

UPDATE ON RESEARCH 2013:
SURVEY OF COMISS NETWORK MEMBERSHIP CONSTITUENCY REGARDING
RESEARCH PUBLICATIONS IN SPECIALIZED MINISTRY
Russell H. Davis, PhD

Research, as I see it, is a part of a larger category, scholarship.¹

Ernest Boyer, in his groundbreaking work, *Scholarship Reconsidered*,² identified four forms of scholarship appropriate for our work: the scholarships of Discovery, Integration, Application, and Teaching.

The scholarship of **Discovery** (pp. 17-18) is generally what is understood as "research." It is committed to developing new knowledge, and focuses on the question, "What is to be known, what is yet to be found"(p. 19).

The scholarship of **Integration** (pp. 18-19) is focused on developing perspectives on knowledge. It is ". . . serious, disciplined work that seeks to interpret, draw together, and bring new insight to bear on original research"(p. 19). Integrative scholarship is represented by work at the boundaries of a discipline where it overlaps and connects with other disciplines, and seeks answers to the questions, "What do the findings mean? Is it possible to interpret what's been discovered in ways that provide a larger, more comprehensive understanding?" (p. 19).

The scholarship of **Application** (pp. 21-23) focuses on the questions, "How can knowledge be applied to consequential problems? How can it be helpful to individuals as well as institutions? Can social problems themselves define an agenda for scholarly investigation?"(p. 21).

The scholarship of **Teaching** (pp. 23-24) "begins with what the teacher knows." Teaching, a rather intricate intellectual activity, is

a dynamic endeavor involving all the analogies, metaphors, and images that build bridges between the teacher's understanding and the student's learning (pp. 23-24).

¹ This paper is the outgrowth of a plenary address made to the COMISS Network Forum on January 13, 2014. Russell Haden Davis, PhD, CPE Supervisor (ACPE), Professor and Rev. Robert B. Lantz Chair of Patient Counseling, School of Allied Health Professions, Virginia Commonwealth University, Richmond, Virginia.

² Ernest L. Boyer, *Scholarship Reconsidered: Priorities of the Professoriate* (1997), Josey-Bass.

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Scholarship, one of my mentors used to say, is the systematic and disciplined approach to matters of deep personal interest. Scholarship, like art, seeks to transform matters of compelling personal interest into a higher form that is more universal, more objective. At its best, scholarship, including scientific research, combines passion and objectivity.

When research is combined with passion, then we avoid the boredom that goes with amassing little known facts about little cared about things.

SURVEY PURPOSE, METHOD, AND ANALYSIS

Two years ago, Walter Smith, as the COMISS Medal recipient, gave an inspiring speech to this forum on the value that research would bring to the future of chaplaincy and specialized ministry. Last year I was asked to survey the COMISS membership constituency on recent research (2012) and presented those findings in an address which was later revised and published on the COMISS website. This year, I repeated the survey with one change, described below.

SURVEY PURPOSE

The purpose of the survey was to learn of current research and publications through soliciting self-report citations from the various constituencies of the COMISS Network members.

SURVEY METHOD

In early November (2013), I asked Will Kinnaird to forward an email to the COMISS Network mailing list. That email read:

Dear COMISS Colleagues: A synopsis of current research is being planned again for the 2014 COMISS Network Forum. I am writing to ask for your help in getting the word out to your constituency to send me news on (1) their research publications in 2013, (2) their current research in progress, and (3) favorite/classic publications related to research. The findings will be presented at a plenary session on Monday, January 13, 2014.

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1. **Articles Published.** *I would welcome receiving citations (and abstracts) of articles/chapters/books that you and/or your constituents have published in 2013 in the field of pastoral care, pastoral counseling, CPE, specialized ministry or religion. If possible, please send a copy of the article or a link to the full-text online. If articles have multiple authors, please indicate which contributors are chaplains.*
2. **Research in Progress.** *Also, if you know of research in progress or significant chaplaincy-related QI studies, I would welcome that information as well.*
3. **Classic Articles.** *I would like to have a section in my report on favorite research articles. Please nominate one article that you consider to be of outstanding importance, a classic, or essential reading. If you can send the article or abstract, that would be great.*

Feel free to forward this email to others that you feel might have research news to share. Thank you for your assistance in this project.

