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Baldacchino, D. (2015). Spiritual Care Education of Health Care Professionals. *Religions*, *6*, 594-613.

Download from: http://www.mdpi.com/2077-1444/6/2/594

Abstract: Nurses and health care professionals should have an active role in meeting the spiritual needs of patients in collaboration with the family and the chaplain. Literature criticizes the impaired holistic care because the spiritual dimension is often overlooked by health care professionals. This could be due to feelings of incompetence due to lack of education on spiritual care; lack of inter-professional education (IPE); work overload; lack of time; different cultures; lack of attention to personal spirituality; ethical issues and unwillingness to deliver spiritual care. Literature defines spiritual care as recognizing, respecting, and meeting patients' spiritual needs; facilitating participation in religious rituals; communicating through listening and talking with clients; *being with* the patient by caring, supporting, and showing empathy; promoting a sense of well-being by helping them to find meaning and purpose in their illness and overall life; and referring them to other professionals, including the chaplain/pastor. This paper outlines the systematic mode of intra-professional theoretical education on spiritual care and its integration into their clinical practice; supported by role modeling. Examples will be given from the author's creative and innovative ways of teaching spiritual care to undergraduate and post-graduate students. The essence of spiritual care is *being* in *doing* whereby personal spirituality and therapeutic use of self contribute towards effective holistic care. While taking into consideration the factors that may inhibit and enhance the delivery of spiritual care, recommendations are proposed to the education, clinical, and management sectors for further research and personal spirituality to ameliorate patient holistic care.

Brémault-Phillips, S.; Olson, J.; Brett-MacLean, P.; Oneschuk, D.; Sinclair, S.; Magnus, R.; Weis, J.; Abbasi, M.; Parmar, J.; Puchalski, C.M. (2015) Integrating Spirituality as a Key Component of Patient Care. *Religions*, *6*, 476-498.

Download from: http://www.mdpi.com/2077-1444/6/2/476

Abstract: Patient care frequently focuses on physical aspects of disease management, with variable attention given to spiritual needs. And yet, patients indicate that spiritual suffering adds to distress associated with illness. Spirituality, broadly defined as that which gives meaning and purpose to a person's life and connectedness to the significant or sacred, often becomes a central issue for patients. Growing evidence demonstrates that spirituality is important in patient care. Yet healthcare professionals (HCPs) do not always feel prepared to engage with patients about spiritual issues. In this project, HCPs attended an educational session focused on using the FICA Spiritual History Tool to integrate spirituality into patient care. Later, they incorporated the tool when caring for patients participating in the study. This research (1) explored the value of including spiritual history taking in clinical practice; (2) identified facilitators and barriers to incorporating spirituality into person-centred care; and (3) determined ways in which HCPs can effectively utilize spiritual history taking. Data were collected using focus groups and chart reviews. Findings indicate positive impacts at organizational, clinical/unit, professional/personal and patient levels when HCPs include spirituality in patient care. Recommendations are offered

Clinton, J. (2008). Resilience and recovery. *International Journal of Children's Spirituality*, *13*(3), 213-222.
Download from:
https://www.researchgate.net/profile/Jean_Clinton/publication/233208102_Resilience_and_recovery/links/5420bb870cf203f155c5ea58.pdf
Abstract: The theme for this article identifies a shift in psychological, psychoanalytic concern from an individualistic interpretation of human experience to one that offers a systemic approach to a child's life. Resilience research departs from previous patterns in which psychological insight was grounded on what we knew about individuals in terms of their present and past experience. In describing resilience as a systemic approach, this article examines responses children make to trauma and loss, by looking at a whole world experience that shapes and informs those responses. Resilience research identifies external factors and internal characteristics of those children that develop their capacity to thrive under stressful conditions and recover after they have experienced loss.
The purpose of the article is to show that, by understanding the capacities some children have for resilience, others might gain knowledge to continue more meaningful lives despite, or perhaps due to, a significant loss. In addition, that knowledge may inform and inspire the adults who care for them. The possibility of recovering from loss is a human potential: as Confucius said, 'Our greatest glory is not in never falling, but in rising every time we fall'. Using several case studies, the author outlines the nature of resilience and picks out its role in recovery to make the point that resilience, i.e., doing well, despite adversity is an outcome of a set of interrelated components in a child's life. The argument is made that resilience relies for its development on relationships among positive personal responses to crises, a caring family, and a civil community

Eaude, T. (2009). Happiness, emotional well-being and mental health–what has children's spirituality to offer?. *International Journal of Children's Spirituality*,*14*(3), 185-196.
Download from:
http://www.tandfonline.com/doi/full/10.1080/13644360903086455#abstract
Abstract: This article discusses the concepts of happiness, emotional well-being and mental health in the light of recent work on children's spirituality, to argue that such a consideration can help to avoid simplistic and individualistic views of each. Distinguishing between happiness as short-term gratification and as longer-term flourishing, the latter is presented as involving the search for meaning. Critiques of programmes designed to develop emotional well-being are discussed. The reasons for patterns of emotional response are explored, including models of attachment and prior and present experience. The importance of adults being emotionally attuned to children to help build up the attributes associated with good mental health is emphasised. For happiness and emotional well-being to be explicit ends in themselves, they would tend to promote introspection and a sense of vulnerability. They should be seen as by-products of children flourishing as a result of sensitive relationships and the types of activities through which children's resilience and sense of agency are reinforced.

