SPIRITUALITY AND HEALTHCARE

Evidence Bulletin

February-March 2024

NEW EVIDENCE

Anavekar, N. S., and Kalra, A. (2024) 'Religiosity/Spirituality as a Medical Prescription.' *European Heart Journal 45*(6), 415–416. Throughout the ages, the greatest intellectual divide has arguably been between religion and science. Contemporary society is racing forward, transforming into a rapidly evolving technological field. Consequently, the apparent divide has reached gargantuan proportions, and as greater premium is placed on material wealth and comfort, the relevance of religiosity/spirituality may be relegated at best to a once-weekly mundane ritual. Paradoxically, many of the most vocal proponents of religion are self-proclaimed authorities or fanatics, whose dialogue results in further validation of the materialistic viewpoint. If there is a place for religiosity/spirituality in contemporary society, other than to maintain posterity of tradition, it becomes imperative to inquire and analyse with precision, rigour, and objectivity, the goal of religiosity/spirituality and religious studies, and how they can enhance societal wealth.

Arefpour, A. M., et al. (2024) 'The Effect of Multidimensional Spiritual Psychotherapy on the Quality of Life of Bone Cancer Survivors with a History of Lower Extremity Amputation.' *Asian Pacific Journal of Cancer Prevention : APJCP 25*(2), 425–431. INTRODUCTION: This study aimed to investigate the effect of multidimensional spiritual psychotherapy on anxiety, depression, and attitude towards self and god in bone cancer patients after amputation.

Beres, A. (2024) **'Religion, Spirituality, and Health Revisited: Bringing Mainline Western Protestant Perspectives Back into the Discourse-Theology's "Seat at the Table".'** ***Journal of Religion & Health 63*****(1), 46–62.**

Theological perspectives have been given short shrift in the literature on religion and health research. This study demonstrates how including different schools of mainline Western Protestant theological thought (evolutionist, correlationist, and dialectical) in the scientific process could contribute to clarifying controversies. The issue is not just theoretical: Theology can even challenge assumptions on elicitability and reproducibility. Theology perceives spirituality as a dialogue with the Total Other, thus making each encounter with the transcendent (not just the individuality of the person) unique and unpredictable. By accepting setbacks on a journey with wide-ranging aspirations, theology redefines health as the momentum of constant striving toward the divine spirit. Since these theological insights relate to interventions that affect patients' intimacy, attempting to recognize the (albeit implicit) spiritual–theological standpoint of the patient and the self—and how these relate to authentic traditions of spirituality—appears to be an essential prerequisite for ethical spiritual intervention.

Béres, A. (2024) **'Religion, Spirituality, and Health Revisited: Bringing Mainline Western Protestant Perspectives Back into the Discourse—Theology's "Seat at the Table".'** ***Journal of Religion & Health 63*****(1), 46–62.**

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Best, M. C., et al. (2024) **'Australian Patient Preferences for Discussing Spiritual Issues in the Hospital Setting: An Exploratory Mixed Methods Study.'** ***Journal of Religion & Health 63*****(1), 238–256.**
While there is high patient acceptance for clinical staff discussing issues regarding spirituality with hospital inpatients, it is not clear which staff member patients prefer for these discussions. This unique exploratory study investigated inpatient preferences regarding which staff member should raise the topic of spirituality. A cross-sectional survey was conducted with inpatients at six hospitals in Sydney, Australia (n = 897), with a subset invited to participate in qualitative interviews (n = 41). Pastoral care staff (32.9%) were the preferred staff members with whom to discuss spiritual issues, followed by doctors (22.4%). Qualitative findings indicated that individual characteristics of the staff member are more important than their role.

