

# Spirituality & Health: A Select Bibliography of Medline-Indexed Articles Published In 2018

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The following is a selection of 196 *Medline*-indexed journal articles pertaining to spirituality & health published during 2018, from among the more than 1350 articles categorized under the subject headings of “Religion and Medicine,” “Religion and Psychology,” “Religion,” “Spirituality,” and “Pastoral Care”; plus 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*.

Abell, C. H., Garrett-Wright, D. and Abell, C. E. [Western Kentucky University, Bowling Green, KY]. "Nurses' perceptions of competence in providing spiritual care." *Journal of Holistic Nursing* 36, no. 1 (Mar 2018): 33-37.

[From the abstract:] PURPOSE: The study examined nurses' perception of competence in providing spiritual care. DESIGN OF STUDY: A descriptive correlational research design with a convenience sample was used. METHOD: Participants completed a demographic questionnaire and the Spiritual Care Competence Scale, which has six domains: assessment and implementation of spiritual care, professionalization and improving the quality of spiritual care, personal support and patient counseling, referral to professionals, attitude toward the patient's spirituality, and communication. FINDINGS: The domain of communication had the most favorable perception among participants and the domain of professionalization and improving the quality of spiritual care had the least favorable perception...

Abu, H. O., Ulbricht, C., Ding, E., Allison, J. J., Salmoirago-Blotcher, E., Goldberg, R. J. and Kiefe, C. I. [University of Massachusetts Medical School, Worcester, MA; and Brown University, Providence, RI]. "Association of religiosity and spirituality with quality of life in patients with cardiovascular disease: a systematic review." *Quality of Life Research* 27, no. 11 (Nov 2018): 2777-2797.

[Abstract:] PURPOSE: This review systematically identified and critically appraised the available literature that has examined the association between religiosity and/or spirituality (R/S) and quality of life (QOL) in patients with cardiovascular disease (CVD). METHODS: We searched several electronic online databases (PubMed, SCOPUS, PsycINFO, and CINAHL) from database inception until October 2017. Included articles were peer-reviewed, published in English, and quantitatively examined the association between R/S and QOL. We assessed the methodological quality of each included study. RESULTS: The 15 articles included were published between 2002 and 2017. Most studies were conducted in the US and enrolled patients with heart failure. Sixteen dimensions of R/S were assessed with a variety of instruments. QOL domains examined were global, health-related, and disease-specific QOL. Ten studies reported a significant positive association between R/S and QOL, with higher spiritual well-being, intrinsic religiousness, and frequency of church attendance positively related with mental and emotional well-being. Approximately half of the included studies reported negative or null associations. CONCLUSIONS: Our findings suggest that higher levels of R/S may be related to better QOL among patients with CVD, with varying associations depending on the R/S dimension and QOL domain assessed. Future longitudinal studies in large patient samples with different CVDs and designs are needed to better understand how R/S may influence QOL. More uniformity in assessing R/S would enhance the comparability of results across studies. Understanding the influence of R/S on QOL would promote a holistic approach in managing patients with CVD.

Ahmed, M., Kubilis, P. and Padela, A. [University of Florida College of Medicine, Gainesville, FL; and University of Chicago, Chicago, IL]. "American Muslim physician attitudes toward organ donation." *Journal of Religion & Health* 57, no. 5 (Oct 2018): 1717-1730.

[Abstract:] Religious beliefs and values impact Muslim patients' attitudes toward a variety of healthcare decisions, including organ donation. Muslim physician attitudes toward organ donation, however, are less well studied. Utilizing a national survey of physician members of the Islamic Medical Association of North America, relationships between religiosity, patterns of bioethics resource utilization, and sociodemographic characteristics with attitudes toward organ donation were assessed. Of 255 respondents, 251 answered the target question, "in your understanding, does Islamic bioethics and law permit organ donation?" 177 respondents (70%) answered positively, 30 (12%) negatively, and 46 (18%) did not know. Despite the overwhelming majority of respondents believing organ donation to be permitted by Islamic bioethics and law, fewer than one-third (n = 72, 30%) are registered donors. Several sociodemographic features had a positive association with believing organ donation to be permitted: ethnic descent other than that of South Asian, having immigrated to the USA as an adult, and male sex. When using a logistic regression model controlling for these three variables as potential confounders, the best predictor of Muslim physicians believing organ donation to be permissible was utilization of an Imam as a bioethical resource (odds ratio 5.9, p = 0.02). Religiosity variables were not found to be associated with views on the Islamic permissibility of organ donation. While Muslim American physicians appear to believe there is religious support for organ donation, only a minority sign up to be donors. Greater study is needed to understand how physicians' attitudes regarding donation impact discussions between patients and physicians regarding the possibility of donating and of receiving a transplant.

Ahrenfeldt, L. J., Moller, S., Hvidt, N. C. and Lindahl-Jacobsen, R. [University of Southern Denmark, Odense, et al., Denmark]. "Religiousness and lifestyle among Europeans in SHARE." *Public Health* 165 (Dec 2018): 74-81.

[Abstract:] OBJECTIVES: Religiousness is associated with longevity and better physical health, which may be due to lifestyle choices. Here, we examine associations between religiousness and health, explained by lifestyle. STUDY DESIGN: This is a longitudinal study. METHODS: Data came from 23,864 people aged 50 and above included in the Survey of Health, Ageing and Retirement in Europe in 2004-2005 and followed up during 11 years. RESULTS: Praying and taking part in a religious organization were associated with lower odds of smoking [odds ratio (OR) = 0.82, 95% confidence interval (CI): 0.73, 0.92 and 0.61, 95% CI: 0.53, 0.70], alcohol consumption (OR = 0.71, 95% CI: 0.64, 0.78 and OR = 0.76, 95% CI: 0.67, 0.85), physical inactivity (OR = 0.88, 95% CI: 0.79, 0.98 and OR = 0.54, 95% CI: 0.48, 0.61), and doing no vigorous physical activity (OR = 0.92, 95% CI: 0.85, 0.98 and OR = 0.63, 95% CI: 0.58, 0.68). Furthermore, religious organizational involvement lowered the odds of sleep problems (OR = 0.83, 95% CI: 0.76, 0.91), whereas being religiously educated lowered the odds of high body weight (OR = 0.87, 95% CI: 0.79, 0.96). The more religious (people who prayed, took part in a religious organization and were religiously educated) had lower odds of smoking, alcohol consumption, physical inactivity, and sleep problems than other respondents, and compared with people who only prayed, they had lower odds of smoking, physical inactivity, and sleep problems. People who only prayed had lower odds of alcohol consumption but higher odds of sleep problems than the non-religious. CONCLUSIONS: This study confirms that the positive relations between religiousness and health to an important degree can be explained by lifestyle.

Al-Ghabeesh, S. H., Alshraifeen, A. A., Saifan, A. R., Bashayreh, I. H., Alnuaimi, K. M. and Masalha, H. A. [University of Jordan, Amman, Jordan; et al.]. "**Spirituality in the lives of patients with end-stage renal disease: a systematic review.**" *Journal of Religion & Health* 57, no. 6 (Dec 2018): 2461-2477.

[Abstract:] The aim of this systematic review was to answer these questions: What does spirituality mean to patients with end-stage renal disease (ESRD)? And are there associations between spirituality and the health outcomes and general well-being of patients with ESRD? Thirty-three studies met the review criteria. Meaning of spirituality for patients with ESRD and spirituality in the lives of patients with ESRD were the main themes emerged. There is growing evidence that suggests a positive relationship between spirituality and the health outcomes and well-being of ESRD patients. However, the evidence is incomplete and there is a need for further research to enhance our understanding of the role of spirituality in improving the health outcomes and well-being of ESRD patients.

Alnasser, Q., Abu Kharmah, S. D., Attia, M., Aljafari, A., Agyekum, F. and Ahmed, F. A. [King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia]. "**The lived experience of autologous stem cell-transplanted patients: post-transplantation and before discharge.**" *Journal of Clinical Nursing* 27, nos. 7-8 (Apr 2018): e1508-e1518.

This study out of Saudi Arabia used a purposive sample of 15 post-haematopoietic stem cell transplantation patients. Among the findings: "This study showed that the psychological and spiritual needs of HSCT patients are as important as their physical needs. Hence, it is recommended that psychological and spiritual services should comprise a part of the HSCT care model" [p. e1509].

Appleby, A., Swinton, J., Bradbury, I. and Wilson, P. [University of Aberdeen, Scotland; et al.]. "**GPs and spiritual care: signed up or souled out? A quantitative analysis of GP trainers' understanding and application of the concept of spirituality.**" *Education for Primary Care* 29, no. 6 (2018): 367-375.

[Abstract:] GPs have a wide range of attitudes to spirituality which contribute to variations in reported spiritual care. Study aims were: to assess concepts of spirituality and their application in a sample of GP trainers; explore statistically the relationship between personal spiritual affiliation, attitudes to, and reported practice of, spiritual care and; to examine whether GP trainers consider training in spiritual care to be adequate. Questionnaire involving 87 GP trainers using Likert scale responses and multinomial trend tests to analyse the relationships between 'concept of spirituality' and attitude to, or practice of, spiritual care. Cluster and latent class analysis to investigate whether groups of GPs are categorically different. Results were GPs largely considered spirituality to be a meaningful, useful, but unclear concept. 8% did not wish involvement in spiritual care, 27.6% had reservations, 46% were pragmatically willing and 12.6% expressed keenness. 35.6% reported they tend not to discuss spiritual matters. Latent class analysis suggests two groups exist: two thirds being pragmatic supporters of spiritual care and one third are tentative sceptics. GPs vary widely in their attitude to, and practice of spiritual care. Only 10.3% reported receiving adequate training in spiritual care.

Appleby, A., Wilson, P. and Swinton, J. [Aviemore Medical Practice and University of Aberdeen, Scotland]. "**Spiritual care in general practice: rushing in or fearing to tread? An integrative review of qualitative literature.**" *Journal of Religion & Health* 57, no. 3 (Jun 2018): 1108-1124.

[Abstract:] Guidance for medical staff reminds employees of the responsibility to deliver spiritual care in its broadest sense, respecting the dignity, humanity, individuality and diversity of the people whose cultures, faiths and beliefs coexist in society. This is no small or simple task, and although GPs (family practitioners) have been encouraged to deliver spiritual care, we suggest this is proving to be challenging and needs further careful debate. This literature review critiques and analyses existing studies and points to four categories of attitude to spiritual care, and two related but distinct concepts of spirituality in use by GPs. Our aims were to search for, summarize and critique the qualitative literature regarding general practitioners' views on spirituality and their role in relation to spiritual care. An integrative review was made by a multidisciplinary team using a critical realism framework. We searched seven databases and completed thematic and matrix analyses of the qualitative literature. A number of good-quality studies exist and show that some but not all GPs are willing to offer spiritual care. Four patterns of attitude towards delivering spiritual care emerge from the studies which indicate different levels of engagement with spiritual care: embracing, pragmatic, guarded and rejecting. Further research is needed to identify whether these four views are fixed or fluid, whether training in spiritual care modifies these and whether they relate to patterns of care in practice, or patient outcomes. The authors suggest that some of the difference in viewpoint relate to the lack of clear philosophical framework. The authors suggest critical realism as having potential to facilitate interdisciplinary research and create clearer concepts of spiritual care for GPs.

Astrow, A. B., Kwok, G., Sharma, R. K., Fromer, N. and Sulmasy, D. P. [New York-Presbyterian Brooklyn Methodist Hospital/Weill Cornell Medicine, Brooklyn, NY; et al.]. "**Spiritual needs and perception of quality of care and satisfaction with care in hematology/medical oncology patients: a multicultural assessment.**" *Journal of Pain & Symptom Management* 55, no. 1 (2018): 56-64.e1.

[Abstract:] CONTEXT: Assessment and response to patients' spiritual concerns are crucial components of high-quality supportive care. Better measures of spiritual needs across the cultural spectrum may help direct necessary interventions. OBJECTIVES: The objective of this study was to assess spiritual needs in a racially/ethnically and religiously mixed sample of hematology and oncology outpatients and examine the association between spiritual needs and perception of quality of care and satisfaction with care. METHODS: This is an observational study of 727

racially/ethnically and religiously diverse outpatients. Spiritual needs were measured using a validated, 23-item questionnaire, the Spiritual Needs Assessment for Patients. Scales were administered in four languages. RESULTS: Forty-four percent were white, 13% Hispanic, 25% black, and 14% Asian. English was the primary language for 57%; 59% considered themselves "spiritual but not religious." At least one spiritual need was reported by 79%. Forty-eight percent were comfortable having their physician inquire about spiritual needs. Compared with English-speaking patients, Russian-speaking patients reported lower spiritual needs ( $P = 0.003$ ). Patients who considered themselves "spiritual but not religious" ( $P = 0.006$ ) reported a higher level of spiritual needs. Higher spiritual needs were associated with less satisfaction with care ( $P = 0.018$ ) and lower perception of quality of care ( $P = 0.002$ ). CONCLUSION: Spiritual needs are common in an ethnically, religiously, and linguistically diverse cancer patient population but may differ by cultural background. High levels of spiritual need are associated with lower levels of satisfaction and diminished perception of quality of care. Training clinicians to address patients' spiritual concerns, with attention to cultural differences, may improve patients' experiences of care.

Atkinson, H. G., Fleenor, D., Lerner, S. M., Poliandro, E. and Truglio, J. [Icahn School of Medicine at Mount Sinai, NY]. "**Teaching third-year medical students to address patients' spiritual needs in the surgery/anesthesiology clerkship.**" *Mededportal Publications* 14 (Dec 14, 2018): 10784 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Introduction: Despite many patients wanting physicians to inquire about their religious/spiritual beliefs, most physicians do not make such inquiries. Among physicians who do, surgeons are less likely than family and general practitioners and psychiatrists to do so. Methods: To address this gap, we developed a 60-minute curriculum that follows the Kolb cycle of experiential learning for third-year medical students on their surgery/anesthesiology clerkship. The session includes definitions of religion/spirituality, an overview of the literature on spirituality in surgery, a review of the FICA Spiritual History Tool, discussion of the role of the chaplain and the process of initiating a chaplain consult, and three cases regarding the spiritual needs of surgical patients. Results: In total, 165 students participated in 10 sessions over 13 months. Of these, 120 students (73%) provided short-term feedback. Overall, 82% rated the session above average or excellent, and 72% stated the session was very relevant to patient care. To improve the session, students recommended assigning key readings, discussing more cases, role-playing various scenarios, inviting patients to speak, practicing mock interviews, and allowing for more self-reflection and discussion. Long-term feedback was provided by 105 students (64%) and indicated that the spirituality session impacted their attitudes about the role of religion/spirituality in medicine and their behaviors with patients. Discussion: We have designed a successful session on spirituality for third-year students on their surgery/anesthesiology clerkship. Students reported it to be a positive addition to the curriculum. The session can be modified for other surgical subspecialties and specialties outside of surgery.

Azhar, A. and Bruera, E. [University of Texas MD Anderson Cancer Center, Houston, TX]. "**Outcome measurement and complex physical, psychosocial and spiritual experiences of death and dying.**" *Annals of Palliative Medicine* 7, suppl. 3 (Oct 2018): S231-S243.

[Abstract:] Patients with advanced illnesses, especially near the end of life, often experience multiple complex symptoms which may have profound impact on the quality of life of not only the patients but also their family members. Early and prompt recognition of such clinical challenges is linked with better end of life care for the dying patients, their caregivers and family members. In this narrative, which is not meant to be an in-depth systematic review, we attempt to provide an overview of some commonly used outcome measurement tools available for bedside clinical assessment of the different dimensions of suffering, especially near the time of death. We also mention need for recognition of conditions, like delirium and other personal, environmental and social factors, to draw the readers' attention towards the importance of such assessments, as these may influence interpretation of patient responses on the tools being used to measure outcomes.

Babamohamadi, H., Ahmadpanah, M. S. and Ghorbani R. [Semnan University of Medical Sciences, Semnan, Iran]. "**Attitudes toward spirituality and spiritual care among Iranian nurses and nursing students: a cross-sectional study.**" *Journal of Religion & Health* 57, no. 4 (Aug 2018): 1304-1314.

[Abstract:] Addressing spiritual needs is taken into account as an integral part of holistic health care and also an important component of nursing practice. The aim of present study is to evaluate attitudes toward spirituality and spiritual care among nurses and nursing students at Semnan University of Medical Sciences in Iran. In this cross-sectional study, all nurses ( $n = 180$ ) working in the teaching hospitals affiliated to Semnan University of Medical Sciences as well as senior nursing students ( $n = 50$ ) selected by the census method. Finally, 168 individuals meeting the inclusion criteria were evaluated as the study sample. The data collection instrument was the Spirituality and Spiritual Care Rating Scale. The mean and standard deviation scores of attitudes toward spirituality and spiritual care among nurses and nursing students were  $59 \pm 10.9$ , and the scores obtained by the majority of study population (64.3%) ranged between 32 and 62 which were at a moderate and relatively desirable level. Nurses and nursing students working in aforementioned hospitals reported positive attitudes to spirituality and spiritual care. Given the importance of spiritual care and also the moderate level of spirituality and spiritual care among nurses and nursing students in this study, institutionalization of the concept of spirituality, provision of an appropriate context to deliver such care, and also implementation of interventions in order to improve spiritual care along with other nursing skills were assumed of utmost importance.

Bailly, N., Martinent, G., Ferrand, C., Agli, O., Giraudeau, C., Gana, K. and Roussiau, N. "**Spirituality, social support, and flexibility among older adults: a five-year longitudinal study.**" *International Psychogeriatrics* 30, no. 12 (2018): 1745-1752.

[Abstract:] Objectives: The objectives of the study were to examine the trajectory of spirituality among older adults, to investigate the roles of gender and religion on the developmental trajectory of spirituality, and to explore whether the linear growth of spirituality accelerated or decelerated at time points at which the participants reported high scores of social support and flexibility. DESIGN: A five-year longitudinal study. SETTING: The research used data from a longitudinal study, which follows a non-institutionalized older adults cohort of residents from France. The data used in this paper were collected at three time points (T1: 2007; T2: 2009; T3: 2012). PARTICIPANTS: A total of 567 participants were included in the analysis (59.44% female; Mage = 75.90, SD = 5.12). MEASUREMENTS: Multilevel growth curve analysis was used measuring spirituality, satisfaction with social support, and flexibility. RESULTS: The results indicated the following: (1) stability of spirituality over time, (2) older women reported higher levels of spirituality than older men, and those who had a religion reported higher scores of spirituality than their counterparts who had no religion (these effects were strong and clinically meaningful), (3) older adults who reported higher levels of social support and flexibility also reported higher levels of spirituality, and (4) the slope of spirituality seemed to accelerate at time points at which participants also had higher levels of social support and flexibility (these effects were rather small but of theoretical interest).

CONCLUSION: The results of the present study help to improve the understanding of the potential benefit of encouraging the spiritual aspects of life.

Bainbridge, D. and Seow, H. "**Palliative care experience in the last 3 months of life: a quantitative comparison of care provided in residential hospices, hospitals, and the home from the perspectives of bereaved caregivers.**" *American Journal of Hospice & Palliative Medicine* 35, no. 3 (Mar 2018): 456-463.

This retrospective analysis of surveys from 1153 caregivers through 22 hospices in Ontario, Canada found that across hospice, home care, cancer center and hospital settings, pain management tended to be the highest-rated experience of support domains and spiritual support the lowest (especially regarding hospitals, where there was also a low rating for emotional support).

Bakhshae, M., Asghari, M., Sharifian, M. R., Jafari Ashtiyani, S. and Rasoulia, B. [Mashhad University of Medical Sciences, Mashhad, Iran]. "**Islamic attitudes and rhinoplasty.**" *Iranian journal of otorhinolaryngology* 30, no. 97 (Mar 2018): 91-96.

[Abstract:] Introduction: Although the psychological aspects of rhinoplasty have been fully investigated in the medical literature, the religiosity of rhinoplasty candidates has not been taken into consideration. Materials and Methods: In this cross-sectional study, the religious attitudes of 157 rhinoplasty candidates were compared with those of 74 subjects who had not requested rhinoplasty. A domestic validated reliable questionnaire was completed by all subjects to classify them with respect to religious attitude. Other factors such as age, sex and economic and educational status were also taken into consideration. From the surgeon's perspective, subjects were put into three categories: subjects who had a relative indication for rhinoplasty (Category.1), subjects with a well-defined nose based on accepted standards of facial aesthetic analysis (Category.2) and finally subjects with a severely deformed nose, such as deviated nose or nasal cleft lip deformity (Category.3). Results: The mean age among subjects was 28.63 +/- 7.05 years, and the majority were female (87%). The two groups of participants (those who did and did not express a desire for rhinoplasty) were analyzed from the point view of age, sex, economic and educational status. The economic and educational status of the two groups did not differ significantly ( $P>0.05$ ). The religious score showed a significant difference between those who were interested in rhinoplasty (122.75+/-23.49) and those who were not interested (138.78+/-21.85;  $P<0.001$ ). Conclusion: Religion may affect a patient's decision to undergo rhinoplasty surgery, such that persons with a higher religious attitude tend to undertake it less often. However, individuals with major nasal deformities tend to decide undertake the surgery, irrespective of religious beliefs.

Balboni, M. J., Sullivan, A., Smith, P. T., Zaidi, D., Mitchell, C., Tulsy, J. A., Sulmasy, D. P., VanderWeele, T. J. and Balboni, T. A. [Dana-Farber Cancer Institute, Brigham, Women's Hospital, and Initiative on Health, Religion, and Spirituality within Harvard, Boston, Massachusetts; and Brown University, Providence, Rhode Island]. "**The views of clergy regarding ethical controversies in care at the end of life.**" *Journal of Pain & Symptom Management* 55, no. 1 (2018): 65-74.e9.

[Abstract:] CONTEXT: Although religion often informs ethical judgments, little is known about the views of American clergy regarding controversial end-of-life ethical issues including allowing to die and physician aid in dying or physician-assisted suicide (PAD/PAS). OBJECTIVE: To describe the views of U.S. clergy concerning allowing to die and PAD/PAS. METHODS: A survey was mailed to 1665 nationally representative clergy between 8/2014 to 3/2015 (60% response rate). Outcome variables included beliefs about whether the terminally ill should ever be "allowed to die" and moral/legal opinions concerning PAD/PAS. RESULTS: Most U.S. clergy are Christian (98%). Clergy agreed that there are circumstances in which the terminally ill should be "allowed to die" (80%). A minority agreed that PAD/PAS was morally (28%) or legally (22%) acceptable. Mainline/Liberal Christian clergy were more likely to approve of the morality (56%) and legality (47%) of PAD/PAS, in contrast to all other clergy groups (6%-17%). Greater end-of-life medical knowledge was associated with moral disapproval of PAD/PAS (adjusted odds ratio [AOR], 1.51; 95% CI, 1.04-2.19,  $P = 0.03$ ). Those reporting distrust in health care were less likely to oppose legalization of PAD/PAS (AOR 0.93; 95% CI, 0.87-0.99,  $P < 0.02$ ). Religious beliefs associated with disapproval of PAD/PAS included "life's value is not tied to the patient's quality of life" (AOR 2.12; 95% CI, 0.1.49-3.03,  $P < 0.001$ ) and "only God numbers our days" (AOR 2.60; 95% CI, 1.77-3.82,  $P < 0.001$ ). CONCLUSION: Most U.S. clergy approve of "allowing to die" but reject the morality or legalization of PAD/PAS. Respectful discussion in public discourse should consider rather than ignore underlying religious reasons informing end-of-life controversies.

Balboni, T. A. and Balboni, M. J. [Dana-Farber/Brigham and Women's Cancer Center, Boston, MA]. "**The spiritual event of serious illness.**" *Journal of Pain & Symptom Management* 56, no. 5 (2018): 816-822.

[Abstract:] Thought leaders in palliative care have long recognized the spiritual implications of illness, including Dame Cicely Saunders' groundbreaking concept of suffering as comprising physical, emotional, social, and spiritual sources of pain. However, despite such recognition, spirituality remains an oft-neglected component of the biopsychosocial spiritual model of caregiving in serious illness. We aim in this article to highlight, through an in-depth account of patients' experiences and attitudes, the concept of illness as a spiritual event.

Barton, K. S., Tate, T., Lau, N., Taliesin, K. B., Waldman, E. D. and Rosenberg, A. R. [Seattle Children's Research Institute, Seattle, WA]. "**'I'm not a spiritual person.' How hope might facilitate conversations about spirituality among teens and young adults with cancer.**" *Journal of Pain & Symptom Management* 55, no. 6 (2018): 1599-1608. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Supporting patients' spiritual needs is central to palliative care. Adolescents and young adults (AYAs) may be developing their spiritual identities; it is unclear how to navigate conversations concerning their spiritual needs. OBJECTIVES: To 1) describe spiritual narratives among AYAs based on their self-identification as religious, spiritual, both, or neither and 2) identify language to support AYAs' spiritual needs in keeping with their self-identities. METHODS: In this mixed-methods, prospective, longitudinal cohort study, AYAs (14-25 years old) with newly diagnosed cancer self-reported their "religiousness" and "spirituality." One-on-one, semistructured interviews were conducted at three time points (within 60 days of diagnosis, six to 12 months, and 12-18 months later) and included queries about spirituality, God/prayer, meaning from illness, and evolving self-identity. Post hoc directed content analysis informed a framework for approaching religious/spiritual discussions. RESULTS: Seventeen AYAs (mean age 17.1 years, SD = 2.7, 47% male) participated in 44 interviews. Of  $n = 16$  with concurrent survey responses, five (31%) self-identified as both "religious and spiritual," five (31%) as "spiritual, not religious," one (6%) as "religious, not spiritual," and five (31%) as neither. Those who endorsed religiousness tended to cite faith as a source of strength, whereas many who declined this self-identity explicitly questioned their preexisting beliefs. Regardless of self-identified "religiousness" or "spirituality," most participants endorsed quests for meaning, purpose, and/or legacy, and all included constructs of hope in their narratives. CONCLUSION: AYA self-identities evolve during the illness experience. When words such as "religion" and "spirituality" do not fit, explicitly exploring hopes, worries, meaning, and changing life perspectives may be a promising alternative.

Bashar, F. R., Vahedian-Azimi, A., Salesi, M., Hajiesmaeili, M., Shojaei, S., Farzanegan, B., Goharani, R., Madani, S. J., Moghaddam, K. G., Hatamian, S., Moghaddam, H. J., Arrascaeta-Llanes, A. and Miller, A. C for the MORZAK Collaborative [Hamadan University of Medical Sciences, Hamedan, Iran; et al.]. **"Spiritual health and outcomes in Muslim ICU patients: a nationwide cross-sectional study."** *Journal of Religion & Health* 57, no. 6 (Dec 2018): 2241-2257.

[Abstract:] The aim of the present study is to describe how religiosity and spirituality affect the psychiatric morbidity of Muslim intensive care unit (ICU) patients. We conducted a prospective nationwide cross-sectional study of ICU patients discharged from 45 medical centers spanning 31 provinces in Iran. Adults (age  $\geq$  18 years) admitted to the ICU and treated with invasive mechanical ventilation were eligible. Nine validated survey tools were administered to detect direct and indirect associations between spiritual health (SH) and depression, anxiety, and post-traumatic disorder. The Hospital Anxiety and Depression Scale (HADS), Impact of Event Scale-Revised (IES-R), Post-Traumatic Stress Syndrome 14 question (PTSS-14) quality-of-life (QoL), and quality of patient to physician or nurse communication (PP-QoC and PN-QoC) scales were modeled through two mediators by structural equation modeling (SEM). Sex, ICU type, LOS, and APACHE II score were added in the independent variable list. 338 eligible patients were discharged from the ICUs during the study period. 56 were excluded (clinical status), and 282 were administered the survey. 278 returned it, with 272 complete and 6 partial responses. SH displayed no direct or indirect association to QoL. SH was indirectly associated with decreased depression and anxiety ( $B = -0.081$ ,  $p < 0.05$ ) via PP-QoC mediator. Both direct and indirect positive associations were observed between SH and IES-R ( $B = 0.293$ ,  $p < 0.05$ ; via PP-QoC) and PTSS-14 scores ( $B = 0.267$ ,  $p < 0.001$ ; via PP-QoC). Medical ICU location was associated with decreased PTSS-14 scores via the same mediator. In this survey of Muslim ICU patients treated with invasive mechanical ventilation, SH correlated with decreased depression and anxiety, but paradoxically increased post-traumatic stress. The most influential mediator was patient-physician quality-of-communication.

Besemann, M., Hebert, J., Thompson, J. M., Cooper, R. A., Gupta, G., Bremault-Phillips, S. B. and Dentry, S. J. [University of Alberta, Edmonton; et al.]. **"Reflections on recovery, rehabilitation and reintegration of injured service members and veterans from a bio-psychosocial-spiritual perspective."** *Canadian Journal of Surgery* 61, no. 6 (2018): S219-S231.

[Abstract:] Medical interventions regarding trauma resuscitation have increased survivorship to levels not previously attained. Multiple examples from recent conflicts illustrate the potential return to high-level function of severely injured service members following medical and rehabilitative interventions. This review addresses the goals of rehabilitation, distills hard-won lessons of the last decade of military trauma and rehabilitation, and recommends the use of a bio-psychosocial-spiritual approach to care that can be applied at all tiers of the health care system. Questions on enabling participation in meaningful life activities include the following: Why do some patients do well and others do not? What elements contribute to positive outcomes? What factors relate to suboptimal results? Lessons learned revolve around the importance of considering the physical, psychosocial and spiritual aspects of a person's well-being; empowering patients by fostering self-efficacy; and helping patients find meaning in life events and set high-level goals. A bio-psychosocial-spiritual model from the rehabilitation medicine literature - the Canadian Model of Occupational Performance and Engagement - is proposed as a guide to the provision of person-centred care and the maximization of a person's functioning posttrauma.

Bassett, L., Bingley, A. F. and Brearley, S. G. [Lancaster University, Lancashire, UK]. **"Silence as an element of care: a meta-ethnographic review of professional caregivers' experience in clinical and pastoral settings."** *Palliative Medicine* 32, no. 1 (Jan 2018): 185-194.

This literature review out of the UK drew from the Journal of Health Care Chaplaincy and others to identify 18 papers. The authors find that "as a multi-functional element of interpersonal relationships, silence operates in partnership with speech to support therapeutic communication." [Abstract:] BACKGROUND: In interactions between professional caregivers, patients and family members at the end of life, silence often becomes more prevalent. Silence is acknowledged as integral to interpersonal communication and compassionate care but is also noted as a complex and ambiguous phenomenon. This review seeks interdisciplinary experience to deepen understanding of qualities of silence as an element of care. AIM: To search for published papers which describe professional caregivers' experience of silence as an element of care, in palliative and other clinical, spiritual and pastoral care settings and to synthesise their findings. DESIGN: Meta-ethnography: employing a systematic search strategy and line-of-argument synthesis. DATA SOURCES: PsycINFO and seven other cross-disciplinary databases, supplemented by hand-search, review of reference lists and citation tracking. No date range was imposed. Inclusion criteria focused on reported experience of silence in professional caregiving. Selected papers ( $n = 18$ ) were appraised; none were rejected on grounds of quality. RESULTS: International, interdisciplinary research and opinion endorses the value of silence in clinical care. As a multi-functional element of interpersonal relationships, silence operates in partnership with speech to support therapeutic communication. As a caregiving practice, silence is perceived as particularly relevant in spiritual and existential dimensions of care when words may fail. CONCLUSION: Experience of silence as an element of care was found in palliative and spiritual care, psychotherapy and counselling supporting existing recognition of the value of silence as a skill and practice. Because silence can present challenges for caregivers, greater understanding may offer benefits for clinical practice.

Bibler, T. M., Shinall, M. C. Jr. and Stahl, D. [Baylor College of Medicine; Vanderbilt University Medical Center; and Michigan State University]. **"Responding to those who hope for a miracle: practices for clinical bioethicists."** *American Journal of Bioethics* 18, no. 5 (May 2018): 40-51. [--See also the response, cited elsewhere in this bibliography: McCarthy, M. & Wasson, K., "Shouldn't chaplains be handling cases with miracle language?" *American Journal of Bioethics* 18, no. 5 (2018): 58-60.]

[Abstract:] Significant challenges arise for clinical care teams when a patient or surrogate decision-maker hopes a miracle will occur. This article answers the question, "How should clinical bioethicists respond when a medical decision-maker uses the hope for a miracle to orient her medical decisions?" We argue the ethicist must first understand the complexity of the miracle-invocation. To this end, we provide a taxonomy of miracle-invocations that assist the ethicist in analyzing the invocator's conceptions of God, community, and self. After the ethicist appreciates how these concepts influence the invocator's worldview, she can begin responding to this hope with specific practices. We discuss these practices in detail and offer concrete recommendations for a justified response to the hope for a miracle.

