys were administered in one of the nation's most under-resourced regions: rural Appalachia. A sample of 60 religious leaders, representing the main denominations in central Appalachia, participated. Measures included closed- and open-ended survey questions on health priorities and recommendations for health promotion. Descriptive statistics were used for closed-ended survey items and conventional qualitative content analysis was used for open-ended responses. RESULTS: Substance abuse, diabetes mellitus, suboptimal dietary intake and obesity/overweight, and cardiovascular and respiratory illnesses constitute major health concerns. Addressing these challenging conditions requires realistically acknowledging sparse community resources (particularly healthcare provider shortages); building in accountability; and leveraging local assets and traditions such as testimonials, intergenerational support, and witnessing. CONCLUSIONS: With their extensive reach within the community and their accurate understanding of community health threats, practitioners and researchers may find religious leaders to be natural allies in health-promotion and disease-prevention activities.

Schultz, M., Meged-Book, T., Mashiach, T. and Bar-Sela, G. [Technion-Israel Institute of Technology, and Rambam Health Care Campus, Haifa, Israel]. **“Distinguishing between spiritual distress, general distress, spiritual well-being, and spiritual pain among cancer patients during oncology treatment.”** *Journal of Pain & Symptom Management* 54, no. 1 (Jul 2017): 66-73.

[Abstract:] CONTEXT: Spiritual distress is present in approximately 25% of oncology patients. OBJECTIVES: We examined the extent to which this measure is identical to a variety of other measures, such as spiritual well-being, spiritual injury, spiritual pain, and general distress. METHODS: Structured interview of oncology outpatients over 12 months, approached nonselectively. The presence or absence of spiritual distress was compared against spiritual pain and two spiritual well-being tools: Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being 12-Item Scale (FACIT-Sp-12) and the Spiritual Injury Scale (SIS). We also examined whether a general distress visual analogue scale sufficed to identify spiritual distress. Other questions concerned demographic and clinical data. RESULTS: Of 416 patients approached, 202 completed the interview, of whom 23% reported spiritual distress. All measures showed significant correlation (receiver operating characteristic, area under the curve: SIS 0.79; distress thermometer [DT] 0.68; FACIT-Sp-12 0.67), yet none were identical with spiritual distress (sensitivity/specificity: SIS 64%/79%; spiritual pain 72%/76%; DT 41%/76%; FACIT-Sp-12 57%/72%). Of the FACIT-Sp-12 subscales, only peace correlated with spiritual distress. A significant predictor of spiritual distress was patients' self-evaluation of grave clinical condition (odds ratio 3.3; 95% CI 1.1-9.5). Multivariable analysis of individual measure items suggests an alternative three-parameter model for spiritual distress: not feeling peaceful, feeling unable to accept that this is happening, and perceived severity of one's illness. CONCLUSION: The DT is not sufficient to identify spiritual distress. The peace subscale of FACIT-Sp-12 is a better match than the measure as a whole. The SIS is the best match for spiritual distress, although an imperfect one.

Selby, D., Seccaraccia, D., Huth, J., Kurppa, K. and Fitch, M. [Sunnybrook Health Sciences Center, and University of Toronto, Canada]. **“Patient versus health care provider perspectives on spirituality and spiritual care: the potential to miss the moment.”** *Annals of Palliative Medicine* 6, no. 2 (Apr 2017): 143-152.

[Abstract:] BACKGROUND: Spirituality and spiritual care are well recognized as important facets of patient care, particularly in the palliative care population. Challenges remain, however, in the provision of such care. This study sought to compare patient and health care professional (HCP) views on spirituality/spiritual care, originally with a view to exploring a simple question(s) HCP's could use to identify spiritual distress, but evolved further to a comparison of how patients and HCPs were both concordant and discordant in their thoughts, and how this could lead to HCP's 'missing' opportunities to both identify spirituality/spiritual distress and to providing meaningful spiritual care. METHODS: Patients (n=16) with advanced illnesses and HCP's (n=21) with experience providing care to those with advanced disease were interviewed using a semi-structured interview guide. Qualitative analysis (spiritual distress and spiritual care, and screening for spiritual distress). RESULTS: Within each category there were areas of both concordance and discordance. Most notably, HCP's struggled to articulate definitions of spirituality whereas

patients generally spoke with much more ease, giving rich examples. Equally, HCP's had difficulty relating stories of patients who had experienced spiritual distress while patients gave ready responses. Key areas where HCP's and patients differed were identified and set up the strong possibility for an HCP to 'miss the moment' in providing spiritual care. These key misses include the perception that spiritual care is simply not something they can provide, the challenge in defining/ recognizing spirituality (as HCP and patient definitions were often very different), and the focus on spiritual care, even for those interested in providing, as 'task oriented' often with emphasis on meaning making or finding purpose, whereas patients much more commonly described spiritual care as listening deeply, being present and helping them live in the moment. CONCLUSIONS: Several discrepancies in perception of spirituality, spiritual distress and spiritual care may hinder the ability of HCP's to effectively offer meaningful spiritual care. A focus on active listening, being led by the patient, and by providing presence may help limit the risk of a disconnect, or a 'miss', in the provision of spiritual care.

Sharma, V., Marin, D. B., Koenig, H. K., Feder, A., Iacoviello, B. M., Southwick, S. M. and Pietrzak, R. H. [Icahn School of Medicine at Mount Sinai, New York, NY; Duke University Medical Center, Durham, NC; Yale University School of Medicine, New Haven, CT; and VA Connecticut Healthcare System, West Haven, CT]. **“Religion, spirituality, and mental health of U.S. military veterans: results from the National Health and Resilience in Veterans Study.”** *Journal of Affective Disorders* 217 (Aug 1, 2017): 197-204.

[Abstract:] BACKGROUND: In the last three decades, there has been increased interest in studying the association between religion/spirituality (R/S), and mental health and functional outcomes. METHODS: Using data from a contemporary, nationally representative sample of 3151 U.S. military veterans maintained by GfK Knowledge Networks, Inc., we evaluated the relation between R/S and a broad range of mental health, and psychosocial variables. Veterans were grouped into three groups based on scores on the Duke University Religion Index: High R/S (weighted 11.6%), Moderate R/S (79.7%) and Low R/S (8.7%). RESULTS: A "dose-response" protective association between R/S groups and several mental health outcomes was revealed, even after adjustment for sociodemographic and military variables. High R/S was associated with decreased risk for lifetime posttraumatic stress disorder (odds ratio [OR]=0.46), major depressive disorder (MDD; OR=0.50), and alcohol use disorder (OR=0.66), while Moderate R/S was associated with decreased risk for lifetime MDD (OR=0.66), current suicidal ideation (OR=0.63), and alcohol use disorder (OR=0.76). Higher levels of R/S were also strongly linked with increased dispositional gratitude, purpose in life, and posttraumatic growth. LIMITATIONS: In this cross-sectional study, no conclusions regarding causality can be made. The study provides a current snapshot of the link between R/S and mental health. The study also cannot determine whether religious coping styles (negative vs positive coping) contributed to observed differences. CONCLUSIONS: Although the present study does not have treatment implications, our results suggest that higher levels of R/S may help buffer risk for certain mental disorders and promote protective psychosocial characteristics in U.S. military veterans.

Shih Wu, D. [Johns Hopkins Bayview Medical Center, Baltimore, MD]. **“In the chaplain's shadow.”** *Journal of Palliative Medicine* 20, no. 9 (Sep 2017): 1036-1037. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

This is a first-hand account of an experienced physician at Johns Hopkins Bayview Medical Center in shadowing a chaplain.

Siddall, P. J., McIndoe, L., Austin, P. and Wrigley, P. J. [University of Sydney, and Greenwich Hospital, Sydney; and Kolling Institute, St. Leonards, Australia]. **“The impact of pain on spiritual well-being in people with a spinal cord injury.”** *Spinal Cord* 55, no. 1 (Jan 2017): 105-111.

[Abstract:] STUDY DESIGN: The study uses a cross-sectional, group comparison, questionnaire-based design. OBJECTIVES: To determine whether spinal cord injury and pain have an impact on spiritual well-being and whether there is an association between spiritual well-being and measures of pain and psychological function. SETTING: University teaching hospital in Sydney, New South Wales, Australia. METHODS: Questionnaires evaluating pain, psychological and spiritual well-being were administered to a group of people with a spinal cord injury (n=53) and a group without spinal cord injury (n=37). Spiritual well-being was assessed using the Functional Assessment of Chronic Illness and Therapy - Spirituality Extended Scale (FACIT-Sp-Ex). Pain and psychological function were also assessed using standard, validated measures of pain intensity, pain interference, mood and cognition. RESULTS: Levels of spiritual well-being in people with a spinal cord injury were significantly lower when compared with people without a spinal cord injury. In addition, there was a moderate but significant negative correlation between spiritual well-being and pain intensity. There was also a strong and significant negative correlation between depression and spiritual well-being and a strong and significant positive correlation between spiritual well-being and both pain self-efficacy and satisfaction with life. CONCLUSION: Consequences of a spinal cord injury include increased levels of spiritual distress, which is associated, with higher levels of pain and depression and lower levels of pain self-efficacy and satisfaction with life. These findings indicate the importance of addressing spiritual well-being as an important component in the long-term rehabilitation of any person following spinal cord injury. SPONSORSHIP: This study was supported by grant funding from the Australian and New Zealand College of Anaesthetists, and the National Health and Medical Research Council of Australia.