Brouwer, M. A., et al. (2024) **'Barriers to the Spiritual Care of Parents Taking Care of their Child with a Life-Limiting Condition at Home.'** ***European Journal of Pediatrics 183*****(2), 629–637.**
The changes that parents face when caring for a child with a life-limiting condition at home can affect them on a spiritual level. Yet, indications remain that parents do not feel supported when dealing with spiritual issues related to caring for a severely ill child. This paper explores, from the perspectives of bereaved parents, chaplains, grief counselors, and primary health care providers, the barriers to supporting the spiritual needs of parents. We conducted a qualitative focus group study from a constructivist point with chaplains/grief counselors, primary care professionals, and bereaved parents. All groups participated in two consecutive focus group sessions. Data were thematically analyzed. Six chaplains/grief counselors, 6 care professionals, and 5 parents participated. We identified six barriers: (1) There were difficulties in identifying and communicating spiritual care needs. (2) The action-oriented approach to health care hinders the identification of spiritual care needs. (3) There is an existing prejudice that spiritual care needs are by nature confrontational or difficult to address. (4) Spiritual support is not structurally embedded in palliative care. (5) There is a lack of knowledge and misconceptions about existing support. (6) Seeking out spiritual support is seen as too demanding. Conclusion: Parents of children with life-limiting conditions face existential challenges. However, care needs are often not identified, and existing support is not recognized as such. The main challenge is to provide care professionals and parents with the tools and terminology that suit

existing care needs. What is Known: • Spiritual care needs are an important aspect of pediatric palliative care. • Parents of children with life-limiting conditions feel unsupported when dealing with spiritual questions. What is New: • Parents and professionals mention barriers that hinder spiritual support for parents. • There is a disconnect between existing support and the care needs that parents have.

Carey, L. B., et al. (2024) **'Spirituality, Mental Health, and COVID-19.'** ***Journal of Religion & Health 63*****(1), 1–5.**
This issue of JORH presents a broad range of articles that consider spirituality and spiritual care from various international perspectives. It also looks at a diverse range of articles relating to mental health disorders and addictions. Lastly, this issue considers the aftermath of COVID-19. Readers are also reminded of the European Congress on Religion, Spirituality, and Health (ECRSH) (Salzburg, Austria), as well as the inaugural International Moral Injury and Wellbeing Conference (IMIWC), Brisbane, Australia, 2024.

Currier, J. M., et al. (2024) **'Temporal Associations between Meaning in Life, Ultimate Meaning Struggles, and Mental Health Outcomes in a Spiritually Integrated Inpatient Program.'** ***Journal of Clinical Psychology***
Meaning in life is a benchmark indicator of flourishing that can likely mitigate the severity of depression symptoms among persons seeking mental healthcare. However, patients contending with serious mental health difficulties often experience a painful void or absence of ultimate meaning in their lives that might hinder recovery. This two-wave longitudinal study examined temporal associations between perceived presence of meaning in life, struggles with ultimate meaning, flourishing, and depression symptoms among adults in a spiritually integrated inpatient treatment program.
Of the 242 patients assessed at intake, 90% (N = 218; 40% Cisgender male; 57% Cisgender female; 3.0% nonbinary) completed validated measures of these meaning-related factors and mental health outcomes at discharge.
Cross-sectional analyses revealed perceptions of meaning in life and ultimate meaning struggles were inversely linked with one another along with being associated with indices of positive and negative mental health in varying ways at the start and end of treatment. Drawing upon a two-wave cross-lagged panel design, longitudinal structural equation modeling analyses supported a Primary Meaning Model whereby having a subjective sense of meaning in life at intake was prospectively linked with lower levels of ultimate meaning struggles and greater flourishing at discharge. However, baseline

levels of mental health outcomes were not predictive of the meaning-related factors in this sample.
Findings highlight the utility of assessing patients' perceived meaning in life and ultimate meaning struggles in spiritually integrated programs and for clinicians to be prepared to possibly address these meaning-related concerns in the treatment process.