Bonavita, A., Yakushko, O., Morgan Consoli, M. L., Jacobsen, S. and Mancuso, R. L. L. [Hospice of Santa Barbara, Santa Barbara, CA; Pacifica Graduate Institute, Carpinteria, CA; and University of California-Santa Barbara, CA]. **"Receiving spiritual care: experiences of dying and grieving individuals."** *Omega - Journal of Death & Dying* 76, no. 4 (Mar 2018): 373-394.

[Abstract:] The study examines the perceptions of interfaith spiritual care, received through a volunteer hospice organization, by 10 individuals facing death and dying. Qualitative methodology based on the Interpretive Phenomenological Analysis was used to collect and analyze the data.

Four superordinate themes reflected meanings ascribed to spirituality and spiritual care in facing end of life: Vital Role of Spirituality in the End-of-Life Care, Definitions and Parameters of Spirituality and Interfaith Spiritual Care, Distinct Aspects of Interfaith Spiritual Care, and Unmet Spiritual Needs. The results expand an understanding of the role of spirituality and spiritual care as part of the hospice and palliative care through attention to individual perceptions and experiences, as well as to ways to expand attention to spirituality within the hospice care.

Booth, L. and Kaylor, S. [University of Alabama, Tuscaloosa]. **"Teaching spiritual care within nursing education: a holistic approach."** *Holistic Nursing Practice* 32, no. 4 (Jul/Aug 2018): 177-181.

[Abstract:] Student nurses are unprepared to meet the spiritual needs of patients, and are often uncomfortable addressing this. This article aims to describe the student perspective of spirituality in relation to the holistic care model. Findings from the study provide insight about preparing nursing students to deliver spiritual care in nursing practice.

Bormann, J. E., Thorp, S. R., Smith, E., Glickman, M., Beck, D., Plumb, D., Zhao, S., Ackland, P. E., Rodgers, C. S., Heppner, P., Herz, L. R. and Elwy, A. R. [VA San Diego Healthcare System, San Diego; et al.]. **"Individual treatment of posttraumatic stress disorder using mantram repetition: a randomized clinical trial."** *American Journal of Psychiatry* 175, no. 10 (2018): 979-988.

[Abstract:] OBJECTIVE: Previous studies suggest that group "mantram" (sacred word) repetition therapy, a non-trauma-focused complementary therapy for posttraumatic stress disorder (PTSD), may be an effective treatment for veterans. The authors compared individually delivered mantram repetition therapy and another non-trauma-focused treatment for PTSD. METHOD: The study was a two-site, open-allocation, blinded-assessment randomized trial involving 173 veterans diagnosed with military-related PTSD from two Veterans Affairs outpatient clinics (January 2012 to March 2014). The mantram group (N=89) learned skills for silent mantram repetition, slowing thoughts, and one-pointed attention. The comparison group (N=84) received present-centered therapy, focusing on currently stressful events and problem-solving skills. Both treatments were delivered individually in eight weekly 1-hour sessions. The primary outcome measure was change in PTSD symptom severity, as measured by the Clinician-Administered PTSD Scale (CAPS) and by self-report. Secondary outcome measures included insomnia, depression, anger, spiritual well-being, mindfulness, and quality of life. Intent-to-treat analysis was conducted using linear mixed models. RESULTS: The mantram group had significantly greater improvements in CAPS score than the present-centered therapy group, both at the posttreatment assessment (between-group difference across time, -9.98, 95% CI=-3.63, -16.00; d=0.49) and at the 2-month follow-up (between-group difference, -9.34, 95% CI=-1.50, -17.18; d=0.46). Self-reported PTSD symptom severity was also lower in the mantram group compared with the present-centered therapy group at the posttreatment assessment, but there was no difference at the 2-month follow-up. Significantly more participants in the mantram group (59%) than in the present-centered therapy group (40%) who completed the 2-month follow-up no longer met criteria for PTSD (p<0.04). However, the percentage of participants in the mantram group (75%) compared with participants in the present-centered therapy group (61%) who experienced clinically meaningful changes (>=10-point improvements) in CAPS score did not differ significantly between groups. Reductions in insomnia were significantly greater for participants in the mantram group at both posttreatment assessment and 2-month follow-up. CONCLUSIONS: In a sample of veterans with PTSD, individually delivered mantram repetition therapy was generally more effective than present-centered therapy for reducing PTSD symptom severity and insomnia.

Boucher, N. A., Steinhauser, K. E. and Johnson, K. S. [Durham VA Medical Center, and Duke University, Durham, NC]. **"Older, seriously ill veterans' views on the role of religion and spirituality in health-care delivery."** *American Journal of Hospice & Palliative Medicine* 35, no. 7 (Jul 2018): 921-928.

[Abstract:] OBJECTIVES: To describe older Veteran's perspectives on the current delivery of religious or spiritual (R/S) care. METHODS: Semi-structured interviews with older veterans with advanced stage cancer, heart failure, or pulmonary disease to elicit views on when, how, and by whom religious and spiritual care is preferred. RESULTS: The sample (n = 17) was largely male (94%), non-Hispanic white (52.9%), Christian (82.3%), and most had at least some college education (64.7%). Participants shared diagnoses of cancer (47%), heart failure (35.2%), or chronic obstructive pulmonary disease (17.6%). As a group, participants had moderate religiosity. Themes relevant to the study goal of improving VA care delivery are as follows: (1) process of R/S engagement, (2) timing of R/S engagement, and (3) awareness of services. Veterans discussed the need for VA providers to accommodate diverse spiritual beliefs, importance of screening for spiritual needs, inclusion of family spiritual support, need for higher visibility of services, use of nonchaplains for R/S support, and times when R/S is important. DISCUSSION: Veterans recognize the diversity of their fellow veterans and note the opportunities and challenges in providing R/S support in the VA care setting. The findings have implications for quality improvement in VA care including efforts focused on enhanced outreach to veterans, bolstered education for staff, and more nuanced approaches to R/S support.

Bowman, M., St. Cyr, S. and Stolf, I. A. [Wright State University, Dayton, OH]. **"Health-care provider personal religious preferences and their perspectives on advance care planning with patients."** *American Journal of Hospice & Palliative Medicine* 35, no. 12 (Dec 2018): 1565-1571.

[Abstract:] OBJECTIVE: To understand how health-care providers' (HCPs) religious preferences influence their willingness to undertake advance care planning (ACP) with patients and their acceptance of other HCP's involvement. METHODS: Online anonymous survey distributed to HCPs in hospital, ambulatory offices, and hospice settings in Dayton, Ohio. We evaluated the associations of HCP religion with their personal ACP, willingness to facilitate ACP, and acceptance of other HCPs' ACP participation. RESULTS: 704 respondents: nurses (66.2%), physicians (18.8%), other HCPs (15.0%), white (88.9%), and primarily Catholic (23.3%) or Protestant (32.0%). "No religion" was marked by 13.9%. Respondents were favorable to ACP with patients. Religious respondents were more likely to have a living will (P = .035) and health-care power of attorney (P = .007) and more accepting of clergy as ACP decision coaches (P = .030). HCP's religion was not associated with willingness to facilitate ACP discussions. There were minor differences between Catholics and Protestants. CONCLUSIONS: Personal religious preference is associated with HCP's own ACP but had little relationship with their willingness to facilitate ACP conversations with patients or acceptance of other professional types of HCPs involvement in ACP conversations. Regardless of religious affiliation, HCPs have interest in undertaking ACP and endorse other HCPs ACP involvement. As results of this study suggest that personal religious affiliation is not a barrier for HCPs engaging in ACP with patients, attempts to overcome barriers to increasing ACP should be directed to other factors.

Brammli-Greenberg, S., Glazer, J. and Shapiro, E. [Smokler Center for Health Policy Research, Myers-JDC-Brookdale Institute, Jerusalem, Israel; et al.]. **"The inverse U-shaped religion-health connection among Israeli Jews."** *Journal of Religion & Health* 57, no. 2 (Apr 2018): 738-750.

[Abstract:] A growing body of evidence indicates an association between religion and health. However, few have studied the connection between the extent of an individual's religiosity and his health. Analysis of the 2004 Israel National Health Survey was performed. Religiosity was self-identified using five continuous categories, distinctive to Israeli Jews. Bivariate and multivariate analyses examined the relationship between the extent of Religious commitment and several health outcomes. The relationship took the shape of an inverse U function: Israeli Jews in the middle religiously have the worst physical and mental health status on both unadjusted and adjusted bases. Israeli Jews exhibit a non-trivial connection between religiosity and health whereby the most Secular and the most Religious individuals seem to be healthier than individuals in between.

Bressler, T. and Popp, B. [Icahn School of Medicine at Mount Sinai, Mount Sinai Beth Israel Medical Center, New York, NY]. **"Ethical challenges when caring for Orthodox Jewish patients at the end of life."** *Journal of Hospice & Palliative Nursing* 20, no. 1 (2018): 36-44.

[Abstract:] Dying is a deeply personal process. The personal values, goals, and experiences of a lifetime come to the forefront during the end of life and may be shaped to some degree by the religious and cultural identity of the patient and family. When patients are part of a faith-based, religious, or cultural minority group, it can be particularly challenging for the clinical care team to gain the understanding and insights needed to reconcile disparities between majority and minority values. This article uses a case study to illustrate and review ethical issues, which frequently occur and can be anticipated in the end-of-life care of patients who identify themselves as Orthodox Jews. Although the specifics are unique to this faith-based minority group, the process of identifying, educating, and developing a means to incorporate faith-based and cultural minority beliefs and values in the provision of care can be applied to other such minority groups that the clinical team may encounter in their work.

Brierley-Jones, L., Crawley, R., Jones, E., Gordon, I., Knight, J. and Hinshaw, K. [University of York, Heslington, UK; et al.]. **"Supporting parents through stillbirth: a qualitative study exploring the views of health professionals and health care staff in three hospitals in England."** *European Journal of Obstetrics, Gynecology, & Reproductive Biology* 222 (Mar 2018):45-51

This focus-group study involved 4 chaplains among its 56 participants. The authors conclude [from the abstract:] Robust, high quality evidence is needed regarding the longer term psychological and emotional sequelae of different modes of delivery and varying time intervals and locations of women between diagnosis and delivery in stillbirth. If the competing discourses demonstrated here are found elsewhere then such need to be considered in any future policy development, evidence implementation and training programmes.

Carey, L. B. and Hodgson, T. J. [La Trobe University, Melbourne; and University of Queensland, St. Lucia, Australia]. **"Chaplaincy, spiritual care and moral injury: considerations regarding screening and treatment."** *Frontiers in Psychiatry* 9 (Dec 2018): 619 [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:] Moral injury is a complex trauma related syndrome involving a correlation of biological, psychological, social, and spiritual symptoms that can have substantial impact upon health and well-being. This paper argues for a holistic bio-psycho-social-spiritual approach to moral injury, by including chaplaincy in the screening and treatment of moral injury among actively serving military members and retired veterans. As part of the moral injury treatment process, and in alignment with the World Health Organization's Spiritual Intervention Codings, a new technique is proposed, "Pastoral Narrative Disclosure" (PND), as a guide for chaplains and others trained in spiritual care to assist those suffering from moral injury.

Carlin, N. [McGovern Medical School, Houston, TX]. **"Reflections for Clinical Pastoral Education students in psychiatric settings."** *Journal of Religion & Health* 57, no. 2 (April 2018): 523-537.

[Abstract:] This article focuses on Donald Capps's books on mental illness. In doing so I highlight three key insights from Capps that I have applied in my own ministry with persons with mental illness in various psychiatric hospitals. These insights, together with my own experience as a chaplain, lead to three practical lessons for clinical pastoral education students in psychiatric settings. I provide some context for my interest in mental illness and my friendship with Capps, as well as some background regarding how Capps's writings on mental illness fit with certain broader themes in his own work as a pastoral theologian. This essay is personal throughout.

Carney, L. M. and Park, C. L. [University of Connecticut, Storrs]. **"Cancer survivors' understanding of the cause and cure of their illness: Religious and secular appraisals."** *Psycho-Oncology* 27, no. 6 (2018): 1553-1558.

[Abstract:] OBJECTIVE: Little is known about survivors' understanding of the cause of their cancer and of their recovery, nor how these ways of understanding relate to their well-being. No study has examined both secular and religious appraisals of the same event. The current study aimed to examine both religious (God) and secular (self) appraisals of both the cause (attributions) and course/cure of cancer in relation to multiple aspects of adjustment. METHODS: Data were obtained from a sample of cancer survivors at Time 1 (n = 250) and 1 year later (Time 2, n = 167). RESULTS: Cancer survivors endorsed higher appraisals relating to course/cure of their cancer than those relating to cause, and they endorsed both secular and religious appraisals. Appraisals of the cause and course/cure of cancer were differentially related to adjustment, such that self-attributions of cause and God-attributions of cause were related to negative aspects of adjustment (eg, negative affect and pessimism), while appraisals of self and God's control over the course/cure were related to positive aspects of adjustment (eg, perceived positive life and health changes since cancer). Religiosity did not moderate most of relationships between religious appraisals and adjustment outcomes. CONCLUSIONS: Secular and religious appraisals of cancer are not mutually exclusive, and religious appraisals are associated with adjustment regardless of survivors' religiosity. Appraisals relating to cause and course/cure have differential relationships with well-being. Addressing cancer survivors' appraisals-religious or nonreligious-in a therapeutic setting may be beneficial regardless of their reported religiosity.

Choudry, M., Latif, A. and Warburton, K. G. [Royal Free Hospital and Chelsea & Westminster NHS Foundation Trust, London, UK]. **"An overview of the spiritual importances of end-of-life care among the five major faiths of the United Kingdom."** *Clinical Medicine* 18, no. 1 (2018): 23-31.

[Abstract:] For many who pertain to particular theological paradigms, their faith cannot be compartmentalised, but is mobilised to inform all aspects of their being, most notably their ethical and moral persuasions. As clinicians, the concept that there are good and bad deaths is already known; understanding the origin and depth of non-physical suffering, and aiming to alleviate it is not possible without learning the individual experiences and beliefs that go with it. Spiritual care forms a fundamental consideration in the endeavor to address the holistic experience of those patients receiving palliative care. Good palliative care seeks to promote the wellbeing and priorities of those with faltering health in a way that continues to support individualised notions of self-determination. The last few decades have resulted in a multicultural and multi-ethnic

patient population. Addressing the spiritual and physical needs of patients allows healthcare professionals to deliver truly holistic care. Exploring and understanding the specific nuances of the five major religions of the UK provides healthcare professionals the opportunity to comfort the religiously observant patient at the end of life.

Clark, E. M., Williams, B. R., Huang, J., Roth, D. L and Holt, C. L. [Saint Louis University, MO; et al.]. "**A longitudinal study of religiosity, spiritual health locus of control, and health behaviors in a national sample of African Americans.**" *Journal of Religion & Health* 57, no. 6 (Dec 2018): 2258-2278.

[Abstract:] The present longitudinal study examined religious beliefs and behaviors, spiritual health locus of control (SHLOC), and selected health-related behaviors and outcomes in a national sample of 766 African American adults. Participants were interviewed by telephone three times over a 5-year period. Results indicated that stronger religious beliefs and religious behaviors were associated with greater changes in active SHLOC. There was some evidence of direct effects of religious beliefs and behaviors on changes in health behaviors. Religious behaviors were related to greater passive SHLOC over time across some health outcomes. Passive SHLOC was associated with some less desirable health outcomes over time.

Cone, P. H. and Giske, T. [Azusa Pacific University, Azusa, CA; and VID Specialized University, Norway]. "**Integrating spiritual care into nursing education and practice: strategies utilizing Open Journey Theory.**" *Nurse Education Today* 71 (Dec 2018): 22-25.

[Abstract:] Throughout nursing, spirituality is a recognized domain of patient care, but nurses feel ill prepared by their nursing education to provide care that is spiritual in nature to patients and their families. Incorporating spiritual care into nursing curricula is challenging in light of the amount of topics for healthcare learning. Open Journey Theory is based on the merging of two grounded theories, one teaching and one learning theory, and is the suggested framework for integrating spirituality and spiritual care across all levels of nursing education. Specially chosen readings (books, articles), activities (role-plays, discussion groups), and assignments (journaling, writing papers, giving reports) can be integrated into already existing courses. By utilizing the three stages of preparing, connecting, and reflecting to frame student learning, nurse educators can introduce and build on spiritual concepts from the simple to the complex over the course of the entire nursing program.

Cooper, R. S. [Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, MD]. "**The palliative care chaplain as story catcher.**" *Journal of Pain & Symptom Management* 55, no. 1 (2018): 155-158.

[Abstract:] The role of the professional chaplain on the palliative care team in the health care setting formalizes the concern for the emotional, spiritual, and social well-being of the care recipients and their caregivers. The chaplain also has a peculiar role on the team, in that her most fundamental task is her intentional listening-and-hearing of the other person's story. One palliative chaplain introduces herself as a Story Catcher to care recipients, in an effort both to overcome the resistance some may have to her presence on the team and communicate her essential role and intent in providing spiritual care. This self-appointed sobriquet resonates with the author's embrace of the theory and practice of the late theologian, educator, and civil rights activist Nelle Morton, who coined the phrase "hearing into speech" to describe the process by which another person, through being truly heard and entering into a relationship with the hearer, claims her/his own truth, hope, and identity in the face of adversity. The chaplain as Story Catcher functions as the agent of healing and hope for those who choose to tell their stories and are heard, as they resist their illness and death rather than submit to its indignity.

Cortes, D. S., Skragge, M., Dollinger, L., Laukka, P., Fischer, H., Nilsson, M. E., Hovey, D., Westberg, L., Larsson, M. and Granqvist, P. [Stockholm University]. "**Mixed support for a causal link between single dose intranasal oxytocin and spiritual experiences: opposing effects depending on individual proclivities for absorption.**" *Social Cognitive & Affective Neuroscience* 13, no. 9 (2018): 921-932.

[Abstract:] Intranasal oxytocin (OT) has previously been found to increase spirituality, an effect moderated by OT-related genotypes. This pre-registered study sought to conceptually replicate and extend those findings. Using a single dose of intranasal OT vs placebo (PL), we investigated experimental treatment effects, and moderation by OT-related genotypes on spirituality, mystical experiences, and the sensed presence of a sentient being. A more exploratory aim was to test for interactions between treatment and the personality disposition absorption on these spirituality-related outcomes. A priming plus sensory deprivation procedure that has facilitated spiritual experiences in previous studies was used. The sample (N = 116) contained both sexes and was drawn from a relatively secular context. Results failed to conceptually replicate both the main effects of treatment and the treatment by genotype interactions on spirituality. Similarly, there were no such effects on mystical experiences or sensed presence. However, the data suggested an interaction between treatment and absorption. Relative to PL, OT seemed to enhance spiritual experiences in participants scoring low in absorption and dampen spirituality in participants scoring high in absorption.

Counted, V., Possamai, A. and Meade, T. [Western Sydney University, Sydney, Australia]. "**Relational spirituality and quality of life 2007 to 2017: an integrative research review.**" *Health & Quality of Life Outcomes* 16, no. 1 (Apr 24, 2018): 75 [electronic journal article designation; 18pp.].

[Abstract:] BACKGROUND: Despite the increasing number of evidence-based research on relational spirituality (RS) and quality of life (QoL) in medical-health research, little is known about the links between RS and QoL outcomes and the mechanisms by which RS aspects are functionally tied to QoL. OBJECTIVE: To determine how RS is perceived/positioned in relation to QoL, we (a) examined recent available data that identify and appraise the links between RS and QoL; (b) identified themes emerging from the association between RS and QoL, and (c) discussed the implications of the effects of RS on QoL outcomes. METHODS: We conducted an integrative research review of English-language peer-reviewed articles published between 2007 to March 2017 which examined an association between RS and QoL, as identified from a search of three databases: PubMed, PsycINFO, and ScienceDirect. RESULTS: A total of 20 studies were analysed. Of these, twelve (60%) reported positive association between RS and QoL, three (15%) studies reported inverse associations, whereas five (25%) studies showed evidence of lack of association (with two out of the five studies showing an indirect association). Physical health and psychological functioning were the most researched domains of QoL, and some studies suggest an attachment-based model of RS in the last 10 years of RS and QoL research. Studies conducted with participants with serious illnesses ranging from dementia, cardiac arrest, and breast cancer reported no association between RS and physical health. Our review shows evidence of both the direct and/or indirect effects of RS on QoL as a possible spiritual coping model for complementary alternative health therapy, albeit occurring through several religious-related psychosocial conduits. CONCLUSION AND IMPLICATION: RS appears to be associated with health benefits as indicated across QoL domains. General medical practitioners and other



healthcare agencies could benefit from the understanding that a spiritual coping model could aid their patients, and therefore their clinical practices, in the healing process.

Currier, J. M., McDermott, R. C., McCormick, W. H., Churchwell, M. C. and Milkeris, L. [University of South Alabama, Mobile, AL; and University of West Florida, Military and Veterans Resource Center, Pensacola, FL]. "**Exploring cross-lagged associations between spiritual struggles and risk for suicidal behavior in a community sample of military veterans.**" *Journal of Affective Disorders* 230 (Apr 1, 2018): 93-100.

[Abstract:] BACKGROUND: There is consensus that struggles with religious faith and/or spirituality likely contribute to risk for suicidal behavior in military populations. However, a lack of longitudinal information has limited the ability to clarify the temporal associations between these variables. METHODS: This study examined cross-lagged associations between key types of spiritual struggles (divine, morality, ultimate meaning, interpersonal relations, and doubting) and indices of risk for suicidal behavior (suicidal ideation and probability of future attempt) in a community sample of veterans who completed assessments spaced apart by six months. RESULTS: Greater severity of all forms of spiritual struggles was generally concurrently associated with indices of suicidal behavior at both time points. Of the possible models for predicting suicide risk, structural equation modeling analyses revealed that a cross-lagged option with spiritual struggles predicting risk provided the best-fitting solution for veterans' responses on study measures. In addition to PTSD and MDD symptomatology, issues with ultimate meaning at Time 1 were uniquely predictive of veterans' perceived likelihood of making a suicide attempt beyond the second assessment, after accounting for autoregressive effects and other variables in this model. LIMITATIONS: This sample was recruited from a single geographic region with disproportionate ties to Christian religious traditions. In addition, reliance on self-report instrumentation potentially limited the accuracy of gauging suicide risk in some cases. CONCLUSIONS: Findings highlight the prognostic value of spiritually integrated models for assessing suicide risk in military veterans that account for mental health conditions along with possible expressions of suffering in the spiritual domain.

Damen, A., Delaney, A. and Fitchett, G. [University of Humanistic Studies, Utrecht, The Netherlands; Virginia Commonwealth University, Richmond, VA; and Rush University Medical Center, Chicago, IL]. "**Research priorities for healthcare chaplaincy: views of U.S. chaplains.**" *Journal of Health Care Chaplaincy* 24, no. 2 (Apr-Jun 2018): 57-66.

[Abstract:] Chaplains in the United States and around the world appear to support an evidence-based practice approach to chaplaincy. While there continues to be strong growth in spiritual care research, several spiritual care researchers have stressed the need for a research agenda for chaplaincy. This study investigated the research priorities of chaplains who completed a survey distributed at four chaplaincy conferences in 2016. A total of 193 chaplains responded, resulting in 499 comments. When compared to the findings of existing literature regarding research priorities for chaplaincy, chaplain's views of research priorities appear to be very consistent with views of chaplaincy leaders. Both prioritize research on outcomes of spiritual care, the development and testing of the effectiveness of interventions, the development and evaluation of assessment and screening tools and research about key subgroups of patients. The chaplains in the survey however added to the agenda research regarding competencies, education, and certification and research regarding the chaplain and the team.

Damsma Bakker, A. A., van Leeuwen, R. R. R. and Roodbol, P. F. P. [Viva University of Applied Science, Zwolle; and University Medical Center, Groningen, the Netherlands]. "**The spirituality of children with chronic conditions: a qualitative meta-synthesis.**" *Journal of Pediatric Nursing* 43 (Nov-Dec 2018): e106-e113.

[Abstract:] Problem: For an increasing group of children with chronic conditions worldwide, there is growing evidence that spiritual care from healthcare professionals is important to help them cope with illness and disability. As there is yet little known of which needs should be addressed with this pediatric spiritual care, this synthesis of the literature aims to clarify these needs. Eligibility criteria: all nursing, education and psychology peer-reviewed research studies, published in English between 2000 and 2017, focusing on spirituality or spiritual needs of children between 0 and 18 years old with a physical chronic condition, from their own perspective were eligible. Sample: Twenty articles of which were two reviews and eighteen single studies were included reporting on children between 0 and 21 years. Included chronic conditions were type 1 diabetes mellitus, Duchene muscular dystrophy, HIV/aids, asthma, sickle cell disease, cystic fibrosis and cancer. Results: Children's spirituality seemed to be shaped by a search for identity focusing on normalcy and expressed their beliefs mainly in their relationship with a supportive God, using mostly religious language. Relational aspects, contextual aspects and spiritual/religious coping can generate spiritual issues or needs which influence health and adjustment to living with chronic conditions. Conclusions: Spirituality is an integral aspect of life and child development, requiring spiritual care from healthcare professionals when children face a physical chronic condition. Implications: More research among younger children and/or non-religious children from various countries should be performed to complement the existing – mostly American – evidence.

Davis, L. Z., Cuneo, M., Thaker, P. H., Goodheart, M. J., Bender, D. and Lutgendorf, S. K. [University of Iowa, Iowa City]. "**Changes in spiritual well-being and psychological outcomes in ovarian cancer survivors.**" *Psycho-Oncology* 27, no. 2 (2018): 477-483.

[Abstract:] OBJECTIVE: Because of the poor prognosis of ovarian cancer and concomitant distress, understanding contributors to positive well-being is critical. This study examines spiritual growth as a domain of posttraumatic growth and its contribution to longitudinal emotional outcomes in ovarian cancer. METHODS: Ovarian cancer patients (N = 241) completed measures assessing spirituality (Functional Assessment of Chronic Illness Therapy-Spiritual Well-being-12; subscales: faith, meaning, and peace), depression (Center for Epidemiologic Studies Depression Scale), cancer-specific anxiety (Impact of Event Scale), and total mood disturbance (TMD; Profile of Mood States) prior to surgery and 1-year postsurgery. Stressful life events in the year after diagnosis were measured at 1-year postsurgery. Regressions examined the association between changes in spirituality and depression, anxiety, and TMD at 1-year postsurgery. Additionally, spiritual change was examined as a moderator of the effect of recent life events on mood. RESULTS: Increases in peace were related to lower depression (beta = -.40, P < .001), anxiety (beta = -.20, P = .004), and TMD (beta = -.41, P < .001) at 1 year. Changes in meaning and faith were unrelated to all outcomes. Additionally, changes in peace moderated the effect of stressful life events on depression (beta = -.14, P = .027), anxiety (beta = -.16, P = .05), and TMD (beta = -.17, P = .01), such that those with a high number of life events paired with a decrease in peace experienced the worst psychological outcomes at 1 year. CONCLUSION: These findings suggest that the quality of peace may be the most adaptive facet of spiritual growth in cancer patients. Furthermore, changes in peace appear to moderate the effect of life events on psychological well-being.

Dilmaghani, M. [Saint Mary's University, Halifax, Canada]. "**Importance of religion or spirituality and mental health in Canada.**" *Journal of Religion & Health* 57, no. 1 (Feb 2018): 120-135.

[Abstract:] Using the latest mental health cycle of the Canadian Community Health Survey (N = 20,868), this paper examines how the importance of religion or spirituality in one's life associates with mental health. Based on this question, the population is divided into three groups of high

religiosity, average religiosity, and secularized. Secularized individuals are shown to have large deficits in all the psychological markers suggested to mediate the relationship between religiosity and mental health, compared to the two other groups. In spite of these deficits, the secularized and the highly religious are found almost equally more likely to rate their mental health as excellent, than the individuals with average religiosity. Interestingly, these two groups are also more likely to rate their mental health as poor. Considering the ability to deal with day-to-day demands and unexpected problems in life as the dependent variable yields comparable results. Various explanations are explored.

Dodor, B. A., Robinson, M. A., Watson, R., Meetze, D. and Whicker, R Jr. [East Carolina University, Greenville, NC; and University of Georgia, Athens, GA]. "**The impact of religiosity on substance abuse and obesity in African Americans.**" *Journal of Religion & Health* 57, no. 4 (Aug 2018): 1315-1328.

[Abstract:] Among the African American community, there exist many health disparities which warrant greater examination through the practice of social work. The aim of the present research was to explore the impact of religiosity on substance abuse and obesity among African American populations by employing a systematic review of the current body of literature on this subject. While many of the studies reviewed found at least a weak relationship between religiosity and obesity, such results were not consistent across all materials examined. Among those studies that found a correlation between these factors, many demonstrated that religiosity had a positive impact on substance abuse and obesity. A discussion of the implications of these findings is submitted as a means of illuminating the significance of all research findings that were examined. Limitations such as more standardized criteria for inclusion of research material are identified and discussed. Implications for future research are presented to promote the advancement of future efforts in this area research.

Drescher, K. D., Currier, J. M., Nieuwsma, J. A. McCormick, W., Carroll, T. D., Sims, B. M. and Cauteruccio, C. [National Center for PTSD, Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, CA; University of South Alabama, Mobile; Duke University Medical School, and Department of Veterans Affairs, Education and Clinical Center, Mid-Atlantic Mental Illness Research, Durham, NC; and Wainwright Memorial VA Medical Center, Walla Walla, WA]. "**A qualitative examination of VA chaplains' understandings and interventions related to moral injury in military veterans.**" *Journal of Religion & Health* 57, no. 6 (Dec 2018): 2444-2460.

[Abstract:] This study examines VA chaplains' understandings of moral injury (MI) and preferred intervention strategies. Drawing qualitative responses with a nationally-representative sample, content analyses indicated that chaplains' definitions of MI comprised three higher order clusters: (1) MI events, (2) mechanisms in development of MI, and (3) warning signs of MI. Similarly, chaplains' intervention foci could be grouped into three categories: (1) pastoral/therapeutic presence, (2) implementing specific interventions, and (3) therapeutic processes to promote moral repair. Findings are discussed related to emerging conceptualizations of MI, efforts to adapt existing evidence-based interventions to better address MI, and the potential benefits of better integrating chaplains into VA mental health service delivery.

Emler, C. A., Harris, L., Pierpaoli, C. M. and Furlotte, C. [University of Washington Tacoma, Tacoma, WA; University of Louisville, Louisville, KY; University of Alabama, Tuscaloosa, AL; and McMaster University, Hamilton, ON, Canada]. "**The journey I have been through': the role of religion and spirituality in aging well among HIV-positive older adults.**" *Research on Aging* 40, no. 3 (2018): 257-280.

[Abstract:] The National Institutes of Health human immunodeficiency virus (HIV) and Aging Working Group identified spirituality as a research emphasis. This qualitative study examines the importance of religion and spirituality among 30 HIV-positive older adults. Using modified grounded theory, adults 50+ were recruited in Ontario, Canada, through AIDS service organizations, clinics, and community agencies. Descriptions of religion and spirituality encapsulated the idea of a journey, which had two components: the long-term HIV survivor profile combined with the experience of aging itself. A final category of HIV as a spiritual journey was finalized through consensus and included the properties of (1) being rejected by as well as rejection of formalized religion, (2) differentiating spirituality from religion, (3) having a connection, (4) feeling grateful, and (5) mindfulness and learning new skills. Interventions fostering resilience and strengths in HIV-positive older adults using spirituality should be considered, including the promotion of person-centered spirituality and interventions that include mindfulness and skill building.

Evans, W. R., Stanley, M. A., Barrera, T. L., Exline, J. J., Pargament, K. I. and Teng, E. J. [Michael E. DeBakey Veterans Affairs Medical Center; Case Western University; and Bowling Green State University]. "**Morally injurious events and psychological distress among veterans: Examining the mediating role of religious and spiritual struggles.**" *Psychological Trauma: Theory, Research, Practice and Policy* 10, no. 3 (May 2018): 360-367.

[Abstract:] OBJECTIVE: Potentially morally injurious events (PMIEs)-violations (perpetrated or witnessed) of one's deeply held beliefs or values-have been associated with several forms of psychological distress. The values violated by PMIEs are often influenced by one's religion/spirituality (r/s). Struggles with one's r/s beliefs and/or practices may also contribute to elevated psychological distress. To further develop a framework for understanding and treating the sequelae of PMIE exposure, we examined the role of r/s struggles in the relation between PMIE exposure and psychological distress. METHOD: A diverse sample of 155 veterans at a large Veterans Affairs medical center completed questionnaires assessing PMIE exposure, r/s struggles, and psychological distress. RESULTS: Findings revealed greater PMIE exposure predicted elevated r/s struggles as well as elevated symptoms of anxiety and posttraumatic stress disorder (PTSD). Likewise, greater r/s struggles predicted elevated anxiety, PTSD, and depression symptoms. Regression analyses revealed r/s struggles fully mediated the relation between PMIE exposure and anxiety as well as PTSD, and a significant indirect effect of PMIE exposure on depression symptoms through r/s struggles was observed. Follow-up analyses revealed that no specific domain of r/s struggles accounted for the relation between PMIE exposure and psychological distress; rather, the overarching construct of r/s struggles accounted for this relation. CONCLUSION: These findings advance the evolving theoretical framework of moral injury, elucidating the salience of r/s struggles in the development of distress. Implications for moral injury intervention call for attention to potential dissonance between actions (witnessed or perpetrated) and r/s underpinnings of the individual's moral framework. (PsycINFO Database Record

Eyer, J. C., Kapoor, S., Combs, M. A., Jay, E. M. and Thorn, B. E. [University of Alabama, Tuscaloosa, AL; South Texas Veterans Health Care System, San Antonio; and University of Georgia, Athens]. "**Spiritual openness, revisiting a potentially important aspect of spirituality: scale review and revision.**" *Journal of Religion & Health* 57, no. 3 (Jun 2018): 883-900.