In response to the email query, I received about a dozen responses with citations and information on current research. Several authors also sent abstracts and/or the original articles.

This year, when I sent out the survey questions, I included something extra. I not only asked our membership to report on their research publications and activities in 2013, but also asked them to nominate a favorite or classic article.

This year's report includes several categories: research-based articles, chapters, books, and, for the first time, classic or favorite research publications.

This year's survey had the following results:

- Articles: 35 (including the Articles of the Month)
- Books: 4
- Research in Process: 6 individuals/organizations with 24 research projects
- Abstracts & Posters: 3
- National/Regional Meeting Presentations: 4
- Favorites Reported: 8+

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*Publication Mapping*³

In this year's survey, respondents reported 35 articles, which appeared in 21 different publications. As might be expected, the three pastoral care/chaplaincy journals (Journal of Health Care Chaplaincy, Journal of Religion and Health, and Journal of Pastoral Care & Counseling) had the heaviest concentration of articles and accounted for 43% of the articles cited. This means, however, that the majority of publications by our survey respondents are in other journals, in 18 other journals to be exact.

In last year's survey, survey respondents reported 42 articles, which appeared in 25 different publications.⁴ As might be expected, the four major pastoral care/chaplaincy journals (Journal of Health Care Chaplaincy, Journal of Religion and Health, and Journal of Pastoral Care & Counseling, and Chaplaincy Today) had the heaviest concentration of articles and accounted for 43% of the articles cited. This means, however, that the majority of publications by our survey respondents are in other journals, in 21 other journals to be exact.

Journal	Number of Articles 2013 Survey for 2012	Number of Articles 2014 Survey for 2013
Chaplaincy Today	4	No Longer Being Published
Journal of Health Care Chaplaincy	8	10
Journal of Pastoral Care & Counseling	3	2
Journal of Religion and Health	3	3
Total in Pastoral Care/Chaplaincy Journals	18 43% of Total	15 43% of Total
Total Articles Reported in Survey	42	35

³ Those interested in the phenomenon of the distribution of chaplaincy-related articles in a wide variety of journals will want to read the outstanding article by Johnson et al. Johnson, E Dodd-McCue, D Tartaglia, A McDaniel, J (2013) Mapping the Literature of Health Care Chaplaincy. Journal of the Medical Library Association. J Med Libr Assoc. 2013 Jul;101(3):199-204. doi: 10.3163/1536-5050.101.3.009.

⁴ Last year's survey found 42 articles plus 3 other works: 2 chapters in books and 1 PhD dissertation.

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Total Number of Journals in which articles appeared	25	21

Before moving to the details of the survey results, I want to report on one of my favorite research publications, *Paging God* by Wendy Cadge -- a book which should be read, at least in part, by every healthcare chaplain in the United States.⁵

Cadge selected 17 “top” hospitals as ranked by *U. S. News and World Report*. She interviewed the director of chaplaincy and a staff chaplain at each hospital. She became a part of the chaplaincy department at one hospital (pseudonym Overbrook Hospital) for one year. At Overbrook, she shadowed each member of the chaplaincy department, attended chaplaincy staff meetings, and interviewed most of the staff, students and volunteers in the department. She also spent considerable time on two medical units in order to observe religion and spirituality in a broader context.

In addition to her report of the findings of her sociological fieldwork, Cadge also provides extensive history of chaplaincy and of religion and medicine throughout her book.

The most interesting chapter for me as a Clinical Pastoral Education (CPE) Supervisor and Chair of a department that provides chaplaincy coverage for an 850-bed level one trauma center is chapter 5: “Essential or Optional? How Hospitals Shape the Professional Tasks of Chaplains.”