De-Diego-Cordero, R., et al. (2024) **'The Spiritual Aspect of Pain: An Integrative Review.'** ***Journal of Religion & Health 63*****(1), 159–184.**
Pain is an unpleasant sensory and emotional experience that affects individuals in various ways involving biological, psychological, social, and spiritual aspects. There is currently no comprehensive treatment that effectively addresses all aspects of pain. This integrative review aimed to analyze the spiritual aspect of pain relief. Following the specified methodological criteria, a total of 20 articles were selected. There evidenced a lack of spiritual care provided by healthcare professionals, even though its correlation with pain and its potential benefits have been widely demonstrated in the literature. Fortunately, some patients put into practice existential and religious tools to self-control and cope with their pain, although not always with a successful response.

Dominguez, L. J., et al. (2024) **'The Link between Spirituality and Longevity.'** ***Aging-Clinical & Experimental Research 36*****(1), 32.**
We are facing an inverted demographic pyramid with continuously growing aged populations around the world. However, the advances that prolong physical life not always contemplate its psychological and social dimensions. Longevity is a complex outcome influenced by a wide range of factors, including genetics, lifestyle choices, access to healthcare, socio-economic conditions, and other environmental factors. These factors have been generally considered in the compelling research that seeks the determinants of longevity, particularly those concerning personal lifestyle choices, socioeconomic conditions, and molecular mechanisms proposed to mediate these effects. Nonetheless, fundamental aspects that can affect health and well-being, such as spirituality and religiosity, have been somehow left aside despite numerous epidemiological studies showing that higher levels of spirituality/religiosity are associated with lower risk of mortality, even after adjusting for relevant confounders. Because spirituality/religiosity are dimensions of great value for patients, overlooking them can leave them with feelings of neglect and lack of connection with the health system and with the clinicians in charge of their care. Integrating spirituality and religiosity assessment and intervention programs into clinical care can help

each person obtain better and complete well-being and also allowing clinicians to achieve the highest standards of health with holistic, person-centered care. The present narrative review aims to explore the available evidence of a relationship between spirituality/religiosity and longevity and discusses the possible mechanisms that can help explain such relationship.

Evans, C. B., et al. (2024) **'Hospital Chaplains, Spirituality, and Pain Management: A Qualitative Study.'** ***Pain Management Nursing 25*****(1), 75–79.**
Nurses include spirituality in holistic nursing care of persons in pain. However, there is a lack of awareness of spiritual suffering and the role of chaplains and spiritual care in pain management.
The purpose of this pilot is to report hospital chaplains' qualitative report of spirituality and pain management in an acute care setting.
This qualitative inquiry pilot involved guided interviews of hospital chaplains on their role in pain management. A thematic analysis was performed.
Spiritual suffering in people in pain was the dominant theme. This included spiritual fear, and nurses suffering as a witness to pain. Chaplain interventions was a theme that involved spiritual support to persons in pain.
Spiritual suffering can occur in people in pain. An early consultation with hospital chaplains can augment pain management. A person in pain may experience spiritual suffering and a chaplain can provide the appropriate assessment and intervention.

Evrard, R., et al. (2024) **'Neither Saintly nor Psychotic: A Narrative Systematic Review of the Evolving Western Perception of Voice Hearing.'** ***History of Psychiatry*** **, 957154X241231690.**
We present a social-historical perspective on the evolution of the voice-hearing phenomenon in Western society. Based upon a systematic search from a selection of nine databases, we trace the way hearing voices has been understood throughout the ages. Originally, hearing voices was considered a gifted talent for accessing the divine, but the progressive influence of monotheistic religion gradually condemned the practice to social marginalization. Later, the medical and psychiatric professions of secular society were instrumental in attaching stigma to both voice hearers and the phenomenon itself, thereby reinforcing social exclusion. More recently, the re-integration of voice hearers into the community by health authorities in various countries appears to have provided a new, socially acceptable setting for the phenomenon.

Ichihara, K., et al. (2024) **'Nursing Care for Spiritual Pain in Terminal Cancer Patients: A Non-Randomized Controlled Trial.'** ***Journal of Pain and Symptom Management 67*(2), 126–137.**
Context: Spiritual well-being is important for terminal cancer patients; however, appropriate interventions remain to be established.