[Abstract:] Religiosity and spirituality (R/S) exert important influences on individuals across a range of domains. Spiritual Openness is theoretically linked with the personality trait of Openness to Experience, suggesting promise for future research. Using responses from 366

undergraduates on the Spiritual Experience Index-Revised (SEI-R: subscales of Spiritual Openness and Spiritual Support), analyses evaluated and revised the SEI-R, deleting poor items and generating a 10-item measure. The new SEI-S exhibits better psychometric properties and reduced participant burden, and subscales displayed a curvilinear relationship in which increases in Spiritual Openness showed a trade-off in levels of Spiritual Support.

Farag, P. and Behzadi A. [University of Toronto, Canada]. **"Investigating the relationship between religiosity and psychological distress among surgical inpatients: a pilot study."** *Journal of Religion & Health* 57, no. 1 (Feb 2018): 291-310.

[Abstract:] Psychological distress may hinder recovery following surgery. Studies examining the relationship between psychological distress and religiosity in the acute post-operative setting are lacking. The present study investigated this relationship, evaluated protocol design, and explored coping mechanisms. Psychological distress of surgical inpatients was assessed using the Hospital Anxiety and Depression Scale (HADS) and Rotterdam Symptom Checklist (RSCL). Religiosity was assessed using the Santa Clara Strength of Religious Faith Questionnaire. Correlations were obtained using Minitab software. Qualitative analysis identified coping mechanisms. Of eligible inpatients, 13/54 were recruited. No significant correlation was found between religiosity and psychological distress. The RSCL had a strong correlation with HADS ( $R = 0.82$ ,  $p = 0.001$ ). Assessment of distress was >2 min faster using RSCL compared to HADS. Relationships with pets, friends or family, and God emerged as the most common coping mechanism. Given study limitations, no conclusion was drawn regarding the relationship between religiosity and psychological distress. Weaknesses in study protocol were identified, and recommendations were outlined to facilitate the definitive study. This includes use of RSCL instead of HADS. Further study is warranted to explore how to strengthen relationships for inpatients.

Fincham, F. D., Seibert, G. S., May, R. W., Wilson, C. M. and Lister, Z. D. [Florida State University; Colwick M. Kettering Health Network, Ohio; and University of California, San Diego]. **"Religious coping and glycemic control in couples with Type 2 diabetes."** *Journal of Marital & Family Therapy* 44, no. 1 (Jan 2018): 138-149.

[Abstract:] This study examines the role of religious coping in couples' diabetes management processes. Eighty-seven couples where one spouse had type 2 diabetes were surveyed. The relationships between religious coping (positive and negative), shared glycemic control activities (e.g., planning a healthy diet), and glycemic control were examined using repeated measures ANOVA and SEM. Findings show spousal engagement in shared activities is significantly associated with glycemic control. Furthermore, the use of negative religious coping by the diabetic spouse, and positive religious coping by the nondiabetic spouse, related to lower levels and higher levels of shared glycemic control activities, respectively. Religious coping and shared glycemic control activities appear integral to couples managing type 2 diabetes and, may serve as useful points of intervention.

Florez, I. A., Allbaugh, L. J., Harris, C. E., Schwartz, A. C. and Kaslow, N. J. [Emory University School of Medicine, Atlanta, GA]. **"Suicidal ideation and hopelessness in PTSD: spiritual well-being mediates outcomes over time."** *Anxiety, Stress, & Coping* 31, no. 1 (Jan 2018): 46-58.

[Abstract:] Background: There is an increased interest in understanding the mechanisms through which post-traumatic stress disorder (PTSD) relates with hopelessness and suicidal ideation. Spiritual well-being could help explain the link between PTSD and both hopelessness and suicidal ideation in African Americans. However, no study has examined the mediational role of existential and religious well-being among these variables. Objectives: To examine if initial levels of existential and religious well-being mediated the relation between levels of PTSD symptoms and prospective levels of hopelessness and suicidal ideation in a sample of African American females. Design: The study used a longitudinal design with a 10-week time interval. Methods The sample comprised of 113 disadvantaged African American women survivors of a recent suicide attempt recruited from a southern hospital. Self-report measures of PTSD symptoms, hopelessness, suicidal ideation, and spiritual well-being were administered to examine the variables of interest. Bootstrapping techniques were used to test the mediational models. Results: Existential, but not religious well-being, mediated the relationship between levels of PTSD symptoms severity and both levels of hopelessness and suicidal ideation over time. Conclusions: Existential well-being appears to play a promising protective role against the negative effects of PTSD on both hopelessness and suicidal ideation.

Forrester-Jones, R., Dietzfelbinger, L., Stedman, D. and Richmond, P. [University of Kent, Canterbury, UK]. **"Including the 'spiritual' within mental health care in the UK, from the experiences of people with mental health problems."** *Journal of Religion & Health* 57, no. 1 (Feb 2018): 384-407.

[Abstract:] Spirituality as a dimension of quality of life and well-being has recently begun to be more valued within person-centred treatment approaches to mental health in the UK. The aim of this paper is to provide indicators of the extent to which accessing a spiritual support group may be useful within mental health recovery from the view point of those in receipt of it. The study design was a small-scale exploratory study utilising mixed methods. Quantitative methods were used to map the mental health, general well-being and social networks of the group. These were complimented by a semi-structured open-ended interview which allowed for Interpretative Phenomenological Analysis (IPA) of the life-history accounts of nine individuals with mental health problems who attended a 'spirituality support group'. Data from unstructured open-ended interviews with five faith chaplains and a mental health day centre manager were also analysed using thematic analysis. The views of 15 participants are therefore recounted. Participants reported that the group offered them: an alternative to more formal religious organisations, and an opportunity to settle spiritual confusions/fears. The 'group' was also reported to generally help individual's subjective feelings of mental wellness through social support. Whilst the merits of spiritual care are appealing, convincing services to include it within treatment may still be difficult.

Fowler, J. **"From staff nurse to nurse consultant: Spiritual care part 10: Shinto."** *British Journal of Nursing* 27, no. 2 (Jan 25, 2018): 106.

This is the penultimate installment of an ongoing series. The author, an educational consultant, explores spiritual care for clinically based nurses.

Fowler, J. **"From staff nurse to nurse consultant: spiritual care part 11: Atheism."** *British Journal of Nursing* 27, no. 4 (Feb 22, 2018): 226.

This is the final installment of an ongoing series. The author, an educational consultant, explores spiritual care for clinically based nurses.

Franzen, A. B. [Hope College, Holland, MI]. **"Influence of physicians' beliefs on propensity to include religion/spirituality in patient interactions."** *Journal of Religion & Health* 57, no. 4 (Aug 2018): 1581-1597. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This study examines physicians' beliefs, their perceptions of whether religion impacts health outcomes, and their propensity to discuss religion/spirituality with patients. It is not uncommon for patients to want religious/spiritual conversations, but the occurrence is infrequent. This study adds to knowledge regarding which physicians include these topics. Using a nationally representative sample of physicians and a mediated bi-factor structural equation model, the author finds that "religious and spiritual" physicians connect religion and patient health more than other religious/spiritual orientations. As a result, "religious and spiritual" physicians include religion/spirituality most often (indirect path). After this variation is accounted for, "spiritual but not religious" physicians still include this content, but the "religious but not spiritual" and "neither religious nor spiritual" physicians tend to avoid talking about religiosity/spirituality with patients.

Frush, B. W., Brauer, S. G., Yoon, J. D. and Curlin, F. A. [Duke Divinity School, and Duke University, Durham, NC; and the University of Chicago, Chicago, IL]. **"Physician decision-making in the setting of advanced illness: an examination of patient disposition and physician religiousness."** *Journal of Pain & Symptom Management* 55, no. 3 (2018): 906-912. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Little is known about patient and physician factors that affect decisions to pursue more or less aggressive treatment courses for patients with advanced illness. OBJECTIVES: This study sought to determine how patient age, patient disposition, and physician religiousness affect physician recommendations in the context of advanced illness. METHODS: A survey was mailed to a stratified random sample of U.S. physicians, which included three vignettes depicting advanced illness scenarios: 1) cancer, 2) heart failure, and 3) dementia with acute infection. One vignette included experimental variables to test how patient age and patient disposition affected physician recommendations. After each vignette, physicians indicated their likelihood to recommend disease-directed medical care vs. hospice care. RESULTS: Among eligible physicians (n = 1878), 62% (n = 1156) responded. Patient age and stated patient disposition toward treatment did not significantly affect physician recommendations. Compared with religious physicians, physicians who reported that religious importance was "not applicable" were less likely to recommend chemotherapy (adjusted odds ratio [OR] 0.39, 95% CI 0.23-0.66) and more likely to recommend hospice (OR 1.90, 95% CI 1.15-3.16) for a patient with cancer. Compared with physicians who ever attended religious services, physicians who never attended were less likely to recommend left ventricular assist device placement for a patient with congestive heart failure (OR 0.57, 95% CI 0.35-0.92). In addition, Asian ethnicity was independently associated with recommending chemotherapy (OR 1.72, 95% CI 1.13-2.61) and being less likely to recommend hospice (OR 0.59, 95% CI 0.40-0.91) for the patient with cancer; and it was associated with recommending antibiotics for the patient with dementia and pneumonia (OR 1.64, 95% CI 1.08-2.50). CONCLUSION: This study provides preliminary evidence that patient disposition toward more and less aggressive treatment in advanced illness does not substantially factor into physician recommendations. Non-religious physicians appear less likely to recommend disease-directed medical treatment in the setting of advanced illness, although this finding was not uniform and deserves further research. [See also articles by Kruizinga, R., and by Smyre, C. L., in the same issue of the journal, cited elsewhere in this bibliography.]

Gaskin-Wasson, A. L., Walker, K. L., Shin, L. J. and Kaslow, N. J. [Durham Veterans Affairs Medical Center, Durham, NC; University of California at Los Angeles Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA; University of California Riverside, Riverside, CA; and Emory University School of Medicine, Atlanta, GA]. **"Spiritual well-being and psychological adjustment: mediated by interpersonal needs?"** *Journal of Religion & Health* 57, no. 4 (Aug 2018): 1376-1391.

[Abstract:] Spiritual well-being has been shown to reduce suicidal behavior, depressive symptoms, and hopelessness. Thwarted interpersonal needs have been shown to increase risk of suicidal behavior. This paper aims to explore the interrelationships among spiritual well-being, thwarted interpersonal needs, and negative outcomes including suicidal ideation, hopelessness, and depressive symptoms among African American women. Sixty-six African American women (M = 36.18; SD = 11.70), from a larger study of women who had experienced interpersonal violence within the past year, completed self-report questionnaires. Mediation analyses revealed that thwarted belongingness, but not perceived burdensomeness, significantly mediated the relations between spiritual well-being and the three outcomes. This study provides the first examination of the role of thwarted interpersonal needs on the link between spiritual well-being and negative psychological outcomes. Spiritual well-being serves a protective role against feelings of social isolation, which may reduce one's risk of negative psychological outcomes. Treatments that bolster a sense of spirituality and social connectedness may reduce suicidal ideation, hopelessness, and depressive symptoms.

Gearing, R. E. and Alonzo, D. [University of Houston, Houston, TX; and Fordham University, New York, NY]. **"Religion and suicide: new findings."** *Journal of Religion & Health* 57, no. 6 (Dec 2018): 2478-2499. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Suicide rates and risk and protective factors vary across religions. There has been a significant increase in research in the area of religion and suicide since the article, "Religion and Suicide," reviewed these issues in 2009. This current article provides an updated review of the research since the original article was published. PsycINFO, MEDLINE, SocINDEX, and CINAHL databases were searched for articles on religion and suicide published between 2008 and 2017. Epidemiological data on suicidality and risk and protective factors across religions are explored. Updated general practice guidelines are provided, and areas for future research are identified.

Godbolt, D., Vaghela, P., Burdette, A. M. and Hill, T. D. [Florida State University, Tallahassee; and University of Arizona, Tucson]. **"Religious attendance and body mass: an examination of variations by race and gender."** *Journal of Religion & Health* 57, no. 6 (Dec 2018): 2140-2152.

[Abstract:] Studies of the association between religious attendance and body mass have yielded mixed results. In this paper, we consider inter-sectional variations by race and gender to advance our understanding of these inconsistencies. We use data from the 2006-2008 Health and Retirement Study to examine the association between religious attendance and three indicators of body mass: overall body mass index, waist circumference, and waist-to-height ratio (n = 11,457). For White women, attendance is either protective or unrelated to body mass. For Black women, attendance is consistently associated with increased body mass. We find that religious attendance is not associated with body mass among the men.

Gordon, B. S., Keogh, M., Davidson, Z., Griffiths, S., Sharma, V., Marin, D., Mayer, S. A. and Dangayach, N. S. **"Addressing spirituality during critical illness: a review of current literature."** *Journal of Critical Care* 45 (2018): 76-81.

[Abstract:] OBJECTIVES: The purpose of this review is to provide an overview of research on spirituality and religiosity in the intensive care setting that has been published since the 2004-2005 American College of Critical Care Medicine (ACCM) Clinical Practice Guidelines for the Support of Family in the Patient-Centered Intensive Care Unit with an emphasis on its application beyond palliative and end-of-life care.

MATERIALS AND METHODS: ACCM 2004-2005 guidelines emphasized the importance of spiritual and religious support in the form of four specific recommendations: [1] assessment and incorporation of spiritual needs in ICU care plan; [2] spiritual care training for doctors and nurses; [3] physician review of interdisciplinary spiritual need assessments; and [4] honoring the requests of patients to pray with them. We reviewed 26 studies published from 2006 to 2016 and identified whether studies strengthened the grade of these recommendations. We further categorized findings of these studies to understand the roles of spirituality and religiosity in surrogate perceptions and decision-making and patient and family experience. CONCLUSIONS: Spiritual care has an essential role in the treatment of critically ill patients and families. Current literature offers few insights to support clinicians in navigating this often-challenging aspect of patient care and more research is needed.

Gordon, C. S. and Jones, S. C. [Australian Catholic University, Melbourne]. "**I see so much in them': Australian Chaplains telling an alternative narrative of adolescents in the justice system.**" *Health & Social Care in the Community* 26, no. 4 (2018): e505-e513.

[Abstract:] This qualitative study aims to provide insight into the impact of chaplaincy in the Australian juvenile justice system. Semi-structured qualitative interviews were conducted with six chaplains and managers of chaplaincy services in the juvenile justice system in Victoria, Australia. Interviews were analysed thematically using deductive and inductive coding. Four themes emerged relating to the role and impact of the chaplain: to establish a safe and trusting relationship with the adolescents, to convey love and belonging, to engage the adolescents in meaning making, and to help adolescents to realise their full potential. These themes are consistent with Maslow's Hierarchy of Needs. Two themes emerged regarding how to increase the reach of chaplaincy: through recognising chaplaincy as an integral part of the justice system and enabling chaplains to work with the adolescents and their families post-release. While limited by a small sample, this study represents all organisations that provide chaplaincy in the juvenile justice system in Victoria, Australia. Future research could include the voices of the adolescents in juvenile justice, to gain their perspective on the role and impact of chaplaincy services.

Gorrell, A. [Yale University, New Haven, CT]. "**Spiritual care in a social media landscape.**" *Journal of Pastoral Care & Counseling* 72, no. 3 (Sep 2018): 221-223.

[Abstract:] Given that social media extends both connection and suffering that occurs in physical spaces into digital spaces, issues of connection and suffering are increasingly integrated across people's online and in-person lives. Spiritual care in a new media landscape necessitates spiritual care practitioners who are invested in listening to, exploring, and ministering to people's social media experiences, both their joys and their laments.

Green, C. A. [Southern Connecticut State University, New Haven, CT]. "**Complimentary care: when our patients request to pray.**" *Journal of Religion & Health* 57, no. 3 (Jun 2018): 1179-1182.

[Abstract:] Prayer is viewed in modern medicine as a complimentary alternative treatment. However, to many patients, it is a source of hope and comfort. Patients, when facing illness, advanced disease, disability or death, can benefit from prayer. For healthcare providers, comfort with praying with patients can be deemed as unprofessional conduct or blurred therapeutic boundaries, particularly, when prayer is offered to patients' unsolicited by the patient or their family member(s). Therefore, it is imperative that healthcare providers await the request of prayer by the patient before prayer is initiated.

Gupta, S. S., Maheshwari, S. M., Shah, U. R., Bharath, R. D., Dawra, N. S., Mahajan, M. S., Desai, A., Prajapati, A. and Ghodke, M. [Hinduja Hospital & Medical Research Centre, Mumbai, India; et al.]. "**Imaging & neuropsychological changes in brain with spiritual practice: A pilot study.**" *Indian Journal of Medical Research* 148, no. 2 (Aug 2018): 190-199.

[Abstract:] Background & objectives: Some studies have systematically assessed the effects of spiritual practice (SP) on the brain using combined neuropsychological testing and functional imaging. The objective of the present study was to compare imaging and neuropsychological changes in healthy individuals after SP and those with only physical exercise. Methods: Healthy adult male volunteers, aged 25-45 yr were randomized into two groups. Group 1 (SP group) underwent the SP and group 2 (controls) did brisk walk for 30 min daily. Detailed neuropsychological evaluation, resting-state functional magnetic resonance imaging (fMRI) and brain 99mTc ethyl cysteinate dimer single-photon emission computed tomography (SPECT) were carried out for both groups before and three months after intervention. Results: Post-intervention, resting state fMRI showed increased connections of left precuneus (in the posterior cingulate cortex area of default mode network) in group 1 and increased left frontal connections in group 2. The neuropsychological tests showed significant improvement in 'Speed of Processing' (Digit Symbol Test) in group 1 and in Focused Attention (Trail Making A) in group 2. The SPECT data in group 1 showed significant improvement in perfusion of the frontal areas, with relatively lesser improvement in parietal areas. Group 2 showed significant improvement in perfusion predominantly in parietal areas, as compared to frontal areas. In addition, significantly improved mood was reported by group 1 and not by group 2. Interpretation & conclusions: This pilot study shows important functional imaging and neuropsychological changes in the brain with SP.

Hamilton, J. B., Best, N. C., Wells, J. S. and Worthy, V. C. [Emory University, Atlanta, GA; University of North Carolina at Chapel Hill; and Triangle Chapter, Durham, NC]. "**Making sense of loss through spirituality: perspectives of African American family members who have experienced the death of a close family member to cancer.**" *Palliative & Supportive Care* 16, no. 6 (2018): 662-668.

[Abstract:] OBJECTIVE: Among African Americans, spirituality is meaning or purpose in life and a faith in God who is in control of health and there to provide support and guidance in illness situations. Using qualitative methods, we explored the use of spirituality to make sense of the end-of-life and bereavement experiences among family members of a deceased cancer patient. METHOD: Data in this report come from 19 African Americans who experienced the loss of a family member to cancer. A qualitative descriptive design was used with criterion sampling, open-ended semistructured interviews, and qualitative content analysis. RESULTS: Participants made sense of the death of their loved one using the following five themes: Ready for life after death; I was there; I live to honor their memory; God's wisdom is infinite; and God prepares you and brings you through. These five themes are grounded in conceptualizations of spirituality as connectedness to God, self, and others. Significance of results Our findings support the results that even during bereavement, spirituality is important in the lives of African Americans. African American family members might struggle with issues related to life after death, their ability to be physically present during end-of-life care, and disentangling beliefs around God's control over the beginning and ending of life. The findings in this report can be used to inform healthcare providers to better support and address the needs for support of African American family members during end-of-life and bereavement experiences.

- Hansbrough, W. B., Kray, G. and Katib, F. [California State University San Marcos; et al.]. **"Patient trust of the Muslim nurse."** *Journal of Nursing Administration* 48, nos. 7-8 (Jul-Aug 2018): 389-394.  
 [Abstract:] OBJECTIVE: This quantitative study examined patients' trust of a nurse who represents the Muslim faith by wearing the hijab. BACKGROUND: Presumptions about nurse trustworthiness based on religious affiliation may impede the effectiveness of the nurse-patient relationship and diminish the ability of nursing care to promote patient's feelings of well-being. METHODS: Hospitalized participants were randomly given a picture of a nurse either wearing the hijab or not. They completed a survey to measure their level of trust considering the nurse in the picture. RESULTS: No difference was found in trust of the nurse between groups or in trust analyzed for between-group characteristics. In the hijab picture group, the older the patient, the lower the trust of the nurse. CONCLUSIONS: The results may reflect the general trust of nurses as an ethical and honest professional group. A high level of general trust may transcend stereotypes toward a Muslim nurse.
- Harris, J. I., Usset, T., Krause, L., Schill, D., Reuer, B., Donahue, R. and Park, C. L. [University of Minnesota, Minneapolis; et al.]. **"Spiritual/religious distress is associated with pain catastrophizing and interference in veterans with chronic pain."** *Pain Medicine* 19, no. 4 (2018): 757-763.  
 [Abstract:] Objective: Few studies have examined relations between one important aspect of spiritual/religious functioning-spiritual distress-and pain-related outcomes, and none has examined how spiritual distress and depression conjointly relate to chronic pain. The goal of the present study, then, was to examine veterans' spiritual distress as a predictor of two aspects of chronic pain, catastrophizing and interference, testing a mediational model of depression. Design: Four hundred thirty-six patients seeking treatment in a chronic pain management clinic responded to a mailed survey assessing demographics, spiritual distress, depression, pain catastrophizing, and pain interference. Setting: Participants were drawn from a list of patients enrolled in a chronic pain rehabilitation program at a large Midwestern Veterans Affairs health care system. Subjects: Participants were 436 veterans seeking chronic pain rehabilitation. The sample was predominantly Caucasian and male. Methods: Survey data were subjected to mediational analysis, assessing both direct effects of spiritual distress on pain outcomes and indirect effects of spiritual distress through depression. Results: Results showed that spiritual distress was moderately strongly related to both pain outcomes. Further, depression mediated links between spiritual distress and pain catastrophizing (partially) and interference (fully). Conclusions: These results have implications for further research in spiritually integrated care as a component of holistic, integrative approaches to the management of chronic pain.
- Harris, J. I., Usset, T., Voecks, C., Thuras, P., Currier, J. and Erbes, C. [Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis, St. Cloud VA Medical Center, St. Cloud, MN; and University of South Alabama, Mobile]. **"Spiritually integrated care for PTSD: a randomized controlled trial of 'Building Spiritual Strength'."** *Psychiatry Research* 267 (2018): 420-428.  
 [Abstract:] Previous literature documents important cross-sectional and longitudinal relationships between spiritual distress and posttraumatic stress disorder (PTSD) outcomes. This study tests the efficacy of a spiritually integrated intervention "Building Spiritual Strength" (BSS) that can be delivered by trained chaplains. The intervention addresses spiritual concerns expressed by trauma survivors, including concerns in relationship with a Higher Power, difficulty with forgiveness, and theodicy. In a randomized controlled trial with blinded assessment, veterans were randomized to engage in a BSS condition (n=71) or Present Centered Group Therapy (PCGT; control) condition (n=67) with assessments at baseline, posttreatment, and a two-month follow up. Both groups showed similar, statistically significant reductions in symptoms of PTSD as measured by the Clinician Administered PTSD Scale (CAPS). BSS was shown to be more effective than PCGT in treating distress in relationship with a Higher Power. This was the second clinical trial of BSS with promising results and highlights the need for further study in psychospiritual interventions. More research is warranted on BSS being offered by non-specialized chaplains and on the application of BSS in suicide prevention.
- Ho, J. Q., Nguyen, C. D., Lopes, R., Ezeji-Okoye, S. C. and Kuschner, W. G. [Palo Alto Health Care System, Palo Alto, CA; and Stanford University, Stanford, CA]. **"Spiritual care in the Intensive Care Unit: a narrative review."** *Journal of Intensive Care Medicine* 33, no. 5 (May 2018): 279-287.  
 [Abstract:] Spiritual care is an important component of high-quality health care, especially for critically ill patients and their families. Despite evidence of benefits from spiritual care, physicians and other health-care providers commonly fail to assess and address their patients' spiritual care needs in the intensive care unit (ICU). In addition, it is common that spiritual care resources that can improve both patient outcomes and family member experiences are underutilized. In this review, we provide an overview of spiritual care and its role in the ICU. We review evidence demonstrating the benefits of, and persistent unmet needs for, spiritual care services, as well as the current state of spiritual care delivery in the ICU setting. Furthermore, we outline tools and strategies intensivists and other critical care medicine health-care professionals can employ to support the spiritual well-being of patients and families, with a special focus on chaplaincy services.
- Holmes, C. [Spiritual Health Victoria, Australia]. **"Stakeholder views on the role of spiritual care in Australian hospitals: an exploratory study."** *Health Policy* 122, no. 4 (2018): 389-395.  
 [Abstract:] Research increasingly demonstrates the contribution of spiritual care to patient experience, wellbeing and health outcomes. Responsiveness to spiritual needs is recognised as a legitimate component of quality health care. Yet there is no consistent approach to the models and governance of spiritual care across hospitals in Australia. This is consistent with the situation in other developed countries where there is increased attention to identifying best practice models for spiritual care in health. This study explores the views of stakeholders in Australian hospitals to the role of spiritual care in hospitals. A self-completion questionnaire comprising open and closed questions was distributed using a snowball sampling process. Analysis of 477 complete questionnaires indicated high levels of agreement with ten policy statements and six policy objectives. Perceived barriers to spiritual care related to: terminology and roles, education and training, resources, and models of care. Responses identified the issues to inform a national policy agenda including attention to governance and policy structures and clear delineation of roles and scope of practice with aligned education and training models. The inclusion of spiritual care as a significant pathway for the provision of patient-centred care is noted. Further exploration of the contribution of spiritual care to wellbeing, health outcomes and patient experience is invited.
- Holt, C. L., Roth, D. L., Huang, J. and Clark, E. M. [University of Maryland, College Park; and Johns Hopkins University, Baltimore, MD; and Saint Louis University, St. Louis, MO]. **"Role of religious social support in longitudinal relationships between religiosity and health-related outcomes in African Americans."** *Journal of Behavioral Medicine* 41, no. 1 (2018): 62-73.  
 [Abstract:] This study tested a longitudinal model of religious social support as a potential mediator of the relationship between religious beliefs and behaviors, and multiple health-related outcomes (e.g., depressive symptoms, functioning, diet, alcohol use, cancer screening). A national probability sample of African Americans enrolled in the religion and health in African Americans study completed three waves of telephone

interviews over a 5-year period (N = 766). Longitudinal structural equation models indicated that religious behaviors, but not beliefs, predicted the slowing of a modest overall decline in positive religious social support, while negative interactions with congregational members were stable. Positive religious support was associated with lower depressive symptoms and heavy drinking over time, while negative interaction predicted increases in depressive symptoms and decreases in emotional functioning. Positive religious support mediated the relationship between religious behaviors and depressive symptoms and heavy drinking. Findings have implications for mental health interventions in faith-based settings.

Homburg, R., Husain, F., Gudi, A., Brincat, M. and Shah, A. [Homerton University NHS Foundation Trust Hospital, London, UK]. "**Religious attitudes to gamete donation.**" *European Journal of Obstetrics, Gynecology, & Reproductive Biology* 231 (Dec 2018): 204-209.

[Abstract:] Religious teachings encourage fertility. The rapid progress of reproductive science has proved a challenge to interpret and adapt to assisted reproductive techniques which were not even dreamed of in ancient scriptures. The clash between religion and science has produced separate laws for each religion and reproductive practitioners are often at a loss to understand and accept them. Four lay members of different religions have set out the thinking of their religion regarding assisted reproductive techniques, concentrating in particular on gamete donation. Similarities rather than differences seem to dominate in the attitudes of the orthodox Catholic, Hindu, Jewish and Muslim beliefs and doctrines. The knowledge of these various religious beliefs and attitudes, as well as promoting a greater understanding, should help reproductive practitioners to accept and abide by the religious wishes of their patients.

Hotchkiss, J. T. and Lesher, R. [VITAS Healthcare, Walnut Creek, CA]. "**Factors predicting burnout among chaplains: compassion satisfaction, organizational factors, and the mediators of mindful self-care and secondary traumatic stress.**" *Journal of Pastoral Care & Counseling* 72, no. 2 (Jun 2018): 86-98.

[Abstract:] This study predicted Burnout from the self-care practices, compassion satisfaction, secondary traumatic stress, and organizational factors among chaplains who participated from all 50 states (N = 534). A hierarchical regression model indicated that the combined effect of compassion satisfaction, secondary traumatic stress, mindful self-care, demographic, and organizational factors explained 83.2% of the variance in Burnout. Chaplains serving in a hospital were slightly more at risk for Burnout than those in hospice or other settings. Organizational factors that most predicted Burnout were feeling bogged down by the "system" (25.7%) and an overwhelming caseload (19.9%). Each self-care category was a statistically significant protective factor against Burnout risk. The strongest protective factors against Burnout in order of strength were self-compassion and purpose, supportive structure, mindful self-awareness, mindful relaxation, supportive relationships, and physical care. For secondary traumatic stress, supportive structure, mindful self-awareness, and self-compassion and purpose were the strongest protective factors. Chaplains who engaged in multiple and frequent self-care strategies experienced higher professional quality of life and low Burnout risk. In the chaplain's journey toward wellness, a reflective practice of feeling good about doing good and mindful self-care are vital. The significance, implications, and limitations of the study were discussed.

Hulett, J. M., Armer, J. M., Leary, E., Stewart, B. R., McDaniel, R., Smith, K., Millspaugh, R. and Millspaugh, J. [University of Utah, Salt Lake City; et al.]. "**Religiousness, spirituality, and salivary cortisol in breast cancer survivorship: a pilot study.**" *Cancer Nursing* 41, no. 2 (Mar/Apr 2018): 166-175.

[Abstract:] BACKGROUND: Psychoneuroimmunological theory suggests a physiological relationship exists between stress, psychosocial-behavioral factors, and neuroendocrine-immune outcomes; however, evidence has been limited. OBJECTIVE: The primary aim of this pilot study was to determine feasibility and acceptability of a salivary cortisol self-collection protocol with a mail-back option for breast cancer survivors. A secondary aim was to examine relationships between religiousness/spirituality (R/S), perceptions of health, and diurnal salivary cortisol (DSC) as a proxy measure for neuroendocrine activity. METHODS: This was an observational, cross-sectional study. Participants completed measures of R/S, perceptions of health, demographics, and DSC. RESULTS: The sample was composed of female breast cancer survivors (n = 41). Self-collection of DSC using a mail-back option was feasible; validity of mailed salivary cortisol biospecimens was established. Positive spiritual beliefs were the only R/S variable associated with the peak cortisol awakening response (rs = 0.34, P = .03). Poorer physical health was inversely associated with positive spiritual experiences and private religious practices. Poorer mental health was inversely associated with spiritual coping and negative spiritual experiences. CONCLUSIONS: Feasibility, validity, and acceptability of self-collected SDC biospecimens with an optional mail-back protocol (at moderate temperatures) were demonstrated. Positive spiritual beliefs were associated with neuroendocrine-mediated peak cortisol awakening response activity; however, additional research is recommended. IMPLICATIONS FOR PRACTICE: Objective measures of DSC sampling that include enough collection time points to assess DSC parameters would increase the rigor of future DSC measurement. Breast cancer survivors may benefit from nursing care that includes spiritual assessment and therapeutic conversations that support positive spiritual beliefs.

Innes, K. E., Selfe, T. K., Kandati, S., Wen, S. and Huysmans, Z. [West Virginia University, Morgantown, WV; and University of Florida, Gainesville, FL]. "**Effects of mantra meditation versus music listening on knee pain, function, and related outcomes in older adults with knee osteoarthritis: an exploratory randomized clinical trial (RCT).**" *Evidence-Based Complementary & Alternative Medicine: eCAM* (2018): 7683897 [electronic journal article designation].

