New Research Articles of Interest for Chaplains — July 2025

by Chaplain John Ehman* — john.ehman@outlook.com

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):

Damen, A., Schuhmann, C., Rosie, X. J. S., van Zundert, M., Jacobs, G., Muthert, H., Olsman, E. and Visser, A. "**The contribution of chaplaincy to primary and community care: a semi-structured interview study with clients**." *Journal of Primary Care & Community Health* 16 (January-December 2025): 21501319251357528 [electronic journal article identifier].
This study, out of The Netherlands, revolved around three questions to investigate the implementation of chaplains in primary and community care settings: What are primary and community care clients' reasons to seek chaplaincy care, what are their ideas of care goals, and what outcomes of care do they report? Twenty-four Dutch participants, part of a larger national study, were interviewed (30-60 minutes). Among the findings: People sought support from a chaplain for existential concerns and intense existential struggle from experiences such as loss, loneliness and fear of death. Their goals were for Relationship with the Chaplain (e.g., for a safe space to tell their story, for a conversation partner to spar with, and to be seen, heard, and acknowledged); for Meaning-Making (e.g., to gain insight into themselves and/or develop another perspective on life-events, to integrate or process life-events and feelings, to develop a grip on life and/or to find a future perspective, and to connect more with themselves, others and/or the sacred); and Well-Being (e.g., to feel better or to find peace). Roughly corresponding to these goals, the outcomes they experienced regarding Relationship with the Chaplain were: being seen and heard and acknowledged, feeling (temporarily) less lonely, and regaining (some) trust; regarding Meaning-Making: gaining insight into themselves and/or life circumstances, being allowed to feel or let go or process emotions and life-events, regaining a grip on life, seeing a path forward/future perspective, and regaining connection with themselves, others and/or (sacred) sources of strength; and regarding Well-Being: experiencing increased well-being. Effective elements for these outcomes were identified as the relational qualities of the chaplain, the meaning-making competencies of the chaplain, and the chaplain offering a sense of sanctuary, a safe space, through confidentiality and by visiting people at home. The findings are illustrated with primary quotes. The bibliography appears to be quite current and works from an international awareness of the literature. While the particular context of this study warrants caution about generalization, the basic themes should resonate broadly (though a chaplain's ability to visit in the home is quite context-specific) and support further research about chaplaincy outcomes. [This article is available as Open Access via https://pmc.ncbi.nlm.nih.gov/articles/PMC12276415 or https://journals.sagepub.com/doi/10.1177/21501319251357528]

Godzik, C. M., DiBenedetto, J. K., Usset, T. J., Stiles, H., Klein, H., Fortuna, K., Pepin, R., Wright, H., Locke, A., Thomason, H. and Smith, A. J. "**Barriers and facilitators to implementation of interventions to mitigate moral injury among nurses**." *Frontiers in Health Services* 5 (June 23, 2025): 1582700 [electronic journal article identifier].
The authors analyzed semi-structured interviews with 25 nurses in a rural hospital system who had Medical Intensive Care Unit experience. The study may be of methodological interest to research chaplains for its use of the Consolidated Framework for Implementation Science Research (CFIR) "to improve [the] ability to build usable, effective interventions that can be widely disseminated to nurses" [p. 2]. "Overall, there were eight barriers and six facilitators identified to be important in the design of a moral injury intervention for MICU nurses" [p. 4]. Barriers included: innovation cost, nurses' feelings that options to address moral injury would not be any better than what already exists and is available to them, lack of support from high-level leaders, difficulty around people engaging in a sensitive area (--an implementation characteristic), insufficient or misaligned existing resources (e.g., a lack of trained mental health resources), work infrastructure (e.g., no time or place to debrief after an event), a general insufficiency of resources available for the actual need of all the nurses, and a disconnect between what they experienced as nurses and how the community perceived and celebrated their work. Facilitators included: innovation adaptability, nurses' motivation to care for one another, their sense of need for interventions to help with morally injurious events, teaming (--relying on team members), adapting (--wanting to participate in activities that promote group growth), and a tenson for change (where the current situation is recognized as untenable and not working).

The research was conducted in light of the experience of nurses through the COVID-19 pandemic, but the dates for data collection are not stipulated. Participants offered thoughts about chaplains, including the importance of their "in the moment support" [p. 5] and the positive nature of experiences with chaplains (in contrast to their experiences with Employee Assistance Program resources) [--see pp. 5 and 6]. Among the co-authors, Timothy J. Usset is an ACPE Educator. [This article is available as Open Access via https://pubmed.ncbi.nlm.nih.gov/40625812]