Jones, K. F., et al. (2024) **'Effect of a Spiritual Care Training Program to Build Knowledge, Competence, Confidence and Self-Awareness among Australian Health and Aged Care Staff: An Exploratory Study.'** ***Journal of Religion & Health 63*(1), 274–288.**
The aim of this study was to evaluate a new spiritual care training program with health and aged care staff. A four-module program was delivered to 44 participants at a large Catholic health and aged care provider in Australia. Pre, post and 6 week follow-up surveys were administered and included measures of spiritual care competency, confidence, perspectives of spirituality and spiritual care, spiritual well-being, and satisfaction. Paired sample t-tests showed total scores of participants' spiritual well-being, spiritual care competency and confidence significantly improved following the training and were largely maintained at follow-up. Perspectives on spirituality and spiritual care did not significantly change over time.

Korkut, S., et al. (2024) **'The Power of Spiritual Well-being: Its Relationship with Pain Intensity, Pain Management, and Pain Catastrophizing in Individuals with Chronic Pain.'** ***Pain Management Nursing 25*(1), 62–68.**
Chronic pain negatively affects human life. Chronic pain is multidimensional. Therefore, a multidimensional approach that focuses on the biologic, psychological, sociologic, and spiritual needs of patients is required in pain management. This study was conducted to determine the relationship of spiritual well-being with the level of pain catastrophizing, pain intensity, and pain management in individuals with chronic pain. The snowball sampling method was used in the research and the data were collected by individuals with ankylosing spondylitis and rheumatoid arthritis who had chronic pain via an online survey form. The study was completed between March and May 2023 with the participation of 399 people. The data of the study were collected using the Descriptive Characteristics Questionnaire, Pain Catastrophizing Scale, Three-Factor Spiritual Well-Being Scale, and Numerical Rating Scale. There was a negative, high-level correlation between the spiritual well-being and the Pain Catastrophizing Scale and its subscales. At the same time, there was a negative, weak level correlation between the levels of spiritual well-being and the pain intensity. Spiritual Well-Being Scale

scores differ according to the method used in pain management. Spiritual well-being and pain intensity explain 68% of the total variance in pain catastrophizing. The results of this research show that there may be a relationship between increased spirituality and reduced perceptions of pain in this population.

Kowalski, S. L., et al. (2024) **'Utilization of Art in Nursing Education to Enhance Student Spiritual Growth and Holistic Nursing Practice.'** ***Journal of Holistic Nursing*** **, 898010241237109.**
The purpose of this study was to investigate student nurses' perceptions of how creative art activities might support spiritual self-exploration, foster understanding of holistic care and promote spiritual growth in relation to Mercy and Jesuit values emphasized in their nursing program.
A qualitative design was used with data collected through surveys and students' reflections.
Students enrolled in an introductory nursing course with a service-learning component participated in the study. Students were initially asked to create drawings depicting Mercy/Jesuit charisms, spirituality, and holistic nursing then complete written reflections. At the term's end, students created group art projects connecting service learning, holistic nursing care, and spiritual growth. Students responded to survey questions regarding spirituality, Mercy/Jesuit charisms, nursing practice, and their art experiences.
Surveys were completed by 122 of the 137 students who participated in the art projects. After initial difficulty with artistic expression, most students reported the projects provided an opportunity for introspection related to personal spirituality, nursing, and the impact of service-learning experiences on future nursing practice.
Arts-based learning can help students explore and express spirituality related to nursing and support their understanding and integration of values essential to the delivery of holistic nursing care.

Martins, M. L. D. C., et al. (2024) **'Do Spirituality and Emotional Intelligence Improve the Perception of the Ability to Provide Care at the End of Life? the Role of Knowledge and Self-Efficacy.'** ***Palliative & Supportive Care*** **, 1–9.**
OBJECTIVES: Spirituality, emotional intelligence, and palliative care (PC) knowledge have a positive and direct influence on self-efficacy and on perception of preparation and ability to provide end-of-life (EOL) care. The aim of this work is to propose a conceptual model that relates spirituality, emotional intelligence, PC knowledge, self-efficacy, and the preparation and ability to provide EOL care by doctors and nurses.

