

SPIRITUALITY & HEALTH RESEARCH: REFLECTIONS ON THE STATE OF THE FIELD

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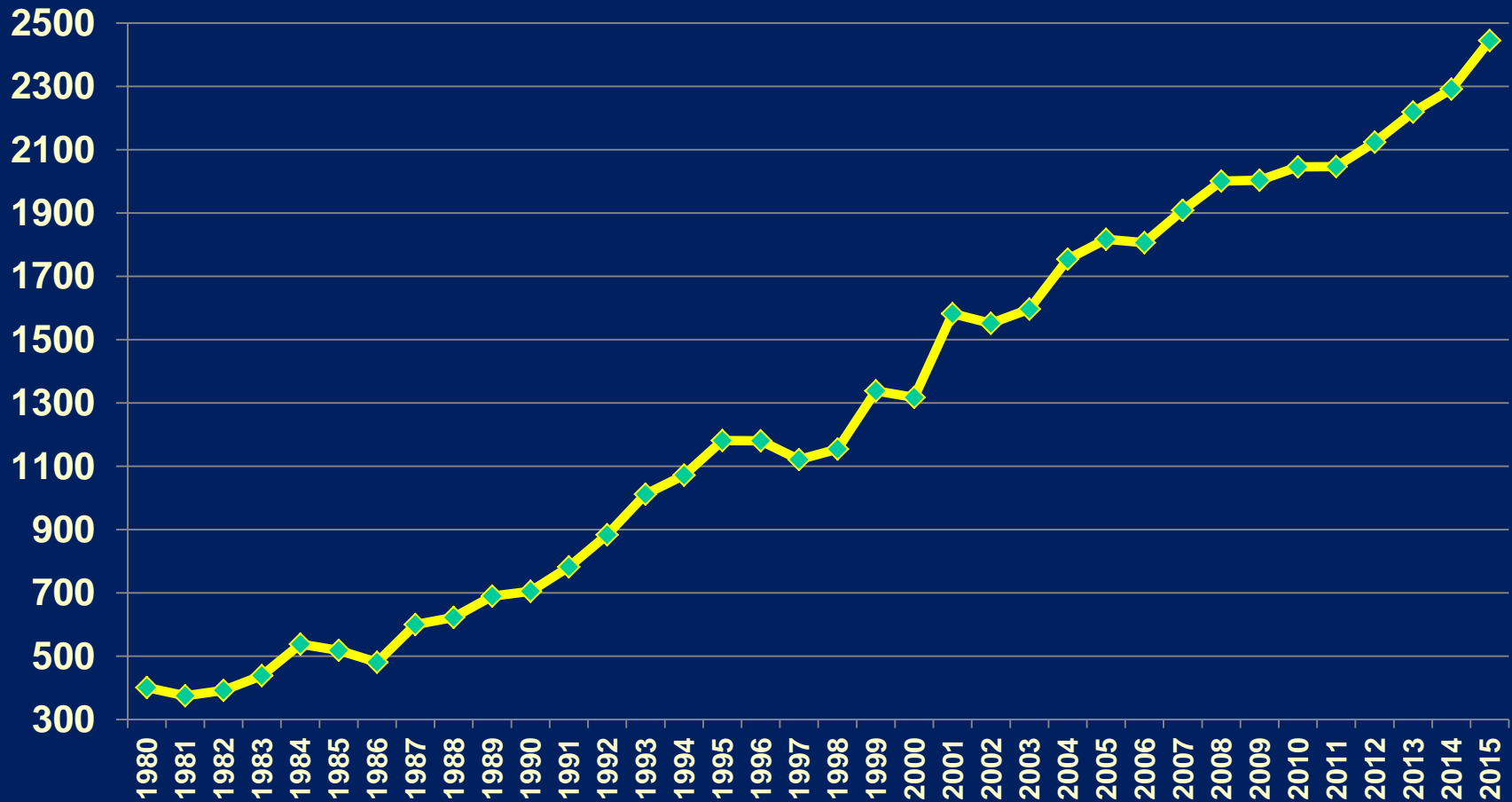