Sleeth, G., Gottlieb, P., Srinivasan, A., Thaddeus, U., Mennillo, M. and Anandarajah, G. "**Evaluation of the HOPE spiritual assessment model: a scoping review of international interest, applications and studies over 20+ years**." *BMC Palliative Care* 24, no. 1 (July 7, 2025): 191 [electronic journal article identifier].
The HOPE "assessment" is perhaps more properly thought of as a clinical communication tool (distinct from in-depth spiritual assessments used by chaplains or quantitative assessments used in research), but it has become of the most popular tools of its kind, especially for physicians, since its introduction in 2001. Chaplains would be well-served by familiarity with it, and the present article provides a good overview, with HOPE originator, Gowri Anandarajah, as an author. The scoping review yielded 1,047 unique sources for the instrument, with 571 explicitly mentioning/citing HOPE, representing 51 countries and 21 languages; and while 55% pertained to physicians, 6% were connected to chaplaincy. Extensive tables organize a great deal of information, including a Qualitative Analysis of Comments from Sources Regarding Strengths and Weaknesses of HOPE and Other Spiritual History/Assessment Tools [pp. 9-10], Evaluations of Interventions using the HOPE Model [pp. 17-24], and Evaluations of the HOPE Model for Spiritual Assessment Itself [pp. 25-32]. The review offers a quite comprehensive sense of the acceptability, feasibility and validity of the communication model. The bibliography contains 141 references. This article would seem highly valuable for any chaplain in a position to offer expert advice on the incorporation of HOPE into a clinical practice or health care institution, or for considering its place in the workflow of a chaplaincy department. [This article is available as Open Access via https://pubmed.ncbi.nlm.nih.gov/40624539]

Kredentser, M. S., Reynolds, K., Marten, N., Blouw, M., Sareen, J. and Olafson, K. "**A thematic analysis of Intensive Care Unit diaries content**." *Nursing in Critical Care* 30, no. 4 (July 2025): e70107 [electronic journal article identifier].
ICU diaries or bedside notebooks, typically written in by visitors and caregivers, can offer patients a rich perspective on their ICU stay, when they were not fully aware of events (though ICU diaries can sometimes also be written in by patients when they become able). As such, these booklets can involve chaplains, either as contributors to the content or as a focus for a patient's subsequent reflection on the treatment experience. The present study, out of Canada, unfortunately does not mention chaplains and addresses the theme of spirituality only in passing, but it does describe how themes of connection, information provision, and coping may play into ICU diaries. Among the observations of the authors: "The personal connection that staff had to patients was evident in their diary entries," and "[e]stablishing and connecting to the personhood of the patient has critically important outcomes in healthcare for both medical and psychosocial domains" [p. 7]. The theme of connection also characterized a dynamic with family and to a patient's own sense of connecting to days they cannot remember. The diaries can also help patients become clear about events that are remembered traumatically through the experience of delirium. They further were utilized as a means for family members' coping, even when families were instructed that the diaries were not intended for that purpose. ICU diaries would seem a subject ripe for chaplaincy research, and so the present article may spur thinking along those lines. [NOTE: A previous ICU diary study (not cited in the present one) observed that chaplains used the diaries to gain insights into patient cases --see: Drumright, K., Jones, A. C., Gervasio, R., Hill, C., Russell, M. and Boehm, L. M., "Implementation of an Intensive Care Unit Diary Program at a Veterans Affairs Hospital," *Journal of Nursing Care Quality* 36, no. 2 (Apr-Jun 2021): 155-161.] [This article is available as Open Access via https://pmc.ncbi.nlm.nih.gov/articles/PMC12268237]

Griffiths, R. R., Jesse, R., Richards, W. A., Johnson, M. W., Sepeda, N. D., Bossis, A. P. and Ross, S. "**Effects of psilocybin on religious and spiritual attitudes and behaviors in clergy from various major world religions**." *Psychedelic Medicine* (2025): online ahead of print, 5/30/25.
This multi-institutional study involving 33 clergy at two sites (Johns Hopkins University and New York University) is notable not only for the currency of the topic but for the somewhat dramatic results of the research. The primary outcome assessment at 6 months after screening showed that, compared with a

delayed control group, participants who had received psilocybin reported significantly greater positive changes in their religious practices, attitudes about their religion, and effectiveness as a religious leader, as well as in their non-religious attitudes, moods, and behavior. Follow-up assessments showed that positive changes in religious and non-religious attitudes and behavior were sustained through 16 months after the second psilocybin session. At that time, participants rated at least one of their psilocybin experiences to be among the top five most spiritually significant (96%), profoundly sacred (92%), psychologically insightful (83%), and psychologically meaningful (79%) of their lives. Furthermore, 42% rated one of their experiences to be the single most profound of their lifetime. At 16-months follow-up, most (79%) strongly endorsed that the experiences had positive effects on their religious practices (e.g., prayer or meditation) and their daily sense of the sacred, and most (71%) reported positive changes in their appreciation of religious traditions other than their own. Although no serious adverse events were reported, 46% rated a psilocybin experience as among the top five most psychologically challenging of their lives. The article is accompanied by nine supplementary files online.