Simone, C. B. 2nd. [University of Maryland Medical Center, Baltimore]. **“Healing, spirituality, and palliative care.”** *Annals of Palliative Medicine* 6, no. 3 (Jul 2017): 200-202. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

Introduction to the special theme issue on Healing and Spirituality, from the journal's Editor in Chief. [See also other articles from this theme issue on Healing and Spirituality also noted in the present bibliography: by Alt, P. L.; by Berger, A.; by Coats, H. L.; by Li, L., et al.; by Mistretta, E. G.; by Sajja, A., et al.; by Steinhorn, D. M., et al.; and by Weaver, M. S., et al.]

Sloan, D. H., BrintzenhofeSzoc, K., Kichline, T., Baker, K., Pinzon, J. P., Tafe, C., Li, L., Cheng, M. J. and Berger, A. **“An assessment of meaning in life-threatening illness: development of the Healing Experience in All Life Stressors (HEALS).”** *Patient Related Outcome Measures* 8 (2017): 15-21 [electronic journal]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

This initial validation study out of the NIH Clinical Center (Bethesda, MD) and the School of Social Work at the University of Cincinnati identified a four-factor questionnaire: 1) religion; 2) spirituality, demonstrated by a) interaction with a religious community and b) belief in higher power; 3) intrapersonal; and 4) interpersonal relationships expressed through psychological changes resulting in enhanced outlook and improvement in relationships with family and friends.

- Smith, A. P. B. and Read, J. E. [Wilfrid Laurier University, Canada]. “**Art, objects, and beautiful stories: a ‘new’ approach to spiritual care.**” *Journal of Pastoral Care & Counseling: JPCC* 71, no. 2 (Jun 2017): 91-97. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
[Abstract:] The use of story, and the use of art or various arts-based techniques have become popular in a number of helping professions, including spiritual care. There remains a gap in the literature, however, in which an approach comprised of both story and art or objects is explored. This paper addresses this gap by discussing the experience, theory, benefits, and technique of combining story and art or object-based techniques for the provision of spiritual care
- Smith-MacDonald, L., Norris, J. M., Raffin-Bouchal, S. and Sinclair, S. [University of Calgary, Canada]. “**Spirituality and mental well-being in combat veterans: a systematic review.**” *Military Medicine* 182, no. 11 (Nov 2017): e1920-e1940. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
[Abstract:] BACKGROUND: Many veterans experience significant compromised spiritual and mental well-being. Despite effective and evidence-based treatments, veterans continue to experience poor completion rates and suboptimal therapeutic effects. Spirituality, whether expressed through religious or secular means, is a part of adjunctive or supplemental treatment modalities to treat post-traumatic stress disorder (PTSD) and is particularly relevant to combat trauma. The aim of this systematic review was to examine the relationship between spirituality and mental well-being in postdeployment veterans. METHODS: Electronic databases (MEDLINE, PsycINFO, CINAHL, Web of Science, JSTOR) were searched from database inception to March 2016. Gray literature was identified in databases, websites, and reference lists of included studies. Study quality was assessed using the Effective Public Health Practice Project Quality Assessment Tool and Critical Appraising Skill Programme Qualitative Checklist. RESULTS: From 6,555 abstracts, 43 studies were included. Study quality was low-moderate. Spirituality had an effect on PTSD, suicide, depression, anger and aggression, anxiety, quality of life, and other mental well-being outcomes for veterans. "Negative spiritual coping" was often associated with an increase mental health diagnoses and symptom severity; "positive spiritual coping" had an ameliorating effect. DISCUSSION: Addressing veterans' spiritual well-being should be a routine and integrated component of veterans' health, with regular assessment and treatment. This requires an interdisciplinary approach, including integrating chaplains postcombat, to help address these issues and enhance the continuity of care. Further high-quality research is needed to isolate the salient components of spirituality that are most harmful and helpful in veterans' mental well-being, including the incorporating of veterans' perspectives directly.
- Snowden, A., Fitchett, G., Grossoehme, D. H., Handzo, G., Kelly, E., King, S. D., Telfer, I., Tan, H. and Flannelly, K. J. [Edinburgh Napier University, Edinburgh, Scotland; Rush University Medical Center, Chicago, IL; Cincinnati Children's Hospital Medical Center, OH; HealthCare Chaplaincy Network, New York, NY; European Research Institute for Chaplains in Healthcare (ERICH), Leuven, Belgium; Seattle Cancer Care Alliance, WA; Royal Infirmary of Edinburgh, Scotland; Spiritual Health Victoria, Abbotsford, Australia; Monash University and University of Divinity, Melbourne, Australia; and Center for Psychosocial Research, Massapequa, New York]. “**International study of chaplains' attitudes about research.**” *Journal of Health Care Chaplaincy* 23, no. 1 (Jan-Mar 2017): 34-43.
[Abstract:] An online survey was conducted by twelve professional chaplain organizations to assess chaplains' attitudes about and involvement in research. A total of 2,092 chaplains from 23 countries responded to the survey. Over 80% thought research was definitely important and nearly 70% thought chaplains should definitely be research literate. Just over 40% said they regularly read research articles and almost 60% said they occasionally did. The respondents rated their own research literacy as 6.5 on a 0-10 scale. Significant positive inter-correlations were found among all four measures: importance of (a) research and (b) research literacy; (c) frequency of reading articles; and (d) research literacy rating. Approximately 35% were never involved, 37% had been involved, 17% were currently involved, and 11% expected to be involved in research. The last three groups were significantly more likely to think research and research literacy were important and to read research articles than chaplains who were never involved in research. Given chaplains' interest in research, actions should be undertaken to facilitate further research engagement.
- Snowden, A. and Telfer, I. [Edinburgh Napier University, Edinburgh, Scotland]. “**Patient reported outcome measure of spiritual care as delivered by chaplains.**” *Journal of Health Care Chaplaincy* 23, no. 4 (Oct-Dec 2017): 131-155.
[Abstract:] Chaplains are employed by health organizations around the world to support patients in recognizing and addressing their spiritual needs. There is currently no generalizable measure of the impact of these interventions and so the clinical and strategic worth of chaplaincy is difficult to articulate. This article introduces the Scottish PROM, an original five-item patient reported outcome measure constructed specifically to address this gap. It describes the validation process from its conceptual grounding in the spiritual care literature through face and content validity cycles. It shows that the Scottish PROM is internally consistent and unidimensional. Responses to the Scottish PROM show strong convergent validity with responses to the Warwick and Edinburgh Mental Well-Being Scale, a generic well-being scale often used as a proxy for spiritual well-being. In summary, the Scottish PROM is fit for purpose. It measures the outcomes of spiritual care as delivered by chaplains in this study. This novel project introduces an essential and original breakthrough; the possibility of generalizable international chaplaincy research.
- Stang, V. B. [Ottawa Hospital, Ottawa, Canada]. “**An e-chart review of chaplains' interventions and outcomes: a quality improvement and documentation practice enhancement project.**” *Journal of Pastoral Care & Counseling: JPCC* 71, no. 3 (Sep 2017): 183-191. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
[Abstract:] In Canada, the spiritual care landscape in health care settings is becoming more regulated and standardized documentation is part of this rigorous environment. Staff chaplains at The Ottawa Hospital participated in a Quality Improvement project that aimed to advance patient-centered care through better charting practices. A sample of 104 spiritual-care assessments that had been posted on the patient electronic health record was examined. This chart review focused on chaplains' activities that were reported as interventions as well as chaplain-reported outcomes for the patient. These interventions and outcomes were coded into discreet categories in order to get a better sense of the activities and the impact of their work. The chaplains' electronic charting content and practices were evaluated. Chaplains found that the Quality Improvement process was beneficial as they updated their electronic templates in order to meet the new reporting requirements of the College of Registered Psychotherapists of Ontario.

