Spirituality & Health: A Select Bibliography of *Medline*-Indexed Articles Published in 2016

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The following is a selection of 203 *Medline*-indexed journal articles pertaining to spirituality & health published during 2016, from among the more than 1,100 articles categorized under the subject headings of "Religion and Medicine," "Religion and Psychology," "Religion," "Spirituality," and "Pastoral Care"; plus the more than 1,300 relevant articles in Medline's *In-Process* database not yet listed on the general Medline database at the time of this bibliography's completion. The sample here indicates the great scope of the literature, but note that since *Medline* is itself a selective index of journals, an even broader range of material may be found through other health science indices/databases—e.g., *CINAHL/Nursing* or *PsycINFO*. Inclusion in this bibliography does not necessarily indicate endorsement of an article's content.

Abouda, M., Turki, S., Hachicha, A., Yangui, F., Triki, M. and Charfi, M. R. [Tunesia]. "**A spiritual sleepiness scale: the Friday prayer**." *Tunisie Medicale* 94, no. 3 (Mar 2016): 226-230. [NOTE: Only the abstract is in English; the article itself is in French. Available online at http://www.latunisiemedicale.com/article-medicale-tunisie.php?article=3016&Codelang=en]

[Abstract:] BACKGROUND: Excessive daytime sleepiness (EDS) affects 5% to 20% of the population and is involved in a large number of traffic accidents. EDS is a major symptom in sleep disorders, especially obstructive sleep apnea syndrome (OSA). The daytime sleepiness is evaluated subjectively using scales and questionnaires based on perception. This study is aimed to build a new questionnaire more suited to our lifestyle and then to compare it to the Epworth sleepiness scales (ESS). METHODS: We administered to 91 adult's patients (76 men and 15 women) consulting for sleep disturbance the ESS and a single subjective question tendency to drowsiness during the Friday prayer. Patients were listed in four groups according to their response to the question "During the past month, have you ever doze or fall asleep during the sermon of the Friday prayer?" by G1 never dozes, G2 low chance of falling asleep, G3 average chance of dozing, G4 high chance of falling asleep. RESULTS: Only 63 patients (58 men and 5 women) responded to both questionnaires. Group 1 included 14 patients with a ESS of 5.5 +/- 1.8, Group 2 included 18 patients with a ESS of 7.3 +/- 1.9, Group 3 included 18 patients with a ESS of 11.05 +/- 2 and Group 4 included 13 patients with a ESS of 14.69 +/- 2.3. The Rho correlation coefficient was high (0.86) and shows a strong correlation between the results of the two questionnaires. CONCLUSION: the answer to the question "During the past month, have you ever doze or fall asleep during the sermon of the Friday prayer?" seems to be an appropriate Sleepiness Scale among Muslim patients.

Abu-Raiya, H., Pargament, K. I. and Krause, N. [Tel Aviv University, Tel Aviv, Israel; and Bowling Green State University, Bowling Green, OH]. "**Religion as problem, religion as solution: religious buffers of the links between religious/spiritual struggles and well-being/mental health**." *Quality of Life Research* 25, no. 5 (May 2016): 1265-1274.

[Abstract:] PURPOSE: Previous studies have established robust links between religious/spiritual struggles (r/s struggles) and poorer well-being and psychological distress. A critical issue involves identifying the religious factors that buffer this relationship. This is the first study to empirically address this question. Specifically, it examines four religious factors (i.e., religious commitment, life sanctification, religious support, religious hope) as potential buffers of the links between r/s struggle and one indicator of subjective well-being (i.e., happiness) and one indicator of psychological distress (i.e., depressive symptoms). METHOD: We utilized a cross-sectional design and a nationally representative sample of American adults (N = 2140) dealing with a wide range of major life stressors. RESULTS: We found that the interactions between r/s struggle and all potential moderators were significant in predicting happiness and/or depression. The linkage between r/s struggle and lower levels of happiness was moderated by higher levels of each of the four proposed religious buffers. Religious commitment and life sanctification moderated the ties between r/s struggles and depressive symptoms. CONCLUSIONS: The findings underscore the multifaceted character of religion: Paradoxically, religion may be a source of solutions to problems that may be an inherent part of religious life.

Abudari, G., Hazeim, H. and Ginete, G. [King Faisal Specialist Hospital and Research Centre, Riyadh, Saudi Arabia]. "**Caring for terminally ill Muslim patients: lived experiences of non-Muslim nurses**." *Palliative & Supportive Care* 14, no. 6 (Dec 2016): 599-611.

[Abstract:] OBJECTIVE: The nursing profession demands knowledge, awareness, and experience regarding the ethnic, religious, cultural, and social constructs involved in patient care. Non-Muslim nurses must have theoretical and empirical insights into treatment methods and caring for terminally ill Muslim patients. In particular, non-Muslim nurses should acquire knowledge of Islamic rules and regulations. They should also be familiar with the unique religious and sociocultural practices that pertain to healthcare practices. Our study aimed to explore non-Muslim nurses' experiences in caring for terminally ill Muslim patients and their families regarding physical, social, cultural, spiritual, and religious practices. The study also sought to investigate the context or situations that influence these experiences as described by the nurses. METHOD: In this qualitative descriptive study, 10 nurses working in medical, oncology, and oncology/palliative care units in a tertiary care hospital in Saudi Arabia were interviewed. A modified Stevick-Colaizzi-Keen method was employed for data analysis. RESULTS: Three main themes constituted the nurses' lived experiences: family matters, end-of-life practices, and nurse challenges. Cultural values, religious practices, and a family approach to the process of care influenced nurses' experiences. Issues related to an absence of palliative care integration and the unavailability of members in the interdisciplinary team also influenced their experiences. Nurses showed a lack of cultural knowledge of some practices due to a lack of awareness of cultural diversity and the unavailability of formal cultural education. SIGNIFICANCE OF RESULTS: Provision of culturally competent care at the end of life for Muslim patients in Saudi Arabia requires a thoughtful understanding of religious and cultural practices as well as knowledge of the role of the family throughout the care process. The introduction of a cultural care nursing delivery model that incorporates a cultural education program with Islamic teachings and practices at its core is recommended.

Adib-Hajbaghery, M. and Zehtabchi, S. [Kashan University of Medical Sciences, Kashan, Iran]. "**Developing and validating an instrument to assess the nurses' professional competence in spiritual care**." *Journal of Nursing Measurement* 24, no. 1 (2016): 15-27.

[Abstract:] BACKGROUND AND PURPOSE: Spiritual care is an important issue in health-related professions and has significant effects on patients' psychological well-being. This study aimed to develop an instrument for assessing Iranian nurses' professional competence in spiritual care. METHODS: First, extensive reviewing of articles and books on spirituality and spiritual care was performed to extract the primary items and then validation tests were conducted. RESULTS: A 38-item instrument was developed for assessing nurses' professional competence in providing spiritual care. The content validity index (CVI) and

content validity ratio (CVR) values of the final instrument were .90 and .75, respectively. The Cronbach's alpha coefficient for the total instrument was .934. CONCLUSIONS: The instrument developed in this study has good CVI and CVR values and is useful in assessing nurses' competence in providing spiritual care.

Ahmad, M. and Khan, S. [University of South Australia, Adelaide, Australia]. "**A model of spirituality for ageing Muslims**." *Journal of Religion & Health* 55, no. 3 (Jun 2016): 830-843.

[Abstract:] Spirituality's influence on general well-being and its association with healthy ageing has been studied extensively. However, a different perspective has to be brought in when dealing with spirituality issues of ageing Muslims. Central to this perspective is the intertwining of religion and spirituality in Islam. This article will contribute to the understanding of the nature of Islamic spirituality and its immense importance in the life of a practicing ageing Muslim. Consequently, it will help care providers to include appropriate spiritual care in the care repertoire of a Muslim care recipient. It is assumed that the framework for a model of spirituality based on Islamic religious beliefs would help contextualise the relationship between spirituality and ageing Muslims. Not only challenges, but also the opportunities that old age provides for charting the spiritual journey have underpinned this model.

Akgul, B. and Karadag, A. [Turkiye Yuksek Ihtisas Hospital, Sihhiye, Ankara; and Koc University School of Nursing, Istanbul, Turkey]. "**The effect of colostomy and ileostomy on acts of worship in the Islamic faith**." *Journal of Wound, Ostomy & Continence Nursing* 43, no. 4 (Jul-Aug 2016): 392-397. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: The aim of this study was to determine the impact of colostomy and ileostomy on Muslim patients' acts of worship. DESIGN: This was a cross-sectional, descriptive study. SUBJECTS AND SETTING: The research setting was a stoma therapy unit of a 500-bed capacity training and research hospital in Ankara, Turkey. The study sample comprised 150 patients with colostomies (40.7%) or ileostomies (59.3%); their mean age was 51.6 +/- 12.9 (mean +/- standard deviation), more than half (60.7%) were men, and 84.7% were married. METHODS: Participants were queried about specific religious practices following ostomy surgery including those related to salat, fasting, and pilgrimage. Data were collected using forms specifically designed for this study; respondents were interviewed either face-to-face or via telephone. Descriptive statistics were used to characterize the influence of a fecal ostomy on specific religious activities. RESULTS: Participants reported decreasing the frequency of daily and Friday prayers (25.2% and 22.7%, respectively) or stopped practicing these activities all together (12.0% and 14.0%, respectively). Respondents tended to increase the frequency of acts of absolution while reducing acts of fasting. Perceptions of cleanliness, central to performance of salat within the Islamic faith, emerged as a central concern. CONCLUSIONS: Ostomy surgery influences multiple religious acts practiced by Muslims. Awareness of the potential impact of a fecal ostomy on religious acts within the Islamic faith, combined with specialized education about spiritual practices delivered by the WOC nurse or a knowledgeable resource person, is strongly recommended for all persons following ostomy surgery. [See also the article by Iqbal, et al. in the same issue of the journal, and an introductory piece by Hibbert, also noted in this bibliography.]

Alaloul, F., Schreiber, J. A., Al Nusairat, T. S. and Andrykowski, M. A. [University of Louisville, KY; University of Kentucky, Lexington, KY; and King Hussein Cancer Foundation, Amman, Jordan]. "**Spirituality in Arab Muslim hematopoietic stem cell transplantation survivors: a qualitative approach**." *Cancer Nursing* 39, no. 5 (Sep-Oct 2016): E39-47. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: A cancer diagnosis and treatment can be a stressful, life-altering experience that can pose a threat to life and raise existential challenges. Spirituality may influence the process of coping with the stress of the cancer experience. Studies of the role of spirituality for Muslim cancer patients and survivors are limited. OBJECTIVE: The aim of this study was to understand the role of spirituality in the cancer experience among Arab Muslim hematopoietic stem cell transplant (HSCT) survivors. METHODS: In this qualitative, descriptive study, 63 HSCT survivors (mean, 20.2 months) responded to 2 open-ended, self-report questions on the role of spirituality in their HSCT experience. Thematic analysis was used to identify themes related to spirituality. RESULTS: Three dimensions that helped patients cope with their experiences were identified: sickness viewed in light of belief in God, use of religious/spiritual resources, and support from family and community. Two general themes described changes in their faith as a result of having the HSCT procedure: strengthening of faith in God and greater reliance on religious/spiritual activities. CONCLUSION: Spirituality was important to the Arab Muslim survivors in coping with cancer and HSCT treatment. Muslim cancer survivors are often deeply connected to their religion. IMPLICATIONS FOR PRACTICE: Healthcare providers in the United States and other Western countries need to be aware of the unique religious and spiritual needs of Muslim cancer survivors in order to provide them with culturally sensitive care. More research on the spiritual needs of Muslim cancer patients and survivors residing in Western countries is needed.

Amin, M. E. and Chewning, B. [University of Wisconsin-Madison, Madison, WI]. "**Pharmacist-patient communication about medication regimen adjustment during Ramadan**." *International Journal of Pharmacy Practice* 24, no. 6 (Dec 2016): 419-427.

[Abstract:] OBJECTIVES: During Ramadan, Muslims fast from dawn to sunset while abstaining from food and drink. Although Muslim patients may be aware of their religious exemption from fasting, many patients still choose not to take that exemption and fast. This study examines pharmacists' initiation and timing of communication about medication regimen adjustment (MRA) with patients related to Ramadan. Predictors for initiating this communication with patients were also explored. METHODS: A probability sample of community pharmacists in Alexandria, Egypt was surveyed. The self-administered instrument covered timing and likelihood of initiating discussion about MRA. Using ordered logistic regression, a model was estimated to predict pharmacists' initiation of the conversation on MRA during Ramadan. RESULTS: Ninety-three percent of the 298 approached pharmacists completed surveys. Only 16% of the pharmacists reported that they themselves usually initiated the conversation on MRA. Pharmacists' initiation of these conversations was associated with pharmacists' perceived importance of MRA on pharmacy revenue odds ratio ((OR) = 1.24, CI = 1.03-1.48). Eighty percent of the responding pharmacists reported the MRA conversation for chronic conditions started either 1-3 days before, or during the first week of Ramadan. CONCLUSION: These results suggest considerable pharmacist patient communication gaps regarding medication use during Ramadan. It is especially important for pharmacists and other health professionals to initiate communication with Muslim patients early enough to identify how best to help patients transition safely into and out of Ramadan as they fast.

Anandarajah, G., Roseman, J., Lee, D. and Dhandhania, N. [Brown University and Hope Hospice & Palliative Care Rhode Island, Providence, RI; Nova Southeastern College of Osteopathic Medicine, Fort Lauderdale, FL; and Harbor-UCLA Medical Center, Torrance, CA]. "**A 10-year longitudinal study of effects of a multifaceted residency spiritual care curriculum: clinical ability, professional formation, end of life, and culture**." *Journal of Pain & Symptom Management* 52, no. 6 (Dec 2016): 859-872.e1. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Although spiritual care (SC) is recognized as important in whole-person medicine, physicians infrequently address patients' spiritual needs, citing lack of training. Although many SC curricula descriptions exist, few studies report effects on physicians. OBJECTIVES: To broadly examine immediate and long-term effects of a required, longitudinal, residency SC curriculum, which emphasized inclusive patient-centered SC, compassion, and spiritual self-care. METHODS: We conducted in-depth individual interviews with 26 physicians (13 intervention; 13 comparison) trained at a 13-13-13 residency. We interviewed intervention physicians three times over 10 years-1) preintervention, as PGY1s, 2) postintervention, as PGY3s, 3) eight-year postintervention, as practicing physicians. We interviewed comparison physicians as PGY3s. Interviews were audio-recorded, transcribed, and analyzed by four researchers. RESULTS: Forty-nine interviews were analyzed. General: Both groups were diverse regarding personal importance of spirituality/religion. All physicians endorsed the value of SC, sharing rich patient stories particularly related to end of life and cultural diversity. Curricular effects: 1) skills/barriers-intervention physicians demonstrated progressive improvements in clinical approach, accompanied by diminishing worries related to SC. PGY3 comparison physicians struggled with SC skills and worries more than PGY3 intervention physicians, 2) physician formation-most physicians described residency as profoundly challenging and transformative. Even after eight years, many intervention physicians noted that reflection on their diverse beliefs and values in safety, coupled with compassion shown to them through this curriculum, had deeply positive effects. High impact training: patient-centered spiritual assessment; chaplain

rounds; spiritual self-care workshop/retreats; multicultural SC framework. CONCLUSION: A longitudinal, multifaceted residency SC curriculum can have lasting positive effects on physicians' SC skills and their professional/personal formation

Anderson, J. W. and Nunnelley, P. A. [University of Kentucky, Lexington, KY; and Centennial Medical Center, Nashville, TN]. "**Private prayer associations with depression, anxiety and other health conditions: an analytical review of clinical studies**." *Postgraduate Medicine* 128, no. 7 (Sep 2016): 635-641.

[Abstract:] OBJECTIVES: To critically analyze appropriate clinical studies to assess the relationship between health conditions and the frequency of private prayer. Private prayer is defined as individuals praying for themselves. METHODS: Using PubMed and other search engines, we identified over 300 articles reporting relationships between prayer and health conditions. We identified 41 observational clinical studies that evaluated the relationship between private prayer and health conditions. Prayer scores of 5 to 1 were assigned to studies, with 5 being private prayer for health and 1 being prayer in combination with meditation or Bible study. Frequency scores ranged from 3 to 1 with 3 being twice daily or more and 0 when frequency was not assessed. Studies were ranked from 8 to 1 based on the sum of Prayer and Frequency Scores. RESULTS: Twenty-one studies had Prayer-Frequency scores of 5 to 8, indicating that they evaluated private prayer (praying for one's own health) of suitable frequency in association with health conditions. Nine of 11 studies indicated that private prayer was associated with a significantly lower prevalence of depression (P value, <0.01). Optimism as well as coping were significantly improved by prayer in four studies (P value, $P < 0.01$). In 10 studies of mental health conditions-including anxiety and confusion-there was a significant benefit associated with prayer ($P < 0.01$), In the reviewed studies, prayer did not have a significant effect on physical health or blood pressure. CONCLUSION: The reported observational studies suggest that frequent private prayer is associated with a significant benefit for depression, optimism, coping, and other mental health conditions such as anxiety. Controlled clinical trials are required to critically assess the associations of private prayer and health conditions.

Anderson, R. C. [Grandview Medical Center, Birmingham, AL]. "**The man in the yellow slicker: a clinical chaplain's reflection on nursing and patient care**." *Nursing* 46, no. 6 (Jun 2016): 45.

This is a brief commentary, conveying a personal experience of how there may be more to patients and family members than is immediately apparent.

Anum, J. and Dasti, R. [University of the Punjab, Lahore, Pakistan]. "**Caregiver burden, spirituality, and psychological well-being of parents having children with thalassemia**." *Journal of Religion & Health* 55, no. 3 (Jun 2016): 941-955.

[Abstract:] The research determined the relationship of caregiving burden, spirituality and psychological well-being of parents of Pakistani thalassemic patients in a crosssectional research design. The sociodemographic form, Montgomery-Borgatta burden measure (Montgomery et al. in *Who Should Care for the Elderly? An East-West Value Divide*, World Scientific, River Edge, pp. 27-54, 2000), Multidimensional Measure of Islamic Spirituality (Dasti and Sitwat in *J Muslim Ment Health* 8(2):47-67, 2014. doi: 10.3998/jmmh.10381607.0008.204) and Ryff Scale of Psychological Well-being (Ryff in *J Pers Soc Psychol* 57(6):1069-1081, 1989. doi: 10.1037/0022-3514.57.6.1069) were administered on a sample of 80 parents (32 fathers and 48 mothers) recruited from different Thalassemic Centers of Lahore city, Pakistan. Data were analyzed through correlation and mediational analyses. Results indicated that the caregiver burden was negatively correlated with the psychological well-being and the domains of spirituality, while the psychological well-being and spirituality were positively correlated. We identified that the caregiver burden has direct effect on the psychological well-being of the parents and it influences the psychological well-being through the pathway of the two domains of spirituality, i.e., self-discipline and meanness-generosity. These results highlighted the role of spirituality upon the psychological well-being of caregivers, which could be utilized to prevent pathological influences (such as hard feelings, hopelessness, depressed mood, anxiety, and relationship problems) of caregiver burden and enhance psychological well-being through spiritual counseling. Caregivers can work on their well-being and burden by disciplining their lives and forgoing hard feelings toward others.

Bai, M., Dixon, J., Williams, A. L., Jeon, S., Lazenby, M. and McCorkle, R. [Yale University, Orange, CT; and Quinnipiac University, North Haven, CT]. "**Exploring the individual patterns of spiritual well-being in people newly diagnosed with advanced cancer: a cluster analysis**." *Quality of Life Research* 25, no. 11 (Nov 2016): 2765-2773. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: Research shows that spiritual well-being correlates positively with quality of life (QOL) for people with cancer, whereas contradictory findings are frequently reported with respect to the differentiated associations between dimensions of spiritual well-being, namely peace, meaning and faith, and QOL. This study aimed to examine individual patterns of spiritual well-being among patients newly diagnosed with advanced cancer. METHODS: Cluster analysis was based on the twelve items of the 12-item Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale at Time 1. A combination of hierarchical and k-means (non-hierarchical) clustering methods was employed to jointly determine the number of clusters. Self-rated health, depressive symptoms, peace, meaning and faith, and overall QOL were compared at Time 1 and Time 2. RESULTS: Hierarchical and k-means clustering methods both suggested four clusters. Comparison of the four clusters supported statistically significant and clinically meaningful differences in QOL outcomes among clusters while revealing contrasting relations of faith with QOL. Cluster 1, Cluster 3, and Cluster 4 represented high, medium, and low levels of overall QOL, respectively, with correspondingly high, medium, and low levels of peace, meaning, and faith. Cluster 2 was distinguished from other clusters by its medium levels of overall QOL, peace, and meaning and low level of faith. CONCLUSIONS: This study provides empirical support for individual difference in response to a newly diagnosed cancer and brings into focus conceptual and methodological challenges associated with the measure of spiritual well-being, which may partly contribute to the attenuated relation between faith and QOL.

Baldwin, P. R., Velasquez, K., Koenig, H. G., Salas, R. and Boelens, P. A. [Baylor College of Medicine, Houston TX; Michael E DeBakey VA Medical Center, Houston, TX; University of Mississippi Medical Center, Jackson, MS; et al.]. "**Neural correlates of healing prayers, depression and traumatic memories: a preliminary study**." *Complementary Therapies in Medicine* 27 (Aug 2016): 123-129.

[Abstract:] Depression is a global health concern and when rooted in childhood adversity is particularly difficult to treat. In a previous study, we found that healing prayer was effective in reducing depressive symptoms. Subjects suffering with depression according to HAM-D scores underwent task-based brain functional MRI (fMRI) prior to and after a 6-week prayer intervention, and depression symptoms were assessed at both time points and at a 12-month follow-up. Average HAM-D scores decreased from 21.6+/-3.0 prior to the intervention to 4.0+/-2.7 immediately afterwards (14 subjects) and remained low (3.7+/-3.4) at 12-month follow-up (11 subjects). fMRI demonstrated increased activity in the medial prefrontal cortex during focus on the traumatic memory after the prayer intervention. Changes in activity in the left inferior frontal gyrus correlated with improvement in depressive symptoms. Activity in the precuneus region decreased after the prayer intervention when subjects focused on the negative feelings associated with the trauma. We conclude that increased activity in the prefrontal cortex after healing prayer may be associated with increased cognitive control over emotions. Healing prayer may help to dissociate the memory of the trauma from feelings associated with it, as evidenced by changes in the precuneus region.

Bamonti, P., Lombardi, S., Duberstein, P. R., King, D. A. and Van Orden, K. A. [West Virginia University, Morgantown, WV; and University of Rochester Medical Center, Rochester, NY]. "**Spirituality attenuates the association between depression symptom severity and meaning in life**." *Aging & Mental Health* 20, no. 5 (May 2016): 494-499.

[Abstract:] OBJECTIVES: This cross-sectional study examined whether spirituality moderates the association between depression symptom severity and meaning in life among treatment-seeking adults. METHOD: Participants were 55 adults (>60 years of age) newly seeking outpatient mental health treatment for mood, anxiety, or adjustment disorders. Self-report questionnaires measured depression symptom severity (Patient Health Questionnaire-9), spirituality (Spirituality Transcendence Index), and meaning in life (Geriatric Suicide Ideation Scale-Meaning in Life subscale). RESULTS: Results indicated a significant interaction between spirituality and depression symptom severity on meaning in life scores ($\beta = .26$, $p = .02$). A significant negative association between depression symptom severity and meaning in life was observed at lower but not the highest levels of spirituality. CONCLUSION: In the presence of elevated

depressive symptomatology, those participants who reported high levels of spirituality reported comparable levels of meaning in life to those without elevated depressive symptomatology. Assessment of older adult patients' spirituality can reveal ways that spiritual beliefs and practices can be can be incorporated into therapy to enhance meaning in life

Batool, S. S. and Nawaz, S. [University Lahore, Lahore, Pakistan]. "**Factors affecting disability-related depression in patients with lost limbs: a mediational model**." *Journal of Religion & Health* 55, no. 4 (Aug 2016): 1381-1393. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[From the abstract:] The objective of the present study was to determine the mediating role of self-efficacy between religiosity, social support, and depression in patients with lost limbs. We sampled 67 male and 33 female disabled patients who had lost limbs in accidents or amputations from four public hospitals in Lahore, Pakistan…. …The findings suggest that low level of religiosity, social support, and self-efficacy may play a role in the onset and continuation of depression or its symptoms. We found no significant differences in gender, education, and cause of disability in patients with lost limbs. Results have implications for clinical psychologists, counselors, and health psychologists to develop a treatment plan for such patients with depression focusing on the factors implicated above.

Behm, K. R. [Cincinnati Children's Hospital Medical Center, Cincinnati, OH]. "**No child left in the morgue: standing in as hope's family**." *Journal of Pastoral Care & Counseling* 70, no. 1 (Mar 2016): 86-87.

[Abstract:] This personal reflection expresses a chaplaincy department's feelings as they became the surrogate family for a child whose body was abandoned by its mother in the hospital morgue.

Belanger-Levesque, M. N., Dumas, M., Blouin, S. and Pasquier, J. C. [Universite de Sherbrooke, Sherbrooke, Quebec, Canada]. "**'That was intense!' Spirituality during childbirth: a mixed-method comparative study of mothers' and fathers' experiences in a public hospital**." *BMC Pregnancy & Childbirth* 16, no. 1 (Sep 30, 2016): 294 [electronic journal article designation, 9pp.]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: While spirituality is well described in end-of-life care literature, research on its place in the delivery room remains largely limited to mother-oriented qualitative studies focusing on life-threatening situations (e.g., high-risk pregnancies). Our aim was to compare mothers' and fathers' spirituality during childbirth. METHODS: A mixed methods questionnaire was developed from our childbirth-related spirituality categorization and distributed to all parents of newborns, 12-24 h postpartum, over 45 consecutive days. Paired-sample t-tests and qualitative thematic analysis were used to compare mothers and fathers. Multiple linear regressions identified factors associated with their respective global scores (vaginal and cesarean deliveries separately). RESULTS: The global scores for mothers (38.6/50) and fathers (37.2/50) were similarly high (N=197; p=0.001). Highest-ranked ("respect", "moral responsibility", "beauty of life", "gratitude") and lowest-ranked spiritual themes ("prayer", "greater than self") were in agreement. Fathers scored higher on "fragility of life" (p=0.006) and mothers on "self-accomplishment" (p<0.001), "letting go" (p<0.001), and "meaningfulness" (p=0.003). "Admission of baby in neonatal unit" was associated with higher global score for both mothers and fathers. Other factors also increased fathers' (witnessing a severe tear) and mothers' scores (birthplace outside Canada; for vaginal deliveries, religious belonging and longer pushing stage). CONCLUSION: These first quantitative data on the prevalence of spirituality during childbirth highlight a high score for both parents, among a non-selected public hospital population. Spirituality emerges not only from unordinary situations but from any childbirth as an "intensification of the human experience." Significant differences for some spiritual themes indicate the need to consider the spirituality of both parents.

Berardi, V., Bellettiere, J., Nativ, O., Ladislav, S., Hovell, M. F, and Baron-Epel, O. [San Diego State University, San Diego, CA; and University of Haifa and the Lin Medical Center, Haifa, Israel]. "**Fatalism, diabetes management outcomes, and the role of religiosity**." *Journal of Religion & Health* 55, no. 2 (Apr 2016): 602-617.

[Abstract:] This study aimed to determine whether fatalistic beliefs were associated with elevated levels of glycated hemoglobin (HbA1c) and to establish the role of religiosity in this relationship. A cross-sectional survey was conducted on a sample of 183 Jewish adults with diabetes visiting a large medical center in northern Israel. Self-administered questionnaires assessed level of religiosity, fatalistic beliefs, diabetes management behaviors, and demographic/personal characteristics; laboratory tests were used to measure HbA1c. Multivariate regression indicated that fatalism was significantly associated with HbA1c (beta = 0.51, p = 0.01). The association was no longer statistically significant after including self-reported religiosity in the model (beta = 0.31, p = 0.13). This phenomenon is likely due to a confounding relationship between the religious/spiritual coping component of the fatalism index and self-reported religiosity (r = 0.69). The results indicate that addressing fatalistic attitudes may be a viable strategy for improving diabetes management, but call for a better understanding of the interplay between religiosity and fatalism in this context.

Bergamo, D. and White, D. [Clarkson University, Potsdam, NY]. "**Frequency of faith and spirituality discussion in health care**." *Journal of Religion & Health* 55, no. 2 (Apr 2016): 618-630.

[From the abstract:] Faith and spirituality are important in the lives of many individuals, and therefore, many patients. This study was performed to determine whether faith and spirituality are active part of the healthcare field and patients' receipt of these sometimes delicate topics. The nuances of the concepts of faith, spirituality, and religion and their implications in the healthcare setting are discussed. Benefits and detriments of faith and spirituality are reviewed in terms of how they relate to the health of the patient and to the healthcare field. With the focus of healthcare shifting to holistic care, this conversation may be more necessary than ever in practice, yet it seems many providers are not discussing these matters with patients. The study analyzes whether healthcare providers are discussing these topics with patients and how the discussion is received or would be received by patients. Findings demonstrate the infrequency of the discussion regardless of the fact that the majority of patients consider themselves faithful or spiritual.

Berning, J. N., Poor, A. D., Buckley, S. M., Patel, K. R., Lederer, D. J., Goldstein, N. E., Brodie, D. and Baldwin, M. R. [NewYork-Presbyterian Hospital; Columbia University; Icahn School of Medicine at Mount Sinai; and James J. Peters VA Medical Center, New York, NY]. "**A novel picture guide to improve spiritual care and reduce anxiety in mechanically ventilated adults in the Intensive Care Unit**." *Annals of the American Thoracic Society* 13, no. 8 (Aug 2016): 1333-1342. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] RATIONALE: Hospital chaplains provide spiritual care that helps patients facing serious illness cope with their symptoms and prognosis, yet because mechanically ventilated patients cannot speak, spiritual care of these patients has been limited. OBJECTIVES: To determine the feasibility and measure the effects of chaplain-led picture-guided spiritual care for mechanically ventilated adults in the intensive care unit (ICU). METHODS: We conducted a quasi-experimental study at a tertiary care hospital between March 2014 and July 2015. Fifty mechanically ventilated adults in medical or surgical ICUs without delirium or dementia received spiritual care by a hospital chaplain using an illustrated communication card to assess their spiritual affiliations, emotions, and needs and were followed until hospital discharge. Feasibility was assessed as the proportion of participants able to identify spiritual affiliations, emotions, and needs using the card. Among the first 25 participants, we performed semistructured interviews with 8 ICU survivors to identify how spiritual care helped them. For the subsequent 25 participants, we measured anxiety (on 100-mm visual analog scales [VAS]) immediately before and after the first chaplain visit, and we performed semistructured interviews with 18 ICU survivors with added measurements of pain and stress (on +/-100-mm VAS). MEASUREMENTS AND MAIN RESULTS: The mean (SD) age was 59 (+/-16) years, median mechanical ventilation days was 19.5 (interquartile range, 7-29 d), and 15 (30%) died in-hospital. Using the card, 50 (100%) identified a spiritual affiliation, 47 (94%) identified one or more emotions, 45 (90%) rated their spiritual pain, and 36 (72%) selected a chaplain intervention. Anxiety after the first visit decreased 31% (mean score change, -20; 95% confidence interval, -33 to -7). Among 28 ICU survivors, 26 (93%) remembered the intervention and underwent semistructured interviews, of whom 81% felt more capable of dealing with their hospitalization and 0% felt

worse. The 18 ICU survivors who underwent additional VAS testing during semistructured follow-up interviews reported a 49-point reduction in stress (95% confidence interval, -72 to -24) and no significant change in physical pain that they attributed to picture-guided spiritual care. CONCLUSIONS: Chaplain-led picture-guided spiritual care is feasible among mechanically ventilated adults and shows potential for reducing anxiety during and stress after an ICU admission.

Best, A. L., Spencer, S. M., Friedman, D. B., Hall, I. J and Billings, D. [University of South Florida, Tampa, FL; University of South Carolina, Columbia, SC; and Centers for Disease Control and Prevention, Atlanta, GA]. "**The influence of spiritual framing on African American women's mammography intentions: a randomized trial**." *Journal of Health Communication* 21, no. 6 (Jun 2016): 620-628. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Spiritual framing of breast cancer communication may provide a useful strategy for addressing disparate rates of breast cancer mortality among African American women. The efficacy of a spiritually framed breast cancer screening (BCS) message was compared with that of a traditional BCS message. Specifically, 200 African American women were randomly assigned to review either a spiritually framed or traditional BCS message and complete a self-administered survey, including a thought-listing form. Message efficacy was measured by number of thoughts generated (elaboration), ratio of positive to negative thoughts (polarity), and intention to obtain and/or recommend a mammogram. Multiple linear regression and structural equation modeling were used to assess direct and indirect (mediated) associations among variables. Spiritual framing was positively associated with greater elaboration (beta = .265, SE = .36, p < .001) and more positive polarity (beta = .237, SE = .04, p < .001). Spiritual framing also had a significant indirect effect on mammography intentions through polarity (standardized indirect effect = .057, 95% confidence interval [.024, .106], p < .001). These results indicate that spiritual framing may improve the efficacy of BCS messages among African American women by eliciting more positive thoughts about screening. Interventions targeting African American women might consider the role of spirituality when tailoring messages to encourage regular mammography use.

Best, M., Butow, P. and Olver, I. [University of Sydney, Sydney, Australia]. "**Creating a safe space: a qualitative inquiry into the way doctors discuss spirituality**." *Palliative & Supportive Care* 14, no. 5 (2016): 519-531.

[Abstract:] OBJECTIVE: Spiritual history taking by physicians is recommended as part of palliative care. Nevertheless, very few studies have explored the way that experienced physicians undertake this task. METHOD: Using grounded theory, semistructured interviews were conducted with 23 physicians who had experience in caring for advanced cancer patients. They were asked to describe the way they discuss spirituality with their patients. RESULTS: We have described a delicate, skilled, tailored process whereby physicians create a space in which patients feel safe enough to discuss intimate topics. Six themes were identified: (1) developing the self: physicians describe the need to understand and be secure in one's own spirituality and be comfortable with one's own mortality before being able to discuss spirituality; (2) developing one's attitude: awareness of the importance of spirituality in the life of a patient, and the need to respect each patient's beliefs is a prerequisite; (3) experienced physicians wait for the patient to give them an indication that they are ready to discuss spiritual issues and follow their lead; (4) what makes it easier: spiritual discussion is easier when doctor and patient share spiritual and cultural backgrounds, and the patient needs to be physically comfortable and willing to talk; (5) what makes it harder: experienced physicians know that they will find it difficult to discuss spirituality when they are rushed and when they identify too closely with a patient's struggles; and (6) an important and effective intervention: exploration of patient spirituality improves care and enhances coping. SIGNIFICANCE OF RESULTS: A delicate, skilled, tailored process has been described whereby doctors endeavor to create a space in which patients feel sufficiently safe to discuss intimate topics. [See also in the same issue of the journal, articles by Gielen, J., et al.; Gratz, M., et al.; and Steinhauser, K. E., et al.; also noted in this bibliography.]