In Cadge’s study of the 17 hospitals she paid attention to national standards set by organizations such as The Joint Commission and the Association of Professional Chaplains. Several of the hospitals also had programs with CPE. Here are some of Cadge’s guiding questions:

- Who were the main providers of chaplaincy services? Board Certified Chaplains (BCC), CPE students, volunteers?
- Were Chaplains paid by the hospital, were they volunteers and/or were they paid by an outside organization?

⁵ Cadge, Wendy. (2012) *Paging God: Religion in the Halls of Medicine*. Chicago: The University of Chicago Press. This section is based on my book review published in the *Journal of Pastoral Care & Counseling* (2013), 76/3:3-5.

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- Were the chaplains Board Certified or Board Eligible (BCE) and were new hires expected to be BCC or BCE?
- How are CPE students and volunteers included/used in the organization and were job descriptions/expectations any different for them than for a staff chaplain (if there were staff chaplains on the team)?
- In a particular hospital, who defined what chaplains did?
 - National standards set by chaplaincy organizations such as the Association of Professional Chaplains?
 - Hospital management?
 - The department director?
- In a particular hospital, were there any kinds of situations in which chaplains were always present or to which they were always called (and if so, is this formalized in a hospital protocol/policy)?
- Essential duties of chaplains – are there any? Method of determination: Given the various definitions of what chaplains do including the 48 services provided (in 10 categories) of the 2001 “White Paper”⁶ – were there any duties/tasks revealed by that study that all chaplains do in every hospital?
- Effects and Effectiveness: Other than the intuition of the individual chaplain, how do chaplains gather (or do they gather) evidence of the effectiveness of what a chaplain does or of the effect the chaplain has on patients/families/staff? There is a difference between statistics gathered to show what the chaplains did and outcome evaluation tools to determine the effects/effectiveness of what they did).

In addition to exploring these questions, Cadge also developed and defined a classification system for chaplaincy departments. She describes three types of departments, which she calls Professional, Transitional, and Traditional. Here are the characteristics of each.

Professional Chaplaincy Departments

- Four of the 17 hospitals studied had “professional” chaplaincy departments
- Professional departments are well integrated into the hospital
- Chaplains are essential for several things: i.e. hospital protocol stipulates that the chaplain will always be called (and calling the chaplain is not dependent on individual or situational judgment of another healthcare provider).
- Chaplains participate in and/or lead many hospital committees

⁶ “Professional Chaplaincy: Its Role and Importance in Healthcare.” (2001). Edited by Larry VandeCreek and Laurel Burton. The Association of Professional Chaplains.

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- Chaplains participate regularly in interdisciplinary team meetings/discussions
- The care of patients and families is the department's top priority (not CPE)
- Chaplaincy directors report to a VP or above
- Chaplains are paid directly by the hospital and not by an outside organization
- Staff chaplains are board certified/eligible and must be so in order to be hired
- The department uses few or no volunteers (because volunteers may present challenges such as adequate supervision/accountability/training)
- Staff chaplains provide high quality care and are visible and integrated into the hospital
- The department does not rely on CPE students for the bulk of patient/family care
- Job descriptions differentiate the duties of staff chaplains/residents/ interns commensurate with training, experience, and abilities.

Transitional Chaplaincy Departments

- Three of the 17 hospital studied had "transitional" chaplaincy departments
- Transitional departments are not fully professional but the department is oriented to the same goals as professional departments and is in transition towards becoming professional
- The members of the department are working on greater visibility for chaplains as well as convincing administration to pay for all chaplains rather than rely on volunteers or outside funding
- Transitional departments may have 2 tiers of chaplains
 - A group hired some time ago when the department placed less emphasis on training and certification
 - A newer group more oriented to professional standards and norms
- Transitional departments rely heavily on CPE students and/or volunteers for coverage.