- Steffen, P. R., Masters, K. S. and Baldwin, S. [Brigham Young University, Provo, UT; and University of Colorado, Denver, CO]. **“What mediates the relationship between religious service attendance and aspects of well-being?”** *Journal of Religion & Health* 56, no. 1 (Feb 2017): 158-170.
 [Abstract:] Religious service attendance predicts increased well-being across a number of studies. It is not clear, however, whether this relationship is due to religious factors such as intrinsic religiosity or due to nonreligious factors such as social support or socially desirable responding. The purpose of the present study was to examine the relationship between religious service attendance and well-being while simultaneously examining intrinsic religiosity, social support, and socially desirable responding as potential mediators of the relationship. A sample of 855 participants (71 % female, average age 19.5) completed questionnaires assessing religiosity, social support, socially desirable responding, and well-being. Path models were estimated using maximum likelihood estimation to analyze the data. Intrinsic religiosity was the strongest mediator of the relationship between religious service attendance and depressive and anxiety symptoms. This suggests that the mental health benefits of religious service attendance are not simply the result of increased social support or a certain response style on questionnaires; rather, it appears that the relationship is at least partly the result of people trying to live their religion in their daily lives.
- Steiner, L. M., Zaske, S., Durand, S., Molloy, M. and Arteta, R. [Nyack College, Nyack, NY]. **“Spiritual factors predict state and trait anxiety.”** *Journal of Religion & Health* 56, no. 6 (Dec 2017): 1937-1955. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
 [Abstract:] This research study was designed to examine the effect of spiritual well-being and spirituality on state and trait anxiety. Two hundred and thirty-eight adults in the USA were surveyed using the State-Trait Anxiety Inventory, Duke University Religion Index, Spiritual Well-Being Scale, and Participant Questionnaire. Results indicate that spiritual well-being can predict 39.1% of an adult’s state anxiety and 37.9% of trait anxiety. Furthermore, frequency of religious attendance, frequency of private religious activity, and intrinsic religiosity can predict 6.2% of an adult’s state anxiety and 8.6% of trait anxiety. Recommendations for researchers and implications for clinicians are discussed.
- Steinhauser, K. E. and Balboni, T. A. [Duke University School of Medicine, Durham, NC; and Dana Farber Cancer Institute, and Harvard Medical School, Boston, MA]. **“State of the science of spirituality and palliative care research: research landscape and future directions.”** *Journal of Pain & Symptom Management* 54, no. 3 (Sep 2017): 426-427. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
 Introduction to a two-part review in the issue: Steinhauser, K. E., et al., “State of the science of spirituality and palliative care research part I: definitions, measurement, and outcomes” (pp. 428-440); and Balboni, T. A., “State of the science of spirituality and palliative care research part II: screening, assessment, and interventions” (pp. 441-453) [--cited also in this bibliography].
- Steinhauser, K. E., Fitchett, G., Handzo, G. F., Johnson, K. S., Koenig, H. G., Pargament, K. I., Puchalski, C. M., Sinclair, S., Taylor, E. J. and Balboni, T. A. [Duke University School of Medicine, and Durham Veterans Affairs Medical Center, Durham, NC; Dana Farber Cancer Institute, Boston, MA; Rush University Medical Center, Chicago, IL; HealthCare Chaplaincy Network, New York, NY; Bowling Green State University, Bowling Green, OH; George Washington School of Medicine and Health Sciences, Washington, DC; University of Calgary, Canada; and Loma Linda University, Loma Linda, CA]. **“State of the science of spirituality and palliative care research part I: definitions, measurement, and outcomes.”** *Journal of Pain & Symptom Management* 54, no. 3 (Sep 2017): 428-440. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]
 [Abstract:] The State of the Science in Spirituality and Palliative Care was convened to address the current landscape of research at the intersection of spirituality and palliative care and to identify critical next steps to advance this field of inquiry. Part I of the SOS-SPC two-part series focuses on questions of 1) What is spirituality? 2) What methodological and measurement issues are most salient for research in palliative care? And 3) What is the evidence relating spirituality and health outcomes? After describing current evidence we make recommendations for future research in each of the three areas of focus. Results show wide variance in the ways spirituality is operationalized and the need for definition and conceptual clarity in research in spirituality. Furthermore, the field would benefit from hypothesis-driven outcomes research based on a priori specification of the spiritual dimensions under investigation and their longitudinal relationship with key palliative outcomes, the use of validated measures of predictors and outcomes, and rigorous assessment of potential confounding variables. Finally, results highlight the need for research in more diverse populations. [See also: Steinhauser & Balboni, “State of the science of spirituality and palliative care research: research landscape and future directions”; and Balboni, et al., “State of the science of spirituality and palliative care research part II: screening, assessment, and interventions” --also cited in this bibliography.]
- Steinhorn, D. M., Din, J. and Johnson, A. [Children’s National Medical Center, Washington, DC; Tao Center for Healing, Sacramento, CA; and Rush Medical Center, Chicago, IL]. **“Healing, spirituality and integrative medicine.”** *Annals of Palliative Medicine* 6, no. 3 (Jul 2017): 237-247.
 [Abstract:] Spirituality plays a prominent role in the lives of most palliative patients whether or not they formally adhere to a specific religion and belief. As a result, the palliative care team is frequently called upon to support families who are experiencing their “dark night of the soul” and struggling to make sense of their lives during a healthcare crisis. While conventional religious practices provide a source of comfort and guidance for many of our patients, a significant number of our patients do not have a strong religious community to which to turn. Over the last two decades, more people in Western countries identify themselves as spiritual but not religious and do not belong to an organized faith community. For those patients who express a strong spiritual connection or sense of ‘something greater’ or ‘a higher power’, encouraging the exploration of those feelings and beliefs through chaplains, clergypersons, or members of the interdisciplinary palliative care team can help provide context, meaning and purpose in their lives impacted by serious illness. One of the goals of effective palliative care is the facilitation of personal growth and psychological resilience in dealing with one’s health challenges. Integrative medicine, also referred to as complementary and alternative medicine, provides a set of tools and philosophies intended to enhance wellness and a sense of wellbeing. Many of the modalities are derived from disciplines such as massage, acupuncture, Reiki, aromatherapy, and dietary supplements. The use of integrative medicine in North America is widespread and frequently not shared with one’s clinician due to many patients’ concerns that clinicians will disapprove of the patient’s use of them. In addition to its efficacy in reducing symptoms commonly experienced by patients receiving palliative

care (e.g., nausea, pain, depression, and existential suffering), integrative medicine offers non-verbal, non-cognitive avenues for many to achieve a peaceful and calm inner state. The calm state often achieved during integrative medicine treatments is similar to that seen during deep prayer or meditation. In such a transcendent or non-ordinary state of consciousness, many people experience new insights or understanding of their lives and choices they must make. Thus, integrative approaches facilitate patients attaining greater self-awareness and may meet their spiritual needs without the religious overtones that accompany traditional prayer. In so doing, patients may gain greater insight and find inner peace through simple, non-verbal approaches. [See also other articles from this theme issue on Healing and Spirituality also noted in the present bibliography: by Alt, P. L.; by Berger, A.; by Coats, H. L.; by Li, L., et al.; by Mistretta, E. G.; by Sajja, A., et al.; by Simone, C. B. 2nd; and by Weaver, M. S., et al.]

Stephenson, P. S., Sheehan, D. and Shahrour, G. [Kent State University College of Nursing, Kent, OH]. “**Support for using five attributes to describe spirituality among families with a parent in hospice.**” *Palliative & Supportive Care* 15, no. 3 (Jun 2017): 320-327.

[Abstract:] OBJECTIVE: The importance of spirituality in the dying process is well documented. However, what spirituality means in these situations is hard to discern because few people (patients, families, researchers, or caregivers) will view spirituality in the same way. The present research supports the use of a spiritual framework consisting of five common attributes (meaning, beliefs, connections, self-transcendence, and value) as a mechanism for viewing spirituality for people nearing the end of life. Using qualitative interviews from two related studies, our study aims to describe the prevalence of spirituality and its nature according to these five spiritual attributes. METHODS: Data from two previous studies were analyzed. The first employed the methods of grounded theory to understand the strategies adolescents used to manage the impending death of a parent. Some 61 participants from 26 families were interviewed, including ill parents/patients, well parents/caregivers, and adolescents. The second study consisted of 15 interviews with the surviving parent and adolescents from 6 of these families after the death of the parent. RESULTS: The original research from which these data were drawn did not seek to describe spirituality. However, spiritual themes were prevalent in the stories of many participants and included each of the five spiritual attributes. SIGNIFICANCE OF RESULTS: Our findings demonstrate the prevalence of spirituality in the everyday lives of these families and supports the use of the spiritual framework according to the five common attributes to describe spirituality.

Stutzman, H. and Abraham, S. [Bethel College School of Nursing, Mishawaka, IN]. “**A correlational study of spiritual well-being and depression in the adult cancer patient.**” *Health Care Manager* 36, no. 2 (Apr/Jun 2017): 164-172. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Depression in adult cancer patients has been widely studied, along with spiritual effects of traumatic events and even spiritual growth after a diagnosis of cancer. There has been limited research determining a direct correlation between spiritual well-being and depression in adult cancer patients. The purpose of this research study was to examine the relationship between spiritual well-being and depression in adult cancer patients. This was a descriptive correlational study using 59 patients older than 18 years from an outpatient cancer center. The researchers hypothesized that patients with a low spiritual well-being score would be more likely to have a high depressive symptom score, thus providing support for a correlation between cancer patient’s spiritual well-being and risk of depression. Implications of this study lead to evidence for better screening processes for cancer patients regarding spiritual well-being.

