

## 20 Highlights from Spiritual Care Research – Information You Can Share

from



**TRANSFORMING CHAPLAINCY**

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### Introduction

The theme for Spiritual Care Week this year is *Advancing Spiritual Care Through Spiritual Care Research*. To help you celebrate Spiritual Care Week, Transforming Chaplaincy has compiled a list of *20 Highlights from Spiritual Care Research*. Research about spiritual care continues to grow. Spiritual care research includes research about: the religious/spiritual (R/S) needs, concerns, and resources of patients and their family caregivers; research about the tools chaplains use including spiritual screening and spiritual assessment; research about new chaplain interventions; and research about helping our healthcare colleagues be better spiritual care generalists. We selected these 20 Highlights to help you communicate to colleagues in your organizations some highlights from what research is telling us about patients' and caregivers' need for and desire for spiritual care and the benefits of spiritual care.

These *20 Highlights* are just a small sample of the exciting and important on-going research about spiritual care. With a few exceptions they focus on research from the U.S. and do not include important spiritual care research happening in other national contexts. There are several ways that you can stay informed about spiritual care research including:

- **Transforming Chaplaincy's** website and monthly newsletter  
[www.transformchaplancy.org](http://www.transformchaplancy.org)
- **ACPE Research Network**, especially John Ehman's helpful Article-of-the-Month  
[www.acperesearch.net](http://www.acperesearch.net)
- **The Impact of Professional Spiritual Care**: A resource developed by professional chaplaincy organizations in the US and Canada. Here is the link on the APC website:  
<https://www.professionalchaplains.org/content.asp?pl=86&sl=875&contentid=875>
- **Joining one of the Transforming Chaplaincy Research Incubator Networks** to stay informed, interact with chaplain researchers, and take part in upcoming spiritual care research. Available networks include: Chaplaincy Functions, Chronic Conditions, Outpatient, Hospice & Palliative Spiritual Care, Pediatrics, PTSD Moral Injury and Spiritual Distress, and Spiritual Care Management.  
<https://www.transformchaplancy.org/about/research-incubator/>

Thanks to the Conveners of the Transforming Chaplaincy Research Networks and other members of our leadership team who helped to compile these 20 Highlights. A special thanks to Paul Galchutt and Shelley Varner Perez for their work on this project.

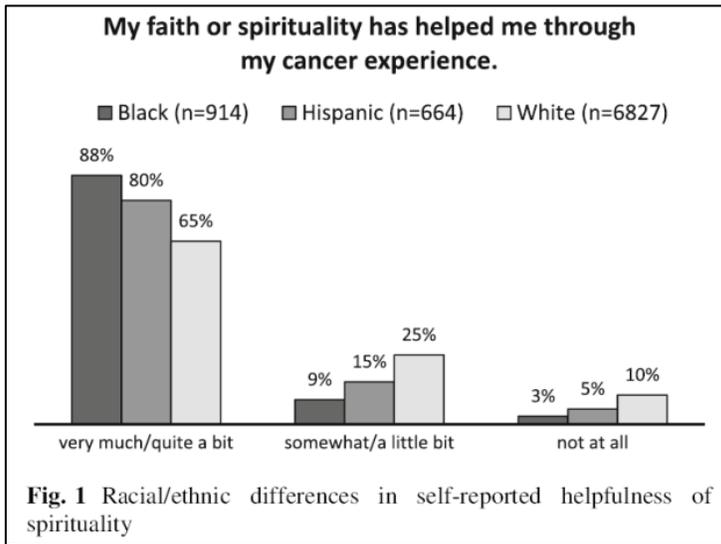
George Fitchett  
Director, Transforming Chaplaincy

## 20 Highlights from Spiritual Care Research

### 20 Highlights from Spiritual Care Research – Information You Can Share

1. Religion/spirituality is one of the most important resources for coping with serious physical illness.
2. Religion/spirituality is one of the most important resources for coping with serious mental illness.
3. Religion/spirituality play an important role in helping family caregivers of patients with serious illness. Patients value the support chaplains provide to their loved ones.
4. While religion/spirituality are important for coping, some patients experience religious/spiritual distress or pain.
5. It is important to address religious/spiritual distress or pain because evidence shows it is harmful to physical and emotional health, health behavior and quality of life.
6. A substantial majority of hospitalized patients want spiritual care.
7. Important clinical practice guidelines recommend attention to patient and caregiver religious/spiritual concerns.
8. Despite the importance of religion/spirituality to patients and their family caregivers and clinical guidelines, patient and caregiver spiritual concerns are frequently overlooked by healthcare professionals.
9. Receiving spiritual care improves patients' satisfaction with hospital care.
10. Spiritual care is especially important for patients at the end of life.
11. Spiritual care is especially important for family members of patients with serious illness.
12. Chaplains help patients, families, and staff with making difficult medical decisions.
13. Chaplains are an integral part of the pediatric healthcare environment, providing coping and decision-making support to both parents and children.
14. During the Covid-19 pandemic, chaplains creatively responded to support patients, their loved ones, and their health care colleagues.
15. Chaplains have developed and tested interventions for use with ICU patients and their loved ones
16. An important intervention developed by a chaplain helps patients with serious illness review their spiritual life journey.
17. Chaplains have also developed interventions that specifically address religious/spiritual struggle.
18. Chaplains use Building Spiritual Strengths to provide care for veterans and others with PTSD.
19. Spiritual care for out-patients and the use of telechaplancy are both important areas of growth.
20. Chaplains provide support for their healthcare colleagues. Feeling their work is a calling is associated with greater resilience and satisfaction for healthcare professionals.

1. Religion/spirituality is one of the most important resources for coping with serious physical illness



There is consistent evidence that religious/ spiritual beliefs are among the most important resources for coping with serious or chronic illness.

For example, among nearly 9,000 cancer survivors, half described faith as helping them ‘very much’ and an additional 18% described it as helping ‘quite a bit.’

In this study, the importance of faith was higher for Black and Hispanic patients than White patients. (Canada et al., 2013)

There are similar findings from other studies. For example, among 230 patients with advanced cancer, whose disease was not responding to treatment, 68% reported that religion was ‘very important,’ an additional 20% said it was ‘somewhat important.’ Twelve percent said religion was ‘not important’ (Balboni et al., 2007).

In a recent study of 325 Latin American patients with advanced cancer, 315 (97%) considered themselves spiritual and 89% considered themselves religious. In this study, when asked to rate the importance of spirituality/religion on a scale of 0-10 more than half the participants rated it as 10. (Delgado-Guay et al., 2021)

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## 20 Highlights from Spiritual Care Research

### 2. Religion/spirituality is one of the most important resources for coping with serious mental illness.

A substantial body of research describes the importance of religion/spirituality among people living with serious mental illness.

