



[[Back to the Articles of the Month Index Page](#)]

Articles for the Months of January & February 2012

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

Jankowski, K. R., Handzo, G. F. and Flannelly, K. J. "**Testing the efficacy of chaplaincy care.**" *Journal of Health Care Chaplaincy* 17, nos. 3-4 (2011): 100-125.

Galek, K., Flannelly, K. J., Jankowski, K. R. and Handzo, G. F. "**A methodological analysis of chaplaincy research: 2000-2009.**" *Journal of Health Care Chaplaincy* 17, nos. 3-4 (2011): 126-145.

SUMMARY and COMMENT: This pair of articles out of *Healthcare Chaplaincy* (New York) should be essential reading for any chaplain involved with research or interested in the state of empirical studies about our profession. While they are somewhat lengthy, both articles are very well organized and clearly written and should serve not only their immediate purpose of reviewing and assessing chaplaincy research but as sources for general reference about research in the field. The bibliographies contain 131 and 64 citations, respectively.

"**Testing the efficacy of chaplaincy care**" is a review funded by the John Templeton Foundation, which also supported a panel of experts to advise the authors. The result is a great depth of perspective and a thorough consideration of the subject. The article follows an easy outline:

INTRODUCTION

- Spiritual Coping
- Spiritual Needs
- Spiritual Struggle
- Are Patients' Spiritual Needs Being Addressed?

WHERE CHAPLAINS ARE AND WHAT THEY DO

- Where Are Chaplains?
- What Do Chaplains Do?
 - Referrals to Chaplains
 - Chaplains' Activities: Care of Patients
 - Chaplains' Activities: Care of Families

PATIENT SATISFACTION AND INTERVENTION STUDIES

- Patient Satisfaction Studies
- Intervention Studies
 - Interdisciplinary Team Participation
 - Chaplains Working Alone
 - Studies Reported in Misleading Ways

RESEARCH SUMMARY THE FUTURE OF CHAPLAINCY RESEARCH

The authors state at the outset the need for research that will lead to empirically-supported "best practices" in chaplaincy:

To guide and improve chaplaincy practice and further integrate spiritual care into health care, research findings that provide an empirical basis for best practices in chaplaincy care are needed. The process of moving to a research-informed practice continues in both medicine and psychology..., but relatively little research has been conducted on chaplaincy. Without research that focuses on the unique contributions of chaplains in spiritual care, it is likely that spiritual and religious issues will continue to be neglected in the care of patients and family members. [p. 101]

Among their findings:

The studies reviewed here represent the extent of the patient outcomes research in chaplaincy care in the United States. Most of the cited research consists of self-report evaluations of patient satisfaction, with patients' needs being met, and general descriptions of chaplain visits with limited measurement of unique chaplain activities. Although the research is limited, the findings are fairly uniform in showing that patients are satisfied with chaplaincy care. What patients like about chaplains is generally unknown, although there are indications that those who have experienced chaplains find them spiritually sensitive and supportive. There are no clear patient-outcome studies that document the efficacy of the unique aspects of chaplaincy care, as opposed to spiritual care provided by an interdisciplinary team. The methods of the studies have not compared chaplaincy practices; therefore they do not provide evidence that could be considered evidence-based best practice.... The amount and type of outcomes research conducted so far has not yielded well-established findings in any area. None of the studies that look at referrals or activities reach a high level of evidence for the efficacy of chaplaincy. Most of the studies equated chaplaincy students with board certified chaplains or volunteers. [p. 115]

The authors see the future of chaplaincy being affected by three major trends in health care: 1) increased emphasis on palliative care, 2) greater use of electronic documentation, into which spiritual interventions and outcomes will be integrated, and 3) more people identifying themselves as spiritual but not religious or with no religious affiliation. "These trends require a concerted response from chaplaincy going forward" [p. 116], and that response will require the development and validation of "[m]easures of spirituality, spiritual risk, and spiritual struggle," generation of "research-based definitions of spirituality, spiritual care, and chaplaincy practice," and a "rubric of recommended research methods" aimed at demonstrating outcomes [see p. 116]. Research is acutely needed to establish "what chaplains do that is unique to chaplaincy practice, how what they do relates directly to patient health outcomes, and which practices are best for which kinds of patients in what patient settings" [p. 117]. Benchmarks for chaplains' own involvement in original studies are also noted.

Our second featured work, "**A methodological analysis of chaplaincy research: 2000-2009**," addresses the heart of the matter of chaplains conducting "credible research to demonstrate their value and effectiveness" [p. 127]. By identifying and analyzing 49 studies, this article "presents a comprehensive review and analysis of quantitative research on chaplaincy conducted in the United States" during the period and "focuses on the methodological sophistication of this research and compares the quality of current (2000-2009) and past research" [p. 127]. The studies are classified and discussed according to 11 categories:

- Attitudes about Chaplain Roles (3 studies)
- Chaplain Visits and Interventions (7 studies)
- Referrals to Chaplains (5 studies)
- Instrument Development (4 studies)
- Patient and Family Satisfaction (4 studies)