Swinton, M., Giacomini, M., Toledo, F., Rose, T., Hand-Breckenridge, T., Boyle, A., Woods, A., Clarke, F., Shears, M., Sheppard, R. and Cook, D. [McMaster University, and St. Joseph’s Healthcare, Hamilton, Ontario, Canada; and North Cypress Medical Center, Cypress, TX]. “**Experiences and expressions of spirituality at the end of life in the Intensive Care Unit.**” *American Journal of Respiratory & Critical Care Medicine* 195, no. 2 (Jan 15, 2017): 198-204.

[Abstract:] RATIONALE: The austere setting of the intensive care unit (ICU) can suppress expressions of spirituality. OBJECTIVES: To describe how family members and clinicians experience and express spirituality during the dying process in a 21-bed medical-surgical ICU. METHODS: Reflecting the care of 70 dying patients, we conducted 208 semistructured qualitative interviews with 76 family members and 150 clinicians participating in the Three Wishes Project. Interviews were recorded and transcribed verbatim. Data were analyzed by three investigators using qualitative interpretive description. MEASUREMENTS AND MAIN RESULTS: Participants characterize dying as a spiritual event. Spirituality is an integral part of the life narrative of the patient before, during, and after death. Experiences and expressions of spirituality for patients, families, and clinicians during end-of-life care in the ICU are supported by eliciting and implementing wishes in several ways. Eliciting wishes stimulates conversations for people of diverse spiritual orientations to respond to death in personally meaningful ways that facilitate continuity and closure, and ease emotional trauma. Soliciting wishes identifies positive aspirations, which provide comfort in the face of death. The act of soliciting wishes brings clinician humanity to the fore. Wishing makes individual spiritual preferences and practices more accessible. Wishes may be grounded in spiritual goals, such as peace, comfort, connections, and tributes; they may seek a spiritually enhanced environment or represent specific spiritual interventions. CONCLUSIONS: Family members and clinicians consider spirituality an important dimension of end-of-life care. The Three Wishes Project invites and supports the expression of myriad forms of spirituality during the dying process in the ICU.

Szczesniak, R. D., Zou, Y., Dimitriou, S. M., Quittner, A. L. and Grosseohme, D. H. [Cincinnati Children’s Hospital Medical Center, Cincinnati, OH; and University of Miami, Coral Gables, FL]. “**Use of the Daily Phone Diary to study religiosity and mood: convergent validity.**” *Journal of Health Care Chaplaincy* 23, no. 2 (Apr-Jun 2017): 67-85.

[Abstract:] Studies of religious/spiritual behavior frequently rely on self-reported questionnaire data, which is susceptible to bias. The Daily Phone Diary (DPD) was developed to minimize bias in reporting activities and behavior across a 24-hour period. A cross-sectional study of 126 parents of children with cystic fibrosis was used to establish the validity of the DPD to study religious/spiritual behaviors. Longitudinal models were used to determine the odds of improved mood during religious/spiritual activities. Convergent validity was found. Participants had increased odds of improved mood during religious/spiritual activities compared to nonreligious/spiritual activities. Associations with gender and religious affiliations were found. The DPD is a valid tool for studying religious/spiritual activities and opens novel avenues for chaplaincy research and the development of chaplaincy interventions incorporating these findings.

Szczesniak, R. D., Zou, Y., Stamper, S. M. and Grosseohme, D. H. [Cincinnati Children’s Hospital Medical Center, Cincinnati, OH]. “**Spiritual struggle in parents of children with cystic fibrosis increases odds of depression.**” *Depression Research and*

Treatment (2017): 5670651 [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: Spiritual struggle (SS) is associated with poorer health outcomes including depression. The study's main objectives were to characterize change in depression over time, examine longitudinal associations between SS and depression, and determine the extent to which experiencing SS at baseline was predictive of developing depression at follow-up. METHODS: A two-site study collected questionnaire responses of parents (N = 112; 72% female) of children with cystic fibrosis followed longitudinally. Generalized linear mixed effects modeling examined the association between depression and SS over time and assessed potential mediators, moderators, and confounders. RESULTS: Prevalence of depression increased from baseline to follow-up (OR: 3.6, P < 0.0001), regardless of degree of SS. Parents with Moderate/Severe SS were more likely to have depressive symptoms, compared to parents without SS (OR: 15.2, P = 0.0003) and parents who had Mild SS (OR: 10.2, P = 0.0001). Being female and feeling less "at peace" also significantly predicted increased depression (OR: 2.5, P = 0.0397, and OR: 1.15, P = 0.0419, resp.). Experiencing SS at baseline was not predictive of having depression subsequently at follow-up. CONCLUSIONS: Parents experiencing SS were significantly more likely to report depressive symptoms. Interventions to reduce SS have shown efficacy and may be considered.

Tajadini, H., Zangiabadi, N., Divsalar, K., Safizadeh, H., Esmaili, Z. and Rafiei, H. [Kerman University of Medical Sciences, Kerman; and Shefa Neuroscience Center, Tehran; Alborz University of Medical Sciences, Karaj; and Qazvin University of Medical Science, Qazvin, Iran]. **"Effect of prayer on intensity of migraine headache: a randomized clinical trial."** *Journal of Evidence-Based Complementary & Alternative Medicine* 22, no. 1 (Jan 2017): 37-40.

[Abstract:] BACKGROUND AND AIM: Migraine is a common form of headache that affects patients quality of life negatively. In addition to pharmacologic treatment, there are a variety of nonpharmacologic treatments for migraine headache. In present study, we examined the effect of prayer on intensity of migraine pain. METHODS: In a prospective, randomized, controlled trial from October 2013 to June 2014, this study has been conducted in Kerman, Iran. We randomly assigned 92 patients in 2 groups to receive either 40 mg of propranolol twice a day for 2 month (group "A") or 40 mg of propranolol twice a day for 2 months with prayer (group "B"). At the beginning of study and 3 months after intervention, patients' pain was measured using the visual analogue scale. RESULTS: At the beginning of study and before intervention, the mean score of pain in patients in groups A and B were 5.7 +/- 1.6 and 6.5 +/- 1.9, respectively. According to results of independent t test, mean score of pain intensity at the beginning of study were similar between patients in 2 groups (P > .05). Three month after intervention, mean score of pain intensity decreased in patients in both groups. At this time, the mean scores of pain intensity were 5.4 +/- 1.1 and 4.2 +/- 2.3 in patients in groups A and B, respectively. This difference between groups was statistically significant (P < .001). CONCLUSIONS: The present study revealed that prayer can be used as a nonpharmacologic pain coping strategy in addition to pharmacologic intervention for this group of patients.

Taylor, E. J., Mamier, I., Ricci-Allegra, P. and Foith, J. [Loma Linda University, Loma Linda, CA; and Seton Hall University, South Orange, NJ]. **"Self-reported frequency of nurse-provided spiritual care."** *Applied Nursing Research* 35 (Jun 2017): 30-35.

[Abstract:] AIM: To describe how frequently RNs provide 17 spiritual care therapeutics (or interventions) during a 72-80h timeframe. BACKGROUND: Plagued by conceptual muddiness as well as weak methods, research quantifying the frequency of spiritual care is not only methodologically limited, but also sparse. METHODS: Secondary analysis of data from four studies that used the Nurse Spiritual Care Therapeutics Scale (NSCTS). Data from US American RNs who responded to online surveys about spiritual care were analyzed. The four studies included intensive care unit nurses in Ohio (n=93), hospice and palliative care nurses across the US (n=104), nurses employed in a Christian health care system (n=554), and nurses responding to an invitation to participate found on a journal website (n=279). RESULTS: The NSCTS mean of 38 (with a range from 17 to 79 [of 85 possible]) suggested respondents include spiritual care therapeutics infrequently in their nursing care. Particularly concerning is the finding that 17-33% (depending on NSCTS item) never completed a spiritual screening during the timeframe. "Remaining present just to show caring" was the most frequent therapeutic (3.4 on a 5-point scale); those who practiced presence at least 12 times during the timeframe provided other spiritual care therapeutics more frequently than those who offered presence less frequently. CONCLUSION: Findings affirm previous research that suggests nurses provide spiritual care infrequently. These findings likely provide the strongest evidence yet for the need to improve spiritual care education and support for nurses.