A review found 38 qualitative studies that described the role of religion/spirituality in the lives of people with mental health difficulties. A thematic synthesis identified 6 key themes in the literature: Meaning-making, Identity, Service-provision, Talk about it, Interaction with symptoms, and Coping (MISTIC; Milner et al., 2019).

| <b>Spirituality among Adults with Mental Health Difficulties:<br/>Selected Themes from Review of Qualitative Research (Milner et al., 2019)</b> |  |
|---|--|
| Identity  | For many people, spirituality represents the core essence of who they are, shaping their identities through their experiences of illness, struggle, recovery and meaning-making. Participants draw on their spiritual frameworks to develop and negotiate a spiritual identity.  |
| Spiritual practices   | People engage with a variety of spiritual practices (e.g. prayer, meditation, mindfulness, attending a place of worship or quiet space, or reading religious or spiritual texts) to help them to cope with their mental health difficulties.   |
| Spiritual relationship  | People's relationship with God or a higher spiritual power is often central to their faith. It is described as the most important relationship of some people's lives and for this reason has crucial importance for coping during times of illness. This relationship can provide a sense of comfort, reassurance, protection, guidance and security as well as feelings of peace, strength, courage and the ability to feel more positive. |
| Spiritual struggles   | Sometimes people experience spiritual struggles or difficulty finding ways to cope. Common challenges include feelings of guilt or shame, or of stigma from spiritual communities.   |

Another study gathered data from 217 adults in a spiritually-integrated inpatient treatment program (Currier et al., 2019). The majority of patients met criteria for a unipolar depressive disorder, anxiety disorder, and/or an active substance use disorder. Among the patients, 39% reported religious faith was "moderately" or "quite a bit" important to them; an additional 24% reported it was "extremely" important.

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**3. Religion/spirituality also plays an important role in helping family caregivers of patients with serious illness. Patients value the support chaplains provide to their loved ones.**

| <b>TABLE 3 Caregiver Religious Coping</b>   |             |             |
|---|-------------|-------------|
| General religious coping, <sup>a</sup> n (%)  | High        | Low         |
| Life as a spiritual force   | 96 (62%)    | 60 (38%)    |
| Positive religious coping, <sup>a</sup> n (%)   | High        | Low         |
| Using religion in stress  | 83 (53%)    | 73 (47%)    |
| Seeing God as partner   | 98 (63%)    | 58 (37%)    |
| Seeking support from God  | 100 (64%)   | 56 (36%)    |
| Subscale total (SD)   |             | 6.23 (2.83) |
| Negative religious coping, <sup>b</sup> n (%)   | Yes         | No          |
| Abandoned by God  | 45 (29%)    | 111 (71%)   |
| Religious coping total scale, mean (SD)   | 9.87 (3.90) |             |
| <sup>a</sup> High = "a great deal," "quite a bit"; low = "somewhat," or "not at all."<br><sup>b</sup> Yes = "a great deal," or "somewhat"; no = "not at all." |             |             |

**Caregivers of patients with ALS and advanced GI cancer (n=156, Asano et al., 2021)**

Just as religion/spirituality play an important role in the lives of patients with serious illness, religion/spirituality are also important for caregivers of patients with serious illness.

In a study of 156 caregivers of patients with ALS or advanced GI cancer, 87% of the caregivers reported religion as very or somewhat important (Asano et al., 2021). Twenty-nine percent of the caregivers reported feeling abandoned by God. Feeling this way was associated with higher levels of depressive symptoms (See Highlights #4 and #5 below.)

In a study of 43 caregivers of patients with advanced cancer, 100% reported spirituality/religiosity was a source of strength and comfort and helped them cope with their loved ones' illness (Delgado-Guay et al., 2013).

Among 1,591 patients who returned a survey about their expectations of chaplains, 71% rated chaplains offering support to family and friends as important or very important (Piderman et al., 2010). For further information from this study see Highlight #6.

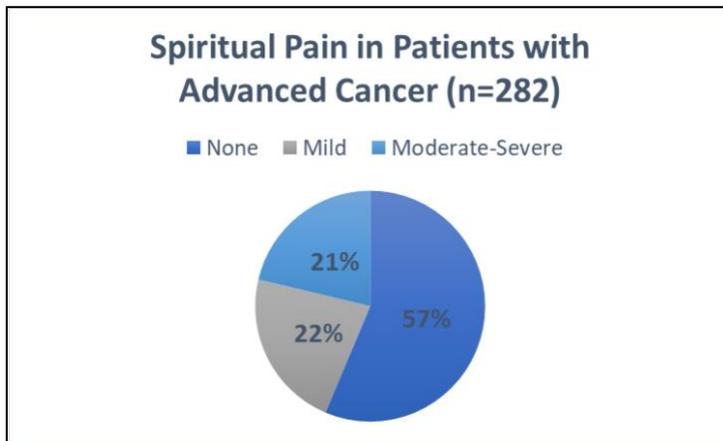
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**4. While religion/spirituality are important for coping, some patients experience religious/spiritual distress or pain.**



There have been many studies of the prevalence of religious/spiritual struggle, distress, or pain among patients with diverse conditions.

Investigators at MD Anderson Cancer Center in Texas assessed spiritual pain by asking patients to rate their spiritual pain on a scale from 0 (no spiritual pain) to 10 (worst spiritual pain). They instruct the patient to think of spiritual pain as “pain deep in your soul/being

that is not physical.” In a study of 282 out-patients with advanced cancer, the average rating of spiritual pain was 4 (95% CI 3.5, 4.4; Delgado-Guay et al., 2016). While more than half the patients (57%) reported no spiritual pain, one in 5 patients reported moderate to severe spiritual pain (rating of 4 or greater). Among patients with any spiritual pain at baseline assessment there was nearly a threefold likelihood of spiritual pain at follow-up (Odds Ratio 2.82).

Another study examined religious/spiritual struggle (RSS) among 331 out-patients with a cancer diagnosis who were age 55 or older and being treated at one of 6 medical centers across the US (Damen et al., 2021). The study gathered information about total RSS and 6 subdomains of RSS. Approximately 66% of the patients reported some RSS and approximately 20% indicated “quite a bit” or “a great deal” of struggle for at least one of the 14 RSS items .