Best, M., Butow, P. and Olver, I. [University of Sydney, Sydney; and University of South Australia, Adelaide, Australia]. "**Doctors discussing religion and spirituality: a systematic literature review**." *Palliative Medicine* 30, no. 4 (Apr 2016): 327-337.

[Abstract:] BACKGROUND: Discussion of religion and/or spirituality in the medical consultation is desired by patients and known to be beneficial. However, it is infrequent. We aimed to identify why this is so. AIM: We set out to answer the following research questions: Do doctors report that they ask their patients about religion and/or spirituality and how do they do it? According to doctors, how often do patients raise the issue of religion and/or spirituality in consultation and how do doctors respond when they do? What are the known facilitators and barriers to doctors asking their patients about religion and/or spirituality? DESIGN: A mixed qualitative/quantitative review was conducted to identify studies exploring the physician's perspective on discussion of religion and/or spirituality in the medical consultation. DATA SOURCES: We searched nine databases from inception to January 2015 for original research papers reporting doctors' views on discussion of religion and/or spirituality in medical consultations. Papers were assessed for quality using QualSyst and results were reported using a measurement tool to assess systematic review guidelines. RESULTS: Overall, 61 eligible papers were identified, comprising over 20,044 physician reports. Religion and spirituality are discussed infrequently by physicians although frequency increases with terminal illness. Many physicians prefer chaplain referral to discussing religion and/or spirituality with patients themselves. Such discussions are facilitated by prior training and increased physician religiosity and spirituality. Insufficient time and training were the most frequently reported barriers. CONCLUSION: This review found that physician enquiry into the religion and/or spirituality of patients is inconsistent in frequency and nature and that in order to meet patient needs, barriers to discussion need to be overcome.

Best, M., Butow, P. and Olver, I. [University of Sydney, Sydney, and University of South Australia, Adelaide, Australia]. "**Palliative care specialists' beliefs about spiritual care**." *Supportive Care in Cancer* 24, no. 8 (Aug 2016): 3295-3306. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: A previous survey of the Multinational Association of Supportive Care in Cancer (MASCC) members found low frequency of spiritual care provision. We hypothesized that physicians with special training in palliative medicine would demonstrate an increased sense of responsibility for and higher self-reported adequacy to provide spiritual care to patients than health professionals with general training. METHODS: We surveyed members of the Australian and New Zealand Palliative Medicine Society (ANZSPM) to ascertain their spiritual care practices. We sent 445 e-mails on four occasions, inviting members to complete the online survey. Tabulated results were analyzed to describe the results. RESULTS: One hundred and fifty-eight members (35.5 %) responded. Physicians working primarily in palliative care comprised the majority (95%) of the sample. Significantly more of the ANZSPM than MASCC respondents had previously received training in spiritual care and had pursued training in the previous 2 years. There was a significant difference between the two groups with regard to interest in and self-reported ability to provide spiritual care. Those who believed it was their responsibility to provide spiritual care were more likely to have had training, feel they could adequately provide spiritual care, and were more likely to refer patients if they could not provide spiritual care themselves. CONCLUSIONS: Training in spiritual care was more common in healthcare workers who had received training in palliative care. ANZSPM members gave higher scores for both the importance of spiritual care and self-reported ability to provide it compared to MASCC members.

Best, M., Butow, P. and Olver, I. [University of Sydney, Australia]. "**Why do we find it so hard to discuss spirituality? A qualitative exploration of attitudinal barriers**." *Journal of Clinical Medicine* 5, no. 9 (Sep 1, 2016): 77 [electronic journal article designation, 10pp.]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Despite known health benefits of spiritual care and high patient interest in discussing spirituality with their physicians, the frequency of spiritual discussions in the medical consultation is low. We investigated spiritual conversations for doctors caring for patients with advanced cancer; why these conversations so difficult; and what the underlying challenges are for discussing spirituality with patients; METHODS: Participants were contacted through the Australian and New Zealand Society of Palliative Medicine and the Medical Oncology Group of Australia, including physicians from two secular countries. Semi-structured interviews were taped and transcribed verbatim. The text was analyzed using thematic analysis; RESULTS: Thematic saturation was reached after 23 participants had been interviewed. The following themes were identified: (1) confusing spirituality with religion; (2) peer pressure; (3) personal spirituality; (4) institutional factors; (5) historical factors; CONCLUSION: This study explored the underlying attitudes contributing to the reluctance doctors have to discuss spirituality in the medical consultation. Underlying confusion regarding the differences between religion and spirituality, and the current

suspicion with which religion is regarded in medicine needs to be addressed if discussion of spirituality in the medical consultation is to become routine. Historical opposition to a biopsychosocial-spiritual model of the human being is problematic.

Biccheri, E., Roussiau, N. and Mambet-Doue, C. [Universite de Nantes, France]. "**Fibromyalgia, spirituality, coping and quality of life**." *Journal of Religion & Health* 55, no. 4 (Aug 2016): 1189-1197. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The aim of this study is to identify the impact of spirituality on coping strategies and on the quality of life of fibromyalgia patients. The study was carried out on 590 people suffering from fibromyalgia. The data were collected with the French version of the WCC-R (The Ways of Coping Checklist: Cousson et al. 1996), the questionnaire of spirituality (Evaluation de La Spiritualite: Renard and Roussiau, 2016) and Diener's Satisfaction with Life Scale questionnaire, translated into French (Blais et al. 1989). An analysis carried out with the software SPSS and Hayes' models showed that both problem-focused coping and coping through social support seeking are mediating variables that enable an indirect link between spirituality and quality of life.

Bragazzi, N. L., Briki, W., Khabbache, H., Rammouz, I., Chamari, K., Demaj, T., Re, T. S. and Zouhir, M. [University of Genoa, Genoa, Italy; Ospedale Maggiore della Carita, Novara, Italy; Qatar University and Qatar Orthopaedic and Sports Medicine Hospital, Doha, Qatar; and Sidi Mohamed Ben Abdellah University, Fez, Morocco]. "**Ramadan fasting and patients with cancer: state-of-the-art and future prospects**." *Frontiers in Oncology* 6 (2016): 27 [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:] Ramadan fasting represents one of the five pillars of the Islam creed. Even though some subjects (among which patients) are exempted from observing this religious duty, they may be eager to share this particular moment of the year with their family and peers. However, there are no guidelines or standardized protocols that can help physicians to properly address the issue of patients with cancer fasting in Ramadan and correctly advising them. Moreover, in a more interconnected and globalized society, in which more and more Muslim patients live in the Western countries, this topic is of high interest also for the general practitioner. For this purpose, we carried out a systematic review on the subject. Our main findings are that (1) very few studies have been carried out, addressing this issue, (2) evidence concerning quality of life and compliance to treatment is contrasting and scarce, and (3) generally speaking, few patients ask their physicians whether they can safely fast or not. For these reasons, further research should be performed, given the relevance and importance of this topic.

Brelsford, G. M., Ramirez, J., Veneman, K. and Doheny, K. K. [Penn State Harrisburg, Middletown; and Penn State Hershey, College of Medicine, Hershey, PA]. "**Sacred spaces: religious and secular coping and family relationships in the Neonatal Intensive Care Unit**." *Advances in Neonatal Care* 16, no. 4 (Aug 2016): 315-322.

[Abstract:] BACKGROUND: Preterm birth is an unanticipated and stressful event for parents. In addition, the unfamiliar setting of the intensive care nursery necessitates strategies for coping. PURPOSE: The primary study objective of this descriptive study was to determine whether secular and religious coping strategies were related to family functioning in the neonatal intensive care unit. METHODS: Fifty-two parents of preterm (25-35 weeks' gestation) infants completed the Brief COPE (secular coping), the Brief RCOPE (religious coping), and the Family Environment Scale within 1 week of their infant's hospital admission. FINDINGS: This descriptive study found that parents' religious and secular coping was significant in relation to family relationship functioning. Specifically, negative religious coping (ie, feeling abandoned or angry at God) was related to poorer family cohesion and use of denial. IMPLICATIONS FOR PRACTICE: These findings have relevance for interventions focused toward enhancing effective coping for families. IMPLICATIONS FOR RESEARCH: Further study of religious and secular coping strategies for neonatal intensive care unit families is warranted in a larger more diverse sample of family members.

Brewster, M. E., Hammer, J., Sawyer, J. S., Eklund, A. and Palamar, J. [University of Kentucky; Columbia University; and New York University Langone Medical Center]. "**Perceived experiences of atheist discrimination: instrument development and evaluation**." *Journal of Counseling Psychology* 63, no. 5 (Oct 2016): 557-570.

[Abstract:] The present 2 studies describe the development and initial psychometric evaluation of a new instrument, the Measure of Atheist Discrimination Experiences (MADE), which may be used to examine the minority stress experiences of atheist people. Items were created from prior literature, revised by a panel of expert researchers, and assessed psychometrically. In Study 1 (N = 1,341 atheist-identified people), an exploratory factor analysis with 665 participants suggested the presence of 5 related dimensions of perceived discrimination. However, bifactor modeling via confirmatory factor analysis and model-based reliability estimates with data from the remaining 676 participants affirmed the presence of a strong "general" factor of discrimination and mixed to poor support for substantive subdimensions. In Study 2 (N = 1,057 atheist-identified people), another confirmatory factor analysis and model-based reliability estimates strongly supported the bifactor model from Study 1 (i.e., 1 strong "general" discrimination factor) and poor support for subdimensions. Across both studies, the MADE general factor score demonstrated evidence of good reliability (i.e., Cronbach's alphas of .94 and .95; omega hierarchical coefficients of .90 and .92), convergent validity (i.e., with stigma consciousness, beta = .56; with awareness of public devaluation, beta = .37), and preliminary evidence for concurrent validity (i.e., with loneliness beta = .18; with psychological distress beta = .27). Reliability and validity evidence for the MADE subscale scores was not sufficient to warrant future use of the subscales. Limitations and implications for future research and clinical work with atheist individuals are discussed.

Broadhurst, K. and Harrington, A. [Flinders University, Adelaide, Australia]. "**A thematic literature review: the importance of providing spiritual care for end-of-life patients who have experienced transcendence phenomena**." *American Journal of Hospice & Palliative Medicine* 33, no. 9 (Nov 2016): 881-893. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The purpose of this review was to investigate within the literature the link between transcendent phenomena and peaceful death. The objectives were firstly to acknowledge the importance of such experiences and secondly to provide supportive spiritual care to dying patients. Information surrounding the aforementioned concepts is underreported in the literature. The following 4 key themes emerged: spiritual comfort; peaceful, calm death; spiritual transformation; and unfinished business The review established the importance of transcendence phenomena being accepted as spiritual experiences by health care professionals. Nevertheless, health care professionals were found to struggle with providing spiritual care to patients who have experienced them. Such phenomena are not uncommon and frequently result in peaceful death. Additionally, transcendence experiences of dying patients often provide comfort to the bereaved, assisting them in the grieving process.

Burnett-Zeigler, I., Schuette, S., Victorson, D. and Wisner, K. L. [Northwestern University Feinberg School of Medicine, Chicago, IL]. "**Mind-body approaches to treating mental health symptoms among disadvantaged populations: a comprehensive review**." *Journal of Alternative & Complementary Medicine* 22, no. 2 (Feb 2016): 115-124.

[Abstract:] Mind-body approaches are commonly used to treat a variety of chronic health conditions, including depression and anxiety. A substantial proportion of individuals with depression and anxiety disorders do not receive conventional treatment; disadvantaged individuals are especially unlikely to receive treatment. Mind-body approaches offer a potentially more accessible and acceptable alternative to conventional mental health treatment for disadvantaged individuals, who may not otherwise receive mental health treatment. This review examines evidence for the efficacy of mind-body interventions for mental health symptoms among disadvantaged populations. While rates of utilization were relatively lower for racial/ethnic minorities, evidence suggests that significant proportions of racial/ethnic minorities are using complementary health approaches as health treatments, especially prayer/healers and natural or herbal remedies. This review of studies on the efficacy of mind-body interventions among disadvantaged populations found evidence for the efficacy of mind-body approaches for several mental and physical health symptoms, functioning, self-care, and overall quality of life.

Buttner, M. M., Bormann, J. E., Weingart, K., Andrews, T., Ferguson, M. and Afari, N. [VA San Diego Center of Excellence for Stress & Mental Health (CESAMH); VA San Diego Healthcare System; University of San Diego and San Diego Healthcare System; and University of California, San Diego, CA]. "**Multi-site evaluation of a complementary, spiritually-based intervention for veterans: the Mantram Repetition Program**." *Complementary Therapies in Clinical Practice* 22 (Feb 2016): 74-79.

[Abstract:] BACKGROUND: Mental and physical symptoms affect Veterans' quality of life. Despite available conventional treatments, an increasing number of Veterans are seeking complementary approaches to symptom management. Research on the Mantram Repetition Program (MRP), a spiritually-based intervention, has shown significant improvements in psychological distress and spiritual well-being in randomized trials. However, these findings have not been replicated in real-world settings. METHODS: In this naturalistic study, we analyzed outcomes from 273 Veterans who participated in MRP at six sites and explored outcomes based on facilitator training methods. Measures included satisfaction and symptoms of anxiety, depression, and somatization using the Brief Symptom Inventory-18; Functional Assessment of Chronic Illness Therapy-Spiritual Well-being questionnaire; and the Mindfulness Attention Awareness Scale. RESULTS: There were significant improvements in all outcomes (p's < .001) regardless of how facilitators were trained. Patient satisfaction was high. CONCLUSION: The MRP was disseminated successfully yielding improvements in psychological distress, spiritual well-being, and mindfulness.

Canfield, C., Taylor, D., Nagy, K., Strauser, C., VanKerkhove, K., Wills, S., Sawicki, P. and Sorrell, J. [Cleveland Clinic, Cleveland, Ohio; et al.]. "**Critical care nurses' perceived need for guidance in addressing spirituality in critically ill patients**." *American Journal of Critical Care* 25, no. 3 (May 2016): 206-211. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: The term spirituality is highly subjective. No common or universally accepted definition for the term exists. Without a clear definition, each nurse must reconcile his or her own beliefs within a framework mutually suitable for both nurse and patient. OBJECTIVES: To examine individual critical care nurses' definition of spirituality, their comfort in providing spiritual care to patients, and their perceived need for education in providing this care. METHODS: Individual interviews with 30 nurses who worked in a critical care unit at a large Midwestern teaching hospital. RESULTS: Nurses generally feel comfortable providing spiritual care to critically ill patients but need further education about multicultural considerations. Nurses identified opportunities to address spiritual needs throughout a patient's stay but noted that these needs are usually not addressed until the end of life. CONCLUSIONS: A working definition for spirituality in health care was developed: That part of person that gives meaning and purpose to the person's life. Belief in a higher power that may inspire hope, seek resolution, and transcend physical and conscious constraints.

Carey, L. B., Hodgson, T. J., Krikheli, L., Soh, R. Y., Armour, A. R., Singh, T. K. and Impiombato, C. G. [La Trobe University, Melbourne, and University of Queensland, St. Lucia, Australia]. "**Moral injury, spiritual care and the role of chaplains: an exploratory scoping review of literature and resources**." *Journal of Religion & Health* 55, no. 4 (Aug 2016): 1218-1245. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This scoping review considered the role of chaplains with regard to 'moral injury'. Moral injury is gaining increasing notoriety. This is due to greater recognition that trauma (in its various forms) can cause much deeper inflictions and afflictions than just physiological or psychological harm, for there may also be wounds affecting the 'soul' that are far more difficult to heal-if at all. As part of a larger research program exploring moral injury, a scoping review of literature and other resources was implemented utilising Arksey and O'Malley's scoping method (*Int J Soc Res Methodol* 8(1):19-32, 2005) to focus upon moral injury, spirituality (including religion) and chaplaincy. Of the total number of articles and/or resources noting the term 'moral injury' in relation to spiritual/religious issues (n = 482), the results revealed 60 resources that specifically noted moral injury and chaplains (or other similar bestowed title). The majority of these resources were clearly positive about the role (or the potential role) of chaplains with regard to mental health issues and/or moral injury. The World Health Organization International Classification of Diseases: Australian Modification of Health Interventions to the International Statistical Classification of Diseases and related Health problems (10th revision, vol. 3-WHO ICD-10-AM, Geneva, 2002), was utilised as a coding framework to classify and identify distinct chaplaincy roles and interventions with regard to assisting people with moral injury. Several recommendations are made concerning moral injury and chaplaincy, most particularly the need for greater research to be conducted.

Chamsi-Pasha M; Chamsi-Pasha H. [King Fahad Armed Forces Hospital, Jeddah, Saudi Arabia]. "**The cardiac patient in Ramadan**." *Avicenna Journal of Medicine* 6, no. 2 (Apr-Jun 2016): 33-38. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Ramadan is one of the five fundamental pillars of Islam. During this month, the majority of the 1.6 billion Muslims worldwide observe an absolute fast from dawn to sunset without any drink or food. Our review shows that the impact of fasting during Ramadan on patients with stable cardiac disease is minimal and does not lead to any increase in acute events. Most patients with the stable cardiac disease can fast safely. Most of the drug doses and their regimen are easily manageable during this month and may need not to be changed. Ramadan fasting is a healthy nonpharmacological means for improving cardiovascular risk factors. Most of the Muslims, who suffer from chronic diseases, insist on fasting Ramadan despite being exempted by religion. The Holy Quran specifically exempts the sick from fasting. This is particularly relevant if fasting worsens one's illness or delays recovery. Patients with unstable angina, recent myocardial infarction, uncontrolled hypertension, decompensated heart failure, recent cardiac intervention or cardiac surgery or any debilitating diseases should avoid fasting.

Charlemagne-Badal, S. J. and Lee, J. W. [Loma Linda University, Loma Linda, CA]. "**Intrinsic religiosity and hypertension among older North American Seventh-Day Adventists**." *Journal of Religion & Health* 55, no. 2 (Apr 2016): 695-708.

[Abstract:] A unique lifestyle based on religious beliefs has been associated with longevity among North American Seventh-day Adventists (SDAs); however, little is known about how religion is directly associated with hypertension in this group. Identifying and understanding the relationship between hypertension and its predictors is important because hypertension is responsible for half of all cardiovascular-related deaths and one in every seven deaths in the USA. The relationship between intrinsic religiosity and hypertension is examined. Cross-sectional data from the Biopsychosocial Religion and Health Study (N = 9581) were used. The relationship between intrinsic religiosity and hypertension when controlling for demographics, lifestyle variables, and church attendance was examined using binary logistic regression. While lifestyle factors such as vegetarian diet and regular exercise were important predictors of reduced rates of hypertension, even after controlling for these, intrinsic religiosity was just as strongly related to lower hypertension rates as the lifestyle factors. This study is the first to examine the relationship between intrinsic religiosity and hypertension among North American SDAs and demonstrates that in addition to the positive effects of lifestyle choices on health noted in the group, religion may offer direct salutary effects on hypertension. This finding is particularly important because it suggests that religiosity and not just lifestyle is related to lower risk of hypertension, a leading cause of death in the USA. [Note the related research by the same authors directly below in this bibliography.]

Charlemagne-Badal, S. J. and Lee, J. W. [Loma Linda University, Loma Linda, CA]. "**Religious social support and hypertension among older North American Seventh-Day Adventists**." *Journal of Religion & Health* 55, no. 2 (Apr 2016): 709-728.

[Abstract:] Seventh-day Adventists have been noted for their unique lifestyle, religious practices and longevity. However, we know little about how religion is directly related to health in this group. Specifically, we know nothing about how religious social support is related to hypertension. Using data from the Biopsychosocial Religion and Health Study, we carried out a cross-sectional study of 9581 and a prospective study of 5720 North American Seventh-day Adventists examining new 534 cases of hypertension occurring up to 4 years later. We used binary logistic regression analyses to examine study hypotheses. Of the religious social support variables, in both the cross-sectional and prospective study only anticipated support significantly predicted hypertension, but the relationship was mediated by BMI. There were no significant race or gender differences. The favorable relationships between anticipated support and

hypertension appear to be mediated by BMI and are an indication of how this dimension of religion combined with lifestyle promotes good health, specifically, reduced risk of hypertension. [Note the related research by the same authors directly above in this bibliography.]

Chaves, C. and Park, C. L. [Complutense University of Madrid, Spain; and University of Connecticut, Storrs, CT]. "**Differential pathways of positive and negative health behavior change in congestive heart failure patients**." *Journal of Health Psychology* 21, no. 8 (Aug 2016): 1728-1738. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This longitudinal study applied a stress and coping model to examine the differential pathways of perceived positive and negative health behavior changes. Participants with congestive heart failure completed self-report measures of psychological resources, coping strategies, and perceived behavior changes and were assessed again 6months later. Patients with higher positive affect and spiritual well-being reported more positive health behavior changes over time, effects mediated by approach coping. Alternatively, patients with lower psychological resources reported more negative behavior changes over time, effects mediated by avoidance coping. The results suggest that different psychological resources are related to different types of coping which, in turn, are associated with perceived positive or negative changes in health behavior over time.

Clayton-Jones, D. and Haglund, K. [University of Wisconsin-Milwaukee, Milwaukee, WI]. "**The role of spirituality and religiosity in persons living with sickle cell disease: a review of the literature**." *Journal of Holistic Nursing* 34, no. 4 (Dec 2016): 351-360. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: Sickle cell disease (SCD) is a serious debilitating chronic illness, affecting approximately 90,000 Americans and millions globally. Spirituality and religiosity (S/R) may ease the burden faced by persons living with SCD. The purpose of this study was to examine the role of S/R in adolescents and adults living with SCD in the research literature. METHOD: The electronic databases Cumulative Index to Nursing and Allied Health Literature, Health Source Nursing/Academic, ProQuest Health Module, PsycINFO, Medline, PubMed, and the American Theological Library Association were searched from January 1995 to December 2014. FINDINGS: Of the 89 studies retrieved, 11 articles between 2001 and 2013 met the inclusion criteria and were reviewed. Four themes emerged. The themes included (a) S/R as sources of coping, (b) S/R enhance pain management, (c) S/R influence health care utilization, and (d) S/R improve quality of life. DISCUSSION: Use of S/R may be significant in coping with SCD, managing pain, affecting hospitalizations, and affecting quality of life. This review can direct researchers exploring S/R in adolescents and adults living with SCD.

Clayton-Jones, D., Haglund, K., Belknap, R. A., Schaefer, J. and Thompson, A. A. [University of Wisconsin-Milwaukee, WI; Marquette University, Milwaukee, WI; and Northwestern University, Chicago, IL]. "**Spirituality and religiosity in adolescents living with sickle cell disease**." *Western Journal of Nursing Research* 38, no. 6 (Jun 2016): 686-703. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This study purports to address paucity in the literature regarding how adolescents with sickle cell disease (SCD) describe and experience spirituality and religiosity (S/R). This was a qualitative descriptive study. Two semi-structured interviews were conducted with nine adolescents (Mage = 16.2 years). Data were analyzed using a template analysis style and a concurrent analysis process of data reduction. Three major themes encompassed the participants' descriptions of the relationships between S/R, health and illness in their lives including S/R as sources for coping, influence of S/R beliefs on health and illness, and sharing S/R with Health Care Providers (HCPs). S/R as coping mechanisms included six threads: interconnecting with God, interconnecting with others, interconnecting with creative arts, scriptural metanarratives, transcendent experiences, and acceptance and finding meaning. Expectations of health providers included two threads: Religiosity is private/personal and sharing spiritual and religious beliefs is risky. S/R are particularly salient for adolescents with SCD.

Conway-Phillips, R. and Janusek, L. W. [Loyola University Chicago, IL]. "**Exploring spirituality among African American women: implications for promoting breast health behaviors**." *Holistic Nursing Practice* 30, no. 6 (Nov-Dec 2016): 322-329.

[Abstract:] The purpose of this qualitative study was to gain understanding of the definition, meaning, and function of spirituality to African American women. Four categories emerged that add insight for nurses to develop innovative spiritual-based strategies to promote African American women's positive health behaviors. Implications for promoting breast health behaviors are described. [See also, in the same issue of the journal, the article by Luis Diaz, J., et al., also noted in this bibliography.]

Copeland, D. and Liska, H. [St. Anthony Hospital, Lakewood, CO; and University of Northern Colorado, Greeley, CO]. "**Implementation of a Post-Code Pause: extending post-event debriefing to include silence**." *Journal of Trauma Nursing* 23, no. 2 (Mar-Apr 2016): 58-64.

[Abstract:] This project arose out of a need to address two issues at our hospital: we lacked a formal debriefing process for code/trauma events and the emergency department wanted to address the psychological and spiritual needs of code/trauma responders. We developed a debriefing process for code/trauma events that intentionally included mechanisms to facilitate recognition, acknowledgment, and, when needed, responses to the psychological and spiritual needs of responders. A post-code pause process was implemented in the emergency department with the aims of standardizing a debriefing process, encouraging a supportive team-based culture, improving transition back to "normal" activities after responding to code/trauma events, and providing responders an opportunity to express reverence for patients involved in code/trauma events. The post-code pause process incorporates a moment of silence and the addition of two simple questions to a traditional operational debrief. Implementation of post-code pauses was feasible despite the fast paced nature of the department. At the end of the 1-year pilot period, staff members reported increases in feeling supported by peers and leaders, their ability to pay homage to patients, and having time to regroup prior to returning to their assignment. There was a decrease in the number of respondents reporting having thoughts or feelings associated with the event within 24 hr. The pauses create a mechanism for operational team debriefing, provide an opportunity for staff members to honor their work and their patients, and support an environment in which the psychological and spiritual effects of responding to code/trauma events can be acknowledged. [Note: the Post-Code Pause process initially incorporated chaplaincy leadership.]

Cullen, J. G. [Maynooth University, Maynooth, Ireland]. "**Nursing management, religion and spirituality: a bibliometric review, a research agenda and implications for practice**." *Journal of Nursing Management* 24, no. 3 (Apr 2016): 291-299. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIMS: This article aims to contribute to the growing field of spirituality and nursing management by analysing bibliographic data on peer-reviewed research in the field. BACKGROUND: Articles on spirituality and nursing management often claim that these fields have grown over the past two decades. This article gathers empirical evidence to test these claims. EVALUATION: Bibliometric data on peer-reviewed research articles on nursing, nursing management, spirituality and religion in the Social Sciences Citation Index were analysed to ascertain general trends in publication and citation. KEY ISSUES: The data support claims that research activity and interest in both spirituality and religion in the field of nursing have grown steeply over recent years, and continue to accelerate. CONCLUSIONS: The research identified spirituality as a beneficial variable in management, training and/or care scenarios. Critical studies of nursing management spiritual initiatives could add considerably to the growing body of research and theory in this field. IMPLICATIONS FOR NURSING MANAGEMENT: It is essential that nurse managers be equipped to foster not only a broader understanding of the variety of faith traditions found in a multi-cultural society, but also to develop an understanding of the ways in which individuals engage in spiritual practice outside traditional religious settings.

Daniels, R. A., Torres, D. and Reeser. C. [University of Phoenix, San Antonio, TX; Northeast Lakeview College, Universal City, TX; and Heritage Hospice, Inc., Danville, KY]. "**Where words fail, music speaks: a mixed method study of an evidence-based music protocol**." *Journal of Evidence-Informed Social Work* 13, no. 6 (Nov-Dec 2016): 535-551. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Despite numerous studies documenting the benefits of music, hospice social workers are often unfamiliar with evidence-based music practices that may improve end of life care. This mixed method study tested an intervention to teach hospice social workers and chaplains ($N = 10$) an evidence-based music protocol. Participants used the evidence-based practice (EBP) for 30 days, recording 226 journal entries that described observations of 84 patients and their families. There was a significant increase in EBP knowledge (35%). Prompting behavioral and emotional responses, music was described frequently as a catalyst that facilitated deeper dialogue between patients, families, social workers, and chaplains.

de la Rosa, I. A., Barnett-Queen, T., Messick, M. and Gurrola, M. [New Mexico State University, Las Cruces, NM; and University of Southern Mississippi, Hattiesburg, MS]. "**Spirituality and resilience among Mexican American IPV survivors**." *Journal of Interpersonal Violence* 31, no. 20 (Dec 2016): 3332-3351. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Women with abusive partners use a variety of coping strategies. This study examined the correlation between spirituality, resilience, and intimate partner violence using a cross-sectional survey of 54 Mexican American women living along the U.S.-Mexico border. The meaning-making coping model provides the conceptual framework to explore how spirituality is used as a copying strategy. Multiple ordinary least squares (OLS) regression results indicate women who score higher on spirituality also report greater resilient characteristics. Poisson regression analyses revealed that an increase in level of spirituality is associated with lower number of types of abuse experienced. Clinical, programmatic, and research implications are discussed.

Delgado-Guay, M. O., Chisholm, G., Williams, J., Frisbee-Hume, S., Ferguson, A. O. and Bruera, E. [MD Anderson Cancer Center, Houston, TX]. "**Frequency, intensity, and correlates of spiritual pain in advanced cancer patients assessed in a supportive/palliative care clinic**." *Palliative & Supportive Care* 14, no. 4 (2016): 341-348.

[Abstract:] OBJECTIVE: Regular assessments of spiritual distress/spiritual pain among patients in a supportive/palliative care clinic (SCPC) are limited or unavailable. We modified the Edmonton Symptom Assessment Scale (ESAS) by adding spiritual pain (SP) to the scale (0 = best, 10 = worst) to determine the frequency, intensity, and correlates of self-reported SP (>1/10) (pain deep in your soul/being that is not physical) among these advanced cancer patients. METHOD: We reviewed 292 consecutive consults of advanced cancer patients (ACPs) who were evaluated at our SCPC between October of 2012 and January of 2013. Symptoms were assessed using the new instrument (termed the ESAS-FS). RESULTS: The median age of patients was 61 (range = 22-92). Some 53% were male; 189 (65%) were white, 45 (15%) African American, and 34 (12%) Hispanic. Some 123 of 282 (44%) of ACPs had SP (mean (95% CI) = 4(3.5-4.4). Advanced cancer patients with SP had worse pain [mean (95% CI) = 5.3(4.8, 5.8) vs. 4.5(4.0, 5.0)] ($p = 0.02$); depression [4.2(3.7, 4.7) vs. 2.1(1.7, 2.6), $p < 0.0001$]; anxiety [4.2(3.6, 4.7) vs. 2.5(2.0, 3.0), $p < 0.0001$]; drowsiness [4.2(3.7, 4.7) vs. 2.8(2.3, 3.2), $p < 0.0001$]; well-being [5.4(4.9, 5.8) vs. 4.5(4.1, 4.9), $p = 0.0136$]; and financial distress (FD) [4.4(3.9, 5.0) vs. 2.2(1.8, 2.7), $p < 0.0001$]. Spiritual pain correlated (Spearman) with depression ($r = 0.45$, $p < 0.0001$), anxiety ($r = 0.34$, $p < 0.0001$), drowsiness ($r = 0.26$, $p < 0.0001$), and FD ($r = 0.44$, $p < 0.0001$). Multivariate analysis showed an association with FD [OR (95% Wald CI) = 1.204(1.104-1.313), $p < 0.0001$] and depression [1.218(1.110-1.336), $p < 0.0001$]. The odds that patients who had SP at baseline would also have SP at follow-up were 182% higher (OR = 2.82) than for patients who were SP-negative at baseline ($p = 0.0029$). SP at follow-up correlated with depression ($r = 0.35$, $p < 0.0001$), anxiety ($r = 0.25$, $p = 0.001$), well-being ($r = 0.27$, $p = 0.0006$), nausea ($r = 0.29$, $p = 0.0002$), and financial distress ($r = 0.42$, $p < 0.0001$). SIGNIFICANCE OF RESULTS: Spiritual pain, which is correlated with physical and psychological distress, was reported in more than 40% of ACPs. Employment of the ESAS-FS allows ACPs with SP to be identified and evaluated in an SCPC. More research is needed.

Delgado-Guay, M. O., Rodriguez-Nunez, A., De la Cruz, V., Frisbee-Hume, S., Williams, J., Wu, J., Liu, D., Fisch, M. J. and Bruera, E. [University of Texas MD Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX; Pontificia Universidad Catolica de Chile, Santiago, Chile; et al.]. "**Advanced cancer patients' reported wishes at the end of life: a randomized controlled trial**." *Supportive Care in Cancer* 24, no. 10 (Oct 2016): 4273-4281. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Conversations about end-of-life (EOL) wishes are challenging for many clinicians. The Go Wish card game (GWG) was developed to facilitate these conversations. Little is known about the type and consistency of EOL wishes using the GWG in advanced cancer patients. METHODS: We conducted a randomized controlled trial to assess the EOL wishes of 100 patients with advanced cancer treated at The University of Texas MD Anderson Cancer Center. The purpose of this study was to determine the EOL wishes of patients with advanced cancer and to compare patients' preference between the GWG and List of wishes/statements (LOS) containing the same number of items. Patients were randomized into four groups and completed either the GWG or a checklist of 35 LOS and one opened statement found on the GWG cards; patients were asked to categorize these wishes as very, somewhat, or not important. After 4-24 h, the patients were asked to complete the same or other test. Group A ($n = 25$) received LOS-LOS, group B ($n = 25$) received GWG-GWG, group C ($n = 26$) received GWG-LOS, and group D ($n = 24$) received LOS-GWG. All patients completed the State-Trait Anxiety Inventory (STAI) for adults before and after the first test. RESULTS: Median age (interquartile range = IQR): 56 (27-83) years. Age, sex, ethnicity, marital status, religion, education, and cancer diagnosis did not differ significantly among the four groups. All patients were able to complete the GWG and/or LOS. The ten most common wishes identified as very important by patients in the first and second test were to be at peace with God (74 vs. 71%); to pray (62 vs. 61%); and to have family present (57 vs. 61%). to be free from pain (54 vs. 60%); not being a burden to my family (48 vs. 49%); to trust my doctor (44 vs. 45%); to keep my sense of humor (41 vs. 45%); to say goodbye to important people in my life (41 vs. 37%); to have my family prepared for my death (40 vs. 49%); and to be able to help others (36 vs. 31%). There was significant association among the frequency of responses of the study groups. Of the 50 patients exposed to both tests, 43 (86 %) agreed that the GWG instructions were clear, 45 (90%) agreed that the GWG was easy to understand, 31 (62%) preferred the GWG, 39 (78%) agreed that the GWG did not increase their anxiety and 31 (62%) agreed that having conversations about EOL priorities was beneficial. The median STAI score after GWG was 48 (interquartile range, 39-59) vs. 47 (interquartile range, 27-63) after LOS ($p = 0.2952$). CONCLUSION: Patients with advanced cancer assigned high importance to spirituality and the presence/relationships of family, and these wishes were consistent over the two tests. The GWG did not worsen anxiety.

