New Research Articles of Interest for Chaplains — September 2025

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A selection of new research-related articles that may be of particular interest to chaplains, beyond those published in the *Journal of Pastoral Care & Counseling* (https://journals.sagepub.com/toc/PCC/0/0) and the *Journal of Health Care Chaplaincy* (https://www.tandfonline.com/journals/whcc20):

Harmon, B. E., Lewis, J., Ivery-Glover, J., Baptist, B., Daniel, R., Warnock, J., Smith, S., Townsend, S. and Madubuonwu, S. "**A cross-sectional study conducted in the USA examining associations between religious engagement and inpatient hospital experience and 30-day readmission**." *Journal of Religion & Health* (2025): online ahead of print, 8/28/25.
This study looked at associations between the Duke University Religion Index (DUREL) and requests to see a chaplain, perceptions of care, and 30-day readmissions. Patients were recruited from two hospitals in a 1687-bed healthcare system in Memphis, TN; 1264 were approached, 902 met inclusion criteria, and 482 participated (53.4% response rate). Participants with higher total DUREL scores and longer hospital stays were more likely to request a chaplain. Higher religious attendance and non-organized activity (e.g., prayer, meditation, Bible study) scores were associated with making a request to see a chaplain, but no statistically significant association was identified between such requests and 30-day readmission. Higher total DUREL scores were associated with greater confidence in enacting care plans, with religious attendance and intrinsic religiosity scores driving the association. The authors propose that future research should examine interventions that increase religion/spirituality discussions during care planning and the discharge process and explore and the potential roles of spiritual care teams in this. Jonathan Lewis is a certified chaplain and Director of Community Partnerships at Methodist Le Bonheur Healthcare (Memphis, TN), and Stacy Smith is a Presbyterian Minister who, as Director of Strategic Innovation at Methodist Le Bonheur Healthcare, led divisional research efforts and implementation of hospital, community, and faith-based programs to address social determinants of health. [This Open Access article is available online from the journal at https://link.springer.com/article/10.1007/s10943-025-02429-w]

Hirschmann, J., Terry, K., Van Thyn, R. and Strano, A. "**Chaplains' charting in the USA in the era of 'open notes': recommendations from a quality improvement project**." *Journal of Religion & Health* (2025): online ahead of print, 8/23/25.
The authors, all from the Center for Spirituality and Health at Mount Sinai Hospital (New York, NY), present recommendations about chaplains' documentation in the era of "open notes" brought about by the 21st Century CURES Act of 2016, in light of a three-stage quality improvement project. That project, beginning in 2021 and concluding in 2023 (--laid out in a table as well as the text) was guided by the problem statement: "What was the current process for chaplains' narrative charting and, given the shift to open notes, how could we improve this process?" Participating chaplains gathered lessons learned and recommendations after the hospital's open notes go-live. These included: they no longer used quotation marks around single words because this can convey condescension or disbelief; they replaced the language of "reports" and "states" with verbs like "remarked," "noted," "reflected upon," "explored," and "shared," and the phrases "together we explored," "in conversation we discussed," and "together we reflected on"; they became sensitive to how their descriptions of their positive intentions could be interpreted as subtle judgements (e.g., writing that a patient was "in good spirits" might be taken as the chaplain liked or approved of the patient); and caution about how chaplains' notes might play into and amplify the unequal power dynamics between patients and hospital staff. The project also drafted recommendations specifically for chaplains working in outpatient oncology settings. Here, the participating chaplains recommended creating a note template that took into account how outpatient chaplains provide a significant amount of spiritual care via telephone and use voice mail messages; in light of longer-term interactions with oncology outpatients, they considered writing more detailed goals and follow-up plans in their notes; and, because they often worked with quite an accumulation of patient information over time, they saw potential in using the "sticky notes" or "specialty comments" capabilities of the Electronic Medical Record. Feedback also identifed important questions about how to address or refer to patients in notes, how to deal with sensitive personal information, and the possibility of inviting patients into the note-writing process. The article's tables present not only themes but examples of alternate language to use in documentation.