Traditional Chaplaincy Departments

- Ten of the 17 hospitals studied had "traditional" chaplaincy departments
- The work that chaplains do is more limited than professional and transitional departments due to limits set by the institution or lack of understanding or appreciation by administration and staff
- Some staff may be BCC but their responsibilities within the institution do not maximize their training and experience

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- Chaplains are less visible/physically present in the institution (especially to staff). This may be due, in part, to the philosophy of some traditional chaplains who want to
 - Fly below the radar
 - Work as lone rangers or see themselves as cowboys (cowgirls?) or mavericks
- Chaplains are not integrated on interdisciplinary teams with other health care professionals
- The institution defines few or no situations to which chaplains are always called by protocol
- Chaplains serve on few or no hospital committees
- BCC or BCE is not required or perhaps not considered desirable.

Wendy Cadge has written a valuable book that is useful to healthcare chaplains and others interested in spiritual care and religion in hospitals throughout the United States.

The next section includes results of and responses to the survey of the COMISS membership constituencies.

SURVEY RESULTS AND RESPONSES

This section on survey results and responses is divided into the following sections: (1) Articles and Chapters; (2) Books; and (3) Favorites/Classics

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Articles & Chapters⁷

Jackson-Jordan, Elizabeth Ann (2013). Clergy Burnout and Resilience: A Review of the Literature. *J Pastoral Care & Counseling*, 67/1:1-5.
<http://journals.sfu.ca/jpcp/index.php/jpcp/article/view/486/594>

Abstract: In this article, I review the literature on burnout and resilience among clergy. The existing research shows that the factors related to clergy burnout include the quality of interpersonal skills, relationships outside the congregation, establishment of peer/mentor relationships, the existence of high role expectations, personal spirituality and the ability to set healthy emotional boundaries. Recent studies using positive psychology as a framework identify a number of personal and situational qualities that promote resilience in clergy. Based on these findings, I suggest interventions that should be made by faith groups to better support clergy and make recommendations for further research.

Johnson, E Dodd-McCue, D **Tartaglia**, A McDaniel, J (2013) *Mapping the Literature of Health Care Chaplaincy*. *Journal of the Medical Library Association*. J Med Libr Assoc. 2013 Jul;101(3):199-204. doi: 10.3163/1536-5050.101.3.009.

Abstract. Objective: This study examined citation patterns and indexing coverage from 2008 to 2010 to determine (1) the core literature of health care chaplaincy and (2) the resources providing optimum coverage for the literature. **Methods:** Citations from three source journals (2008–2010 inclusive) were collected and analyzed according to the protocol created for the Mapping the Literature of Allied Health Professions Project. An analysis of indexing coverage by five databases was conducted. A secondary analysis of self-citations by source journals was also conducted. **Results:** The 3 source journals—*Chaplaincy Today*, the *Journal of Health Care Chaplaincy*, and the *Journal of Pastoral Care and Counseling*—ranked as the top 3 journals in Zone 1 and provided the highest number of most frequently cited articles for health care chaplaincy. Additional journals that appeared in this highly productive zone covered the disciplines of medicine, psychology, nursing, and religion, which were also represented in the Zones 2 and 3 journals. None of the databases provided complete coverage for the core journals; however, MEDLINE provided the most

⁷ Authors who are in specialized ministry (such as chaplains) are entered in bold font.

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comprehensive coverage for journals in Zones 1 and 2, followed by Academic Search Complete, CINAHL, PsycINFO, and ATLA. Self-citations for the source journals ranged from 9% to 16%. **Conclusions:** Health care chaplaincy draws from a diverse body of inter-professional literature. Libraries wishing to provide access to journal literature to support health care chaplaincy at their institutions will be best able to do this by subscribing to databases and journals that cover medical, psychological, nursing, and religion- or spirituality-focused disciplines.