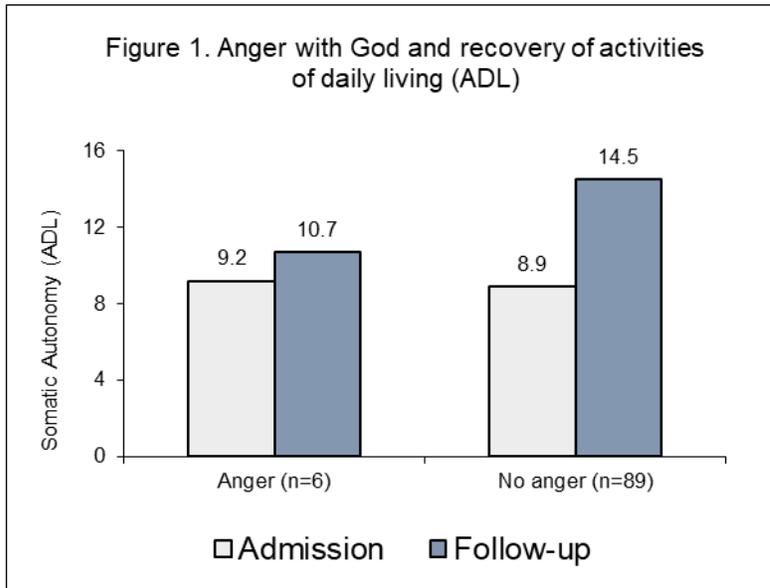
Of the 14 RSS items the four with the highest proportions reporting some struggles were: “Felt guilty for not living up to my moral standards” (25%), “Felt troubled by doubts or questions about religion or spirituality” (22%), “Felt angry at God” (21%) and “Questioned whether life really matters” (21%).

**References**

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**5. It is important to address religious/spiritual distress or pain because evidence shows it is harmful to physical and emotional health, health behavior, and quality of life.**



There is a strong and consistent body of research that finds higher levels of religious/spiritual struggles (RSS) are associated with poorer health-related outcomes.

One of the earliest of these studies examined RSS in a sample of 96 medical rehabilitation patients (i.e., patients with joint replacements, amputations, and stroke; Fitchett et al., 1999).

Among these patients, higher levels of RSS were associated with poorer rehabilitation outcomes at 4-month follow-up. Anger with God was one of the RSS items in the study. While few patients reported any anger with God (n=6) they had poorer recovery of their activities of daily living (ADL) compared to those who did not report any anger with God.

One way that RSS may be harmful is by reducing the motivation to adhere to recommended treatment. A study of 45 adolescents with cystic fibrosis found that higher levels of RSS were associated with poorer adherence to recommended airway clearance activities (Grossoehme et al. 2016). Adherence to these activities is important in slowing disease progression

References

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6. A substantial majority of hospitalized patients want spiritual care.

| <b>Preferences About Chaplain Visits*</b> |            |
|---|------------|
| <b>Want at least 1 visit</b>              | <b>70%</b> |
| <b>Daily visits</b>                       | <b>18%</b> |
| <b>Visit every few days</b>               | <b>38%</b> |
| <b>Weekly visit</b>                       | <b>13%</b> |
| <b>Not at all</b>                         | <b>17%</b> |
| <b>Expect visit without requesting</b>    | <b>39%</b> |
| *(n=1,591 patients, 14% missing)          |            |

Several studies have examined patient interest in receiving spiritual care.

To learn more about patients' expectations of chaplains, investigators at the Mayo Clinic sent surveys to patients who had been discharged from their hospitals in MN, AZ and FL (Piderman et al., 2010). Responses were received from 1,591 former patients. Among them 70% said they wanted at least one chaplain visit during their hospital stay. More than a third wanted a visit every few days and nearly 1 in 5 patients wanted a daily chaplain visit.

Recently, chaplains with Ascension Health replicated the Mayo survey with patients being treated at one of their 16 hospitals in Indiana (Muehlhausen et al., 2021). However, unlike the Mayo study, the Ascension investigators interviewed patients while they were in the hospital (n=292). If the patient was not available and a family member was, they were interviewed instead (n=160). The team found that 93% of the patients and families reported wanting at least one chaplain visit while they were in the hospital. Notably, among those with no religious preference, 83% still said they wanted at least one chaplain visit. **During Spiritual Care Week, our Friday, October 29 webinar (Noon CDT) will be devoted to the findings from this study.**

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**7. Important clinical practice guidelines recommend attention to patient and caregiver religious/spiritual concerns**

| Clinical Context                               | Recommendation   | Source                |
|--|--|-----------------------|
| Guidelines for Family-Centered Care in the ICU | 4.6. Spiritual support from a spiritual advisor or chaplain be offered to families of ICU patients to meet their expressed desire for spiritual care and the accreditation standard requirements   | Davidson et al., 2017 |
| Pediatric Oncology                             | Youth with cancer and their family members should routinely receive systematic assessments of their spiritual care needs.<br>Teams should consider spiritual care offerings congruent with family belief systems during and after treatment. | Robert et al., 2019   |

Guidelines for clinical practice in several clinical areas recommend spiritual assessment and spiritual care. The importance of attending to religious and spiritual concerns in palliative care is widely recognized in practice guidelines (National Consensus Project for Quality Palliative Care, 2018).

In addition, Guidelines for ICU care for infants, children and adults from the American Academy of Critical Care Medicine recommend spiritual assessment and spiritual care. These Guidelines note the limited evidence for these recommendations and suggest, “Further research testing the impact of a spiritual care provider on patient and family outcomes is needed. The best method for provision of spiritual support has not been studied and warrants further investigation” (Davidson et al., 2017, p.117)

Since 2015 the Commission on Cancer has recommended routine distress screening for cancer patients; this includes screening for spiritual distress (Pirl et al., 2013). Based on a systematic review of the literature, it has been recommended that spiritual assessment and spiritual care be included as standard of care in pediatric oncology (Robert et al., 2019).

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**8. Despite the importance of religion/spirituality to patients and their family caregivers and clinical guidelines, patient and caregiver spiritual concerns are frequently overlooked by healthcare professionals.**

In one study of 249 ICU family meetings, 78% of the family members reported that religion/spirituality was fairly or very important in their life. Despite this, discussion of religious/spiritual issues was rarely initiated by the ICU clinicians. Chaplains were present in only 2 of the 249 family meetings (Ernecoff et al., 2015).

| <b>The Neglect of Religion/Spiritual Issues in Family Meetings in the ICU (Ernecoff et al., 2015)</b> |  |
|---|--|
| 249   | <b>249 goals-of-care conversations</b> that took place in in 13 ICUs across the US were recorded, transcribed and analyzed.  |
| 40  | Discussion of religious or spiritual considerations occurred in <b>40</b> of 249 conferences ( <b>16.1%</b> ).   |
| 8   | <b>In only 8 conferences</b> , in response to surrogates' religious/spiritual statements, did health care professionals attempt to further understand surrogates' beliefs. |
| 2   | <b>Chaplains were present in only 2</b> of the conferences.  |

In another study, among 230 out-patients with advanced cancer 72% reported their spiritual needs were met minimally or not at all by medical team and 47% reported their spiritual needs were met minimally or not at all by their faith community (Balboni et al., 2007). Among 325 Latin American patients with advanced cancer, 195 patients (60%) reported that their spiritual/religious needs had not been supported by the medical team (Delgado-Guay et al., 2021).