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The results (= 380) indicate that self-efficacy, spirituality, and PC knowledge have a positive influence on the ability to provide EOL care. Emotional intelligence and spirituality have a direct and positive effect on self-efficacy. There is no direct influence of emotional intelligence on the ability to provide EOL care, but emotional intelligence has an indirect effect mediated by self-efficacy. Spirituality, self-efficacy, and emotional intelligence are very important for the ability of doctors and nurses to provide EOL care. The identification of predictive factors of the ability to provide EOL care and the determination of the relationship between them can improve the provision of EOL care, reduction of health costs, timely and early referral of people to PC, and increase life quality.

McNamara, L. C., et al. (2024) **'Cultivating Chaplaincy in Critical Care: Practical Strategies for Incorporating Chaplains into the ICU Team.'** ***Chest 165*****(2), 414–416.**

Spiritual care that requires attention to the religious or spiritual aspects of illness by the medical team is essential to the holistic care of critically ill patients. Although there is value in assessment of patient and family spiritual and religious needs, biomedical needs are prioritized over spiritual needs in the ICU.1 Thus, chaplains, professionals with graduate level interfaith and counselling education, are crucial ICU team members. Their involvement improves patient care and quality of life. Consensus statements recommend that spiritual care be incorporated into the care of seriously ill patients,

that chaplains be included in this care, and that spiritual care education be provided.

Miller, M., et al. (2024) **'The Role of Spirituality in Pain Experiences among Adults with Cancer: An Explanatory Sequential Mixed Methods Study.'** ***Supportive Care in Cancer 32*****(3), 169.**
Foundational research demonstrates that spirituality may affect the way people with cancer experience pain. One potential route is through alterations in thoughts and beliefs, such as pain-related catastrophizing. The purpose of this study is to understand whether spirituality impacts pain experiences through pain-related catastrophizing.

Miquel, P., et al. (2024) **'Exploring Spirituality, Religion and Life Philosophy among Parents of Children Receiving Palliative Care: A Qualitative Study.'** ***BMC Palliative Care 23*****(1), 43.**
Few studies have examined the spiritual environment of parents of children receiving palliative care in Southern European countries, which are mostly characterized by secularization (or the abandonment of traditional religiosity) and an increase of cultural and religious diversities resulting in a much broader spectrum of spiritual and religious beliefs. This study aimed to explore the parents' own spirituality, religiosity, and philosophy of life in coping with the care of their child with palliative needs.

Niu, S. (2024) **'Between Sacredness and Public Health: Global Religious Sacred Places and the Fight Against COVID-19.'** ***Journal of Religion & Health 63*****(1), 666–684.**
This paper aims to explore the diverse impacts of religious sacred places on specific spheres of contemporary international relations, particularly in the context of public health governance as well as the fight against COVID-19. The spread of disease or germs and viruses within the context of pilgrimage, the healing purposes associated with such practices, as well as historical conquests of sacred places have attracted the attention of ancient physicians and modern scientists. In the nineteenth century, many Abrahamic religions sought to strengthen their influence in the Holy Land, particularly in the sacred city of Jerusalem. As part of their efforts, they focused on constructing modern hospitals, which became a means of religious competition over the region. From the perspective of the specific relationship between the sacred places and the public health governance system in the modern age, sacred places continue to succeed in animal management (native animals and sacrifice animals), water source management (sacred water and holy rivers), and management of sanitary quarantine (the extension of homeland

health security defense), which have present positive effects. Based on the literature review, case analysis and interdisciplinary research methods, several findings have emerged regarding the global fight against COVID-19 since early 2020. Mecca-Medina, Jerusalem-Bethlehem, Rome-Vatican, Santiago de Compostela, Qom, and other religious sacred cities have faced huge pandemic pressures. These cities have played unique roles in protecting the health of pilgrims and have implemented measures to reduce the number and scale of pilgrimages in response to the global mobility challenges posed by the pandemic.