Tartaglia, A., Fitchett, G., Dodd-McCue, D.M., Murphy, P.E., & Derrickson, P. (2013). Teaching research in Clinical Pastoral Education: a survey of model practices. *Journal of Pastoral Care and Counseling*. 67(1): 5, 1-14.

Abstract: The Association of Professional Chaplains (APC) developed Standards of Practice for Acute and Long-term settings. Standard 12 promotes research-literate chaplains as important for the profession. Since many chaplains receive training in clinical pastoral education (CPE) residency programs, the aim of this study was to identify model practices for the teaching of research in such programs. Using a purposeful sample, this study identified 11 programs that offered "consistent and substantive" education in research. Common features included the existence of a research champion, a culture supportive of research, and the availability of institutional resources. The study identified models and methodologies that CPE programs can adopt.

Books

Cadge, Wendy (2013). *Paging God: Religion in the Halls of Medicine*. University of Chicago Press. This book should be read by every healthcare chaplain in the United States – Russell Davis⁸

Gleason, John J. (Jack) [Forthcoming]. *Pastoral Care Helps: The Ultimate Resource*. Judson Press, 4 volumes.

Jack Gleason wrote: Spiritual Care Knowledge Base To Become Available in Book Form. The Spiritual Care Knowledge Base has been removed from the ACPE Research Network

⁸ See my review of *Paging God* in the *Journal of Pastoral Care & Counseling* (2013), v. 67/3.

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website. But not to worry! Within a few months Judson Press will release this material in book form in order to give the collection a wider audience with clergy, seminary professors, lay visitors, CPE supervisors, students, administrators, and researchers for the purposes of getting second opinions on difficult situations, for educating seminarians, CPE students, laity, the public, and appropriate administrators, for self-supervision, and for repetition studies toward determining evidence based best practices. The working title is *Pastoral Care Helps: The Ultimate Resource*, to be published in four volumes. In the meantime, you are invited to go to <http://www.acperesearch.net/scipe.html> for SCIPE details. [Source: *Spiritual Care Initiative for Pastoral Excellence (SCIPE)*. Volume 6, Number 4 Fall 2013 John J. (Jack) Gleason, Editor.

Menking, Wayne L. (2013). *When All Else Fails: Rethinking Our Pastoral Vocation in Times of Stuck*. Wipf & Stock. Available in paperback and Kindle.

Publisher's Description: The condition of stuck is a condition well known by pastoral caregivers and leaders. In *When All Else Fails*, Wayne Menking argues that the way out of stuckness is not through the acquisition of faddish techniques, but through a deep rethinking of our pastoral vocation and what our pastoral work is to be about. Pastoral care and leadership are not indistinguishable, just as priestly work can never be separated from prophetic work. They are always one and the same. Pastoral care and leadership, then, are not about helping people relieve their anxiety through the offering of palliative comfort, but rather helping people to engage the powers that have hold of their life so as to leave what is old for what is new. In this engagement, the caregiver will always encounter powers against which niceness and unconditional love will not work. Using biblical images and narratives that depict God as a deeply empathic and compassionate God, yet one who is never adaptively sympathetic, Menking asserts that pastoral caregivers and leaders must shed their niceness and adaptivity so as to employ their God-given power if they are to help people effectively leave what is old for what is new.

Taneti, James Elisha (2013). *Caste, Gender, and Christianity in Colonial India: Telugu Women in Mission (Postcolonialism and Religions)*. Palgrave McMillan.

Review. "James Taneti's superb study illuminates the complex dynamics at work in the process of evangelization and conversion. Focusing on the role played by the most fascinating unsung heroines in the drama of Indian Protestantism, Telegu Biblewoman, Taneti's study is notable for its perceptive reading of the missionary archive, in which Biblewomen were "rarely named but often numbered." In conversation with cutting-edge scholarship at the intersection of caste, gender, and religion, Taneti attends to the dialogical

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relationship between faith and social dynamics to generate highly original insights. His book deserves careful reading by scholars and students interested in questions of religion and resistance, faith and politics, and gender and conversion." Eliza F. Kent, Colgate University. [Note: James Taneti, PhD is a CPE Resident at VCU/VCUHS.]