Tedeschi, R. G., Cann, A., Taku, K., Senol-Durak, E. and Calhoun, L. G. [University of North Carolina at Charlotte; Oakland University, Rochester, MI; and Abant Izzet Baysal University, Bolu, Turkey]. **"The Posttraumatic Growth Inventory: a revision integrating existential and spiritual change."** *Journal of Traumatic Stress* 30, no. 1 (Feb 2017): 11-18.

[Abstract:] Spiritual Change (SC) is one of 5 domains of posttraumatic growth (PTG). The current Posttraumatic Growth Inventory (PTGI) assesses this area of growth with only 2 items, one focusing on religiosity and the other focusing on spiritual understanding. The addition of 4 newly developed spiritual-existential change (SEC) items, creating an expanded PTGI (Posttraumatic Growth Inventory-X), reflects a diversity of perspectives on spiritual-existential experiences that are represented in different cultures. Samples were obtained from 3 countries: the United States (n = 250), Turkey (n = 502), and Japan (n = 314). Analyses indicated that the newly added items capture additional experiences of growth outside traditional religious concepts, yet still are correlated with the original SC items, especially in the U.S. and Turkish samples. Relationships of the PTGI-X to established predictors of PTG, event-related rumination, and core beliefs, were as predicted in all 3 countries. The new 6-item SEC factor demonstrated high internal reliability, and the 5-factor structure of the expanded scale was supported by confirmatory factor analysis. The resulting 25-item PTGI-X can be used as a validated instrument in a wide range of samples in which traditional religious beliefs are less dominant.

Telci Caklili, O., Isbilen, B., Yavuz, G., Tulu, S., Mesci, B. and Oguz, A. [Kocaeli State Hospital, Kocaeli; and İstanbul Medeniyet University, İstanbul, Turkey]. **"Differences in leptin, ghrelin, and glucagon-like peptide-1 levels between religious fasting and normal fasting."** *Turkish Journal of Medical Sciences* 47, no. 4 (2017): 1152-1156. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Background/aim: Leptin, ghrelin, and glucagon-like peptide-1 (GLP-1) affect hunger, satiety feelings, and food intake. We hypothesized that during Ramadan, if the brain knows that the body will be hungry until sunset, there may be differences between leptin, ghrelin, and GLP-1 levels in Ramadan and non-Ramadan fasting. Materials and methods: This study had two phases. In the first phase, the participants were asked to skip the dawn meal of Ramadan (suhur), so that 12 h of fasting could be achieved. Participants ceased food intake at midnight, and at noon blood was drawn. Eight participants were selected as a subgroup. These participants gave blood three times a day to

detect hormonal changes during Ramadan. Six months later, in the second phase, blood samples were obtained at noon from participants after 12 h of fasting. Results: Analysis was conducted on 30 patients [19 males (63.3%) and 11 females (36.7%)]. There was a significant difference in leptin, ghrelin, and GLP-1 levels between Ramadan fasting and non-Ramadan fasting ($P = 0.04$, $P = 0.02$, and $P < 0.001$, respectively). In the subgroup analysis, there was no statistically significant difference in leptin, ghrelin, and GLP-1 levels over time. Conclusion: The results of this study suggest that the nervous and gastrointestinal systems may behave differently in religious fasting than in nonreligious fasting.

Timmins, F. and Caldeira, S. [Trinity College, Dublin, Ireland; and Universidade Catolica Portuguesa, Lisbon, Portugal]. “**Assessing the spiritual needs of patients.**” *Nursing Standard* 31, no. 29 (Mar 15, 2017): 47-53. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Assessing spirituality and the spiritual needs of patients is fundamental to providing effective spiritual care. This article, the second in a series of three, discusses the assessment of patients’ spirituality and spiritual needs in healthcare settings. Several formal spiritual assessment tools are available to assist nurses to identify patients’ spiritual needs and to determine whether they are experiencing spiritual distress. However, it may be more appropriate to assess patients’ spirituality informally, by asking open questions about their spiritual beliefs and needs. It is important for nurses to be aware of the limits of their competence in undertaking spiritual assessment and providing spiritual care, and to refer patients to the healthcare chaplain or other spiritual support personnel where necessary. The third and final article in this series will discuss spiritual care nursing interventions.

Timmins, F. and Caldeira, S. [Trinity College, Dublin, Ireland; and Universidade Catolica Portuguesa, Lisbon, Portugal]. “**Understanding spirituality and spiritual care in nursing.**” *Nursing Standard* 31, no. 22 (Jan 25, 2017): 50-57. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] Spirituality is a complex concept that has different meanings for different people. Spiritual care is a fundamental aspect of nursing and attending to the spiritual needs of patients may improve their health outcomes. This article, the first in a series of three, explores various definitions of spirituality, and the importance of spirituality and spiritual care in healthcare settings. The second article of this series provides an in-depth exploration of the assessment of patients’ spiritual care needs, and the third and final article in this short series discusses spiritual care nursing interventions.

Tracy, S. “**Integrating spiritual assessment and care in the relief and remission of pain.**” *Pain Management Nursing* 18, no. 1 (Feb 2017): 1-2.

This editorial advocates for the potential for spirituality in pain management (citing research) and encourages nursing staff to undertake a self-assessment as a way of better supporting patients’ spirituality.

Tsai, J. and Pietrzak, R. H. [United States Department of Veterans Affairs, New England Mental Illness Research, Education and Clinical Center, West Haven; and Yale University School of Medicine, New Haven, CT]. “**Trajectories of posttraumatic growth among US military veterans: a 4-year nationally representative, prospective cohort study.**” *Acta Psychiatrica Scandinavica* 136, no. 5 (2017): 483-492. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

Data were analyzed from a prospective, nationally representative surveys of 2,718 veterans assessed in 2011, 2013, and 2015. Among the findings: “[V]eterans who scored higher on measures of purpose in life, spirituality, gratitude and social support were more likely to have a High and Increasing PTG trajectory.” [p. 489] Also, the authors note that “[s]pirituality predicted high PTG aligns with a growing body of studies that has found religion and spirituality may provide beneficial ways for trauma survivors to understand their traumatic experiences” [p. 489]

van de Geer, J., Groot, M., Andela, R., Leget, C., Prins, J., Vissers, K. and Zock, H. [Medical Centre Leeuwarden; Radboud UMC, Nijmegen; University of Humanistic Studies, Utrecht; and University of Groningen, Groningen, The Netherlands]. “**Training hospital staff on spiritual care in palliative care influences patient-reported outcomes: results of a quasi-experimental study.**” *Palliative Medicine* 31, no. 8 (Sep 2017): 743-753. [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 reported to be important to palliative patients. There is an increasing need for education in spiritual care. AIM: To measure the effects of a specific spiritual care training on patients’ reports of their perceived care and treatment. DESIGN: A pragmatic controlled trial conducted between February 2014 and March 2015. SETTING/PARTICIPANTS: The intervention was a specific spiritual care training implemented by healthcare chaplains to eight multidisciplinary teams in six hospitals on regular wards in which patients resided in both curative and palliative trajectories. In total, 85 patients were included based on the Dutch translation of the Supportive and Palliative Care Indicators Tool. Data were collected in the intervention and control wards pre- and post-training using questionnaires on physical symptoms, spiritual distress, involvement and attitudes (Spiritual Attitude and Involvement List) and on the perceived focus of healthcare professionals on patients’ spiritual needs. RESULTS: All 85 patients had high scores on spiritual themes and involvement. Patients reported that attention to their spiritual needs was very important. We found a significant ($p=0.008$) effect on healthcare professionals’ attention to patients’ spiritual and existential needs and a significant ($p=0.020$) effect in favour of patients’ sleep. No effect on the spiritual distress of patients or their proxies was found. CONCLUSION: The effects of spiritual care training can be measured using patient-reported outcomes and seemed to indicate a positive effect on the quality of care. Future research should focus on optimizing the spiritual care training to identify the most effective elements and developing strategies to ensure long-term positive effects. This study was registered at the Dutch Trial Register: NTR4559.

Van Gordon, W., Shonin, E., Dunn, T. J., Garcia-Campayo, J. and Griffiths, M. D. [Nottingham Trent University, and Bishop Grosseteste University, UK; and Miguel Servet University Hospital, University of Zaragoza, Spain]. “**Meditation awareness training for the treatment of fibromyalgia syndrome: a randomized controlled trial.**” *British Journal of Health Psychology* 22, no. 1 (Feb 2017): 186-206.