A survey of 410 US palliative care programs found that only 38% had funded chaplain positions; 51% had funded social work positions (Spetz et al., 2016).

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**9. Receiving spiritual care improves patients’ satisfaction with hospital care**

| The Effect of Discussion of R/S Concerns on Patient Satisfaction |                                    |                                    |   |                                |
|--|------------------------------------|------------------------------------|---|--------------------------------|
| Did patient report they desired a discussion of R/S concerns?    | Satisfied with MD care (extremely) | Confidence & trust in MDs (always) | Coordination & teamwork among MDs & RNs (excellent) | Rate overall care as excellent |
| Yes  | 1.4                                | 1.7                                | 2.2   | 1.6                            |
| No   | 1.9                                | 1.7                                | 1.5   | 1.7                            |

Values are odds ratios (ORs) for satisfaction ratings for those who reported having a discussion of their religious/spiritual concerns compared to those who did not report such a discussion (the reference group). The ORs are from models that statistically adjusted for other factors associated with satisfaction ratings (eg., self-rated health).

There is a growing body of research indicating that patients who receive spiritual care report higher levels of satisfaction with their hospital experience.

In one study, the investigators surveyed over 3,000 general medicine patients a month after their hospital stay (Williams et al., 2011). They asked if the patients had any religious/spiritual concerns during their hospital stay and if those concerns had been addressed. Among both patients who did and did not report having religious/spiritual concerns, if their concerns had been addressed, they reported notably higher levels of satisfaction with their hospital experience, including overall satisfaction, satisfaction with their physicians’ care, and confidence in their physicians.

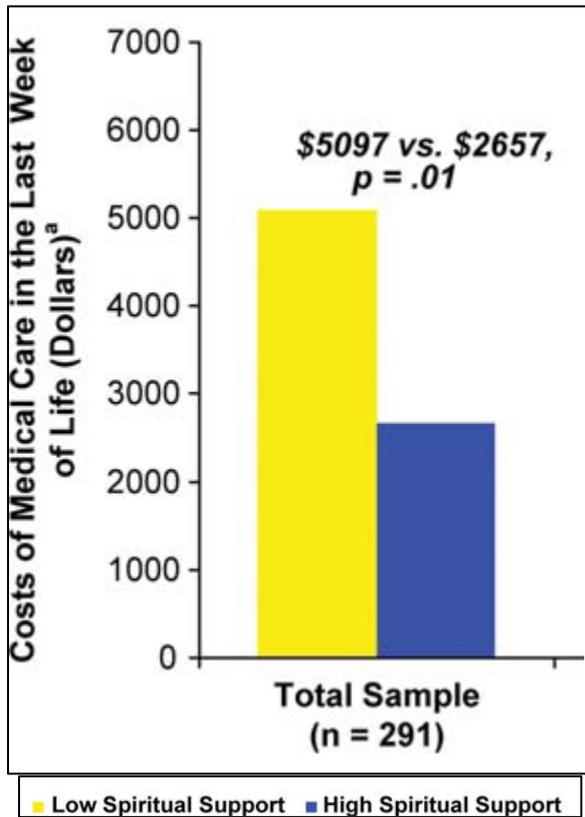
An important contribution to this line of research was a study of nearly 9,000 patients treated at Mt Sinai Medical Center in New York City who returned satisfaction surveys between late 2011 and Spring 2013 (Marin et al., 2015). The investigators matched the surveys with the patients’ electronic medical record and specifically with indications in those records of any chaplain visits. They found that having had a chaplain visit was associated with higher scores on 6 key measures of patient satisfaction (HCAHPS) .

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**10. Spiritual care is especially important for patients at the end of life.**



Using data from a study of patients with advanced cancer, Tracy Balboni and her colleagues reported several important findings about the effects of spiritual care on care at the end of life. These include the finding that when patients with advanced illness receive spiritual care from the health care team, including chaplains, they had higher quality of life at the end of life and were more likely to receive comfort-focused care (hospice) and less likely to receive futile aggressive care (ICU, ventilation) in the last week of life (Balboni et al., 2010).

Because they were less likely to receive comfort-focused care in the last week of life, patients who reported their spiritual needs were inadequately supported by the health care team also had higher cost of care in the last week of life; on average \$2,100 higher compared to those who reported their spiritual needs were largely or completely supported by the health care team (Balboni et al., 2011).

In a unique study that employed data from surveys of 3,585 US hospitals, in analyses that adjusted for other

important factors, investigators found that hospitals with chaplaincy services had higher levels of patient enrollment in home hospice care (Flannelly et al., 2012).

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**11. Spiritual care is especially important for family members of patients with serious illness.**

Studies of families whose loved one died in an ICU find a high proportion with serious emotional distress in the subsequent months. Specifically, studies found up to 20% are depressed, between 14% and 35% suffer from PTSD, and 46% have complicated grief (Anderson et al., 2008; Gries et al., 2010). Poor communication about treatment decisions with the health care team has been described as a factor that may contribute to this distress.

In light of this, the findings from two studies about chaplain care in the ICU context are important. Data for the first study came from 356 family members whose loved one had died in one of 10 ICUs in the Seattle area (Wall et al., 2007). This study of family satisfaction with ICU care included an item about satisfaction with spiritual care. Forty percent of the respondents rated the chaplain care as excellent and an additional 25% rated it as very good. Among these families, higher satisfaction with spiritual care was strongly associated with higher satisfaction with ICU care overall.

In the second study investigators surveyed 275 family members whose loved one died in an ICU at

| <b>Association between chaplain care and family satisfaction with ICU treatment decision-making (n=275 family members)</b> |       |      |
|--|-------|------|
| Spiritual Care Providers' Activities   | Beta  | p    |
| Discussed patient's wishes for end-of-life care  | 11.72 | .001 |
| Prepared the family for conference   | 7.63  | .027 |
| Total number of chaplain activities  | 1.58  | .047 |
| Models were adjusted for patient, family member and chaplain characteristics   |       |      |

Harborview Medical Center in Seattle (Johnson et al., 2014). These investigators also collected data from the hospital chaplains about the care they provided to patients and families in the ICU. Their analysis revealed that greater levels of spiritual care provided were associated with higher ratings of overall satisfaction with ICU care. In addition, greater spiritual care was associated with higher levels of satisfaction with treatment decision-making in the ICU.