Favorites/Classics (in order received)

FAVORITES/CLASSICS: Charles "Chuck" Weinrich

Chuck draws our attention to the following journal. *Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling*, of which he is an editor.⁹ Here are a couple of recent articles, one on boundaries, and the other on pastoral responses to community violence.

[New issue: Vol 10 No 3 2013: Torn Apart: Pastoral Care Responses to Community Violence](#)

[Spring 2013: Violating Boundaries: Improprieties in Ministry](#)

FAVORITES/CLASSICS: George Handzo¹⁰

Iler, W. L., Obenshain, D., and Camac, M. "The impact of daily visits from chaplains on patients with chronic obstructive pulmonary disease." *Chaplaincy Today* 17, no. 1 (Summer 2001): 5-11.

Abstract: This study presents empirical data obtained from COPD patients showing the relationship between daily visits from the chaplain and several measured variables: anxiety level at time of discharge, length of stay, overall satisfaction with stay, and willingness to recommend the hospital to others. These data are contrasted to data obtained from patients who did not receive daily visits from the chaplain as well as those who refused to participate in the study.

⁹ <http://caringconnectionsonline.org/>

¹⁰ The Rev. George Handzo, Director, Health Services, Research and Quality, Healthcare Chaplaincy Inc., New York City, and independent consultant.

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FAVORITES/CLASSICS: Logan Jones¹¹

Jones, Logan C. (2010). *You Must Change Your Life: A Narrative and Theological Inquiry into the Experiences of Transformative Learning in Clinical Pastoral Education Students*. PhD Dissertation, NC State University. [Nominated by Logan Jones.]

Abstract: The purpose of this qualitative research study is to explore and describe the experiences of transformative learning in seminary students and clergy who have participated in a Clinical Pastoral Education (CPE) residency program while providing pastoral care to patients in an acute care hospital setting.

<http://repository.lib.ncsu.edu/ir/handle/1840.16/6199>

FAVORITES/CLASSICS: James L. Travis, III¹²

"Researching Ministry: What Do Chaplains Do?" in John Swinton & Harriet Mowat, *Practical Theology and Qualitative Research (2006)*, SCM Press, chapter 6, pp. 156-191.

Publisher's Description: Practical Theology used to be a subject where students were left to fend for themselves, using what they had learnt from their scholarly studies in history, biblical and systematic theology and applying it where they could. Things have moved on however and practical theology is a growing discipline in its own right, and the latest thinking in practical theology; of how to use theological learning in practical situations, is fully explored in this textbook. This text examines methodologies of the social sciences and questions how they can enable the task of theological reflection. They begin by tracing the development of practical theology as a discipline and comment on current methodological practices, and trace the movement from practical theology as applied theology, i.e. a discipline which simply takes data from the other theological disciplines (historical, systematic and biblical theology) towards a model which understands the practical theological task in terms of the theology of practice. The authors examine the relationship between qualitative and quantitative methods and highlight the significance of both for the

¹¹ Logan C. Jones, Director and ACPE Supervisor, Pastoral Care Services, Rex Healthcare. Raleigh, NC

¹² James L. Travis III is Regional Director of the Mid-Atlantic Region, Association for Clinical Pastoral Education, Inc.

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task of practical theology. They also take the reader through the actual process of developing and carrying out a research project using the author's own research as case study examples. Case studies include: the rise in spirituality; the decline in church attendance, evidence-based medicine compared to needs-led assessments, the growth in chaplaincy and how it is understood as separate from parish ministry.

FAVORITES/CLASSICS: Russell H. Davis¹³

Williams JA, Meltzer D, Arora V, Chung G, & Curlin FA (2011) Attention to Inpatients' Religious and Spiritual Concerns: Predictors and Association with Patient Satisfaction, *J Gen Intern Med Nov*; 26(11):1265-7.