Dermatis, H. and Galanter, M. [NYU School of Medicine, New York, NY]. "**The role of twelve-step-related spirituality in addiction recovery**." *Journal of Religion & Health* 55, no. 2 (Apr 2016): 510-521.

[Abstract:] This paper reviews empirical studies conducted on the role of spirituality and religiosity (S/R) characteristics in 12-step recovery among program members followed up after substance abuse treatment and those assessed independent of formal treatment. Aspects of spiritual functioning that change in relation to program participation and those S/R characteristics that were found to mediate the association between program involvement and drinking-related outcomes are discussed. In addition, a review is provided of 12-step program studies investigating S/R-related predictors of clinical outcomes relevant to risk of relapse among members in long-term recovery. To further examine the role of S/R characteristics in recovery, a study was conducted on long-term AA members to assess the relationship of S/R characteristics and AA program involvement to craving for alcohol and emotional distress after controlling for relevant demographic variables. Feeling God's presence daily, believing in a higher power as a universal spirit, and serving as an AA sponsor were all predictive of positive outcomes.

Dobratz, M. C. [University of Washington, Tacoma, WA]. "**Building a middle-range theory of adaptive spirituality**." *Nursing Science Quarterly* 29, no. 2 (Apr 2016): 146-153.

[Abstract:] The purpose of this article is to describe a Roy adaptation model based- research abstraction, the findings of which were synthesized into a middle-range theory (MRT) of adaptive spirituality. The published literature yielded 21 empirical studies that investigated religion/spirituality. Quantitative results supported the influence of spirituality on quality of life, psychosocial adjustment, well-being, adaptive coping, and the self-concept mode. Qualitative findings showed the importance of spiritual expressions, values, and beliefs in adapting to chronic illness, bereavement, death, and other life transitions. These findings were abstracted into six theoretical statements, a conceptual definition of adaptive spirituality, and three hypotheses for future testing.

Dodge-Peters Daiss, S. [University of Rochester, NY]. "**Art at the Bedside: reflections on use of visual imagery in hospital chaplaincy**." *Journal of Pastoral Care & Counseling* 70, no. 1 (Mar 2016): 70-79.

[Abstract:] "Art at the Bedside" is the name given to a hospital visitation program during which works of art loaded onto a computer are used to start conversations with patients and their families. The article traces the genesis of the program that evolved from the author's dual training in art museum education and hospital chaplaincy through the evolution of the practice, now in its sixth year. Reflections on the practice itself are the focus of this article, from identifying the kinds of responses frequently elicited by the artwork to understanding how these works of art seem to forge immediate connections between the patient and the facilitator. Ultimately posed in this reflection is whether the 'Art at the Bedside' experience might suggest a future for the integration of the visual arts more broadly into hospital - and related - chaplaincy.

du Plessis, E. [North-West University, Potchefstroom, South Africa]. "**Presence: a step closer to spiritual care in nursing**." *Holistic Nursing Practice* 30, no. 1 (Jan-Feb 2016): 47-53.

[Abstract:] This article argues that while not all nurses are comfortable with spiritual care, nurses may be comfortable with enacting presence. Presence, an encompassing element in spiritual care, might be a more accessible first step for nurses toward spiritual care. To further highlight this viewpoint, the nature, consequences, and cultivation of presence are also discussed.

Eisenhauer, E. R. and Arslanian-Engoren, C. [University of Michigan, Ann Arbor, MI]. "**Religious values and biobanking decisions: an integrative review**." *Research & Theory for Nursing Practice* 30, no. 2 (2016): 104-123.

[Abstract:] Biobanking may include research procedures that violate the religious values and preferences of some patients. This integrative literature review evaluated the influence of religious values on participants' decisions to donate biospecimens to biobanks for research. The review followed the method of Whittemore and Knafl (2005). PubMed, CINAHL, and Google Scholar databases were searched for studies published between January 1, 1994 and March 31, 2014. The influence of religious values on decision making in biobanking included the following themes: (a) religious prohibitions, (b) pursuit of health, (c) decisional conflict, and (d) scope of consent. Participants' decisions reflected that they wanted to benefit from scientific advancements and to help others but wanted to do so in accordance with their religious values. The consideration of religious values in decisions about biobanking is an international phenomenon occurring across cultures. Limiting the scope of consent may help to accommodate religious values and preferences. Researchers need to respect the religious values of patients by fully explaining the implications of research procedures in biobanking. Nurses should advocate for the consideration of patients' religious values in this new age of technological advancements.

Evangelista, C. B., Lopes, M. E., Costa, S. F., Batista, P. S., Batista, J. B. and Oliveira, A. M. [Universidade Federal da Paraiba, Joao Pessoa, Brazil]. "**Palliative care and spirituality: an integrative literature review**." *Revista Brasileira de Enfermagem* 69, no. 3 (Jun 2016): 591-601. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: to analyze scientifi c articles published in international online journals about palliative care and spirituality. METHODS: an integrative literature review with data collected in September 2014 from the LILACS, SCIELO, MEDLINE/PubMed, and IBECS databases. RESULTS: thirty-nine publications were identifyed and their textual analysis facilitated through four thematic approaches: the meaning of spirituality in the context of palliative care; palliative care and spiritual support; spirituality and relief of pain and other symptoms in patients under palliative care; and instruments to evaluate the spiritual dimension of the scope of palliative care. CONCLUSION: this study examined the relevance of the spiritual dimension in the care of patients with palliative care and the need for developing new studies to disseminate knowledge about this topic.

Exline, J. J., Krause, S. J. and Broer, K. A. [Case Western Reserve University, and the Cleveland Clinic, OH]. "**Spiritual struggle among patients seeking treatment for chronic headaches: anger and protest behaviors toward God**." *Journal of Religion & Health* 55, no. 5 (Oct 2016): 1729-1747. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This study examined anger and protest behaviors toward God among 80 US adults seeking treatment for chronic headaches (66 women, 14 men; 71 completed treatment). Measures were administered before and after an intensive 3-week outpatient treatment program. At both times, anger and protest toward God correlated with lower pain acceptance, more emotional distress, and greater perceived disability. However, when considered simultaneously, anger predicted sustained distress, whereas protest behaviors (e.g., complaining, questioning, arguing) predicted both reduced distress and an increased sense of meaning. These findings suggest the utility of distinguishing between anger toward God and behaviors suggesting assertiveness toward God.

Fang, M. L., Sixsmith, J., Sinclair, S. and Horst, G. [Simon Fraser University, Vancouver; University of Calgary, Calgary; Canadian Virtual Hospice, Winnipeg, Canada; and University of Northampton, Northampton, UK]. "**A knowledge synthesis of culturally- and spiritually-sensitive end-of-life care: findings from a scoping review**." *BMC Geriatrics* 16, no. 1 (2016): 107 [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: Multiple factors influence the end-of-life (EoL) care and experience of poor quality services by culturally- and spiritually-diverse groups. Access to EoL services e.g. health and social supports at home or in hospices is difficult for ethnic minorities compared to white European groups. A tool is required to empower patients and families to access culturally-safe care. This review was undertaken by the Canadian Virtual Hospice as a foundation for this tool. METHODS: To explore attitudes, behaviours and patterns to utilization of EoL care by culturally and spiritually diverse groups and identify gaps in EoL care practice and delivery methods, a scoping review and thematic analysis of article content was conducted. Fourteen electronic databases and websites were searched between June-August 2014 to identify English-language peer-reviewed publications and grey literature (including reports and other online resources) published between 2004-2014. RESULTS: The search identified barriers and enablers at the systems, community and personal/family levels. Primary barriers include: cultural differences between healthcare providers; persons approaching EoL and family members; under-utilization of culturally-sensitive models designed to improve EoL care; language barriers; lack of awareness of cultural and religious diversity issues; exclusion of families in the decision-making process; personal racial and religious discrimination; and lack of culturally-tailored EoL information to facilitate decision-making. CONCLUSIONS: This review highlights that most research has focused on decision-making. There were fewer studies exploring different cultural and spiritual experiences at the EoL and interventions to improve EoL care. Interventions evaluated were largely educational in nature rather than service oriented.

Fenelon, A. and Danielsen, S. [National Center for Health Statistics, Office of Analysis and Epidemiology, Hyattsville, MD; and Creighton University]. "**Leaving my religion: understanding the relationship between religious disaffiliation, health, and well-being**." *Social Science Research* 57 (May 2016): 49-62.

[Abstract:] Religious disaffiliation-leaving the religious tradition in which one was raised for no religious affiliation in adulthood-has become more common in recent years, though few studies have examined its consequences for the health and well-being of individuals. We use an innovative approach, comparing the health and subjective well-being of religious disaffiliates to those who remain affiliated using pooled General Social Survey samples from 1973 through 2012. We find that religious disaffiliates experience poorer health and lower well-being than those consistently affiliated and those who are consistently unaffiliated. We also demonstrate that the disadvantage for those who leave religious traditions is completely mediated by the frequency of church attendance, as disaffiliates attend church less often. Our results point to the importance of the social processes surrounding religious disaffiliation and emphasize the role of dynamics in the relationship between religious affiliation and health.

Ferrell, B., Wittenberg, E., Battista, V. and Walker, G. [City of Hope National Medical Center, CA; Children's Hospital of Philadelphia, PA; and Providence Trinity Care Hospice, CA]. "**Exploring the spiritual needs of families with seriously ill children**." *International Journal of Palliative Nursing* 22, no. 8 (Aug 2016): 388-394.

[Abstract:] Although we know that families of seriously ill children experience spiritual distress, especially at the end of the child's life, there is little information on the specific spiritual needs of families. In order to develop further training for nurses in paediatrics and help nurses develop skills for communicating about spirituality, this research examined the spiritual needs of families based on nurses' experiences with families of seriously ill children. Nurses' experiences revealed that families' anger with God, blame/regret, forgiveness, and ritual and cultural traditions are salient spiritual needs requiring effective nurse communication skills to support families of ill children.

Ferrell, B., Wittenberg, E., Battista, V. and Walker, G. [City of Hope National Medical Center, Duarte, CA; The Children's Hospital of Philadelphia, PA; and Providence Trinity Care Hospice, Torrance, CA]. "**Nurses' experiences of spiritual communication with seriously ill children**." *Journal of Palliative Medicine* 19, no. 11 (Nov 2016): 1166-1170. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AB OBJECTIVE: The goal of this study was to explore nurse experiences in communication with children about spiritual topics in order to develop training in this area. BACKGROUND: Although spiritual care is essential in pediatric palliative care, few providers receive training about communication with ill children about spirituality. METHODS: Researchers developed a brief survey to prompt nurses to reflect on pediatric palliative care experiences that included spiritual discussions. Nurses attending training courses voluntarily submitted stories. Qualitative data were thematically analyzed by members of the research team, consisting of two researchers with expertise in palliative care, spirituality, and communication and two expert pediatric palliative care clinicians. RESULTS: Nurses' spiritual conversations with children revealed that children question God and the reason for their illness, have a desire to talk about the afterlife as a way of understanding their limited lifespan, and to share descriptions of an afterlife, in these cases described as heaven. Nurses conveyed the importance of being present and engaging in spiritual communication with children. DISCUSSION: Communication training is needed and should prepare providers to respond to a child's spiritual questioning, assist parents when the child initiates discussion about the afterlife, and help parent and child understand the spiritual meaning of their illness. Chaplains serve as spiritual care experts and can help train nurses to screen for spiritual distress, have greater competence in spiritual communication, and to collaborate with chaplains in care. Quality palliative care is incomplete without attention to spiritual care.

Finocchiaro, D. N. [California State University, Los Angeles in Los Angeles, CA]. "**Supporting the patient's spiritual needs at the end of life**." *Nursing* 46, no. 5 (May 2016): 56-59.

[Abstract:] This systematic literature review analyzed the construct of spirituality as perceived by people who have experienced or are experiencing a major life event or transition. The researchers investigated studies that used narrative analysis or a phenomenological methodology related to the topic. Thematic analysis resulted in three major themes: (1) avenues to and through spirituality, (2) the experience of spirituality, and (3) the meaning of spirituality. The results provide insights into the intersection of spirituality, meaning, and occupational engagement as understood by people experiencing a major life event or transition and suggest further research that addresses spirituality in occupational therapy and interdisciplinary intervention.

Fitzpatrick, S. J., Kerridge, I. H., Jordens, C. F., Zoloth, L., Tollefsen, C., Tsomo, K. L., Jensen, M. P., Sachedina, A. and Sarma, D. [University of Newcastle, Australia; University of Sydney, Sydney, Australia; Michael P. Moore Theological College, Sydney, Australia; Northwestern University Feinberg School of Medicine, Chicago, IL; University of South Carolina, Colombia, SC; University of San Diego, San Diego, CA; George Mason University, Fairfax, VA; and Case Western Reserve University, Cleveland, OH]. "**Religious perspectives on human suffering: implications for medicine and bioethics**." *Journal of Religion & Health* 55, no. 1 (Feb 2016): 159-173.

[Abstract:] The prevention and relief of suffering has long been a core medical concern. But while this is a laudable goal, some question whether medicine can, or should, aim for a world without pain, sadness, anxiety, despair or uncertainty. To explore these issues, we invited experts from six of the world's major faith traditions to address the following question. Is there value in suffering? And is something lost in the prevention and/or relief of suffering? While each of the perspectives provided maintains that suffering should be alleviated and that medicine's proper role is to prevent and relieve suffering by ethical means, it is also apparent that questions regarding the meaning and value of suffering are beyond the realm of medicine. These perspectives suggest that medicine and bioethics have much to gain from respectful consideration of religious discourse surrounding suffering.

Flannelly, K. J., Flannelly, L. T. and Jankowski, K. R. [Center for Psychosocial Research, Massapequa, NY; and Iona College, New Rochelle, NY]. "**Studying associations in health care research**." *Journal of Health Care Chaplaincy* 22, no. 3 (Jul-Sep 2016): 118-131. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

This article was written for chaplain researchers. [Abstract:] This article discusses some of the types of relationships observed in healthcare research and depicts them in graphic form. The article begins by explaining two basic associations observed in chemistry and physics (Boyles' Law and Charles' Law), and illustrates how these associations are similar to curvilinear and linear associations, respectively, found in healthcare. Graphs of curvilinear associations include morbidity curves and survival and mortality curves. Several examples of linear relationships are given and methods of testing linear relationships with interval and ratio data are introduced (i.e., correlation and ordinary least-squares regression). In addition, 2 x 2 contingency tables for testing the association between categorical (or nominal) data are described. Finally, Sir Austin Bradford Hill's eight criteria for assessing causality from research on associations between variables are presented and explained. Three appendices provide interested readers with opportunities to practice interpreting selected curvilinear and linear relationships.

Francoeur, R. B., Burke, N. and Wilson, A. M. [Adelphi University, Garden City, NY]. "**The role of social workers in spiritual care to facilitate coping with chronic illness and self-determination in advance care planning**." *Social Work in Public Health* 31, no. 5 (Aug-Sep 2016): 453-466. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Spiritual values and beliefs of patients and families influence resilience during chronic illness and shape patient choices during advance care planning. The spiritual needs of Baby Boomers will be more diverse than previous generations, in connection with the questioning, experimental mind-set of this group and the fact that it includes a higher proportion of immigrant populations outside the Judeo-Christian tradition. Social workers are trained explicitly to intervene with diverse populations and are well positioned to offer spiritual support in ways that do not necessarily conform to traditional religions. To the extent of their individual expertise and competence, social workers should assess and provide spiritual care to clients, including those who either are underserved or prefer not to seek assistance from clergy or chaplains because they feel alienated from religious institutions and representatives. They should also be aware of ethical dilemmas in consulting with spiritual care professionals in developing spiritual interventions. Social work education should address clients' humanistic and existential concerns, beliefs and behaviors of the major religions, and forms of nontraditional religious and spiritual experiences; it should also provide experiential opportunities for engaging with grief and earlier advance care planning. There should be attention to different theodical perspectives of the major religions regarding the problem of good and evil, which may preoccupy even clients who no longer participate in organized religion, because these unresolved existential issues may weaken client coping with chronic conditions and may diminish clarity and self-awareness for engaging authentically and effectively in advance care planning.

Gainey, A., Himathongkam, T., Tanaka, H. and Suksom, D. [Chulalongkorn University and Theptarin Hospital, Bangkok, Thailand; and University of Texas at Austin, TX]. "**Effects of Buddhist walking meditation on glycemic control and vascular function in patients with type 2 diabetes**." *Complementary Therapies in Medicine* 26 (Jun 2016): 92-97 [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: To investigate and compare the effects of Buddhist walking meditation and traditional walking on glycemic control and vascular function in patients with type 2 diabetes mellitus. METHODS: Twenty three patients with type 2 diabetes (50-75 years) were randomly allocated into traditional walking exercise (WE; n=11) or Buddhism-based walking meditation exercise (WM; n=12). Both groups performed a 12-week exercise program that consisted of walking on the treadmill at exercise intensity of 50-70% maximum heart rate for 30min/session, 3 times/week. In the WM training program, the participants

performed walking on the treadmill while concentrated on foot stepping by voiced "Budd" and "Dha" with each foot step that contacted the floor to practice mindfulness while walking. RESULTS: After 12 weeks, maximal oxygen consumption increased and fasting blood glucose level decreased significantly in both groups (p<0.05). Significant decrease in HbA1c and both systolic and diastolic blood pressure were observed only in the WM group. Flow-mediated dilatation increased significantly (p<0.05) in both exercise groups but arterial stiffness was improved only in the WM group. Blood cortisol level was reduced (p<0.05) only in the WM group. CONCLUSION: Buddhist walking meditation exercise produced a multitude of favorable effects, often superior to traditional walking program, in patients with type 2 diabetes.

Galiatsatos, P., Lehmijoki-Gardner, M. and Daniel Hale, W. [Johns Hopkins University School of Medicine; Johns Hopkins Bayview Medical Center; and Loyola University Maryland, Baltimore, MD]. "**A brief historical review of specific religious denominations: how history influences current medical-religious partnerships**." *Journal of Religion & Health* 55, no. 2 (Apr 2016): 587-592.

[Abstract:] Improving health care in the twenty-first century will require new and creative approaches, with special attention given to health literacy and patient engagement since these two variables play a significant role in chronic health issues and their management. In order to better improve these key variables, strong partnerships between patients, their communities, and medical institutions must be developed. One way of facilitating these relationships is through medical-religious partnerships. Religious leaders are in regular contact with people who need education about and support with health issues. However, identifying the most effective way to approach specific congregations can pose a challenge to healthcare providers and institutions. In this paper, we provide a brief historical review of certain religious traditions and how their history plays a role in current medical-religious partnerships.

Ganocy, S. J., Goto, T., Chan, P. K., Cohen, G. H., Sampson, L., Galea, S., Liberzon, I., Fine, T., Shirley, E., Sizemore, J., Calabrese, J. R. and Tamburrino, M. B. [Case Western Reserve University, Cleveland, OH; Boston University, Boston MA; University of Michigan, Ann Arbor, MI; and University of Toledo, OH]. "**Association of spirituality with mental health conditions in Ohio National Guard soldiers**." *Journal of Nervous & Mental Disease* 204, no. 7 (Jul 2016): 524-529. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Research exploring spirituality in military populations is a relatively new field with limited published reports. This study used the Spiritual Well-Being Scale to examine the association of spiritual well-being with suicidal ideation/behavior, posttraumatic stress disorder (PTSD), and depression and alcohol use disorders in a randomized sample of Ohio Army National Guard soldiers. The participants were 418 soldiers, mostly white and male, with nearly three-quarters indicating that they had been deployed at least once during their careers. Higher spirituality, especially in the existential well-being subscale, was associated with significantly less lifetime PTSD, depression, and alcohol use disorders and with less suicidal ideation over the past year. Future research in this area may benefit from a longitudinal design that can assess spirituality and mental health behaviors in addition to diagnoses at different time points, to begin to explore spirituality in a larger context.

Gao, J., Fan, J., Wu, B. W., Halkias, G. T., Chau, M., Fung, P. C., Chang, C., Zhang, Z., Hung, Y. S. and Sik, H. [University of Hong Kong, and Shenzhen University, Shenzhen, China]. "**Repetitive religious chanting modulates the late-stage brain response to fear- and stress-provoking pictures**." *Frontiers in Psychology* 7 (2016): 2055 [electronic journal article designation, 12pp.]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Chanting and praying are among the most popular religious activities, which are said to be able to alleviate people's negative emotions. However, the neural mechanisms underlying this mental exercise and its temporal course have hardly been investigated. Here, we used event-related potentials (ERPs) to explore the effects of chanting the name of a Buddha (Amitabha) on the brain's response to viewing negative pictures that were fear- and stress-provoking. We recorded and analyzed electroencephalography (EEG) data from 21 Buddhists with chanting experience as they viewed negative and neutral pictures. Participants were instructed to chant the names of Amitabha or Santa Claus silently to themselves or simply remain silent (no-chanting condition) during picture viewing. To measure the physiological changes corresponding to negative emotions, electrocardiogram and galvanic skin response data were also collected. Results showed that viewing negative pictures (vs. neutral pictures) increased the amplitude of the N1 component in all the chanting conditions. The amplitude of late positive potential (LPP) also increased when the negative pictures were viewed under the no-chanting and the Santa Claus condition. However, increased LPP was not observed when chanting Amitabha. The ERP source analysis confirmed this finding and showed that increased LPP mainly originated from the central-parietal regions of the brain. In addition, the participants' heart rates decreased significantly when viewing negative pictures in the Santa Claus condition. The no-chanting condition had a similar decreasing trend although not significant. However, while chanting Amitabha and viewing negative pictures participants' heart rate did not differ significantly from that observed during neutral picture viewing. It is possible that the chanting of Amitabha might have helped the participants to develop a religious schema and neutralized the effect of the negative stimuli. These findings echo similar research findings on Christian religious practices and brain responses to negative stimuli. Hence, prayer/religious practices may have cross-cultural universality in emotion regulation. This study shows for the first time that Buddhist chanting, or in a broader sense, repetition of religious prayers will not modulate brain responses to negative stimuli during the early perceptual stage, but only during the late-stage emotional/cognitive processing.

Geros-Willfond, K. N., Ivy, S. S., Montz, K., Bohan, S. E. and Torke, A. M. [St. Francis Health; Indiana University Health; et al., Indianapolis, IN]. "**Religion and spirituality in surrogate decision making for hospitalized older adults**." *Journal of Religion & Health* 55, no. 3 (Jun 2016): 765-777.

[Abstract:] We conducted semi-structured interviews with 46 surrogate decision makers for hospitalized older adults to characterize the role of spirituality and religion in decision making. Three themes emerged: (1) religion as a guide to decision making, (2) control, and (3) faith, death and dying. For religious surrogates, religion played a central role in end of life decisions. There was variability regarding whether God or humans were perceived to be in control; however, beliefs about control led to varying perspectives on acceptance of comfort-focused treatment. We conclude that clinicians should attend to religious considerations due to their impact on decision making.

Gielen, J., Bhatnagar, S. and Chaturvedi, S. K. [Duquesne University, Pittsburgh, PA; All India Institute of Medical Sciences, New Delhi, India; and the National Institute of Mental Health and Neurosciences, Bangalore, India]. "**Spirituality as an ethical challenge in Indian palliative care: a systematic review**." *Palliative & Supportive Care* 14, no. 5 (2016): 561-582.

[Abstract:] OBJECTIVE: Spiritual care is recognized as an essential component of palliative care (PC). However, patients' experience of spirituality is heavily context dependent. In addition, Western definitions and findings regarding spirituality may not be applicable to patients of non-Western origin, such as Indian PC patients. Given the particular sociocultural, religious, and economic conditions in which PC programs in India operate, we decided to undertake a systematic review of the literature on spirituality among Indian PC patients. We intended to assess how spirituality has been interpreted and operationalized in studies of this population, to determine which dimensions of spirituality are important for patients, and to analyze its ethical implications. METHOD: In January of 2015, we searched five databases (ATLA, CINAHL, EMBASE, PsycINFO, and PubMed) using a combination of controlled and noncontrolled vocabulary. A content analysis of all selected reports was undertaken to assess the interpretation and dimensions of spirituality. Data extraction from empirical studies was done using a data-extraction sheet. RESULTS: A total of 39 empirical studies (12 qualitative, 21 quantitative, and 6 mixed-methods) and 18 others (10 reviews, 4 opinion articles, and 4 case studies) were retrieved. To date, no systematic review on spirituality in Indian PC has been published. Spirituality was the main focus of only six empirical studies. The content analysis revealed three dimensions of spirituality: (1) the relational dimension, (2) the existential dimension, and (3) the values dimension. Religion is prominent in all these dimensions. Patients' experiences of spirituality are determined by the specifically Indian context, which leads to particular ethical issues. SIGNIFICANCE OF RESULTS: Since spiritual well-being greatly impacts quality of life, and because of the substantial presence of people of Indian origin living outside the subcontinent, the findings of our review have international relevance. Moreover, our review illustrates that spirituality

can be an ethical challenge and that more ethical reflection on provision of spiritual care is needed. [See also in the same issue of the journal, articles by Best, M., et al.; Gratz, M., et al.; and Steinhauser, K. E., et al.; also noted in this bibliography.]

Goncalves, L. M., Osorio, I. H., Oliveira, L. L., Simonetti, L. R., dos Reis, E. and Lucchetti, G. [Federal University of Mato Grosso do Sul, Campo Grande; University Hospital Maria Aparecida Pedrossian, Campo Grande; and Federal University of Juiz de For a, Juiz de Fora, Brazil]. "**Learning from listening: helping healthcare students to understand spiritual assessment in clinical practice**." *Journal of Religion & Health* 55, no. 3 (Jun 2016): 986-999.

[Abstract:] We aim to evaluate the perceptions of healthcare students while taking a spiritual history (SH). Fifty students were trained on how to take a SH, interviewed inpatients and answered a questionnaire concerning their perceptions. A total of 362 patients were interviewed: 60.1% of students felt comfortable taking a SH, 85.1% believed the patient liked the approach, and 72.1% believed more benefits could come with a follow-up. When students felt more comfortable, they tended to believe the patient: liked the approach ($p < 0.01$), felt better ($p < 0.01$) and more motivated ($p < 0.01$). Spirituality/health educational strategies may be a valid strategy to prepare future health professionals to face spiritual issues in health scenarios.

Gonzalez, P., Nunez, A., Wang-Letzkus, M., Lim, J. W., Flores, K. F., Napoles, A. M. [San Diego State University; California State University, Los Angeles; Kangnam University; University of California, San Diego; and University of California, San Francisco, CA]. "**Coping with breast cancer: reflections from Chinese American, Korean American, and Mexican American women**." *Health Psychology* 35, no. 1 (Jan 2016): 19-28.

[Abstract:] OBJECTIVE: The present study identified and compared the coping strategies of Chinese American, Korean American, and Mexican American breast cancer survivors (BCS). METHODS: Six focus groups were conducted with Chinese American (n = 21), Korean American (n = 11), and Mexican American (n = 9) BCS. Interviews were audio-recorded, transcribed, and translated for thematic content analysis of coping experiences and strategies. RESULTS: Women reported the use of 8 coping strategies (religious/spiritual, benefit finding, fatalism, optimism, fighting spirit, information seeking, denial, and self-distraction). Among Chinese American BCS, benefit finding was the most referenced coping strategy, whereas religious/spiritual coping was most frequently reported among Korean American and Mexican American BCS. Denial and self-distraction were the least cited strategies. CONCLUSIONS: Survivors draw upon new found inner strength to successfully integrate their cancer experience into their lives. Coping models must consider the diversity of cancer survivors and the variability in coping strategies among cultural ethnic minority BCS.

Gratz, M., Paal, P., Emmelmann, M. and Roser, T. [University of Muenster, Muenster, Germany]. "**Spiritual care in the training of hospice volunteers in Germany**." *Palliative & Supportive Care* 14, no. 5 (2016): 532-540.

[Abstract:] OBJECTIVE: Hospice volunteers often encounter questions related to spirituality. It is unknown whether spiritual care receives a corresponding level of attention in their training. Our survey investigated the current practice of spiritual care training in Germany. METHOD: An online survey sent to 1,332 hospice homecare services for adults in Germany was conducted during the summer of 2012. We employed the SPSS 21 software package for statistical evaluation. RESULTS: All training programs included self-reflection on personal spirituality as obligatory. The definitions of spirituality used in programs differ considerably. The task of defining training objectives is randomly delegated to a supervisor, a trainer, or to the governing organization. More than half the institutions work in conjunction with an external trainer. These external trainers frequently have professional backgrounds in pastoral care/theology and/or in hospice/palliative care. While spiritual care receives great attention, the specific tasks it entails are rarely discussed. The response rate for our study was 25.0% (n = 332). SIGNIFICANCE OF RESULTS: A need exists to develop training concepts that outline distinct contents, methods, and objectives. A prospective curriculum would have to provide assistance in the development of training programs. Moreover, it would need to be adaptable to the various concepts of spiritual care employed by the respective institutions and their hospice volunteers. [See also in the same issue of the journal, articles by Best, M., et al.; Gielen, J., et al.; and Steinhauser, K. E., et al.; also noted in this bibliography.]

Grossoehme, D. H., Szczesniak, R. D., Mrug, S., Dimitriou, S. M., Marshall, A. and McPhail, G. L. [Cincinnati Children's Hospital Medical Center; and University of Alabama -- Birmingham]. "**Adolescents' spirituality and cystic fibrosis airway clearance treatment adherence: examining mediators**." *Journal of Pediatric Psychology* 41, no. 9 (Oct 2016): 1022-1032. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Adolescent cystic fibrosis (CF) treatment adherence is a significant multidimensional issue. Using the Theory of Reasoned Action (TRA), this study examined the role of spiritual factors in adherence. METHODS: Forty-five 11-19-year-olds diagnosed with CF completed questionnaires concerning psychosocial, spiritual, and adherence-related constructs and Daily Phone Diaries to calculate treatment adherence. Exploratory Factor Analysis identified two spiritual factors used in subsequent analyses. The mediating roles of attitude toward the treatment's value (utility), subjective behavioral norms (the product of perceived behavioral norms and one's motivation to comply with them), self-efficacy for completing the treatments and treatment intentions in the relationship between spiritual factors and treatment adherence were tested with path analysis. RESULTS: Lower 'spiritual struggle' and greater 'engaged spirituality' predicted treatment attitude (utility) and subjective behavioral norms, which, together with self-efficacy, predicted treatment intentions. Finally, treatment intentions predicted airway clearance adherence. CONCLUSIONS: Findings were consistent with the TRA. Engaged spirituality supports pro-adherence determinants and behavior. Spiritual struggle's negative associations with outcomes warrant screening and intervention.

Grossoehme, D. H., Teeters, A., Jelinek, S., Dimitriou, S. M. and Conard, L. A. [Cincinnati Children's Hospital Medical Center, Cincinnati, OH]. "**Screening for spiritual struggle in an adolescent transgender clinic: feasibility and acceptability**." *Journal of Health Care Chaplaincy* 22, no. 2 (2016): 54-66.

[Abstract:] Spiritual struggles are associated with poorer health outcomes, including depression, which has higher prevalence among transgender individuals than the general population. This study's objective was to improve the quality of care in an outpatient transgender clinic by screening patients and caregivers for spiritual struggle and future intervention. The quality improvement questions addressed were whether screening for spiritual struggle was feasible and acceptable; and whether the sensitivity and specificity of the Rush Protocol were acceptable. Revision of the screening was based on cognitive interviews with the 115 adolescents and caregivers who were screened. Prevalence of spiritual struggle was 38-47%. Compared to the Negative R-COPE, the Rush Protocol screener had sensitivities of 44-80% and specificities of 60-74%. The Rush Protocol was acceptable to adolescents seen in a transgender clinic, caregivers, and clinic staff; was feasible to deliver during outpatient clinic visits, and offers a straightforward means of identifying transgender persons and caregivers experiencing spiritual struggle.

Grover, S., Sarkar, S., Bhalla, A., Chakrabarti, S. and Avasthi, A. [Post Graduate Institute of Medical Education and Research, Chandigarh; and India Institute of Medical Sciences, New Delhi, India]. "**Religious coping among self-harm attempters brought to emergency setting in India**." *Asian Journal of Psychiatry* 23 (Oct 2016): 78-86.

[Abstract:] This study attempted to evaluate religious coping and its correlates among patients presenting with self-harm to an emergency setting and compared it with a healthy control group. Religious coping was assessed using brief RCOPE. Beck Hopelessness Scale, Beck Depression Inventory, Barratt Impulsivity Scale, Scale for Suicidal Ideations and Irritability Depression Anxiety scale were used to assess for hopelessness, depression, impulsiveness, suicidal ideations and irritability respectively. The study included 32 subjects with depression and 77 subjects without any psychiatric diagnosis who presented with self-harm and 50 healthy controls. Compared to healthy controls, those with self-harm irrespective of presence or absence of psychiatric diagnosis less often used positive religious coping and more often used negative religious coping. Further, among those without psychiatric diagnosis (with self harm), there was positive correlation of negative religious coping with impulsivity and hopelessness. Among those without psychiatric diagnosis with self-harm, both positive and negative religious coping correlated positively with depressive scores, severity of suicidal ideations, anxiety and irritability, but associations were stronger for negative

religious coping than that for positive religious coping. The findings of the present study suggest that those who indulge in self harm have lower use of positive religious coping and higher use of negative religious coping.

Harris, S. T. and Koenig, H. G. [East Carolina University, Greenville, NC; and Duke University Medical Center, Durham, NC]. "**An 81-year-old woman with chronic illnesses and a strong faith**." *Journal of Complementary & Integrative Medicine* 13, no. 1 (Mar 1, 2016): 83-89.

