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## November 2010 Article of the Month

This month's article selection is by Chaplain John Ehman,  
University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA.

Murphy, P. E. and Fitchett, G. "**Introducing chaplains to research: 'This could help me.'**"  
*Journal of Health Care Chaplaincy* 16 nos. 3-4 (2010): 79-94.

[*Editor's Note: This month's article is available freely online from the  
Journal of Health Care Chaplaincy via their Informaworld [Issues List](#)  
page.*]

**SUMMARY and COMMENT:** This new study by [Patricia E. Murphy](#) and [George Fitchett](#) from the [Department of Religion, Health and Human Values](#) at the Rush University College of Health Sciences and the Rush University Medical Center, comes at an opportune moment for the ACPE. Our organization is currently pursuing a board-approved initiative to develop research in our centers [--see the [Fall 2010 Network Newsletter](#), item #1], and this article identifies barriers -- mostly relating to resistant attitudes about research -- that hinder chaplaincy from becoming a "research-informed profession" [p. 81].

The authors analyze data from 94 chaplains who participated in "five day-long, introduction to pastoral research workshops in different parts of the U.S. between 2004 and 2006" [p. 83]. At the beginning and end of each workshop, attendees were asked to write down "three words that described their feelings about research" [p. 82]. Among the results:

Before the workshop, the majority of the chaplains' feelings about research were negative (60%, 152 of 255 total pre-workshop feelings). Two of the most common negative feelings were inadequacy and anxiety. ...At the end of the workshop, the majority of chaplains' responses were positive (83%, 164 of 197 of total post-workshop feelings). Feeling energized and equipped were two of the more common positive feelings.... ..[Moreover,] 59% of the chaplains (43 out of 73 chaplains) began the workshops with mostly negative or all negative feelings about research. At the end of the workshop only 7% (5 out of 73 chaplains) had negative or mostly negative feelings about research and 82% (60 out of 73 chaplains) had mostly positive or all positive feelings about research. [Note: only 73 chaplains completed both pre- and post-workshop listings of feelings for this latter analysis.] [pp. 88-89]

This study replicates an earlier Australian project [Fitchett, G., Bradshaw, A. K., and Gibbons, G. J., "Chaplains and research: 'I feel a little excited,'" *Ministry, Society, and Theology* 17 (2003): 90-104] and indeed further confirms a hypothesis that "participation in the workshop would significantly change chaplains' negative feelings about research to positive feelings" [p. 82].

So, what was the nature of this workshop that so significantly affected chaplains' attitudes toward research? They were designed and marketed with sensitivity to "chaplains who were hesitant about research" [p. 84]. They utilized small-group experiences, dividing the total attendance into facilitated groups of 8-10 participants for discussion of exemplary research articles. They emphasized the potential value of insights from research for pastoral ministry. And, they focused on three potential misconceptions about research: 1) "that empirical evidence is the only valid form of truth," 2) "that research involves only numbers and statistics," and 3) "that all chaplains should be able to conduct research and should become qualified to be principal investigators" [p. 91]. The workshops acted as effective interventions to help chaplains become "research literate" [pp. 79, 81, and 82] and "more active research consumers" [p. 93], and while their intention was *not* to press people into becoming investigators, a small percentage of participants indicated that their interest was sufficiently stirred even to that extent.

Murphy and Fitchett are appropriately careful not to over-generalize their findings, but their work methodologically identifies a number of common and apparently remediable causes of chaplains' resistance to research in general. The article is a well laid-out report, including a number of helpful tables, like one showing the changes in feelings by six selected workshop attendees [--see p. 90]. Researchers should find it valuable, the ACPE leadership should see here important insights, and chaplains overall should be able to identify well with the material, with some perhaps even opened up to the idea of research purely as a result of their reading.

### **Suggestions for the Use of the Article for Discussion in CPE:**

Prior to assigning students this article, supervisors might want to ask them to write down (and hand in) "three words that described their feelings about research," as was part of the methodology of the study itself [--see p. 82]. Discussion could begin with connections between students' stated attitudes and the study's findings about the attitudes of workshop attendees. Then, the three misconceptions about research, that are addressed on p. 91, could be considered; followed by a look at the basic rationale for the need for chaplaincy to become a "research-informed profession" [p. 81, but see generally the Introduction (pp. 79-82) ]. Students may have a special interest in how research plays into the new APC Standards of Practice [p. 81, and see Related Items of Interest, §I, below]. A more involved discussion of the article might have students read one or more of the three papers that were part of the workshops [--see p. 85, and also Related Items of Interest, §II, below]. As a matter of curiosity, supervisors might ask students whether their attitudes toward research were affected by merely reading this article.

### **Related Items of Interest:**

I. For more on professional standards for evidence-based chaplaincy, see:

Mowat, H. "**The potential for efficacy of healthcare chaplaincy and spiritual care provision in the NHS (UK): a scoping review of recent research.**" Aberdeen, Scotland: Mowat Research Ltd., January 2008. [This is a report to the National Health Service in the United Kingdom. It was commissioned in 2006 as part of the Caring for the Spirit project within the NHS, in the wake of a requirement by the NHS that "health service treatment should be evidence based" (p. 7).]