Abstract. BACKGROUND: Little is known about how often patients desire and experience discussions with hospital personnel regarding R/S (religion and spirituality) or what effects such discussions have on patient satisfaction. **OBJECTIVE, DESIGN AND PARTICIPANTS:** We examined data from the University of Chicago Hospitalist Study, which gathers sociodemographic and clinical information from all consenting general internal medicine patients at the University of Chicago Medical Center.

MAIN MEASURES: Primary outcomes were whether or not patients desired to have their religious or spiritual concerns addressed while hospitalized, whether or not anyone talked to them about religious and spiritual issues, and which member of the health care team spoke with them about these issues. Primary predictors were patients' ratings of their religious attendance, their efforts to carry their religious beliefs over into other dealings in life, and their spirituality.

KEY RESULTS: Forty-one percent of inpatients desired a discussion of R/S concerns while hospitalized, but only half of those reported having such a discussion. Overall, 32% of inpatients reported having a discussion of their R/S concerns. Religious patients and those experiencing more severe pain were more likely both to desire and to have discussions of spiritual concerns. Patients who had discussions of R/S concerns were more likely to rate their care at the highest level on four different measures of patient satisfaction, regardless

¹³ The Rev. Russell H. Davis, PhD is Professor and Rev. Robert B. Lantz Chair of the Department of Patient Counseling, in the School of Allied Health Professions, Virginia Commonwealth University, Richmond, VA

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of whether or not they said they had desired such a discussion (odds ratios 1.4-2.2, 95% confidence intervals 1.1-3.0).

CONCLUSIONS: These data suggest that many more inpatients desire conversations about R/S than have them. Health care professionals might improve patients' overall experience with being hospitalized and patient satisfaction by addressing this unmet patient need.

FAVORITES/CLASSICS: John Ehman (CPE Supervisor and Convener, ACPE Research Network) I finally found some time to think about all-time classic/favorite studies. I have a few that fall squarely into that category, but since these are likely ones that others have suggested, I'm offering a few additional ones that I believe could be considered seminal studies for research chaplains to build from. I'll assume that you have all of these already, but let me know if you need me to send copies.

First, when I think of a "classic," the study that comes immediately to mind is: Florell, J. L., "Crisis intervention in orthopedic surgery -- empirical evidence of the effectiveness of a chaplain working with surgery patients," *Bulletin, American Protestant Hospital Association* 37, no. 2 (1973): 29-36; reprinted in VandeCreek, L. ed., *Spiritual Needs and Pastoral Services: Readings in Research* (Journal of Pastoral Care Publications, 1995): 23-32. It sets the stage for – and posits the basic questions for – impact studies for chaplains. However, since it didn't really test chaplains' interventions (but rather a pastoral care-like intervention done by a chaplain), maybe the better exemplary study to go with would be: Iler, W. L., Obenshain, D., and Camac, M., "The impact of daily visits from chaplains on patients with chronic obstructive pulmonary disease," *Chaplaincy Today* 17, no. 1 (Summer 2001): 5-11.

Second, yet related to the Iler study, would be: Bay, P. S., Beckman, D., Trippi, J., Gunderman, R. and Terry, C., "The effect of pastoral care services on anxiety, depression, hope, religious coping, and religious problem solving styles: a randomized controlled study," *Journal of Religion and Health* 47, no. 1 (2008): 57- 69. I think that Paul and his colleagues really helped to set an example here for research chaplains through their method and analysis, in addition to the results being significant. This isn't just an article worth considering; it's an article worth analyzing as a model.

Third, I believe that the article that took the significant early coping work of Ken Pargament and Harold Koenig to the next level for chaplains is: Fitchett, G., Murphy, P. E., Kim, J., Gibbons, J. L., Cameron, J. R. and Davis, J. A., "Religious struggle: prevalence,

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correlates and mental health risks in diabetic, congestive heart failure, and oncology patients," *International Journal of Psychiatry in Medicine* 34, no. 2 (2004): 179-196. It's just a wonderful contribution the literature, with so much to inspire chaplain researchers.