McDonald, L. and Guyer, D. "**The critical role of spiritual care in the Emergency Department**." *Rhode Island Medicine* 108, no. 9 (September 2, 2025): 23-26.
This is a report of a project at the Miriam Hospital of Brown University Health (Providence, RI), following the 2022 implementation of an Emergency Department Palliative Care program. The hospital has a 24/7 chaplaincy service that is described by the authors as "well-structured," but they note that "the role spiritual care providers fulfill in the ED is less defined" [p. 23]. "To identify how ED-initiated spiritual care consults differ from inpatient-initiated consults, semi-structured interviews were conducted by a physician with three spiritual care providers in our department who spend time seeing patients both in the ED and in the inpatient settings" [pp. 23-24]. Among the themes that emerged: ED-consult patients tend to be sicker (most actively dying); consults need to occur more quickly; and the physical environment is often more crowded and chaotic, complicating discussions with patients/families (e.g., many distractions) and information-gathering from staff. The participating chaplains emphasized the high degree of moral and spiritual distress among ED patients, the value of being called in early and being at bedside for deaths, plus their role in bridging care from ED teams to inpatient teams as well as their care for patients boarded in the ED for extended periods. They also highlighted chaplains' support of ED staff. They encouraged embedding chaplains in the ED and educating ED staff on their scope of practice. Finally, they commented on the rewarding/satisfying nature of their work. Each point is illustrated with primary quotes. While this project involved only three chaplains, the themes here may be foundational to future research. The two physician authors identify the three chaplains interviewed as Michael Mercier, Jane Maglio, and Kim Nguyen. [This article is available freely from the journal at http://rimed.org/rimedicaljournal/2025/09/2025-09-23-brief-mcdonald.pdf]

Johnson, M., Butts, R. I. R., Ashworth, R., Smith, J., Marik, P., Davies, W. H. and Rothschild, C. "**Navigating critical moments: the importance of spiritual and psychosocial collaboration in addressing coping in the pediatric ICU**." *Clinical Practice in Pediatric Psychology* 13, no. 3 (2025): 224-236.
This is a somewhat unusual combination of intentional yet informal data collection and expert consensus, as the authors -- one of whom, Ira R. Butts, is a certified chaplain -- "took notes on the content of conversations they observed at a midwestern hospital" and then discerned themes in the ways in which hospital-based chaplains and pediatric psychologists collaborate as key members of interdisciplinary care teams. They present here two cases that illustrate how differences in the timing of care and expertise among psychosocial team members can be leveraged to enhance the collective ability to support a family; how spiritual and psychological distress can mirror one another, and even co-occur; how a family's religious or cultural identity does not inherently predict the degree to which their distress has spiritual underpinnings; and how the collaborative nature of interdisciplinary team members can strengthen support to patients and families if they demonstrate partnership and consistent communication. The authors offer recommendations throughout, such as maximizing early spiritual care intervention, intentionally developing professional relationships that identify and work within each individual's appropriate scope of practice and comfort level, and being aware of how professional titles and roles can affect patient perceptions and communication. The paper lines out specific and shared roles of the chaplain and psychologist and addresses dynamics of teamwork. A section on limitations and future directions suggests a number of practical avenues for continued work that apply to -- but may go beyond -- the Pediatric ICU setting.

BRIEF NOTICES

Becker, T. D., Gerasta, D. J., Yoder, G., Matlock, D. D., Kozlov, E., Fischer, S. M. and Washington, K. T. "**Characterizing interdisciplinary U.S. hospice clinician presence during patient self-administration of medical aid in dying medication**." *Journal of Palliative Medicine* (2025): online ahead of print, 9/16/25.
This is said to be the first study to explore the proportion and correlates of interdisciplinary hospice clinician presence during patient self-administration of medical aid in dying (MAID) medication. A sample of 100 clinicians (gleaned from a larger study) included 23 chaplains. Among the findings: "Compared with physicians, chaplains had >4 times greater odds of ever having been present during patient self-administration of MAID medication" [MS p. 5]. The authors speculate that this could be the case because chaplains' support may be especially desirable around the time of self-administration, whereas physicians tend to be involved remotely. The article notes that, as of this publication, MAID is legal in 10 U.S. states

and the District of Columbia, accounting for approximately 75 million adults, or one-fifth of the U.S. population.