BRIEF NOTICES

Nunez, M., Patel, P., Ulin, L., Kian, L., Cominsky, M., Burnett, J. and Lee, J. L. "**Feasibility and usage of a virtual assistant device in cognitively impaired homebound older adults**." *Journal of Applied Gerontology* (2025): online ahead of print, 1/10/25 (with article identifier 7334648251314284).
This study, out of the University of Texas Health Science Center at Houston et al., involved 52 newly referred Meals on Wheels clients aged 60 or over, who were homebound and were medically stable but had cognitive impairment. Participants were regularly surveyed about how they were feeling, their sense of overall health, any disruption of usual activities, sleep, and appetite, in order to test the feasibility and impact of virtual assistant technology (--an Alexa Echo Show 8) for such a population. Apart from the main findings that participants could indeed accept and use the device, the study interestingly yielded the anecdotal finding that the individuals seemed to appreciate "being able to find and play music, set reminders, and access spiritual content" [p. 7]. The authors do not elaborate the point, but this research suggests that this population may be particularly interested in and capable of seeking spiritual support when given the opportunity to use virtual assistant technology. [This article is available as Open Access via https://pmc.ncbi.nlm.nih.gov/articles/PMC12241460]

Westhead, M. and Georgiades, A. "**The role of spirituality and religiosity in the maintenance and recovery of psychosis: a systematic review**." *Early Intervention in Psychiatry* 19, no. 7 (July 2025): e70061 [electronic journal article identifier].
The authors, from the United Kingdom, identify 35 key articles on the subject and summarize their mixed findings in an extensive table [pp. 7-21]. Among those various findings: Individualized religious practice was associated with more severe delusions, while high intrinsic religiosity was associated with an increased severity of auditory and visual hallucinations. In terms of recovery, Positive Religious Coping was found to improve wellbeing, quality of life, treatment expectancy, and medication adherence; while Negative Religious Coping increased suicidality, positive symptom severity, illness duration, and reduced social functioning. Holding religious/spiritual explanatory models was correlated with increased psychosis symptom severity and delayed recovery…. [This article is available as Open Access via https://pubmed.ncbi.nlm.nih.gov/40605616]

Abubshait, L., Tasnim, N. and Cangoz, T. "**Pharmacological considerations for healthcare providers when caring for Muslim patients: a practical guide**." *Currents in Pharmacy Teaching & Learning* 17, no. 10 (July 4, 2025): 102429 [electronic journal article identifier].
This article presents a guide based upon clinical experiences and the practical challenges the faced in caring for Muslim patients at Jefferson Health (Philadelphia, PA and associated sites), along with an internal review of the formularies at the institution. The authors present a great deal of practical data in the course of the article. This may be of useful for chaplaincy collaboration with pharmacy departments. [This article is available as Open Access at https://www.sciencedirect.com/science/article/pii/S1877129725001509?via%3Dihub]

Mason, M., Wakefield, J., Sparke, V., Basseal, J. M. and Zimmerman, P. A. "**Religious influences on infection prevention and control practices in healthcare settings: a scoping review**." *Infection, Disease & Health* 30, no. 3 (August 2025): 234-247.
This literature review, out of Australia, is noteworthy for its identification of 13 key articles (summarized in a table on pp. 237-243) and emphasizes three areas of interest: religious rituals, the use of alcohol, and the "bare below the elbows" guideline regarding health care workers not wearing items below the elbows.

Mikelyte, R., Dening, K. H., Oliveira, D., Vanelli, J. M., Neves, A. F., Dekker, N. L., Roque, F. P and de Oliveira Vida, E. I. "**'It's my life, it's my choice and I want to say when' vs 'A good death is to be on good terms with God'. Comparing the views of people with dementia in the UK and Brazil about a good death: a cross-cultural qualitative study**." *BMC Palliative Care* 24, no. 1 (May 16, 2025): 138 [electronic journal article identifier].
This study involved 32 participants (16 in the UK and 16 in Brazil) and illustrates the wide variation in views of a "good death" that might be influenced by cultural context. Choice and control permeated all aspects of what a good death meant to participants from the UK, but these were largely absent from the Brazilian data. The opposite was true for spirituality, which was central to the meaning of a good death in Brazil, while far less prominent in the UK. However, in both countries, previous experiences with the death of others often shaped wishes and fears towards their own deaths. [This article is available as Open Access via https://pmc.ncbi.nlm.nih.gov/articles/PMC12082953]

Britt, K. C., Richards, K. C., Hamilton, J. and Radhakrishnan, K. "**Symptoms of dementia progression in cognitive impairment: the role of religious and spiritual activity**." *Journal of Spirituality in Mental Health* 27, no. 2 (2025): 309-328.
The role of religious/spiritual activity has received much attention and continues to be a complex topic. This analysis, out of the University of Pennsylvania, University of Texas at Austin, and Emory University in Atlanta, worked with data from participants with Mild Cognitive Impairment who were part of a larger study. Higher religious service attendance was significantly correlated with fewer behavioral expressions and better cognition at two time points. At time point one, a higher frequency of religious service attendance was significantly correlated with higher sleep disturbance but was significantly correlated with lower sleep disturbance at time point two. [This article is available as Open Access via https://pmc.ncbi.nlm.nih.gov/articles/PMC12221268]

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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.

For recommendations from previous months, email: john.ehman@outlook.com

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