[Abstract:] OBJECTIVES: The purpose of this study was to conduct the first randomized controlled trial (RCT) to evaluate the effectiveness of a second-generation mindfulness-based intervention (SG-MBI) for treating fibromyalgia syndrome (FMS). Compared to first-generation mindfulness-based interventions, SG-MBIs are more acknowledging of the spiritual aspect of mindfulness. DESIGN: A RCT employing intent-

to-treat analysis. **METHODS:** Adults with FMS received an 8-week SG-MBI known as meditation awareness training (MAT; n = 74) or an active control intervention known as cognitive behaviour theory for groups (n = 74). Assessments were performed at pre-, post-, and 6-month follow-up phases. **RESULTS:** Meditation awareness training participants demonstrated significant and sustained improvements over control group participants in FMS symptomatology, pain perception, sleep quality, psychological distress, non-attachment (to self, symptoms, and environment), and civic engagement. A mediation analysis found that (1) civic engagement partially mediated treatment effects for all outcome variables, (2) non-attachment partially mediated treatment effects for psychological distress and sleep quality, and (3) non-attachment almost fully mediated treatment effects for FMS symptomatology and pain perception. Average daily time spent in meditation was found to be a significant predictor of changes in all outcome variables. **CONCLUSIONS:** Meditation awareness training may be a suitable treatment for adults with FMS and appears to ameliorate FMS symptomatology and pain perception by reducing attachment to self. Statement of contribution What is already known on this subject? Designing interventions to treat fibromyalgia syndrome (FMS) continues to be a challenge. There is growing interest into the applications of mindfulness-based interventions for treating FMS. Second-generation mindfulness-based interventions (SG-MBIs) are a key new direction in mindfulness research. What does this study add? Meditation awareness training - an SG-MBI - resulted in significant reductions in FMS symptomatology. SG-MBIs recognize the spiritual aspect of mindfulness and may have a role in the treatment of FMS.

VanderWeele, T. J. [Harvard T.H. Chan School of Public Health, Boston, MA]. “**Causal effects of religious service attendance?**” *Social Psychiatry & Psychiatric Epidemiology* 52, no. 11 (Nov 2017): 1331-1336. [Note: This letter was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

This is a brief review and commentary on the topic, including the difficulty of establishing causal relationships.

VanderWeele, T. J. [Harvard School of Public Health, Boston, MA]. “**Religion and health in Europe: cultures, countries, context.**” *European Journal of Epidemiology* 32, no. 10 (Oct 2017): 857-861.

[Abstract:] Much of the research on the relationships between religious participation and health comes from the United States. Studies in other geographic regions or cultural contexts is more sparse. Evidence presented by Ahrenfeldt et al., and that from other research studies, is reviewed concerning the associations between religion and health within Europe and world-wide. The evidence within Europe suggests protective associations between various forms of religious participation and lower depression, lower mortality, and better self-rated health. Methodological challenges in such research are reviewed, and discussion is given as to whether a person-culture-fit explanation suffices to account for the existing data and to what other mechanisms might be operative. [See also: Ahrenfeldt, L. J., et al., “Religiousness and health in Europe,” *European Journal of Epidemiology* 32, no. 10 (Oct 2017): 921-929; also noted in this bibliography.]

VanderWeele, T. J., Balboni, T. A. and Koh, H. K. [Harvard T. H. Chan School of Public Health and Dana Farber Cancer Institute, Boston; and Harvard Kennedy School, Cambridge, MA]. “**Health and spirituality.**” *JAMA* 318, no. 6 (Aug 8, 2017): 519-520.

This is a brief and general comment about the importance of spirituality in healthcare. [See also subsequent correspondence: Liao, L., “Spiritual care in medicine,” *JAMA* 318, no. 24 (Dec 26, 2017): 2495-2496; and VanderWeele, T. J., Balboni, T. A. and Koh, H. K., “Spiritual care in medicine – reply,” *JAMA* 318, no. 24 (Dec 26, 2017): 2496.]

VanderWeele, T. J. and Koenig, H. G. [Harvard T.H. Chan School of Public Health, Boston, MA; and Department of Psychiatry & Behavioral Sciences, Duke University, Durham, NC]. “**A course on religion and public health at Harvard.**” *American Journal of Public Health* 107, no. 1 (Jan 2017): 47-49.

[Abstract:] The course included a brief overview of the religious landscape of the world and the United States; religious conceptions of health; measures of religious involvement; empirical research suggesting protective associations between religious participation and longevity, depression, and suicide; methodological challenges in religion and health research; studies on forgiveness and gratitude; the role of religion and spirituality in end-of-life settings; and potential partnerships between religious and public health institutions. The partnership between Brazil’s National AIDS Program and the Catholic Church in Brazil was used as a case study to illustrate the potential for partnerships to persist even in the midst of such tensions. Settings in which religious participation can adversely affect health were also discussed, such as greater depression among unwed pregnant women attending services, higher suicide rates among children who are members of minority religions, or spiritual struggles leading to worse mental health. Discussion was given to potential responses from religious communities to these adverse settings.

VanderWeele, T. J., Yu, J., Cozier, Y. C., Wise, L., Argentieri, M. A., Rosenberg, L., Palmer, J. R. and Shields, A. E. [Harvard T.H. Chan School of Public Health, Boston, MA]. “**Attendance at religious services, prayer, religious coping, and religious/spiritual identity as predictors of all-cause mortality in the Black women’s health study.**” *American Journal of Epidemiology* 185, no. 7 (Apr 1, 2017): 515-522.

[Abstract:] Previous longitudinal studies have consistently shown an association between attendance at religious services and lower all-cause mortality, but the literature on associations between other measures of religion and spirituality (R/S) and mortality is limited. We followed 36,613 respondents from the Black Women’s Health Study from 2005 through December 31, 2013 to assess the associations between R/S and incident all-cause mortality using proportional hazards models. After control for numerous demographic and health covariates, together with other R/S variables, attending religious services several times per week was associated with a substantially lower mortality rate ratio (mortality rate ratio = 0.64, 95% confidence interval: 0.51, 0.80) relative to never attending services. Engaging in prayer several times per day was not associated with mortality after control for demographic and health covariates, but the association trended towards a higher mortality rate ratio when control was made for other R/S variables (for >2 times/day vs. weekly or less, mortality rate ratio = 1.28, 95% confidence interval: 0.99, 1.67; P-trend < 0.01). Religious coping and self-identification as a very religious/spiritual person were associated with lower mortality when adjustment was made only for age, but the association was attenuated when control was made for demographic and health covariates and was almost entirely eliminated when control was made for other R/S variables. The results indicate that service attendance was the strongest R/S predictor of mortality in this cohort.

Vicini, A., Shaughnessy, A. F. and Duggan, A. [Boston College, Chestnut Hill, MA; and Tufts University School of Medicine, Boston, MA]. “**On the inner life of physicians: analysis of family medicine residents’ written reflections.**” *Journal of Religion & Health* 56, no. 4 (Aug 2017): 1191-1200. [Note: This article was still listed on Medline’s In-Process database at the time of this bibliography’s completion.]

[Abstract:] This qualitative study introduces the broad and inclusive concept of the "inner life of physicians" and analyzes the written reflections (N = 756) of family medicine residents (N = 33) during their residency as indicative of the physicians' inner lives. Residents completed reflective entries without specific prompts. Researchers describe unsolicited emergent categorical themes indicative of a robust inner life of the physician. Nurturing physicians' inner life through reflection allows physicians to recognize, identify, and respond to daily emotional events. Reflections about the state of physicians' inner lives can formulate and express fundamental human questions that concern: (a) troubling human experiences (e.g., suffering, death, luck, destiny, and death); (b) questions that surface in practicing their profession; (c) spiritually explicit questions on their beliefs and practices. Physicians' inner lives can become a "place" where physicians look for answers and explore options for dealing with their human and professional challenges, thus enhancing the humanistic aspects of medical practice.

Villagran, M. M., MacArthur, B. L., Lee, L. E., Ledford, C. J. W. and Canzona, M. R. [Texas State University, San Marcos, TX; George Mason University, Fairfax, VA; Uniformed Services University of the Health Sciences, Bethesda, MD; and Wake Forest University, Winston-Salem, NC]. **"Physicians' religious topic avoidance during clinical interactions."** *Behavioral Sciences* 7 (May 8, 2017): 2 [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:] Religious and spiritual (R/S) conversations at the end-of-life function to help patients and their families find comfort in difficult circumstances. Physicians who feel uncertain about how to discuss topics related to religious beliefs may seek to avoid R/S conversations with their patients. This study utilized a two-group objective structured clinical examination with a standardized patient to explore differences in physicians' use of R/S topic avoidance tactics during a clinical interaction. Results indicated that physicians used more topic avoidance tactics in response to patients' R/S inquiries than patients' R/S disclosures; however, the use of topic avoidance tactics did not eliminate the need to engage in patient-initiated R/S interactions.