Kelley, B., He, Q., Mennillo, L., Roseman, J. and Anandarajah, G. "**A longitudinal qualitative study exploring how workplace factors impact family physicians' provision of spiritual care during comprehensive patient care: implications for burnout prevention and policy**." *Family Practice* 42, no. 5 (2025): online ahead of print, 8/14/25.
This secondary analysis of a dataset collected from Family Practice physicians over 20 years results in a model of workplace facilitators and barriers to incorporating spiritual care (SC) into comprehensive patient-centered medical care [--see Figure 1, MS p. 6]. Workplace SC facilitators include: access to interpreters and clinical chaplains, longitudinal doctor-patient relationships, severely ill patients, diverse communities, healthy work-life balance, adequate support, and colleagues who value SC. As a next step with this material, the authors' recommendations include: "reducing [Family Practice] workload by increasing primary care physician pipeline and incorporating clinical chaplains into existing team-based care models" [MS p. 7].

Jacobs, L. M., Gurewitz, J., Hurwitz, J., Shah, A., Goodman, K. A. and Lymberis, S. "**Understanding patient priorities for religious and spiritual needs during radiation therapy for gynecological malignancies**." *Practical Radiation Oncology* 15, no. 5 September-October2025): 509-519.
The physician authors, from NYU Langone Health and Mount Sinai Hospital (New York, NY), interviewed 11 religiously diverse patients with gynecologic malignancy treated with external beam radiation therapy and/or brachytherapy, using FICA Spiritual History Tool. "Following the FICA Spiritual History Tool interview, 10 of the 11 total patients were asked their opinion regarding the utility of each of the 11 FICA questions" [p. 513]. Among the findings: "Eight of 10 patients chose the same question addressing stress as the most meaningful way to facilitate a conversation with providers: Do you have spiritual beliefs that help you cope with stress? Four of these 8 also selected a second question addressing stress: Have your beliefs influenced you in how you handle stress?" [p. 513] [NOTE: The 11 FICA questions here are those example questions from the FICA version published in Borneman, T., Ferrell, B. and Puchalski, C. M., "Evaluation of the FICA tool for spiritual assessment," *Journal of Pain and Symptom Management* 40, no. 2 (August 2010): 163-173.] [This article is available freely from the journal at https://www.practicalradonc.org/article/S1879-8500(25)00106-7/fulltext]

Choudhary, A. K. and Abirami, R. "**Spirituality and medicine in the USA, Europe, and the UK: a systematic review and meta-analysis of integrative approaches to patient satisfaction, quality of life, and health outcomes**." *Journal of Religion & Health* (2025): online ahead of print, 9/10/25.
The article is of note for identifying eight key studies (four in the USA, two in The Netherlands, one in the UK and one in Germany/Denmark). Statistical analysis of pooled results indicated that spiritual interventions (which varied widely) were associated with significant improvements in anxiety symptoms, meaningful gains in quality of life, and moderate benefits for chronic disease outcomes. Rates of patient satisfaction with spiritual support consistently exceeded 80%, with the highest ratings reported in palliative care contexts. Subgroup analyses highlighted stronger effects among older adults, individuals living with chronic illness, and participants in meditation-based programs. Minimal publication bias was observed, and sensitivity testing confirmed the robustness of the findings. Chaplaincy is mentioned as an intervention at many points, but without elaboration.