References

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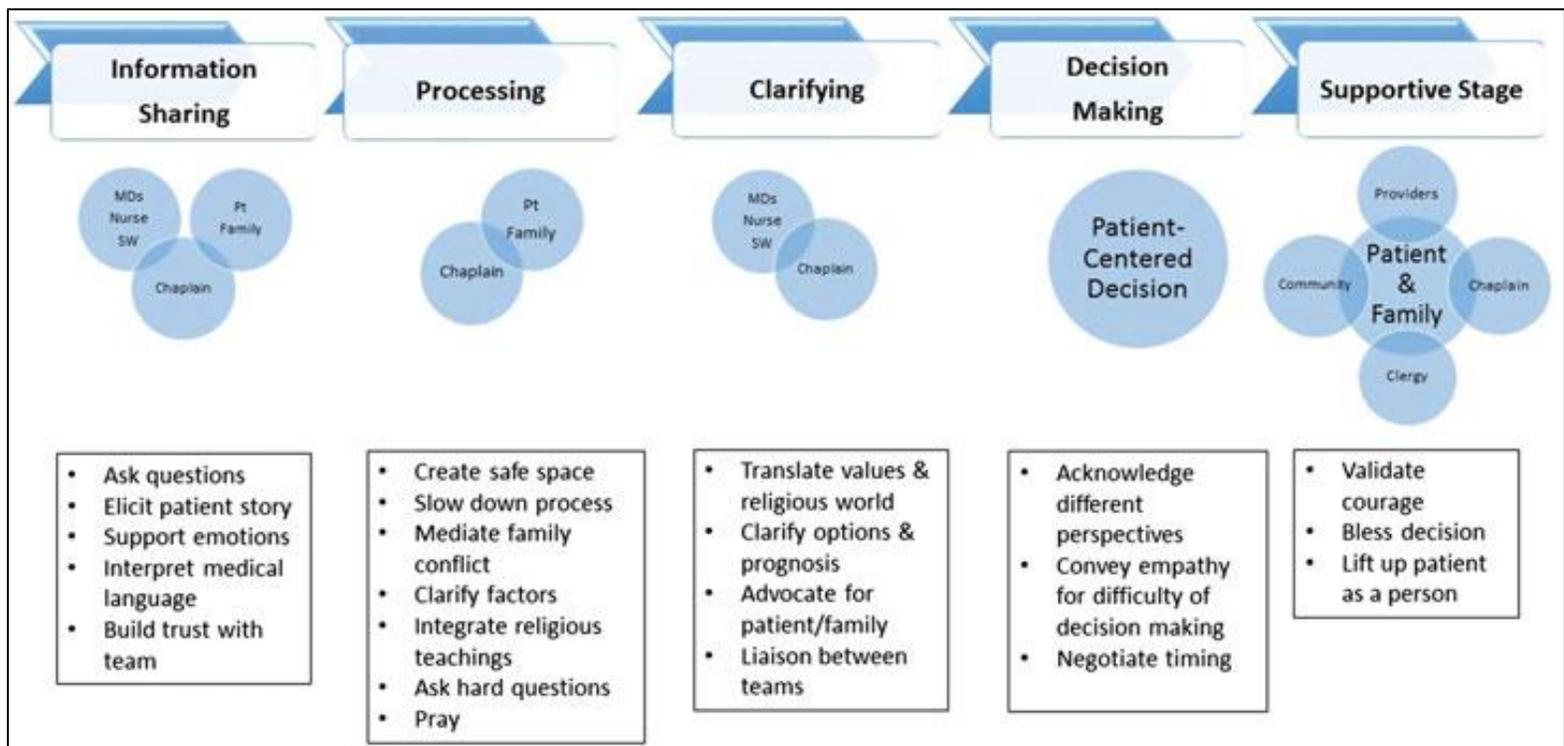
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Wall RJ, Engelberg RA, Gries CJ, Glavan B, Curtis JR. Spiritual care of families in the intensive care unit. *Crit Care Med.* 2007 Apr;35(4):1084-90.

**12. Chaplains help patients, families, and staff with making difficult medical decisions.**

Professional chaplains in the US were surveyed about their involvement in helping patients and medical colleagues with medical decision-making. Among the 463 respondents the investigators found that 38% reported being often or frequently integrated into health care team discussions regarding medical decisions. Information from the survey was used to develop a model of chaplain involvement in shared decision-making (See below, Wirpsa et al., 2019).

In a related project the team published 9 case studies that illustrate the diverse contexts in which chaplains assist patients, families and health care colleagues in making difficult medical decisions (Wirpsa & Pugliese, 2020).



**The Role of the Chaplain in Shared Decision Making**

References

Wirpsa MJ, Johnson RE, Bieler J, Boyken L, Pugliese K, Rosencrans E, Murphy P. Interprofessional Models for Shared Decision Making: The Role of the Health Care Chaplain. *J Health Care Chaplain*. 2019 Jan-Mar;25(1):20-44. doi:10.1080/08854726.2018.1501131.

Wirpsa MJ & Pugliese K, Eds. *Chaplains as Partners in Medical Decision-Making: Case Studies in Healthcare Chaplaincy*. Philadelphia, Jessica Kingsley Publishers, 2020.

**13. Chaplains are an integral part of the pediatric healthcare environment, providing coping and decision-making support to both parents and children.**

| Experience with the Chaplain (Donohue et al., 2017) |  |
|---|--|
| 96%   | Cared about me                                       |
| 90%   | Listened   |
| 87%   | Provided emotional support                           |
| 82%   | Prayed   |
| Impact of Chaplain Care                             |  |
| 89%   | Recommend others ask for chaplain                    |
| 83%   | Chaplain helped maintain hope                        |
| 83%   | Chaplain helped cope with stress                     |
| 66%   | Chaplain visit influenced overall rating of hospital |

Religion /spirituality (R/S) play an important role for parents of children with serious illness. This includes helping these parents cope and find meaning in their child’s illness and in making difficult medical decisions.

In a recent study, investigators interviewed 24 parents who had made significant medical decisions (Malcolm et al., 2021). They found the parents drew on guidance from both internal R/S resources as well as external resources. The internal resources included making decisions by surrendering decision-making agency to the Divine; being guided by beliefs in the afterlife, and/or making their decision in a partnership with the Divine. External resources included receiving counsel from spiritual communities, or believing that God worked through the medical team. They concluded, “Parents use R/S to make medical decisions for their children, and many consider the chaplain to be part of the medical team.”

In another study, 74 parents who had received chaplain visits during their child’s hospitalization (80% were in PICU or NICU), described their experience with and views about the chaplains (Donohue et al., 2017). Parents reported the chaplains provided family support and comfort, help with decision making, medical terminology, and advocacy. Chaplains helped most parents maintain hope and reduce stress. Most parents (66%) felt that chaplain care increased their satisfaction with hospital care.