[Abstract:] Objective: Disease-modifying treatments for OA remain elusive, and commonly used medications can have serious side effects. Although meditation and music listening (ML) have been shown to improve outcomes in certain chronic pain populations, research in OA is sparse. In this pilot RCT, we explore the effects of two mind-body practices, mantra meditation (MM) and ML, on knee pain, function, and related outcomes in adults with knee OA. Methods: Twenty-two older ambulatory adults diagnosed with knee OA were randomized to a MM (N=11) or ML program (N=11) and asked to practice 15-20 minutes, twice daily for 8 weeks. Core outcomes included knee pain (Knee Injury and Osteoarthritis Outcome Score [KOOS] and Numeric Rating Scale), knee function (KOOS), and perceived OA severity (Patient Global Assessment). Additional outcomes included perceived stress (Perceived Stress Scale), mood (Profile of Mood States), sleep (Pittsburgh Sleep Quality Index), and health-related quality of life (QOL, SF-36). Participants were assessed at baseline and following completion of the program. Results: Twenty participants (91%) completed the study (9 MM, 11 ML). Compliance was excellent; participants completed an average of 12.1 +/- 0.83 sessions/week. Relative to baseline, participants in both groups demonstrated improvement post-intervention in all core outcomes, including knee pain, function, and perceived OA severity, as well as improvement in mood, perceived stress, and QOL (Physical Health) (p's<=0.05). Relative to ML, the MM group showed greater improvements in overall mood and sleep (p's<=0.04), QOL-Mental Health (p<0.07), kinesiophobia (p=0.09), and two domains of the KOOS (p's<0.09). Conclusions: Findings of this exploratory RCT suggest that a simple MM and, possibly, ML

program may be effective in reducing knee pain and dysfunction, decreasing stress, and improving mood, sleep, and QOL in adults with knee OA.

Ironson, G., Lucette, A., Hylton, E., Pargament, K. I. and Krause N. [University of Miami, Coral Gables, FL; Bowling Green State University, Bowling Green, OH; and University of Michigan, Ann Arbor, MI]. "**The relationship between religious and psychospiritual measures and an inflammation marker (CRP) in older adults experiencing life event stress.**" *Journal of Religion & Health* 57, no. 4 (Aug 2018): 1554-1566.

[Abstract:] Inflammation, often measured by C-reactive protein (CRP), is thought to be related to a number of debilitating illnesses as we age, including cardiovascular disease, cancer and diabetes. Stress has also been implicated in these processes. This study examines potential protective effects of spirituality and religion in older adults who have experienced stressful life events. As part of the nationwide Landmark Study of Spirituality and Health, a subsample of 643 middle-aged and older adults (age  $\geq$  50) who were at or above the median in number of life stressors ( $\geq$  2) was included in this analysis. Psychospiritual and religious (PS/R) variables included: religious service attendance, prayer, religious meaning, religious hope, general meaning, general hope and sense of peace. Control variables included: age, gender, education, BMI, smoking, alcohol use, social support. Only church attendance predicted significantly lower CRP after controlling for covariates, even above the other PS/R variables (standardized beta = -0.14,  $t = -3.23$   $p = 0.001$ ). Those with frequent religious service attendance were 38% less likely to have clinically elevated CRP than those who attend rarely or never. Religious service attendance may confer protection in older adults experiencing stressful events as it was significantly associated with lower CRP, an inflammatory marker associated with illness.

Jackson-Jordan, E., Stafford, C., Stratton, S. V., Vilagos, T. T., Janssen Keenan, A. and Hathaway, G. "**Evaluation of a chaplain residency program and its partnership with an in-patient palliative care team.**" *Journal of Health Care Chaplaincy* 24, no. 1 (Jan-Mar 2018): 20-29.

[Abstract:] In 2009 a Consensus Conference of experts in the field of spiritual care and palliative care recommended the inclusion of Board-certified professional chaplains with at least 1,600 hours of clinical pastoral education as members of palliative care teams. This study evaluates a clinical pastoral education residency program's effectiveness in preparing persons to provide spiritual care for those with serious illness and in increasing the palliative care team members' understanding of the chaplain as part of the palliative care team. Results showed chaplain residents felt the program prepared them to provide care for those with serious illness. It also showed that chaplain residents and palliative care team members view spirituality as an integral part of palliative care and see the chaplain as the team member to lead that effort. Suggested program improvements include longer palliative care orientation period, more shadowing with palliative care team members, and improved communication between palliative care and the chaplain residents.

Jacobson, S. and Stallwood, L. "**Virtual prayer groups: an experience of sacred space.**" *Journal of Christian Nursing* 35, no. 3 (Jul/Sep 2018): 180-183.

[Abstract:] Nurses face challenges in their caregiving work, risking compassion fatigue. Online nurse educators, with 24/7 expectations to respond to students, face such issues. This article relates the experience of three online nurse educators who established a virtual prayer group online and found it to be spiritually nourishing. Suggestions for establishing a virtual prayer group are provided.

Johnson, D. O. and Westphal, C. G. [Beaumont Hospital Dearborn, Michigan]. "**Addressing religious or cultural opposition to brain death diagnosis.**" *Journal of Hospice & Palliative Nursing* 20, no. 3 (Jun 2018): 252-259.

In 1968, the neurologic or "brain death" standard for declaration was introduced as an accepted standard for declaration of death in hospitals where heartbeat and breathing are being sustained by technology, but functions of the brain, including the brain stem, have ceased. For many people, this accepted ethical, legal, and medical definition of death by neurologic standards can seem to blur the line between life and death as the heart is still beating, the lungs are still moving air albeit by mechanical ventilation, and the body is still warm. As experts in end-of-life care, hospice and palliative care nurses must be knowledgeable about declaration of death by neurologic criteria, understand beliefs that do not support the concept, and collaborate with the health care team in providing compassionate end-of-life care. This article will use a case study to describe the legal and ethical challenges that ensue when religious and/or cultural beliefs result in rejection of the concept of brain death and propose ethically sound strategies to navigate these challenges within a framework of culturally congruent care that includes a 4-step process to progressively appreciate, accommodate, negotiate, and/or explicate the differences.

Jones, K. F., Dorsett, P., Simpson, G. and Briggs, L. [Griffith University, Sydney, Australia]. "**Moving forward on the journey: spirituality and family resilience after spinal cord injury.**" *Rehabilitation Psychology* 63, no. 4 (Nov 2018): 521-531.

[Abstract:] PURPOSE/OBJECTIVE: The aim of this exploratory study was to consider how spirituality (encompassing meaning, hope and purpose), may facilitate family resilience after spinal cord injury (SCI) over time. Research Method/Design: A qualitative, longitudinal study design was adopted. Semistructured interviews were conducted with 10 family dyads (consisting of the individual with SCI and a nominated family member) on 2 occasions, 6 months apart. A thematic analysis was conducted. RESULTS: Participants reported drawing upon a range of different sources of spirituality, including religious faith, the natural world, inner strength, and meaningful connectedness with others. These sources of spirituality were often tested in some way after the SCI. Meaning-making responses to these tests were linked with 3 key outcomes: gratitude, hope, and deeper connectedness with others, assisting families to move forward in their journey after SCI. Over time sources of spirituality did not change significantly; however, the intensity of spiritual experience lessened for some families. CONCLUSIONS: This study indicated that spirituality after SCI plays an important role for both the injured individual and their family members. Families draw upon a range of sources of spirituality, and these sources of spirituality may assist the family to move forward together after SCI. Further investigation of how health professionals can better address spirituality during spinal rehabilitation is warranted.

Jones, K. F., Pryor, J., Care-Unger, C. and Simpson, G. K. [Royal Rehab, and University of Sydney, Sydney, Australia; et al.]. "**Spirituality and its relationship with positive adjustment following traumatic brain injury: a scoping review.**" *Brain Injury* 32, nos. 13-14 (2018): 1612-1622. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: To identify the extent of research which has investigated spirituality or closely related meaning-making constructs after traumatic brain injury (TBI). DESIGN: A scoping review was employed to capture the broadest possible range of studies. METHODS: Search terms 'spirituality', 'religion', 'beliefs', 'faith', 'hope', 'meaning', 'purpose in life', 'sense of coherence' and 'posttraumatic growth' were combined



with search terms related to TBI. Findings were restricted to empirical studies published in English, in peer-reviewed journals and conducted over a 20-year period between 1997 and 2016. RESULTS: Nine studies were identified, conducted in the USA, Canada and the UK. These included eight quantitative studies and one qualitative study. Definitions and measurement of spirituality varied widely among the studies. Findings revealed that spirituality was closely related to a number of positive outcomes following TBI including psychological coping, physical health, mental health, productivity, life satisfaction, functional independence and posttraumatic growth. CONCLUSIONS: The limited research conducted into spirituality following TBI suggests it can play an important role in the recovery process. Further research is necessary to identify the particular spiritual needs of this population, and how clinical staff may be supported to address such needs.

Kertapati, Y., Sahar, J. and Nursasi, A. Y. [Universitas Indonesia, West Java, Indonesia]. "**The effects of chair yoga with spiritual intervention on the functional status of older adults.**" *Enfermeria Clinica* 28, suppl. 1 (Feb 2018): 70-73.

[Abstract:] OBJECTIVE: "Functional status" is an individual's ability to fulfill his/her needs and to perform the activities of daily life independently. Functional decline can lead to a higher level of dependency. This study aims to investigate the effects of chair yoga with spiritual intervention on the functional status of older adults. METHOD: This quasi-experimental study employed a pre- and post-test design using a control group. The study involved an intervention group of 42 respondents and a control group of a further 42 respondents. The sample was selected using multistage random sampling. The data were analyzed using a t-test. RESULTS: The results of the study show that the mean score for the intervention group was higher after the intervention ( $p=0.000$ ). Furthermore, the mean score for functional status after the intervention was significantly higher for the intervention group than for the control group ( $p=0.000$ ). CONCLUSIONS: It is concluded that the use of chair yoga with spiritual intervention is a useful preventive measure against functional decline in older adults. The study also suggests that this form of intervention should be considered as a complementary nursing therapeutic practice for older adults in the community.

Kestenbaum, A., Fleischman, C. A., Dabis, M., Birnbaum, B. and Dunn, L. B. [UC San Diego Health, La Jolla, CA; Jewish Theological Seminary of America, New York; St. Joseph Mercy Health System, Ann Arbor, MI; Hospice of the East Bay, Oakland, CA; and Stanford University, CA]. "**Examination of spiritual needs in Hurricane Sandy disaster recovery through Clinical Pastoral Education verbatims.**" *Journal of Pastoral Care & Counseling* 72, no. 1 (Mar 2018): 8-21.

[Abstract:] Objectives Spiritual support is an essential component to disaster response and recovery. The goals of this study were to (a) provide a qualitative examination of spiritual needs of recipients of disaster relief after Hurricane Sandy, as observed by spiritual care interns in "verbatim"; (b) demonstrate the feasibility of conducting research with providers of disaster spiritual care. Methods The study was accomplished through analysis (including codebook development and transcript coding) of written pastoral reports-aka "verbatim" ( $n = 18$ )-as well as audio-recorded, transcribed seminars ( $n = 23$ ). Clinical Pastoral Education verbatims offer qualitative data in the form of confidential, anonymous reports of what the students do in the field. Results Analysis of coded transcripts yielded several themes and subthemes as results. Significance of Results Major themes include: (a) the feasibility of research for CPE students as subject; (b) the discussion of magnitude of the storm and aftermath, as a spiritual need in disaster;

Kincheloe, D. D., Stallings Welden, L. M and White, A. [Deaconess Gateway Hospital, and The University Southern Indiana College of Nursing and Health Professions, Evansville, IN]. "**A Spiritual Care Toolkit: an evidence-based solution to meet spiritual needs.**" *Journal of Clinical Nursing* 27, nos. 7-8 (Apr 2018): 1612-1620.

[Abstract:] AIMS AND OBJECTIVES: To determine differences between baseline spiritual perspectives of nurses, patients and their families and examine the effectiveness of a spiritual care (SC) toolkit as an intervention to facilitate meeting spiritual needs of hospitalised patients and families. BACKGROUND: Provision of SC by nurses in the acute care environment is an issue of high priority for patients. Nurses report lack of time, comfort, training, cultural knowledge and mobilisation of resources as obstacles to SC delivery. Evidence points to positive patient outcomes and patient satisfaction, yet few studies include interventions to help nurses meet spiritual needs of patients and families. DESIGN: Descriptive and quasi-experimental design. METHODS: Patients, family members ( $n = 132$ ) and nurses ( $n = 54$ ) were administered SC surveys while hospitalised on two acute care units of a Midwest hospital system in the United States. Population represented patients suffering acute, chronic and terminal illness. Data collected over a 13-week period examined relationships between the groups spiritual perspectives and the effectiveness of a SC toolkit intervention. RESULTS: Significant differences between nurse-patient and nurse-family groups were found, whereas no significant differences existed between patient-family groups. A pretest-posttest revealed the SC toolkit aided in overcoming obstacles to nurses' SC delivery. Patients and their family members found the SC toolkit helpful. CONCLUSIONS: Findings suggest an evidence-based SC toolkit has the propensity to help nurses meet spiritual needs of hospitalised patients and families. However, successful implementation and sustainability require organisational support, funding for resources and SC training for staff. RELEVANCE TO CLINICAL PRACTICE: A SC toolkit supplied with culturally sensitive faith resources supporting what patients and families value, believe and practice can be easily customised and implemented by any healthcare organisation in the world. Further investigation of SC toolkit effectiveness using multiple sites is recommended.

King, S. D. W., Fitchett, G., Murphy, P. E., Rajaei, G., Pargament, K. I., Loggers, E. T., Harrison, D. A. and Johnson, R. H. [Fred Hutchinson Cancer Research Center/Seattle Cancer Care Alliance, Seattle, WA; Rush University Medical Center, Chicago, IL; University of Michigan, Ann Arbor, MI; Bowling Green State University, Bowling Green, OH; University of Washington School of Medicine, Seattle, WA; and Mary Bridge Hospital/MultiCare Health System, Tacoma, WA]. "**Religious/spiritual struggle in young adult hematopoietic cell transplant survivors.**" *Journal of Adolescent & Young Adult Oncology* 7, no. 2 (2018): 210-216. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: This study describes the prevalence of religious and/or spiritual (R/S) struggle in long-term young adult (YA) survivors following hematopoietic cell transplantation (HCT) as well as existential concerns (EC), social support, and demographic, medical, and emotional correlates of R/S struggle. METHODS: Data were collected as part of an annual survey of survivors of HCT aged 18-39 years at survey completion; age at HCT was 1-39 years. Study measures included measures of R/S struggle (defined as any non-zero response on the negative religious coping subscale from Brief RCOPE), quality of life (QOL), and depression. Factors associated with R/S struggle were identified using multivariable logistic regression models. RESULTS: Fifty-two of the 172 respondents (30%), who ranged from less than a year to 33 years after HCT, had some R/S struggle. In bivariate analysis, depression was associated with R/S struggle. In a multivariable logistic regression model, individuals with greater EC were nearly five times more likely to report R/S struggle. R/S struggle was not associated with age at transplant, time since transplant, gender, race, R/S self-identification, or medical variables. CONCLUSION: R/S struggle is common among YA HCT survivors, even many years after HCT. There is a strong correlation between EC and R/S struggle. Given the prevalence of R/S struggle and its associations

with EC, survivors should be screened and referred to professionals with expertise in EC and R/S struggle as appropriate. Further study is needed to determine longitudinal trajectory, impact of struggle intensity, causal relationships, and effects of R/S struggle on health, mood, and QOL for YA HCT survivors.

Klitzman, R. [Columbia University, New York, NY]. "**How infertility patients and providers view and confront religious and spiritual issues.**" *Journal of Religion & Health* 57, no. 1 (Feb 2018): 223-239.

[Abstract:] Questions arise concerning whether and how religion affects infertility treatment decisions. Thirty-seven infertility providers and patients were interviewed. Patients confront religious, spiritual, and metaphysical issues coping with treatment failures and religious opposition from clergy and others. Religion can provide meaning and support, but poses questions and objections that patients may try to avoid or negotiate—e.g., concealing treatment or changing clergy. Differences exist within and between religions. Whether and how much providers discuss these issues with patients varies. These data, the first to examine several key aspects of how infertility providers and patients confront religious/spiritual issues, have important implications for practice, research, guidelines, and education.

Koenig, H. G., Youssef, N. A., Oliver, R. J. P., Ames, D., Haynes, K., Volk, F. and Teng, E. J. [Duke University Medical Center, Durham, NC; et al.]. "**Religious involvement, anxiety/depression, and PTSD symptoms in US Veterans and active Duty Military.**" *Journal of Religion & Health* 57, no. 6 (Dec 2018): 2325-2342.

[Abstract:] Religious involvement is associated with mental health and well-being in non-military populations. This study examines the relationship between religiosity and PTSD symptoms, and the mediating effects of anxiety and depression in Veterans and Active Duty Military (V/ADM). This was a cross-sectional multi-site study involving 585 V/ADM recruited from across the USA. Inclusion criteria were having served in a combat theater and PTSD symptoms. Demographics, military characteristics, and social factors were assessed, along with measurement of religiosity, PTSD symptoms, depression, and anxiety. Bivariate and multivariate analyses examined the religiosity-PTSD relationship and the mediating effects of anxiety/depression on that relationship in the overall sample and stratified by race/ethnic group (White, Black, Hispanic). In bivariate analyses, the religiosity-PTSD relationship was not significant in the overall sample or in Whites. However, the relationship was significant in Blacks ( $r = -0.16$ ,  $p = 0.01$ ) and in Hispanics ( $r = 0.30$ ,  $p = 0.03$ ), but in opposite directions. In the overall sample, religiosity was inversely related to anxiety ( $r = -0.07$ ,  $p = 0.07$ ) and depression ( $r = -0.21$ ,  $p < 0.0001$ ), especially in Blacks ( $r = -0.21$ ,  $p = 0.001$ , and  $r = -0.34$ ,  $p < 0.0001$ , respectively); however, in Hispanics, religiosity was positively related to anxiety ( $r = 0.32$ ,  $p = 0.02$ ) as it was to PTSD symptoms. When anxiety/depression was controlled for in multivariate analyses, the religiosity-PTSD relationship in the overall sample reversed from negative to positive, approaching statistical significance ( $B = 0.05$ ,  $SE = 0.03$ ,  $p = 0.079$ ). In Blacks, the inverse association between religiosity and PTSD was explained by quality of relationships, whereas the positive relationship in Hispanics was explained by anxiety symptoms. In conclusion, religiosity was inversely related to PTSD symptoms in Blacks, positively related to PTSD in Hispanics, and unrelated to PTSD in the overall sample and in Whites. Anxiety/depression partially mediated the relationship in the overall sample and in Hispanics. Although longitudinal studies will be necessary to determine how these relationships come about, consideration should be given to spiritual/religious interventions that target anxiety/depression in V/ADM with PTSD.

Koss, C. S. [University of Kansas, Lawrence]. "**Does religiosity account for lower rates of advance care planning by older African Americans?**" *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 73, no. 4 (2018): 687-695.

[Abstract:] Objectives: Advance care planning (ACP) is associated with higher quality care at the end of life and increased odds of receiving hospice care and of dying at home. Older African Americans are less likely to complete advance directives (ADs) or discuss life-sustaining treatment preferences. This study examined whether religiosity accounts for race disparities. Method: Analyses were conducted with Health and Retirement Study data (1,180 African Americans, 5,681 Whites). Two forms of ACP were regressed on race, five measures of religiosity, and demographic, health, and health care covariates. Results: Whites were twice as likely to engage in ACP. Including religiosity predictors did not close these gaps. Frequency of service attendance was positively associated with AD completion for both White and African American participants. Relationships between religious affiliation and advance care discussion varied by race. For White participants only, more frequent prayer was associated with higher odds of advance care discussion. Discussion: Although religiosity is often proposed as a reason for low rates of ACP among African Americans, religiosity measures did not explain race differences. Distinct aspects of religiosity were associated with ACP both negatively and positively, and these relationships varied by type of ACP and by race. [See also in the same issue: Krause, N., Pargament, K. I. and Ironson, G., "In the shadow of death: religious hope as a moderator of the effects of age on death anxiety," *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 73, no. 4 (2018): 696-703; also cited in this bibliography.]

Kozlov, E., Eghan, C., Moran, S., Herr, K. and Reid, M. C. [New York-Presbyterian Hospital/Weill Cornell Medicine, New York City, NY]. "**Palliative care providers' practices surrounding psychological distress screening and treatment: a national survey.**" *American Journal of Hospice & Palliative Medicine* 35, no. 7 (July 2018): 938-944.

The article reports an analysis of responses to 236 people who participated in a web-based survey sent to inpatient palliative care providers of all disciplines nationwide asking about their practice patterns regarding psychological assessment and treatment. Among the findings: providers reported referring patients to an average of 3 other providers (standard deviation = 1.46), most frequently a social worker (69.6%) or chaplain (65.3%) on the palliative care team.

Krause, N., Ironson, G. and Hill, P. [University of Michigan; University of Miami; and Biola University]. "**Religious involvement and happiness: Assessing the mediating role of compassion and helping others.**" *Journal of Social Psychology* 158, no. 2 (2018): 256-270.

[Abstract:] Research reveals that a number of different aspects of religious involvement are associated with happiness. However, researchers have yet to provide an overarching theoretical explanation for how multiple dimensions of religion might be associated with happiness. The purpose of this study is to develop and test a conceptual model that includes the following core hypotheses: (1) people who attend worship services more often tend to be more committed to their faith; (2) people who are more committed to their faith are more likely to be compassionate; (3) compassionate individuals are more likely to provide emotional support to significant others; and (4) people who provide support to others tend to be happier. Data from a recent nationwide survey in the United States ( $N = 3,010$ ) provides support for each hypothesis. The theoretical implications of these findings are discussed.

- Krause, N. and Pargament, K. I. [University of Michigan, Ann Arbor, MI; and Bowling Green State University, Bowling Green, OH]. **"Reading the Bible, stressful life events, and hope: assessing an overlooked coping resource."** *Journal of Religion & Health* 57, no. 4 (Aug 2018): 1428-1439.  
 [Abstract:] Many people rely on religion to deal with the stressors in their lives. The purpose of this study is to examine a religious coping resource that has received relatively little attention-reading the Bible. We evaluated three hypotheses: (1) reading the Bible moderates the relationship between stress and hope; (2) people who read the Bible more often are more likely to rely on benevolent religious reappraisal coping responses; and (3) individuals who rely on benevolent religious reappraisals will be more hopeful about the future. Support was found for all three hypotheses in our analyses.
- Krause, N., Pargament, K. I., Hill, P. C. and Ironson, G. [Bowling Green State University; Biola University; and University of Miami]. **"Assessing the role of race/ethnicity in the relationships among spiritual struggles, health, and well-being."** *American Journal of Orthopsychiatry* 88, no. 2 (2018): 132-141.  
 [Abstract:] A growing body of research suggests that greater exposure to spiritual struggles is associated with more physical and mental health problems. Spiritual struggles involve difficulties that a person may encounter with his or her faith, which may include having a troubled relationship with God, encountering difficulties with religious others, or being unable to find a sense of meaning in life. However, little is known about the way in which spiritual struggles may differ across racial/ethnic groups. The purpose of this study was to assess variations in spiritual struggles, health, and well-being among Whites, Blacks, and Hispanics. We examined two ways in which race/ethnic variations may arise. First, the differential-exposure perspective suggests that some groups may experience more spiritual struggles than others. Findings from a recent nationwide survey suggest that Blacks experience more spiritual struggles than either Whites or Hispanics. Second, the differential-impact perspective suggests that the relationship between spiritual struggles, health, and well-being varies across racial/ethnic groups. Findings from the current study suggest that when spiritual struggles arise, Blacks experience fewer symptoms of physical illness, less anxiety, and they tend to be happier than Whites or Hispanics. The theoretical implication of these findings is discussed. (PsycINFO Database Record)
- Krause, N., Pargament, K. I. and Ironson, G. [University of Michigan, Ann Arbor, MI and Bowling Green State University, Bowling Green, OH]. **"In the shadow of death: religious hope as a moderator of the effects of age on death anxiety."** *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 73, no. 4 (2018): 696-703.  
 [Abstract:] Objectives: The purpose of this study is to see whether feelings of death anxiety are lower among older than among younger people. In addition, an effort is made to see whether religious hope explains this relationship. It is proposed that the inverse relationship between a religiously oriented sense of hope and death anxiety increases across successively older age-groups. In contrast, it is hypothesized that the relationship between a generalized sense of hope and death anxiety will not vary across successively older age-groups. Method: Data on religious hope, a general sense of hope, and death anxiety were obtained from a recent nationwide survey of people aged 18 and older (N = 2,783). Results: The findings suggest that, compared with older adults, feelings of death anxiety are higher among younger and middle-aged people. The results further reveal that a religious sense of hope, but not a general sense of hope, reduces feelings of death anxiety across successively older age-groups. Discussion: These findings suggest that a previously unexamined dimension of religion (i.e., religious hope) may help people cope with feelings of death anxiety. [See also in the same issue: Koss, C. S., "Does religiosity account for lower rates of advance care planning by older African Americans?" *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 73, no. 4 (2018): 687-695; also cited in this bibliography.]
- Kruizinga, R., Scherer-Rath, M., Schilderman, H. J. B. A. M., Puchalski, C. M. and van Laarhoven, H. H. W. M. [Academic Medical Center, Amsterdam, and Radboud University Nijmegen, Nijmegen, The Netherlands; and The George Washington Institute for Spirituality and Health, The George Washington University, Washington, DC]. **"Toward a fully fledged integration of spiritual care and medical care."** *Journal of Pain & Symptom Management* 55, no. 3 (2018): 1035-1040. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]  
 [Abstract:] In this article, we aimed to set out current problems that hinder a fully fledged integration of spiritual and medical care, which address these obstacles. We discuss the following five statements: 1) spiritual care requires a clear and inclusive definition of spirituality; 2) empirical evidence for spiritual care interventions should be improved; 3) understanding patients' experiences of contingency is paramount to deliver effective spiritual care; 4) attention to spiritual needs of patients is a task for every health care practitioner; 5) courses on spirituality and spiritual care should be mandatory in the medical curriculum. Current problems might be overcome by speaking each other's language, which is crucial in interdisciplinary research and in good interdisciplinary collaboration. Using a clear and inclusive definition of spirituality and substantiating spiritual care using medical standards of evidence-based practice is a way to speak each other's language and to increase mutual understanding. Furthermore, including spirituality in the medical curriculum would raise awareness of medical practitioners for their task of attending to patients' spiritual needs and, subsequently, to better and more appropriate referral for spiritual care. [See also articles by by Frush, B. W., and by Smyre, C. L., in the same issue of the journal, cited elsewhere in this bibliography.]
- Kucharska, J. [Regent's University, London]. **"Religiosity and the concept of god moderate the relationship between the type of trauma, posttraumatic cognitions, and mental health."** *Journal of Trauma & Dissociation* 19, no. 5 (Oct-Dec 2018): 535-551.  
 [Abstract:] The aim of the study was to examine the role of religiosity as a moderator in the relationships between trauma, posttraumatic cognitions, and mental health. A one-dimensional measure of religiosity and a multidimensional "concept of god" measure were used; sexual and nonsexual traumatic events were assessed and posttraumatic cognitions related to either sexual or nonsexual trauma were taken into account. A total of 337 females from Poland participated in the cross-sectional study. It was predicted that the relationships between sexual trauma and mental health would be stronger in religious individuals - this hypothesis was supported in the case of negative mental health (PTSD,  $z = -1.88$ ,  $p = .003$ ). No significant effects were found for nonsexual trauma; overall, highly religious individuals who had recently experienced trauma showed higher levels of satisfaction with life than nonreligious participants. As for the posttraumatic cognitions, one-dimensional religiosity was not a significant factor, but the self-blame cognitions and the concept of severe god were positively linked. In the case of sexual trauma, this effect was significant among nonreligious individuals. Moreover, the relationship between self-blame and PTSD was stronger in individuals who had the severe god concept. The current study was conducted in a religious society, where the majority of the population is raised as Roman Catholics. It has been demonstrated that religiosity is an important factor in the processing of trauma. This does not apply to religious individuals only: the concept of god was also a significant factor in nonreligious women.

- Lace, J. W., Haeberlein, K. A. and Handal, P. J. [Saint Louis University, MO]. "**Religious integration and psychological distress: different patterns in emerging adult males and females.**" *Journal of Religion & Health* 57, no. 6 (Dec 2018): 2378-2388.  
 [Abstract:] This study examined differences between male and female emerging adults on low, moderate, and high levels of religious integration in relation to psychological distress. Participants were recruited from undergraduate courses at a religiously affiliated, Midwestern university and completed the integration scale of the Personal Religious Inventory and the Langner Symptom Survey. Due to significantly higher reports of religious integration in female participants, the sample was separated by sex. A significant, negative correlation between religious integration and psychological distress was found only for females. Similarly, females in the low religious integration group reported significantly higher levels of psychological distress than females high in religious integration, while no differences were found among males. This study corroborates previous research suggesting a general link between religion and mental health, but further suggests religious integration and psychological distress are uniquely related for males and females. Possible reasons and future areas of study are noted.
- Lace, J. W. and Handal, P. J. [Saint Louis University, MO]. "**Confirming the tripartite structure of the Duke University Religion Index: a methodological approach.**" *Journal of Religion & Health* 57, No. 2 (Apr 2018): 704-716.  
 [Abstract:] The present study provided a methodological critique regarding psychometric investigations of the Duke University Religion Index (DUREL) and its variants. Nine hundred seventeen (630 females and 287 males) university students (M age = 19.24) completed the DUREL, the Personal Religious Inventory, and the Daily Spiritual Experiences Scale online. Confirmatory factor analyses were performed to assess a three-factor (organizational religious activity; non-organizational religious activity; and intrinsic religiosity) and a unidimensional model of the DUREL. Chi-square difference tests were performed, and Akaike information criterion values and Bayesian information criterion values were compared between the models, each of which supported the three-factor model for the DUREL over the unidimensional model. Convergent validity for the three factors of the DUREL emerged through Spearman's rho correlations with measures of personal prayer, ritual religious attendance, religious integration, Closeness to the Divine. This study concluded that the DUREL is a multidimensional measurement of religion for use in English-speaking university students, and it provided a broad methodological note regarding future investigations of measures of religion or spirituality that possess an existing theoretical model.
- Lalani, N., Duggleby, W. and Olson, J. [University of Alberta, Canada]. "**Spirituality among family caregivers in palliative care: an integrative literature review.**" *International Journal of Palliative Nursing* 24, no. 2 (Feb 2, 2018): 80-91. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]  
 [Abstract:] BACKGROUND: Family caregivers experience spiritual and existential concerns while caring for their terminally ill family members. AIM: To evaluate and synthesise studies on spirituality among family caregivers in palliative care. DESIGN: An integrative literature review of peer-reviewed articles published between 2000 and 2016. SAMPLE: Participants were family caregivers (parents, spouses, relatives or friends) caring for an adult (age>18 years) family member with a terminal illness in a palliative care setting. RESULTS: Data from 26 published research papers were systematically analysed. Five themes were identified regarding spirituality and family caregiving: a close and meaningful connection, spirituality as a way of coping, spiritual needs and expressions among family caregivers, spirituality to transcend fears, and spirituality in family caregivers' decision-making. IMPLICATIONS FOR PRACTICE: Nurses are encouraged to explore the spirituality and spiritual experiences of family caregivers to support their spiritual wellbeing while caring for their terminally ill family members.
- Larrivee, D. and Echarte, L. [Loyola University Chicago, Chicago, IL; and University of Navarra, Pamplona, Spain]. "**Contemplative meditation and neuroscience: prospects for mental health.**" *Journal of Religion & Health* 57, no. 3 (Jun 2018): 960-978.  
 [Abstract:] Numerous studies show that personal spirituality developed through prayer positively influences mental health. Phenomenological and neuroscientific studies of mindfulness, an Eastern meditative prayer form, reveal significant health benefits now yielding important insights useful for guiding treatment of psychological disorders. By contrast, and despite its practice for millennia, Christian meditation is largely unrepresented in studies of clinical efficacy. Resemblances between mindfulness and disciplinary acts in Christian meditation taken from the ancient Greek practice of askesis suggest that Christian meditation will prove similarly beneficial; furthermore, psychological and neuroscientific studies suggest that its retention of a dialogical and transcendent praxis will additionally benefit social and existential psychotherapy. This paper thus argues that study of contemplative meditation for its therapeutic potential is warranted.
- Laures-Gore, J. S., Lambert, P. L., Kruger, A. C., Love, J. and Davis, D. E. Jr. [Georgia State University, Atlanta, GA]. "**Spirituality and post-stroke aphasia recovery.**" *Journal of Religion & Health* 57, no. 5 (Oct 2018): 1876-1888.  
 [Abstract:] The role of spirituality in post-stroke aphasia recovery has been ignored despite its potential contribution to positive health outcomes, particularly stroke recovery. The present study examines the spiritual experience of adults with aphasia in an effort to better understand the role of one's spirituality in the aphasia recovery process. Thirteen adults with aphasia completed a modified spirituality questionnaire and participated in semi-structured interviews. All participants considered themselves spiritual and reported improvements in communication during post-stroke recovery. Two themes related to spirituality that emerged from the interviews were (a) a greater power being in control of events and (b) a greater power as helper.
- Lavorato Neto, G., Rodrigues, L., Silva, D. A. R. D., Turato, E. R. and Campos, C. J. G. [Universidade Estadual de Campinas, Brazil]. "**Spirituality review on mental health and psychiatric nursing.**" *Revista Brasileira de Enfermagem* 71, suppl. 5 (2018): 2323-2333.  
 [Abstract:] OBJECTIVE: Gather the concepts, theories and interventions about spirituality, its nature and functions in mental health and psychiatric nursing. METHOD: A literature review proceeded on February 2016. It has integrated 214 studies published until December 2015 by crossing Spirituality and Psychiatric Nursing mesh terms in databases. RESULTS: Conceptualization about spirituality and religion, their complexity in nursing research, education, and clinical approach; their functions to human being correlated to the purpose of life, transcendental connections, and support in mental health; the professional boundaries in address to spirituality in mental health scenery, and a descriptive literature recommendations and a instruments catalog. CONCLUSIONS: Spirituality in nursing mental health and psychiatry remains a theoretical problem, and has a clinical mischaracterized approach; recently publications try to promote a human and holistic trend in the practice, as a challenge to lead the current circumstances to valid nursing bases.
- Lazenby, M. "**Understanding and addressing the religious and spiritual needs of advanced cancer patients.**" *Seminars in Oncology Nursing* 34, no. 3 (2018): 274-283.