Spirituality, Religion, and Health Interest Group
Hospital of the University of Pennsylvania
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Plan for the Presentation

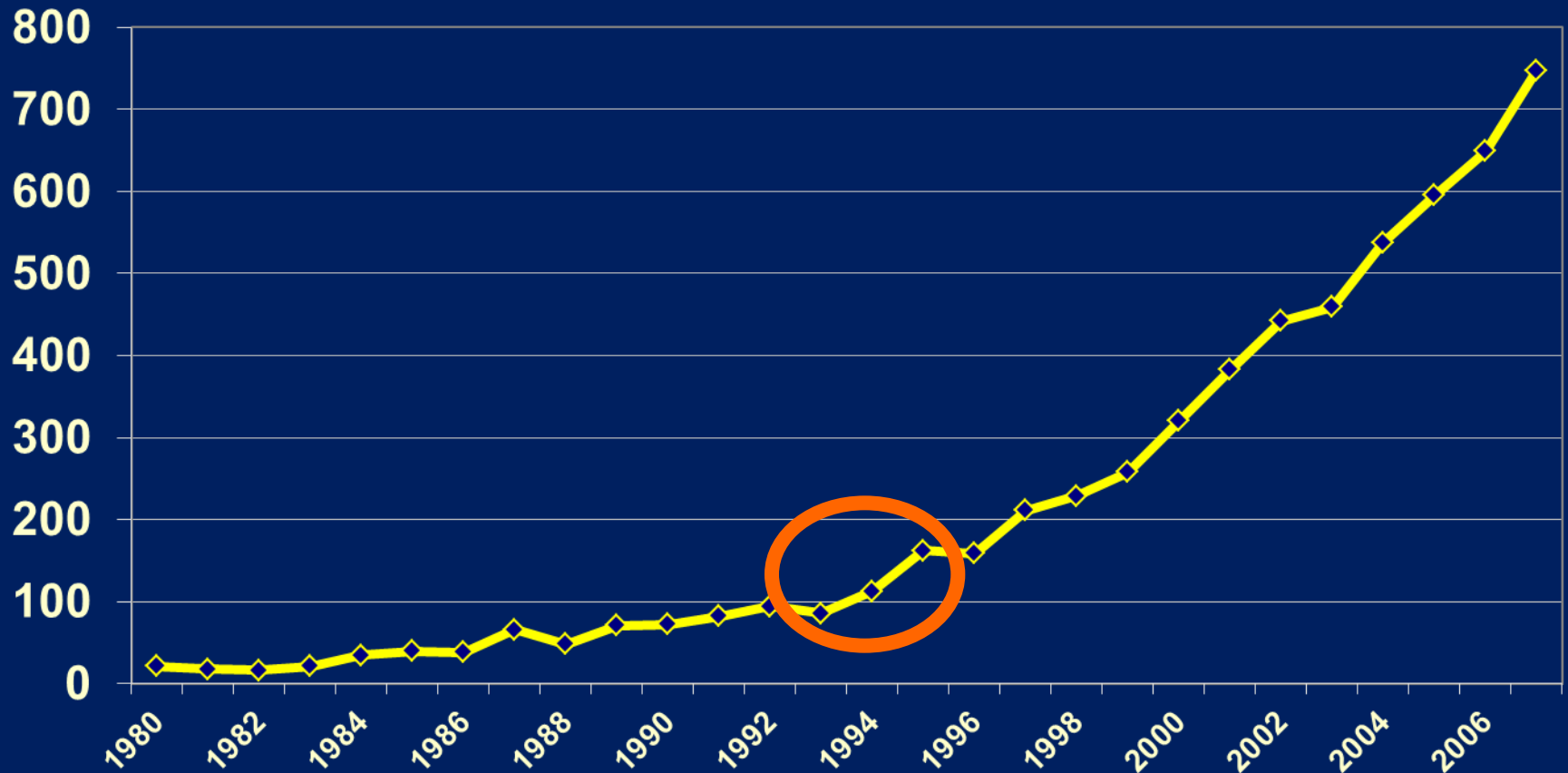
- Overall observations about trends in the field
- Key areas of research activity to watch
 - research about and for chaplains
 - spiritual assessment
 - stress-related/post-traumatic growth
 - religious practices as indicators
 - studies focusing on the working of the body
- Observations on other directions in the field
- Discussion