Wolverson, E., Backhouse, T., Burnand, A., Eriksen, S., Fonseca de Paiva, A., Harrison Dening, K., Mabire, J. B., Sabatini, S. and van der Steen, J. T. "**Spiritual support for people affected by dementia: a scoping review**." *Dementia* (2025): online ahead of print, 9/9/25, with article identifier 14713012251377812.
This international review identifies 12 key articles (lined out in a table), though only two mention chaplains. The concept of spiritual intervention is here construed broadly. Chaplains working with dementia patients may find this helpful as an overview. [This is an Open Access article available at https://doi.org/10.1177/14713012251377812]

Gkountinaki, S., Protopapa, F., Syal, A., Chatzittofis, A., Parperis, K. and Derk, C. T. "**Understanding spiritual well-being in patients with systemic sclerosis and its effect on the illness: a scoping review**." *Clinical Rheumatology* (2025): online ahead of print, 9/17/25.

This review identifies 10 key studies (laid out in a table), four of which are from the U.S. Outcomes here revolve around psychological dynamics, including reduced depression and anxiety, increased life satisfaction, and greater resilience. The authors twice mention chaplaincy as a valuable resource [--see MS p. 13].

de Almeida, V. A. S., Ossamu Shintani, A., Reis Vargas, P., Passos, I. C. and Moreira-Almeida, A. "**Religiosity and spirituality in coping with suicide grief: a review**." *International Journal of Social Psychiatry* (2025): online ahead of print, 7/25/25, with article identifier 207640251345508.
This article is noteworthy for identifying 11 key studies (laid out in a table) on the sparsely researched topic of the relationship between religiosity and spirituality and the grief experience of suicide loss survivors. Seven of the studies are from the U.S. In general, the authors found that religiosity and spirituality functioned as a source of support, a sanctuary, and a catalyst for personal and spiritual growth, facilitating meaning-making and the restructuring of the loss through belief systems, spiritual experiences, and coping strategies. However, in some cases, religiosity and spirituality also posed challenges, complicating the adaptation to suicide grief.

So, H., Mackenzie, L., Chapparo, C., Ranka, J. and McColl, M. A. "**Spirituality in occupational therapy practice: a scoping review with narrative synthesis**." *British Journal of Occupational Therapy* 88, no. 9 (September 2025): 531-543.
This review, out of the University of Sydney (Australia), is significant for its identification of 54 key articles. Among the findings of the analysis: central concepts of spirituality definitions revolved around a person finding "meaning," "purpose in life," and "connection." [While the article itself is not available freely online, a supplemental file lining out the 54 articles is, at https://journals.sagepub.com/doi/suppl/10.1177/03080226251326759/suppl_file/sj-pdf-2-bjo-10.1177_03080226251326759.pdf]

Bozkurt, C. and Bulut, H. "**The effect of religious coping levels on asthma control in asthmatic adults in Turkiye**." *Journal of Religion & Health* 64, no. 5 (October 2025): 4010-4025.
This study, out of Turkiye/Turkey, is said to be the first specifically to examine the role of religious coping in managing asthma. A sample of 500 asthma patients was sought at a research hospital's outpatient clinics, requiring that 570 patients be approached (for a 95% confidence interval and a ± 5% margin of error). The Religious Coping Scale from Hisham Abu Raiya et al. (2008) was used. Among the results: analysis found a weak but statistically significant positive correlation between positive religious coping and asthma control, while negative religious coping showed a weak but statistically significant negative correlation. [This article is available freely online via https://pubmed.ncbi.nlm.nih.gov/40524057 and is from an issue of the journal that focuses on reviews of religion, spirituality and health, including 31 articles regarding Turkiye/Turkey.]