[Abstract:] OBJECTIVES: To review the religious and spiritual needs of advanced cancer patients and how oncology nurses can assess and address unmet needs. DATA SOURCES: Peer-reviewed articles. CONCLUSION: The changing landscape of how advanced cancer patients understand religion and spirituality has created a dynamic set of unmet religious and spiritual needs. Nursing assessment and interventions focused on these needs requires a focus on faith and beliefs and on relationships and meaning-making. IMPLICATIONS FOR NURSING PRACTICE: Using history-taking and spiritual assessment tools, nurses can assess patients for unmet religious and spiritual needs and can use interventions to deepen meaning-making within the nurse-patient relationship.

Le, D., Aldoory, L., Garza, M. A., Fryer, C. S., Sawyer, R. and Holt, C. L. [University of Maryland, College Park, MD]. "**A spiritually-based text messaging program to increase cervical cancer awareness among African American women: design and development of the CervixCheck Pilot Study.**" *JMIR Formative Research* 2, no. 1 (Mar 29, 2018): e5 [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: Although Hispanic women have the highest cervical cancer incidence rate, African American women account for a disproportionate burden of cervical cancer incidence and mortality when compared with non-Hispanic white women. Given that religion occupies an essential place in African American lives, delivering health messages through a popular communication delivery channel and framing them with important spiritual themes may allow for a more accessible and culturally appropriate approach to promoting cervical cancer educational content to African American women. OBJECTIVE: The aim of this paper was to describe the design and development of the CervixCheck project, a spiritually based short message service (SMS) text messaging pilot intervention to increase cervical cancer awareness and Papanicolaou test screening intention among church-attending African American women aged 21 to 65 years. METHODS: Through focus group interviews (n=15), formative research was conducted to explore facilitators, motivators, and barriers to cervical cancer screening. The interviews were also used to identify logistical factors that should be considered when developing the CervixCheck intervention. Culturally appropriate and spiritually grounded SMS text messages were developed based on the analysis of focus group data and the review of previous studies that incorporated technology into health behavior change interventions. After the CervixCheck intervention was developed, cognitive response interviews (n=8) were used to review the content of the SMS text messaging library, to ensure that the content was acceptable and understandable, particularly for church-attending African American women aged 21 to 65 years. RESULTS: Design and development of the SMS text messages involved consideration of the content of the messages and technological specifications. Focus group participants overwhelmingly reported cell phone use and an interest in receiving spiritually based SMS text messages on cervical cancer prevention and early detection. Findings from the cognitive response interviews revealed that the content of the SMS text messaging library was acceptable and understandable with the target population. The revised SMS text messaging library currently includes 22 messages for delivery over 16 days, averaging 11 texts per week, with no more than two messages delivered per day. Initial usability testing also showed early feasibility. CONCLUSIONS: The design and development of the CervixCheck intervention provides important insight into what may be considered an overlooked minority population and missed opportunity in health information technology research. With increased internet penetration through the use of mobile phones, it is appropriate to investigate the viability of technology as a means to reach minority communities and to reduce health disparities.

Leary, S., Weingart, K., Topp, R. and Bormann, J. [VA San Diego Healthcare System; University of San Diego; and San Diego VA Center of Excellence for Stress and Mental Health, California]. "**The effect of mantram repetition on burnout and stress among VA staff.**" *Workplace Health & Safety* 66, no. 3 (Mar 2018): 120-128.

[Abstract:] In this study, the authors determined the effect of a structured Internet-delivered Mantram Repetition Program (MRP) on burnout and stress of conscience (SOC), stress related to ambiguity from ethical or moral conflicts among health care workers (HCWs) within the Veteran Affairs (VA) Healthcare System. A secondary purpose was to determine whether practicing meditation prior to the study combined with MRP affected burnout or SOC. The MRP teaches the mindful practices of repeating a mantram, slowing down, and one-pointed attention for managing stress. Thirty-nine HCW volunteers who provided direct patient care completed the Internet-delivered MRP. The outcomes of burnout (i.e., exhaustion, cynicism, and professional efficacy) and SOC (i.e., frequency of stressful events and troubled conscience about those events) were measured at baseline (T1), postintervention (T2), and 3-months postintervention (T3). Repeated measures ANOVA indicated that exhaustion significantly ( $p < .05$ ) declined between T1 and T3; professional efficacy and cynicism did not change during the study. The same statistical model also indicated the frequency of stressful events significantly declined between T1 and T2 and troubled conscience declined between T1 and T3. Secondary analysis demonstrated that individuals who did not practice meditation at baseline ( $n = 16, 41\%$ ) significantly decreased exhaustion, frequency of stressful events, and troubled conscience between T1 and T3, and improved professional efficacy between T1 and T2. Individuals who practiced meditation at baseline ( $n = 23, 59\%$ ) did not demonstrate significant change on any study outcomes. An MRP intervention may reduce burnout and SOC in those individuals who are naive to practicing meditation.

Lee, A. C., McGinness, C. E., Levine, S., O'Mahony, S. and Fitchett, G. [Rush Oak Park Hospital, Oak Park and Rush Oak Park Physician's Group; and Rush University Medical Center, Chicago, IL]. "**Using chaplains to facilitate advance care planning in medical practice.**" *JAMA Internal Medicine* 178, no. 5 (2018): 708-710. [Comment in *JAMA Intern Medicine* 178, no. 6 (2018): 867.]

The aim of this pilot quality improvement project was to determine whether having a board-certified chaplain conduct Advanced Care Planning conversations with patients in the physician's office would be feasible, effective, and acceptable to all stakeholders. Between April and October 2016, a board-certified chaplain scheduled time for AD consultations in the office of 1 primary care physician. From the physician's appointments, the chaplain identified patients who met the project criteria. At the end of consultation the physician introduced the patient to the project and the chaplain and invited the patients' participation. The consultation with the chaplain took place in the examination room once the physician's visit was completed. Sixty patients were invited to meet with the chaplain; all agreed to do so. Forty-eight (80%) patients completed an Advanced Directive or provided documentation of an existing one for their medical record. The project demonstrated that it is feasible and acceptable for a qualified chaplain to conduct Advanced Care Planning conversations in a medical office and that most of these conversations (80%) led to completion or documentation of Advanced Directives. The physician's introduction of the chaplain was vital to the initiation of an Advanced Care Planning conversation in the context of a time limited office visit.

Lee, Y. H. and Salman, A. [Wright State University-Miami Valley, Dayton, OH and Brandon University, Manitoba, Canada]. "**The mediating effect of spiritual well-being on depressive symptoms and health-related quality of life among elders.**" *Archives of Psychiatric Nursing* 32, no. 3 (2018): 418-424.

[Abstract:] The purpose of this study was to investigate the mediating effect of spiritual well-being (SWB) on depressive symptoms (DS) and health-related quality of life (HRQOL) among Taiwanese elders. A convenience sample of 150 Taiwanese elders completed self-administrated questionnaires participated in this cross-sectional study. This study revealed that SWB was positively related to HRQOL but negatively correlated with DS. Results of hierarchical regression analyses suggested that SWB significantly mediated the relationship between DS and mental components of HRQOL. Findings from this study suggest that nurses and health care providers should develop strategies to enhance spiritual well-being when caring for elders to maintain good health and promote quality of life.

Lewis, C., Latif, Z., Hill, M., Riddington, M., Lakhanpaul, M., Arthurs, O. J., Hutchinson, J. C., Chitty, L. S. and Sebire, N. J. [Great Ormond Street Hospital for Children NHS Foundation Trust, and Whittington Health NHS Trust, London; University of Birmingham, Birmingham; and University of Nottingham, Nottingham, UK]. "**We might get a lot more families who will agree': Muslim and Jewish perspectives on less invasive perinatal and paediatric autopsy.**" *PLoS ONE* 13, no. 8 (2018): e0202023 [electronic journal article designation].

[Abstract:] BACKGROUND: Perinatal and paediatric autopsy rates are at historically low levels with declining uptake due to dislike of the invasiveness of the procedure, and religious objections particularly amongst Muslim and Jewish parents. Less invasive methods of autopsy including imaging with and without tissue sampling have been shown to be feasible alternatives. We sought to investigate attitudes including religious permissibility and potential uptake amongst members of the Muslim and Jewish communities in the United Kingdom. METHODS: Semi-structured interviews with religious and faith-based authorities (n = 16) and bereaved parents from the Jewish community (n = 3) as well as 10 focus groups with community members (60 Muslim participants and 16 Jewish participants) were conducted. Data were analysed using thematic analysis to identify key themes. FINDINGS: Muslim and Jewish religious and faith-based authorities agreed that non-invasive autopsy with imaging was religiously permissible because it did not require incisions or interference with the body. A minimally invasive approach was less acceptable as it still required incisions to the body, although in those circumstances where it was required by law it was more acceptable than a full autopsy. During focus group discussions with community members, the majority of participants indicated they would potentially consent to a non-invasive autopsy if the body could be returned for burial within 24 hours, or if a family had experienced multiple fetal/pregnancy losses and the information gained might be useful in future pregnancies. Minimally invasive autopsy was less acceptable but around half of participants might consent if a non-invasive autopsy was not suitable, with the exception of the Jewish Haredi community who unanimously stated they would decline this alternative. CONCLUSIONS: Our research suggests less invasive autopsy offers a viable alternative to many Muslim and Jewish parents in the UK who currently decline a full autopsy. The findings may be of importance to other countries with significant Muslim and/or Jewish communities as well as to other religious communities where concerns around autopsy exist. Awareness-raising amongst religious leaders and community members will be important if these methods become routinely available.

Lin, C. Y., Saffari, M., Koenig, H. G. and Pakpour, A. H. [Hong Kong Polytechnic University, Hung Hom, Hong Kong; Baqiyatallah University of Medical Sciences, Tehran, Iran; Duke University Medical Center, Durham, NC; Qazvin University of Medical Sciences, Qazvin, Iran; and Jonkoping University, Jonkoping, Sweden]. "**Effects of religiosity and religious coping on medication adherence and quality of life among people with epilepsy.**" *Epilepsy & Behavior* 78 (2018): 45-51.

[Abstract:] The epidemiologic information demonstrates the importance of caring people with epilepsy (PWE). Indeed, the impaired quality of life (QoL) and medication nonadherence rate among PWE have been reported. However, religiosity and religious coping could be potential factors for clinicians to foster appropriate intervention on epileptic care. This study investigated two models to further understand the relationships between religiosity, religious coping (including positive and negative coping), medication adherence, and QoL in an Iranian sample with epilepsy. Eligible PWE (n=760) completed the religiosity scale (Duke University Religion Index; DUREL) at baseline; the religious coping scale (Brief Religious Coping Scale; Brief RCOPE) one month later; the medication adherence scale (Medication Adherence Report Scale; MARS-5) two months later; and the QoL scale (Quality of Life in Epilepsy; QOLIE-31) twelve months later. Their antiepileptic drug serum level was measured during the period they completed the MARS. Through structural equation modeling (SEM), we found that religiosity directly correlated with negative religious coping and medication adherence, and indirectly correlated with medication adherence through negative religious coping. Both positive and negative religious coping directly correlated with medication adherence and QoL. Therefore, religiosity and religious coping may be determinants of medication adherence and QoL in PWE; health professionals may consider asking PWE if religion is important to them and how they use it to cope with their epilepsy.

Lucchetti, A., Barcelos-Ferreira, R., Blazer, D. G. and Moreira-Almeida, A. [Universidade Federal de Juiz de Fora, Brazil; and Duke University Medical Center, Durham, NC]. "**Spirituality in geriatric psychiatry.**" *Current Opinion in Psychiatry* 31, no. 4 (2018): 373-377. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE OF REVIEW: Academic recognition of the implications of religion/spirituality (R/S) for mental health is increasing, with a growing number of studies involving older adults. The present review provides an overview of these studies, highlighting the influence of R/S on older adults' mental health and the clinical implications of addressing R/S in the geriatrics and gerontology context. RECENT FINDINGS: The available evidence suggests that R/S involvement is usually associated with lower levels of depression, substance use/abuse, and cognitive declining and better quality of life, well being, and functional status in older persons. Despite the number of studies showing this relationship, few have yet investigated the effects of addressing spiritual needs or carrying out R/S interventions in this age group. SUMMARY: Evidence is mounting that R/S is most important in geriatric psychiatry. In general, studies have shown a positive relationship between R/S and mental health in the older population. Health professionals should be attentive to these spiritual needs. Nevertheless, more studies are needed to investigate the mechanisms of the R/S-mental health association and how to integrate R/S in clinical practice.

Lusk, J., Dobscha, S. K., Kopacz, M., Ritchie, M. F. and Ono, S. [VA Portland Healthcare System, et al.]. "**Spirituality, religion, and suicidality among veterans: a qualitative study.**" *Archives of Suicide Research* 22, no. 2 (Apr-Jun 2018): 311-326. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This qualitative study explores the relationship between veterans' spirituality/religion and suicide ideation and attempts. Qualitative semi-structured interviews were conducted with 30 veterans who either endorsed chronic suicidal ideation or had made suicide attempt(s). Interviews explored the bi-directional relationship between spirituality/religion (e.g., beliefs, practices, and experiences), and suicide ideation and behaviors. Interviews were analyzed using thematic analysis. Veterans' responses indicate that spirituality/religion can discourage or permit suicidal ideation, help in coping with ideation, and facilitate meaning making and coping in the presence of self-perceived suffering. Veterans who survived a suicide attempt explored the impact of their spirituality/religion on their recovery. Findings highlight a complex and diverse

relationship between spirituality/religion and suicidality. These findings may inform further research on treatment strategies that assess the function of spirituality/religion, and incorporate protective aspects of spirituality/religion into mental health treatment.

Lutz, K., Rowniak, S. R. and Sandhu, P. [University of San Francisco, CA]. "**A contemporary paradigm: integrating spirituality in advance care planning.**" *Journal of Religion & Health* 57, No. 2 (Apr 2018): 662-671.

[Abstract:] In the 25 years since advance care planning first drew the attention of the national healthcare and legal systems, gains in the rate of advance care directive completion have been negligible despite the effort of researchers, ethicists, and lawmakers. With the benefit of sophisticated healthcare technology, patients are living longer. Despite the benefits of increased longevity, it is widely acknowledged that enough has not been done to adequately address end-of-life care decisions at the crossroads between medical futility and quality of life. To arrive at a solution, researchers have focused on patient self-reflection, provider attitudes, health literacy, communication and the logistics of surrogacy, setting, payment, and documentation. However, a survey of the literature reveals one conspicuously absent theme. It is a phenomenon one would expect in the context of end-of-life discussion and decision making, that of spiritual inquiry. This article explores the history leading up and past approaches to advance care planning and then suggests the use of a theoretical model and a body of work concerning spiritual care as a new tack in the ongoing development of advance care planning.

Lynch, J., Prihodova, L., Dunne, P. J., O'Leary, C., Breen, R., Carroll, A., Walsh, C., McMahon, G. and White, B. [Royal College of Physicians of Ireland, Dublin, Ireland; et al.]. "**Mantra meditation programme for emergency department staff: a qualitative study.**" *BMJ Open* 8, no. 9 (Sep 24, 2018): e020685 [electronic journal article designation].

[Abstract:] OBJECTIVES: Rates of burnout and stress in healthcare practitioners are steadily increasing. Emergency department (ED) staff are particularly susceptible to such poor outcomes. Mantra meditation (MM) may contribute to increased well-being. The primary aim of this study was to obtain indepth qualitative feedback on ED staff's experience of a MM programme. A secondary objective was to harness staff's perception of the ED working environment. DESIGN: Qualitative study. SETTING: ED in St James' Hospital, Dublin, Ireland. PARTICIPANTS: Doctors, nurses, allied health professionals and administrative staff (n=10, eight women, mean age 35.6 years) working in the ED who attended a MM programme. METHODS: Semistructured interviews were conducted by a trained independent researcher. Interviews were transcribed and thematically analysed. RESULTS: Five main themes and six subthemes were identified: work pressure and perceived stress; perceived benefits of meditation (with subthemes of increased attention/awareness, improved emotion regulation and new coping mechanisms, relaxation and sleep quality); conflicting attitudes to practice; barriers to meditation practice (with subthemes of schedule, length of practice and individual differences); and facilitators to practice. CONCLUSION: ED staff in this study described the demands of their work and voiced a need for a workplace well-being programme. Our findings suggest that MM might represent a viable tool to develop attention and awareness, improve emotion regulation and improve their capacity to cope with stress, which may impact their workplace well-being, wider health service, patient safety and quality of care. Support from the organisation is considered to be integral to embedding of a workplace well-being programme, such as the practice of meditation into their daily lives.

Malone, J. and Dadswell, A. [University of Kent, and Anglia Ruskin University, UK]. "**The role of religion, spirituality and/or belief in positive ageing for older adults.**" *Geriatrics* 3, no. 2 (Jun 8, 2018): 28 [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:] (1) Background: The concept of positive ageing is gaining recognition as an approach to better understand the lives of older adults throughout the world. Positive ageing encompasses the various ways in which older adults approach life challenges associated with ageing and how certain approaches allow older adults to age in a more positive way. This paper makes a contribution to the field by examining the role of religion, spirituality and/or belief in relation to positive ageing; (2) Methods: Qualitative focus groups with 14 older adults living in West London explored the role and importance religion, spirituality and/or belief held in their everyday lives and how this could be incorporated into the idea of positive ageing; (3) Results: Religion, spirituality and/or belief were found to play a number of roles in the everyday lives of the older adults, including being a source of strength, comfort and hope in difficult times and bringing about a sense of community and belonging; (4) Conclusion: This paper argues that religion, spirituality and/or belief should be included within positive ageing literature and be viewed as a type of support (amongst multiple others) that helps older adults to live positive lives despite the many challenges of ageing.

McCarthy, M. and Wasson, K. [Loyola University, Chicago]. "**Shouldn't chaplains be handling cases with miracle language?**" *American Journal of Bioethics* 18, no. 5 (2018): 58-60.

This is a response to Bibler, T. M., et al., "Responding to those who hope for a miracle: practices for clinical bioethicists," *American Journal of Bioethics* 18, no. 5 (May 3018): 40-51 [--cited elsewhere in this bibliography].

McDonald, P. E., Wykle, M. L. and Hilton, G. L. [Case Western Reserve University]. "**Spiritual needs of older adults in long-term care: the nurse's role.**" *Journal of National Black Nurses Association* 29, no. 2 (Dec 2018): 29-35.

[Abstract:] In this article we examine the nurse's role in assessing the spiritual needs of older adults in long-term care. The spiritual needs of older adults have not been adequately addressed in nursing care planning, and this has diminished the quality of care for residents in long-term care facilities. Understanding spirituality as a coping mechanism or social support intervention for older adults would be helpful to nurses who provide care to geriatric residents. Based on the literature, several topics of significance are discussed, including definitions of spirituality and religion, cultural considerations, research on spirituality as a coping mechanism and social support intervention, spiritual assessment models, and nurses' use of spirituality and religion in planning holistic care for long-term residents.

McGee, J. S., Zhao, H. C., Myers, D. R. and Seela Eaton, H. [Baylor University, Waco; and UT Health Consortium on Aging, Houston, TX]. "**Spiritual diversity and living with early-stage dementia.**" *Clinical Gerontologist* 41, no. 3 (May-Jun 2018): 261-267.

[Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Attention to spiritual diversity is necessary for the provision of culturally informed clinical care for people with early-stage dementia and their family members. In this article, an evidence-based theoretical framework for conceptualizing spiritual diversity is described in detail (Pargament, 2011). The framework is then applied to two clinical case studies of people living with early-stage dementia to elucidate the multilayered components of spiritual diversity in this population. The case studies were selected from a larger mixed-methods study on spirituality, positive psychological factors, health, and well-being in people living with early-stage dementia and their family members. To our

knowledge this is the first systematic attempt to apply a theoretical framework for understanding spiritual diversity in this population. Implications for clinical practice are provided.

Mcharo, S. K. [University of Saskatchewan, Canada]. "**T.R.U.S.T. model for inclusive spiritual care: critique of middle-range theory.**" *Journal of Holistic Nursing* 36, no. 3 (Sep 2018): 282-290.

[Abstract:] Spiritual care has been recognized as an integral component to holistic health care promotion. Several middle-range theories in the recent years have been developed in an attempt to promote spiritual care in nursing practice and to guide research in spiritual nursing. However, there is still reluctance from nurses in addressing spiritual care needs for their patients. Fear of intrusion and a lack of technical know-how are among the reasons for this dilemma. The development of the T.R.U.S.T. Model for Inclusive Spiritual Care is to provide caregivers with a relevant, nonintrusive mode of care in their approach to spiritual nursing practice. The T.R.U.S.T. model provides guidelines to help address and accommodate different spiritual worldviews with the aim of promoting optimum healing. The following article is a critique of the T.R.U.S.T. Model for Inclusive Spiritual Care using Fawcett's criteria for evaluation.

McMillan, K. and Taylor, E. J. "**Hospitalized patients' responses to offers of prayer.**" *Journal of Religion & Health* 57, no. 1 (Feb 2018): 279-290.

[Abstract:] Most Americans pray; many pray about their health. When they are hospitalized, however, do patients want an offer of prayer from a healthcare provider? This project allowed for the measurement of hospitalized patient's responses to massage therapists' offers of a colloquial prayer after a massage. After the intervention, 78 patients completed questionnaires that elicited quantitative data that were analyzed using uni- and bivariate statistical analyses. In this sample, 88% accepted the offer of prayer, 85% found it helpful, and 51% wanted prayer daily. Patients may welcome prayer, as long as the clinician shows "genuine kindness and respect."

Manning, L. K. and Miles, A. [Concordia University-Chicago, River Forest, IL]. "**Examining the effects of religious attendance on resilience for older adults.**" *Journal of Religion & Health* 57, no. 1 (Feb 2018): 191-208, 2018 Feb.

[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.

Meador, K. G. and Nieuwsma, J. A. "**Moral injury: contextualized care.**" *Journal of Medical Humanities* 39, no. 1 (Mar 2018): 93-99.

[Abstract:] Amidst the return of military personnel from post-9/11 conflicts, a construct describing the readjustment challenges of some has received increasing attention: moral injury. This term has been variably defined with mental health professionals more recently conceiving of it as a transgression of moral beliefs and expectations that are witnessed, perpetrated, or allowed by the individual. To the extent that morality is a system of conceptualizing right and wrong, individuals' moral systems are in large measure developmentally and socially derived and interpreted. Thus, in seeking to provide care and aid in reintegration for combat veterans, it is necessary to consider communities that have contributed to an individual's formation and that might have participated in the interpretation of his/her suffering. This can take many forms, but given that morality is often complexly intertwined with issues of religion, faith, and spirituality for many individuals, and recognizing that much of the current focus on moral injury is emanating out of healthcare contexts, we devote particular attention to how chaplains might be more intentionally engaged in healthcare systems such as the Veterans Health Administration to provide non-judgmental, person-centered, culturally-relevant care rooted in communities of practice to veterans with moral injury.

Meghani, S. H., Peterson, C., Kaiser, D. H., Rhodes, J., Rao, H., Chittams, J. and Chatterjee, A. [University of Pennsylvania, Philadelphia; and Eastern Virginia Medical School, Norfolk VA]. "**A pilot study of a mindfulness-based art therapy intervention in outpatients with cancer.**" *American Journal of Hospice & Palliative Medicine* 35, no. 9 (Sep 2018): 1195-1200.

[Abstract:] BACKGROUND: Patients with cancer frequently experience physical and psychological distress that can worsen their quality of life. OBJECTIVES: We assessed the outcomes of an 8-week mindfulness-based art therapy (MBAT) intervention, Walkabout: Looking In, Looking Out, on symptoms, sleep quality, health-related quality of life, sense of coherence (SOC), and spirituality in outpatients with cancer. METHODS: A 1-group, pre-post intervention design with repeated measures at baseline, week 4, and week 8. RESULTS: Despite a small pilot sample (n = 18), we found large effect sizes and statistically significant improvements from week 1 to week 8 in depression, the comprehensibility subscale of the SOC, and each subscale of spirituality, that is, peace, meaning, and faith. There were no significant changes in physical functioning, pain, sleep, tiredness, drowsiness, nausea, and appetite. CONCLUSIONS: The MBAT intervention, Walkabout, seems to meet key palliative care goals including improvement in emotional well-being, comprehensibility, and meaning making among outpatients with cancer.

Mesquita, A. C., Caldeira, S., Chaves, E. and Carvalho, E. C. [University of Sao Paulo, Brazil; et al.]. "**An analytical overview of spirituality in NANDA-I taxonomies.**" *International Journal of Nursing Knowledge* 29, no. 3 (Jul 2018): 200-205.

[Abstract:] OBJECTIVE: To discuss the approach of spirituality in NANDA-I taxonomies, based on the elements that characterize this phenomenon. METHODS: This study was based on concepts that are usually adopted in the literature for defining spirituality and on the analysis of the NANDA-I taxonomies from I to III. FINDINGS: Spirituality is included in all taxonomies but all three are missing some attributes to guarantee the completeness of this dimension for nursing diagnosis. CONCLUSIONS: Taxonomy III makes different approaches to spirituality and some inconsistencies. IMPLICATIONS FOR NURSING: Contribute to the development and review of the new proposal for taxonomy.

Milbury, K., Engle, R., Tsao, A., Liao, Z., Owens, A., Chaoul, A., Bruera, E. and Cohen, L. [University of Texas MD Anderson Cancer Center, Houston, TX]. "**Pilot testing of a brief couple-based mind-body intervention for patients with metastatic non-small cell lung cancer and their partners.**" *Journal of Pain & Symptom Management* 55, no. 3 (Mar 2018): 953-961.

[Abstract:] CONTEXT: Given the generally incurable nature of metastatic lung cancer, patients and their spouses/partners are at risk for psychological and spiritual distress. To address this concern, we developed a couple-based mind-body (CBMB) intervention. OBJECTIVES: This formative research aimed at examining the intervention's acceptability and initial efficacy in patients with metastatic lung cancer undergoing treatment and their spouses. METHODS: Intervention content evaluation sessions and an ensuing single-arm trial were conducted. To evaluate



intervention content, participants performed intervention exercises and then participated in semistructured interviews and completed written evaluations. In the single-arm trial, four intervention sessions were delivered over two weeks, focusing on cultivating mindfulness, interpersonal connection, gratitude, and purpose. Newly recruited couples completed measures of depressive symptoms, cancer distress, spiritual well-being, and sleep disturbances before and after the intervention. **RESULTS:** Content evaluations by seven dyads of patients and their partners revealed high acceptability ratings for the CBMB intervention (e.g., all participants would recommend the intervention). Consent and adherence rates (54% and 67%, respectively) were acceptable in the single-arm trial. All patients (n = 7 dyads; 67% male; mean age, 55 years) and partners (33% male; mean age, 59 years) rated the intervention as useful. Paired t-test analyses revealed large effect sizes for reduced sleep disturbances (d = 1.83) and medium effect sizes for cancer-specific distress (d = 0.61) for patients and large effect sizes for depressive symptoms (d = 0.90) for partners. **CONCLUSION:** Based on these results, the CBMB intervention appears to be acceptable and subjectively useful. In addition, we observed preliminary evidence of quality of life gains in both patients and their partners.

Minton, M. E., Isaacson, M. J., Varilek, B. M., Stadick, J. L. and O'Connell-Persaud, S. [South Dakota State University College of Nursing, Brookings, SD]. "**A willingness to go there: Nurses and spiritual care.**" *Journal of Clinical Nursing* 27, nos. 1-2 (Jan 2018): 173-181.

[Abstract:] **AIMS AND OBJECTIVES:** To describe rural and urban palliative/hospice care nurses' communication strategies while providing spiritual care for patients and families at end of life. **BACKGROUND:** Nurses aim to provide holistic care consisting of physical, psychological and spiritual components. However, it is well documented that spiritual care is largely missing from nursing care. Internationally, spiritual care is a growing topic of interest, yet many nurses feel unprepared to deliver spiritual care. **DESIGN:** This qualitative study used Braun and Clarke's thematic analysis method. **METHODS:** As part of a larger multimethod study, this study shares the narrative descriptions from 10 experienced palliative/hospice care nurses. Individual, face-to-face interviews were conducted and lasted 45-60 minutes. Each interview started with the same lead-in questions, was audio-recorded and was transcribed verbatim. The research team used an inductive analysis approach and met several times reviewing and analysing the detected themes until reaching consensus. **RESULTS:** The primary theme, sentience includes the capacity to act, a willingness to enter into the unknown and the ability to have deep meaningful conversations with patients regardless of the path it may yield. Subthemes include: (i) Willingness to Go There, (ii) Being in "A" Moment and (iii) Sagacious Insight. **CONCLUSION:** Nurses are integral in the provision of spiritual care for patients/families across the lifespan and at end of life. Nurses must feel confident and competent before they are willing to enter uncomfortable spaces with patients/families. Nursing curriculum must include purposeful engagement and focused debriefing in spiritual assessment and care. **RELEVANCE TO CLINICAL PRACTICE:** There is a dire need to prepare undergraduate and graduate students to assess and support a patient's spiritual needs. Addressing spiritual care content as a clinical and educational priority will promote a patient-centred approach for spiritual care and can further shape nursing curricula, policies, guidelines and assessment tools.

Morgenweck, C. J. [Medical College of Wisconsin, Milwaukee, WI]. "**Spirituality at the end of life.**" *Current Opinion in Anaesthesiology* 31, no. 2 (Apr 2018): 185-189.

[Abstract:] **PURPOSE OF REVIEW:** There is increasing emphasis on medical care of the whole patient. This holistic approach encompasses supporting the spiritual or religious needs of the patient. Particularly at the end of life, spiritual concerns may come to the fore as patients recognize and accept their impending death. Physicians may also recognize this spiritual distress but may not be clear on how to provide spiritual support. **RECENT FINDINGS:** Tools to screen for spiritual concerns are available for physicians to use. Some physicians wish to go further, supporting patients at the end of life in their spiritual quest. Other physicians express concern about causing more distress to patients in a time of significant need. Descriptions of educational tools, as well as the difference between spiritual generalists and spiritual specialists have emerged. Integration of chaplains into the medical team caring for patients at the end of life will also enhance care of the whole patient. **SUMMARY:** The increasing emphasis on whole patient care is leading to increasing focus on spiritual concerns of patients. Although not every patient has an interest in spiritual conversation, most do and medical teams will need to become more educated about appropriate spiritual engagement.

O'Callaghan, C., Byrne, L., Cokalis, E., Glenister, D., Santilli, M., Clark, R., McCarthy, T. and Michael, N. [Cabrini Health Australia, Malvern; University of Melbourne; University of Notre Dame, Sydney; La Trobe University, Melbourne; The University of Divinity, Melbourne; St. Vincent's Hospital, Melbourne; Royal Melbourne Hospital, Parkville; and Monash Health, Melbourne; Australia]. "**Life within the person comes to the fore': pastoral workers' practice wisdom on using arts in palliative care.**" *American Journal of Hospice & Palliative Medicine* 35, no. 7 (Jul 2018): 1000-1008.