[Abstract:] Mrs. Smith is an 81-year-old woman who has several medical problems. Despite these problems, however, her faith and spirituality strength give her the strength and determination to move forward in life. She stresses that, "My faith helps me cope with my illnesses." This article describes Mrs. Smith's roller coaster life and how faith, prayer, and hope have allowed her to continue to press forward. She interprets pain and illnesses as challenges, not obstacles. Her physician who has been treating her for about 20 years indicates that she has continued to have multiple chronic health issues and has maintained an incredibly positive spirit, particularly when traditional medicine has failed to make a difference. Spiritual care is being increasingly documented as an important component of whole person medicine. For some, religiosity and spirituality are important aspects of patient-provider relationship. God, faith, and hope are essential factors to Mrs. Smith who uses spirituality and religion daily to cope with her chronic illnesses.

Hawthorne, D. M., Youngblut, J. M. and Brooten, D. [Florida Atlantic University, Boca Raton; and Florida International University, Miami, FL]. "**Parent spirituality, grief, and mental health at 1 and 3 months after their infant's/child's death in an Intensive Care Unit**." *Journal of Pediatric Nursing* 31, no. 1 (Jan-Feb 2016): 73-80.

[Abstract:] The death of an infant/child is one of the most devastating experiences for parents and immediately throws them into crisis. Research on the use of spiritual/religious coping strategies is limited, especially with Black and Hispanic parents after a neonatal (NICU) or pediatric intensive care unit (PICU) death. PURPOSE: The purpose of this longitudinal study was to test the relationships between spiritual/religious coping strategies and grief, mental health (depression and post-traumatic stress disorder) and personal growth for mothers and fathers at 1 (T1) and 3 (T2) months after the infant's/child's death in the NICU/PICU, with and without control for race/ethnicity and religion. RESULTS: Bereaved parents' greater use of spiritual activities was associated with lower symptoms of grief, mental health (depression and post-traumatic stress), but not post-traumatic stress in fathers. Use of religious activities was significantly related to greater personal growth for mothers, but not fathers. CONCLUSION: Spiritual strategies and activities helped parents cope with their grief and helped bereaved mothers maintain their mental health and experience personal growth.

Hayward, R. D. and Krause, N. [University of Michigan, Ann Arbor, MI]. "**Classes of individual growth trajectories of religious coping in older adulthood: patterns and predictors**." *Research on Aging* 38, no. 5 (Jul 2016): 554-579. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] For many individuals, religion provides important cognitive resources for coping with stressors, especially in older adulthood. Although older adults are thought to make more use of these coping strategies than those at younger ages, less is known about how patterns of use change during the span of older adulthood. In a largely Christian sample of U.S. older adults, positive and negative religious coping were measured between 2 and 5 times over a period of 11 years (N = 1,075). Growth mixture modeling extracted latent classes of growth. The optimal solution for positive coping indicated a five-class structure (high, stable; high, declining moderately; high, declining rapidly; low, increasing; and low, stable) and the optimal negative coping solution had three classes (low, declining; low, increasing; and high, declining). Nominal logistic regression examined the relationship of individual characteristics with latent class. Education, religious commitment, religious attendance, and religious doubt were related to positive coping trajectory class. Only religious doubt was related to negative coping class.

Hayward, R. D. and Krause. N. [University of Michigan, Ann Arbor, MI]. "**Forms of attrition in a longitudinal study of religion and health in older adults and implications for sample bias**." *Journal of Religion & Health* 55, no. 1 (Feb 2016): 50-66.

[Abstract:] The use of longitudinal designs in the field of religion and health makes it important to understand how attrition bias may affect findings in this area. This study examines attrition in a 4-wave, 8-year study of older adults. Attrition resulted in a sample biased toward more educated and more religiously involved individuals. Conditional linear growth curve models found that trajectories of change for some variables differed among attrition categories. Ineligibles had worsening depression, declining control, and declining attendance. Mortality was associated with worsening religious coping styles. Refusers experienced worsening depression. Nevertheless, there was no evidence of bias in the key religion and health results.

Hayward, R. D., Krause, N., Ironson, G., Hill, P. C. and Emmons, R. [University of Michigan, Ann Arbor, MI; University of Miami, Coral Gables, FL; Biola University, La Mirada, CA; and University of California, Davis, CA]. "**Health and well-being among the non-religious: atheists, agnostics, and no preference compared with religious group members**." *Journal of Religion & Health* 55, no. 3 (Jun 2016): 1024-1037.

[Abstract:] Although recent research suggests that the proportion of the US population identifying as non-religious has been rapidly expanding over the course of the last decade, relatively little research has examined the implications of this development for health and well-being. This study uses data from a large representative survey study of religion and health in the adult US population (N = 3010) to examine group differences among religious group members (N = 2401) and three categories of non-religious individuals: atheists (N = 83), agnostics (N = 189), and those stating no religious preference (N = 329). MANCOVA was used to analyze group differences on five outcome dimensions, incorporating 27 outcome variables. Religious non-affiliates did not differ overall from affiliates in terms of physical health outcomes (although atheists and agnostics did have better health on some individual measures including BMI, number of chronic conditions, and physical limitations), but had worse positive psychological functioning characteristics, social support relationships, and health behaviors. On dimensions related to psychological well-being, atheists and agnostics tended to have worse outcomes than either those with religious affiliation or those with no religious preference. If current trends in the religious composition of the population continue, these results have implications for its future healthcare needs.

Hayward, R. D., Krause, N., Ironson, G. and Pargament, K. I. [University of Michigan, Ann Arbor, MI; University of Miami, Coral Gables, FL; and Bowling Green State University, Bowling Green, OH]. "**Externalizing religious health beliefs and health and well-being outcomes**." *Journal of Behavioral Medicine* 39, no. 5 (Oct 2016): 887-895. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

Working with data from a nationally representative sample US survey of religion and health (N = 2948), this study found that [from the abstract:] …Believing in healing miracles was related to greater divine health deferral. Greater divine health deferral was associated with poorer symptoms of physical health. Belief in miracles was related to greater life satisfaction. Comparison of coefficients across models indicated that externalizing beliefs had a significant suppressor effect on the relationship between religious activity and physical symptoms, but did not significantly mediate its relationship with life satisfaction.

Head, B. A., Schapmire, T., Earnshaw, L., Faul, A., Hermann, C., Jones, C., Martin, A., Shaw, M. A., Woggon, F., Ziegler, C. and Pfeiffer, M. [University of Louisville, et al.]. "**Evaluation of an interdisciplinary curriculum teaching team-based palliative care integration in oncology**." *Journal of Cancer Education* 31, no. 2 (Jun 2016): 358-365.

This article reports the success of an effort to design and implement an interdisciplinary curriculum for palliative care in oncology, which was mandatory for medical, nursing, social work, and chaplaincy students.

Hemming, P., Teague, P. J., Crowe, T. and Levine, R. [Duke University School of Medicine, Durham, NC; and Johns Hopkins School of Medicine and Health System, Baltimore, MD]. "**Chaplains on the medical team: a qualitative analysis of an interprofessional curriculum for internal medicine residents and chaplain interns**." *Journal of Religion & Health* 55, no. 2 (Apr 2016): 560-571.

[Abstract:] Improved collaboration between physicians and chaplains has the potential to improve patient experiences. To better understand the benefits and challenges of learning together, the authors conducted several focus groups with participants in an interprofessional curriculum that partnered internal medicine

residents with chaplain interns in the clinical setting. The authors derived four major qualitative themes from the transcripts: (1) physician learners became aware of effective communication skills for addressing spirituality. (2) Chaplain interns enhanced the delivery of team-based patient-centered care. (3) Chaplains were seen as a source of emotional support to the medical team. (4) The partnership has three keys to success: adequate introductions for team members, clear expectations for participants, and opportunities for feedback. The themes presented indicate several benefits of pairing physicians and chaplains in the setting of direct patient care and suggest that this is an effective approach to incorporating spirituality in medical training. [The authors have also published a brief and related piece: Hemming, P., Teague, P., Crowe, T. and Levine, R. B., "Demystifying spiritual care: an interprofessional approach for teaching residents and hospital chaplains to work together" *Journal of Graduate Medical Education* 8, no. 3 (Jul 2016): 454-455.]

Hermann, C. P., Head, B. A., Black, K. and Singleton, K. [University of Louisville]. "**Preparing nursing students for interprofessional practice: the Interdisciplinary Curriculum for Oncology Palliative Care Education**." *Journal of Professional Nursing* 32, no. 1 (Jan-Feb 2016): 62-71.

This article details the Interdisciplinary Curriculum for Oncology Palliative Care Education project --a team-based palliative oncology education framework for teaching students interprofessional practice skills. The program incorporated chaplaincy students, and the authors address a number of points related to the involvement of chaplains.

Hibbert, D. [King Faisal Specialist Hospital and Research Centre, and Al Faisal University, Riyadh, Saudi Arabia]. "**View from here: caring for persons with ostomies in Saudi Arabia**." *Journal of Wound, Ostomy & Continence Nursing* 43, no. 4 (Jul-Aug 2016): 398-399. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

This is an introduction to subject and articles in the issue of the journal regarding Muslim patients. [See the articles by Iqbal, et al. and by Akgul & Karadag, also noted in this bibliography.]

Hill, T. D., Ellison, C. G., Burdette, A. M., Taylor, J. and Friedman, K. L. [University of Arizona, Tucson, AZ; University of Texas at San Antonio, San Antonio, TX; Florida State University, Tallahassee, FL; and Vanderbilt University, Nashville, TN]. "**Dimensions of religious involvement and leukocyte telomere length**." *Social Science & Medicine* 163 (Aug 2016): 168-75. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Although numerous studies suggest that religious involvement is associated with a wide range of favorable health outcomes, it is unclear whether this general pattern extends to cellular aging. In this paper, we tested whether leukocyte telomere length varies according to several dimensions of religious involvement. We used cross-sectional data from the Nashville Stress and Health Study (2011-2014), a large probability sample of 1252 black and white adults aged 22 to 69 living in Davidson County, TN, USA. Leukocyte telomere length was measured using the monochrome multiplex quantitative polymerase chain reaction method with albumin as the single-copy reference sequence. Dimensions of religious involvement included religiosity, religious support, and religious coping. Our multivariate analyses showed that religiosity (an index of religious attendance, prayer frequency, and religious identity) was positively associated with leukocyte telomere length, even with adjustments for religious support, religious coping, age, gender, race, education, employment status, income, financial strain, stressful life events, marital status, family support, friend support, depressive symptoms, smoking, heavy drinking, and allostatic load. Unlike religiosity, religious support and religious coping were unrelated to leukocyte telomere length across models. Depressive symptoms, smoking, heavy drinking, and allostatic load failed to explain any of the association between religiosity and telomere length. To our knowledge, this is the first population-based study to link religious involvement and cellular aging. Although our data suggest that adults who frequently attend religious services, pray with regularity, and consider themselves to be religious tend to exhibit longer telomeres than those who attend and pray less frequently and do not consider themselves to be religious, additional research is needed to establish the mechanisms underlying this association. [See also the commentary on this article, in the same issue of the journal: VanderWeele, T. J. and Shields, A. E., "Religiosity and telomere length: one step forward, one step back," pp. 176-178.]

Ho, R. T., Wan, A. H. and Chan, C. K. [University of Hong Kong]. "**Toward a holistic approach to spiritual health care for people with schizophrenia**." *Holistic Nursing Practice* 30, no. 5 (Sep-Oct 2016): 269-271.

[Abstract:] Medical and behavioral treatments are the predominant types of rehabilitation services for people with schizophrenia. Spirituality in people with schizophrenia remains poorly conceptualized, thereby limiting knowledge advancement in the area of spiritual health care services. To provide a framework for better clinical and research practices, we advocate a holistic approach to investigating spirituality and its application in spiritual health care services of people with schizophrenia.

Hodge, D. R., Salas-Wright, C. P. and Wolosin, R. J. [Arizona State University, Phoenix, AZ; University of Texas at Austin, TX; and Press Ganey Associates, Inc., South Bend, IN]. "**Addressing spiritual needs and overall satisfaction with service provision among older hospitalized inpatients**." *Journal of Applied Gerontology* 35, no. 4 (Apr 2016): 374-400.

[Abstract:] Little research has examined the relationship between addressing older adults' spiritual needs and overall satisfaction with service provision during hospitalization, despite the importance of spirituality and religion to most older adults. This study examined this relationship, in tandem with the effects of eight potential mediators. Toward this end, structural equation modeling was used with a sample of 4,112 adults age 65 and older who were consecutively discharged over a 12-month period from hospitals in California, Texas, and New England. As hypothesized, addressing spiritual needs was positively associated with overall satisfaction. The relationship between spiritual needs and satisfaction was fully mediated by seven variables: nursing staff, the discharge process, visitors, physicians, the admissions process, room quality, and the administration of tests and treatments. The diverse array of mediating pathways identified highlights the importance of health care practitioners working collaboratively to address older adults' spiritual needs.

Hodge, D. R., Zidan, T. and Husain, A. [University of Pennsylvania, Philadelphia, PA; Arizona State University, Phoenix, AZ; and Howard University, Washington, DC]. "**Depression among Muslims in the United States: examining the role of discrimination and spirituality as risk and protective factors**." *Social Work* 61, no. 1 (Jan 2016): 45-52.

[Abstract:] Depression is a widespread challenge that affects people in all cultures. Yet, despite the growth of the Muslim population in the United States, little research has been conducted on this topic with members of this cultural group. To address this gap in the literature, the present study examines the effect of discrimination and spirituality on depression with a sample of self-identified Muslims (N = 269). Consistent with our expectations, discrimination was a risk factor and spirituality was a protective factor. For instance, Muslims who reported being called offensive names were more likely (odds ratio [OR] = 3.39, 95% confidence interval [CI] = 1.82, 6.32) to report clinically significant levels of depressive symptoms compared with those who were not called offensive names, whereas saying daily prayers was associated with a lower likelihood of reporting elevated levels of symptoms (OR = 0.74, 95% CI = 0.55, 0.97). The article concludes with a discussion of the implication of the results as they intersect social work practice and of avenues for future research.

Huguelet, P., Mohr, S. M., Olie, E., Vidal, S., Hasler, R., Prada, P., Bancila, M., Courtet, P., Guillaume, S. and Perroud, N. [University Hospitals of Geneva, and University of Geneva, Geneva, Switzerland; Universite Montpellier, Montpellier; and Foundation of Scientific Cooperation, Creteil, France]. "**Spiritual meaning in life and values in patients with severe mental disorders**." *Journal of Nervous & Mental Disease* 204, no. 6 (Jun 2016): 409-414. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Spirituality and meaning in life are key dimensions of recovery in psychiatric disorders. The aim of this study was to explore spiritual meaning in life in relation to values and mental health among 175 patients with schizophrenia, borderline personality disorder, bipolar disorder, and anorexia nervosa. For 26% of the patients, spirituality was essential in providing meaning in life. Depending on the diagnosis, considering spirituality as essential in life was associated with

better social functioning; self-esteem; psychological and social quality of life; fewer negative symptoms; higher endorsement of values such as universalism, tradition (humility, devoutness), and benevolence (helpfulness); and a more meaningful perspective in life. These results highlight the importance of spirituality for recovery-oriented care.

Hulett, J. M. and Armer, J. M. [University of Utah, Salt Lake City, UT; and University of Missouri, Columbia, MO]. "**A systematic review of spiritually based interventions and psychoneuroimmunological outcomes in breast cancer survivorship**." *Integrative Cancer Therapies* 15, no. 4 (Dec 2016): 405-423. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Objective This is a review of spiritually based interventions (eg, mindfulness-based stress reduction) that utilized psychoneuroimmunological (PNI) outcome measures in breast cancer survivors. Specifically, this review sought to examine the evidence regarding relationships between spiritually based interventions, psychosocial-spiritual outcomes, and biomarker outcomes in breast cancer survivors. Methods A systematic search of 9 online databases was conducted for articles of original research, peer-reviewed, randomized and nonrandomized control trials from 2005-2015. Data were extracted in order to answer selected questions regarding relationships between psychosocial-spiritual and physiological measures utilized in spiritually based interventions. Implications for future spiritually based interventions in breast cancer survivorship are discussed. Results Twenty-two articles were reviewed. Cortisol was the most common PNI biomarker outcome studied. Compared with control groups, intervention groups demonstrated positive mental health outcomes and improved or stable neuroendocrine-immune profiles, although limitations exist. Design methods have improved with regard to increased use of comparison groups compared with previous reviews. There are few spiritually based interventions that specifically measure religious or spiritual constructs. Similarly, there are few existing studies that utilize standardized religious or spiritual measures with PNI outcome measures. Findings suggest that a body of knowledge now exists in support of interventions with mindfulness-breathing-stretching components; furthermore, these interventions appear to offer potential improvement or stabilization of neuroendocrine-immune activity in breast cancer survivors compared to control groups. Conclusion From a PNI perspective, future spiritually based interventions should include standardized measures of religiousness and spirituality in order to understand relationships between and among religiousness, spirituality, and neuroendocrine-immune outcomes. Future research should now focus on determining the minimum dose and duration needed to improve or stabilize neuroendocrine-immune function, as well as diverse setting needs, including home-based practice for survivors who are too ill to travel to group sessions or lack economic resources.

Hurlbut, J. and Ditmyer, M. [Roseman University of Health Sciences, Henderson, NV; and Academy for Academic Leadership, Atlanta, GA]. "**Defining the meaning of spirituality through a qualitative case study of sheltered homeless women**." *Nursing for Women's Health* 20, no. 1 (Feb-Mar 2016): 52-62.

[Abstract:] The primary purpose of this case study was to assess the meaning of spirituality in a convenience sample of women located in an urban city in the southwest United States. The secondary purpose was to describe their lived experiences associated with spirituality. From these interviews five themes emerged: Belief in God or a Higher Power, Distinction Between Religion and Spirituality, Belief That There Is a Plan for Their Lives, Spirituality Providing Guidance for What Is Right/Wrong, and Belief That Their Lives Will Improve. These findings support the perceived fundamental importance of spirituality in the lives of homeless women. Nurses and other clinicians can use this information to develop interventions to help support women using spirituality practices and to help improve the outlook of homelessness for these women.

Iqbal, F., Kujan, O., Bowley, D. M., Keighley, M. R. B. and Vaizey, C. J. [St Marks Hospital, Harrow, London, UK; Heart of England NHS Foundation Trust, Birmingham, UK; University of Durham, Durham, UK; and Al-Farabi College, Riyadh, Saudi Arabia]. "**Quality of life after ostomy surgery in Muslim patients: a systematic review of the literature and suggestions for clinical practice**." *Journal of Wound, Ostomy & Continence Nursing* 43, no. 4 (Jul-Aug 2016): 385-391. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: To determine factors that influence health-related quality of life (HRQOL) after ostomy surgery in Muslim patients. METHODS: A systematic literature review of published data was carried out using MeSH terms ("Muslim" OR "Islam") AND ("stoma" OR "ostomy" OR "colostomy" OR "ileostomy") AND "quality of life" AND "outcomes." RESULTS: Twelve studies enrolling 913 subjects were deemed suitable for inclusion in the review. HRQOL was found to be particularly impaired in Muslims; this impairment went beyond that experienced by non-Muslim patients. Factors associated with this difference included psychological factors, social isolation, underreporting of complications, and sexual dysfunction leading to breakdown of marital relations as well as diminished religious practices. CONCLUSION: Muslims requiring ostomies should receive preoperative counseling by surgeons and ostomy nurses. These discussions should also include faith leaders and/or hospital chaplains. Ongoing support after surgery can be extended into the community and encompass family doctors and faith leaders. Additional research exploring HRQOL after surgery in Muslims living in Western societies is indicated. [See also the article by Akgul, et al. in the same issue of the journal, and an introductory piece by Hibbert, also noted in this bibliography.]

Ironson, G., Kremer, H. and Lucette, A. [University of Miami, Coral Gables, FL]. "**Relationship between spiritual coping and survival in patients with HIV**." *Journal of General Internal Medicine* 31, no. 9 (Sep 2016): 1068-1076. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Studies of spirituality in initially healthy people have shown a survival advantage, yet there are fewer research studies in the medically ill, despite the widespread use of spirituality/religiousness to cope with serious physical illness. In addition, many studies have used limited measures such as religious service attendance. OBJECTIVE: We aimed to examine if, independent of medication adherence, the use of spirituality/religiousness to cope with HIV predicts survival over 17 years. DESIGN: This was a longitudinal study, started in 1997. Study materials were administered semi annually. PARTICIPANTS: A diverse sample of 177 HIV patients initially in the mid-stage of disease (150-500 CD4-cells/mm(3); no prior AIDS-defining symptoms) participated in the study. MAIN MEASURES: Participants were administered a battery of psychosocial questionnaires and a blood draw. They completed interviews and essays to assess current stressors. Spiritual coping (overall/strategies) was rated by qualitative content analysis of interviews regarding stress and coping with HIV, and essays. KEY RESULTS: Controlling for medical variables (baseline CD4/viral load) and demographics, Cox regression analyses showed that overall positive spiritual coping significantly predicted greater survival over 17 years (mortality HR= 0.56, p= 0.039). Findings held even after controlling for health behaviors (medication adherence, substance use) and social support. Particular spiritual coping strategies that predicted longer survival included spiritual practices (HR= 0.26, p<0.001), spiritual reframing (HR= 0.27, p= 0.006), overcoming spiritual guilt (HR= 0.24, p<0.001), spiritual gratitude (HR= 0.40, p= 0.002), and spiritual empowerment (HR= 0.52, p= 0.024), indicating that people using these strategies were 2-4 times more likely to survive. CONCLUSIONS: To our knowledge this is the first study showing a prospective relationship of spiritual coping in people who are medically ill with survival over such a long period of time, and also specifically identifies several strategies of spirituality that may be beneficial.

Isaac, K. S., Hay, J. L. and Lubetkin, E. I. [City University of New York, and Memorial Sloan-Kettering Cancer Center, New York, NY]. "**Incorporating spirituality in primary care**." *Journal of Religion & Health* 55, no. 3 (Jun 2016): 1065-1077.

[Abstract:] Addressing cultural competency in health care involves recognizing the diverse characteristics of the patient population and understanding how they impact patient care. Spirituality is an aspect of cultural identity that has become increasingly recognized for its potential to impact health behaviors and healthcare decision-making. We consider the complex relationship between spirituality and health, exploring the role of spirituality in primary care, and consider the inclusion of spirituality in existing models of health promotion. We discuss the feasibility of incorporating spirituality into clinical practice, offering suggestions for physicians.

Israel-Cohen, Y., Kaplan, O., Noy, S. and Kashy-Rosenbaum, G. [Northwestern University, Evanston, IL; and College of Management Academic Studies, Rishon Lezion, Israel]. "**Religiosity as a moderator of self-efficacy and social support in predicting traumatic stress among combat soldiers**." *Journal of Religion & Health* 55, no. 4 (Aug 2016): 1160-1171. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Based on a sample of 54 Israeli soldiers (51% non-religious, 49% religious) surveyed upon their return from combat, this study investigates the moderating role of religiosity as a factor that may strengthen cognitive processing tied to the belief in oneself to persevere (i.e., self-efficacy) after trauma and/or as a factor tied to enhanced external social support that religious individuals in particular may benefit from by their involvement in a religious community. Findings revealed (1) social support was tied to greater resilience within the general sample; (2) religious soldiers were less susceptible to traumatic stress than non-religious soldiers; and (3) religiosity moderated the relationship between self-efficacy and traumatic stress but not the relationship between social support and traumatic stress. Implications of findings are discussed.

Jahn Kassim, P. N. and Alias, F. [International Islamic University Malaysia, Kuala Lumpur, Malaysia]. "**Religious, ethical and legal considerations in end-of-life issues: fundamental requisites for medical decision making**." *Journal of Religion & Health* 55, no. 1 (Feb 2016): 119-134.

[Abstract:] Religion and spirituality have always played a major and intervening role in a person's life and health matters. With the influential development of patient autonomy and the right to self-determination, a patient's religious affiliation constitutes a key component in medical decision making. This is particularly pertinent in issues involving end-of-life decisions such as withdrawing and withholding treatment, medical futility, nutritional feeding and do-not-resuscitate orders. These issues affect not only the patient's values and beliefs, but also the family unit and members of the medical profession. The law also plays an intervening role in resolving conflicts between the sanctity of life and quality of life that are very much pronounced in this aspect of healthcare. Thus, the medical profession in dealing with the inherent ethical and legal dilemmas needs to be sensitive not only to patients' varying religious beliefs and cultural values, but also to the developing legal and ethical standards as well. There is a need for the medical profession to be guided on the ethical obligations, legal demands and religious expectations prior to handling difficult end-of-life decisions. The development of comprehensive ethical codes in congruence with developing legal standards may offer clear guidance to the medical profession in making sound medical decisions.

Johnson, R., Wirpsa, M. J., Boyken, L., Sakumoto, M., Handzo, G., Kho, A. and Emanuel, L. [Northwestern University, Northwestern Memorial Hospital, and the Feinberg School of Medicine, Chicago, IL; and HealthCare Chaplaincy Network, New York, NY]. "**Communicating chaplains' care: narrative documentation in a neuroscience-spine Intensive Care Unit**." *Journal of Health Care Chaplaincy* 22, no. 4 (Oct-Dec 2016): 133-150. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Chaplaincy care is different for every patient; a growing challenge is to ensure that electronic health records function to support personalized care. While ICU health care teams have advanced clinical practice guidelines to identify and integrate relevant aspects of the patient's story into whole person care, recommendations for documentation are rare. This qualitative study of over 400 free-text EHR notes offers unique insight into current use of free-text documentation in ICU by six chaplains integrated into the healthcare team. Our research provides insight into the phenomena chaplains record in the electronic record. Content analysis shows recurrent report of patient and family practices, beliefs, coping mechanisms, concerns, emotional resources and needs, family and faith support, medical decision making and medical communications. These findings are important for health care team discussions of factors deemed essential to whole person care in ICUs, and, by extension have the potential to support the development of EHR designs that aim to advance personalized care.

Johnstone, B., Bhushan, B., Hanks, R., Yoon, D. P. and Cohen, D. [University of Missouri, Columbia, MO; Wayne State University, Detroit, MI; and Indian Institute of Technology, Kanpur, India]. "**Factor structure of the Brief Multidimensional Measure of Religiousness/Spirituality in US and Indian samples with traumatic brain injury**." *Journal of Religion & Health* 55, no. 2 (Apr 2016): 572-586.

[Abstract:] The aim of this paper was to determine the factor structure of the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) based on a sample of individuals from diverse cultures (i.e., USA, India), ethnicities (i.e., Caucasian, African-American, South Asian), and religions (i.e., Christian, Muslim, Hindu). A total of 109 individuals with traumatic brain injury (TBI) were included. Participants completed the BMMRS as part of a broader study on spirituality, religion, prosocial behaviors, and neuropsychological function. A principal components factor analysis with varimax rotation and Kaiser normalization identified a six-factor solution accounting for 72% of the variance in scores. Five of the factors were deemed to be interpretable and were labeled based on face validity as: (1) Positive Spirituality/Religious Practices; (2) Positive Congregational Support; (3) Negative Spirituality/Negative Congregational Support; (4) Organizational Religion; and (5) Forgiveness. The results were generally consistent with previous studies, suggesting the existence of universal religious, spiritual, and congregational support factors across different cultures and faith traditions. For health outcomes research, it is suggested that the BMMRS factors may be best conceptualized as measuring the following general domains: (a) emotional connectedness with a higher power (i.e., spirituality, positive/negative); (b) culturally based behavioral practices (i.e., religion); and (c) social support (i.e., positive/negative). The results indicate that factor relationships may differ among spiritual, religious, and congregational support variables according to culture and/or religious tradition.

Jones, K., Simpson, G. K., Briggs, L. and Dorsett, P. [Royal Rehab, Ryde, New South Wales; Ingham Institute of Applied Medical Research, Liverpool, New South Wales; and Griffith University, Southport, Queensland, Australia]. "**Does spirituality facilitate adjustment and resilience among individuals and families after SCI?**" *Disability & Rehabilitation* 38, no. 10 (2016): 921-935.

[Abstract:] PURPOSE: The purpose of this scoping review was to investigate the role of spirituality in facilitating adjustment and resilience after spinal cord injury (SCI) for the individual with SCI and their family members. METHOD-DATA SOURCES: Peer reviewed journals were identified using PsychInfo, MEDLINE, CINAHL, Embase and Sociological Abstracts search engines. STUDY SELECTION: After duplicates were removed, 434 abstracts were screened applying inclusion and exclusion criteria. DATA EXTRACTION: The selected 28 studies were reviewed in detail and grouped according to methodological approach. RESULTS: Of the 28 studies relating to spirituality and related meaning-making constructs, 26 addressed the adjustment of the individual with SCI alone. Only two included family members as participants. Quantitative studies demonstrated that spirituality was positively associated with life satisfaction, quality of life, mental health and resilience. The utilisation of meaning-making and hope as coping strategies in the process of adjustment were highlighted within the qualitative studies. Clinical implications included recommendations that spirituality and meaning-making be incorporated in assessment and interventions during rehabilitation. The use of narratives and peer support was also suggested. CONCLUSIONS: Spirituality is an important factor in adjustment after SCI. Further research into the relationship between spirituality, family adjustment and resilience is needed. IMPLICATIONS FOR REHABILITATION: Higher levels of spirituality were associated with improved quality of life, life satisfaction, mental health, and resilience for individuals affected by spinal cord injury. Health professionals can enhance the role that spirituality plays in spinal rehabilitation by incorporating the spiritual beliefs of individuals and their family members into assessment and intervention. By drawing upon meaning-making tools, such as narrative therapy, incorporating peer support, and assisting clients who report a decline in spirituality, health professionals can provide additional support to individuals and their family members as they adjust to changes after spinal cord injury.

Kamal, A. H., Bull, J., Ritchie, C. S., Kutner, J. S., Hanson, L. C., Friedman, F., and Taylor, D. H. Jr., for the AAHPM Research Committee Writing Group. [Duke University, Durham, NC; University of California at San Francisco, CA; University of Colorado at Denver, CO; and University of North Carolina at Chapel Hill, NC]. "**Adherence to measuring what matters measures using point-of-care data collection across diverse clinical settings**." *Journal of Pain & Symptom Management* 51, no. 3 (Mar 2016): 497-503.

[From the abstract:] Measuring What Matters (MWM) for palliative care has prioritized data collection efforts for evaluating quality in clinical practice. How these measures can be implemented across diverse clinical settings using point-of-care data collection on quality is unknown. …We deployed a point-of-care quality data collection system, the Quality Data Collection Tool, across five organizations within the Palliative Care Research Cooperative Group. Quality measures were recorded by clinicians or assistants near care delivery. RESULTS: During the study period, 1989 first visits were included for analysis. Our

population was mostly white, female, and with moderate performance status. About half of consultations were seen on hospital general floors. We observed a wide range of adherence. The lowest adherence involved comprehensive assessments during the first visit in hospitalized patients in the intensive care unit (2.71%); the highest adherence across all settings, with an implementation of >95%, involved documentation of management of moderate/severe pain. We observed differences in adherence across clinical settings especially with MWM Measure #2 (Screening for Physical Symptoms, range 45.7%-81.8%); MWM Measure #5 (Discussion of Emotional Needs, range 46.1%-96.1%); and MWM Measure #6 (Documentation of Spiritual/Religious Concerns, range 0-69.6%).

Kelly, J. A., May, C. S. and Maurer, S. H. [University of Pittsburgh School of Medicine, and Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA]. "**Assessment of the spiritual needs of primary caregivers of children with life-limiting illnesses is valuable yet inconsistently performed in the hospital**." *Journal of Palliative Medicine* 19, no. 7 (Jul 2016): 763-766. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Religion and spirituality influence how many patients and families experience illness, but knowledge of the level of spiritual care provided to caregivers of pediatric patients within the hospital is limited. OBJECTIVE: We evaluated patient caregivers' perceptions of the extent to which their religious and spiritual (R/S) needs were assessed and addressed in the hospital. METHODS: We surveyed primary caregivers of children referred to palliative care <1 year prior at an urban, pediatric academic medical center. Participants completed a structured questionnaire with quantitative and qualitative measures of the provision of spiritual care in the hospital. Nonparametric tests were used to compare various measures of perceived and desired R/S support. RESULTS: The majority (16/24) of caregivers desired inquiry about R/S needs by the medical team. Fewer than half (12/25) had these needs assessed. No subjects were uncomfortable with questions regarding R/S needs. Only 35% (8/23) specifically wanted a physician to inquire about R/S needs. Subjects whose R/S needs were assessed perceived higher levels of support from the medical team (4.40 versus 3.08, p=0.02). A significant correlation existed between number of hospital-based R/S resources used and reported R/S-related comfort (rs=0.438, p=0.043). CONCLUSIONS: Assessment of R/S needs of caregivers of pediatric palliative care patients is performed less often than desired, even though it can improve perceptions of support from medical teams. Use of hospital-based R/S resources can increase spiritual comfort. Standardizing assessment of caregivers' R/S needs and referral to appropriate resources is a target for quality improvement in pediatric palliative medicine.

Koehler Hildebrandt, A. N., Hodgson, J. L., Dodor, B. A., Knight, S. M. and Rappleyea, D. L. [Cardinal Innovations Healthcare, Kannapolis; and East Carolina University, Greenville, NC]. "**Biopsychosocial-spiritual factors impacting referral to and participation in cardiac rehabilitation for African American patients: a systematic review**." *Journal of Cardiopulmonary Rehabilitation & Prevention* 36, no. 5 (Sep-Oct 2016): 320-330. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: The purposes of this systematic review were to (1) review the literature related to the demographic and biopsychosocial-spiritual factors impacting cardiac rehabilitation (CR) referral and participation of African American patients with cardiovascular disease (CVD); (2) identify barriers and facilitators to CR referral and participation for this population; (3) identify gaps in the literature; and (4) make recommendations for future research studies and interventions. METHODS: The Cooper 7-step protocol for research synthesis was followed to formulate a research question and search MEDLINE via PubMed, PsycINFO via EBSCO, and CINAHL via EBSCO. A second reviewer repeated the searches performed by the first author in the initial review. RESULTS: A total of 1640 articles identified using the search strategy yielded 7 articles that fit the search criteria. Most studies measured demographic or social factors. Two studies measured biological factors, 1 study measured psychological factors, and no study measured spiritual factors. CONCLUSIONS: According to the studies reviewed, African American patients with CVD were less likely to receive a CR referral, more likely to enroll in CR with more cardiovascular risk factors, and less likely to participate in and complete CR due to factors related to low socioeconomic status (e.g., lack of insurance, work conflicts, lower level of education) than non-Hispanic white patients. Further research is needed on the interaction between demographic/biopsychosocial-spiritual factors and referral to and participation of African Americans in CR in order to ensure that interventions fit the needs of this particular population.