Fisher, J. (2004). Feeling good, living life: A spiritual health measure for young children. *Journal of Beliefs & Values*, *25*(3), 307-315.
Download from:
https://www.researchgate.net/profile/John_Fisher12/publication/233358709_Feeling_good_living_life_a_spiritual_health_measure_for_young_children/links/0deec5229e17fde44a000000.pdf
Abstract: Following previous work on the spiritual health of secondary students, the author wondered if it was possible to develop a spiritual health measure for younger children. Taking Fisher's model of spiritual health as the basis, items were developed to reflect relationships with self, with others, with the environment and with a god. The children's ideals for spiritual health (what makes them Feel Good) were compared with their lived experience (Living Life) to ascertain their levels of spiritual health. Factor analyses on responses from 1080 students in 14 schools (State, Catholic, Independent and Christian Community Schools) in Victoria and Western Australia are reported in this Paper.

Fisher, J. (2011). The Four Domains Model: Connecting Spirituality, Health and Well-Being. *Religions* 2011, *2*(1), 17-28; doi:10.3390/rel2010017
Download from: http://www.mdpi.com/2077-1444/2/1/17
Abstract: At our core, or coeur, we humans are spiritual beings. Spirituality can be viewed in a variety of ways from a traditional understanding of spirituality as an expression of religiosity, in search of the sacred, through to a humanistic view of spirituality devoid of religion. Health is also multi-faceted, with increasing evidence reporting the relationship of spirituality with physical, mental, emotional, social and vocational well-being. This paper presents spiritual health as a, if not THE, fundamental dimension of people's overall health and well-being, permeating and integrating all the other dimensions of health. Spiritual health is a dynamic state of being, reflected in the quality of relationships that people have in up to four domains of spiritual well-being: Personal domain where a person intra-relates with self; Communal domain, with in-depth inter-personal relationships; Environmental domain, connecting with nature; Transcendental domain, relating to some-thing or some-One beyond the human level. The Four Domains Model of Spiritual Health and Well-Being embraces all extant world-views from the ardently religious to the atheistic rationalist.

Galek, K., Flannelly, K. J., Vane, A., & Galek, R. M. (2005). Assessing a patient's spiritual needs: a comprehensive instrument. *Holistic Nursing Practice*,*19*(2), 62-69.
Download from: http://www.acperesearch.net/spiritneeds.pdf
Abstract: Seven major constructs—belonging, meaning, hope, the sacred, morality, beauty, and acceptance of dying—were revealed in an analysis of the literature pertaining to patient spiritual needs. The authors embedded these constructs within a 29-item survey designed to be inclusive of traditional religion, as well as non–institutional-based spirituality. This article describes the development of a multidimensional instrument designed to assess a

patient's spiritual needs. This framework for understanding a patient's spiritual needs hopefully contributes to the growing body of literature, providing direction to healthcare professionals interested in a more holistic approach to patient well-being

Grossoehme, D. H., Ragsdale, J., Wooldridge, J. L., Cotton, S., & Seid, M. (2009). We can handle this: Parents' use of religion in the first year following their child's diagnosis with cystic fibrosis. *Journal of Health Care Chaplaincy*,*16*(3-4), 95-108.
Download from:
http://www.tandfonline.com/doi/full/10.1080/08854726.2010.480833#abstract
Abstract: The diagnosis of a child's life-shortening disease leads many American parents to utilize religious beliefs. Models relating religious constructs to health have been proposed. Still lacking are inductive models based on parent experience. The specific aims of this study were: 1. develop a grounded theory of parental use of religion in the year after diagnosis; 2. describe whether parents understand a relationship between their religious beliefs and their follow-through with their child's at-home treatment regimen. Fifteen parent interviews were analyzed using grounded theory method. Parents used religion to make meaning of their child's cystic fibrosis (CF) diagnosis. Parents imagined God as active, benevolent, and interventionist; found hope in their beliefs; felt supported by God; and related religion to their motivation to adhere to their child's treatment plan. Religious beliefs are clinically significant in working with many parents of children recently diagnosed with CF. Interventions that improve adherence to treatment may be enhanced by including religious aspects.