[Abstract:] **BACKGROUND:** Pastoral care (also chaplaincy, spiritual care) assists people to find meaning, personal resources, and connection with self, others, and/or a higher power. Although essential in palliative care, there remains limited examination of what pastoral workers do. This study examined how pastoral workers use and consider the usefulness of art-based modalities. **METHODS:** Qualitative research was used to examine the practice wisdom (tacit practice knowledge) of pastoral workers experienced in using visual arts and music in palliative care. Two focus groups were conducted. Thematic analysis was informed by grounded theory. **RESULTS:** Six pastoral workers shared information. Three themes emerged. First, pastoral workers use arts as "another tool" to extend scope of practice by assisting patients and families to symbolically and more deeply contemplate what they find "sacred." Second, pastoral workers' art affinities inform their aims, assessments, and interactions. Third, pastoral workers perceive that art-based modalities can validate, enlighten, and transform patients and families through enabling them to "multisensorially" (through many senses) feel recognized, accepted, empowered, and/or close to God. Key elements involved in the work's transformative effects include enabling beauty, ritual, and the sense of "home" being heard, and legacy creation. **DISCUSSION AND CONCLUSION:** Pastoral workers interpret that offering art-based modalities in palliative care can help patients and families to symbolically deal with painful memories and experiences, creatively engage with that deemed significant, and/or encounter a sense of transcendence. Training in generalist art-based care needs to be offered in pastoral education.

Ojukwu, E., Powell, L. R., Person, S. D., Rosal, M. C., Lemon, S. C. and Allison, J. "**Spirituality and willingness to participate in health-related research among African Americans.**" *Journal of Health Care for the Poor & Underserved* 29, no. 1 (2018): 400-414.

[Abstract:] African Americans remain underrepresented in health-related research. We examined the association between spirituality using the Self-Rating Spirituality Scale (range 6-24) and self-reported willingness to participate in health-related research studies among African Americans. Covariates included gender, education level, employment status, and previous research experience. Adjusted associations were calculated with logistic regression models, with multiple imputation to account for missing data. Results from the logistic regression model show that each one-point increase in the Self-Rating Spirituality Scale was associated with a 24% increase in the odds of being very likely to participate

in research (OR: 1.24, 95% CI: 1.07-1.44). Those with less than a college degree (OR: 3.59, 95% CI: 1.51-8.54), who were unemployed (OR: 2.34, 95% CI: 1.03-5.33), and had previous research experience (OR: 2.92, 95% CI: 1.22-6.99) reported increased willingness to participate. This work offers new insight for developing recruitment initiatives within African American spiritual communities.

Oliver, R., Hughes, B. and Weiss, G. [Norton Healthcare; and HealthCare Chaplaincy Network (NY)]. "**A study of the self-reported resilience of APC chaplains.**" *Journal of Pastoral Care & Counseling* 72, no. 2 (Jun 2018): 99-103.

[Abstract:] Approximately 5000 members of the Association of Professional Chaplains were surveyed using the Professional Quality of Life instrument in order to assess levels of Compassion Satisfaction and Compassion Fatigue and its associated subscales, Burnout and Secondary Traumatic Stress; 1299 surveys were completed. The most significant finding of this study is that Board Certified Chaplains have remarkably low scores of Burnout and Secondary Traumatic Stress and significantly high levels of Compassion Satisfaction.

Opel, D. J., Sonne, J. A. and Mello, M/ M. [Stanford University School of Medicine]. "**Vaccination without litigation - addressing religious objections to hospital influenza-vaccination mandates.**" *New England Journal of Medicine* 378, no. 9 (Mar 1, 2018): 785-788.

A commentary, including a table [p. 786] of Cases Challenging Hospital Influenza-Vaccination Mandates on Religious Grounds. [From the article:] Influenza-vaccination mandates for health care workers represent good policy, but heavy-handed, context-free implementation does not. Hospitals that pursue an inflexible approach to minimize religious exemptions are likely to find that the juice isn't worth the squeeze. In contrast, well-drafted and reasonably applied policies should avoid or withstand legal challenge, while also protecting patients. [p. 788].

Oxhandler, H. K., Ellor, J. W. and Stanford, M. S. [Baylor University, Waco, TX]. "**Client attitudes toward integrating religion and spirituality in mental health treatment: scale development and client responses.**" *Social Work* 63, no. 4 (Oct 1, 2018): 337-346. [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 development, validation, and responses to the first administration of the Religious/Spiritually Integrated Practice Assessment Scale-Client Attitudes (RSIPAS-CA). A total of 1,047 U.S. adults responded to an online survey administered by Qualtrics, which included the RSIPAS-CA for secondary analysis. Of those, 245 indicated they were either current or former mental health clients and thus were asked to complete a 10-item instrument assessing clients' attitudes toward integrating religion and spirituality (RS) in mental health treatment. A confirmatory factor analysis showed the current sample's data approached an adequate fit, and the instrument's reliability was considered very good ( $\alpha = .89$ ). Descriptive analyses indicated that clients have mixed views regarding who should initiate the discussion of RS, but a majority responded favorably toward integrating RS in practice. The article ends with a general comparison between client responses to the current survey and clinical social workers' responses to the practitioners' RSIPAS. It also discusses implications for research based on the scale development and implications for practice and education, based on client preferences.

Oxhandler, H. K., Polson, E. C. and Achenbaum, W. A. [Baylor University, Waco, TX]. "**The religiosity and spiritual beliefs and practices of clinical social workers: a national survey.**" *Social Work* 63, no. 1 (Jan 1, 2018): 47-56.

[Abstract:] This article describes the religious and spiritual beliefs and practices among a national sample of 426 licensed clinical social workers (LCSWs). Given the significant role LCSWs' intrinsic religiosity plays in whether or not they consider clients' religion and spirituality (RS) as it relates to practice, it is critical that the profession best understands current LCSWs' religious and spiritual beliefs, and in what ways these mirror or contrast those of the clients whom they serve. Findings from this secondary analysis of a recent national survey suggest that compared with the general U.S. population, fewer LCSWs self-identify as Protestant or Catholic, fewer engage in frequent prayer, and fewer self-identify as religious. However, more LCSWs engage in meditation and consider themselves to be spiritual. Although it appears that RS is an important area in both LCSWs' and clients' lives, the beliefs, practices, and degree of importance with either differ. This article addresses implications for practice and education, as identifying such differing views calls on the profession to strengthen its training surrounding LCSWs' self-awareness of their RS beliefs and recognizing that their clients may not hold similar beliefs or engage in similar practices.

Padela, A. I., Malik, S., Ally, S. A., Quinn, M., Hall, S. and Peek, M. [University of Chicago, Chicago, IL; and Stony Brook University, Stony Brook, NY]. "**Reducing Muslim mammography disparities: outcomes from a religiously tailored mosque-based intervention.**" *Health Education & Behavior* 45, no. 6 (2018): 1025-1035. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: To describe the design of, and participant-level outcomes related to, a religiously tailored, peer-led group education program aimed at enhancing Muslim women's mammography intention. METHOD: Using a community-engaged approach and mixed methods, we identified and addressed barrier beliefs impeding mammography screening among Muslim American women. Our religiously tailored, mosque-based, peer-led intervention involved facilitated discussions and expert-led didactics conveying health-related religious teachings, and information about the benefits and process of mammography. Barrier beliefs were addressed through reframing, reprioritizing, or reforming such beliefs. Participant surveys were collected preintervention, postintervention, 6 months postintervention, and 1 year postintervention. These measured changes in mammography intention, likelihood, confidence, and resonance with barrier and facilitator beliefs. RESULTS: A total of 58 Muslim women (mean age = 50 years) that had not had a mammogram in the past 2 years participated in the two-session program. Self-reported likelihood of obtaining a mammogram increased significantly ( $p = .01$ ) and coincided with a positive trend in confidence ( $p = .08$ ). Individuals with higher agreement with barrier beliefs preintervention had lower odds for positive change in likelihood (odds ratio = 0.80,  $p = .03$ ), while those who were married had higher odds for positive change in likelihood (odds ratio = 37.69,  $p = .02$ ). At 1-year follow-up, 22 participants had obtained a mammogram. CONCLUSION: Our pilot mosque-based intervention demonstrated efficacy in improving Muslim women's self-reported likelihood of obtaining mammograms, and increased their mammography utilization, with nearly 40% obtaining a mammogram within 12 months of the intervention. IMPACT: Our conceptual model for religiously tailoring messages, along with its implementation curriculum, proved effective in enhancing the likelihood and receipt of mammograms among Muslim American women. Accordingly, our work advances both the theory and practice of faith-based interventions and provides a model for addressing Muslim women's cancer screening disparities.

Padela, A. I., Malik, S., Vu, M., Quinn, M. and Peek, M. [University of Chicago, Chicago IL; and Stony Brook University, Stony Brook, NY]. "**Developing religiously-tailored health messages for behavioral change: Introducing the reframe, reprioritize, and reform ('3R') model.**" *Social Science & Medicine* 204 (2018): 92-99.

[Abstract:] RATIONALE: As community health interventions advance from being faith-placed to authentically faith-based, greater discussion is needed about the theory, practice, and ethics of delivering health messages embedded within a religious worldview. While there is much potential to leverage religion to promote health behaviors and improve health outcomes, there is also a risk of co-opting religious teachings for strictly biomedical ends. OBJECTIVE: To describe the development, implementation, and ethical dimensions of a conceptual model for religiously-tailoring health messages. METHOD: We used data from 6 focus groups and 19 interviews with women aged 40 and older sampled from diverse Muslim community organizations to map out how religious beliefs and values impact mammography-related behavioral, normative and control beliefs. These beliefs were further grouped into those that enhance mammography intention (facilitators) and those that impede intention (barriers). In concert with a multi-disciplinary advisory board, and by drawing upon leading theories of health behavior change, we developed the "3R" model for crafting religiously-tailored health messages. RESULTS: The 3R model addresses barrier beliefs, which are beliefs that negatively impact adopting a health behavior, by (i) reframing the belief within a relevant religious worldview, (ii) reprioritizing the belief by introducing another religious belief that has greater resonance with participants, and (iii) reforming the belief by uncovering logical flaws and/or theological misinterpretations. These approaches were used to create messages for a peer-led, mosque-based, educational intervention designed to improve mammography intention among Muslim women. CONCLUSIONS: There are benefits and potential ethical challenges to using religiously tailored messages to promote health behaviors. Our theoretically driven 3R model aids interventionists in crafting messages that address beliefs that hinder healthy behaviors. It is particularly useful in the context of faith-based interventions for it highlights the ethical choices that must be made when incorporating religious values and beliefs in tailored messages.

Palmer, J. A., Howard, E. P., Bryan, M. and Mitchell, S. L. [Department of Medicine of Beth Israel Deaconess Medical Center and Northeastern University, Boston, MA]. "**Physiological and psychosocial factors in spiritual needs attainment for community-dwelling older adults.**" *Archives of Gerontology & Geriatrics* 76 (May-Jun 2018): 1-5 [electronic journal article designation/pagination].

[Abstract:] BACKGROUND: Spiritual well-being enhances older persons' health status. Factors that optimize their spiritual well-being are not well-established. OBJECTIVE: To describe spiritual needs attainment and identify factors associated with such attainment among community-dwelling older persons. DESIGN: Cross-sectional. SETTING: Sixty-five U.S. continuing care retirement communities or independent housing facilities. SUBJECTS: 4077 persons entering the facilities between January 1, 2007 and November 30, 2016. METHODS: Standardized Community Health Assessment and Wellness Survey instruments were used to determine the proportion of subjects reporting their spiritual needs were met. Multivariate logistic regression identified characteristics independently associated with this outcome. RESULTS: Among the 4077 subjects (mean age 81.6+/-7.5; male, 28.8%; and White race, 70.7%), 93.4% stated their spiritual needs were met. Factors independently associated with a greater likelihood of spiritual needs attainment were: satisfaction with life (adjusted odds ratio (AOR) 2.81, 95% confidence interval (CI) 2.00, 3.96; p<0.001), feeling valued (AOR 2.51, 95% CI 1.61, 3.92; p<0.001), strong and supportive family relationship (AOR 1.99, 95% CI 1.20, 3.29; p=0.008), sufficient sleep (AOR 1.59, 95% CI 1.15, 2.19; p=0.005), no pain (AOR 1.35, 95% CI 1.01, 1.82; p=0.046), and having someone to talk to about death among those interested in doing so (AOR 0.39, 95% CI 0.29, 0.54; p<0.001). CONCLUSIONS: The majority of community-dwelling older persons reported their spiritual needs were met. Adequate sleep, pain relief, and having a person with whom to discuss death are potentially modifiable factors that may promote spiritual needs attainment in this population, which in turn, may improve their health outcomes.

Parenteau, S. C. [Auburn University at Montgomery, AL]. "**Depressive symptoms and tobacco use: does religious orientation play a protective role?**" *Journal of Religion & Health* 57, no. 4 (Aug 2018): 1211-1223.

[Abstract:] Many studies have established an association between depression and smoking. The main objective of this study was to determine whether religious orientation moderates the relationship between depressive symptoms and tobacco use. This study utilized a cross-sectional data collection strategy to examine the relationship among depressive symptoms, religious orientation, and tobacco use among undergraduate students (N = 349) at a midsize southeastern university. Participants completed a demographic questionnaire, the Center for Epidemiologic Studies Depression Scale, the Extrinsic/Intrinsic Religious Orientation Scale-Revised and the Drinking and Drug Habits Questionnaire. Analyses using hierarchical linear regression indicate a significant interaction effect (depressive symptoms x extrinsic religious orientation) on tobacco use. Additional moderation analyses reveal a significant interaction effect between depressive symptoms and the extrinsic-personal religious orientation on tobacco use. Results suggest that having an extrinsic religious orientation, and specifically, the extrinsic-personal subtype, can protect against the effects of depressive symptoms. In this regard, individuals who turn to religion for solace or comfort may be less likely to engage in tobacco use when experiencing depressive symptoms. Limitations, future directions, and implications are discussed.

Paris, W., Seidler, R. J. H., FitzGerald, K., Padela, A. I., Cozzi, E. and Cooper, D. K. C. [Abilene Christian University, Abilene, TX; Sinai Hospital of Baltimore and LifeBridge Health, Baltimore, MD; Georgetown University, Washington, DC; University of Chicago, Chicago, IL; University of Alabama Birmingham, Birmingham, AL; and University of Padua Hospital, Padua, Italy]. "**Jewish, Christian and Muslim theological perspectives about xenotransplantation.**" *Xenotransplantation* 25, no. 3 (2018): e12400 [electronic journal article designation].

[Abstract:] BACKGROUND: This paper is based on a theological symposium presented at the International Xenotransplantation Association's 14th Congress held in Baltimore, MD, September, 2017. METHODS: The information explores the Jewish, Christian and Muslim theological perceptions and perspectives about cross-species (ie pig-to-human) organ transplantation, the genetic alterations required in the organ-source pig, and their potential to influence individual acceptance of the procedure. RESULTS/CONCLUSIONS: This work should not be considered as the ultimate word about individual theological views, but rather as part of an ongoing conversation that will hopefully lead to wider consideration and exploration of these issues as xenotransplantation science advances towards clinical trials.

Park, C. L., Waddington, E. and Abraham, R. [University of Connecticut, Storrs]. "**Different dimensions of religiousness/spirituality are associated with health behaviors in breast cancer survivors.**" *Psycho-Oncology* 27, no. 10 (2018): 2466-2472. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Religiousness/spirituality (R/S) may influence cancer survivors' health through multiple pathways. We aimed to examine one potentially key pathway that has seldom been examined: relationships between survivors' R/S and their health behaviors. METHODS: The present study investigated links between four core dimensions of R/S (beliefs, behaviors, identity, and coping) and three health behaviors (fruit/vegetable consumption, physical activity, and maintenance of a healthy weight) in 172 breast cancer survivors. RESULTS: Both spiritual identity and use of religious coping were positively related to fruit and vegetable intake, while private prayer was marginally positively

related. Both service attendance and religious identity (marginally) were related to engaging in less physical activity, while private prayer was positively related. Afterlife beliefs and private prayer were positively associated with BMI. CONCLUSIONS: R/S has complex but meaningful associations with health behaviors in breast cancer survivors. More research is needed to understand these relationships and to determine whether different dimensions of R/S may play useful roles in lifestyle change interventions.

Pearce, M., Haynes, K., Rivera, N. R. and Koenig, H. G. [University of Maryland School of Medicine, Baltimore, MD; et al.]. **"Spiritually integrated cognitive processing therapy: a new treatment for post-traumatic stress disorder that targets moral injury."** *Global Advances in Health & Medicine* (2018): 7:2164956118759939 [electronic journal article designation].

[Abstract:] Background: Post-traumatic stress disorder (PTSD) is a debilitating disorder, and current treatments leave the majority of patients with unresolved symptoms. Moral injury (MI) may be one of the barriers that interfere with recovery from PTSD, particularly among current or former military service members. Objective: Given the psychological and spiritual aspects of MI, an intervention that addresses MI using spiritual resources in addition to psychological resources may be particularly effective in treating PTSD. To date, there are no existing empirically based individual treatments for PTSD and MI that make explicit use of a patient's spiritual resources, despite the evidence that spiritual beliefs/activities predict faster recovery from PTSD. Method: To address this gap, we adapted Cognitive Processing Therapy (CPT), an empirically validated treatment for PTSD, to integrate clients' spiritual beliefs, practices, values, and motivations. We call this treatment Spiritually Integrated CPT (SICPT). Results: This article describes this novel manualized therapeutic approach for treating MI in the setting of PTSD for spiritual/religious clients. We provide a description of SICPT and a brief summary of the 12 sessions. Then, we describe a case study in which the therapist helps a client use his spiritual resources to resolve MI and assist in the recovery from PTSD. Conclusion: SICPT may be a helpful way to reduce PTSD by targeting MI, addressing spiritual distress, and using a client's spiritual resources. In addition to the spiritual version (applicable for those of any religion and those who do not identify as religious), we have also developed 5 religion-specific manuals (Christianity, Judaism, Islam, Buddhism, and Hinduism) for clients who desire a more religion-specific approach.

Pelham, B. W., Shimizu, M., Arndt, J., Carvallo, M., Solomon, S. and Greenberg, J. [Montgomery College, Germantown, MD; Southern Illinois University, Edwardsville, IL; University of Missouri, Columbia, MO; University of Oklahoma, Norman, OK; Skidmore College, Saratoga Springs, NY; and University of Arizona, Tucson, AZ]. **"Searching for God: illness-related mortality threats and religious search volume in google in 16 nations."** *Personality & Social Psychology Bulletin* 44, no. 3 (2018): 290-303.

[Abstract:] We tested predictions about religiosity and terror management processes in 16 nations. Specifically, we examined weekly variation in Google search volume in each nation for 12 years (all weeks for which data were available). In all 16 nations, higher than usual weekly Google search volume for life-threatening illnesses (cancer, diabetes, and hypertension) predicted increases in search volume for religious content (e.g., God, Jesus, prayer) in the following week. This effect held up after controlling for (a) recent past and annual variation in religious search volume, (b) increases in search volume associated with religious holidays, and (c) variation in searches for a non-life-threatening illness ("sore throat"). Terror management threat reduction processes appear to occur across the globe. Furthermore, they may occur over much longer periods than those studied in the laboratory. Managing fears of death via religious belief regulation appears to be culturally pervasive.

Penman, J. [Monash University, Australia]. **"Finding paradise within: how spirituality protects palliative care clients and caregivers from depression."** *Journal of Holistic Nursing* 36, no. 3 (Sep 2018): 243-254.

[Abstract:] The aims of this article are to explore the experience of depression among palliative care clients and caregivers, describe the strategies they use in coping with depression, and clarify the role of spirituality in preventing and/or overcoming depression. This article discusses an aspect of the findings of a larger doctoral study that explored the nature of spirituality and spiritual engagement from the viewpoint of individuals with life-limiting conditions and their caregivers. van Manen's phenomenology was used in the study. The data generated from the doctoral study were subjected to secondary analysis to uncover the experience of depression. The methodology underpinning the secondary analysis was phenomenology also by van Manen. Fourteen clients and caregivers from across regional and rural South Australia informed the study. Data collection involved in-depth nonstructured home-based interviews that were audiotaped and transcribed verbatim. The findings highlighted relate to participants succumbing to depression, but having spiritual beliefs and practices helped them cope. One of the most insightful understanding was the role spirituality played in protecting individuals from depression, encapsulated in the theme "finding paradise within." Spirituality, understood from a religious or secular perspective, must be embedded in palliative care as it assisted in preventing and overcoming depression.

Periyakoil, V. S., Neri, E. and Kraemer, H. [Stanford University School of Medicine, Stanford, CA]. **"Common items on a bucket list."** *Journal of Palliative Medicine* 21, no. 5 (May 2018): 652-658.

Data were collected in 2015-2016 through an online survey, which was completed by a total of 3056 participants across the United States. Around 91.2% participants had a bucket list. Participants who reported that faith/religion/spirituality was important to them were most likely (95%) to have a bucket list compared with those who reported it to be unimportant (68.2%).

Pillay, D. and Moonsamy, S. [University of the Witwatersrand, South Africa]. **"A pilot study: considering spirituality in an inclusive model of practice in clinical audiology."** *South African Journal of Communication Disorders - die Suid-Afrikaanse Tydskrif vir Kommunikasieafwykings* 65, no. 1 (Jun 21, 2018): e1-e6 [electronic journal page designation].

[Abstract:] BACKGROUND: A patient-orientated approach in medical clinical practice is emerging where patients and practitioners are considering and including the spiritual, emotional and psychosocial aspects of the individual. This practice is an important change in health care, specifically in the field of audiology as a holistic view of the patient now alters the perspective on the management of individuals with hearing impairments. Objectives: This article explored the experiences of a participant who reported supernatural healing of his sensorineural hearing loss (SNHL). Hence, this study focuses on the consideration of spirituality in the inclusive model of care. Method: An exploratory, qualitative narrative inquiry was used to obtain data from a single pilot case study of a 27-year-old man who reported healing of his permanent profound hearing loss. Results: Four themes were identified within the narrative obtained: prayer and faith, deaf culture, identity and purpose. The participant stated that he believed that he was partially healed to fulfil his purpose in life. The partial healing allowed him to belong to the deaf community and the hearing world simultaneously. Conclusion: South Africans live in a diverse society where most people accept spirituality as part of their search for meaning in life. Health care for individuals should therefore consider the person as a holistic being more than a medical entity. The exploration of narratives of individuals who report supernatural healing of a SNHL will assist health care practitioners and audiologists in managing individuals in an inclusive manner. This pilot study thus has implications for policy and practice in health care contexts.

- Prout, T. A., Gottdiener, W. H., Camargo, A. and Murphy, S. [Ferkauf Graduate School of Psychology, Bronx, NY; John Jay College of Criminal Justice, New York, NY; and the Research Center of the New York Psychoanalytic Society and Institute]. **"The relationship between defense mechanisms and religious coping using a new two-factor solution for the Defense Style Questionnaire-40."** *Bulletin of the Menninger Clinic* 82, no. 3 (2018): 224-252.  
 [Abstract:] This study examined the factor structure of the Defense Style Questionnaire (DSQ-40) and explored the relationships between defense mechanisms and religious coping in a diverse sample of 380 college students. In contrast with the three-factor model of defenses proposed by the developers of the DSQ-40, principal axis factoring yielded two internally consistent components: adaptive and maladaptive defense styles. Endorsement of adaptive defenses was positively correlated with the use of positive religious coping strategies and negatively correlated with negative religious coping. Maladaptive defenses were associated with the endorsement of negative religious coping strategies. Clinical implications of these findings are discussed and recommendations are made for future use of the DSQ-40.
- Puchalski, C. M., King, S. D. W. and Ferrell, B. R. [George Washington Institute for Spirituality & Health, The George Washington University, Washington, DC; Seattle Cancer Care Alliance, Seattle, WA; and City of Hope Medical Center, Duarte, CA]. **"Spiritual considerations."** *Hematology-Oncology Clinics of North America* 32, no. 3 (2018): 505-517.  
 [Abstract:] Spiritual issues play a prominent role for patients with cancer. Studies have demonstrated a positive connection between a patient's spirituality and health outcomes, including quality of life, depression and anxiety, hopefulness, and the ability to cope with illness. Spiritual or existential distress is prominent in patients with cancer. Models are described that identify ways for clinicians to identify or diagnose spiritual or existential distress, and to attend to that distress. It is critical that all clinicians assess for spiritual distress as part of a routine distress assessment, identify appropriate treatment strategies, and work closely with trained spiritual care professionals.
- Purvis, T. E., Crowe, T. Y., Wright, S. M. and Teague, P. [Johns Hopkins Hospital, Baltimore, MD]. **"Patient appreciation of student chaplain visits during their hospitalization."** *Journal of Religion & Health* 57, no. 1 (Feb 2018): 240-248.  
 [Abstract:] Spiritual care is associated with improved health outcomes and higher patient satisfaction. However, chaplains often cover many hospital units and thus may not be able to serve all patients. Involving student chaplains in patient spiritual care may allow for more patients to experience the support of spiritual care. In this study, we surveyed 93 patients hospitalized on general medical units at a tertiary care center who were visited by nine student chaplain summer interns. The results indicated that the majority of patients appreciated student chaplain visits and these encounters may have positively influenced their overall hospital experience. Thus, student chaplains could be a way to extend valuable spiritual care in settings where chaplaincy staff shortages preclude access.
- Rabbi, M. F., Ghazali, K. H., Mohd, I. I., Alqahtani, M., Altwijri, O. and Ahamed, N. U. [Universiti Malaysia Pahang, Malaysia; and King Saud University, Saudi Arabia]. **"Investigation of the EMG activity of erector spinae and trapezius muscles during Islamic prayer (Salat)."** *Journal of Back & Musculoskeletal Rehabilitation* 31, no. 6 (2018): 1097-1104.  
 [Abstract:] This study aimed to investigate the electrical activity of two muscles located at the dorsal surface during Islamic prayer (Salat). Specifically, the electromyography (EMG) activity of the erector spinae and trapezius muscles during four positions observed while performing Salat, namely standing, bowing, sitting and prostration, were investigated. Seven adult subjects with an average age of 28.1 (+/- 3.8) years were included in the study. EMG data were obtained from their trapezius and erector spinae muscles while the subjects maintained the specific positions of Salat. The EMG signal was analysed using time and frequency domain features. The results indicate that the trapezius muscle remains relaxed during the standing and sitting positions while the erector spinae muscle remains contracted during these two positions. Additionally, during the bowing and prostration positions of Salat, these two muscles exhibit the opposite activities: the trapezius muscle remains contracted while the erector spinae muscle remains relaxed. Overall, both muscles maintain a balance in terms of contraction and relaxation during bowing and prostration position. The irregularity of the neuro-muscular signal might cause pain and prevent Muslims from performing their obligatory prayer. This study will aid the accurate understanding of how the back muscles respond in specific postures during Salat.
- Ragsdale, J. R. [Cincinnati Children's Hospital Medical Center]. **"Transforming chaplaincy requires transforming Clinical Pastoral Education."** *Journal of Pastoral Care & Counseling* 72, no. 1 (Mar 2018): 58-62.  
 [Abstract:] Clinical Pastoral Education (CPE) is a process focused on developing students' personal integration. Outcomes for CPE need to expand to reflect current research in religion and spirituality because religion and spirituality impacts coping, meaning making, decision-making, and health care outcomes. Focusing CPE outcomes on religious/spiritual beliefs and practices used by patients will equip chaplains to provide research-informed spiritual care for families and discipline-specific information for the interdisciplinary team.
- Ragsdale, J. R., Othman, M., Khoury, R., Dandoy, C. E., Geiger-Behm, K., Mueller, M., Mussallam, E. and Davies, S. M. [Cincinnati Children's Hospital Medical Center, Cincinnati; and Miami University, Oxford, OH]. **"Islam, the Holy Qur'an, and medical decision-making: the experience of Middle Eastern Muslim families with children undergoing bone marrow transplantation in the United States."** *Journal of Pastoral Care & Counseling* 72, no. 3 (Sep 2018): 180-189.  
 [Abstract:] Some Arabic-speaking Muslim family members of children requiring bone marrow transplantation receive medical care for their children in the United States. Muslim family members' use of Islam in the course of their child's bone marrow transplantation was studied using grounded theory, a qualitative research method. Eighteen members of Middle Eastern Muslim families with a total of 13 children receiving bone marrow transplantation were interviewed by an Arabic-speaking healthcare provider. Interviews were coded by an interdisciplinary team. Seven key themes were identified.
- Ray, C. and Wyatt, T. R. [Medical College of Georgia, Augusta]. **"Religion and spirituality as a cultural asset in medical students."** *Journal of Religion & Health* 57, no. 3 (Jun 2018): 1062-1073.  
 [Abstract:] We explored the ways that religion and spirituality (R/S) work as a cultural asset in the lives of medical students and how students anticipate using this asset as physicians. A group of sixteen religiously diverse medical students were interviewed, and data were analyzed using grounded theory. The results indicate that regardless of faith, students repurposed their R/S to help them cope with the stress of medical school, make clinical decisions, resolve inexplicable events, and practice patient-centered care. Medical educators should leverage this asset to help students understand how to practice in ways that are consistent with patient-centered care.

- Redmann, A. J., Schopper, M., Antommaria, A. H. M., Ragsdale, J., de Alarcon, A., Rutter, M. J., Hart, C. K. and Myer, C. M. [University of Cincinnati and Cincinnati Children's Hospital Medical Center, Cincinnati, OH]. **"To transfuse or not to transfuse? Jehovah's Witnesses and postoperative hemorrhage in pediatric otolaryngology."** *International Journal of Pediatric Otorhinolaryngology* 115 (Dec 2018): 188-192.  
 [Abstract:] OBJECTIVES: Discuss the ethical issues in the management of postoperative hemorrhage in pediatric patients whose parents are Jehovah's Witnesses (JW) and 2) Describe a framework for shared decision making in this population. METHODS: A recall review of pediatric otolaryngology patients with parents of the JW faith and postoperative hemorrhage was performed over a year long period at a single institution. The literature on transfusions for JW minors was reviewed. RESULTS: Two patients were identified. The first patient had a severe post-tonsillectomy hemorrhage requiring multiple emergency operative interventions. The child developed a hemoglobin of 5.2g/dl and received an emergent transfusion against parents' wishes. The child subsequently did not require further intervention. The second patient hemorrhaged after a supraglottoplasty and was administered erythropoietin and iron infusion but did not require transfusion (hemoglobin nadir 7.9g/dl). In both cases hematology was consulted, and extensive discussion with the families and the JW Hospital Liaison Committee occurred. CONCLUSIONS: The risks of hemorrhage should be discussed with JW parents of patients undergoing even routine otolaryngologic surgery. In these cases, early shared decision making with family, the JW Hospital Liaison committee, and hematology was pursued regarding mutually acceptable interventions. Aggressive non-transfusion based resuscitation was carried out to minimize the likelihood of transfusion. In the first case, danger to the patient's life eventually necessitated transfusion in accordance with the patient's best interest and previous case law. A defined framework involving all stake-holders, including Pastoral Care, in the event of postoperative hemorrhage is critical. [See also in this bibliography: Redmann, A. J., et al., "Posttonsillectomy hemorrhage in a pediatric Jehovah's Witness and the decision to transfuse," *Otolaryngology - Head & Neck Surgery* 159, no. 2 (Aug 2018): 238-241.]
- Redmann, A. J., Schopper, M., Ragsdale, J., Rutter, M. J., Hart, C. K. and Myer, C. M. 3rd. [University of Cincinnati and Cincinnati Children's Hospital Medical Center, Cincinnati, OH]. **"Posttonsillectomy hemorrhage in a pediatric Jehovah's Witness and the decision to transfuse."** *Otolaryngology - Head & Neck Surgery* 159, no. 2 (Aug 2018): 238-241.  
 This is a brief case presentation, with point and counter-point sections. [See also in this bibliography: Redmann, A. J., et al., "To transfuse or not to transfuse? Jehovah's Witnesses and postoperative hemorrhage in pediatric otolaryngology," *International Journal of Pediatric Otorhinolaryngology* 115 (Dec 2018): 188-192.]
- Renz, M., Reichmuth, O., Bueche, D., Traichel, B., Mao, M. S., Cerny, T. and Strasser, F. [Cantonal Hospital, St. Gallen; and Cantonal Hospital, Munsterlingen, Switzerland]. **"Fear, pain, denial, and spiritual experiences in dying processes."** *American Journal of Hospice & Palliative Medicine* 35, no. 3 (Mar 2018): 478-491.  
 [Abstract:] PURPOSE: Approaching death seems to be associated with physiological/spiritual changes. Trajectories including the physical-psychological-social-spiritual dimension have indicated a terminal drop. Existential suffering or deathbed visions describe complex phenomena. However, interrelationships between different constituent factors (e.g., fear and pain, spiritual experiences and altered consciousness) are largely unknown. We lack deeper understanding of patients' inner processes to which care should respond. In this study, we hypothesized that fear/pain/denial would happen simultaneously and be associated with a transformation of perception from ego-based (pre-transition) to ego-distant perception/consciousness (post-transition) and that spiritual (transcendental) experiences would primarily occur in periods of calmness and post-transition. Parameters for observing transformation of perception (pre-transition, transition itself, and post-transition) were patients' altered awareness of time/space/body and patients' altered social connectedness. METHOD: Two interdisciplinary teams observed 80 dying patients with cancer in palliative units at 2 Swiss cantonal hospitals. We applied participant observation based on semistructured observation protocols, supplemented by the list of analgesic and psychotropic medication. Descriptive statistical analysis and Interpretative Phenomenological Analysis (IPA) were combined. International interdisciplinary experts supported the analysis. RESULTS: Most patients showed at least fear and pain once. Many seemed to have spiritual experiences and to undergo a transformation of perception only partly depending on medication. Line graphs representatively illustrate associations between fear/pain/denial/spiritual experiences and a transformation of perception. No trajectory displayed uninterrupted distress. Many patients seemed to die in peace. Previous near-death or spiritual/mystical experiences may facilitate the dying process. CONCLUSION: Approaching death seems not only characterized by periods of distress but even more by states beyond fear/pain/denial.
- Roberts, J. R. and Maxfield, M. [University of Colorado, Colorado Springs]. **"Examining the relationship between religious and spiritual motivation and worry about Alzheimer's disease in later life."** *Journal of Religion & Health* 57, no. 6 (Dec 2018): 2500-2514.  
 [Abstract:] As awareness of Alzheimer's disease and related disorders and diagnosis rates rise, concern about developing such conditions may also increase, referred to here as dementia worry (DW). Few studies have examined DW and potential protective factors. Religiosity provides diverse psychological benefits and may be associated with lower DW; however, intrinsic/extrinsic motivations were expected to differentially relate to DW. Among 83 older adults (M = 69.48 years), both greater intrinsic and extrinsic-social religious motivation were associated with lower DW. Results suggest internalizing one's religious beliefs and building a social network within a religious community may provide a psychological buffer against DW.
- Ross, C. A. and Browning, E. [Ross Institute for Psychological Trauma, Richardson, TX]. **"Altered states of consciousness among inpatients in a trauma program."** *Journal of Trauma & Dissociation* 19, no. 5 (Oct-Dec 2018): 596-606.  
 This study, using a convenience sample of 100 inpatients, found that measures of pathological altered states of consciousness (ASC) but not adaptive, normal spiritual experiences, correlated with trauma and dissociation. The authors conclude that future study of the relationships between psychological trauma, dissociation, and ASC should subdivide altered states into at least two major categories: more inherently pathological states versus those that are more adaptive and spiritual in nature. They hold that clinical encouragement of this discernment seems significant.
- Ross, L., McSherry, W., Giske, T., van Leeuwen, R., Schep-Akerman, A., Koslander, T., Hall, J., Steinfeldt, V. O. and Jarvis, P. [University of South Wales, Pontypridd, Wales; et al.]. **"Nursing and midwifery students' perceptions of spirituality, spiritual care, and spiritual care competency: a prospective, longitudinal, correlational European study."** *Nurse Education Today* 67 (Aug 2018): 64-71.