Koenig, H. G., Nelson, B., Shaw, S. F., Saxena, S. and Cohen, H. J. [Duke University Medical Center, Durham, NC; King Abdulaziz University, Jeddah, Saudi Arabia; Ningxia Medical University, Yinchuan, People's Republic of China; and Glendale Adventist Medical Center, Glendale, CA]. "**Religious involvement and adaptation in female family caregivers**." *Journal of the American Geriatrics Society* 64, no. 3 (Mar 2016): 578-583.

[Abstract:] OBJECTIVES: To examine the relationship between religious involvement (RI) and adaptation of women caring for family members with severe physical or neurological disability. DESIGN: Two-site cross-sectional study. SETTING: Community. PARTICIPANTS: A convenience sample of 251 caregivers was recruited. RI and caregiver adaptation (assessed by perceived stress, caregiver burden, and depressive symptoms) were measured using standard scales, along with caregiver characteristics, social support, and health behaviors. Bivariate and multivariate analyses were conducted to identify relationships and mediating and moderating factors. RESULTS: Religious involvement (RI) was associated with better caregiver adaptation independent of age, race, education, caregiver health, care recipient's health, social support, and health behaviors (B = -0.09, standard error = 0.04, t = -2.08, P = .04). This association was strongest in caregivers aged 58-75 and spouses and for perceived stress in blacks. CONCLUSION: Religious involvement (RI) in female caregivers is associated with better caregiver adaptation, especially for those who are older, spouses of the care recipients, and blacks. These results are relevant to the development of future interventions that provide support to family caregivers.

Koenig, H. G., Nelson, B., Shaw, S. F., Saxena, S. and Cohen, H. J. [Duke University Medical Center, Durham, NC; King Abdulaziz University, Jeddah, Saudi Arabia; Ningxia Medical University, Yinchuan, China; and Glendale Adventist Medical Center, Glendale, CA]. "**Religious involvement and telomere length in women family caregivers**." *Journal of Nervous & Mental Disease* 204, no. 1 (Jan 2016): 36-42.

[Abstract:] Telomere length (TL) is an indicator of cellular aging associated with longevity and psychosocial stress. We examine here the relationship between religious involvement and TL in 251 stressed female family caregivers recruited into a 2-site study. Religious involvement, perceived stress, caregiver burden, depressive symptoms, and social support were measured and correlated with TL in whole blood leukocytes. Results indicated a U-shaped relationship between religiosity and TL. Those scoring in the lowest 10% on religiosity tended to have the longest telomeres (5743 bp +/- 367 vs. 5595 +/- 383, p = 0.069). However, among the 90% of caregivers who were at least somewhat religious, religiosity was significantly and positively related to TL after controlling for covariates (B = 1.74, SE = 0.82, p = 0.034). Whereas nonreligious caregivers have relatively long telomeres, we found a positive relationship between religiosity and TL among those who are at least somewhat religious.

Koenig, H. G., Pearce, M. J., Nelson, B. and Erkanli, A. [Duke University Medical Center, Durham, NC; King Abdulaziz University, Jeddah, Saudi Arabia; Ningxia Medical University, Yinchuan, People's Republic of China; University of Maryland School of Medicine, Baltimore, MD; Glendale Adventist Medical Center, Glendale, CA; and Duke University School of Medicine, Durham, NC]. "**Effects on daily spiritual experiences of religious versus conventional cognitive behavioral therapy for depression**." *Journal of Religion & Health* 55, no. 5 (Oct 2016): 1763-1777. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] We compared religiously integrated cognitive behavioral therapy (RCBT) versus conventional CBT (CCBT) on increasing daily spiritual experiences (DSE) in major depressive disorder and chronic medical illness. A total of 132 participants aged 18-85 were randomized to either RCBT (n = 65) or CCBT (n = 67). Participants received ten 50-min sessions (primarily by telephone) over 12 weeks. DSE was assessed using the Daily Spiritual Experiences Scale (DSES). Mixed-effects growth curve models compared the effects of treatment group on trajectory of change in DSE. Baseline DSE and changes in DSE were examined as predictors of change in depressive symptoms. DSE increased significantly in both groups. RCBT tended to be more effective than CCBT with regard to increasing DSE (group by time interaction B = -1.80, SE = 1.32, t = -1.36, p = 0.18), especially in those with low religiosity (B = -4.26, SE = 2.27, t = -1.88, p = 0.07). Higher baseline DSE predicted a decrease in depressive symptoms (B = -0.09, SE = 0.04, t = -2.25, p = 0.025), independent of treatment group, and an increase in DSE with treatment correlated with a decrease in depressive symptoms (r = 0.29, p = 0.004). RCBT tends to be more effective than CCBT in

increasing DSE, especially in persons with low religiosity. Higher baseline DSE and increases in DSE over time predict a faster resolution of depressive symptoms. Efforts to increase DSE, assessed by a measure such as the DSES, may help with the treatment of depression in the medically ill.

Koenig, H. G., Pearce, M., Nelson, B., Shaw, S., Robins, C., Daher, N., Cohen, H. J. and King, M. B. [Duke University Medical Center, Durham, NC; University of Maryland, Baltimore, MD; Glendale Adventist Medical Center, Glendale, CA; and Loma Linda University, Loma Linda, CA]. "**Effects of religious vs. standard cognitive behavioral therapy on therapeutic alliance: a randomized clinical trial**." *Psychotherapy Research* 26, no. 3 (2016): 365-376.

[Abstract:] BACKGROUND: Treatments that integrate religious clients' beliefs into therapy may enhance the therapeutic alliance (TA) in religious clients. OBJECTIVE: Compare the effects of religiously integrated cognitive behavioral therapy (RCBT) and standard CBT (SCBT) on TA in adults with major depression and chronic medical illness. METHOD: Multi-site randomized controlled trial in 132 participants, of whom 108 (SCBT = 53, RCBT = 55) completed the Revised Helping Alliance Questionnaire (HAQ-II) at 4, 8, and 12 weeks. Trajectory of change in scores over time was compared between groups. RESULTS: HAQ-II score at 4 weeks predicted a decline in depressive symptoms over time independent of treatment group (B = -0.06, SE = 0.02, p = 0.002, n = 108). There was a marginally significant difference in HAQ-II scores at 4 weeks that favored RCBT (p = 0.076); however, the mixed effects model indicated a significant group by time interaction that favored the SCBT group (B = 1.84, SE = 0.90, degrees of freedom = 181, t = 2.04, p = 0.043, d = 0.30). CONCLUSIONS: While RCBT produces a marginally greater improvement in TA initially compared with SCBT, SCBT soon catches up.

Kopacz, M. S., Currier, J. M., Drescher, K. D. and Pigeon, W. R. [US Department of Veterans Affairs, VISN 2 Center of Excellence for Suicide Prevention, Canandaigua, NY]. "**Suicidal behavior and spiritual functioning in a sample of Veterans diagnosed with PTSD**." *Journal of Injury & Violence Research* 8, no. 1 (Jan 2016): 6-14.

[Abstract:] BACKGROUND: Spiritual well-being has been lauded to exert a protective effect against suicidal behavior. This study examines the characteristics of spiritual functioning and their association with a self-reported history of suicidal thoughts and behavior in a sample of Veterans being treated for post-traumatic stress disorder (PTSD). METHODS: The sample includes 472 Veterans admitted to a PTSD Residential Rehabilitation Program. Measures included the Brief Multidimensional Measure of Religiousness and Spirituality, PTSD Checklist--Military Version, Combat Experiences Scale, and individual items pertaining to history of suicidal thoughts and attempts, spiritual practices, and select demographics. RESULTS: Problems with forgiveness and negative religious coping were uniquely associated with suicide risk, above and beyond age, gender, or ethnicity, combat exposure, and severity of PTSD symptomatology. Organizational religiousness was associated with decreased risk for thinking about suicide in the presence of these covariates. Daily spiritual experiences were inversely associated with suicidal thoughts. Differences in spirituality factors did not distinguish Veterans with both suicidal ideation and prior attempts from those who had ideations absent any prior attempts. CONCLUSIONS: The findings suggest that enhanced or diminished spiritual functioning is associated with suicidal thoughts and attempts among Veterans dealing with PTSD.

Kopacz, M. S., Feldstein, B. D., Asekoff, C. A., Kaprow, M. S., Smith-Coggins, R. and Connery, A. L. [US Department of Veterans Affairs, Canandaigua, NY; The Jewish Chaplaincy at Stanford Medicine and Stanford University, Stanford, CA; and Neshama: Association of Jewish Chaplains, Paramus, NJ]. "**A preliminary study examining chaplains' support for veterans at the end of life**." *International Journal of Palliative Nursing* 22, no. 6 (Jun 2016): 300-302.

[Abstract:] This descriptive study examines the involvement of professional chaplains in addressing loss of dignity, inconsequential life or not having a legacy, fear of burdensomeness, and fear of pain in veterans at the end of life. A convenience sample of Jewish chaplains responded to an online survey gauging their involvement in these areas. Results are presented descriptively. Most respondents stated either rarely (<1 x month) or sometimes (>1 x month) encountering veterans with end-of-life issues. Respondents reported varying degrees of involvement in supporting veterans at the end of life with respect to the aforementioned areas. As research into the end-of-life care needs of veterans continues to develop, recognising chaplains as a source of both spiritual and psychosocial support can serve as an opportunity for better meeting the needs of this population.

Kopacz, M. S., Feldstein, B. D., Asekoff, C. A., Kaprow, M. S., Smith-Coggins, R. and Rasmussen, K. A. [Department of Veterans Affairs, VISN 2 Center of Excellence for Suicide Prevention, Canandaigua, NY; Stanford University School of Medicine, Stanford, CA; Neshama: Association of Jewish Chaplains, Whippany, NJ; and University of Rochester Medical Center, Rochester, NY]. "**How involved are non-VA chaplains in supporting veterans?**" *Journal of Religion & Health* 55, no. 4 (Aug 2016): 1206-1214. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] In terms of supporting veteran populations, little is known of the experiences of chaplains professionally active outside of Department of Veterans Affairs (VA) healthcare settings. The present study looks to examine how involved non-VA chaplains are in supporting veterans as well as their familiarity with the VA. An online survey was distributed in a convenience sample of chaplains, of which n = 39 met the inclusion criterion for this study (i.e., no past or present VA affiliation). The results find that most of the non-VA chaplains encounter veteran service users either on a weekly or monthly basis. Though familiar with VA services, non-VA chaplains were not sure of their veteran service users' VA enrollment status nor did they feel able to adequately advise their veteran service users on VA enrollment. The results suggest that non-VA chaplains actively support veteran populations. Opportunities for enhancing chaplaincy services and VA outreach programs are discussed.

Kopacz, M. S., Kane, C. P., Stephens, B. and Pigeon, W. R. "**Use of ICD-9-CM diagnosis code V62.89 (Other Psychological or Physical Stress, Not Elsewhere Classified) following a suicide attempt**." *Psychiatric Services* 67, no. 7 (Jul 1, 2016): 807-810. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: This study examined the demographic, diagnostic, and service characteristics of veterans who received services for "other psychological or physical stress, not elsewhere classified" (ICD-9-CM V62.89) in the month following a suicide attempt. METHODS: An electronic search of a Veterans Health Administration (VHA) suicide event reporting system identified 22,701 veterans who were survivors of a suicide attempt. Their clinical service encounter records were extracted from a VHA administrative database to identify those who received services related to V62.89. RESULTS: Services related to V62.89 were provided to N=2,173 (9.6%) of the sample. Chaplains were the predominant service provider, identified in N=1,745 (80%) of the service encounters. Differences were noted between those who received services related to V62.89 from a chaplain or from another service provider. CONCLUSIONS: V62.89 appears to be a focus of clinical concern for some veteran suicide attempt survivors. Additional research is needed to better understand any implications for suicide "postvention."

Kopacz, M. S., Nieuwsma, J. A., Jackson, G. L., Rhodes, J. E., Cantrell, W. C., Bates, M. J. and Meador, K. G. [Department of Veterans Affairs, VISN 2 Center of Excellence for Suicide Prevention, Canandaigua, NY; Department of Veterans Affairs, Mid-Atlantic Mental Illness Research, Education and Clinical Center, Durham, NC; Duke University Medical Center, Durham, NC; Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Silver Spring, MD; Vanderbilt University, Nashville, TN]. "**Chaplains' engagement with suicidality among their service users: findings from the VA/DoD Integrated Mental Health Strategy**." *Suicide & Life-Threatening Behavior* 46, no. 2 (Apr 2016): 206-212.

[Abstract:] Chaplains play an important role in supporting the mental health of current and former military personnel; in this study, the engagement of Department of Veterans Affairs (VA), Army, Navy, and Air Force chaplains with suicidality among their service users were examined. An online survey was used to collect data from 440 VA and 1,723 Department of Defense (DoD) chaplains as part of the VA/DoD Integrated Mental Health Strategy. Differences were

noted for demographics, work setting characteristics, encountering suicidality, and self-perceived preparation for dealing with suicidality. Compared to DoD chaplains, VA chaplains encounter more at-risk service users, yet feel less prepared for dealing with suicidality.

Kopacz, M. S., Rasmussen, K. A., Searle, R. F., Wozniak, B. M. and Titus, C. E. [US Department of Veterans Affairs, VISN 2 Center of Excellence for Suicide Prevention, Canandaigua, NY; Canandaigua VA Medical Center, Canandaigua, NY; University of Rochester Medical Center, Rochester, NY; and Jagiellonian University College of Medicine, Krakow, Poland]. "**Veterans, guilt, and suicide risk: an opportunity to collaborate with chaplains?**" *Cleveland Clinic Journal of Medicine* 83, no. 2 (Feb 2016): 101-105.

This commentary from key spirituality & health researchers regarding veterans notes connections between guilt and suicide risk and a chaplain's perspective on guilt relating to forgiveness and hope. An exemplary case is offered, as is a section on caring for suicide survivors. The piece encourages greater collaboration between clinicians and chaplains for this population. For a relatively commentary, it has a quite full bibliography.

Kruizinga, R., Hartog, I. D., Jacobs, M., Daams, J. G., Scherer-Rath, M., Schilderman, J. B., Sprangers, M. A. and Van Laarhoven, H. W. [University of Amsterdam, Amsterdam, and Radboud University Nijmegen, Nijmegen, The Netherlands]. "**The effect of spiritual interventions addressing existential themes using a narrative approach on quality of life of cancer patients: a systematic review and meta-analysis**." *Psycho-Oncology* 25, no. 3 (Mar 2016): 253-265.

[Abstract:] OBJECTIVE: The aim of this study was to examine the effect of spiritual interventions on quality of life of cancer patients. METHODS: We conducted our search on June 6, 2014 in Medline, PsycINFO, Embase, and PubMed. All clinical trials were included that compared standard care with a spiritual intervention that addressed existential themes using a narrative approach. Study quality was evaluated by the Cochrane Risk of Bias Tool. RESULTS: A total of 4972 studies were identified, of which 14 clinical trials (2050 patients) met the inclusion criteria, and 12 trials (1878 patients) were included in the meta-analysis. The overall risk of bias was high. When combined, all studies showed a moderate effect (d) 0.50 (95% CI=0.20-0.79) 0-2 weeks after the intervention on overall quality of life in favor of the spiritual interventions. Meta-analysis at 3-6 months after the intervention showed a small insignificant effect (0.14, 95% CI=-0.08 to 0.35). Subgroup analysis including only the western studies showed a small effect of 0.17 (95% CI=0.05-0.29). Including only studies that met the allocation concealment criteria showed an insignificant effect of 0.14 (95% CI=-0.05 to 0.33). CONCLUSIONS: Directly after the intervention, spiritual interventions had a moderate beneficial effect in terms of improving quality of life of cancer patients compared with that of a control group. No evidence was found that the interventions maintained this effect up to 3-6 months after the intervention. Further research is needed to understand how spiritual interventions could contribute to a long-term effect of increasing or maintaining quality of life.

Lassiter, J. M. and Parsons, J. T. [Center for HIV/AIDS Educational Studies and Training (CHEST), New York, NY; and the Graduate Center of CUNY and Hunter College of CUNY, New York, NY]. "**Religion and spirituality's influences on HIV syndemics among MSM: a systematic review and conceptual model**." *AIDS & Behavior* 20, no. 2 (Feb 2016): 461-472.

[Abstract:] This paper presents a systematic review of the quantitative HIV research that assessed the relationships between religion, spirituality, HIV syndemics, and individual HIV syndemics-related health conditions (e.g. depression, substance abuse, HIV risk) among men who have sex with men (MSM) in the United States. No quantitative studies were found that assessed the relationships between HIV syndemics, religion, and spirituality. Nine studies, with 13 statistical analyses, were found that examined the relationships between individual HIV syndemics-related health conditions, religion, and spirituality. Among the 13 analyses, religion and spirituality were found to have mixed relationships with HIV syndemics-related health conditions (6 nonsignificant associations; 5 negative associations; 2 positive associations). Given the overall lack of inclusion of religion and spirituality in HIV syndemics research, a conceptual model that hypothesizes the potential interactions of religion and spirituality with HIV syndemics-related health conditions is presented. The implications of the model for MSM's health are outlined.

Lawrence, R. E., Brent, D., Mann, J. J., Burke, A. K., Grunebaum, M. F., Galfalvy, H. C. and Oquendo, M. A. [Columbia University Medical Center and New York-Presbyterian Hospital, New York, NY; Western Psychiatric Institute and Clinic, Pittsburgh, PA; and Department of Psychiatry, New York State Psychiatric Institute, New York, NY]. "**Religion as a risk factor for suicide attempt and suicide ideation among depressed patients**." *Journal of Nervous & Mental Disease* 204, no. 11 (Nov 2016): 845-850. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] We aimed to examine the relationship between religion and suicide attempt and ideation. Three hundred twenty-one depressed patients were recruited from mood-disorder research studies at the New York State Psychiatric Institute. Participants were interviewed using the Structured Clinical Interview for DSM Disorders, Columbia University Suicide History form, Scale for Suicide Ideation, and Reasons for Living Inventory. Participants were asked about their religious affiliation, importance of religion, and religious service attendance. We found that past suicide attempts were more common among depressed patients with a religious affiliation (odds ratio, 2.25; $p = 0.007$). Suicide ideation was greater among depressed patients who considered religion more important (coefficient, 1.18; $p = 0.026$) and those who attended services more frequently (coefficient, 1.99; $p = 0.001$). We conclude that the relationship between religion and suicide risk factors is complex and can vary among different patient populations. Physicians should seek deeper understanding of the role of religion in an individual patient's life in order to understand the person's suicide risk factors more fully.

Lawrence, R. E., Oquendo, M. A. and Stanley, B. [Columbia University Medical Center, New York, NY]. "**Religion and suicide risk: a systematic review**." *Archives of Suicide Research* 20, no. 1 (2016): 1-21.

[Abstract:] Although religion is reported to be protective against suicide, the empirical evidence is inconsistent. Research is complicated by the fact that there are many dimensions to religion (affiliation, participation, doctrine) and suicide (ideation, attempt, completion). We systematically reviewed the literature on religion and suicide over the last 10 years (89 articles) with a goal of identifying what specific dimensions of religion are associated with specific aspects of suicide. We found that religious affiliation does not necessarily protect against suicidal ideation, but does protect against suicide attempts. Whether religious affiliation protects against suicide attempts may depend on the culture-specific implications of affiliating with a particular religion, since minority religious groups can feel socially isolated. After adjusting for social support measures, religious service attendance is not especially protective against suicidal ideation, but does protect against suicide attempts, and possibly protects against suicide. Future qualitative studies might further clarify these associations.

LeBaron, V. T., Smith, P. T., Quinones, R., Nibecker, C., Sanders, J. J., Timms, R., Shields, A. E., Balboni, T. A. and Balboni, M. J. [University of Virginia School of Nursing, Charlottesville, VA; Harvard Medical School Center for Bioethics, Boston, MA; Gordon-Conwell Theological Seminary, Boston, MA; Dana-Farber Cancer Institute, Boston, MA; Massachusetts General Hospital, Boston, MA; Harvard University, Cambridge, MA; and Scripps Clinic, La Jolla, CA]. "**How community clergy provide spiritual care: toward a conceptual framework for clergy end-of-life education**." *Journal of Pain & Symptom Management* 51, no. 4 (Apr 2016): 673-681.

[Abstract:] CONTEXT: Community-based clergy are highly engaged in helping terminally ill patients address spiritual concerns at the end of life (EOL). Despite playing a central role in EOL care, clergy report feeling ill-equipped to spiritually support patients in this context. Significant gaps exist in understanding how clergy beliefs and practices influence EOL care. OBJECTIVES: The objective of this study was to propose a conceptual framework to guide EOL educational programming for community-based clergy. METHODS: This was a qualitative, descriptive study. Clergy from varying spiritual backgrounds, geographical locations in the U.S., and race/ethnicities were recruited and asked about optimal spiritual care provided to patients at the EOL. Interviews were audio taped, transcribed, and analyzed following principles of grounded theory. A final set of themes and subthemes were identified through an iterative process of constant comparison. Participants also completed a survey regarding experiences ministering to the terminally ill. RESULTS: A total of 35 clergy participated in 14 individual interviews and two focus groups. Primary themes included Patient Struggles at EOL and Clergy Professional Identity in Ministering to the Terminally Ill. Patient Struggles at EOL focused on existential questions, practical concerns, and difficult emotions. Clergy Professional Identity in Ministering to the

Terminally Ill was characterized by descriptions of Who Clergy Are ("Being"), What Clergy Do ("Doing"), and What Clergy Believe ("Believing"). "Being" was reflected primarily by manifestations of presence; "Doing" by subthemes of religious activities, spiritual support, meeting practical needs, and mistakes to avoid; "Believing" by subthemes of having a relationship with God, nurturing virtues, and eternal life. Survey results were congruent with interview and focus group findings. CONCLUSION: A conceptual framework informed by clergy perspectives of optimal spiritual care can guide EOL educational programming for clergy.

Lee-Poy, M., Stewart, M., Ryan, B. L. and Brown, J. B. [McMaster University in Hamilton, Ontario, Canada; and Western University in London, UK]. "**Asking patients about their religious and spiritual beliefs: cross-sectional study of family physicians**." *Canadian Family Physician* 62, no. 9 (Sep 2016): e555-561.

[Abstract:] OBJECTIVE: To examine family physicians' practices in and opinions on asking patients about their religious and spiritual beliefs, as well as physicians' comfort levels in asking. DESIGN: Cross-sectional study using self-administered questionnaires. SETTING: Kitchener-Waterloo, Ont. PARTICIPANTS: A total of 155 family physicians with office practices. MAIN OUTCOME MEASURES: Frequency of asking patients about their religious and spiritual beliefs and physicians' comfort levels in asking. Separate multiple linear regression analyses were conducted for each of these outcomes. RESULTS: A total of 139 questionnaires were returned for a response rate of 89.7 %. Of the respondents, 51.8% stated that they asked patients about their religious and spiritual beliefs sometimes. Physician opinion that it was important to ask patients about religious and spiritual beliefs (P = .001) and physician comfort level with asking (P < .001) were significantly associated with physicians' frequency of asking patients about their religious and spiritual beliefs. Comfort level with asking patients about their religious and spiritual beliefs was significantly associated with the opinions that it was important to ask (P = .004) and that it was their business to ask (P = .003), as well as with lack of training as the reason for not asking (P = .007). CONCLUSION: This study found that family physicians were more likely to ask patients about their religious and spiritual beliefs if they had higher comfort levels in asking or if they believed that asking was important. Further, this study found that family physicians' comfort level with asking was higher if they believed that it was important to ask and that it was their business to ask about religious and spiritual beliefs. Physician comfort levels with asking patients about religious and spiritual beliefs can be addressed through adequate training and education.

Leong, M., Olnick, S., Akmal, T., Copenhaver, A. and Razzak, R. [Johns Hopkins Hospital, Baltimore, MD; and USF Morsani College of Medicine, Tampa, FL]. "**How Islam influences end-of-life care: education for palliative care clinicians**." *Journal of Pain & Symptom Management* 52, no. 6 (Dec 2016): 771-774.e3. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: According to the Joint Commission, cultural competency is a core skill required for end-of-life care. Religious and cultural beliefs predominantly influence patients' lives, especially during the dying process. Therefore, palliative care clinicians should have at least a basic understanding of major world religions. Islam is a major world religion with 1.7 billion followers. At our institution, a needs assessment showed a lack of knowledge with Islamic teachings regarding end-of-life care. OBJECTIVES: To improve knowledge of clinically relevant Islamic teachings regarding end-of-life care. METHODS: After consultation with a Muslim chaplain, we identified key topics and created a 10-question pretest. The pretest was administered, followed by a one-hour educational intervention with a Muslim chaplain. Next, a post-test (identical to the pretest) was administered. RESULTS: Eleven palliative care clinicians participated in this study. The average score on the pretest was 6.0 +/- 1.2 (mean + SD) (maximum 10). After the educational intervention, the average score improved to 9.6 +/- 0.7 (95% CI 2.7-4.4; P < 0.001). Qualitative feedback was positive as participants reported a better understanding of how Islam influences patients' end-of-life decisions. CONCLUSION: In this pilot study, a one-hour educational intervention improved knowledge of Islamic teachings regarding end-of-life care. We present a framework for this intervention, which can be easily replicated. We also provide key teaching points on Islam and end-of-life care. Additional research is necessary to determine the clinical effects of this intervention over time and in practice. In the future, we plan to expand the educational material to include other world religions.

Levin, J. [Baylor University, Waco, TX]. "**Prevalence and religious predictors of healing prayer use in the USA: findings from the Baylor Religion Survey**." *Journal of Religion & Health* 55, no. 4 (Aug 2016): 1136-1158 [with erratum on p. 1159]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Using data from the 2010 Baylor Religion Survey (N = 1714), this study investigates the prevalence and religious predictors of healing prayer use among US adults. Indicators include prayed for self (lifetime prevalence = 78.8%), prayed for others (87.4%), asked for prayer (54.1%), laying-on-of-hands (26.1%), and participated in a prayer group (53.0%). Each was regressed onto eight religious measures, and then again controlling for sociodemographic variables and health. While all religious measures had net effects on at least one healing prayer indicator, the one consistent predictor was a four-item scale assessing a loving relationship with God. Higher scores were associated with more frequent healing prayer use according to every measure, after controlling for all other religious variables and covariates.

Lewis, A., Adams, N., Varelas, P., Greer, D. and Caplan, A. [NYU Langone Medical Center, New York, NY; Henry Ford Hospital, Detroit, MI; and Yale University School of Medicine, New Haven, CT]. "**Organ support after death by neurologic criteria: results of a survey of US neurologists**." *Neurology* 87, no. 8 (Aug 23, 2016): 827-834. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

This is a survey of 938 members of the American Academy of Neurology (AAN) who treat critically ill patients, including 50% who practice in states with accommodation exceptions (states that require religious or moral beliefs to be taken into consideration when declaring death or discontinuing organ support: California, Illinois, New Jersey, New York). The article considers ways that religious dynamics come into play. See esp. Table 2 (p. 830) regarding "Actions respondents would take if a family voiced religious objection after death by neurologic criteria and requested continuation of organ support."

Li, S., Okereke, O. I., Chang, S. C., Kawachi, I. and VanderWeele, T. J. [Chan School of Public Health, Boston, MA; Brigham and Women's Hospital and Harvard Medical School, Boston, MA; and the Program on Integrative Knowledge and Human Flourishing, Harvard University, Cambridge, MA]. "**Religious service attendance and lower depression among women -- a prospective cohort study**." *Annals of Behavioral Medicine* 50, no. 6 (Dec 2016): 876-884. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Previous studies on the association between religious service attendance and depression have been mostly cross-sectional, subject to reverse causation, and did not account for the potential feedback between religious service attendance and depression. We prospectively evaluated evidence whether religious service attendance decreased risk of subsequent risk of depression and whether depression increased subsequent cessation of service attendance, while explicitly accounting for feedback with potential effects in both directions. METHOD: We included a total of 48,984 US nurses who were participants of the Nurses' Health Study with mean age 58 years and who were followed up from 1996 to 2008. Religious service attendance was self-reported in 1992, 1996, 2000, and 2004. Depression was defined as self-reported physician-diagnosed clinical depression, regular anti-depressant use, or severe depressive symptoms. Multivariate logistic regression and marginal structural models were used to estimate the odds ratio of developing incident depression, adjusted for baseline religious service attendance, baseline depression, and time-varying covariates. RESULTS: Compared with women who never attended services, women who had most frequent and recent religious service attendance had the lowest risk of developing depression (odds ratio [OR] = 0.71, 95% confidence interval [CI] 0.62-0.82). Compared with women who were not depressed, women with depression were less likely to subsequently attend religious services once or more per week (OR = 0.74, 95% CI 0.68-0.80). CONCLUSIONS: In this study of US women, there is evidence that higher frequency of religious service attendance decreased the risk of incident depression and women with depression were less likely to subsequently attend services.

Li, S., Stampfer, M. J., Williams, D. R. and VanderWeele, T. J. [Chan School of Public Health, Boston, MA]. "**Association of religious service attendance with mortality among women**." *JAMA Internal Medicine* 176, no. 6 (Jun 1, 2016): 777-785. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] IMPORTANCE: Studies on the association between attendance at religious services and mortality often have been limited by inadequate methods for reverse causation, inability to assess effects over time, and limited information on mediators and cause-specific mortality. OBJECTIVE: To evaluate associations between attendance at religious services and subsequent mortality in women. DESIGN, SETTING, AND PARTICIPANTS: Attendance at religious services was assessed from the first questionnaire in 1992 through June 2012, by a self-reported question asked of 74534 women in the Nurses' Health Study who were free of cardiovascular disease and cancer at baseline. Data analysis was conducted from return of the 1996 questionnaire through June 2012. MAIN OUTCOMES AND MEASURES: Cox proportional hazards regression model and marginal structural models with time-varying covariates were used to examine the association of attendance at religious services with all-cause and cause-specific mortality. We adjusted for a wide range of demographic covariates, lifestyle factors, and medical history measured repeatedly during the follow-up, and performed sensitivity analyses to examine the influence of potential unmeasured and residual confounding. RESULTS: Among the 74534 women participants, there were 13537 deaths, including 2721 owing to cardiovascular deaths and 4479 owing to cancer deaths. After multivariable adjustment for major lifestyle factors, risk factors, and attendance at religious services in 1992, attending a religious service more than once per week was associated with 33% lower all-cause mortality compared with women who had never attended religious services (hazard ratio, 0.67; 95% CI, 0.62-0.71; P<.001 for trend). Comparing women who attended religious services more than once per week with those who never attend, the hazard ratio for cardiovascular mortality was 0.73 (95% CI, 0.62-0.85; P<.001 for trend) and for cancer mortality was 0.79 (95% CI, 0.70-0.89; P<.001 for trend). Results were robust in sensitivity analysis. Depressive symptoms, smoking, social support, and optimism were potentially important mediators, although the overall proportion of the association between attendance at religious services and mortality was moderate (e.g., social support explained 23% of the effect [P=.003], depressive symptoms explained 11% [P<.001], smoking explained 22% [P<.001], and optimism explained 9% [P<.001]). CONCLUSIONS AND RELEVANCE: Frequent attendance at religious services was associated with significantly lower risk of all-cause, cardiovascular, and cancer mortality among women. Religion and spirituality may be an underappreciated resource that physicians could explore with their patients, as appropriate. [See also in the same issue: Blazer, D. G. 2nd, "Empirical Studies about Attendance at Religious Services and Health," *JAMA Internal Medicine* 176, no. 6 (Jun 1, 2016): 785-786.]

Lindholm, G., Johnston, J., Dong, F., Moore, K. and Ablah, E. [University of Kansas School of Medicine-Wichita, et al.]. "**Clergy wellness: an assessment of perceived barriers to achieving healthier lifestyles**." *Journal of Religion & Health* 55, no. 1 (Feb 2016): 97-109.

[Abstract:] This study sought to obtain a better understanding of how clergy view their health and to investigate their self-reported health status. Additionally, this study sought to explore personal and professional barriers among clergy to living a healthier life. An electronic 32-item survey was sent to all practicing clergy in Kansas East and West conferences of United Methodist church by the Kansas Area Office of the United Methodist Church. Survey items included participants' demographic information and health conditions (e.g., diabetes, heart disease, high blood pressure, high cholesterol). The self-reported general health, mental health, and physical health data were also collected to compare to the general population in Kansas. Clergy were also asked to identify perceived barriers to health. A total of 150 clergy participated in the survey. The majority (93.7%) self-reported their health as good, very good, or excellent. Participating clergy self-reported a higher prevalence of chronic diseases (diabetes, heart disease, high blood pressure, and high cholesterol) than the Kansas general population, but those differences were not statistically significant. More than three-fourths (77.4%) of the participating clergy reported weights and heights that classified them as either overweight or obese. Lack of family time was the most frequently reported personal barrier to achieving a healthier lifestyle. An unpredictable work schedule was reported as the most frequent professional barrier to achieving a healthier lifestyle. This study suggests that Kansas clergy generally view their overall health status favorably despite being overweight or obese. Clergy also self-reported higher prevalence of chronic diseases than the general Kansas population, though the prevalence was not statistically different. This study provides additional insight into clergy health and offers suggestions to address the barriers preventing clergy from working toward better health.

Lo, G., Chen, J., Wasser, T., Portenoy, R. and Dhingra, L. [VA Pacific Islands Health Care System, Honolulu, HI; MJHS Institute for Innovation in Palliative Care, New York, NY; and Albert Einstein College of Medicine, Bronx, NY]. "**Initial validation of the Daily Spiritual Experiences Scale in Chinese immigrants with cancer pain**." *Journal of Pain & Symptom Management* 51, no. 2 (Feb 2016): 284-291.