Guthrie, M. (2014). A Health Care Chaplain's Pastoral Response to Moral Distress. *Journal of health care chaplaincy*, *20*(1), 3-15.
Download from: http://www.tandfonline.com/doi/pdf/10.1080/08854726.2014.867684
Abstract: This article offers health care chaplains a pastoral response to moral distress experienced by health care professionals. The article offers a broad definition, explores its impact on health care professionals, and looks at various interventions to ameliorate its effects. The article goes on to clarify the concept of moral distress by differentiating it from the experience of moral dilemmas, and looking closer at the aspects of initial and reactive distress. After defining moral distress, the article explores two clinical models that c reate a better context to understand the phenomenon. Finally, the article proposes a pastoral response to moral distress from the integration of the five functions of pastoral care: "healing," "sustaining," "guiding," "reconciling," and "nurturing" based on the work of William Clebsch, Charles Jaekle, and Howard Clinebell. The author then applies the pastoral response to moral distress by illustrating the outcome of a scenario with a critical care nurse.

Hexem, K. R., Mollen, C. J., Carroll, K., Lanctot, D. A., & Feudtner, C. (2011). How parents of children receiving pediatric palliative care use religion, spirituality, or life philosophy in tough times. *Journal of palliative medicine*,*14*(1), 39-44.

Download from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3021326/

Abstract: Background How parents of children with life threatening conditions draw upon religion, spirituality, or life philosophy is not empirically well described.
Methods Participants were parents of children who had enrolled in a prospective cohort study on parental decision-making for children receiving pediatric palliative care. Sixty-four (88%) of the 73 parents interviewed were asked an open-ended question on how religion, spirituality, or life philosophy (RSLP) was helpful in difficult times. Responses were coded and thematically organized utilizing qualitative data analysis methods. Any discrepancies amongst coders regarding codes or themes were resolved through discussion that reached consensus.
Results Most parents of children receiving palliative care felt that RSLP was important in helping them deal with tough times, and most parents reported either participation in formal religious communities, or a sense of personal spirituality. A minority of parents, however, did not wish to discuss the topic at all. For those who described their RSLP, their beliefs and practices were associated with qualities of their overall outlook on life, questions of goodness and human capacity, or that "everything happens for a reason." RSLP was also important in defining the child's value and beliefs about the child's afterlife. Prayer and reading the bible were important spiritual practices in this population, and parents felt that these practices influenced their perspectives on the medical circumstances and decision-making, and their locus of control. From religious participation and practices, parents felt they received support from both their spiritual communities and from God, peace and comfort, and moral guidance. Some parents, however, also reported questioning their faith, feelings of anger and blame towards God, and rejecting religious beliefs or communities.
Conclusions RSLP play a diverse and important role in the lives of most, but not all, parents whose children are receiving pediatric palliative care.

Koenig, H.G.(2014). The Spiritual Care Team: Enabling the Practice of Whole Person Medicine. *Religions*, *5*, 1161-1174.

Download from: http://www.mdpi.com/2077-1444/5/4/1161

Abstract: We will soon be piloting a project titled "Integrating Spirituality into Patient Care" that will form "spiritual care teams" to assess and address patients' spiritual needs in physician outpatient practices within Adventist Health System, the largest Protestant healthcare system in the United States. This paper describes the goals, the rationale, and the structure of the spiritual care teams that will soon be implemented, and discusses the barriers to providing spiritual care that health professionals are likely to encounter. Spiritual care teams may operate in an outpatient or an inpatient setting, and their purpose is to provide health professionals with resources necessary to practice whole person healthcare that includes spiritual care. We believe that this project will serve as a model for faith-based health systems seeking to visibly demonstrate their mission in a way that makes them unique and expresses their values. Not only does this model have the potential to be cost-effective, but also the capacity to increase the quality of patient care and the satisfaction that health professionals derive from providing care. If successful, this model could spread beyond faith-based systems to secular systems as well both in the U.S. and worldwide.

Marin, D. B., Sharma, V., Sosunov, E., Egorova, N., Goldstein, R., & Handzo, G. F. (2015). Relationship between chaplain visits and patient satisfaction.*Journal of health care chaplaincy*, *21*(1), 14-24.
Download from: http://www.tandfonline.com/doi/abs/10.1080/08854726.2014.981417
This prospective study investigated the relationship between chaplain visits and patient satisfaction, as measured by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Press Ganey surveys from 8,978 patients who had been discharged from a tertiary care hospital. Controlling for patients' age, gender, race, ethnicity, language, education, faith, general health status, and medical conditions, chaplain visits increased the willingness of patients to recommend the hospital, as measured by both the HCAHPS survey (regression coefficient = 0.07, $p < .05$) and the Press Ganey survey (0.11, $p < .01$). On the Press Ganey survey, patients visited by chaplains were also more likely to endorse that staff met their spiritual needs (0.27, $p < .001$) and their emotional needs (0.10, $p < .05$). In terms of overall patient satisfaction, patients visited by a chaplain were more satisfied on both the Press Ganey survey (0.11, $p < .01$) and on the HCAHPS survey (0.17, $p < .05$). Chaplains' integration into the healthcare team improves patients' satisfaction with their hospital stay.