[Abstract:] BACKGROUND: Nurses and midwives care for people at some of the most vulnerable moments of their lives, so it is essential that they have the skills to give care which is compassionate, dignified, holistic and person-centred. Holistic care includes spiritual care which is concerned with helping people whose beliefs, values and sense of meaning, purpose and connection is challenged by birth, illness or death. Spiritual care is expected of nurses/midwives but they feel least prepared for this part of their role. How nursing and midwifery students can be prepared for spiritual care is the focus of this study. OBJECTIVES: 1. To describe undergraduate nursing and midwifery student's perceptions of spirituality/spiritual care, their perceived competence in giving spiritual care and how these perceptions change over time. 2. To explore factors contributing to development of spiritual care competency. METHODS: Prospective, longitudinal, multinational, correlational survey design. A convenience sample of 2193 undergraduate nursing and midwifery students (69% response rate, dropping to 33%) enrolled at 21 universities in eight countries completed questionnaires capturing demographic data (purpose designed questionnaire) and measuring perception of spirituality/spiritual care (SSCRS), spiritual care competency (SCCS), spiritual wellbeing (JAREL) and spiritual attitude and involvement (SAIL) on 4 occasions (start of course n=2193, year 2 n=1182, year 3 n=736, end of course n=595) between 2011 and 2015. Data were analysed using descriptive, bivariate and multivariate analyses as appropriate. RESULTS: Perceived competency increased significantly over the course of students' study which they attributed to caring for patients, events in their own lives and teaching/discussion in university. Two factors were significantly correlated with perceived spiritual care competency: perception of spirituality/spiritual care, where a broad view was preferable, and personal spirituality, where high spiritual wellbeing (JAREL) and spiritual attitude and involvement (SAIL) scores were preferable. CONCLUSIONS: We have provided the first international evidence that perceived spiritual care competence is developed in undergraduate nursing and midwifery students and that students' perceptions of spirituality and personal spirituality contribute to that development. Implications for teaching and learning and student selection are discussed. The study is limited by attrition which is common in longitudinal research.

Roze des Ordon, A. L., Sinuff, T., Stelfox, H. T., Kondejewski, J. and Sinclair, S. [University of Calgary, and University of Toronto, Canada]. "**Spiritual distress within inpatient settings -- a scoping review of patients' and families' experiences.**" *Journal of Pain & Symptom Management* 56, no. 1 (2018): 122-145. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Spiritual distress contributes to patients' and families' experiences of care. OBJECTIVES: To map the literature on how seriously ill patients and their family members experience spiritual distress within inpatient settings. METHODS: Our scoping review included four databases using search terms "existential" or "spiritual" combined with "angst," "anxiety," "distress," "stress," or "anguish." We included original research describing experiences of spiritual distress among adult patients or family members within inpatient settings and instrument validation studies. Each study was screened in duplicate for inclusion, and the data from included articles were extracted. Themes were identified, and data were synthesized. RESULTS: Within the 37 articles meeting inclusion criteria, we identified six themes: conceptualizing spiritual distress (n = 2), diagnosis and prevalence (n = 7), assessment instrument development (n = 5), experiences (n = 12), associated variables (n = 12), and barriers and facilitators to clinical support (n = 5). The majority of studies focused on patients; two studies focused on family caregivers. The most common clinical settings were oncology (n = 19) and advanced disease (n = 19). Terminology to describe spiritual distress varied among studies. The prevalence of at least moderate spiritual distress in patients was 10%-63%. Spiritual distress was experienced in relation to self and others. Associated variables included demographic, physical, cognitive, and psychological factors. Barriers and facilitators were described. CONCLUSION: Patients' and families' experiences of spiritual distress in the inpatient setting are multifaceted. Important gaps in the literature include a narrow spectrum of populations, limited consideration of family caregivers, and inconsistent terminology. Research addressing these gaps may improve conceptual clarity and help clinicians better identify spiritual distress.

Rudaz, M., Ledermann, T. and Grzywacz, J. G. [Florida State University, Tallahassee, FL]. "**Spiritual coping, perceived growth, and the moderating role of spiritual mindfulness in cancer survivors.**" *Journal of Psychosocial Oncology* 36, no. 5 (Sep-Oct 2018): 609-623. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: This study examined the moderating role of spiritual mindfulness on the association between spiritual coping and perceived growth in individuals with and without current treatment for cancer. DESIGN/SAMPLE: Adults with a cancer history (N = 534) from the Midlife in the United States study completed a telephone interview and self-administered questionnaires. METHODS/FINDINGS: Moderated regression analyses, controlled for age and educational attainment, showed that mindfulness moderated the effect of spiritual coping on personal growth and on positive reinterpretation. High mindfulness amplified the effect of spiritual coping on both personal growth and positive reinterpretation. Further, this moderating effect was significantly different for adults with versus without current treatment for cancer for positive reinterpretation but not for personal growth. CONCLUSIONS/IMPLICATIONS: These findings highlight the potential amplifying effect of spiritual mindfulness on the effect of spiritual coping on perceived growth in cancer survivors.

Ruth-Sahd, L. A., Hauck, C. B. and Sahd-Brown, K. E. [York College of Pennsylvania; Lancaster General Health/Penn Medicine, Lancaster, PA; and Penn State Hershey Children's Hospital Hershey, PA]. "**Collaborating with hospital chaplains to meet the spiritual needs of critical care patients.**" *DCCN - Dimensions of Critical Care Nursing* 37, no. 1 (Jan/Feb 2018): 18-25.

[Abstract:] There are many opportunities for critical-care nurses to collaborate with chaplains in an effort to provide spiritual care for patients and their families. By recognizing the educational requirements as well as the unique roles of board-certified chaplains (BCCs), the critical-care nurse will view them as respected members of the health care team. This collaboration positively impacts the work environment and creates a holistic space for healing for patients, as well as the health care team. As nurses, we must educate and inform novice nurses about the important role of BCCs on the interdisciplinary health care team. Critical-care nurses need to incorporate the BCCs' contributions into the patient plan of care during bedside report in a way that helps the nurse understand the connection between the patient's spiritual health and his/her experience as a patient.

Saniotis, A. [University of Adelaide, Australia]. "**Understanding mind/body medicine from Muslim religious practices of salat and dhikr.**" *Journal of Religion & Health* 57, no. 3 (Jun 2018): 849-857.

[Abstract:] There has been an increasing medical interest in Muslim religious practices in promoting well-being. Central to Muslim religious practices are salat (prayer) and dhikr (chanting). These two religious forms may be argued as comprising elements of mind/body medicine due to their positive effect on the psychoneuroimmunological response. The aim of this article was to further understand the mind/body aspects of Muslim salat and dhikr.

- Scarton, L., Oh, S., Sylvera, A., Lamonge, R., Yao, Y., Chochinov, H., Fitchett, G., Handzo, G., Emanuel, L. and Wilkie, D. [University of Florida, Gainesville, FL; University of Manitoba and Cancer Care Manitoba, Winnipeg, Canada; Rush University Medical Center and Northwestern University, Chicago, IL; and HealthCare Chaplaincy Network, NY, NY]. **"Dignity impact as a primary outcome measure for Dignity Therapy."** *American Journal of Hospice & Palliative Medicine* 35, no. 11 (Nov 2018): 1417-1420. [Abstract:] BACKGROUND: Feasibility of dignity therapy (DT) is well established in palliative care. Evidence of its efficacy, however, has been inconsistent and may stem from DT's primary effects differing from the outcomes measured in previous studies. We proposed that DT effects were in the spiritual domain and created a new outcome measure, Dignity Impact Scale (DIS), from items previously used in a large randomized controlled trial (RCT). OBJECTIVE: The purpose of this secondary analysis study was to examine properties of a new measure of dignity impact. DESIGN: Using the DIS, we conducted reanalysis of posttest data from a large 3-arm, multi-site RCT study. SETTING/PARTICIPANTS: Participants were receiving hospice/palliative care (n = 326, 50.6% female, mean age = 65.1 years, 89.3% white, all with a terminal illness with 6 months or less life expectancy). They had been randomized to standard palliative care (n = 111), client-centered care (n = 107), or DT (n = 108). MEASUREMENT: The 7-item DIS was derived from selected items in a posttest DT Patient Feedback Questionnaire. The DIS had strong internal consistency (alpha = 0.85). RESULTS: The DT group mean DIS score (21.4 +/- 5.0) was significantly higher than the usual care group mean score (17.7 +/- 5.5; t = 5.2, df = 216, P < .001) and a client-centered intervention group mean score (17.9 +/- 4.9; t = 5.2, df = 213, P < .001). CONCLUSION: We found that, compared to both other groups, patients who received DT reported significantly higher DIS ratings, which is consistent with the DT focus on meaning-making, preparation for death, and life completion tasks. We propose that the DIS be used as the primary outcome measure in evaluating the effects of DT.
- Scarton, L. J., Boyken, L., Lucero, R. J., Fitchett, G., Handzo, G., Emanuel, L. and Wilkie, D. J. [University of Florida, Gainesville, FL; Northwestern University and Rush University Medical Center, Chicago, IL; and HealthCare Chaplaincy Network, New York, NY]. **"Effects of Dignity Therapy on family members: a systematic review."** *Journal of Hospice & Palliative Nursing* 20, no. 6 (Dec 2018): 542-547. [Abstract:] Dignity therapy (DT) provides, for patients with a serious illness, a guided sharable life review through a protocolized interview and the creation of a legacy document. Evidence is mounting in support of the use of DT for patients with a serious illness; however, it is unclear whether DT has effects on family members. The purpose of this article was to provide a systematic literature review of the effects DT has on family members of patients who receive DT. Using a PubMed search with key terms of "Chochinov," "family," and "dignity care," a total of 18 articles published between January 2000 and July 2016 were identified and included in this review. This systematic review was helpful in identifying the strength of the evidence and gaps in the literature focused on DT and expected or actual effects on the DT recipient or family members. Findings identify the need to conduct further research related to the feasibility, acceptability, and effects of DT for family members. Future research should focus on understanding whether and how family members may benefit from receiving the legacy document and whether the timing of family member involvement plays a role in the outcomes of DT.
- Schultz, M., Meged-Book, T., Mashiach, T. and Bar-Sela, G. [Rambam Health Care Campus, Haifa, Israel; et al.]. **"The cultural expression of spiritual distress in Israel."** *Supportive Care in Cancer* 26, no. 9 (Sep 2018): 3187-3193. [Abstract:] BACKGROUND: Although spiritual distress is present across cultures, the ways in which patients experience it vary between cultures. Our goal was to examine the cultural expression and key indicators of spiritual distress in Israel. METHODS: We conducted a structured interview of 202 oncology outpatients in a cross-sectional study. Self-diagnosis of spiritual distress, which is a demonstrated gold standard for identifying its presence, was compared with the Facit-Sp-12 and a number of other items (from the Spiritual Injury Scale and newly developed Israeli items) hypothesized as Israeli cultural expressions of spiritual distress, demographic and medical data, and patient desire to receive spiritual care. RESULTS: Significant variation was found between Israeli cultural expression of spiritual distress and that found in studies from other countries. Key expressions of spiritual distress in this study included lack of inner peace, grief, and an inability to accept what is happening. Items related to faith were not significant, and loss of meaning showed mixed results. Patients requesting spiritual care were more likely to be in spiritual distress. No demographic or medical data correlated with spiritual distress. CONCLUSIONS: Specially designed interventions to reduce spiritual distress should address the expressions of the distress specific to that culture. Studies of the efficacy of spiritual care can examine the extent of spiritual distress in general or of its specific cultural expressions.
- Selman, L. E., Brighton, L. J., Sinclair, S., Karvinen, I., Egan, R., Speck, P., Powell, R. A., Deskur-Smielecka, E., Glajchen, M., Adler, S., Puchalski, C., Hunter, J., Gikaara, N. and Hope, J., for the InSpirit Collaborative. [Bristol Medical School, University of Bristol, UK; et al.]. **"Patients' and caregivers' needs, experiences, preferences and research priorities in spiritual care: a focus group study across nine countries."** *Palliative Medicine* 32, no. 1 (2018): 216-230. [Abstract:] BACKGROUND: Spiritual distress is prevalent in advanced disease, but often neglected, resulting in unnecessary suffering. Evidence to inform spiritual care practices in palliative care is limited. AIM: To explore spiritual care needs, experiences, preferences and research priorities in an international sample of patients with life-limiting disease and family caregivers. DESIGN: Focus group study. SETTING/PARTICIPANTS: Separate patient and caregiver focus groups were conducted at 11 sites in South Africa, Kenya, South Korea, the United States, Canada, the United Kingdom, Belgium, Finland and Poland. Discussions were transcribed, translated into English and analysed thematically. RESULTS: A total of 74 patients participated: median age 62 years; 53 had cancer; 48 were women. In total, 71 caregivers participated: median age 61 years; 56 were women. Two-thirds of participants were Christian. Five themes are described: patients' and caregivers' spiritual concerns, understanding of spirituality and its role in illness, views and experiences of spiritual care, preferences regarding spiritual care, and research priorities. Participants reported wide-ranging spiritual concerns spanning existential, psychological, religious and social domains. Spirituality supported coping, but could also result in framing illness as punishment. Participants emphasised the need for staff competence in spiritual care. Spiritual care was reportedly lacking, primarily due to staff members' de-prioritisation and lack of time. Patients' research priorities included understanding the qualities of human connectedness and fostering these skills in staff. Caregivers' priorities included staff training, assessment, studying impact, and caregiver's spiritual care needs. CONCLUSION: To meet patient and caregiver preferences, healthcare providers should be able to address their spiritual concerns. Findings should inform patient- and caregiver-centred spiritual care provision, education and research.
- Senel, E. [Hitit University, Corum, Turkey]. **"Health and religions: a bibliometric analysis of health literature related to Abrahamic religions between 1975 and 2017."** *Journal of Religion & Health* 57, no. 5 (Oct 2018): 1996-2012. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]



[Abstract:] Bibliometrics is a high-demand and fast-growing statistical area for the analysis of scientific literature in a certain field. Although religion and health (R&H) field has been a developing study area in recent years, only a few bibliometric studies have been published on the literature in R&H. In this study, we aimed to perform bibliometric analysis of the health literature related to the most populous Abrahamic religions during the period of 1975-2017 by using Web of Science database including WoS Collection Core Collection, Korean Journal Database, Russian Science Citation Index and SciELO Citation Index. In overall evaluation, the USA ranked first in publication productivity with 1388 items and covered 37.21% of total literature. The Journal of Religion and Health published the highest number of documents (n = 351). We found a total of 1329 items in health and Christianity field, and the USA was the most productive country followed by the UK and Canada (n = 166 and 63 documents, respectively). Loma Linda University was found to publish the highest number of items. We detected 1965 publications in Islam and health area, and top three countries were the USA, the UK and Saudi Arabia (n = 387, 194 and 137 items, respectively). University of London was the most productive institution (n = 72, 3.67%). A total of 436 articles were detected in Judaism and health. Top three countries in productivity were the UK, Israel and the UK (211, 151 and 36 items, respectively). Hebrew University of Jerusalem produced 17.43% of total documents as the topmost institution. Although Abrahamic religions originated from Middle East, we noted that most productive authors in this field were not Middle Eastern and from developed countries. Researchers from developing or least developed countries should be encouraged to carry out more studies in R&H field.

Senel, E. and Demir, E. [Hitit University Faculty of Medicine, Corum, Turkey]. "**Bibliometric and scientometric analysis of the articles published in the Journal of Religion and Health Between 1975 and 2016.**" *Journal of Religion & Health* 57, no. 4 (Aug 2018): 1473-1482.

[Abstract:] Bibliometrics and scientometrics are novel closely related scientific fields measuring and analyzing scientific publications in a certain area. Although spirituality, religion and health (S/R&H) field has been a growing study area in recent years, only a few bibliometric studies have been conducted on published literature in S/R&H. In this study, we aimed to perform bibliometric and scientometric analysis of the documents published in the Journal of Religion and Health, which is one of the most significant and productive journals in spirituality, religion and health field, during the period of 1975 to 2016. We used Thomson Reuters Web of Science database for the publication analyses. A total of 2683 papers were found and most of them were original articles (1655, 62.1%) followed by book reviews (780, 29.3%) and editorial materials (169, 6.3%). We found that the USA was the most productive country with 1665 papers and 62.45% of total literature followed by Australia and Canada. Cornell University in the USA was found to publish the highest number of documents with 73 papers and to cover 2.74% of the total literature followed by Duke University and Weill Cornell Medical College. A total of 2973 keywords were detected to be used. Most used five keywords were "religion," "spirituality," "religiosity," "health" and "mental health" (n = 253, 250, 97, 71 and 41 times, respectively). Our bibliometric and scientometric study of one of the most important leading journals in S/R&H area may encourage researchers to carry out further studies in this field.

Sharif Nia, H., Pahlevan Sharif, S., Boyle, C., Yaghoobzadeh, A., Tahmasbi, B., Rassool, G. H., Taebei, M. and Soleimani, M. A. [Mazandaran University of Medical Sciences, Sari, Iran; Taylor's University Malaysia, Subang Jaya, Malaysia; Graduate School of Education, University of Exeter, UK; et al.]. "**The factor structure of the Spiritual Well-Being Scale in veterans experienced chemical weapon exposure**" *Journal of Religion & Health* 57. No. 2 (Apr 2018): 596-608.

[Abstract:] This study aimed to determine the factor structure of the spiritual well-being among a sample of the Iranian veterans. In this methodological research, 211 male veterans of Iran-Iraq warfare completed the Paloutzian and Ellison spiritual well-being scale. Maximum likelihood (ML) with oblique rotation was used to assess domain structure of the spiritual well-being. The construct validity of the scale was assessed using confirmatory factor analysis (CFA), convergent validity, and discriminant validity. Reliability was evaluated with Cronbach's alpha, Theta (theta), and McDonald Omega (OMEGA) coefficients, intra-class correlation coefficient (ICC), and construct reliability (CR). Results of ML and CFA suggested three factors which were labeled "relationship with God," "belief in fate and destiny," and "life optimism." The ICC, coefficients of the internal consistency, and CR were  $>.7$  for the factors of the scale. Convergent validity and discriminant validity did not fulfill the requirements. The Persian version of spiritual well-being scale demonstrated suitable validity and reliability among the veterans of Iran-Iraq warfare.

Sheppard, V. B., Walker, R., Phillips, W., Hudson, V., Xu, H., Cabling, M. L., He, J., Sutton, A. L. and Hamilton, J. [Virginia Commonwealth University, Richmond, VA; et al.]. "**Spirituality in African-American breast cancer patients: implications for clinical and psychosocial care.**" *Journal of Religion & Health* 57, no. 5 (Oct 2018): 1918-1930.

[Abstract:] Spirituality has been shown to be important to many individuals dealing with a cancer diagnosis. While African-American breast cancer survivors have been reported to have higher levels of spirituality compared to White women, little is known about how levels of spirituality may vary among African-American breast cancer survivors. The aims of this study were to examine factors associated with spirituality among African-American survivors and test whether spirituality levels were associated with women's attitudes about treatment or health care. The primary outcome, spirituality, was nine-item scale (Cronbach's alpha = .99). Participants completed standardized telephone interviews that captured sociocultural, healthcare process, and treatment attitudes. Medical records were abstracted post-adjuvant therapy for treatment and clinical information. In bivariate analysis, age was not correlated with spirituality ( $p = .40$ ). Married/living as married women had higher levels of spirituality ( $m = 32.1$ ) than single women ( $m = 30.1$ ). Contextual factors that were associated with higher levels spirituality were: collectivism ( $r = .44$ ;  $p < 0.0001$ , Afrocentric worldview ( $r = .185$ ;  $p = .01$ ), and self-efficacy scale ( $r = .17$ ;  $p = .02$ ). In multivariable analysis, sociodemographic factors were not significant. Collectivism remained a robust predictor ( $p < 0.0001$ ). Attitudes about the efficacy of cancer treatment were not associated with spirituality. The high levels of spirituality in African-American survivors suggest consideration of integrating spiritual care within the delivery of cancer treatment. Future studies should consider how spirituality may contribute to positive coping and/or behaviors in African-American women with high levels of spirituality.

Shinall, M. C. Jr., Stahl, D. and Bibler, T. M. [Vanderbilt University Medical Center, Nashville, TN; and Michigan State University Center for Ethics and Humanities in the Life Sciences, East Lansing, MI]. "**Addressing a patient's hope for a miracle.**" *Journal of Pain & Symptom Management* 55, no. 2 (Feb 2018): 535-539.

[Abstract:] Ill patients may make decisions to continue aggressive life-prolonging care based on hope for a miraculous recovery, and clinicians can find goals of care discussions with these patients extremely challenging. Thus, palliative care providers may be asked to help in these discussions. The concept of "miracle" can express a multitude of hopes, fears, and religious commitments. Effective, sensitive engagement requires the palliative care provider to attend to these variegated hopes, fears, and commitments. This case presents a typology of ways patients

express hope for a miracle along with analysis of the motivations and beliefs underlying such hopes and suggestions for tailored responses by palliative care providers.

Simmons, A. M., Rivers, F. M., Gordon, S. and Yoder, L. H. [Madigan Army Medical Center; et al.]. "**The role of spirituality among military en route care nurses: source of strength or moral injury?**" *Critical Care Nurse* 38, no. 2 (Apr 2018): 61-67.

[Abstract:] BACKGROUND: Military nurses provide care to seriously injured service members in flight, on the ground, or at sea during transport from the point of injury to a facility capable of providing higher levels of care. From this experience nurses are at increased risk of developing negative behavioral health symptoms. Spirituality, a belief in someone or something greater than oneself, could provide behavioral health support for military nurses who serve in this role. OBJECTIVE: To determine the impact of spirituality on the behavioral health of nurses who provided en route care while deployed to Iraq or Afghanistan. METHODS: This exploratory mixed-methods study used 5 instruments to determine levels of anxiety, depression, posttraumatic stress, posttraumatic growth, and resilience among 119 military nurses. Interviews provided rich data about the experiences of these nurses and extended quantitative outcomes. RESULTS: Posttraumatic Growth Inventory findings showed no significant change in spirituality based on deployment experiences (mean, 3.07; SD, 3.26). However, interviews revealed that spirituality served as a buffer against developing behavioral health issues. Many relied on spirituality to get them through difficult experiences. There was also a sense of moral injury as a few expressed regrets for things they witnessed or experienced. CONCLUSIONS: Spirituality can insulate military nurses from negative behavioral health symptoms. Nurses included in the study relied on their spirituality to stay mentally fit. For nurses who experienced moral injury, supervisory recognition of this and appropriate referral may decrease the long-term effects of deployment on their behavioral health.

Smothers, Z. P. W. and Koenig, H. G. [Duke University Medical Center, Durham, NC; et al.]. "**Spiritual interventions in veterans with PTSD: a systematic review.**" *Journal of Religion & Health* 57, no. 5 (Oct 2018): 2033-2048.

[Abstract:] This article reports the results of a systematic review on the effectiveness of religious/spiritually (R/S)-based interventions in veterans with post-traumatic stress disorder (PTSD). A total of 385 unique records were identified with eight meeting the inclusion criteria. Seven studies reported significant improvement in reported outcome measures demonstrating the effectiveness of R/S-based interventions in PTSD, with the eighth study reporting positive improvements. We conclude that the few existing published studies report significant benefits to veterans on several outcomes. R/S interventions for veterans with PTSD need to be further developed and tested to determine their efficacy and safety.

Smyre, C. L., Tak, H. J., Dang, A. P., Curlin, F. A. and Yoon, J. D. [University of Chicago; University of Nebraska Medical Center, Omaha; and Trinity Evangelical Divinity School, Deerfield, IL]. "**Physicians' opinions on engaging patients' religious and spiritual concerns: a national survey.**" *Journal of Pain & Symptom Management* 55, no. 3 (2018): 897-905. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: There has been a sustained debate in the medical literature over whether physicians should engage with patients' religious and spiritual concerns. OBJECTIVES: This study explores what physicians believe about the relative importance and appropriateness of engaging with patients' spiritual concerns and physicians' choices of interventions. METHODS: In 2010, a questionnaire was mailed to 2016 U.S. physicians with survey items querying about the relative importance of addressing patients' spiritual concerns at the end of life and the appropriateness of interventions in addressing those concerns. The survey also contained an experimental vignette to assess physicians' willingness, if asked by patients, to participate in prayer. RESULTS: Adjusted response rate was 62% (1156/1878). The majority of physicians (65%) believe that it is essential to good practice for physicians to address patients' spiritual concerns at the end of life. Physicians who were more religious were more likely to believe that spiritual care is essential to good medical practice (odds ratio: 2.76, 95% CI 1.12-6.81) and believe that it is appropriate to always encourage patients to talk to a chaplain (odds ratio: 5.71, 95% CI: 2.28-14.3). A majority of the physicians (55%) stated that, if asked, they would join the family and patient in prayer. Physicians' willingness to join ranged from 67% when there was concordance between the physician's and the patient's religious affiliation to 51% when there was discordance. CONCLUSION: The majority of U.S. physicians endorse a limited role in the provision of spiritual care, although opinions varied based on physicians' religious characteristics. [See also articles by Kruizinga, R., and by Frush, B. W., in the same issue of the journal, cited elsewhere in this bibliography.]

Sollgruber, A., Bornemann-Cimenti, H., Szilagyi, I. S. and Sandner-Kiesling, A. [University of Medicine, Graz, Austria]. "**Spirituality in pain medicine: a randomized experiment of pain perception, heart rate and religious spiritual well-being by using a single session meditation methodology.**" *PLoS ONE* 13, no. 9 (2018): e0203336 [electronic journal article designation].

[Abstract:] The aim of this study is to investigate different effects on pain perception among randomly assigned volunteers practicing meditation compared to a relaxation condition. The study examines whether participants of the experimental conditions (meditation versus relaxation) differ in the change of pain perception and heart rate measurement and in religious and spiritual well-being after an intervention. METHOD: 147 volunteers (long-term practitioners and novices) were randomly assigned to the experimental conditions with a headphone guided 20-minute single session intervention. The change in their pre- and post-intervention pain perception was measured using Quantitative Sensory Testing and Cold Pressor Testing (CPTest), their stress-level was compared by monitoring heart rate, and their religious and spiritual well-being by using the Multidimensional Inventory for Religious/Spiritual Well-Being (MI-RSB48). Additionally, dimensions of the Brief Symptom Inventory (BSI) measured the psychological resilience of the participants; pain and stress experience, and the state of relaxation and spirituality experience were assessed. Five persons were excluded due to failure in measuring the heart rate and 29 participants had to be excluded because of high values on the BSI. RESULTS: The meditation group showed an increase in their pain tolerance on the CPTest and a decrease in their pain intensity for heat after the experimental condition, in contrast to the relaxation group. Furthermore, the meditation group showed a higher level of religious spiritual well-being (MI-RSB48 Total score) as well as in the sub-dimensions General Religiosity, Forgiveness, and Connectedness after the experimental condition, compared to the relaxation group. Our data is consistent with the hypothesis that meditation increases pain tolerance and reduces pain intensity, however, further work is required to determine whether meditation contains similar implications for pain patients.

Son, R. G. and Setta, S. M. [Northeastern University, Boston, MA]. "**Frequency of use of the religious exemption in New Jersey cases of determination of brain death.**" *BMC Medical Ethics* 19, no. 1 (2018): 76 [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: The 1981 Uniform Determination of Death Act (UDDA) established the validity of both cardio-respiratory and neurological criteria of death. However, many religious traditions including most forms of Haredi Judaism (ultra-orthodox) and many varieties of Buddhism strongly disagree with death by neurological criteria (DNC). Only one state in the U.S., New Jersey, allows for both religious exemptions to DNC and provides continuation of health insurance coverage when an exception is invoked in its 1991 Declaration of Death Act (NJDDA). There is yet no quantitative or qualitative data on the frequencies of religious exemptions in New Jersey. This study gathered

information about the frequency of religious exemptions and policy in New Jersey that was created out of respect for religious beliefs. METHODS: Literature and internet searches on topics related to religious objections to DNC were conducted. Fifty-three chaplains and heads of bioethics committees in New Jersey hospitals were contacted by phone or email requesting a research interview. Respondents answered a set of questions about religious exemptions to DNC at the hospital where they worked that explored the frequency of such religious exemptions in the past five years, the religious tradition indicated, and whether any request for a religious exemption had been denied. This study was approved by the Northeastern University Institutional Review Board (IRB #: 16-03-15). RESULTS: Eighteen chaplains and bioethics committee members participated in a full research interview. Of these, five reported instances of religious exemptions to DNC occurring at the hospital at which they worked for a total of approximately 30-36 known exemptions in the past five years. Families sought religious exemptions because of faith in an Orthodox Judaism tradition and nonreligious reasons. No failed attempts to obtain an exemption were reported. CONCLUSIONS: Religious exemptions to DNC in New Jersey do occur, although very infrequently. Prior to this study, there was no information on their frequency. Considering religious exemptions do occur, there is a need for national or state policies that addresses both religious objections to DNC and hospital resources. More information is needed to better understand the impact of granting religious exemptions before new policy can be established.

Subica, A. M. and Yamada, A. M. [Loyola Marymount University and University of Southern California]. "**Development of a spirituality-infused cognitive behavioral intervention for individuals with serious mental illnesses.**" *Psychiatric Rehabilitation Journal* 41, no. 1 (Mar 2018): 8-15.

[Abstract:] OBJECTIVE: Spirituality offers a vital coping resource that can bolster mental health and psychosocial well-being for individuals with serious mental illnesses (SMI). However, limited research on spirituality-infused evidence-based interventions exists to assist providers in mobilizing spirituality as a mental health resource. This article presents the cognitive-behavioral intervention Spiritual Strategies for Psychosocial Recovery (SSPR), developed to promote recovery among ethnoculturally diverse individuals with SMI by strengthening their coping mechanisms for internal and external distress through spiritual means. METHODS: SSPR was developed in 5 steps: (1) observation of current recovery services at a partnering psychosocial rehabilitation center; (2) creation of a treatment manual based on extant literature, the authors' evidence-based practice expertise, and observational data; (3) testing of specific SSPR skills with consumers; (4) refinement of the manual by using testing data; and (5) testing of the manual for feasibility with 37 consumers. RESULTS: Initial feasibility testing indicated that the intervention was accepted and valued by participants and providers; did not trigger psychiatric disturbances; and provided accessible spirituality-based distress coping tools for helping participants manage psychological difficulties in the community. CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: SSPR and its nondenominational spirituality-based distress coping skills appear to be well tolerated by consumers and providers. Thus, SSPR might be useful for providers seeking to address consumers' distress coping by capitalizing on their existing or potential spiritual strengths. Future research is needed to evaluate the intervention's effectiveness with randomized controlled trial designs in clinical and community settings.