Olsman, E., and Versteeg, A. (2024) 'Happiness in Hospice Care in the Netherlands: A Case Study Design.' *Journal of Religion and Health* (pagination), Date of Publication: 29 Feb 2024.
Happiness is central in spirituality but has hardly been explored in palliative care. The objective of this study is to explore happiness in hospice care in the Netherlands. A case study design consisting of participatory observations and semi-structured interviews was used. Happiness was associated with all dimensions of health. Patients spoke about a growing receptivity and a deepening of connections with themselves and others. Hospice staff related their happiness to feeling a true connection and their work supported them in appreciating their own lives in new ways. This study suggests that happiness can be found in settings that are frequently associated with suffering.

Oshvandi, K., et al. (2024) 'Impact of Hope on Stroke Patients Receiving a Spiritual Care Program in Iran: A Randomized Controlled Trial.' *Journal of Religion & Health 63*(1), 356–369.
This study sought to examine the effect of a spiritual program on the hope of stroke patients in Iran. The present study was a randomized controlled trial that included 108 stroke patients referred to Besat Hospital, Hamadan, Iran, in 2021. Participants were randomized to either the intervention group (n = 54) or control group (n = 54). The data were collected before the intervention by using the demographic information form, Snyder's Adult Hope Scale (AHS), the Modified Rankin Scale (MRS), and after the intervention, the Snyder's Adult Hope Scale (AHS). The intervention group received four sessions of 45–60 min (one session per week) that included a spiritual needs assessment, religious care, spiritual supportive care, and evaluation of benefits. After the intervention, a significant between-group difference was observed ($p < 0.001$). There was also a significant increase in the mean of hope scores in the intervention group from baseline to follow-up (within-group difference) ($p < 0.001$), while there

was no significant difference between baseline and follow-up in the control group (p = 0.553).

'Patients Want Spiritual Support — but can Clinicians Provide it?' (2024) *Medical Ethics Advisor 40*(2), 1–16.
Many patients struggling with a serious or advanced illness want to talk with clinicians about spirituality.1 Healthcare providers often are reluctant to engage in such discussions, however, because of lack of time, lack of training, or simple discomfort with the subject matter.

Peppard, L. (2024) 'Connection Insights from Spirituality.' *Journal of the American Psychiatric Nurses Association* , 10783903241230460.
Spirituality is a “sense of connection to something bigger than oneself” (Ernstmeyer & Christman, 2021, p. 1181) and important to consider when organizing a comprehensive way of thinking about connection (Peppard, 2023b). Spirituality usually involves the pursuit of purpose and meaning in life and is described by people in many ways. It may be associated with a religion, represent a personal relationship with God or a higher power, or signify a meaningful connection with nature, art, family, or something else. In addition to meaning, elements of spirituality often include faith, love, belonging, forgiveness, and connectedness, any or all of which may influence a sense of peace or hope (Ernstmeyer & Christman, 2021). Many who practice spirituality find they are able to cope more effectively with the changing nature of life dynamics (Rastogi & Sharmila, 2023).

Reini, K. S., et al. (2024) 'Religion and Mental Health in Young Adulthood: A Register-Based Study on Differences by Religious Affiliation in Sickness Absence due to Mental Disorders in Finland.' *Journal of Epidemiology and Community Health (1979)* , jech–221532.
BackgroundReligiosity and spirituality are known to be positively correlated with health. This is the first study to analyse the interrelation between religious denomination and sickness absence due to mental disorders using population register data with detailed ICD codes.MethodsThe follow-up study was based on the entire population born in Finland between 1984 and 1996 (N=794 476). Each person was observed from age 20 over the period from 2004 to 2018. Cox proportional hazards models were applied to analyse the association between religious denomination and first-time sickness allowance receipts for any cause and mental disorder. Mental disorders were categorised as severe mental illness (F20–F31), depression (F32–F33), anxiety (F40–F48) and any other mental