Number of Medline-Indexed English Articles by Year, with Keywords: *RELIGION* and *SPIRITUALITY*



[Includes the variations: *religious*, *religiosity*, *religiousness*, and *spiritual*]

Number of Medline-Indexed English Articles by Year, with Keywords *SPIRITUAL* or *SPIRITUALITY*



Observations about Overall Trends

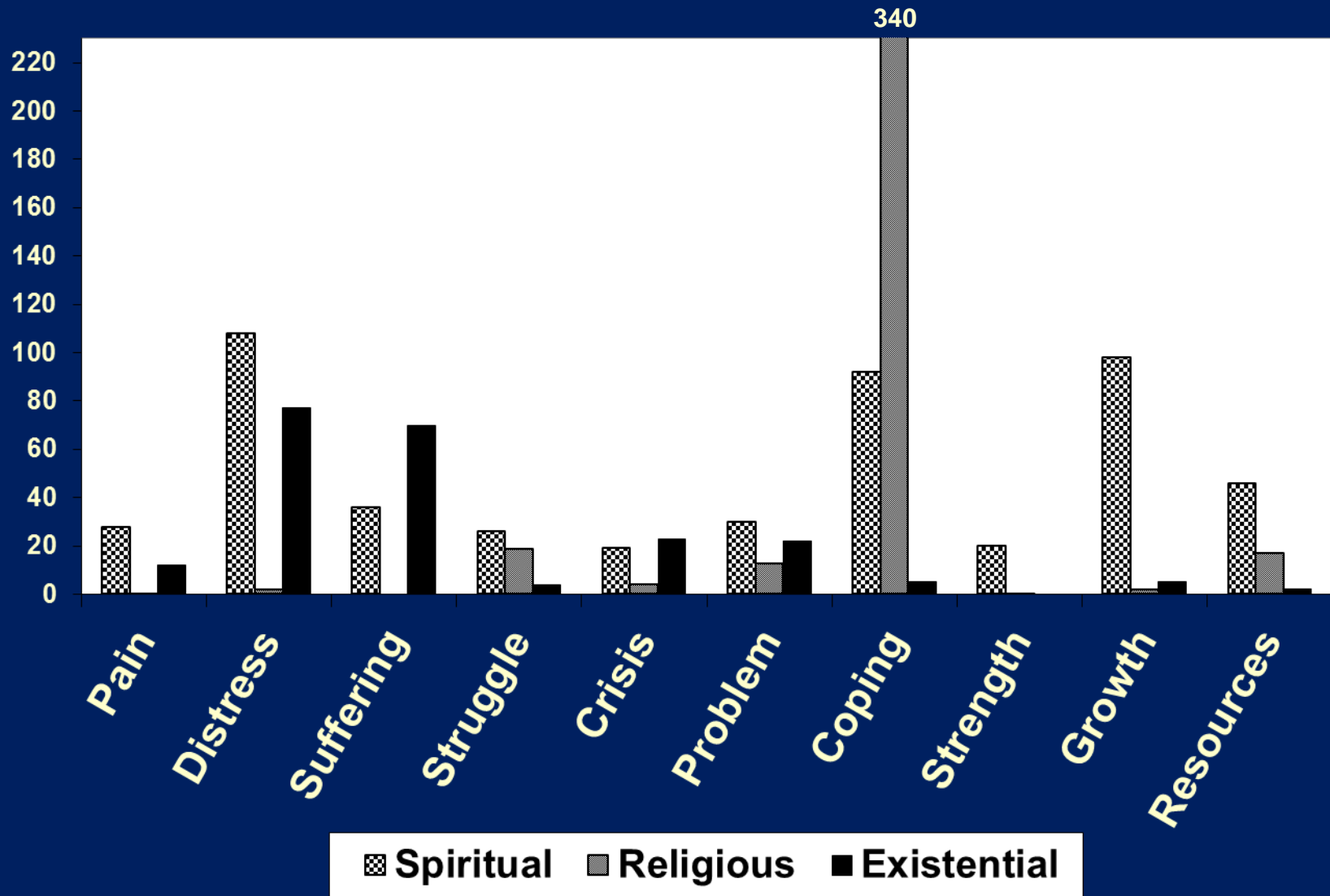
- 1) The novelty about spirituality & health research has largely worn off in the US
- 2) Growth of research internationally
- 3) Waning of polemical “distractions” in the field
- 4) Greater scientific rigor & more realistic expectations
- 5) The problem of language in the field remains
- 6) Chaplains are increasingly involved with research