Massey, K., Barnes, M. J., Villines, D., Goldstein, J. D., Pierson, A. L., Scherer, C., ... & Summerfelt, W. T. (2015). What do I do? Developing a taxonomy of chaplaincy activities and interventions for spiritual care in intensive care unit palliative care. *BMC palliative care*, *14*(1), 10.
Download from: http://www.biomedcentral.com/1472-684X/14/10/
Abstract: *Background* Chaplains are increasingly seen as key members of interdisciplinary palliative care teams, yet the specific interventions and hoped for outcomes of their work are poorly understood. This project served to develop a standard terminology inventory for the chaplaincy field, to be called the chaplaincy taxonomy.
Methods The research team used a mixed methods approach to generate, evaluate and validate items for the taxonomy. We conducted a literature review, retrospective chart review, focus groups, self-observation, experience sampling, concept mapping, and reliability testing. Chaplaincy activities focused primarily on palliative care in an intensive care unit setting in order to capture a broad cross section of chaplaincy activities.
Results Literature and chart review resulted in 438 taxonomy items for testing. Chaplain focus groups generated an additional 100 items and removed 421 items as duplications. Self-Observation, Experience Sampling and Concept Mapping provided validity that the taxonomy items were actual activities that chaplains perform in their spiritual care. Inter-rater reliability for chaplains to identify taxonomy items from vignettes was 0.903.
Conclusions The 100 item chaplaincy taxonomy provides a strong foundation for a normative inventory of chaplaincy activities and outcomes. A deliberative process is proposed to further expand and refine the taxonomy to create a standard terminological inventory for the field of chaplaincy. A standard terminology could improve the ways inter-disciplinary palliative care teams communicate about chaplaincy activities and outcomes.

Puchalski, C. M., Blatt, B., Kogan, M., & Butler, A. (2014). Spirituality and health: The development of a field. *Academic Medicine*, *89*(1), 10-16.
Download from:
http://www.hospivision.org.za/docs/SpiritualityandHealthTheDevelopmentofa%209%202.pdf
Abstract: Spirituality has played a role in health care for centuries, but by the early 20th century, technological advances in diagnosis and treatment overshadowed the more human element of medicine. In response, a core group of medical academics and practitioners launched a movement to reclaim medicine's spiritual roots, defining spirituality broadly as a search for meaning, purpose, and connectedness. This commentary describes the history of the field of spirituality and health—its origins, its furtherance through the Medical School Objectives Project, and its ultimate incorporation into the curric ula of over 75% of U.S. medical schools. The diverse efforts in developing this field within medical education and in national and international organizations created a need for a cohesive framework. The National Competencies in Spirituality and Health—created at a consensus conference of faculty from seven medical schools and reported here for the first t ime—answered that need. Also reported are some of the first applications of these compete ncies—competency-linked curricular projects. This issue of Academic Medicine features arti cles from three of the participating medical schools as well as one from an additional medic al school. This commentary also describes another competency application: the George Washington Institute of Spirituality and Health–Templeton Reflection Rounds initiative, known as G-TRR, which has provided clerkship students with the opportunity, through reflection on their patient encounters, to develop their own inner resources to address the suffering of others. This commentary concludes with the authors' proposals for future directions for the field.

Rudolfsson, G., Berggren, I., & da Silva, A. B. (2014). Experiences of spirituality and spiritual values in the context of nursing–An integrative review. *The open nursing journal*, *8*, 64.
Download from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4293736/
Abstract: Spirituality is often mistakenly equated with religion but is in fact a far broader concept. The aim of this integrative review was to describe experiences of the positive impact of spirituality and spiritual values in the context of nursing. The analysis was guided by Whittemore and Knafl's integrative review method. The findings revealed seven themes: 'Being part of a greater wholeness', 'Togetherness − value based relationships', 'Developing inner strength', 'Ministering to patients', 'Maintaining one's sense of humanity', 'Viewing life as a gift evokes a desire to 'give back'' and 'Achieving closure − life goes on'. It is difficult to draw definite conclusions, as spirituality involves many perspectives on various levels of awareness. However, spirituality was considered more inclusive, fluid and personal. Furthermore, it emerged that spirituality and spiritual values in the context of nursing are closely intertwined with the concept of caring.