disorder (all other F codes). Men and women were analysed separately.ResultsThe differences in sickness absence due to mental disorder were substantial between religious affiliations. Compared with members of the Evangelical Lutheran state church, the relative hazard for mental disorders among non-affiliated women was 1.34 (95% CI 1.30 to 1.39), while that among women with other religions was 1.27 (95% CI 1.19 to 1.35), after adjusting for own and parental characteristics. The corresponding numbers for men were 1.45 (95% CI 1.39 to 1.50) and 1.42 (95% CI 1.30 to 1.54), respectively. The gradient was larger for severe mental illness and depression than for anxiety and other mental disorders. For any cause of sickness absence, there was no difference between Lutherans, non-affiliated individuals and those with other religions.ConclusionsEpidemiologists and public health practitioners should further examine the association between mental disorders and church membership using administrative registers.

Santambrogio, J., et al. (2024) **'Bipolar Disorder: Identity, Social Support, Religiosity and Spirituality. can Religiosity/Spirituality be a Mood Balancing Factor? an Italian Case Report.'** ***Journal of Religion & Health 63*****(1), 640–651.**
This paper presents a case study to support the hypothesis that religiosity and spirituality (R/S), as mood balancing factors, could facilitate the recovery process for patients suffering from bipolar disorder (BD) once they have been stabilized and are receiving appropriate support (e.g., in a residential rehabilitative center). After a succinct review of BD and R/S, the patient's medical history and rehabilitation pathway are described, with a particular focus on the role played by R/S. The authors found that in this case, once the patient was stabilized, R/S helped to consolidate her feelings of well-being, increasing her positive perception of social support services and ultimately her self-confidence.

Snodgrass, S., et al. (2024) **'Spirituality in Addiction Recovery: A Narrative Review.'** ***Journal of Religion & Health 63*****(1), 515–530.**
In the area of addiction, Canada has been in a public health crisis since 2016. Addiction takes a toll on an individual's self-worth and identity. In this narrative literature review, the distinct nature of spirituality was addressed. Next, individualized conceptualizations of spirituality were outlined. Subsequently, the importance of fellowship in addiction recovery was detailed. Next, the significance of being of service was presented. Meaningful and authentic spirituality were discussed in the context of recovery identity. Lastly, spirituality as a personal journey is described. A narrative literature review of 70

manuscripts published between 1999 and 2021 was undertaken to determine multiple approaches to treating addiction recovery in the context of spiritual development. An understanding of spirituality can inform counsellors regarding spiritual development in addiction recovery. Implications for counselling include a roadmap to support clients developing an individualized spiritual connection and operating as a functional system.

Tanzi, S., et al. (2024) **'Experiential Training Course on Spirituality for Multidisciplinary Palliative Care Teams in a Hospital Setting: A Feasibility Study.'** ***BMC Palliative Care 23*****(1), 38.**
There is widespread agreement about the importance of spiritual training programs (STPs) for healthcare professionals caring for cancer patients, and that reflecting on one's spirituality is the first step. Health professionals (HPs) working in hospitals must develop this dimension to guarantee the quality of life as well as spiritual and emotional support. In this paper, we propose a possible training format for hospital professionals and assess its implementation.

Varner-Perez, S. E., et al. (2024) **'Feasibility and Acceptability of Chaplain Decision Coaching on Periviable Resuscitation Decision Quality: A Pilot Study.'** ***PEC Innovation 4*****, 100266.**
To pilot test and assess the feasibility and acceptability of chaplain-led decision coaching alongside the GOALS (Getting Optimal Alignment around Life Support) decision support tool to enhance decision-making in threatened periviable delivery.
Pregnant people admitted for threatened periviable delivery and their 'important other' (IO) were enrolled. Decisional conflict, acceptability, and knowledge were measured before and after the intervention. Chaplains journaled their impressions of training and coaching encounters. Descriptive analysis and conventional content analysis were completed.
Eight pregnant people and two IOs participated. Decisional conflict decreased by a mean of 6.7 (SD = 9.4) and knowledge increased by a mean of 1.4 (SD = 1.8). All rated their experience as "good" or "excellent," and the amount of information was "just right." Participants found it "helpful to have someone to talk to" and noted chaplains helped them reach a decision. Chaplains found the intervention a valuable use of their time and skillset.
This is the first small-scale pilot study to utilize chaplains as decision coaches. Our results suggest that chaplain coaching with a decision support tool is feasible and well-accepted by parents and chaplains. Our findings recognize chaplains as an underutilized, yet practical resource in value-laden clinical decision-making.