A Recent and Important Definition of *Spirituality*:

“Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices.”

— p. 646 of Puchalski, C. M., et al., "Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus," *Journal of Palliative Medicine* 17, no. 6 (June 2014): 642-656

Terminology pairings in Medline articles, 2005-2015



Sample of Upcoming Chaplaincy Conference Workshops

ACPE:

- Teaching Research Literacy in CPE
- Research in CPE: Past, Present and Future
- Integrating CPE into a Master of Science Degree Program at a Major Research University
- Rediscovering Meaning from Trauma: An Evidence-Based Perspective

NACC:

- Care Conferences - A Research Project
- Journeying with Research: Problems and Promise of Research in Religion, Spirituality and Health
- Metrics for Spiritual Care: A KentuckyOne Health Intervention
- Rediscovering Meaning from Trauma: An Evidence-Based Perspective

APC:

- Increasing Research Literacy through Journal Clubs
- Researching Hospice Coping and Resiliency
- A Different Variety of Chaplain Participation in Research
- Neuroscience and Spiritual Practices

Transforming Chaplaincy Project

Led by George Fitchett and Wendy Cadge



TRANSFORMING CHAPLAINCY

Promoting Research Literacy
for Improved Patient Outcomes

www.researchliteratchaplaincy.org

Snowden, A., Fitchett, G., Grosseohme, D. H., Handzo, G., Kelly, E., King, S. D., Telfer, I., Tan, H. and Flannelly, K. J. **“International study of chaplains' attitudes about research.”** *Journal of Health Care Chaplaincy* 23, no. 1 (January-March 2017): 34-43.

- online survey completed by 2,092 chaplains from 23 countries
- 80% thought that research was important to the profession, and 70% thought that chaplains should be “research literate”
- 40% regularly read research articles, and 60% occasionally do
- respondents rated their research literacy on average as 6.5/10
- 37% had been somehow involved in research, 17% were currently involved, and 11% were expecting to be involved

Key Areas of Research Activity to Watch

Research about and for Chaplains

Research about and for Chaplains

DESCRIPTIVE STUDIES

Massey, K., Barnes, M. J., Villines, D., Goldstein, J. D., Pierson, A. L., Scherer, C., Vander Laan, B. and Summerfelt, W. T. "**What do I do? Developing a taxonomy of chaplaincy activities and interventions for spiritual care in intensive care unit palliative care.**" *BMC Palliative Care* 14 (2015): 10 [electronic journal article designation].

Jeuland, J., Fitchett, G., Schulman-Green, D. and Kapo, J. "**Chaplains working in palliative care: who they are and what they do.**" *Journal of Palliative Medicine* (2017): published online by the journal, ahead of print.

Research about and for Chaplains

INTERVENTIONAL STUDIES

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

Grossoehme, D. H., Szczesniak, R. D., Mrug, S., Dimitriou, S. M., Marshall, A. and McPhail, G. L. "**Adolescents' spirituality and Cystic Fibrosis airway clearance treatment adherence: examining mediators.**" Journal of Pediatric Psychology 41, no. 9 (October 2016): 1022-1032.

Spiritual Assessment

Spiritual Assessment

King, S. D. W., Fitchett, G., Murphy, P. E., Pargament, K. I., Harrison, D. A. and Loggers, E. T. "**Determining best methods to screen for religious/spiritual distress.**" *Supportive Care in Cancer* (2016): 9 pp., published online ahead of print, October 6, 2016.