[Abstract:] CONTEXT: Evaluating religious/spiritual influences in the growing Chinese-American population may inform the development of culturally relevant palliative care interventions. OBJECTIVES: We assessed the psychometric properties and acceptability of the Daily Spiritual Experiences Scale-Chinese (DSES-C) in Chinese Americans with cancer-related pain. METHODS: The translated 16-item DSES-C was administered as part of a symptom intervention for Chinese-American cancer patients. Patients were recruited from four New York community oncology practices. RESULTS: Of 321 patients, 78.7% were born in Mainland China, 79.1% spoke Cantonese, and 70.2% endorsed a religious affiliation (Ancestor worship, 31.7%; Chinese God worship, 29.8%; Buddhism, 17.1%; Christianity, 14.0%). In total, 82.6% completed the DSES-C (mean age = 57.7 years; 60.8% women) and 17.4% declined (mean age = 59.3 years; 52.0% women). Reasons for declining included low religiosity or perceived relevance of the scale items and difficulties separating spirituality from religiosity terms. Individuals having a religious affiliation were more likely to complete the DSES-C, whereas those not engaging in individual spiritual/religious practices or frequent group spiritual/religious practices tended to decline (all P < 0.05). The DSES-C (mean total score = 43.6, SD = 19.3) demonstrated high reliability (alpha = 0.94). Exploratory factor analysis suggested a one-factor solution, with significant loadings (>0.40) across items except Item 14 ("Accept others"). Construct validity was suggested by a positive association between DSES-C scores and having a religious affiliation (P < 0.05). CONCLUSION: In Chinese Americans with cancer pain, the DSES-C demonstrated acceptable psychometrics. Some participants experienced linguistic or cultural barriers preventing completion. Future investigations should provide additional validation in different Asian subgroups and those with varied medical conditions.

Lucette, A., Ironson, G., Pargament, K. I. and Krause, N. [University of Miami, Coral Gables, FL; and Bowling Green State University, Bowling Green, OH]. "**Spirituality and religiousness are associated with fewer depressive symptoms in individuals with medical conditions**." *Psychosomatics* 57, no. 5 (Sep-Oct 2016): 505-513. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: The increased prevalence of depressive symptoms among adults diagnosed with chronic health issues has been largely documented. OBJECTIVES: Research is needed to clarify the effect of religiousness/spirituality in relation to chronic health conditions and depression, to establish whether these variables can serve as protective factors. METHODS: Self-report data from a nationwide study of spirituality and health were used. Individuals with at least 1 chronic illness (N = 1696) formed the subsample for this study. Religiousness/spirituality variables included frequency of church attendance, prayer, religious meaning, religious hope, general meaning, general hope, peace, and view of God. Other variables included depressive symptoms and demographics (age, gender, ethnicity, and education). RESULTS: A series of hierarchical regression analyses revealed that chronic conditions were consistently associated with more depressive symptoms. Greater religiousness/spirituality was significantly associated with fewer depressive symptoms, contributing 16% of the variance above demographics and the number of chronic illnesses. The religiousness/spirituality variables conferring the greatest protection against depression were psychospiritual variables (general meaning and general hope, followed by peace). Also significant but making a smaller contribution to less depression were church attendance, religious meaning, religious hope, and positive view of God. Only prayer did not relate significantly to less depression. CONCLUSION: Maintaining a sense of spirituality or religiousness can benefit well-being of individuals diagnosed with a chronic health condition, especially having meaning, maintaining hope, and having a sense of peace. Patients could potentially benefit from being offered the resources that support their spiritual/religious practices and beliefs as they cope with chronic illness.

Luft, J. P. [Parkland Health & Hospital System, Texas]. "**Spiritual care and CPE: 2nd year experience**." *Journal of Pastoral Care & Counseling* 70, no. 1 (Mar 2016): 40-42.

[Abstract:] The aim of this article is to provide the experience of one chaplain resident in a clinical pastoral education program specializing in women and infants health and the intersection of professional spiritual care for this particular patient population. Spiritual care can be an elusive, non-tangible form of professional healthcare, and so within the clinical setting the chaplain is called to act as spiritual care provider, emotions facilitator, grief counselor, cultural and religious expert and administrative specialist in decedent care. Gaining a better perspective on the contributions the clinical chaplain makes in healthcare allows other clinicians (nurses and physicians) to better serve and provide quality holistic care to patients and their families during moments of great emotional, spiritual and psychosocial loss and grief. Both nursing and physician staff must be aware of the relevance, importance and complementary role of the spiritual care provider (clinical chaplain) in the provision of quality holistic healthcare.

Luis Diaz, J., Leal, C., Schriewer, K. and Echevarria, P. [Catholic University of Murcia, Spain; and Universidad de Murcia, Spain]. "**Suffering of traumatic amputees in Spain: meaning, spirituality, and biomedicine**." *Holistic Nursing Practice* 30, no. 6 (Nov-Dec 2016): 312-321.

[Abstract:] Amputation is a traumatic incident that entails a chain of psychological, physical, and social events. The objectives of the study are to describe the beliefs and the philosophies of life related to the experience of suffering of traumatic amputees, analyze the importance of biomedical care, and describe other forms of care used. [See also in the same issue of the journal, the article by Conway-Phillips & Janusek, also noted in this bibliography.]

Madrigal, V. N., Carroll, K. W., Faerber, J. A., Walter, J. K., Morrison, W. E and Feudtner, C. [Children's National Medical Center; George Washington University School of Medicine, Washington, DC; and Children's Hospital of Philadelphia; University of Pennsylvania School of Medicine, Philadelphia, PA]. "**Parental sources of support and guidance when making difficult decisions in the pediatric Intensive Care Unit**." *Journal of Pediatrics* 169 (Feb 2016): 221-6.e4.

[Abstract:] OBJECTIVE: To assess sources of support and guidance on which parents rely when making difficult decisions in the pediatric intensive care unit and to evaluate associations of sources of support and guidance to anxiety, depression, and positive and negative affect. STUDY DESIGN: This was a prospective cohort study of 86 English-speaking parents of 75 children in the pediatric intensive care unit at The Children's Hospital of Philadelphia who were hospitalized greater than 72 hours. Parents completed standardized instruments and a novel sources of support and guidance assessment. RESULTS: Most parents chose physicians, nurses, friends, and extended family as their main sources of support and guidance when making a difficult decision. Descriptive analysis revealed a broad distribution for the sources of support and guidance items related to spirituality. Parents tended to fall into 1 of 2 groups when we used latent class analysis: the more-spiritual group (n = 47; 55%) highly ranked "what my child wants" (P = .023), spouses (P = .002), support groups (P = .003), church community (P < .001), spiritual leader (P < .001), higher power (P < .001), and prayer (P < .001) compared with the less-spiritual group (n = 39; 45%). The more-spiritual parents had greater positive affect scores (P = .005). Less-spiritual parents had greater depression scores (P = .043). CONCLUSIONS: Parents rely most on physicians, nurses, and friends and extended family when making difficult decisions for their critically ill child. Respondents tended to fall into 1 of 2 groups where the more-spiritual respondents were associated with greater positive affect and may be more resistant to depression.

Maley, C. M., Pagana, N. K., Velenger, C. A. and Humbert, T. K. [South Bay Early Intervention, Lowell, MA; Susquehanna Health, Williamsport, PA; Robert Wood Johnson University Hospital Hamilton, Hamilton, NJ; and Elizabethtown College, Elizabethtown, PA]. "**Dealing with major life events and transitions: a systematic literature review on and occupational analysis of spirituality**." *American Journal of Occupational Therapy* 70, no. 4 (Jul-Aug 2016): 7004260010 [electronic journal article designation, 6pp.].

[Abstract:] This systematic literature review analyzed the construct of spirituality as perceived by people who have experienced or are experiencing a major life event or transition. The researchers investigated studies that used narrative analysis or a phenomenological methodology related to the topic. Thematic analysis resulted in three major themes: (1) avenues to and through spirituality, (2) the experience of spirituality, and (3) the meaning of spirituality. The results provide insights into the intersection of spirituality, meaning, and occupational engagement as understood by people experiencing a major life event or transition and suggest further research that addresses spirituality in occupational therapy and interdisciplinary intervention.

Masko, M. K. [Indiana University-Purdue University Indianapolis, IN]. "**Music therapy and spiritual care in end-of-life: a qualitative inquiry into ethics and training issues identified by chaplains and music therapists**." *Journal of Music Therapy* 53, no. 4 (Winter 2016): 309-335.

[Abstract:] BACKGROUND: Music therapists are increasingly employed by hospices. As such, they are often called upon to provide additional spiritual care to patients receiving end-of-life care. However, researchers have not yet examined the appropriateness of music therapists providing spiritual care as part of the hospice team, or ethics and training issues related to music therapist-led spiritual care. OBJECTIVE: The purpose of this study was to explore the thoughts and attitudes of hospice chaplains and music therapists (MTs) about ethics and training issues related to music therapists providing spiritual care as part of the hospice interdisciplinary team. METHODS: The study used semi-structured interviews with a purposive sample of music therapists and chaplains specializing in hospice care as part of a larger exploratory mixed methods study. Each interview was recorded, transcribed, and analyzed using a two-step process including both a modified phenomenological inductive approach and thematic analysis. RESULTS: Participants discussed ethics and training issues related to the provision of music therapist-led spiritual care as part of the hospice team. These issues included scope of practice, cultural competence and maintaining personal boundaries, and spiritual care training topics such as educational content and educational methods. CONCLUSIONS: While it was clear that both chaplains and music therapists felt it was appropriate for music therapists to provide spiritual care as part of the hospice team, there is a need for formal and informal spiritual care training for music therapists doing this type of work. Training should potentially include information about comparative religions, cultural competence, scope of practice, and maintaining personal boundaries.

Mason, K., Geist, M., Kuo, R., Marshall, D. and Wines, J. D. Jr. [Front Range Community College; Gordon-Conwell Theological Seminary; McLean Hospital/Harvard Medical School]. "**Predictors of clergy's ability to fulfill a suicide prevention gatekeeper role**." *Journal of Pastoral Care & Counseling* 70, no. 1 (Mar 2016): 34-39.

[Abstract:] Catholic, Jewish and Protestant clergy (n=801) completed a survey to identify predictors of clergy's ability to fulfill a suicide gatekeeper role. Exploratory backward stepwise regression identified predictors of risk identification including suicide knowledge, religion, conducting suicide funerals, having an attitude that people have a right to die, age, and race. Predictors of ability to intervene include suicide knowledge, training, religion, right to die attitude, and ethnicity. Recommendations include more suicide training and clergy self-care.

McGuirl, J. and Campbell, D. [Tufts Medical Center, Tufts University School of Medicine, Boston, MA; and Children's Hospital Montefiore, Albert Einstein College of Medicine, Bronx, NY]. "**Understanding the role of religious views in the discussion about resuscitation at the threshold of viability**." *Journal of Perinatology* 36, no. 9 (Sep 2016): 694-608. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

The authors address the subject relatively briefly from the perspectives of Judaism, Islam, and Catholicism, and they offer general advice to clinicians about making use of religious information.

Mclaughlin, B., Yang, J., Yoo, W., Shaw, B., Kim, S. Y., Shah, D. and Gustafson, D. [Texas Tech University; University of Madison-Wisconsin; and Dongguck University]. "**The effects of expressing religious support online for breast cancer patients**." *Health Communication* 31, no. 6 (2016): 762-771.

[Abstract:] The growth of online support groups has led to an expression effects paradigm within the health communication literature. Although religious support expression is characterized as a typical subdimension of emotional support, we argue that in the context of a life-threatening illness, the inclusion of a religious component creates a unique communication process. Using data from an online group for women with breast cancer, we test a theoretical expression effects

model. Results demonstrate that for breast cancer patients, religious support expression has distinct effects from general emotional support messages, which highlights the need to further theorize expression effects along these lines.

McNeil, S. B. [University of South Florida, Tampa, FL]. "**Spirituality in adolescents and young adults with cancer: a review of literature**." *Journal of Pediatric Oncology Nursing* 33, no. 1 (Jan-Feb 2016): 55-63.

[Abstract:] PURPOSE: Spirituality and religion have been found to have a positive impact on adults with cancer, but these concepts have not been well examined in adolescents and young adults (AYA) with cancer. AYA often question and struggle with their religious and spiritual beliefs, so it is not clear if spirituality and religion have the same positive impact on this age group. The purpose of this review of literature was to examine the research that has been conducted in spirituality in AYA with cancer. METHODS: The review covered the years from 1980 to present. The terms cancer, adolescents, and young adults as well as the phrases spirit* and relig* were used to capture the different variations of words. Nine articles were found that explored spirituality and religiosity in AYA with cancer. RESULTS: This review highlighted the need for clarifying the terms used in describing the concept. This lack of continuity in terms makes it difficult to compare the studies. The methods used to measure spirituality are varied. IMPLICATIONS FOR PRACTICE: Pediatric oncology nurses need to be sensitive to the spiritual needs of their patients. This can be accomplished by keeping an open line of communication and ensuring uninterrupted time to pray or read scriptures. Because of the variety of ways to express spirituality, the important first step is to ask what spirituality means to them.

McSherry, W., Boughey, A. and Kevern, P. [Shrewsbury and Telford Hospital NHS Trust, UK; VID Specialized University, Bergen, Norway; and Staffordshire University, Stoke-on-Trent, UK]. "**'Chaplains for Wellbeing' in primary care: a qualitative investigation of their perceived impact for patients' health and wellbeing**." *Journal of Health Care Chaplaincy* 22, no. 4 (Oct-Dec 2016): 151-170. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Although Health Chaplaincy services are well-established in hospitals in the United Kingdom and across the world, Primary Care Chaplaincy is still in its infancy and much less extensively developed. This study explored the impact the introduction of a Primary Care "Chaplains for Wellbeing" service had upon patients' experience and perceived health and well-being. Sixteen patients participated in one-one interviews. Transcripts were analyzed using interpretative phenomenological analysis (IPA). Patients reported circumstances that had eroded perceived self-efficacy, self-identity, and security manifesting as existential displacement; summarized under the superordinate theme of "loss." "Loss" originated from a number of sources and was expressed as the loss of hope, self-confidence, self-efficacy, and sense of purpose and meaning. Chaplains used a wide range of strategies enabling patients to rebuild self-confidence and self-esteem. Person-centered, dignified, and responsive care offered in a supportive environment enabled patients to adapt and cope with existential displacement.

Memaryan, N., Jolfaei, A. G., Ghaempanah, Z., Shirvani, A., Vand, H. D., Ghahari, S. and Bolhari, J. [Iran University of Medical Science, Tehran, Iran]. "**Spiritual care for cancer patients in Iran**." *Asian Pacific Journal of Cancer Prevention* 17, no. 9 (2016): 4289-4294.

[Abstract:] BACKGROUND: Studies have shown that a return to spirituality is a major coping response in cancer patients so that therapists can adopt a holistic approach by addressing spirituality in their patient care. The present study was conducted to develop a guideline in the spiritual field for healthcare providers who serve cancer patients in Iran. MATERIALS AND METHODS: Relevant statements were extracted from scientific documents that through study questions were reviewed and modified by a consensus panel. RESULTS: The statements were arranged in six areas, including spiritual needs assessment, spiritual care candidates, the main components of spiritual care, spiritual care providers, the settings of spiritual care and the resources and facilities for spiritual care. CONCLUSIONS: In addition to the development and preparation of these guidelines, health policy-makers should also seek to motivate and train health service providers to offer these services and facilitate their provision and help with widespread implementation.

Meyer, J., Pomeroy, M., Reid, D. and Zuniga, J. [University of Texas at Austin School of Nursing in Austin, TX]. "**Nursing care of pregnant Muslim women during Ramadan**." *Nursing for Women's Health* 20, no. 5 (Oct-Nov 2016): 456-462.

[Abstract:] There are approximately 3.3 million people of the Muslim faith living in the United States. This article explores how Muslim women observe their religious beliefs during pregnancy and discusses implications for nursing care of pregnant Muslim women during Ramadan. Although pregnant Muslim women can be exempt from fasting, many still choose to fast during Ramadan. Factors that influence a woman's decision to fast include gravity and parity, maternal education, maternal age, body mass index, comprehension of Islamic Law, and gestational trimester. Nurses can tailor their care of pregnant Muslim women to include episodes of fasting and help them make informed decisions regarding fasting during Ramadan.

Minton, M. E., Isaacson, M. and Banik, D. [South Dakota State University, Brookings, SD]. "**Prayer and the Registered Nurse (PRN): nurses' reports of ease and dis-ease with patient-initiated prayer request**." *Journal of Advanced Nursing* 72, no. 9 (Sep 2016): 2185-2195.

[Abstract:] AIMS: To explore nurse comfort with patient-initiated prayer request scenarios. BACKGROUND: Spiritual care is fundamental to patient care evidenced by Joint Commission requirement of a spiritual assessment on a patient's hospital admission. Prayer is an assessment component. Patients may seek solace and support by requesting prayer from the bedside nurse, the nurse may lack confidence in responding. Absent in the literature are reports specific to nurses' comfort when patients initiate prayer requests. DESIGN: Cross-sectional mixed methods study. METHODS: Data were collected in early 2014 from 134 nurses in the USA via an online survey using QuestionPro. The qualitative results reported here were collated by scenario and analysed using thematic analysis. RESULTS/FINDINGS: The scenario responses revealed patterns of ease and dis-ease in response to patient requests for prayer. The pattern of ease of prayer with patients revealed three themes: open to voice of calm or silence; physical or spiritual; can I call the chaplain. For these nurses, prayer is a natural component of nursing care, as the majority of responses to all scenarios demonstrated an overwhelming ease in response and capacity to pray with patients on request. The pattern of dis-ease of prayer with patients distinguished two themes: cautious hesitancy and whose God. These nurses experienced dis-ease with the patient's request no matter the situation. CONCLUSION: Educators and administrators must nurture opportunities for students and nurses to learn about and engage in the reflective preparation needed to respond to patient prayer requests.

Mitchell, C. M., Epstein-Peterson, Z. D., Bandini, J., Amobi, A., Cahill, J., Enzinger, A., Noveroske, S., Peteet, J., Balboni, T. and Balboni, M. J. [Chan School of Public Health, Boston, MA; Weill Cornell Medical College, New York, NY; Brandeis University, Waltham, MA; Harvard Medical School, Boston, MA; Boston College, Chestnut Hill, MA; and Dana-Farber Cancer Institute, Boston, MA]. "**Developing a medical school curriculum for psychological, moral, and spiritual wellness: student and faculty perspectives**." *Journal of Pain & Symptom Management* 52, no. 5 (Nov 2016): 727-736. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Although many studies have addressed the integration of a religion and/or spirituality curriculum into medical school training, few describe the process of curriculum development based on qualitative data from students and faculty. OBJECTIVES: The aim of this study is to explore the perspectives of medical students and chaplaincy trainees regarding the development of a curriculum to facilitate reflection on moral and spiritual dimensions of caring for the critically ill and to train students in self-care practices that promote professionalism. METHODS: Research staff conducted semiscripted and one-on-one interviews and focus groups. Respondents also completed a short and self-reported demographic questionnaire. Participants included 44 students and faculty members from Harvard Medical School and Harvard Divinity School, specifically senior medical students and divinity school students who have undergone chaplaincy training. RESULTS: Two major qualitative themes emerged: curriculum format and curriculum content. Inter-rater reliability was high (kappa = 0.75). With regard to curriculum format, most participants supported the curriculum being longitudinal, elective, and experiential. With regard to curriculum content, five subthemes emerged: personal religious and/or spiritual (R/S) growth, professional integration of R/S values, addressing patient needs, structural and/or institutional dynamics within the health care system, and controversial social issues. CONCLUSION: Qualitative findings of this study suggest that development of a future medical school curriculum on R/S and wellness should be elective, longitudinal, and experiential and should focus on the impact and

integration of R/S values and self-care practices within self, care for patients, and the medical team. Future research is necessary to study the efficacy of these curricula once implemented.

Mollica, M. A., Underwood, W. 3rd, Homish, G. G., Homish, D. L. and Orom, H. [School of Public Health and Health Professions, University at Buffalo, Buffalo, NY; and National Cancer Institute, Rockville, MD]. "**Spirituality is associated with better prostate cancer treatment decision making experiences**." *Journal of Behavioral Medicine* 39, no. 1 (Feb 2016): 161-169.

[Abstract:] This study examined whether spiritual beliefs are associated with greater decision-making satisfaction, lower decisional conflict and decision-making difficulty with the decision-making process in newly diagnosed men with prostate cancer. Participants were 1114 men diagnosed with localized prostate cancer who had recently made their treatment decision, but had not yet been treated. We used multivariable linear regression to analyze relationships between spirituality and decision-making satisfaction, decisional conflict, and decision-making difficulty, controlling for optimism and resilience, and clinical and sociodemographic factors. Results indicated that greater spirituality was associated with greater decision-making satisfaction ($B = 0.02$; $p < 0.001$), less decisional conflict ($B = -0.42$; $p < 0.001$), and less decision-making difficulty ($B = -0.08$; $p < 0.001$). These results confirm that spiritual beliefs may be a coping resource during the treatment decision-making process. Providing opportunities for patients to integrate their spiritual beliefs and their perceptions of their cancer diagnosis and trajectory could help reduce patient uncertainty and stress during this important phase of cancer care continuum.

Moreira-Almeida, A., Sharma, A., van Rensburg, B. J., Verhagen, P. J. and Cook, C. C. [WPA Section on Religion, Spirituality and Psychiatry; et al.]. "**WPA position statement on spirituality and religion in psychiatry**." *World Psychiatry* 15, no. 1 (Feb 2016): 87-88. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

The statement notes at the outset the "increasing public and academic awareness of the relevance of spirituality and religion to health issues" and the "more than 3,000 empirical studies investigating the relationship between religion/spirituality (R/S) and health" [p. 87]. It exhorts: Psychiatrists need to take into account all factors impacting on mental health, and evidence shows that R/S should be included among these, irrespective of psychiatrists' spiritual, religious or philosophical orientation. [p. 87] Among the specific proposals of the statement, the following are research-oriented: an understanding of religion and spirituality and their relationship to the diagnosis, etiology and treatment of psychiatric disorders should be considered as essential components of both psychiatric training and continuing professional development; and a need for more research on both religion and spirituality in psychiatry, especially on their clinical applications. These studies should cover a wide diversity of cultural and geographical backgrounds.

Morgan, J. K., Hourani, L., Lane, M. E. and Tueller, S. [RTI International, Research Triangle Park, NC]. "**Help-seeking behaviors among active-duty military personnel: utilization of chaplains and other mental health service providers**." *Journal of Health Care Chaplaincy* 22, no. 3 (Jul-Sep 2016): 102-117. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Military chaplains not only conduct religious services, but also provide counseling and spiritual support to military service members, operating as liaisons between soldiers and mental health professionals. In this study, active-duty soldiers ($N = 889$) reported help-seeking behaviors and mental health. Using logistic regressions, we describe the issues for which soldiers reported seeking help, then outline the characteristics of those who are most likely to seek help from a chaplain. Of the soldiers who sought help from a chaplain within the previous year, 29.9% reported high levels of combat exposure, 50.8% screened positive for depression, 39.1% had probable PTSD, and 26.6% screened positive for generalized anxiety disorder. The participant's unit firing on the enemy, personally firing on the enemy, and seeing dead bodies or human remains predicted seeing a chaplain. Future research should examine ways to engage soldiers who have had more combat experiences with the chaplain community to address spiritual issues.

Musa, A. S. and Pevalin, D. J. [Al al-Bayt University, Mafraq, Jordan; and University of Essex, UK]. "**Development of the Arabic Spiritual Care Intervention-Provision Scale**." *Journal of Clinical Nursing* 25, nos. 15-16 (Aug 2016): 2275-2284.

[Abstract:] AIMS AND OBJECTIVES: This study develops a new instrument, the Spiritual Care Intervention-Provision Scale, and assesses its psychometric properties in an Arab Muslim nurse sample. The Spiritual Care Intervention-Provision Scale was developed to measure the frequency with which nurses provided aspects of spiritual care. BACKGROUND: Most of the available spiritual care instruments were developed in the West and reflect a predominantly Christian tradition. A review of the literature on spiritual care in nursing revealed that no instrument exists for measuring spiritual care interventions provided by nurses to Arab Muslim patients. DESIGN: A cross-sectional descriptive and correlational design. METHODS: Following an extensive literature search, review by an expert panel and a pilot study which included patients' views regarding aspects of spiritual care provided by nurses, the final version of the Spiritual Care Intervention-Provision Scale was tested in a convenience sample of 360 Jordanian Arab Muslim nurses. Correlational and factor analysis were used. RESULTS: The internal consistency of the Spiritual Care Intervention-Provision Scale was high, with alpha coefficient of 0.85. The exploratory factor analysis supported a two-factor structure for the Spiritual Care Intervention-Provision Scale as hypothesised. A significant positive correlation between the Spiritual Care Intervention-Provision Scale and religiosity was in the expected direction though small in magnitude. CONCLUSIONS: This study initiates the development of an instrument for the provision of spiritual care intervention by nurses that balances the religious and existential dimensions of spirituality. The Spiritual Care Intervention-Provision Scale exhibited acceptable evidence of internal consistency and validity among Jordanian Arab Muslim nurses. Further work was suggested to firmly establish all aspects of this new scale. RELEVANCE TO CLINICAL PRACTICE: This culturally specific instrument contributes to the evaluation of the provision of spiritual care by Jordanian Muslim nurses to their patients, to guide them in providing a comprehensive and appropriate spiritual care interventions and to examine the effect of spiritual care on various aspects of patient's quality of life.

Muse, S., Love, M. and Christensen, K. [Pastoral Institute, Inc.; and Columbus State University, Columbus, GA]. "**Intensive outpatient therapy for clergy burnout: How much difference can a week make?**" *Journal of Religion & Health* 55, no. 1 (Feb 2016): 147-158.

[Abstract:] A pre-test and post-test quasi-experimental matched pairs design was used to assess the effectiveness of a week-long multi-therapist intensive outpatient intervention process with clergy suffering from depression and burnout. Participants ($n = 23$) in the "Clergy in Kairos" program of the Pastoral Institute (Muse in J Pastor Care Couns 61(3):183-195, 2007) constituted the experimental variable. Clergy surveyed from United Methodist and Presbyterian denominations ($n = 121$) provided a control group from which 23 respondents were selected whose pre-test scores in depression and burnout were statistically equivalent to those in the experimental group. The treatment group consisted of clergy from three denominations who self-selected (or in some cases were referred by denominational officials) into the program. At the outset, clergy in both groups reported equivalent levels of conflict, emotional exhaustion, depersonalization, and depression. At the 6-months follow-up, clergy in the experimental group showed significant improvement of depression, emotional exhaustion, and depersonalization scores. By contrast, there was no change in the burnout and depression scores in the control group at 6-months post-test. Findings suggest the usefulness of a week-long multi-therapist intensive outpatient intervention in reducing burnout and depression.

Nolan, S. "**'He needs to talk!': a chaplain's case study of nonreligious spiritual care**." *Journal of Health Care Chaplaincy* 22, no. 1 (2016): 1-16.

[Abstract:] Chaplains have always worked with nonreligious people, but it is not always clear what is distinctive about their contribution. This case describes an episode of nonreligious spiritual care in order to explore the value of chaplaincy work with people who regard themselves as nonreligious. This case reports on work with a dying man and his family-wife, daughter, sister, and son-in-law-whose religion is secularized, but whose secularism is touched by the sacred. [See also responses to this article in the same issue of the journal: Hess D., "Myths and systems: a response to 'He needs to talk!': a chaplain's case study of nonreligious spiritual care," pp. 17-27; and Pesut, B., "Recovering religious voice and imagination: a response to Nolan's case study 'He needs to talk!'" pp. 28-39.]

Nsamenang, S. A., Hirsch, J. K., Topciu, R., Goodman, A. D. and Duberstein, P. R. [McMaster Children's Hospital, Hamilton, Canada; East Tennessee State University, Johnson City, TN; Wolfson Institute of Preventive Medicine, Barts and the London School of Medicine and Dentistry, London, UK; and University of Rochester Medical Center, Rochester, NY]. "**The interrelations between spiritual well-being, pain**

interference and depressive symptoms in patients with multiple sclerosis." *Journal of Behavioral Medicine* 39, no. 2 (Apr 2016): 355-363 [with erratum on p. 364].

[Abstract:] Depressive symptoms are common in individuals with multiple sclerosis (MS), and are frequently exacerbated by pain; however, spiritual well-being may allow persons with MS to more effectively cope with pain-related deficits in physical and role functioning. We explored the associations between spiritual well-being, pain interference and depressive symptoms, assessing each as a potential mediator, in eighty-one patients being treated for MS, who completed self-report measures: Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale, Pain Effects Scale, and Center for Epidemiologic Studies Depression Scale Revised. At the bivariate level, spiritual well-being and its subscale of meaning and peace were negatively associated with depression and pain interference. In mediation models, depression was not related to pain interference via spiritual well-being, or to spiritual well-being via pain interference. Pain interference was related to depression via spiritual well-being and meaning/peace, and to spiritual well-being and meaning/peace via depressive symptoms. Finally, spiritual well-being and meaning/peace were related to depression via pain interference, and to pain interference via depressive symptoms. For patients with MS, a multi-faceted approach to treatment that includes pain reduction and promotion of spiritual well-being may be beneficial, although amelioration of depression remains a critical task.

Padela, A. I., Vu, M., Muhammad, H., Marfani, F., Mallick, S., Peek, M. and Quinn, M. T. [University of Chicago, Chicago, IL]. "**Religious beliefs and mammography intention: findings from a qualitative study of a diverse group of American Muslim women**." *Psycho-Oncology* 25, no. 10 (Oct 2016): 1175-1182. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Studies suggest that American Muslim women underutilize mammography. While religion has a strong influence upon Muslim health behaviors, scant research has examined how religion-related beliefs inform Muslim women's intention for mammography. Our study identifies and examines such beliefs. METHODS: Muslim women aged 40 years and older sampled from mosques participated in focus groups and individual interviews. Drawing upon the theory of planned behavior, interviews elicited salient behavioral, normative, and control beliefs regarding mammography and the influence of Islam upon screening intention. RESULTS: Fifty women participated in 6 focus groups and 19 in semistructured interviews, with near-equal numbers of African American, South Asian, and Arab Muslims. Forty-two percent of participants had not had a mammogram within the past 2 years. Across differences in race/ethnicity and mammography status, women voiced four religion-related salient beliefs that inform mammography intention: (1) the perceived duty to care for one's health, (2) religious practices as methods of disease prevention, (3) fatalistic notions about health, and (4) comfort with gender concordant health care. CONCLUSIONS: Religious beliefs influence decisions to pursue mammography across the ethnic/racial diversity of Muslim women. Notions about duty to God and the stewardship of one's body appear to enhance mammography intention. Theocentric notions of cure and illness and varied views regarding personal agency also inform decisional frames that impact mammography intention. Given the salience of religion among our participants, religiously tailored messages in interventions have the potential to enhance cancer screening.

Palmer, T. and Murray, E. [London Metropolitan University]. "**'Christ offered salvation, and not an easy life': How do port chaplains make sense of providing welfare for seafarers? An idiographic, phenomenological approach analysis**." *International Maritime Health* 67, no. 2 (2016): 117-124. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: The shipping industry has historically leaned towards a biomedical model of health when assessing, treating and caring for seafarers. In recent years there has been more concern for the mental health of seafarers in both the academic literature and the commercial world, however, the psychological and emotional well-being of seafarers still largely falls on the shoulders of the port chaplains. The aim of the study was to explore how port chaplains make sense of providing welfare for seafarers by taking an idiographic, phenomenological approach (IPA). MATERIALS AND METHODS: Six male participants working as chaplains in United Kingdom ports took part in recorded face-to-face, semi-structured interviews covering three areas of questioning: role, identity and coping. Interviews were transcribed verbatim, and data analysed using interpretative phenomenological analysis. RESULTS: Three super-ordinate themes were identified from participants accounts; "We walk a very strange and middle path", "Exploited" and "Patching up". Rich data emerged in relation to the personal impact chaplains felt they made, which was facilitated by the historical role of the Church; this led to the second super-ordinate theme of how chaplains felt towards seafarers. Lastly, the analysis demonstrates how chaplains adapt to the limitations forced upon them to provide welfare, and a degree of acceptance at the injustice. CONCLUSIONS: Results were discussed in reference to theoretical models, including self-efficacy, empathic responding and the transactional model of stress and coping. Chaplains in ports perform their role autonomously with no input from healthcare professionals. Recommendations are made for a biopsychosocial model of health involving primary care, benefiting the health and well-being of seafarers and providing support and guidance for port chaplains at the frontline of welfare for seafarers.

Park, C. L., Aldwin, C. M., Choun, S., George, L., Suresh, D. P. and Bliss, D. [University of Connecticut; Oregon State University; and St. Elizabeth's Hospital]. "**Spiritual peace predicts 5-year mortality in congestive heart failure patients**." *Health Psychology* 35, no. 3 (Mar 2016): 203-210.

[Abstract:] OBJECTIVE: Spirituality is favorably related to depression, quality of life, hospitalizations, and other important outcomes in congestive heart failure (CHF) patients but has not been examined as a predictor of mortality risk in this population. Given the well-known difficulties in managing CHF, we hypothesized that spirituality would be associated with lower mortality risk, controlling for baseline demographics, functional status, health behaviors, and religiousness. METHOD: Participants were 191 CHF patients (64% male; M age = 68.6 years, SD = 10.1) who completed a baseline survey and were then followed for 5 years. RESULTS: Nearly 1/3 of the sample (32%) died during the study period. Controlling for demographics and health status, smoking more than doubled the risk of mortality, whereas alcohol consumption was associated with slightly lower risk of mortality. Importantly, adherence to healthy lifestyle recommendations was associated with halved mortality risk. Although both religion and spirituality were associated with better health behaviors at baseline in bivariate analyses, a proportional hazard model showed that only spirituality was significantly associated with reduced mortality risk (by 20%), controlling for demographics, health status, and health behaviors. CONCLUSIONS: Experiencing spiritual peace, along with adherence to a healthy lifestyle, were better predictors of mortality risk in this sample of CHF patients than were physical health indicators such as functional status and comorbidity. Future research might profitably examine the efficacy of attending to spiritual issues along with standard lifestyle interventions.

Park, C. L., Riley, K. E., Bedesin, E. and Stewart, V. M. [University of Connecticut]. "**Why practice yoga? Practitioners' motivations for adopting and maintaining yoga practice**." *Journal of Health Psychology* 21, no. 6 (Jun 2016): 887-896.

[Abstract:] We examined motives for adopting and maintaining yoga practice in a national survey of yoga practitioners (360 yoga students, 156 yoga teachers). Both students and teachers adopted yoga practice primarily for exercise and stress relief, but reported many other reasons, including flexibility, getting into shape, and depression/anxiety relief. Over 62% of students and 85% of teachers reported having changed their primary reason for practicing or discovering other reasons; for both, the top changed primary reason was spirituality. Findings suggest that most initiate yoga practice for exercise and stress relief, but for many, spirituality becomes their primary reason for maintaining practice.

Pascoe, A. E., Hill, T. D., Mossakowski, K. N. and Johnson, R. J. [University of Utah, Salt Lake City, UT; University of Arizona, Tucson, AZ; University of Hawai'i at Manoa, Honolulu, HI; and University of Miami, Coral Gables, FL]. "**Religious involvement and perceptions of control: evidence from the Miami-Dade Health Survey**." *Journal of Religion & Health* 55, no. 3 (Jun 2016): 862-873.