Now while the following might not come first to mind, they're not far behind and I think should be counted among the most valuable studies for chaplain researchers to read:

Tartaglia, A., Fitchett, G., Dodd-McCue, D., Murphy, P. and Derrickson, P. E., "Teaching research in Clinical Pastoral Education: a survey of model practices," *Journal of Pastoral Care and Counseling* 67, no. 1 (2013): 5:1-14. It is both a snapshot of where chaplaincy research is and a resource for where it can be helped to go.

Ironson, G., Stuetzle, R., Ironson, D., Balbin, E., Kremer, H., George, A., Schneiderman, N. and Fletcher, M. A., "View of God as benevolent and forgiving or punishing and judgmental predicts HIV disease progression," *Journal of Behavioral Medicine* 34, no. 6 (December 2011): 414-425. Connecting a patient's view of God with medical outcomes indicates a broad and fruitful approach for pastoral care, for teaching pastoral care, and for research into pastoral care.

Abu-Ras, W. and Laird, L., "How Muslim and non-Muslim chaplains serve Muslim patients? Does the interfaith chaplaincy model have room for Muslims' experiences?" *Journal of Religion and Health* 50, no. 1 (March 2011): 46-61. This article raises questions for research around religious/cultural diversity and pastoral education and practice that our chaplaincy organizations very much need to consider.

I would also chime in with a comment about research that I would definitely NOT hold up as "classic," even though it has come classic characteristics: Byrd, R. C., "Positive therapeutic effects of intercessory prayer in a coronary care unit population," *Southern Medical Journal* 81, no. 7 (July 1988): 826-829. This and subsequent studies on remote intercessory prayer (especially the 1999 Harris, W. S., et al. study, "A randomized, controlled trial of the effects of remote, intercessory prayer on outcomes in patients admitted to the coronary care unit," *Archives of Internal Medicine* 159, no. 19, pp. 2273-2278) may be methodologically interesting, but I've never been part of a discussion of research that hasn't been thrown off onto unproductive tangents whenever such research comes up. I think it's a big distraction.

Now I realize that my suggestions for classics only shares one in common with Larry VandeCreek's list in *Spiritual Needs and Pastoral Services: Readings in Research* (i.e., the

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Florell study), and I believe that Larry's listing speaks directly to the idea of "classics." However, I've offered what does come particularly to my mind. I hope this is helpful.

ADDITIONAL RESEARCH RESOURCES AND BIBLIOGRAPIES

Chaplains, CPE Supervisors, and others interested in research in topics relevant to ministry in specialized settings will find these additional resources very helpful.

Spirituality & Health: A Select Bibliography of Medline-Indexed Articles. Each year, since 1999, Chaplain John W. Ehman has published an annual annotated bibliography on spirituality and health.¹⁴ The Bibliography for 2013 was 47 pages long. Prior years are of similar length.

ACPE Research Network.

CPE Supervisor John Ehman maintains the excellent ACPE Research Network website.¹⁵ The home page includes news and announcements. Several sections are worthy of note and excellent resources.

- The Articles of the Month section highlights "articles of special interest not only for researchers but for CPE supervisors and students in general. The articles are intended to encourage discussion among Research Network members and to suggest to CPE supervisors potential resources for research-based article discussions with students." The archives include the Article of the Month as far back as the year 2002.
- Network Newsletters are published 2-3 times per year and have archives available from 2002 to the present.
- Incorporating Research into CPE is a section with links to articles and information useful to CPE programs and supervisors.

¹⁴ <http://www.uphs.upenn.edu/pastoral/resed/bibindex.html>. Chaplain John W. Ehman (john.ehman@uphs.upenn.edu) University of Pennsylvania Health System.

¹⁵ <http://www.acperesearch.net/index.html>