Superdockm, A. K., Barfield, R. C., Brandon, D. H. and Docherty, S. L. [Duke University, Durham, NC; and University of Pittsburgh Medical Center, PA]. "**Exploring the vagueness of Religion & Spirituality in complex pediatric decision-making: a qualitative study.**" *BMC Palliative Care* 17, no. 1 (Sep 12, 2018): 107 [electronic journal article designation].

[Abstract:] BACKGROUND: Medical advances have led to new challenges in decision-making for parents of seriously ill children. Many parents say religion and spirituality (R&S) influence their decisions, but the mechanism and outcomes of this influence are unknown. Health care providers (HCPs) often feel unprepared to discuss R&S with parents or address conflicts between R&S beliefs and clinical recommendations. Our study sought to illuminate the influence of R&S on parental decision-making and explore how HCPs interact with parents for whom R&S are important. METHODS: A longitudinal, qualitative, descriptive design was used to (1) identify R&S factors affecting parental decision-making, (2) observe changes in R&S themes over time, and (3) learn about HCP perspectives on parental R&S. The study sample included 16 cases featuring children with complex life-threatening conditions. The length of study for each case varied, ranging in duration from 8 to 531 days (median = 380, mean = 324, SD = 174). Data from each case included medical records and sets of interviews conducted at least monthly with mothers (n = 16), fathers (n = 12), and HCPs (n = 108). Thematic analysis was performed on 363 narrative interviews to identify R&S themes and content related to decision-making. RESULTS: Parents from 13 cases reported R&S directly influenced decision-making. Most HCPs were unaware of this influence. Fifteen R&S themes appeared in parent and HCP transcripts. Themes most often associated with decision-making were Hope & Faith, God is in Control, Miracles, and Prayer. Despite instability in the child's condition, these themes remained consistently relevant across the trajectory of illness. R&S influenced decisions about treatment initiation, procedures, and life-sustaining therapy, but the variance in effect of R&S on parents' choices ultimately depended upon other medical & non-medical factors. CONCLUSIONS: Parents consider R&S fundamental to decision-making, but apply R&S concepts in vague ways, suggesting R&S impact how decisions are made more than what decisions are made. Lack of clarity in parental expressions of R&S does not necessarily indicate insincerity or underestimation of the seriousness of the child's prognosis; R&S can be applied to decision-making in both functional and dysfunctional ways. We present three models of how religious and spiritual vagueness functions in parental decision-making and suggest clinical applications.

Taylor, E. J., Gober-Park, C., Schoonover-Shoffner, K., Mamier, I., Somaiya, C. K. and Bahjri, K. [Loma Linda University, Loma Linda, CA]. "**Nurse opinions about initiating spiritual conversation and prayer in patient care.**" *Journal of Advanced Nursing* 74, no. 10 (Oct 2018): 2381-2392.

[Abstract:] AIM: The aim of this study was to understand nurses' opinions about initiating spiritual or religious conversation during patient care and to measure how these perspectives are associated with demographic, religious and work-related characteristics. BACKGROUND: Nurses are expected to provide spiritual care and do so in diverse ways. Little is known about how nurses think about initiating spiritual or religious discourse. DESIGN: Cross-sectional, quantitative. METHODS: Online survey methods allowed data collection from 445 nurses. The survey, accessed from the homepage of the Journal of Christian Nursing for 6 months beginning June 2015, included scales measuring various facets of religiosity, and items assessing nurse opinions about introducing spirituality or religion during patient care and demographic and work-related variables. Variables showing significant associations with Nurse Opinion items in bivariate analyses were examined using binary logistic regression. RESULTS: About 90% of participants believed it appropriate to initiate conversation about spirituality/religion and nearly three-quarters thought it appropriate to self-disclose spirituality/religion or offer prayer under certain circumstances or anytime. All personal religiosity indicators except tentativeness of belief were found to be associated with responses to Nurse Opinion items. That is, higher religiosity was associated with opinion one could initiate such conversations, whereas lower religiosity was associated with waiting for patients to initiate. Nurses working in a faith-based organization were 276% more likely to believe they could initiate such conversation and 153% more likely to think they

could initiate an offer of prayer. CONCLUSION: Nurse religiosity and work environment were associated with nurse opinions about initiating spiritual/religious discourse with patients.

Thauvoye, E., Vanhooren, S., Vandenhoeck, A. and Dezutter, J. [Louvain, Belgium]. "**Spirituality and well-being in old age: exploring the dimensions of spirituality in relation to late-life functioning.**" *Journal of Religion & Health* 57, no. 6 (Dec 2018): 2167-2181.

[Abstract:] A growing body of research connects spirituality with positive late-life functioning. In this research, spirituality is often approached as a single measure in relation to well-being, neglecting its complex nature. Therefore, this study explores whether different dimensions of spirituality contribute uniquely to psychological well-being in advanced age. Results indicated that well-being was positively predicted by spirituality experienced through connectedness with the transcendent and through connectedness with others. Spirituality experienced through connectedness with nature did not predict well-being. These findings highlight the unique influence of each spirituality dimension on well-being as well as the need for a multidimensional approach.

Thomas, K. H., McDaniel, J. T., Albright, D. L., Fletcher, K. L. and Koenig, H. G. [Charleston Southern University, North Charleston, SC; Southern Illinois University, Carbondale; University of Alabama, Tuscaloosa; St. Catherine University-University of St. Thomas School of Social Work, St. Paul, MN; and Duke University, Durham, NC]. "**Spiritual fitness for military veterans: a curriculum review and impact evaluation using the Duke Religion Index (DUREL).**" *Journal of Religion & Health* 57, no. 3 (Jun 2018): 1168-1178.

[Abstract:] Suicide rates among military veterans exceed those found in the general population. While the exact reasons for these high rates are unknown, contributing factors may include the military's perceived rejection of patient identities, creating barriers to mental health care within the clinical sector and a mandate for prevention programs. Spiritual fitness has emerged over the last decade as an important concept in human performance optimization and is included among holistic approaches to developing and maintaining mentally fit fighting forces. In attempts to better understand the role that spiritual fitness and religion play in mitigating and/or reducing suicide risk among veterans, the aims of this study were twofold (1) to assess the utility of the Duke Religion Index as a psychometric instrument for use with veterans completing spiritual fitness training and (2) to offer a post-intervention process evaluation of the spiritual fitness module from one resilience program offered to military veterans of Iraq and Afghanistan in 2016. Twenty-eight attendees at the JRWI Wellness Resilient Leadership Retreat completed post-retreat surveys to assess their satisfaction with the coursework and specifically, to assess the spiritual fitness module of the resiliency retreat's curriculum. In total, the research team reviewed 25 completed post-intervention survey responses (89.3% response rate). Descriptive statistics indicated that respondents (n = 25) were subjectively religious, defined as belief in a higher power practiced in ritualized ways. Over half of program participants indicated they (a) attended religious meetings at least once a week and (b) engaged in private religious activity-such as meditation-at least once a day. Results showed that most program participants reported that the spiritual fitness skills learned during the resilient leadership program were useful (88%) (Z = 3.000, p < 0.001). Additionally, most program participants reported their interest in spiritual exploration was affirmed, renewed, or raised as a result of attending the peer-led resilient leadership program (76%) (Z = 6.000, p = 0.015). Culturally informed prevention programs that emphasize spiritual fitness are indicated for use in veteran outreach and well-being programs. More detailed research is needed to assess curriculum specifics.

Timmins, F. and Pujol, N. [Trinity College Dublin, Ireland]. "**The role of healthcare chaplains in resuscitation: a rapid literature review.**" *Journal of Religion & Health* 57, no. 3 (Jun 2018): 1183-1195.

[Abstract:] Spirituality is becoming of increasing importance in the international healthcare context. While patients' spirituality or faith is often overlooked, there is a growing awareness that understanding, addressing and supporting patients' spiritual and faith needs can influence healthcare outcomes. This review aims to illuminate this role and highlight healthcare chaplains' potential in relation to the provision of pastoral support for families during and after patient resuscitation, and the dearth of interdisciplinary education in this field. A rapid structured review was undertaken using four databases: PubMed, CINAHL, PsycINFO and ATLA. Primary research studies published during the 10-year period 2007-2017 written in English addressing the chaplain's role or perceived role in resuscitation were included. An initial search using key terms yielded 18 relevant citations. This reduced to 11 once duplicates were removed. Ultimately five relevant primary research studies were included in the final analysis. This review found few studies that directly explored the topic. Certainly many view the chaplain as a key member of the resuscitation team, although this role has not been fully explored. Chaplains likely have a key role in supporting families during decisions about 'not for resuscitation' and in supporting families during and after resuscitation procedures. Chaplains are key personnel, already employed in many healthcare organisations, who are in a pivotal position to contribute to future developments of spiritual and pastoral care provision and support. Their role at the end of life, despite well described and supported, has received little empirical support. There is an emerging role for chaplains in healthcare ethics, supporting end-of-life decisions and supporting family witnessed resuscitation where relevant. Their role needs to be more clearly understood by medical staff, and chaplain's input into undergraduate medical education programmes is becoming vital.

Torkamani, F., Aghayousefi, A., Alipour, A. and Nami, M. [Payame Noor University, Tehran; and Shiraz University of Medical Sciences, Shiraz, Iran]. "**Effects of single-session group mantra-meditation on salivary Immunoglobulin A and affective state: a psychoneuroimmunology viewpoint.**" *Explore: The Journal of Science & Healing* 14, no. 2 (Mar-Apr 2018): 114-121.

[Abstract:] OBJECTIVES: Based on existing psychoneuroimmunological insights, the present study aimed at investigating possible effects of a single-session group mantra-meditation on salivary immunoglobulin A (s-IgA) and affective states. MATERIALS AND METHODS: A controlled pretest-posttest study enrolled 30 healthy women (mean age 44 +/- 3 years) through a multi-stage random sampling method from yoga clubs in Shiraz (Feb-Dec, 2016). Subjects were randomly assigned to experimental (n = 15) and control (n = 15) groups. Participants in both the groups attended a structured introductory lecture about mantra-meditation after which those in the experimental group meditated for 20min. Saliva samples were collected after the intervention, and the participants' affective states were examined by a qualified clinical psychologist blinded to the intervention using the positive and negative affect schedule questionnaire at sequential time-points, i.e., baseline, post-meditation, and one hour later. Similar assessments were done for the control group subjects. The enzyme-linked immunosorbent assay was used to test saliva samples for the IgA titer. The s-IgA and the positive and negative affect schedule (PANAS) test results were statistically evaluated using an analysis of variance. RESULT: The mean s-IgA titer in the experimental group at 'post-meditation' and '1-hour later' time-points were found to be statistically different from those of the control group (P < .05). In addition, results indicated a significant change in affect among experimental group subjects as compared to controls (P < .05). CONCLUSION: Our findings suggest that "group mantra-meditation" training even for a single session may positively influence some immunological components and improve affective states. As a simple and low-cost psychoneurobehavioral intervention, this method may offer mental-health benefits at nursing homes as well as group-therapies.

Treister-Goltzman, Y. and Peleg, R. [Ben-Gurion University of the Negev, Beer-Sheva, Israel]. "**Urinary incontinence among Muslim women in Israel: risk factors and help-seeking behavior.**" *International Urogynecology Journal* 29, no. 4 (Apr 2018) :539-546. Among the findings of this study of 492 women was that Muslim women with UI have complex issues related to the need for cleaning (ablution) before prayer.

van de Geer, J., Veeger, N., Groot, M., Zock, H., Leget, C., Prins, J. and Vissers, K. [Medical Centre Leeuwarden, Leeuwarden, The Netherlands; et al.]. "**Multidisciplinary training on spiritual care for patients in palliative care trajectories improves the attitudes and competencies of hospital medical staff: results of a quasi-experimental study.**" *American Journal of Hospice & Palliative Medicine* 35, no. 2 (Feb 2018): 218-228.

[Abstract:] OBJECTIVES: Patients value health-care professionals' attention to their spiritual needs. However, this is undervalued in health-care professionals' education. Additional training is essential for implementation of a national multidisciplinary guideline on spiritual care (SC) in palliative care (PC). Aim of this study is to measure effects of a training program on SC in PC based on the guideline. METHODS: A pragmatic multicenter trial using a quasi-experimental pretest-posttest design as part of an action research study. Eight multidisciplinary teams in regular wards and 1 team of PC consultants, in 8 Dutch teaching hospitals, received questionnaires before training about perceived barriers for SC, spiritual attitudes and involvement, and SC competencies. The effect on the barriers on SC and SC competencies were measured both 1 and 6 months after the training. RESULTS: For nurses (n = 214), 7 of 8 barriers to SC were decreased after 1 month, but only 2 were still after 6 months. For physicians (n = 41), the training had no effect on the barriers to SC. Nurses improved in 4 of 6 competencies after both 1 and 6 months. Physicians improved in 3 of 6 competencies after 1 month but in only 1 competency after 6 months. SIGNIFICANCE OF RESULTS: Concise SC training programs for clinical teams can effect quality of care, by improving hospital staff competencies and decreasing the barriers they perceive. Differences in the effects of the SC training on nurses and physicians show the need for further research on physicians' educational needs on SC.

Van Scoy, L. J., Watson-Martin, E., Bohr, T. A., Levi, B. H. and Green, M. J. [Pennsylvania State University College of Medicine, and Penn State Milton S. Hershey Medical Center, Hershey, PA]. "**End-of-life conversation game increases confidence for having end-of-life conversations for chaplains-in-training.**" *American Journal of Hospice & Palliative Medicine* 35, no. 4 (Apr 2018): 592-600.

[Abstract:] CONTEXT: Discussing end-of-life issues with patients is an essential role for chaplains. Few tools are available to help chaplains-in-training develop end-of-life communication skills. OBJECTIVE: This study aimed to determine whether playing an end-of-life conversation game increases the confidence for chaplain-in-trainings to discuss end-of-life issues with patients. METHODS: We used a convergent mixed methods design. Chaplains-in-training played the end-of-life conversation game twice over 2 weeks. For each game, pre- and postgame questionnaires measured confidence discussing end-of-life issues with patients and emotional affect. Between games, chaplains-in-training discussed end-of-life issues with an inpatient. One week after game 2, chaplains-in-training were individually interviewed. Quantitative data were analyzed using descriptive statistics and Wilcoxon rank-sum t tests. Content analysis identified interview themes. Quantitative and qualitative data sets were then integrated using a joint display. RESULTS: Twenty-three chaplains-in-training (52% female; 87% Caucasian; 70% were in year 1 of training) completed the study. Confidence scores (scale: 15-75; 75 = very confident) increased significantly after each game, increasing by 10.0 points from pregame 1 to postgame 2 (P < .001). Positive affect subscale scores also increased significantly after each game, and shyness subscale scores decreased significantly after each game. Content analysis found that chaplains-in-training found the game to be a positive, useful experience and reported that playing twice was beneficial (not redundant). CONCLUSION: Mixed methods analysis suggest that an end-of-life conversation game is a useful tool that can increase chaplain-in-trainings' confidence for initiating end-of-life discussions with patients. A larger sample size is needed to confirm these findings.

Vittengl, J. R., "A lonely search?: Risk for depression when spirituality exceeds religiosity." *Journal of Nervous & Mental Disease* 206, no. 5 (May 2018): 386-389.

This study may point to the importance of distinguishing between spirituality and religiosity. It's a longitudinal test of a hypothesis that greater spirituality than religiosity, separate from the overall level of spirituality and religiosity, predicts increases in depression. A national sample of midlife adults completed diagnostic interviews and questionnaires of spiritual and religious intensity up to three times over 18 years. In time-lagged multilevel models, overall spirituality plus religiosity did not predict depression. However, in support of the hypothesis, greater spirituality than religiosity significantly predicted subsequent increases in depressive symptoms and risk for major depressive disorder (odds ratio = 1.34).

Wade, J. B., Hayes, R. B., Wade, J. H., Bekenstein, J. W., Williams, K. D. and Bajaj, J. S. [Virginia Commonwealth University, Richmond; and Virginia Tech Carilion School of Medicine & Research Institute, Roanoke, VA]. "**Associations between religiosity, spirituality, and happiness among adults living with neurological illness.**" *Geriatrics* 3, no. 3 (Jun 23, 2018): 35 [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 study examined the associations between religiosity, spirituality, and happiness in 354 outpatients suffering from neurological disorders. After accounting for severity of cognitive decline, physical activity level, depression severity, and demographic variables (i.e., subject age, sex, ethnicity, and marital status) multivariate linear regression revealed a unique association between the Spiritual Well-Being Existential Spirituality scale (SWBS ES), and not the SWBS Religious Scale (SWBS RS), with both the Pemberton Remembered Happiness Index (PHI R) (p < 0.001), and the Pemberton Experienced Happiness Index (PHI E) (p < 0.001). Interventions focused on existential spirituality may improve health related quality of life among adult medical patients with neurological illness.

Wascher, J. M., Hebert, L. E., Freedman, L. R. and Stulberg, D. B. [University of Chicago; and University of California, San Francisco]. "**Do women know whether their hospital is Catholic? Results from a national survey.**" *Contraception* 98, no. 6 (Dec 2018): 498-503.

[Abstract:] OBJECTIVES: Catholic healthcare limits access to common reproductive care. We assessed what percentage of US women seeking care at Catholic hospitals are aware of their hospital's religious affiliation and identified variables associated with correct identification. STUDY DESIGN: We conducted a national survey of women ages 18-45 (response rate 50%). The survey asked participants what hospital they would go to for reproductive care and what the religious affiliation of that hospital was. We verified responses as correct or incorrect against a known Catholic hospital list. We used bivariate analysis and logistic regressions to evaluate factors associated with correct identification. RESULTS:

Sixteen percent of women reported a Catholic hospital as their primary hospital for reproductive care. Among women whose primary hospital was Catholic, 63% [95% confidence interval (CI): 54.5-70.7] correctly identified this, compared to 93% who correctly identified their hospital as non-Catholic (95% CI 91.4 - 95.0). Two thirds of respondents who misidentified their Catholic hospital's affiliation reported that their hospital was secular (66%), and 48% of those women felt sure or very sure of their incorrect response. Factors associated with correctly identifying Catholic hospitals included hospital with a religious-sounding name [adjusted odds ratio (aOR)=2.80; 95% CI: 1.07-7.34], respondent older age (aOR=3.77; 95% CI: 1.35-10.56), metropolitan residence (aOR=3.35; 95% CI: 1.01-11.10) and income over \$100,000 (aOR 4.95; 95% CI 1.35 - 18.17). **CONCLUSION:** Over one third of US women who named a Catholic hospital as their primary hospital for reproductive care are unaware it is Catholic. Women are more likely to correctly identify a hospital as Catholic when that hospital has a religious sounding name. **IMPLICATIONS:** Patients need accurate information in order to make decisions about where to seek reproductive healthcare. Our results suggest that women are often unaware of their hospital's religious affiliation. Efforts are needed to increase hospital transparency and patient awareness of the implications that arise when healthcare is restricted by religion.

Webb, W. A., Mitchell, T., Snelling, P. and Nyatanga, B. [University of Worcester, Worcester, UK]. "**The spiritual concerns of people experiencing homelessness at the end of life.**" *International Journal of Palliative Nursing* 24, no. 9 (Sep 2, 2018): 428-435. [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 a fundamental component of holistic end-of-life (EoL) care. **AIM:** To explore what is known about the spiritual concerns of people experiencing homelessness towards the EoL. **METHODS:** A narrative literature review was conducted from 1997 to June 2018 using CINAHL Complete, MEDLINE and PubMed. This identified just 11 relevant papers; eight papers report on studies based in the US, one paper reports on a study based in the Republic of Ireland (ROI), and two of the papers are literature reviews. **RESULTS:** Both the ROI and US studies report the primacy of religious beliefs and spiritual experience for people experiencing homelessness considering EoL issues. However, the findings of studies from the US and the ROI are not necessarily transferable to the other populations of people experiencing homelessness. Furthermore, it cannot be assumed that the spiritual needs of people experiencing homelessness mirror those of the housed population. **CONCLUSION:** There is a need for further research into the international perspective on the spiritual needs of homeless people towards the EoL, especially in secular countries.

White, J., Xu, X., Ellison, C. G., DeAngelis, R. T. and Sunil, T. [University of Texas at San Antonio, TX; and Sichuan University, Chengdu, China]. "**Religion, combat casualty exposure, and sleep disturbance in the US military.**" *Journal of Religion & Health* 57, no. 6 (Dec 2018): 2362-2377.

[Abstract:] Does religious involvement (i.e., attendance and salience) mitigate the association between combat casualty exposure and sleep disturbance among US military veterans? To address this question, we analyze cross-sectional survey data from the public-use version of the 2011 Health Related Behaviors Survey of Active Military Personnel. Results from multivariate regression models indicate: (1) Combat casualty exposure was positively associated with sleep disturbance; (2) religious salience both offset and moderated (i.e., buffered) the above association; and (3) religious attendance offset but did not moderate the above association. We discuss study implications and limitations, as well as some avenues for future research.

Wilks, S. E., Spurlock, W. R., Brown, S. C., Teegen, B. C and Geiger, J. R. [Louisiana State University, Baton Rouge, LA]. "**Examining spiritual support among African American and Caucasian Alzheimer's caregivers: a risk and resilience study.**" *Geriatric Nursing* 39, no. 6 (2018): 663-668.

[Abstract:] Research shows African Americans at greater risk of developing Alzheimer's disease (AD) compared to the Caucasian population, suggesting African American AD caregivers are rising in numbers at a greater rate than Caucasian counterparts. Over a decade ago, an article in *Geriatric Nursing* revealed spiritual well-being differences among these caregiver groups. The purpose of this study was a quasi-follow-up, utilizing a larger caregiver sample to test spiritual support as a moderator via a risk-and-resilience framework. Secondary data analysis from a sample of 691 AD caregivers examined data on demographics and standardized measures of spiritual support, caregiver burden, and psychological resilience. One-third of the sample reported as African American. Resilience negatively regressed, though not significantly, on caregiving burden among both groups. Spiritual support positively, significantly impacted resilience among both groups, slightly stronger among African Americans. Spiritual support did not significantly moderate risk with either group. Implications for professional healthcare practice are discussed.

Willemsse, S., Smeets, W., van Leeuwen, E., Janssen, L. and Foudraine, N. [VieCuri Medical Centre, Venlo; Radboud University Nijmegen Medical Centre, Nijmegen; and Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands]. "**Spiritual care in the ICU: perspectives of Dutch intensivists, ICU nurses, and spiritual caregivers.**" *Journal of Religion & Health* 57, No. 2 (Apr 2018): 583-595.

[Abstract:] Since there are no scientific data available about the role of spiritual care (SC) in Dutch ICUs, the goal of this quantitative study was twofold: first, to map the role of SC as a part of daily adult ICU care in The Netherlands from the perspective of intensivists, ICU nurses, and spiritual caregivers and second, to identify similarities and differences among these three perspectives. This study is the quantitative part of a mixed methods approach. To conduct empirical quantitative cohort research, separate digital questionnaires were sent to three different participant groups in Dutch ICUs, namely intensivists, ICU nurses, and spiritual caregivers working in academic and general hospitals and one specialist oncology hospital. Overall, 487 participants of 85 hospitals (99 intensivists, 290 ICU nurses, and 98 spiritual caregivers) responded. The majority of all respondents (>70%) considered the positive effects of SC provision to patients and relatives: contribution to mental well-being, processing and channeling of emotions, and increased patient and family satisfaction. The three disciplines diverged in their perceptions of how SC is currently evolving in terms of information, assessment, and provision. Nationwide, SC is not implemented in daily ICU care. The majority of respondents, however, attached great importance to interdisciplinary collaboration. In their view SC contributes positively to the well-being of patients and relatives in the ICU. Further qualitative research into how patients and relatives experience SC in the ICU is required in order to implement and standardize SC as a scientifically based integral part of daily ICU care.

Woods, J. L. and Hensel, D. J. [Children's Hospital Colorado, Aurora, CO; and Indiana University School of Medicine, Indianapolis, IN]. "**Religious affiliation, religiosity, and spirituality in pediatric residents: effects on communication and self-efficacy with adolescents in a clinical setting.**" *Journal of Religion & Health* 57, No. 2 (Apr 2018): 636-648.

[Abstract:] Religion and spirituality are known influences on medical providers' care of patients, but no studies have assessed resident beliefs related to patient perception of clinical care. The main objective of our study was to assess resident religious affiliation, religiosity, and spirituality

in relation to self-efficacy and communication with patients during adolescent clinic visits. We found that religious affiliation and religiosity appear to affect patient perception of communication with residents during adolescent visits; spirituality had little noted effect. Further research is warranted, especially regarding resident and patient gender correlations and differences in religious affiliation effects on patient perception of care.

Worthington, D. and Deuster, P. A. "**Spiritual fitness: an essential component of human performance optimization.**" *Journal of Special Operations Medicine* 18, no. 1 (Spring 2018): 100-105.

[Abstract:] Spirituality is a key interweaving and interacting domain, and an integral component for maintaining Special Operations Forces readiness; however, it remains an under-researched and likely one of the most poorly understood domains of Preservation of the Force and Family and Total Force Fitness initiatives. Although there are numerous factors that contribute to spiritual performance or spiritual fitness, core values and value-directed living are essential. An initial step toward spiritual performance or fitness is developing core values and identity, followed by a second step toward spiritual performance or fitness, which is developing an increased awareness and deeper understanding of those values. This process of developing core values and identity, and building awareness can be enhanced through cognitive flexibility and agility (psychological performance domain). This article explains the importance of "spirituality" as a component of Special Operations Forces performance and describes approaches to enhancing performance through various spiritual activities, including mindfulness, meditation, and prayer. These three practices can be adapted and modified to be more vertical or more horizontal in their application.

Xing, L., Guo, X., Bai, L., Qian, J. and Chen, J. [Sichuan University, et al., China]. "**Are spiritual interventions beneficial to patients with cancer?: a meta-analysis of randomized controlled trials following PRISMA.**" *Medicine* 97, no. 35 (Aug 2018): e11948 [electronic journal article designation].

[Abstract:] BACKGROUND: In addition to the physical burden, the quality of life and survival in patients with cancer may also be reduced because of psychological distress, such as spiritual crisis, anxiety, and depression. Many studies have verified that spirituality could reduce anxiety and depression and improve quality of life and adjustment to cancer. However, there is uncertainty regarding the effectiveness of spiritual interventions in patients with cancer. The purpose of this meta-analysis is to use randomized controlled trials (RCTs) to evaluate the effects of spiritual interventions on spiritual and psychological outcomes and quality of life in patients with cancer. METHODS: All RCTs using spiritual interventions relevant to the outcomes of patients with cancer were retrieved from the following databases: Embase, PubMed, PsycINFO, Ovid, Springer Online Library, Wiley Online Library, Oxford Journals, the Cochrane Database of Systematic Reviews, and the Cochrane Central Register of Controlled Trials. The reference lists of identified RCTs were also screened. The Cochrane risk of bias tool was used to evaluate the quality of the studies, RevMan (5.3) was used to analyze the data, and GRADE (3.6.1) was used to evaluate the evidence quality of the combined results. RESULTS: Ten RCTs involving 1239 patients were included. Spiritual interventions were compared with a control group receiving usual care or other psychosocial interventions. The weighted average effect size across studies was 0.46 (P = .003, I = 78%) for spiritual well-being, 0.19 (P = .005, I = 46%) for quality of life, -0.33 (P = .01, I = 50%) for depression, -0.58 (P = .03, I = 77%) for anxiety, and -0.38 (P = .008, I = 0%) for hopelessness. In subgroup analysis according to the type of cancer, only the weighted average effect size of spiritual well-being in patients with breast cancer had statistical significance (standardized mean difference 0.78, P = .01, I = 70%). CONCLUSION: Spiritual interventions may improve spiritual well-being and quality of life, and reduce depression, anxiety, and hopelessness for patients with cancer. However, due to the mixed study design and substantial heterogeneity, some evidence remains weak. More rigorously designed research is needed.

Yaghoobzadeh A; Soleimani MA; Allen KA; Chan YH; Herth KA. [Qazvin University of Medical Sciences, Qazvin, Iran; University of Melbourne, Australia; National University Health System, Singapore; and Minnesota State University, Mankato, MN]. "**Relationship between spiritual well-being and hope in patients with cardiovascular disease.**" *Journal of Religion & Health* 57, no. 3 (Jun 2018): 938-950.

[Abstract:] Spirituality and hope have been identified as important constructs in health research, since both are thought to enhance a person's ability to cope with the consequences of serious illness. The aim of this study was to examine the relationship between spiritual well-being and hope in patients with cardiovascular disease. Using descriptive, correlational methodology, the investigator gathered data on a convenience sample of 500 patients with cardiovascular disease who were hospitalized in a medical institution in Iran. The study was conducted over a four-month period. Participants completed a demographic questionnaire, the Spiritual Well-Being Scale (SWBS) and the Herth Hope Index (HHI). The mean score on the SWBS and HHI was 86.21 (SD 12.46) and 34.80 (SD 5.05), respectively. Multivariate predictors for spiritual well-being were female gender (p = 0.047), religiosity (p = 0.018), and hope (p < 0.001). Significant predictors of hope were marital status (p < 0.001), educational status (p < 0.001), economic status (p < 0.001), and spiritual well-being (p < 0.001). Findings suggest that multiple factors may impact spiritual well-being and hope. Therefore, this study has implications for those providing care to patients with cardiovascular disease.

Yates, T., Yates, S., Rushing, J. and Schafer, K. R. [University of Chicago, IL and, Wake Forest School of Medicine, Winston-Salem, NC]. "**Effects of religious involvement on HIV management outcomes among hiv-positive adults in central North Carolina.**" *Southern Medical Journal* 111, no. 10 (2018): 612-618.

[Abstract:] OBJECTIVES: The goals of this pilot cross-sectional study were to determine the feasibility of and begin measuring the effect of religious institution affiliation on human immunodeficiency virus (HIV) clinical outcomes in the southern United States, a region marked by later initiation of antiretroviral therapy, higher HIV-related morbidity, and higher mortality rates than people living with HIV (PLWH) elsewhere in the country. It also is a region with a high density of religious institutions, which may facilitate improved health outcomes through leveraged social capital. Because spirituality is a personal construct and PLWH constitute a vulnerable population, we wanted to determine whether it would be feasible to survey patients about the topic. We hypothesized that PLWH would be willing to participate and that PLWH who report involvement in religious institutions would be more likely to have suppressed HIV viral loads (VLs) and better engagement in care than PLWH not involved in a religious institution. METHODS: Eligible participants were enrolled from the Wake Forest Infectious Diseases Specialty Clinic to complete structured interviews using validated measures of religious institution affiliation, spiritual well-being, social support, and HIV-related stigma. HIV VL and engagement in care (clinic no-show rate) data were abstracted from the electronic medical record. Descriptive statistics calculated the prevalence of religious institution involvement, outcomes of interest, and potential confounders. t Tests compared continuous outcomes assuming normality, chi2 tests compared binary outcomes, and the Wilcoxon Mann-Whitney test compared outcomes for non-normal data. RESULTS: Fifty participants completed the study (55% participation rate); 72% identified as male and 28% identified as female. A total of 48% of participants identified as black/African American and 44% identified as white. Participants who identified as men who have sex with men

made up 34%. More black/African American participants than white participants reported religious institution affiliation (23%;  $P = 0.15$ ). There was no statistically significant relation between religious institution affiliation and CD4 or VL; however, higher levels of social support and spiritual well-being predicted a lower clinic no-show rate ( $P = 0.0077$  and  $0.0195$ , respectively). There was a trend toward greater perceived HIV-related stigma and CD4 ( $P = 0.0845$ ) as well as more emergency department visits ( $P = 0.0976$ ). CONCLUSION: PLWH in a southern US clinic were willing to answer questions about their spirituality. Religious institution affiliation was not significantly related to virologic suppression or CD4 in this sample. Higher levels of self-reported social support ( $P = 0.0077$ ) and spiritual well-being ( $P = 0.0195$ ) predict better clinic attendance. These results suggest that religious affiliation alone does not imply positive benefits for all. Social support and spiritual well-being, however obtained, predict engagement in care. The next steps should include a fully powered study to define the relations among social support, spiritual well-being, and relevant clinical outcomes. Our results also support further investigation of perceived HIV-related stigma and healthcare utilization, based on the trend toward significance between emergency department visits and stigma.

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