Speck, P. "**A standard for research in healthcare chaplaincy.**" [2004]. [This paper is by Peter Speck (Honorary Senior Research Fellow, King's College London & Visiting Fellow, Southampton University), a former Health Care Chaplain and seminal writer on healthcare chaplaincy research in the UK. This report guided the Multi-Faith Group for Healthcare Chaplaincy in the revision of their Occupational Standard to initiate and contribute to research. ]

Standards of Practice Acute Care Work Group "**Standards of practice for professional chaplains in acute care: second draft of the Consensus Document, November 1, 2009.**" *Chaplaincy Today* 25, no. 2 (Autumn/Winter 2009): online journal. ["In October 2008, the Commission on Quality in Pastoral Services of the Association of Professional Chaplains (APC) convened a work group to draft consensus standards of practice (SOPs) for chaplains in acute care. This was the first step in creating SOPs for chaplains in various settings in order to better communicate the work of chaplaincy and to serve as a basis for establishing best practices. The initial draft was published in *PlainViews* 6, no. 2 (Feb 18, 2009) and responses invited from the chaplaincy community...." (--from the opening statement to the paper). See especially, Standard 12: Research (pp. 14-15 of the online pagination).]

South Yorkshire Workforce Development Confederation (SYWDC). "**Caring for the spirit: a strategy document for the Chaplaincy and Spiritual Healthcare Workforce, Sheffield.**" South Yorkshire NHS Workforce Development Confederation, November 2003. [This paper was published concomitantly to the Multi-Faith Group for Healthcare Chaplaincy's report: *NHS Chaplaincy: meeting the religious and spiritual needs of patients and staff.* ]

## II. The three exemplary articles used in the workshops [--see p. 85] were:

Iler, W. L., Obenshain, D. and Camac, M. "**The impact of daily visits from chaplains on patients with Chronic Obstructive Pulmonary Disease (COPD): a pilot study.**" *Chaplaincy Today* 17, no. 1 (Summer 2001): 5–11. [(Abstract:) This study presents empirical data obtained from COPD patients showing the relationship between daily visits from the chaplain and several measured variables: anxiety level at time of discharge, length of stay, overall satisfaction with stay, and willingness to recommend the hospital to others. These data are contrasted to the data obtained from patients who did not receive daily visits from the chaplain as well as those who refused to participate in the study.]

Pargament, K. I., Koenig, H. G., Tarakeshwar, N. and Hahn, J. "**Religious struggle as a predictor of mortality among medically ill elderly patients: a two-year longitudinal study.**" *Archives of Internal Medicine* 161, no. 15 (August 13-17, 2001): 1881–1885. [(Abstract:) BACKGROUND: Although church attendance has been associated with a reduced risk of mortality, no study has examined the impact of religious struggle with an illness on mortality. OBJECTIVE: To investigate longitudinally the relationship between religious struggle with an illness and mortality. METHODS: A longitudinal cohort study from 1996 to 1997 was conducted to assess positive religious coping and religious struggle, and demographic, physical health, and mental health measures at baseline as control variables. Mortality during the 2-year period was the main outcome measure. Participants were 596 patients aged 55 years or older on the medical inpatient services of Duke University Medical Center or the Durham Veterans Affairs Medical Center, Durham, NC. RESULTS: After controlling for the demographic, physical health, and mental health variables, higher religious struggle scores at baseline were predictive of greater risk of mortality (risk ratio [RR] for death, 1.06; 95% confidence interval [CI], 1.01-1.11;  $\chi^2(2) = 5.89$ ;  $P = .02$ ). Two spiritual discontent items and 1 demonic reappraisal item from the religious coping measure were predictive of increased risk for mortality: "Wondered whether God had abandoned me" (RR for death, 1.28; 95% CI, 1.07-1.50;  $\chi^2(2) = 5.22$ ;  $P = .02$ ), "Questioned God's love for me" (RR for death, 1.22; 95% CI, 1.02-1.43;  $\chi^2(2) = 3.69$ ;  $P = .05$ ), and "Decided the devil made this happen" (RR for death, 1.19; 95% CI, 1.05-1.33;  $\chi^2(2) = 5.84$ ;  $P = .02$ ). CONCLUSIONS: Certain forms of religiousness may increase the risk of death. Elderly ill men and women who experience a religious struggle with their illness appear to be at increased risk of death, even after controlling for baseline health, mental health status, and demographic factors.]

Taylor, E. J., Outlaw, F. H., Bernardo, T. R., and Roy, A. "**Spiritual conflicts associated with praying about cancer.**" *Psycho-Oncology* 8, no. 5 (September-October 2005): 386-394.

[(Abstract:) [A secondary analysis of data from a study designed to describe how persons use prayer to cope with cancer is presented in this paper to illuminate the spiritual conflicts that can be experienced among persons with cancer. Employing phenomenological methods, 30 persons from various phases of the cancer experience and religious backgrounds, were interviewed in depth about why, when, and how they prayed, as well as what they prayed about and the outcomes they expected. The secondary analysis revealed that many of these informants had hesitations about petitionary prayers for particular things, a cure, or for themselves. They also indicated questions about theodicy and the meaning of having cancer, the nature of God, and acknowledged 'unanswered' prayer. Several described an inner conflict about releasing control to God. A few referred to bargaining with God, and a few doubted their personal spirituality and worth, if they were praying correctly, and if prayer was efficacious.]

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**If you have suggestions about the form and/or content of the site, e-mail Chaplain John Ehman (Network Convener) at [john.ehman@uphs.upenn.edu](mailto:john.ehman@uphs.upenn.edu) .**  
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