References

Donohue, P. K., Norvell, M., Boss, R. D., Shepard, J., Frank, K., Patron, C., & Crowe, T. Y., 2nd (2017). Hospital Chaplains: Through the Eyes of Parents of Hospitalized Children. *Journal of palliative medicine*, 20(12), 1352–1358. <https://doi.org/10.1089/jpm.2016.0547>.

Malcolm, H. V., Desjardins, C. M., Ferrara, B., Kitamura, E. A., Mueller, M., Betz, J., Ragsdale, J. R., & Grosseohme, D. H. (2021). Parental Use of Religion and Spirituality in Medical Decision-Making. *Journal of health care chaplaincy*, 27(3), 146–158. <https://doi.org/10.1080/08854726.2019.1670566>

**14. During the Covid-19 pandemic, chaplains creatively responded to support patients, their loved ones, and their health care colleagues.**

| <b>Thematic categories and sub-themes from chaplains' responses (n=236)</b>    |            |
|--|------------|
| <b>I. Risk mitigation efforts and operational changes due to COVID-19</b>      | <b>66%</b> |
| Increase in telechaplancy  | 57%        |
| Visitor restrictions   | 30%        |
| Impacted chaplain workforce (budget cuts, furloughs, etc.)                     | 14%        |
| <b>II. Impact of social distancing guidelines</b>                              | <b>33%</b> |
| Lack of personal approach  | 25%        |
| Mental health concerns of patients and families                                | 22%        |
| Limited advance care planning and completed advance directives                 | 27%        |
| <b>III. Increased need and provision of psychosocial and spiritual support</b> | <b>22%</b> |
| Support for patients and families  | 50%        |
| Support for healthcare team members  | 56%        |
| Percentages do not add to 100% due to multiple responses.                      |            |

The Covid-19 pandemic has created unprecedented challenges and stress for all healthcare professionals including chaplains. Researchers have tracked these challenges with chaplain surveys and other methods including interviews and inviting chaplains to keep journals about their experiences.

An on-line survey of board-certified chaplains was conducted between March and July, 2020 (Kwak et al., 2021). It included responses from 236 chaplains who described changes in their practice as a result of the pandemic. Three themes emerged from their comments. More than half the chaplains described increases in use of telechaplancy and increased support for healthcare colleagues.

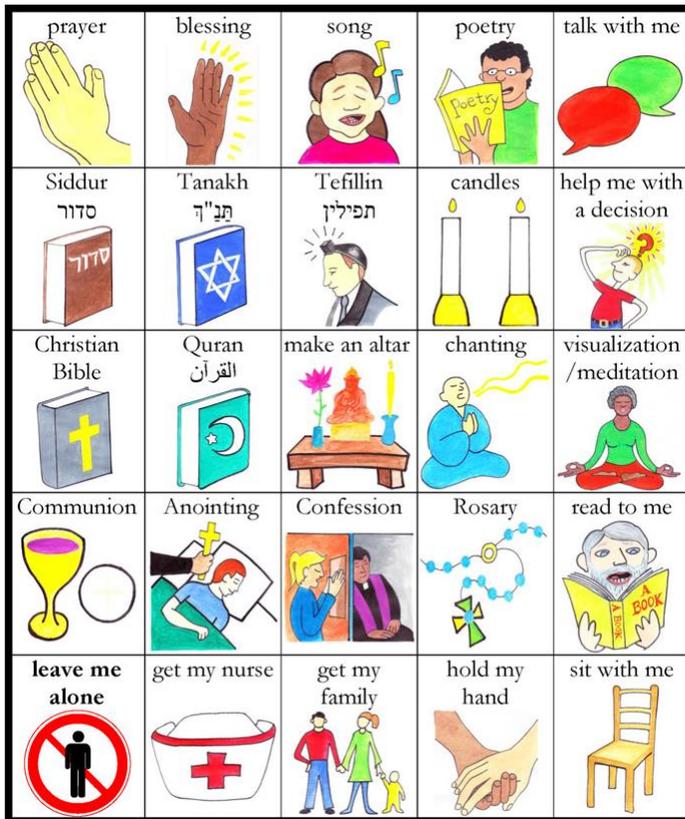
Early in the pandemic an MICU medical provider shared with the chaplain the challenges of caring for Covid-19 patients because “they’re all intubated and sedated and there’s no family at the bedside telling me their story” (Tracey et al., 2021). In response the chaplain developed a protocol to call the family of these patients and record a brief interview with them. In the interview family members were invited to share a description of the patient, words the family member would say to the patient if they could be present, and what they thought the patient would want the medical team to know about them. The interviews were edited to no more than 2 minutes, posted on a secure server, and a link to them was inserted in the patient’s electronic medical record. Research about the protocol is underway; this report contains descriptions of its positive impact on the health care team, family members, and the patient.

References

Kwak J, Rajagopal S, Handzo G, Hughes BP, Lee M. Perspectives of board-certified healthcare chaplains on challenges and adaptations in delivery of spiritual care in the COVID-19 era: Findings from an online survey. *Palliat Med.* 2021 Sep 3:2692163211043373. doi: 10.1177/02692163211043373. Epub ahead of print.

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15. Chaplains have developed and tested interventions for use with ICU patients and their loved ones



Being intubated, but alert, while in the ICU makes communication difficult and can lead to anxiety and distress. Chaplain Joel Berning and colleagues created a communication board to help these patients share their spiritual needs and spiritual distress (Berning et al., 2016).

In a pilot study (n=25 patients) they found that use of the board during chaplain visits was associated with decreases in patients' anxiety. In post ICU interviews with 28 patients, 81% reported the chaplain visit with the communication board helped them feel more capable of dealing with their hospitalization.

Research suggests that religion/spirituality are important to the families of ICU patients especially when they have to make difficult medical decisions but these needs are often not addressed. To remedy this, chaplains and colleagues at

Indiana University Health developed the Spiritual Care Assessment and Intervention (SCAI) Framework (Torke et al., 2019). The SCAI Framework includes chaplains proactively reaching out to families of ICU patients and over a series of visits conducting a spiritual assessment and providing spiritual interventions. The team has reported data from a study of 25 surrogates. All agreed they felt supported by the chaplains, and agreed or strongly agreed they would recommend the chaplains to other families.

References

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Torke AM, Maiko S, Watson BN, Ivy SS, Burke ES, Montz K, Rush SA, Slaven JE, Kozinski K, Axel-Adams R, Cottingham A. The Chaplain Family Project: Development, Feasibility, and Acceptability of an Intervention to Improve Spiritual Care of Family Surrogates. *J Health Care Chaplain.* 2019 Oct-Dec;25(4):147-170. doi: 10.1080/08854726.2019.1580979.