[Abstract:] This study uses data collected through the 2011 Miami-Dade Health Survey (n = 444) to test whether religious involvement is associated with three distinct control beliefs. Regression results suggest that people who exhibit high levels of religious involvement tend to report higher levels of the sense of control, self-control, and the health locus of control than respondents who exhibit low levels of religious involvement. Although this study suggests that religious

involvement can promote perceptions of control over one's own life, this pattern is apparently concentrated at the high end of the distribution for religious involvement, indicating a threshold effect.

Pearce, M. J., Medoff, D., Lawrence, R. E. and Dixon, L. [University of Maryland School of Medicine, Baltimore, MD; Duke University Medical Center, Durham, NC; Columbia University Medical Center, New York, NY; and York State Psychiatric Institute, New York, NY]. "**Religious coping among adults caring for family members with serious mental illness**." *Community Mental Health Journal* 52, no. 2 (Feb 2016): 194-202.

[Abstract:] This cross-sectional study investigated the use of religious coping strategies among family members of adults with serious mental illness. A sample of 436 individuals caring for a family member with serious mental illness were recruited into a randomized clinical trial for the National Alliance on Mental Illness Family to Family Education Program. Relationships are reported between religious coping and caregiving, care recipient, and mental health services outcomes. Religious coping was associated with more objective caregiving burden, greater care recipient need, less mental health knowledge, and less receipt of mental health services after adjusting for non-religious types of coping. At the same time, religious coping was associated with a positive caregiving experience and greater religious support. Religious coping plays an important role for many caregivers of persons with serious mental illness. Caregivers who use more religious coping may have an especially high need for mental health education and mental health services.

Pennybaker, S., Hemming, P., Roy, D., Anton, B. and Chisolm, M. S. [Johns Hopkins University School of Medicine, Baltimore, MD; and Duke University School of Medicine, Durham, NC]. "**Risks, benefits, and recommendations for pastoral care on inpatient psychiatric units: a systematic review**." *Journal of Psychiatric Practice* 22, no. 5 (Sep 2016): 363-381. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: A systematic review was conducted of the biomedical literature regarding pastoral care (PaC) providers on inpatient psychiatric units with the aim of answering 3 questions: (1) What are the risks and benefits of PaC providers' presence on inpatient psychiatric units? (2) What are current recommendations for integration of PaC providers into a psychiatric team? and (3) What gaps exist in the literature? METHODS: PubMed, PsycInfo, Embase, CINAHL, and Scopus were searched from the start of each database to July 9, 2014 using terms related to PaC providers and inpatient psychiatry. Two independent reviewers performed full-text reviews of each article identified by independent review of all titles/abstracts from the electronic search and by a hand search of articles included in reference lists. Inclusion criteria were: English-language article, published in a peer-reviewed journal, and focus on a PaC provider working in a psychiatric hospital setting. One author performed data extraction. RESULTS: Forty-nine articles were identified by electronic (84%) and hand search (16%), 18 of which were evaluative studies: 5 qualitative and 13 quantitative. Most of the literature viewed integration of PaC providers in inpatient treatment teams as beneficial. Potential harms were noted and mitigation strategies suggested, including providing training to PaC providers concerning psychiatric illness, clearly defining roles, and enhancing team integration. None of the articles reported outcomes data. CONCLUSIONS: Psychiatric inpatients often have unmet spiritual needs. Although the literature suggests potential benefits of PaC providers for psychiatric inpatients, more rigorous studies are needed to establish these benefits as efficacious. The authors of this review recommend the cautious integration of PaC providers into the psychiatric inpatient care team.

Pesut, B. [University of British Columbia, Okanagan Campus, Kelowna, Canada]. "**There be dragons: effects of unexplored religion on nurses' competence in spiritual care**." *Nursing Inquiry* 23, no. 3 (Sep 2016): 191-199. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] On ancient maps unexplored lands were simply labeled 'there be dragons' indicating the fear that attends the unknown. Despite three decades of theoretical and empirical work on spirituality in nursing, evidence still suggests that nurses do not feel competent to engage in spiritual care. In this paper I propose that one of the reasons for this is a theory-theory gap between religion and spirituality. Generalized anxiety about the role of religion in society has led to under-theorizing in nursing about religious care. As a result, when religion and spirituality overlap at the point of care, nurses are left without the substantive knowledge required for practice. Robust religious theorizing should include thick accounts of lived religion and integrative work that enables nurses to understand commonalities across religions that are relevant to practice. As a starting point to this integrative work, nurses can be introduced to the nature and lexicon of lived religion, religious perspectives on suffering, and religious reasoning that holds meaning and mystery in tension. Such an approach will better prepare them for the realities of practice where the complexities of spirituality and religion come to play.

Pesut, B., Sinclair, S., Fitchett, G., Greig, M. and Koss, S. E. [University of British Columbia, Kelowna, Canada; University of Calgary, Alberta, Canada; Rush University Medical Center, Chicago, IL; and Harvard Divinity School, Cambridge, MA]. "**Health care chaplaincy: a scoping review of the evidence 2009-2014**." *Journal of Health Care Chaplaincy* 22, no. 2 (2016): 67-84.

[Abstract:] There is a growing body of evidence investigating chaplaincy services. The purpose of this scoping review was to examine the empirical literature specific to the role of chaplaincy within health care published since 2009. Electronic searches of four databases were conducted in August 2015. After screening, 48 studies were retained and reviewed. Four themes emerged: experiences and perceptions of the health care chaplain (n = 15), chaplain practice (n = 9), emerging areas of health care chaplaincy (n = 16), and outcome studies (n = 8). Studies were diverse in topics covered, methods, national contexts, and clinical settings. The majority were descriptive in nature. Evidence continues to demonstrate a relationship between chaplains and increased patient satisfaction. Nascent areas of research include chaplain's role with diverse populations, involvement in clinical ethics, and confidence with research and evidence-based practice. Few conclusions can be drawn from the limited evidence on the outcomes of chaplain interventions.

Peters, J. A., Kenen, R., Bremer, R., Givens, S., Savage, S. A. and Mai, P. L. [National Cancer Institute (NCI), NIH, DHHS, Rockville, MD; and The College of New Jersey, Ewing, NJ]. "**Easing the burden: describing the role of social, emotional and spiritual support in research families with Li-Fraumeni Syndrome**." *Journal of Genetic Counseling* 25, no. 3 (Jun 2016): 529-542. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This study presents findings of a mixed-method descriptive exploration of the role of friends and spirituality/religiosity in easing the burden of families with the rare inherited disorder, Li-Fraumeni Syndrome (LFS). LFS is caused by germline mutations in the TP53 gene and is associated with very high lifetime risk of developing one or more malignancies. During the first clinical visit we assessed several types of social support among a subset of study participants (N = 66) using an established interactive research tool called the Colored Eco-Genetic Relationship Map (CEGRM). We performed both quantitative and qualitative analyses of social relationships with LFS family members and close non-kin. Distress scores (N = 59) were mostly low normal, with some outliers. We found that reported friendships varied widely, that the friendships were often deep and enduring, and were important sources of informational, tangible, emotional and spiritual support. Confidantes tended to be best friends and/or spouses. Organized religion was important in selected families, typically from mainstream traditions. However, a number of people identified themselves as "spiritual" and reported spiritual and humanist explorations. Our results shed preliminary light on how some people in families with LFS cope in the face of tremendous medical, social and emotional challenges.

Philippus, A., Mellick, D., O'Neil-Pirozzi, T., Bergquist, T., Guller Bodien, Y., Sander, A. M., Dreer, L. E., Giacino, J. and Novack, T. [Craig Hospital, Englewood, CO; Spaulding-Harvard, Boston, MA; Mayo Clinic, Rochester, MN; Baylor College of Medicine, Houston, TX; TIRR Memorial Hermann, Houston, TX; Harris Health System, Houston, TX; and University of Alabama, Birmingham, AL]. "**Impact of religious attendance on psychosocial outcomes for individuals with traumatic brain injury: a NIDILRR funded TBI Model Systems study**." *Brain Injury* 30, nos. 13-14 (2016): 1605-1611. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVES: To (1) identify demographic characteristics of individuals with traumatic brain injury (TBI) who attend religious services, (2) understand the relationship between attending religious services and psychosocial outcomes and (3) examine the independent contribution of religious service

attendance to psychosocial outcomes while controlling for demographic characteristics, functional status and geographic location at 1, 5 and 10-years post injury. DESIGN: Retrospective, cross-sectional cohort study using secondary data analysis of the TBI Model Systems (TBIMS) National Database (NDB). PARTICIPANTS: TBIMS NDB participants who completed 1, 5 or 10-year follow-up interview with data on religious attendance. A total of 5573 interviews were analysed. OUTCOME MEASURES: Satisfaction with Life scale (SWLS), Generalized Anxiety Disorder (GAD-7), Patient Health Questionnaire (PHQ-9) and Participation Assessment with Recombined Tools-Objective Social sub-scale. RESULTS: Approximately half of the sample was attending religious services at each time point. Attendance was a significant protective factor for each outcome across all three-time periods. After controlling for demographic characteristics, functional status and geographic makeup, religious attendance contributed a small but significant amount of unique variance in all models except for GAD-7 at years 1 and 10. DISCUSSION: This study highlights the benefits of religious attendance on psychosocial outcomes post-TBI. Implications for rehabilitation are discussed.

Pilch, M., Scharf, S. N., Lukanz, M., Wutte, N. J., Fink-Puches, R., Glawischnig-Goschnik, M., Unterrainer, H. F. and Aberer, E. [Medical University Graz, Austria; Karl-Franzens University Graz, Austria; and Center for Integrative Addiction Research (Gruner Kreis), Vienna, Austria]. "**Spiritual well-being and coping in scleroderma, lupus erythematosus, and melanoma**." *Journal der Deutschen Dermatologischen Gesellschaft* 14, no. 7 (Jul 2016): 717-728. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND AND OBJECTIVES: Religious/spiritual (R-S) well-being is associated with greater vitality and lower depression scores. In this study, we investigated strategies for coping with disease and the role of religiosity/spirituality with respect to improving subjective well-being. PATIENTS AND METHODS: One hundred and forty-nine patients (107 women), 44 of whom with systemic sclerosis (SSc), 48 with lupus erythematosus (LE), and 57 with stage I or II malignant melanoma (MM) were surveyed using a self-designed questionnaire, which addressed subjective well-being and disease-related circumstances, as well as the Multidimensional Inventory for Religious/Spiritual Well-Being (MI-RSWB). RESULTS: At the time of diagnosis, disease burden is greater in LE patients than in patients with SSc and MM. Only after several years are SSc and LE patients able to accept their disease. Compared with healthy individuals, the overall score of R-S well-being is significantly lower in LE patients. In LE, photosensitivity and joint pain are inversely correlated with the ability to forgive. SSc patients with facial lesions and pulmonary involvement show greater religiosity. MM patients display significantly higher values for transcendental hope. CONCLUSION: Talks about the disease and psychological support are the most important needs of patients with SSc, LE, and MM. At present, programs aimed at improving R-S coping skills do not seem to play a significant role, but could be an important resource that should be addressed in the future.

Prouty, A. M., Fischer, J., Purdom, A., Cobos, E. and Helmeke, K. B. [Texas Tech University System, Lubbock, TX; and Western Michigan University, Kalamazoo, MI]. "**Spiritual coping: a gateway to enhancing family communication during cancer treatment**." *Journal of Religion & Health* 55, no. 1 (Feb 2016): 269-287.

[Abstract:] The researchers examined the spiritual coping, family communication, and family functioning of 95 participants in 34 families by an online survey. Multilevel linear regression was used to test whether individuals' and families' higher endorsement of more use of spiritual coping strategies to deal with a member's cancer would be associated with higher scores on family communication and family functioning, and whether better communication would also be associated with higher family functioning scores. Results revealed that spiritual coping was positively associated with family communication, and family communication was positively associated with healthier family functioning. The researchers provide suggestions for further research.

Raffay, J., Wood, E. and Todd, A. [Mersey Care NHS Foundation Trust, Ashworth Hospital Parkbourn, Liverpool, England; and Cardiff Centre of Chaplaincy Studies, St Michael's College, Llandaff, Cardiff, Wales]. "**Service user views of spiritual and pastoral care (chaplaincy) in NHS mental health services: a co-produced constructivist grounded theory investigation**." *BMC Psychiatry* 16 (Jun 17, 2016): 200 [electronic journal article designation, 11pp.]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Within the UK National Health Service (NHS), Spiritual and Pastoral Care (SPC) Services (chaplaincies) have not traditionally embraced research due to the intangible nature of their work. However, small teams like SPC can lead the way towards services across the NHS becoming patient- centred and patient-led. Using co-production principles within research can ensure it, and the resulting services, are truly patient-led. METHODS: A series of interviews were conducted with service users across directorates of a large NHS mental health Trust. Their views on the quality of SPC services and desired changes were elicited. Grounded theory was used with a constant comparative approach to the interviews and analysis. RESULTS: Initial analysis explored views on spirituality and religion in health. Participants' concerns included what chaplains should do, who they should see, and how soon after admission. Theoretical analysis suggested incorporating an overarching spiritual element into the bio-psycho-social model of mental healthcare. CONCLUSIONS: Service users' spirituality should not be sidelined. To service users with strong spiritual beliefs, supporting their spiritual resilience is central to their care and well-being. Failure will lead to non-holistic care unlikely to engage or motivate.

Ragsdale, J. R., Orme-Rogers, C., Bush, J. C., Stowman, S. L. and Seeger, R. W. [Cincinnati Children's Hospital Medical Center, Cincinnati, OH; Meriter Unitypoint Hospital, Madison, WI; Westchester Medical Center, Valhalla, NY; and the University of Minnesota Medical Center, Minneapolis, MN]. "**Behavioral outcomes of Supervisory Education in the Association for Clinical Pastoral Education: a qualitative research study**." *Journal of Pastoral Care & Counseling* 70, no. 1 (Mar 2016): 5-15.

This is a highly significant study regarding the process of chaplaincy education. [Abstract:] This study advances the work of developing a theory for educating Clinical Pastoral Education (CPE) Supervisors by describing the behaviors which result from the successful completion of CPE supervisory education. Twenty-eight Association for Clinical Pastoral Education (ACPE) Certification Commissioners were interviewed to identify the behaviors demonstrated by Supervisory Education Students (Candidates) which influenced the decision to certify them at the level of Associate Supervisor. Specific behavioral descriptors are listed for each ACPE supervisory competency.

Ramchand, R., Ayer, L., Geyer, L. and Kofner, A. [RAND, Arlington, VA]. "**Factors that influence chaplains' suicide intervention behavior in the army**." *Suicide & Life-Threatening Behavior* 46, no. 1 (Feb 2016): 35-45.

[Abstract:] We surveyed 868 Army chaplains and 410 chaplain assistants (CAs) about their role in identifying, caring for, and referring soldiers at risk of suicide to behavioral health care. We applied structural equation modeling to identify how behaviors and attitudes related to intervention behavior. In both samples, reluctance and stigma were related to intervention behaviors; efficacy was correlated with intervention behaviors only among chaplains. Training was associated with increased efficacy and lower levels of stigma among chaplains. Improved training may be warranted, but research needs to identify why chaplains and CAs are reluctant to refer soldiers in distress to behavioral health care.

Rassoulian, A., Seidman, C. and Loffler-Stastka, H. [Medical University of Vienna, Austria, and Emory University, Atlanta, GA]. "**Transcendence, religion and spirituality in medicine: medical students' point of view**." *Medicine* 95, no. 38 (Sep 2016): e4953.

[Abstract:] To explore how medical students-the doctors of tomorrow-reflect upon meeting the spiritual needs of their patients, and whether they have reflected on their own religious or spiritual beliefs, or not. The study also investigates to what extent the students feel comfortable with addressing spiritual issues in their patient care, and whether they feel this is beyond their role as medical doctors.A self-administered questionnaire was developed. The survey was administered in teaching classes at the medical university of Vienna. One thousand four hundred (836 women and 564 men) students responded, laying the foundation for a thorough statistical analysis.59.5% of the students had reflected on their own belief concepts, 21.9% consider themselves religious, and 20.1% see themselves as spiritual individuals. 75.6% of the students agreed with the statement that religious conviction/spirituality might have an effect on how cancer patients cope. 85.9% would consider talking with their patients about religious/spiritual issues if patients wish to do so. 86.3% would involve chaplains if they feel it is

necessary.The results of this study suggest that future doctors want to see the patient in a wider scope than the bio-psycho-social one, by including the meta-dimension of transcendence.

Robinson, M. R., Thiel, M. M., Shirkey, K., Zurakowski, D. and Meyer, E. C. [Children's Hospital, Boston, MA; Hebrew Senior Life/Hebrew Rehabilitation Center, Boston, MA; North Park University, Chicago, IL; Harvard Medical School, Boston, MA; and Institute for Professionalism and Ethical Practice, Boston, MA]. " **Efficacy of training interprofessional spiritual care generalists**." *Journal of Palliative Medicine* 19, no. 8 (Aug 2016): 814-821. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Provision of spiritual/religious (S/R) care has been associated with improvements in patient care, patient-provider relationships, and resource utilization. Clinicians identify a lack of training in S/R care as the primary impediment. The purpose of the study was to evaluate the effectiveness of one-day, simulation-based workshops to prepare interprofessional clinicians to function as capable, confident, and ethical spiritual care generalists. METHODS: Interprofessional practitioners (physicians, nurses, social workers, psychologists, child life specialists) in a quaternary care academic pediatric hospital participated in daylong Spiritual Generalist workshops utilizing professional actors to learn requisite spiritual generalist skills. Participants completed pre- and postworkshop questionnaires on the day of the workshop, and three-month follow-up self-report questionnaires that included 1-5-point Likert scale items focused on 15 spiritual generalist skills. RESULTS: One hundred fifteen interprofessional staff members completed pre- and postquestionnaires and three-month follow-up surveys. Analysis revealed significant mean improvement in all 15 spiritual generalist skills targeted for developing mastery within each of three broad domains: Spiritual Screen and Care Plan, Provision of Spiritual Care, and Professional Development. Although the initial degree of improvement tended to be greater immediately postworkshop, 14 of the 15 spiritual generalist skills remained significantly higher at three months compared to preworkshop. CONCLUSIONS: This daylong workshop of concentrated instruction, including didactics, visual slideshow, simulation of clinical scenarios, and debriefing/discussion components, was efficient and effective in training clinicians from varied disciplines to learn basic generalist-level spiritual care skills and to collaborate more effectively with chaplains, the spiritual specialists.

Ronneberg, C. R., Miller, E. A., Dugan, E. and Porell, F. [University of Massachusetts, Boston, MA]. "**The protective effects of religiosity on depression: a 2-year prospective study**." *Gerontologist* 56, no. 3 (Jun 2016): 421-431. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE OF THE STUDY: Approximately 20% of older adults are diagnosed with depression in the United States. Extant research suggests that engagement in religious activity, or religiosity, may serve as a protective factor against depression. This prospective study examines whether religiosity protects against depression and/or aids in recovery. DESIGN AND METHODS: Study data are drawn from the 2006 and 2008 waves of the Health and Retirement Study. The sample consists of 1,992 depressed and 5,740 nondepressed older adults (mean age = 68.12 years), at baseline (2006), for an overall sample size of 7,732. Logistic regressions analyzed the relationship between organizational (service attendance), nonorganizational (private prayer), and intrinsic measures of religiosity and depression onset (in the baseline nondepressed group) and depression recovery (in the baseline depressed group) at follow-up (2008), controlling for other baseline factors. RESULTS: Religiosity was found to both protect against and help individuals recover from depression. Individuals not depressed at baseline remained nondepressed 2 years later if they frequently attended religious services, whereas those depressed at baseline were less likely to be depressed at follow-up if they more frequently engaged in private prayer. IMPLICATIONS: Findings suggest that both organizational and nonorganizational forms of religiosity affect depression outcomes in different circumstances (i.e., onset and recovery, respectively). Important strategies to prevent and relieve depression among older adults may include improving access and transportation to places of worship among those interested in attending services and facilitating discussions about religious activities and beliefs with clinicians.

Ross, L., Giske, T., van Leeuwen, R., Baldacchino, D., McSherry, W., Narayanasamy, A., Jarvis, P. and Schep-Akkerman, A. [University of South Wales, Pontypridd, Wales, UK; Haraldsplass Deaconess University College, Bergen, Norway; Reformed University for Applied Sciences, Zwolle, The Netherlands; University of Malta, Msida, Malta; and Staffordshire University/The Shrewsbury and Telford Hospital NHS Trust, Stafford, UK]. "**Factors contributing to student nurses'/midwives' perceived competency in spiritual care**." *Nurse Education Today* 36 (Jan 2016): 445-451.

[Abstract:] BACKGROUND: The spiritual part of life is important to health, well-being and quality of life. Spiritual care is expected of nurses/midwives, but it is not clear how students can achieve competency in spiritual care at point of registration as required by regulatory bodies. AIM: To explore factors contributing to undergraduate nurses'/midwives' perceived competency in giving spiritual care. DESIGN: A pilot cross-sectional, multinational, correlational survey design. METHOD: Questionnaires were completed by 86% (n=531) of a convenience sample of 618 undergraduate nurses/midwives from six universities in four countries in 2010. Bivariate and multivariate analyses were performed. RESULTS: Differences between groups were small. Two factors were significantly related to perceived spiritual care competency: perception of spirituality/spiritual care and student's personal spirituality. Students reporting higher perceived competency viewed spirituality/spiritual care broadly, not just in religious terms. This association between perceived competency and perception of spirituality is a new finding not previously reported. Further results reinforce findings in the literature that own spirituality was a strong predictor of perceived ability to provide spiritual care, as students reporting higher perceived competency engaged in spiritual activities, were from secular universities and had previous healthcare experience. They were also religious, practised their faith/belief and scored highly on spiritual well-being and spiritual attitude/involvement. CONCLUSIONS: The challenge for nurse/midwifery educators is how they might enhance spiritual care competency in students who are not religious and how they might encourage students who hold a narrow view of spirituality/spiritual care to broaden their perspective to include the full range of spiritual concerns that patients/clients may encounter. Statistical models created predicted factors contributing to spiritual care competency to some extent but the picture is complex requiring further investigation involving a bigger and more diverse longitudinal sample.

Salmoirago-Blotcher, E., Fitchett, G., Leung, K., Volturo, G., Boudreaux, E., Crawford, S., Ockene, I. and Curlin, F. [Brown University & Centers for Behavioral and Preventive Medicine, The Miriam Hospital, Providence, RI; Rush University Medical Center, Chicago, IL; University of Massachusetts Medical School, Worcester, MA; and Duke Divinity School, Duke University, Durham, NC]. "**An exploration of the role of religion/spirituality in the promotion of physicians' wellbeing in emergency medicine**." *Preventive Medicine Reports* 3 (Jun 2016): 189-195. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Burnout is highly prevalent among Emergency Medicine (EM) physicians and has significant impact on quality of care and workforce retention. The objective of this study was to determine whether higher religion/spirituality (R/S) is associated with a lower prevalence of burnout among EM physicians (primary outcome). A history of malpractice lawsuits and maladaptive behaviors were the secondary outcomes. METHODS: This was a cross-sectional, survey-based study conducted among a random sample of physicians from the Massachusetts College of Emergency Physicians mailing list. Burnout was measured using a validated 2-item version of the Maslach Burnout Inventory. Maladaptive behaviors (smoking, drinking, and substance use) and medical malpractice were self-reported. R/S measures included organized religiosity, religious affiliation, private R/S practice, self-rated spirituality, religious rest, and religious commitment. Logistic regression was used to model study outcomes as a function of R/S predictors. RESULTS: Of 422 EM physicians who received the invitation to participate, 138 completed the survey (32.7%). The prevalence of burnout was 27%. No significant associations were observed between burnout and R/S indicators. Maladaptive behaviors (adjusted OR = 0.42, CI: 0.19 to 0.96; p = 0.039) and history of medical malpractice (adjusted OR = 0.32; CI: 0.11 to 0.93; p = 0.037) were less likely among physicians reporting to be more involved in organized religious activity and to observe a day of rest for religious reasons, respectively. CONCLUSION: This study provides preliminary evidence for a possible protective association of certain dimensions of R/S on maladaptive behaviors and medical malpractice among EM physicians.

Sandhu, G., Colon, J., Barlow, D. and Ferris, D. [St Joseph's Hospital Health Center, Syracuse, NY]. "**Daily informal multidisciplinary intensive care unit operational debriefing provides effective support for Intensive Care Unit nurses**." *DCCN--Dimensions of Critical Care Nursing* 35, no. 4 (Jul-Aug 2016): 175-180. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

Note that chaplains were included in the initiative. [Abstract:] BACKGROUND: Although most organizations have comprehensive formal stress management programs, an approach that is most likely to be helpful is the one that is curtailed specifically to the needs of a particular nursing unit. With that aim in mind, a process of daily intensive care unit (ICU) multidisciplinary operational debriefings was developed. These operational debriefings use the same concepts as traditional debriefing, yet are offered on a daily basis, rather than being reserved only for major stressful events. Furthermore, they are informal, brief (15 minutes), and multidisciplinary (intensivists, ICU nurses, chaplain, ICU social worker, ICU nutritionist, and ICU pharmacist). The purpose of this descriptive study was to determine the perceptions of attendees in relation to the implementation of daily operational debriefings. METHODS: Six months into the process, the attendees were requested to fill out an anonymous voluntary survey. Questions were simple, straightforward, and close ended. RESULTS: Of 47 potential respondents (42 nurses, 2 nurse managers, 1 social worker, 1 pharmacist, and 1 nutritionist), 42 completed the survey. Results revealed that an overwhelming majority felt that daily operational debriefings provide an effective unit-based support system, a sense of connectedness, and a commitment to the well-being of others. Nearly 50% of the respondents felt that the overall stress level in the ICU decreased, and 98% indicated operational daily debriefings should continue. CONCLUSION: Daily Informal multidisciplinary ICU operational debriefing provides an effective support system for ICU nurses. A modified model could be replicated for non-ICU units as well.

Schonfeld, T. L., Schmid, K. K. and Boucher-Payne, D. [Emory University, Atlanta, GA; and University of Nebraska Medical Center, Omaha, NE]. "**Incorporating spirituality into health sciences education**." *Journal of Religion & Health* 55, no. 1 (Feb 2016): 85-96.

[Abstract:] Researchers are beginning to collect empiric data about coping mechanisms of health science students. Yet, there is an important aspect of coping with stress that is only partially addressed in health sciences curricula: students' spiritual well-being. In this essay, we describe a course in spirituality and health care that we offered to fourth-year medical students, as well as a small empirical study we conducted to assess students' spiritual needs and practices. We then offer reflections on the broad applicability of this work to students in the health sciences more generally, including suggestions for curriculum interventions that may ensure students' success.

Scott, H. [London, UK]. "**The importance of spirituality for people living with dementia**." *Nursing Standard* 30, no. 25 (Feb 17, 2016): 41-50.

[Abstract:] Spiritual care is an essential aspect of caring for people with dementia. It can improve their quality of life and give them the strength to cope with living with their condition. However, spirituality is a poorly understood concept and healthcare practitioners often lack confidence in assessing and meeting spiritual needs. Therefore, the spiritual needs of people with dementia are often overlooked, which can result in spiritual distress. This article provides an overview of spirituality and spiritual needs. It discusses the potential causes of spiritual distress in people with dementia and provides examples of spiritual care strategies

Seddigh, R., Keshavarz-Akhlaghi, A. A. and Azarnik, S. [Iran University of Medical Sciences, Tehran, Iran]. "**Questionnaires measuring patients' spiritual needs: a narrative literature review**." *Iranian Journal of Psychiatry & Behavioral Sciences* 10, no. 1 (Mar 2016): e4011 [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:] CONTEXT: The objective of the present review was to collect published spiritual needs questionnaires and to present a clear image of the research condition of this domain. EVIDENCE ACQUISITION: First, an electronic search was conducted with no limits on time span (until June 2015) or language in the following databases: PubMed, Scopus, Ovid, ProQuest and Google Scholar. All derivations of the keywords religion and spiritual alongside need and its synonyms were included in the search. Researches that introduced new tools was then selected and included in the study. Due to the limited quantity of questionnaires in this domain and with no consideration given to the existence or lack of exact standardization information, all of the questionnaires were included in the final report. RESULTS: Eight questionnaires were found: patients spiritual needs assessment scale (PSNAS), spiritual needs inventory (SNI), spiritual interests related to illness tool (SpIRIT), spiritual needs questionnaire (SpNQ), spiritual needs assessment for patients (SNAP), spiritual needs scale (SNS), spiritual care needs inventory (SCNI), and spiritual needs questionnaire for palliative care. CONCLUSIONS: These questionnaires have been designed from a limited medical perspective and often involve cultural concepts which complicate their cross-cultural applicability.

Selby, D., Seccaraccia, D., Huth, J., Kurrpa, K. and Fitch, M. [Sunnybrook Health Sciences Center, and University of Toronto, Canada]. "**A qualitative analysis of a healthcare professional's understanding and approach to management of spiritual distress in an acute care setting**." *Journal of Palliative Medicine* 19, no. 11 (Nov 2016): 1197-1204. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: The goal of this study was to explore healthcare professionals' (HCPs') perception of their role in provision of spiritual care, in addition to attempting to identify a simple question(s) to help identify spiritual distress. BACKGROUND: Spirituality is well recognized as important to whole-person care, particularly in those with terminal illnesses. Understanding the role of front-line providers in the identification and management of spiritual distress, however, remains challenging. METHODS: Twenty-one HCPs (eight physicians, seven nurses, six social workers) underwent qualitative semi-structured interviews exploring an understanding of spirituality/spiritual distress. HCPs were drawn from inpatient and outpatient settings in a tertiary care facility, and all had experience with patients with terminal illnesses. Interviews were subsequently coded and analyzed for dominant themes. RESULTS: Essentially all participants spoke of the high importance of spirituality and spiritual care, particularly for those facing end of life. However, the majority of HCPs had difficulty in formulating definitions/descriptions of spiritual care and spiritual distress, in marked contradistinction to the importance they ascribed to this aspect of holistic care. Almost universally provision of spiritual care was seen as critical, yet in the domain of chaplaincy/dedicated spiritual care providers. Reasons frequently cited for HCP's reluctance to provide such care themselves included time available, lack of training and expertise, and the sense that others could do a better job. DISCUSSION: Despite spirituality being highlighted as important to care, few HCPs felt able to provide this, raising questions around how such care can be encouraged and developed in busy acute care settings.

Sharma, V., Marin, D. B., Sosunov, E., Ozbay, F., Goldstein, R. and Handzo, G. F. [Icahn School of Medicine at Mount Sinai and Mount Sinai Hospital; and HealthCare Chaplaincy Network, New York, NY]. "**The differential effects of chaplain interventions on patient satisfaction**." *Journal of Health Care Chaplaincy* 22, no. 3 (Jul-Sep 2016): 85-101. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] There is an acute need to define the specific skills that make chaplains integral to the healthcare team. This prospective study attempts to identify those skills that may be specific to chaplains, for whom no other member of the health care team has similar training, and to examine if these skills have a differential effect on patient satisfaction. A total of 59 interventions were identified and grouped into 10 categories by focus groups comprised of chaplains. Subsequently, Principal Component Analysis yielded two independent variables; Component 1 representing the "Religious/Spiritual" dimension, and Component 2 representing the "Psychosocial" dimension of chaplains' work. The two components were used in an OLS regression model to measure patient satisfaction. Interventions that comprise the "Religious/Spiritual" dimension may be considered to be specific skills that chaplains contribute to patient care and these have a slightly stronger correlation with patient satisfaction than the interventions of the "Psychosocial" dimension.

Sinclair, S., Booker, R., Fung, T., Raffin-Bouchal, S., Enns, B., Beamer, K. and Ager, N. [University of Calgary and Tom Baker Cancer Centre]. "**Factors associated with post-traumatic growth, quality of life, and spiritual well-being in outpatients undergoing bone marrow**

transplantation: a pilot study." *Oncology Nursing Forum* 43, no. 6 (Nov 1, 2016): 772-780. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE/OBJECTIVES: To examine the relationships between spiritual, religious, and sociodemographic factors and post-traumatic growth, quality of life, and spiritual well-being in outpatients undergoing bone marrow and/or stem cell transplantation (BMSCT). DESIGN: Cross-sectional, descriptive, exploratory. SETTING: Outpatient bone marrow transplantation clinic at the Tom Baker Cancer Centre in Calgary, Alberta, Canada. SAMPLE: 100 patients (21 pre-BMSCT and 79 post-BMSCT) accrued consecutively via non-probability sampling. METHODS: Study participants completed the Functional Assessment of Cancer Therapy-Bone Marrow Transplantation (FACT-BMT), the Post-Traumatic Growth Inventory (PTGI), the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp), and a demographic questionnaire. Data analysis included descriptive statistics, t tests, and correlational analyses. MAIN RESEARCH VARIABLES: Demographic variables, FACT-BMT scores, PTGI scores, FACIT-Sp scores. FINDINGS: The majority of participants identified themselves as being at least somewhat spiritual. Significant differences were noted between those who identified as being not religious at all versus having at least some religiosity in several subscales of the PTGI, as well as on the FACIT-Sp. Similarly, significant differences were observed between participants who identified as being not spiritual at all versus having at least some spirituality for several subscales on the PTGI. Most participants indicated they would be at least somewhat likely to recommend spiritual care to a new patient. CONCLUSIONS: Most patients in this study within a publicly funded healthcare system self-identified with spirituality, used spiritual resources, and would recommend that other patients undergoing BMSCT seek the support of a spiritual care professional or chaplain. Spirituality, along with practical and relational factors, had a positive impact on certain aspects of post-traumatic growth, quality of life, and spiritual and physical well-being. IMPLICATIONS FOR NURSING: Oncology nurses are encouraged to routinely address spiritual issues. Findings from this study suggest that spirituality is not only important to patients undergoing BMSCT, but also may be an integral component of patients' post-traumatic growth, quality of life, and spiritual well-being.

Smith, H. J. [Tulane University School of Medicine, New Orleans, LA]. "**The ethical implications and religious significance of organ transplantation payment systems**." *Medicine, Health Care & Philosophy* 19, no. 1 (Mar 2016): 33-44.