- Intervention Studies (5 studies)
- Other Studies with Patient Populations (5 studies)
- Chaplaincy Staffing (4 studies)
- Chaplain Attitudes and Perceptions (3 studies)
- Chaplain Well-Being (5 studies)
- Chaplain Education (4 studies)

This is a fairly technical analysis, and the overall picture shows relatively little has substantially changed in the sophistication of chaplaincy studies. In some small respects there seems to be progress, with sample sizes trending upwards and response rates more often reported, but much room for improvement on key aspects of methodology remains. Convenience sampling continues to "dominate the field" [p. 126] in spite of its weakness compared to random sampling. Validity and reliability data for measures still only rarely appears in this research, even though this is critical information. While articles may state their basic research questions, "few of them stated specific hypotheses" [p. 136]. And, as regards statistics, chaplaincy studies lag behind the sophistication found in the broader research on spirituality & health.

In light of these findings, the authors advocate for more experimental studies and greater use of random sampling, plus more attention to response rates and to the validity and reliability of measures. Also, "[m]ore sophisticated statistical analyses are necessary in chaplaincy research in order to be able understand the interplay of different variables and their relative contributions to health outcomes" [p. 141]. Moreover, "We urge researchers to increase their use of hypothesis testing, regardless of the research designs that they use" [p. 142].

Table #7 [see p. 135] lines out nicely the overall analysis of research sophistication of the experimental, observational, and survey studies, according to 8 quality indicators: Used Random Sampling, Reported Return/Response Rate, Reported Validity of Measures, Reported Reliability of Measures, Tested Specific Hypotheses, Offered an Explanatory Model, Used Inferential Statistics, and Used Statistical Controls. This set of indicators in effect constitutes a simple checklist for any researcher embarking on a project.

This article, taken together with other one we've featured, gives an informed a sense of where chaplaincy research needs to go next. They also indicate the significant work that is regularly published in the [*Journal of Health Care Chaplaincy*](#).

Suggestions for the Use of the Articles for Discussion in CPE:

Of the two articles, "**Testing the efficacy of chaplaincy care**" is the less technical for a general CPE audience, and its sectional headings potentially allow for selective reading assignments. Discussion could follow from a general question: How are you effective, and how do you claim to know that? (This would likely implicitly make a case for the value of research as a "way of knowing.") There are enough section headings in the main body of the article for students each to take one and lead a few minutes of discussion. Also, there might be some stress placed on the section regarding Studies Reported in Misleading Ways [p. 114], with consideration of how important it is to understand *precisely* a study's hypothesis and findings. The studies mentioned in that section may even suggest a desire by some chaplains to *read meaning into* research.

"**A methodological analysis of chaplaincy research: 2000-2009**" is better suited to student groups interested in conducting research, and it could be useful to any student simply contemplating a unit research project (if only to give some perspective on how a student's project might fare when evaluated according to rigorous standards). The article would also serve as good entrée to the basic topics of sampling, measures, and hypotheses.

Related Items of Interest:

I. Our two featured articles are immediately preceded in the *Journal of Health Care Chaplaincy* by two editorials from the publisher. These brief items should be read in relation to the major articles.

Flannelly, K. J. "**The Past, Present, and Future of Chaplaincy Research.**" *Journal of Health Care Chaplaincy* 17, nos. 3-4 (2011): 95-96.

Grossoehme, D. H. "**Research as a Chaplaincy Intervention.**" *Journal of Health Care Chaplaincy* 17, nos. 3-4 (2011): 97-99.

II. Since both of our featured articles provide extraordinary bibliographies, browsing those lists would be an excellent means for finding items for further reading. The introductory paragraph of "**A methodological analysis...**" even identifies previous reviews of research [see p. 127], and the various section headings in "**Testing the efficacy of chaplaincy care**" amount to subject indexes to that article's bibliography.

III. Related to the topic of studies reported in misleading ways, see our [June 2011 Article-of-the-Month page](#) for a note (at the bottom of the page) about how a study by Bliss, et al. came to be reported as more than it actually was.

IV. While we have focused here on quantitative research, qualitative research has long been popular in pastoral circles and can indeed make significant contributions to the field. One type of qualitative research that holds great promise is the *case study*, and the *Journal of Health Care Chaplaincy* recently considered case studies in detail. See the following:

Fitchett, G. "**Making our case(s).**" *Journal of Health Care Chaplaincy* 17, nos. 1-2 (2011): 3-18. [(Abstract:) Health care chaplaincy needs to develop a body of published case studies. Chaplains need these case studies to provide a foundation for further research about the efficacy of chaplains' spiritual care. Case studies can also play an important role in training new chaplains and in continuing education for experienced chaplains, not to mention educating health care colleagues and the public about the work of health care chaplains. Guidelines for writing case studies are described, herein, as is a project in which three experienced oncology chaplains worked together to write case studies about their work. Steps that chaplains, and professional chaplain organizations, can take to further the writing and publishing of case studies are described.]

Flannelly, K. J. "**Case studies in chaplaincy research and practice.**" *Journal of Health Care Chaplaincy* 17, nos. 1-2 (2011): 1-2. [Editorial by the Editor-in-Chief.]