Evaluated the following:

- 1) "Do you struggle with the loss of meaning and joy to your life?"
- 2) "Do you currently have what you would describe as religious or spiritual struggles?"
- 3) "Are you at peace?"
- 4) "Does your religion/spirituality provide you all the strength and comfort you need from it right now?"
- 5) "Do you have any spiritual/religious concerns?"
- 6) Two-path Revised Rush Religious Struggle Protocol, asking first about the importance of R/S in the patient's life and then, depending on the response, asking either how much their R/S is helping them now or whether R/S has been important previously.

(contuned)

13, no. 8 (August 2016): 1333-1342.

[illegible]

Stress-Related/Post-Traumatic Growth

Stress-Related/Post-Traumatic Growth

Tedeschi, R. G., Cann, A., Taku, K., Senol-Durak, E. and Calhoun, L. G. **"The Posttraumatic Growth Inventory: a revision integrating existential and spiritual change."** *Journal of Traumatic Stress* 30, no. 1 (February 2017): 11-18.

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

Religious Practices as Indicators

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

Akgul, B. and Karadag, A. “**The effect of colostomy and ileostomy on acts of worship in the Islamic faith.**” *Journal of Wound, Ostomy & Continence Nursing* 43, no. 4 (July/August 2016): 392-397.

Abouda, M., Turki, S., Hachicha, A., Yanguai, F., Triki, M., and Charfi, M. R. “**A spiritual sleepiness scale: the Friday prayer.**” *Tunisie Medicale* 94, no. 3 (March 2016): 226-230.

Studies Focusing on the Working of the Body

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Tobin, E. T. and Slatcher, R. B. "**Religious participation predicts diurnal cortisol profiles 10 years later via lower levels of religious struggle.**" *Health Psychology* 35, no. 12 (December 2016): 1356-1363.

Hill, T. D., Ellison, C. G., Burdette, A. M., Taylor, J. and Friedman, K. L. "**Dimensions of religious involvement and leukocyte telomere length.**" *Social Science & Medicine* 163 (August 2016): 168-175.

Gainey, A., Himathongkam, T., Tanaka, H. and Suksom, D. "**Effects of Buddhist walking meditation on glycemic control and vascular function in patients with type 2 diabetes.**" *Complementary Therapies in Medicine* 26 (June 2016): 92-97.

Hulett, J. M. and Armer, J. M. "**A systematic review of spiritually based interventions and psychoneuroimmunological outcomes in breast cancer survivorship.**" *Integrative Cancer Therapies* 15, no. 4 (December 2016): 405-423.

Additional Observations in Closing

Brief observations on other directions in the field

- Mortality studies
- Spirituality in healthcare education
- Military/veteran studies
- Coping (positive & negative) as a construct
- Satisfaction studies
- Studies of “extraordinary spiritual experiences”
- Studies that seek to assess dollar costs/savings
- Meditation interventions

Brief RCOPE

Positive Religious Coping Subscale

- 1) Looked for a stronger connection with God
- 2) Sought God's love and care.
- 3) Sought help from God in letting go of my anger.
- 4) Tried to put my plans into action together with God.
- 5) Tried to see how God might be trying to strengthen me in this situation.
- 6) Asked forgiveness of my sins.
- 7) Focused on religion to stop worrying about my problems.

Negative Religious Coping Subscale

- 8) Wondered whether God had abandoned me.
- 9) Felt punished by God for my lack of devotion.
- 10) Wondered what I did for God to punish me.
- 11) Questioned God's love for me.
- 12) Wondered whether my church had abandoned me.
- 13) Decided the devil made this happen.
- 14) Questioned the power of God.

RESOURCES

ACPE Research Network

www.ACPEresearch.net

Annual Bibliographies on Spirituality & Health

*Posted annually on the Penn Medicine
Pastoral Care website:*

www.uphs.upenn.edu/pastoral

(see under links for hospital staff)

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