Vivat, B., Young, T. E., Winstanley, J., Arraras, J. I., Black, K., Boyle, F., Bredart, A., Costantini, A., Guo, J., Irrazaval, M. E., Kobayashi, K., Kruizinga, R., Navarro, M., Omidvari, S., Rohde, G. E., Serpentine, S., Spry, N., Van Laarhoven, H. W. M. and Yang, G. M., for the EORTC Quality of Life Group. [University College; London; St Gemma's Hospice, Leeds; and East & North Hertfordshire NHS Trust including Mount Vernon Cancer Centre, Northwood, UK; University of Western Australia, and University of Sydney, Australia; Complejo Hospitalario de Navarra, Pamplona, Spain; Institut Curie, Paris, France; Sapienza University of Rome, and Veneto Institute of Oncology, Padua, Italy; China Medical University, Shenyang, Liaoning, China; Saitama Medical University International Medical Centre, Saitama, Japan; Academic Medical Centre, Amsterdam, The Netherlands; Instituto Nacional de Cancerologia, Mexico; Iranian Institute for Health Sciences Research, Tehran, Iran; University of Agder & Sorlandet Hospital, Kristiansand, Norway; and Lien Centre for Palliative Care, Singapore]. **"The international phase 4 validation study of the EORTC QLQ-SWB32: a stand-alone measure of spiritual well-being for people receiving palliative care for cancer."** *European Journal of Cancer Care* 26 (Nov 2017): 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:] The EORTC Quality of Life Group has just completed the final phase (field-testing and validation) of an international project to develop a stand-alone measure of spiritual well-being (SWB) for palliative cancer patients. Participants (n = 451)-from 14 countries on four continents; 54% female; 188 Christian; 50 Muslim; 156 with no religion-completed a provisional 36-item measure of SWB plus the EORTC QLQ-C15-PAL (PAL), then took part in a structured debriefing interview. All items showed good score distribution across response categories. We assessed scale structure using principal component analysis and Rasch analysis, and explored construct validity, and convergent/divergent validity with the PAL. Twenty-two items in four scoring scales (Relationship with Self, Relationships with Others, Relationship with Someone or Something Greater, and Existential) explained 53% of the variance. The measure also includes a global SWB item and nine other items. Scores on the PAL global quality-of-life item and Emotional Functioning scale weakly-moderately correlated with scores on the global SWB item and two of the four SWB scales. This new validated 32-item SWB measure addresses a distinct aspect of quality-of-life, and is now available for use in research and clinical practice, with a role as both a measurement and an intervention tool.

Wachholtz, A. B., Malone, C. D. and Pargament, K. I. [University of Colorado Denver; University of Massachusetts Medical School; and Bowling Green State University]. **"Effect of different meditation types on migraine headache medication use."** *Behavioral Medicine* 43, no. 1 (January-March 2017): 1-8.

[Abstract:] Spiritual meditation has been found to reduce the frequency of migraines and physiological reactivity to stress. However, little is known about how introducing a spirituality component into a meditation intervention impacts analgesic medication usage. In this study, 92 meditation-naïve participants were randomly assigned to one of four groups: (1) Spiritual Meditation, (n = 25), (2) Internally Focused Secular Meditation (n = 23), (3) Externally Focused Secular Meditation (n = 22), or (4) Progressive Muscle Relaxation (n = 22); and practiced their technique for 20 min/day over 30 days while completing daily diaries. Headache frequency, headache severity, and pain medication use were assessed. Migraine frequency decreased in the Spiritual Meditation group compared to other groups (p < 0.05). Headache severity ratings did not differ across groups (p = ns). After adjusting for headache frequency, migraine medication usage decreased in the Spiritual Meditation group compared to other groups (p < 0.05). Spiritual Meditation was found to not affect pain sensitivity, but it does improve pain tolerance with reduced headache related analgesic medication usage.

Walker, H. and Waterworth, S. [Mercy Hospice Auckland, University of Auckland, New Zealand]. **"New Zealand palliative care nurses experiences of providing spiritual care to patients with life-limiting illness."** *International Journal of Palliative Nursing* 23, no. 1 (Jan 2, 2017): 18-26.

[Abstract:] BACKGROUND: Internationally it is recognised that providing spiritual care is essential to reduce spiritual distress, particularly in patients who are facing a life-limiting illness. AIM: This study sought to explore palliative care nurses experiences providing spiritual care to their patients who are facing a life-limiting illness. METHOD: This study used a qualitative approach: interviews took place with nine nurses working across three hospices in New Zealand in 2013. FINDINGS: Nine palliative care nurses participated in the study. Their average age was 53 years and palliative care experience ranged from 3-22 years, with an average of 9 years. The narrative descriptions of nine palliative care nurses were demonstrated under the categories of the assessment of spiritual needs: recognition of spiritual distress, provision of spiritual care and documentation of spiritual care. Additionally, eight sub-categories: individuality and respect; connection; love and compassion; meaning, touching and presence; communication; divine-related spiritual care provision and referral; death preparation and post-modern

spiritual care were identified under the category of provision of spiritual care. CONCLUSION: There are challenges in identifying and defining spiritual distress and there is complexity in the provision of spiritual care. However, for the nurses in this study, focusing on the individual patient and developing a relationship that enabled the patient's unique spiritual needs to be met was highly valued. Creating a culture where nurses, and other health professionals involved in the patient's care, share their experiences of spiritual care provision and discussion about how this can be documented is needed.

Wang, C. W., Chow, A. Y. and Chan, C. L. [University of Hong Kong]. **“The effects of life review interventions on spiritual well-being, psychological distress, and quality of life in patients with terminal or advanced cancer: a systematic review and meta-analysis of randomized controlled trials.”** *Palliative Medicine* 31, no. 10 (Dec 2017): 883-894. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Life review interventions have been used to alleviate psycho-spiritual distress in people near the end of life. However, their effectiveness remains inconclusive. AIM: To evaluate the effects of therapeutic life review on spiritual well-being, psychological distress, and quality of life in patients with terminal or advanced cancer. DESIGN: A systematic review according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses methodology. DATA SOURCES: Five databases were searched from their respective inception through February 2017 for relevant randomized controlled trials. The effects of therapeutic life review were pooled across the trials. Standardized mean differences were calculated for the pooled effects. Heterogeneity was assessed using the I² test. Study quality was assessed using the Cochrane criteria. RESULTS: Eight randomized controlled trials met the inclusion criteria. The pooled results suggested a desirable effect of therapeutic life review on the meaning of life domain of spiritual well-being (standardized mean difference=0.33; 95% confidence interval, 0.12 to 0.53), general distress (standardized mean difference=-0.32; 95% confidence interval, -0.55 to -0.09), and overall quality of life (standardized mean difference=0.35; 95% confidence interval, 0.15 to 0.56) when compared to usual care only. Of the three outcomes examined, only the pooled effect on overall quality of life remained statistically significant at follow-ups up to 3months after the intervention (standardized mean difference=0.82; 95% confidence interval, 0.47 to 1.18). CONCLUSIONS: Therapeutic life review is potentially beneficial for people near the end of life. However, the results should be interpreted with caution due to the limited number of randomized controlled trials and associated methodological weaknesses. Further rigorously designed randomized controlled trials are warranted.

Weaver, M. S. and Wratchford, D. [Omaha Children's Hospital and Medical Center, Nebraska]. **“Spirituality in adolescent patients.”** *Annals of Palliative Medicine* 6, no. 3 (Jul 2017): 270-278.

[Abstract:] Adolescence, the transition between childhood and adulthood, represents a time of rapid biological, neurocognitive, and psychosocial changes. These changes have important implications for the development and evolution of adolescent spirituality, particularly for adolescents with chronic or life-limiting illnesses. To contribute positively to adolescent spiritual formation, palliative care teams benefit from understanding the normative changes expected to occur during adolescence. This paper provides a narrative review of adolescent spirituality while recognizing the role of religious, familial, and cultural influences on spiritual development during the teenage years. By giving explicit attention to the contextual norms surrounding adolescence and still recognizing each adolescent-aged patient as unique, palliative care teams can help adolescents transition toward meaningful and sustainable spiritual growth. This paper reviews the clinical and research implications relevant to integrating adolescent spiritual health as part of comprehensive palliative care. [See also other articles from this theme issue on Healing and Spirituality also noted in the present bibliography: by Alt, P. L.; by Berger, A.; by Coats, H. L.; by Li, L., et al.; by Mistretta, E. G.; by Sajja, A., et al.; by Simone, C. B. 2nd; and by Steinhorn, D. M., et al.]

Weller, G. E. R. [Penn State Milton S. Hershey Medical Center, Penn State College of Medicine, Hershey, PA]. **“Caring for the Amish: what every anesthesiologist should know.”** *Anesthesia & Analgesia* 124, no. 5 (May 2017): 1520-1528.

[Abstract:] The Amish are a relatively isolated group with cultural and religious customs that differ significantly from the mainstream American population. Functioning as tight-knit communities with strong conservative Christian beliefs, the Amish maintain a culture based on intentional separateness from the outside world. Key aspects of Amish life include distinct clothing and behaviors, a unique language, an agrarian lifestyle, limited formal education, nonviolence/nonaggression, and a general lack of modern technology, as exemplified by the use of the traditional horse-and-buggy. The Amish have distinct health care practices, beliefs, and goals, and because of differing genetics and lifestyle, also have a distinct constellation of health and disease characteristics. This article reviews the core beliefs, community and lifestyle, health care beliefs and practices, and health characteristics of this unique and medically challenging population. Generalizable strategies for providing culturally competent care for any such ethnically, socially, or medically unique community are presented.