[Abstract:] One of the more polarizing policies proposed to alleviate the organ shortage is financial payment of donors in return for organs. A priori and empirical investigation concludes that such systems are ethically inadequate. A new methodological approach towards policy formation and implementation is proposed which places ethical concerns at its core. From a hypothetical secular origin, the optimal ethical policy structure concerning organ donation is derived. However, when applied universally, it does not yield ideal results for every culture and society due to region-specific variation. Since religion holds significant influence in the organ donation debate, three religions-Catholicism, Islam, and Shinto-were examined in order to illustrate this variation. Although secular ethical concerns should rest at the core of policy construction, certain region-specific contexts require cultural and religious competence and necessitate the adjustment of the optimal template policy accordingly to yield the best moral and practical results.

Speck, P. [King's College London, UK]. "**Culture and spirituality: essential components of palliative care**." *Postgraduate Medical Journal* 92, no. 1088 (Jun 2016): 341-345.

[Abstract:] Palliative care advocates a holistic, multiprofessional approach to the care of people with life-threatening disease. In addition to the control of physical symptoms attention should also be paid to psychosocial, cultural and spiritual aspects of the patient's experience of illness. Guidance documents and research evidence reflect the complexity of the patient's journey and the need to regularly assess these areas of need over time. Cultural background can shape how patients respond to life-threatening illness, as can the beliefs held by the patients, whether religious or more broadly spiritual. Research evidence shows the importance of identifying and addressing cultural and spiritual aspects of care held by patients, families and staff. These are often neglected in clinical practice due to the focus on biomedical concerns and staff discomfort in engaging with beliefs and culture. Recent studies have highlighted gaps in the research, and some methodological difficulties and indicate many patients welcome healthcare staff enquiring about the importance of their beliefs and culture. Identifying research priorities is necessary to guide future research and strengthen the evidence base.

Starnino, V. R. [Indiana University-Purdue University-Indianapolis]. "**When trauma, spirituality, and mental illness intersect: a qualitative case study**." *Psychological Trauma: Theory, Research, Practice and Policy* 8, no. 3 (May 2016): 375-383. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Studies have identified spirituality to be a helpful resource for dealing with various types of trauma experiences. This coincides with a heightened focus on the role of spirituality within trauma-related theory (e.g., spiritual coping, meaning-making, and posttraumatic growth). Little remains known, however, about the relationship between trauma and spirituality among people with severe psychiatric disorders. Meanwhile, a high percentage of those with psychiatric disabilities are known to have trauma histories, whereas a majority self-identify as spiritual and/or religious. METHOD: Two cases from a hermeneutic phenomenological qualitative study of people with co-occurring psychiatric disabilities and trauma histories are highlighted. Themes related to trauma and spirituality are discussed in-depth. RESULTS: Study participants drew upon a variety of spiritual coping strategies (e.g., prayer, meditation, spiritual readings) to help deal with trauma experiences. Participants additionally experienced spiritual struggles-a detailed account is given of a participant who was able to work through such struggles by shifting to a less self-blaming spiritual worldview (e.g., shifted from believing in a "punishing God" to viewing oneself as part of "oneness with humanity"). The study also examined the meaning-making process and shows how concepts such as global and appraised meaning-making are applicable to people with psychiatric disabilities. Finally, unique challenges related to posttraumatic growth are discussed (e.g., intrusive ruminations and "voices" with spiritual themes). CONCLUSION: This study offers useful examples of how spirituality and trauma can impact one another, and how people with psychiatric disabilities draw upon spirituality to cope as they strive for recovery.

Steenhuis, L. A., Bartels-Velthuis, A. A., Jenner, J. A., Aleman, A., Bruggeman, R., Nauta, M. H. and Pijnenborg, G. H. [University of Groningen, and University Medical Center Groningen, The Netherlands]. " **Religiosity in young adolescents with auditory vocal hallucinations**." *Psychiatry Research* 236 (Feb 28, 2016): 158-164.

[Abstract:] The current exploratory study examined the associations between auditory vocal hallucinations (AVH) and delusions and religiosity in young adolescents. 337 children from a population-based case-control study with and without AVH, were assessed after five years at age 12 and 13, on the presence and appraisal of AVH, delusions and religiosity. AVH status (persistent, remittent, incident or control) was examined in relationship to religiosity. Results demonstrated a non-linear association between AVH and religiosity. Moderately religious adolescents were more likely to report AVH than non-religious adolescents (O.R.=2.6). Prospectively, moderately religious adolescents were more likely to have recently developed AVH than non-religious adolescents (O.R.=3.6) and strongly religious adolescents (O.R.=7.9). Of the adolescents reporting voices in this sample (16.3%), more than half reported positive voices. Religious beliefs were often described as supportive, useful or neutral (82%), regardless of the level of religiosity, for both adolescents with and without AVH. Co-occurrence of AVH and delusions, and severity of AVH were not related to religiosity. The present findings suggest there may be a non-linear association between religiosity and hearing voices in young adolescents. A speculative explanation may be that religious practices were adopted in response to AVH as a method of coping.

Steinhauser, K. E., Olsen, A., Johnson, K. S., Sanders, L. L., Olsen, M., Ammarell, N. and Grossoehme, D. [Duke University Hospital, Durham, NC, and Cincinnati Children's Hospital Medical Center, Cincinnati, OH]. "**The feasibility and acceptability of a chaplain-led intervention for caregivers of seriously ill patients: a Caregiver Outlook pilot study**." *Palliative & Supportive Care* 14, no. 5 (2016): 456-467.

[Abstract:] OBJECTIVE: When caring for a loved one with a life-limiting illness, a caregiver's own physical, emotional, and spiritual suffering can be profound. While many interventions focus on physical and emotional well-being, few caregiver interventions address existential and spiritual needs and the meaning that caregivers ascribe to their role. To evaluate the feasibility and acceptability of the process and content of Caregiver Outlook, we employed a manualized chaplain-led intervention to improve well-being by exploring role-related meaning among caregivers of patients with a life-limiting illness. METHOD: We

conducted a single-arm pre-post pilot evaluation among caregivers of patients with advanced cancer or amyotrophic lateral sclerosis (ALS). Caregivers completed three chaplain-led intervention sessions focusing on (1) a relationship review, (2) forgiveness, and (3) legacy. Outcomes administered at baseline and at 1 and 2 weeks after the intervention included quality of life, anxiety, depression, spiritual well-being, religious coping, caregiver burden, and grief. RESULTS: The sample (N = 31) included a range of socioeconomic status groups, and the average age was approximately 60 years. A third of them worked full-time. Some 74% of our participants cared for a spouse or partner, and the other quarter of the sample cared for a parent (13%), child (10%), or other close family member (3%). At baseline, participants did not demonstrate clinical threshold levels of anxiety, depression, or other indicators of distress. Outcomes were stable over time. The qualitative results showed the ways in which Caregiver Outlook was assistive: stepping back from day-to-day tasks, the opportunity to process emotions, reflecting on support received, provoking thoughts and emotions between sessions, discussing role changes, stimulating communication with others, and the anonymity of a phone conversation. Both religious and nonreligious participants were pleased with administration of the chaplain intervention. SIGNIFICANCE OF RESULTS: The acceptability and feasibility of Caregiver Outlook were demonstrated among caregivers of patients with an advanced illness. Our pilot findings suggest minor modifications to study participant screening, interventionist guidance, and the study measures. [See also in the same issue of the journal, articles by Best, M., et al.; Gielen, J., et al.; and Gratz, M., et al.; also noted in this bibliography.]

Stevens, B. A. [Charles Sturt University, Canberra, Australia]. "**Mindfulness: a positive spirituality for ageing?**" *Australasian Journal on Ageing* 35, no. 3 (Sep 2016): 156-158.

[Abstract:] Research indicates that the religious faith of people in aged care contributes to their well-being. A more general spirituality, involving no established religion, is also likely to be of benefit, but will require new forms of expression that appeal to the next generation, many of whom reject established religions. The practice of mindfulness also has research support as a contributor to well-being and may be a suitable and easily accepted form of spirituality for non-religious people.

Sun, V., Kim, J. Y., Irish, T. L., Borneman, T., Sidhu, R. K., Klein, L. and Ferrell, B. [City of Hope, Duarte, CA]. "**Palliative care and spiritual well-being in lung cancer patients and family caregivers**." *Psycho-Oncology* 25, no. 12 (Dec 2016): 1448-1455. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Spiritual well-being is an important dimension of quality of life (QOL) and is a core component of quality oncology and palliative care. In this analysis, we aimed to describe spiritual well-being outcomes in a National Cancer Institute (NCI)-supported Program Project that tested the effectiveness of an interdisciplinary palliative care intervention in lung cancer patients and their family caregivers (FCGs). METHODS: Patients undergoing treatments for NSCLC and their FCGs were enrolled in a prospective, quasi-experimental study. Patients and FCGs in the intervention group were presented at interdisciplinary care meetings and received four educational sessions that included one session focused on spiritual well-being. Spiritual well-being for patients was measured using the FACIT-Sp-12, and FCG spiritual well-being was measured using the COH-QOL-FCG spiritual well-being subscale. Multivariate analysis of covariance was undertaken for subscale and item scores at 12 weeks, controlling for baseline, by religious affiliations (yes or no) and group assignment. RESULTS: Religiously affiliated patients reported better scores in the Faith subscale and items on finding strength and comfort in faith and spiritual beliefs compared to non-affiliated patients. Non-affiliated patients had better scores for feeling a sense of harmony within oneself. By group, patients who received the intervention had significantly better scores for the Meaning/Peace subscale. CONCLUSIONS: Our findings support the multidimensionality of spiritual well-being that includes constructs such as meaning and faith for lung cancer patients and FCGs with or without religious affiliations. Palliative care interventions should include content that targets the spiritual needs of both patients and FCGs.

Tartaglia, A., Dodd-McCue, D., Ford, T., Demm, C. and Hassell, A. [Virginia Commonwealth University, Richmond, VA; and Mount Saint Joseph Residence & Rehabilitation, Waterville, ME]. "**Chaplain documentation and the electronic medical record: a survey of ACPE residency programs**." *Journal of Health Care Chaplaincy* 22, no. 2 (2016): 41-53.

[Abstract:] This study explores the extent to which chaplaincy departments at ACPE-accredited residency programs make use of the electronic medical record (EMR) for documentation and training. Survey data solicited from 219 programs with a 45% response rate and interview findings from 11 centers demonstrate a high level of usage of the EMR as well as an expectation that CPE residents document each patient/family encounter. Centers provided considerable initial training, but less ongoing monitoring of chaplain documentation. Centers used multiple sources to develop documentation tools for the EMR. One center was verified as having created the spiritual assessment component of the documentation tool from a peer reviewed published model. Interviews found intermittent use of the student chart notes for educational purposes. One center verified a structured manner of monitoring chart notes as a performance improvement activity. Findings suggested potential for the development of a standard documentation tool for chaplain charting and training.

Thompson, A. B., Cragun, D., Sumerau, J. E., Cragun, R. T., De Gifis, V. and Trepanier, A. [Spectrum Health, Advanced Technology Laboratories, Grand Rapids, MI; Moffitt Cancer Center, Tampa, FL; University of Tampa, Tampa, FL; and Wayne State University, Detroit, MI]. "**'Be prepared if I bring it up:' patients' perceptions of the utility of religious and spiritual discussion during genetic counseling**." *Journal of Genetic Counseling* 25, no. 5 (Oct 2016): 945-956. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] As debates continue about the relevance of religion to health care, research is needed to guide decisions about whether genetic counselors (GCs) should routinely address religious and/or spiritual (R/S) issues with their patients. We conducted an online survey to gauge patient perspectives on this issue. Among the 70 respondents, frequencies of closed-ended responses and thematic analyses of open-ended responses revealed multiple patient concerns related to R/S discussions with GCs. Although 60 respondents reported being R/S, only a small minority would want to discuss R/S issues if it meant less time discussing medical information. Most respondents also expressed opinions that: 1) genetic counseling should be about science; 2) GCs are not qualified to discuss R/S issues; 3) other outlets are available to meet the needs of patients who want R/S counseling; and/or 4) R/S discussions are more likely to be acceptable if patients broach the topic or in specific circumstances (e.g., when patients are facing end-of life issues). Overall, responses suggest routine or comprehensive R/S assessments or discussions are not necessary and that GCs would be best equipped to help all their patients if they were prepared to listen, be supportive, and make referrals when R/S issues arise in clinic.

Timmins, F., Murphy, M., Begley, T., Neill, F. and Sheaf, G. [Trinity College, Dublin, Ireland]. "**The extent to which core nursing textbooks inform holistic spiritual care**." *Nursing Management (Harrow)* 23, no. 5 (Sep 2016): 31-37.

[Abstract:] National and international professional health and nursing guidelines recommend that attention should be given to the spiritual and religious needs of patients. This suggests that spiritual care is an important aspect of holistic patient care that needs to be considered and supported, if relevant, in a healthcare context. However, many nurses lack knowledge and awareness of the subject, and it is unclear to what extent core textbooks provide the information they need. This article reports on a study that explored the extent to which contemporary core nursing textbooks support and advocate the provision of spiritual care by nurses. Its findings suggest there is a lack of consistency in the inclusion of spirituality in these texts, and few refer specifically to the need for spiritual assessment tools or referral to chaplains. As more attention is given to patients' spiritual needs, the guidance given by nursing textbooks needs to be more substantive and consistent.

Tobin, E. T. and Slatcher, R. B. [Wayne State University]. "**Religious participation predicts diurnal cortisol profiles 10 years later via lower levels of religious struggle**." *Health Psychology* 35, no. 12 (Dec 2016): 1356-1363. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Multiple aspects of religion have been linked with a variety of physical health outcomes; however, rarely have investigators attempted to empirically test the mechanisms through which religiosity impacts health. The links between religious participation, religious coping, and diurnal cortisol

patterns over a 10-year period in a national sample of adults in the United States were investigated. METHOD: Participants included 1,470 respondents from the Midlife in the United States (MIDUS) study who provided reports on religious participation, religious coping, and diurnal cortisol. RESULTS: Religious participation predicted steeper ("healthier") cortisol slopes at the 10-year follow-up, controlling for potential confounds. Further, religious struggle (religious coping marked by tension and strain about religious and spiritual issues) mediated the prospective association between religious participation and cortisol slope, such that greater religious attendance predicted lower levels of religious struggle 10 years later, which in turn was linked with a steeper cortisol slope; this effect remained strong when controlling for general emotional coping and social support. Positive religious coping was unrelated to diurnal cortisol patterns. CONCLUSION: These findings identify religious struggle as a mechanism through which religious participation impacts diurnal cortisol levels and suggest that diurnal cortisol is a plausible pathway through which aspects of religion influence long-term physical health

Toussaint, L., Kamble, S., Marschall, J. C. and Duggi, D. B. [Luther College, Decorah, IA; Iowa State University, Ames, IA; and Karnatak University, Dharwad, India]. "**The effects of brief prayer on the experience of forgiveness: an American and Indian comparison**." *International Journal of Psychology* 51, no. 4 (Aug 2016): 288-295.

[Abstract:] The present study offers a cross-cultural examination of the effect of prayer on forgiveness. American ($n = 51$) and Indian ($n = 100$) participants either prayed for their romantic partner (prayer condition) or described their romantic partner's physical attributes (control condition). Prayers were self-guided and lasted 3 minutes. Pre-test and post-test measures of retaliation were completed. Results showed that participants in the prayer group showed statistically significant decreases in retaliation motives from pre-test to post-test and the magnitude of this change was not different across cultures. Control groups in both cultures showed no change. Because of the religious diversity present in the Indian sample, the robustness of the effect of prayer on forgiveness was tested across Christian, Hindu and Muslim Indians. Religious affiliation did not moderate the effect of prayer on forgiveness in this sample. Results suggest that a brief prayer is capable of producing real change in forgiveness and this change is consistent across American and Indian cultures and across three different religious groups in India. Brief prayer for others that enhances forgiveness may be useful for individuals in close relationships, in certain counselling settings and for people in many different walks of life.

Trinkle, K. M. [Lehigh Valley Health Network, Allentown, PA]. "**Amish culture and their utilization of burns and wounds ointment for the treatment of burns**." *Holistic Nursing Practice* 30, no. 2 (Mar-Apr 2016): 78-87.

[Abstract:] As indicated in the 2010 United States Religion Census, there are approximately 251,000 Amish people in the United States and Ontario. This census also demonstrated that a new Amish community is founded on average about every three-and-a-half weeks, suggesting that this religious culture is the fastest-growing religion throughout the United States. Because of the rapid growth of the Amish population, it is essential for health care workers to understand their background, cultural, and health care beliefs, especially in the treatment of burns. The purpose of this article is to examine the Amish background, cultural, and health care beliefs, specifically the utilization of burns and wounds ointment and burdock leaves in the treatment of burns.

Unterrainer, H. F., Lukanz, M., Pilch, M., Scharf, S., Glawischnig-Goschnik, M., Wutte, N., Fink-Puches, R. and Aberer, E. [Medical University of Graz, Austria]. "**Spirituality and mood pathology in severe skin conditions: a prospective observational study**." *Archives of Dermatological Research* 308, no. 7 (Sep 2016): 521-525.

[Abstract:] Although the association between spirituality and parameters of psychological health and disease has been investigated extensively, little evidence is available for its potential role in dermatology. In a single-centre observational prospective study, 149 outpatients (107 women) with systemic sclerosis (SSc; $n = 44$), lupus erythematosus (LE; $n = 48$), or early stage malignant melanoma (MM; $n = 57$) were investigated using the multidimensional inventory for religious/spiritual well-being together with the Brief Symptom Inventory for psychiatric symptoms (BSI-18). SSc patients reported the highest amount of Somatization in comparison with LE and MM patients ($p < 0.05$). Furthermore, in line with the previous research, spiritual dimensions, such as Hope for a better future ($p < 0.01$) or Hope for a better afterlife ($p < 0.01$), proved to be especially negatively predictive for the global amount of psychiatric symptom burden in these dermatological patient groups. Our findings suggest that greater attention should be given to spiritual issues, such as encouraging patients, imbuing them with optimism, and offering interventions that address spiritual well-being.

Van Cappellen, P., Way, B. M., Isgett, S. F. and Fredrickson, B. L. [University of North Carolina, Chapel Hill, NC; and Ohio State University, Columbus OH]. "**Effects of oxytocin administration on spirituality and emotional responses to meditation**." *Social Cognitive & Affective Neuroscience* 11, no. 10 (Oct 2016): 1579-1587. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The oxytocin (OT) system, critically involved in social bonding, may also impinge on spirituality, which is the belief in a meaningful life imbued with a sense of connection to a Higher Power and/or the world. Midlife male participants ($N=83$) were randomly assigned to receive intranasal OT or placebo. In exploratory analyses, participants were also genotyped for polymorphisms in two genes critical for OT signaling, the oxytocin receptor gene (OXTR rs53576) and CD38 (rs6449182 and rs3796863). Results showed that intranasal OT increased self-reported spirituality on two separate measures and this effect remained significant a week later. It also boosted participants' experience of specific positive emotions during meditation, at both explicit and implicit levels. Furthermore, the effect of OT on spirituality was moderated by OT-related genotypes. These results provide the first experimental evidence that spirituality, endorsed by millions worldwide, appears to be supported by OT.

VanderWeele, T. J., Jackson, J. W. and Li, S. [Harvard Chan School of Public Health, Boston, MA]. "**Causal inference and longitudinal data: a case study of religion and mental health**." *Social Psychiatry & Psychiatric Epidemiology* 51, no. 11 (Nov 2016): 1457-1466. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: We provide an introduction to causal inference with longitudinal data and discuss the complexities of analysis and interpretation when exposures can vary over time. METHODS: We consider what types of causal questions can be addressed with the standard regression-based analyses and what types of covariate control and control for the prior values of outcome and exposure must be made to reason about causal effects. We also consider newer classes of causal models, including marginal structural models, that can assess questions of the joint effects of time-varying exposures and can take into account feedback between the exposure and outcome over time. Such feedback renders cross-sectional data ineffective for drawing inferences about causation. RESULTS: The challenges are illustrated by analyses concerning potential effects of religious service attendance on depression, in which there may in fact be effects in both directions with service attendance preventing the subsequent depression, but depression itself leading to lower levels of the subsequent religious service attendance. CONCLUSIONS: Longitudinal designs, with careful control for prior exposures, outcomes, and confounders, and suitable methodology, will strengthen research on mental health, religion and health, and in the biomedical and social sciences generally.

VanderWeele, T. J., Li, S., Tsai, A. C. and Kawachi, I. [Harvard University, Boston, MA; and Mbarara University of Science and Technology, Mbarara, Uganda]. "**Association between religious service attendance and lower suicide rates among US women**." *JAMA Psychiatry* 73, no. 8 (Aug 1, 2016): 845-851. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] IMPORTANCE: Previous studies have linked suicide risk with religious participation, but the majority have used ecologic, cross-sectional, or case-control data. OBJECTIVE: To examine the longitudinal association between religious service attendance and suicide and the joint associations of suicide with service attendance and religious affiliation. DESIGN, SETTING, AND PARTICIPANTS: We evaluated associations between religious service attendance and suicide from 1996 through June 2010 in a large, long-term prospective cohort, the Nurses' Health Study, in an analysis that included 89708 women. Religious service attendance was self-reported in 1992 and 1996. Data analysis was conducted from 1996 through 2010. MAIN OUTCOMES AND MEASURES: Cox proportional hazards regression models were used to examine the association between religious service attendance and suicide, adjusting for demographic

covariates, lifestyle factors, medical history, depressive symptoms, and social integration measures. We performed sensitivity analyses to examine the influence of unmeasured confounding. RESULTS: Among 89708 women aged 30 to 55 years who participated in the Nurses' Health Study, attendance at religious services once per week or more was associated with an approximately 5-fold lower rate of suicide compared with never attending religious services (hazard ratio, 0.16; 95% CI, 0.06-0.46). Service attendance once or more per week vs less frequent attendance was associated with a hazard ratio of 0.05 (95% CI, 0.006-0.48) for Catholics but only 0.34 (95% CI, 0.10-1.10) for Protestants (P=.05 for heterogeneity). Results were robust in sensitivity analysis and to exclusions of persons who were previously depressed or had a history of cancer or cardiovascular disease. There was evidence that social integration, depressive symptoms, and alcohol consumption partially mediated the association among those occasionally attending services, but not for those attending frequently. CONCLUSIONS AND RELEVANCE: In this cohort of US women, frequent religious service attendance was associated with a significantly lower rate of suicide. [See also in the same issue: Koenig, H. G., "Association of Religious Involvement and Suicide," *JAMA Psychiatry* 73, no. 8 (Aug 1, 2016): 775-776.]

Vincensi, B. B. and Burkhart, L. [Hope College, Holland, MI]. "**Development and psychometric testing of two tools to assess nurse practitioners' provision of spiritual care**." *Journal of Holistic Nursing* 34, no. 2 (Jun 2016): 112-122. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: The purpose of this study was to develop and evaluate the psychometric properties of two tools measuring the frequency nurse practitioners (NPs) assess for spiritual need and provide spiritual interventions. Spiritual care provided by NPs has the potential to improve health indicators without increasing costs. DESIGN: Survey design METHODS: Concept analysis of the literature supported each item developed for the new assessment and intervention tools. Content validity was tested with six subject matter experts using Lawshe's method of content validity ratios (CVR). Inter-item correlations further supported convergent and divergent validity of the items with 133 practicing NPs. Cronbach's alpha supported internal consistency of the tools and subscales. FINDINGS: CVR analysis provided data supporting revision of the original tools. Convergent and divergent validity were also supported for each item. Both the assessment and intervention tools had high Cronbach's alpha's that met the required 0.70 for the entire scale and subscales. CONCLUSIONS: Both tools and their subscales showed evidence of validity and reliability. Continued research to refine the tools is needed. IMPLICATIONS: The tools can be valuable for assessing NP practice regarding spiritual care within relationship-based and patient centered care.

Vishkin, A., Bigman, Y. E., Porat, R., Solak, N., Halperin, E. and Tamir, M. [Hebrew University]. "**God rest our hearts: religiosity and cognitive reappraisal**." *Emotion* 16, no. 2 (Mar 2016): 252-262.

[Abstract:] Although religiosity is often accompanied by more intense emotions, we propose that people who are more religious may be better at using 1 of the most effective emotion regulation strategies-namely, cognitive reappraisal. We argue that religion, which is a meaning-making system, is linked to better cognitive reappraisal, which involves changing the meaning of emotional stimuli. Four studies (N = 2,078) supported our hypotheses. In Study 1, religiosity was associated with more frequent use of cognitive reappraisal in 3 distinct religions (i.e., Islam, Christianity, Judaism). In Studies 2A-2B, we replicated these findings using 2 indices of cognitive reappraisal and in a large representative sample. In Studies 3-4, individuals more (vs. less) religious were more effective in using cognitive reappraisal in the laboratory. We discuss how these findings inform our understanding of the psychology of religion and of emotion regulation.

Wachholtz, A. B., Fitch, C. E., Makowski, S. and Tjia, J. [University of Massachusetts Medical School, UMass Memorial Medical Center, Worchester, MA]. "**A comprehensive approach to the patient at end of life: assessment of multidimensional suffering**." *Southern Medical Journal* 109, no. 4 (Apr 2016): 200-206.

This review considers research on "spiritual pain," outlines the Bio-Psycho-Social-Spiritual Model of Pain, addresses adaptive and maladaptive religious and spiritual coping, and the clinical assessment of spirituality & pain (qualitative and quantitative).

Weathers, E., McCarthy, G. and Coffey, A. [University College Cork, Cork, Ireland]. "**Concept analysis of spirituality: an evolutionary approach**." *Nursing Forum* 51, no. 2 (Apr 2016): 79-96.

[Abstract:] AIM: The aim of this article is to clarify the concept of spirituality for future nursing research. BACKGROUND: Previous concept analyses of spirituality have mostly reviewed the conceptual literature with little consideration of the empirical literature. The literature reviewed in prior concept analyses extends from 1972 to 2005, with no analysis conducted in the past 9 years. DESIGN: Rodgers' evolutionary framework was used to review both the theoretical and empirical literature pertaining to spirituality. Evolutionary concept analysis is a formal method of philosophical inquiry, in which papers are analyzed to identify attributes, antecedents, and consequences of the concept. DATA SOURCE: Empirical and conceptual literature. RESULTS: Three defining attributes of spirituality were identified: connectedness, transcendence, and meaning in life. A conceptual definition of spirituality was proposed based on the findings. Also, four antecedents and five primary consequences of spirituality were identified. CONCLUSIONS: Spirituality is a complex concept. This concept analysis adds some clarification by proposing a definition of spirituality that is underpinned by both conceptual and empirical research. Furthermore, exemplars of spirituality, based on prior qualitative research, are presented to support the findings. Hence, the findings of this analysis could guide future nursing research on spirituality.

Williams, M. G., Voss, A., Vahle, B. and Capp, S. [Blessing-Rieman College of Nursing, Quincy, IL]. "**Clinical nursing education: using the FICA spiritual history tool to assess patients' spirituality**." *Nurse Educator* 41, no. 4 (Jul-Aug 2016): E6-9. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Nursing students often find it difficult to address spirituality in clinical practice. The purpose of this study was to examine the effect of students' use of the FICA Spiritual History Tool during clinical practice on their own spirituality and comfort with the provision of spiritual care. The students (N = 31) completed the Spirituality and Spiritual Care Rating Scale at the beginning and end of the semester, which revealed changes, although not statistically significant, in students' spirituality, religiosity, and their provision of spiritual care.

Winger, J. G., Adams, R. N. and Mosher, C. E. [Indiana University-Purdue University Indianapolis, Indianapolis, IN]. "**Relations of meaning in life and sense of coherence to distress in cancer patients: a meta-analysis**." *Psycho-Oncology* 25, no. 1 (Jan 2016): 2-10. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Note: the authors address spirituality throughout as connected to Meaning in Life concept.] [Abstract:] OBJECTIVE: Cancer patients report high rates of distress. The related constructs of meaning in life (MiL) and sense of coherence (SOC) have long been recognized as important factors in the psychological adjustment to cancer; however, both constructs' associations with distress have not been quantitatively reviewed or compared in this population. Informed by Park's integrated meaning-making model and Antonovsky's salutogenic model, the goals of this meta-analysis were the following: (1) to compare the strength of MiL-distress and SOC-distress associations in cancer patients; and (2) to examine potential moderators of both associations (i.e., age, gender, ethnicity, religious affiliation, disease stage, and time since diagnosis). METHODS: A literature search was conducted using electronic databases. Overall, 62 records met inclusion criteria. The average MiL-distress and SOC-distress associations were quantified as Pearson's r correlation coefficients and compared using a one-way ANOVA. RESULTS: Both MiL and SOC demonstrated significant, negative associations with distress (r =-0.41, 95% CI: -0.47 to -0.35, k = 44; and r = -0.59, 95% CI: -0.67 to -0.51, k = 18, respectively). Moreover, the MiL-distress association was significantly smaller than the SOC-distress association (Qb = 10.42, df = 1, p < 0.01). Neither association varied by the tested moderators. CONCLUSIONS: Findings provide support for the clinical relevance of MiL and SOC across demographic and medical subgroups of cancer patients. The strength of the SOC-distress association suggests that incorporating aspects of SOC (e.g., the perceived manageability of life circumstances) into meaning-centered interventions may improve their effectiveness for distressed cancer patients.

Wittenberg, E., Ferrell, B., Goldsmith, J. and Buller, H. [City of Hope Comprehensive Cancer Center, Duarte, CA; University of Memphis, Memphis, TN; and Chapman University, Orange, CA]. "**Provider difficulties with spiritual and forgiveness communication at the end of life**." *American Journal of Hospice & Palliative Medicine* 33, no. 9 (Nov 2016): 843-848. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Due to an absence of communication training, provider responses to patient/family spiritual distress are highly variable. Assessing spiritual and forgiveness concerns are important to ensuring quality holistic care. METHODS: Cross-sectional survey data were collected from providers attending 1 of 2 continuing education courses. The survey measured the frequency and initiation of communication about spirituality and forgiveness with patients/families, the perceived difficulty in communication across topics, and preparation and resources for these discussions. RESULTS: Most participants (n = 124) were nurses followed by social workers with over half of providers having 10 years or more of clinical experience. Participants reported the highest level of difficulty in spiritual communication when talking with family after the death of a patient, followed by conducting a spiritual history with a patient. Facilitating forgiveness communication between parent and adult child, followed by facilitating forgiveness between partners was most difficult for all participants. Social workers reported much lower difficulty than nurses on all items of spiritual and forgiveness communication. CONCLUSION: The majority of participants indicated they were involved in spiritual and forgiveness communication. The most difficult communication included talking with family after death and facilitating forgiveness between patients and families. These findings support the importance of spiritual communication in clinical practice, and the need for clinician training in communicating about spirituality and forgiveness with patients and families.

Wu, L. F. and Koo, M. [National Taichung University of Science and Technology, Taichung, Taiwan; Dalin Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, Chiayi, Taiwan; and Dalla Lana School of Public Health, University of Toronto, Canada]. "**Randomized controlled trial of a six-week spiritual reminiscence intervention on hope, life satisfaction, and spiritual well-being in elderly with mild and moderate dementia**." *International Journal of Geriatric Psychiatry* 31, no. 2 (Feb 2016): 120-127.

[Abstract:] OBJECTIVE: Reminiscence therapy has been reported to improve the well-being in patients with dementia. However, few studies have examined the effects of spiritual reminiscence, which emphasizes on reconnecting and enhancing the meaning of one's own experience, on patients with dementia. Therefore, this study aimed to investigate the effects of spiritual reminiscence on hope, life satisfaction, and spiritual well-being in elderly Taiwanese with mild or moderate dementia. METHODS: A randomized controlled trial was conducted on 103 patients with mild or moderate dementia recruited from a medical center in central Taiwan. The patients were randomly assigned to either a 6-week spiritual reminiscence group (n=53) or control group (n=50). The Herth Hope Index, the Life Satisfaction Scale, the Spirituality Index of Well-Being were administered before and after the 6-week period. RESULTS: The interaction terms between group and time for the three outcome measures were found to be significant ($P<0.001$), indicating that the changes over time in them were different between the intervention and control groups. CONCLUSIONS: Findings of this randomized controlled trial showed that hope, life satisfaction, and spiritual well-being of elderly patients with mild or moderate dementia could significantly be improved with a 6-week spiritual reminiscence intervention.

Yang, C., Ford, M. E., Tilley, B. C. and Greene, R. L. [Pennsylvania State University, Hershey, PA; Medical University of South Carolina, Charleston, SC; University of Texas Health Science Center; Houston, TX; and Johnson C. Smith University, Charlotte, NC]. "**Religiosity in black and white older Americans: measure adaptation, psychometric validation, and racial difference**." *Medicine* 95, no. 37 (Sep 2016): e4257 [electronic journal article designation, 9pp.].

[Abstract:] Racial difference of religiosity in a heterogeneous older population had long been a focal point of gerontological research. However, most religiosity measures were developed from homogenous sample, few underwent rigorous psychometric validation, and studies on racial difference of religiosity had been obstructed. This cross-sectional study adapted a religiosity measure originally designed for blacks only to a heterogeneous older population of blacks and whites, validated its psychometric properties, and examined racial difference of religiosity. Based on qualitative research of concepts, intensive literature review, and abundant experiences in this field, we adapted the original measure. Then, using the data collected from a survey of 196 black and white Americans 55 years and older in Charlotte, North Carolina, we investigated full-scale psychometric properties of the adapted measure at the item-, domain-, and measure- level. These psychometric validations included item analysis, item-scale correlations, correlation matrix among items, confirmatory factor analysis (CFA) to determine if the original factor structure held after adaptation, and reliability analysis using Cronbach's alpha. Finally, using Multiple Indicators and Multiple Causes (MIMIC) models, we examined racial difference of religiosity through regression with latent variables, while potential measurement bias by race through differential item functioning (DIF) was adjusted in the MIMIC models. In result, we successfully adapted the original 12-item religiosity measure for blacks into an 8-item version for blacks and whites. Although sacrificed few reliability for brevity, the adapted measure demonstrated sound psychometric properties, and retained the original factor structure. We also found racial differences of religiosity in all three domains of the measure, even after adjustment of the detected measurement biases in two domains. In conclusion, the original measure can be adapted to and validated for a heterogeneous older population of blacks and whites. Although the adapted measure can be used to measure the three domains of religiosity in blacks and whites, the observed racial differences of religiosity need to be adjusted for measurement biases before meaningful comparisons.

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

Postscriptum:

This bibliography is limited to articles published formally during the 2016 calendar year and does not normally include journals' ahead-of-print online postings. However, the significance to the field of the following article became evident with its October 6, 2016 appearance online, and for that reason it warrants a special note here.

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

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