•Chaplains are uniquely trained to assist with value-laden decision-making.•Chaplain coaching can assist expectant parents with periviable decision-making.•Chaplain coaching alongside the GOALS app reduced decisional conflict.•Pregnant people and their partners valued chaplain decision coaching.•Chaplain coaching alongside the GOALS app was feasible and acceptable.

Wenham, J., et al. (2024) **'An Online Survey of Australian Medical Students' Perspectives on Spiritual History Taking and Spiritual Care.'** ***Journal of Religion & Health 63*****(1), 257–273.**
It is reported that little spiritual care communication skills training occurs in Australian medical schools. This survey explored the experience of final year students in this domain in order to inform the construction of a new curriculum. Medical students in their final year at four Australian medical schools were invited to participate in an online survey, which included questions about demographic details, exposure to spiritual history taking, perceived learning needs, and the Functional Assessment of Chronic Illness Therapy-Spiritual Well-being 12 item Non-Illness score. Two-hundred and sixty students from a cohort of 766 responded (34%). One in nine students had witnessed spiritual history taking, and one in ten students had been given the opportunity to do so. Barriers and enablers were identified. Two-thirds of the students reported no recollection of any training in spiritual care. When it did occur, it was limited in scope and structure. Final year medical students recognise that spiritual care deserves a place in the modern, broad-based medical school curriculum. This supports the argument for inclusion of spiritual care training as part of all medical student curricula in Australia.

Wilkie, D. J., et al. (2024) **'Engaging Mortality: Effective Implementation of Dignity Therapy.'** ***Journal of Palliative Medicine 27*****(1), 176–184.**
Background: Patients consider the life review intervention, Dignity Therapy (DT), beneficial to themselves and their families. However, DT has inconsistent effects on symptoms and lacks evidence of effects on spiritual/existential outcomes. Objective: To compare usual outpatient palliative care and chaplain-led or nurse-led DT for effects on a quality-of-life outcome, dignity impact. Design/Setting/Subjects: In a stepped-wedge trial, six sites in the United States transitioned from usual care to either chaplain-led or nurse-led DT in a random order. Of 638 eligible cancer patients (age ≥55 years), 579 (59% female, mean age 66.4 ± 7.4 years, 78% White, 61% stage 4 cancer) provided data for analysis. Methods: Over six weeks, patients completed pretest/posttest measures, including the Dignity Impact

Scale (DIS, ranges 7–35, low-high impact) and engaged in DT+usual care or usual care. They completed procedures in person (steps 1–3) or via Zoom (step 4 during pandemic). We used multiple imputation and regression analysis adjusting for pretest DIS, study site, and step. Results: At pretest, mean DIS scores were 24.3 ± 4.3 and 25.9 ± 4.3 for the DT (n = 317) and usual care (n = 262) groups, respectively. Adjusting for pretest DIS scores, site, and step, the chaplain-led (β = 1.7, p = 0.02) and nurse-led (β = 2.1, p = 0.005) groups reported significantly higher posttest DIS scores than usual care. Adjusting for age, sex, race, education, and income, the effect on DIS scores remained significant for both DT groups. Conclusion: Whether led by chaplains or nurses, DT improved dignity for outpatient palliative care patients with cancer. This rigorous trial of DT is a milestone in palliative care and spiritual health services research. clinicaltrials.gov: NCT03209440.

Additional Resources

- More resources in Dynamed Search here
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- Health Chaplain Careers Learn more
- TURAS Spiritual care and healthcare chaplaincy Learn more

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