Williams, J. C. **“A case for the religious history.”** *The Lancet - Psychiatry* 4, no. 1 (Jan 2017): 27-28.

The author argues from personal experience for the importance of a spiritual history of patients.

Wilson, C. S., Forchheimer, M., Heinemann, A. W., Warren, A. M. and McCullumsmith, C. [Haley Veterans' Hospital, Tampa, FL; Northwestern University Feinberg School of Medicine, and the Rehabilitation Institute of Chicago, IL; University of Michigan Medical School, Ann Arbor, MI; University of Cincinnati, OH; and Baylor University Medical Center, Dallas, TX]. **“Assessment of the relationship of spiritual well-being to depression and quality of life for persons with spinal cord injury.”** *Disability & Rehabilitation* 39, no. 5 (Mar 2017): 491-496.

[Abstract:] OBJECTIVE: This study sought to describe the association between spiritual well-being, demographic characteristics, quality of life (QOL) and depressive symptoms following spinal cord injury (SCI). We hypothesized QOL and depressed mood would both be explained by extent of spiritual well-being, and meaning-focused (M&P) spirituality would have a stronger impact than faith-focused spirituality. METHODS: 210 individuals with SCI were screened as part of a randomized control trial of venlafaxine XR for major depressive disorder (MDD). 204 completed all measures: Patient Health Questionnaire-9 (PHQ-9) assessed depression, the FACIT-Sp assessed spiritual well-being, the Neuro-QOL PAWB scale assessed QOL, and the PANAS assessed affect. RESULTS: Approximately 26% had major depression. Bivariate correlations of scores on PAWB and PANAS and FACIT-Sp showed that all four scales had strong associations with those on PAWB ($p < 0.0005$). As hypothesized, both the M&P and Faith scales of the FACIT-Sp were significant predictors of QOL ($\beta = 0.544$; $p < 0.0005$ and $\beta = 0.151$; $p = 0.004$), though only the M&P scale was an independently significant predictor of likely MDD. CONCLUSION: The findings support that spirituality, as measured by the FACIT-Sp, is strongly associated with QOL and likelihood of MDD. Assessment of spirituality should be included along with more traditional psychological measurements to better inform treatment. Implications for Rehabilitation Spiritual

beliefs can contribute to quality of life and may help moderate depressive symptoms that accompany chronic illness and disability, suggesting that rehabilitation professionals should address spirituality in working with their patients with spinal cord injury (SCI). While spiritual issues are often deferred to pastoral counselors during hospitalization, it is clear that addressing these is not the domain of one discipline and does not end upon inpatient discharge. In addressing spirituality, clinicians should tap the spiritual strengths present in their clients, whether meaning/peace-focused or religious, understanding that spirituality involves more than religiosity and also that having a sense of meaning and peace appears to be of great importance.

Wittenberg, E., Ragan, S. L. and Ferrell, B. [University of Oklahoma, Norman; and City of Hope National Medical Center, Duarte, CA]. **“Exploring nurse communication about spirituality.”** *American Journal of Hospice & Palliative Medicine* 34, no. 6 (Jul 2017): 566-571.

[Abstract:] OBJECTIVE: Although spiritual care is considered one of the pillars of palliative care, many health-care providers never receive formal training on how to communicate about spirituality with patients and families. The aim of this study was to explore the spiritual care experiences of oncology nurses in order to learn more about patient needs and nurse responses. METHODS: A survey was circulated at a communication training course for oncology nurses in June 2015. Nurses recalled a care experience that included the initiation of a spiritual care topic and their response to the patient/family. Data were analyzed using thematic analysis. RESULTS: Nurses reported that communication about spirituality was primarily initiated by patients, rather than family members, and spiritual topics commonly emerged during the end of life or when patients experienced spiritual distress. Nurses' experiences highlighted the positive impact spiritual conversations had on the quality of patient care and its benefit to families. Spiritual communication was described as an important nursing role at the end of patients' lives, and nonverbal communication, listening, and discussing patients' emotions were emphasized as important and effective nurse communication skills during spiritual care conversations. Approximately one-third of nurses in the sample reported sharing their own personal spiritual or religious backgrounds with patients, and they reported that these sharing experiences strengthened their own faith. CONCLUSION: It is evident that patients want to discuss spiritual topics during care. Study findings illustrate the need to develop a spiritual communication curriculum and provide spiritual care communication training to clinicians

Yeary, K. H. K., Sobal, J. and Wethington, E. [University of Arkansas for Medical Sciences, Little Rock, AR; and Cornell University, Ithaca, NY]. **“Religion and body weight: a review of quantitative studies.”** *Obesity Reviews* 18, no. 10 (Oct 2017): 1210-1222. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Increasing interest in relationships between religion and health has encouraged research about religion and body weight, which has produced mixed findings. We systematically searched 11 bibliographic databases for quantitative studies of religion and weight, locating and coding 85 studies. We conducted a systematic review, analysing descriptive characteristics of the studies as well as relevant religion-body weight associations related to study characteristics. We summarized findings for two categories of religion variables: religious affiliation and religiosity. For religious affiliation, we found evidence for significant associations with body weight in both cross-sectional and longitudinal studies. In particular, Seventh-Day Adventists had lower body weight than other denominations in cross-sectional analyses. For religiosity, significant associations occurred between greater religiosity and higher body weight in both cross-sectional and longitudinal studies. In particular, greater religiosity was significantly associated with higher body weight in bivariate analyses but less so in multivariate analyses. A greater proportion of studies that used a representative sample, longitudinal analyses, and samples with only men reported significant associations between religiosity and weight. Evidence in seven studies suggested that health behaviours and psychosocial factors mediate religion-weight relationships. More longitudinal studies and analyses of mediators are needed to provide stronger evidence and further elucidate religion-weight relationships.

Zamora, E. R., Yi, J., Akter, J., Kim, J., Warner, E. L, and Kirchhoff, A. C. [Utah Department of Health, and the University of Utah, Salt Lake City]. **“Having cancer was awful but also something good came out’: post-traumatic growth among adult survivors of pediatric and adolescent cancer.”** *European Journal of Oncology Nursing* 28 (Jun 2017): 21-27.

[Abstract:] PURPOSE: The cancer experience may cultivate positive psychological changes that can help reduce distress during adult survivors of childhood and adolescent cancer life course. The aim of this study is to examine the positive impact of cancer in adult survivors utilizing posttraumatic growth as a guiding framework. METHOD: Participants were identified and recruited through the Utah Cancer Registry. Eligible cases were diagnosed with cancer age ≤ 20 years from 1973 to 2009, born in Utah, and were age ≥ 18 at study. Semi-structured phone interviews (N = 53) were analyzed using deductive analysis. RESULTS: The primary five themes that emerged were similar to Tedeschi and Calhoun's (1996) themes for measuring positive effects, and were used to frame our results. The primary themes along with uniquely identified sub-themes are the following: personal strength (psychological confidence, emotional maturity), improved relationship with others (family intimacy, empathy for others), new possibilities (having passion work with cancer), appreciation for life (reprioritization), and spiritual development (strengthened spiritual beliefs, participating in religious rituals and activities). CONCLUSIONS: For survivors, cancer was life altering and for many the experience continues. Understanding survivors' complex cancer experience can help improve psychosocial oncology care.

Zhang, L. [China University of Political Science and Law, Beijing]. **“An age-period-cohort analysis of religious involvement and adult self-rated health: results from the USA, 1972-2008.”** *Journal of Religion & Health* 56, no. 3 (Jun 2017): 916-945.

[Abstract:] This study conducts an age, period, cohort analysis of how religious involvement affects adult health across the life course and over time in the USA. Cross-classified random-effect models are used to examine data drawn from the General Social Survey, 1972-2008. The research shows clear life course patterns, time trends and birth cohort changes in the religious involvement and health relationship with period effects surpassing cohort effects. For the most part, the results show a loss of advantage in health with age for those who are more involved in religion. Period effects are mainly demonstrated by an overall downward trend of self-rated health (SRH) attributable to religious denominational differences and various levels of social integration. Unlike the period effects, the health disparities associated with religious denominational differences fluctuated when cohort progressed. These findings suggest that in general, the positive effect of religious involvement on SRH decreases with age and periods, but its influence on individual SRH fluctuates by cohort. It is expected that a downward trend in SRH attributable to religious involvement will carry on in future.

Earlier bibliographies are available on line through the website of the Department of Pastoral Care for the University of Pennsylvania Health System at www.ups.upenn.edu/pastoral (--see the section of the website "For Hospital Staff").