IN ADDITION, two articles on the language of spirituality and meditation in the United States:

Hodge, D. R. "**Descriptions of spirituality among the American public: the relationship between spiritual salience and specific spiritual understandings**." *Health & Social Work* (2025): online ahead of print, 9/2/25.
This is a secondary analysis of data from the 2020 National Religion and Spirituality Survey, administered by the National Opinion Research Center (NORC) at the University of Chicago on behalf of the Fetzer Institute and Hattaway Communications, yielding data from 3,609 individuals. The survey included reactions to 13 characteristics of "spirituality" (identified from other research): Peace, Inspiration, Love, Values, Purpose, Morality, Clarity, Belonging, Wonder, Security, Transformation, Transcendence, and Structure, plus the option of None of These. Among the findings: The most widely endorsed description of what spirituality offered respondents was peace (65.9%), with Inspiration and Love following at 54.3% each. The least widely endorsed was structure (23.5%). Self-reported importance of spirituality (but not religion) was positively associated with all understandings of spirituality. Tables provide detailed information.

Bravo, A. J., Burchett, P., Vose, K., Haug, M., McLaughlin, M. and Dickter, C. L. "**Definitions of meditation among lay people: a mixed method examination considering the roles of meditation experience, religion, and spirituality**." *Psychology of Religion & Spirituality* (2025): online ahead of print, 9/1/25.

This study, out of William and Mary (Williamsburg, VA), involved a sample of 200 lay individuals (i.e., community members and college students) who responded to an online survey. Among the results: seven distinct themes were identified based on participants' definitions of meditation: 1) Religious, Spiritual, and Philosophical; 2) Attention/Observing; 3) Calming, Grounding, and Relaxation; 4) Mindfulness-Oriented; 5) Virtue Cultivation; 6) Techniques; and 7) Solitary Reflection. Also, 30.5% of participants endorsed that the practice of meditation is spiritual and religious, 39.5% endorsed spiritual but not religious, 1.0% endorsed religious but not spiritual, and 29.0% endorsed neither spiritual nor religious. In addition, the authors hold that their analysis suggests that "laypeople's preconceived ideas (or misconceptions) about what meditation is, and what it entails, vary based on prior meditation experience and self-identification with religion and spirituality" [MS p. 1].

FINALLY, I would note a review of a small book (154pp.) on music therapy and spiritual care: O'Grady, K., "**Music therapy and spiritual care in medical settings**," *Journal of Music Therapy* 62, no. 1 (Spring 2025): thae021 [electronic journal article designation]. Regarding the book itself, its first author states (in a video via the publisher at https://musictherapy.biz/product/music-therapy-and-spiritual-care-in-medical-settings) that it was written in recognition of there being "a lack of research in the overlap of music therapy and spiritual care in the medical setting but a wealth of experiential knowledge from practitioners." Chaplains are one of its target audiences, and co-author Stacy Auld is a chaplain and Vice President for Spiritual Care and Integration at Houston Methodist Hospital. The book may be thought-provoking about possibilities for research. However, I would also just note two older studies of interest: Connolly, L. and Moss, H., "Music, spirituality and dementia: exploring joint working between pastoral care professionals and music therapists to improve person-centred care for people with dementia," *Dementia* 20, no. 1 (January 2021): 373-380; and Masko, M. K., "Music therapy and spiritual care in end-of-life: a qualitative inquiry into ethics and training issues identified by chaplains and music therapists," *Journal of Music Therapy* 53, no. 4 (Winter 2016): 309-335. ACPE educator Larry Shostrom was a consultant on the latter.

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* I am a retired chaplain in Philadelphia, PA, who from 2002-2023 led the ACPE Research Network (later called simply ACPE Research) and developed the http://www.acperesearch.net website, where each month I posted an article-centered feature on themes relevant for research chaplains, clinical chaplains, and chaplaincy educators and students. I continue the practice of daily searching the National Library of Medicine for new articles, noting usually 30-50 each month, that are then narrowed to a short and practical list of recommendations. Since articles published in the *Journal of Pastoral Care & Counseling* and the *Journal of Health Care Chaplaincy* are already well curated and followed by professional chaplains, I do not include them for present purposes, though obviously they would be of particular value.

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The http://www.acperesearch.net website remains an excellent source for past literature, with thousands of annotated citations up through 5/23.