**16. An important intervention developed by a chaplain helps patients with serious illness review their spiritual life journey.**

| <b>Spiritual Legacy Interview (selections; Piderman et al., 2015)</b> |   |
|---|---|
| <b>Theme</b>  | <b>Sample interview questions</b>   |
| Community   | Have you ever been part of a religious or spiritual community?  |
|   | Has your connection changed in any way over your lifetime?  |
| Contributions   | Are there things you're proud of? How do you think your family, your community, your profession, your church are better because of you? |
| Challenges  | Have you had periods in your life when you have faced questions about your faith or spiritual approach to life?                         |
| Communication   | Is there anything that you still need to say to your loved ones   |
|   | Do you have spiritual guidance or wisdom that you'd like to share or reinforce one more time?   |

Hear My Voice (HMV) is a spiritual life review intervention developed by chaplain researcher Katherine Piderman and her colleagues (2015). The intervention is designed for patients with serious or advanced illness. It gives patients, and their support persons, an opportunity to review their lives during a semi-structured interview with a board certified chaplain, and to prepare a personal spiritual legacy document as a keepsake for themselves or to share with others. The interview includes questions about the patient's spiritual journey, including times of spiritual satisfaction and challenge, and any wisdom or blessings they wish to share with others. In a series of projects and papers Chaplain Piderman has described the development of HMV as well as its feasibility. She and her colleagues have also reported positive changes in quality of life, emotional well-being and spiritual well-being for patients and support persons who participated in the intervention (Piderman et al., 2020).

References

Piderman, K.M., Breitkopf, C.R., Jenkins, S.M., Lovejoy, L.A., Duloher, Y.M., Marek, D.V., ... Jatoi, A. (2015). The feasibility and educational value of Hear My Voice, a chaplain-led spiritual life review process for patients with brain cancers and progressive neurologic conditions. *Journal of Cancer Education* 30(2), 209-212. doi: 10.1007/s13187-014-0686-y

Piderman KM, Radecki Breitkopf C, Jenkins SM, Ingram C, Sytsma TT, Lapid MI, Tata BS, Chatterjee K, Egginton JS, Jatoi A. Hearing and Heeding the Voices of those With Advanced Illnesses. *J Palliat Care*. 2020 Oct;35(4):248-255. doi:10.1177/0825859720928623.

**17. Chaplains have also developed interventions that specifically address religious/spiritual struggle.**

| GuideSS-CF               |  |
|--------------------------|--|
| Session/ RSS Domain      | Interview Question (selected)  |
| Session 1, Intrapersonal | When it comes to solving problems or dealing with a stressor, people view how they work with God differently. When you think of taking care of your child's CF, and completing the daily treatments and nutrition recommendations, do you see yourself more: A) Working with God as a partner, OR B) Doing everything you can leaving the rest up to God, OR C) Trying to accomplish everything required without God's help? |
| Session 2, Interpersonal | Some parents have felt abandoned by people or groups they were close to, or who didn't act the way they were expected to. Has anything like this happened to you?  |
| Session 3, Divine        | Has your experience of parenting a child with CF led you to re-think your ideas about who God is or how God acts or how God feels about you?   |

In Highlight #5 we mentioned there is a strong and consistent body of evidence about the harmful effects of religious/spiritual struggle RSS. This includes evidence of poorer adherence to recommended treatment for their children among parents of children with cystic fibrosis (CF) who report RSS (Grossoehme et al., 2015).

Chaplain-researcher Daniel Grossoehme and his colleagues have developed an intervention, GuideSS-CF, to address RSS among parents of children with CF. The team is in the early stages of developing and testing the intervention, so the aims of this study were to describe the feasibility of the intervention and its acceptability to the parents and the chaplains who delivered it.

Eighteen parents of children with CF who screened positive for RSS were randomly assigned to receive the intervention or to receive CF education for an equivalent amount of time. GuideSS\_CF was delivered in 3 phone interviews which lasted about 30 minutes each approximately 2 weeks apart. The control activity followed a similar pattern. Each GuideSS\_CF conversation addressed a different RSS domain: intrapersonal, interpersonal, and divine struggle.

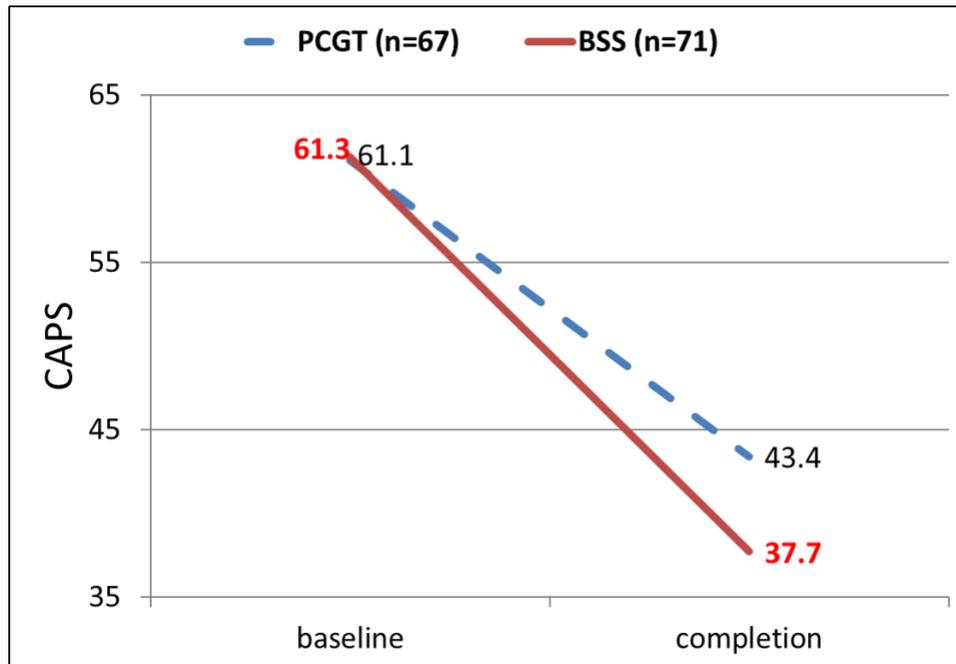
The team found the intervention was feasible and acceptable for both the parents and the chaplains. Testing the efficacy of an intervention is not a study aim in the early stages of intervention research, but there was evidence the intervention reduced parents' RSS. These findings support further work to develop and test GuideSS\_CF.

References

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Grossoehme DH, Szczesniak RD, Britton LL, Siracusa CM, Quittner AL, Chini BA, Dimitriou SM, Seid M. Adherence Determinants in Cystic Fibrosis: Cluster Analysis of Parental Psychosocial, Religious, and/or Spiritual Factors. *Ann Am Thorac Soc*. 2015 Jun;12(6):838-46. doi: 10.1513/AnnalsATS.201408-379OC.

**18. Chaplains use Building Spiritual Strengths to provide care for veterans and others with PTSD.**



**Change in PTSD Symptoms in a RCT of Building Spiritual Strengths (BSS)**

Research suggests that RSS can be associated with more severe and prolonged symptoms of PTSD. Psychologist Irene Harris and colleagues have developed Building Spiritual Strengths (BSS), a spiritually-integrated group therapy designed to reduce symptoms of PTSD by facilitating resolution of RSS (Harris et al., 2011). The 8-session intervention was designed to be accessible and respectful to participants from any religious or non-religious identification. BSS can be led by chaplains or mental health professionals.

There were 138 participants in the most recent trial of BSS who were randomly assigned to BSS or to Present-Centered Group Therapy (PCGT). The main study outcome was Clinician Administered PTSD Scale (CAPS). The study found that BSS was as effective as PCGT in reducing the clinician-rated PTSD symptoms. They also found a significant reduction in Divine struggle for the BSS intervention which was not present for the PCGT participants.

Studies of BSS are ongoing. A version of BSS has also been developed for use with healthcare professionals who are experiencing PTSD from their pandemic-related clinical duties. Research about that intervention will hopefully begin soon.

**References**

Harris JI, et al. The effectiveness of a trauma focused spiritually integrated intervention for veterans exposed to trauma. *J Clin Psychol.* 2011 Apr;67(4):425-38. doi: 10.1002/jclp.20777.

Harris JI, Usset T, Voecks C, Thuras P, Currier J, Erbes C. Spiritually integrated care for PTSD: A randomized controlled trial of "Building Spiritual Strength". *Psychiatry Res.* 2018 Sep;267:420-428. doi:10.1016/j.psychres.2018.06.045.

## 20 Highlights from Spiritual Care Research

### 19. Spiritual care for outpatients and the use of telechaplancy are both important areas of growth.

Chaplains have been providing spiritual care in the outpatient context for at least several decades (e.g., King et al., 2006). Recent years have seen increased efforts to routinely offer outpatient spiritual care, frequently in oncology clinics. In some cases, outpatient spiritual care has been offered in person, but this is an area where the use of telechaplancy is growing.

An early report of telephone-based spiritual care for cancer out-patients comes from chaplain-researcher Petra Sprik and her colleagues (Sprik et al., 2021). In this clinic, several questions are used to screen for possible spiritual concerns. Of the 700+ patients who were seen during the study, 30% reported some spiritual concerns. Chaplains attempted to call each of these patients and were able to offer spiritual care via the phone to 48% of them. Among those who completed a survey about their conversation with the chaplain, 83% reported the chaplain has responded very well to their spiritual and emotional concerns.

| Oncology Outpatients' Experiences of Telechaplancy (n=41)  |                       |
|--|-----------------------|
| Survey Item  | Response of Very Much |
| On the phone did the chaplain seem to care about you?  | 98%                   |
| Did the chaplain spend enough time with you on the phone?  | 93%                   |
| Did the phone call with the chaplain provide enough privacy for you to feel comfortable talking? | 88%                   |
| How well did the chaplain respond to your spiritual and emotional concerns on the phone?         | 83%                   |
| On the phone, did the chaplain help you use your faith, beliefs, or values to cope?              | 63%                   |

Colleagues at Indiana University Health have developed the Spiritual Care Assessment and Intervention (SCAI) Framework and recently examined its feasibility and acceptability in a study of 24 outpatients with stage IV cancer and their family caregivers (Perez et al., 2021). More than 80% of the patients and caregivers reported they would recommend the sessions to a friend or family member. There were significant improvements in the patients' spiritual well-being after receiving the SCAI intervention.

#### References

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Perez SEV, et al. Spiritual Care Assessment and Intervention (SCAI) for Adult Outpatients With Advanced Cancer and Caregivers: A Pilot Trial to Assess Feasibility, Acceptability, and Preliminary Effects. *Am J Hosp Palliat Care*. 2021 Sep 1:10499091211042860. doi: 10.1177/10499091211042860. Epub ahead of print.

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**20. Chaplains provide support for their healthcare colleagues. Feeling their work is a calling is associated with greater resilience and satisfaction for healthcare professionals.**

**Table 2.** Support provided for staff by chaplains.<sup>a</sup>

|  | Frequency | Percent |
|--|-----------|---------|
| When asked to provide spiritual care for staff:  |           |         |
| Never/rarely                                     | 203       | 16.1    |
| All/most of the time                             | 1061      | 83.9    |
| Did your organization involve you in staff care: |           |         |
| No   | 214       | 17.8    |
| Yes  | 987       | 82.2    |
| Staff care provided during the pandemic:         |           |         |
| No/rarely/sometimes                              | 544       | 41.1    |
| Often/all the time                               | 779       | 58.9    |

<sup>a</sup>n varies from 1222-1264 due to some missing data.

Many healthcare chaplains consider staff care an important component of their work. The importance of this has been heightened by the immense stress that healthcare colleagues have experienced during the Covid-19 pandemic. In the early months of the pandemic (May 2020), over 1,600 chaplains from around the world responded to a survey about the impact of the pandemic on their work, including their care for staff colleagues (Tata et al., 2021).

**International Survey of Chaplain Activity and Experience during Covid-19**

Eighty-four percent of the respondents reported they had

been asked to provide care for staff. In some cases, chaplains were recruited to be part of teams providing care for staff. In other cases, chaplains took initiative to care for staff. Sometimes the staff care took place in person, in other cases it took place via telechaplancy. The investigators reported, "Some chaplains indicated a need among staff to speak about deeper personal concerns as time progressed. Fear for the future, for family and friends' health as well as facing their own mortality and becoming ill." It will be important for chaplains to provide care for staff colleagues in the context of the continuing pandemic. Research that helps identify best practices in that work will also be important.

As chaplains pay greater attention to care for staff colleagues, they should be aware of research examining the sense of calling or vocation that is part of the choice of a career in healthcare for many of our colleagues. This research includes a survey of 2,263 physicians across the U.S. The survey assessed physicians' sense of their work as a calling as well as their burnout. Among the respondents, 28.5% reported experiencing some degree of burnout. Regarding sense of calling, 91% of the respondents reported feeling, "My work makes the world a better place." There was an inverse association between sense of calling and reported burnout. The investigators concluded, "Physicians who experienced greater professional burnout were less likely to see the practice of medicine as a calling. Physicians who view medicine as a calling consider their work providing patient care to be one of the most important things in their lives, personally rewarding, and contributing to a better world."

References

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