ALLIED HEALTH CARE AND CHAPLAINCY: 
A SCOPING LITERATURE REVIEW

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CONTENTS

Preface 3
Abstract 4
Introduction 4
Purpose & Method 5
Table 1: Literature review search terms and sources of research 5
Results 5
Discussion/Summary 10
Appendix A: Scoping Review Search Strategy - Selection Process 11
Appendix B: Literature and Thematic Coding 12
References 15

*Sections are hyperlinked directly to specific pages
PREFACE

Purpose and Report Focus:

This report presents the findings of a scoping literature review as part of a formal book proposal for Jessica Kingsley Publishers (London) in preparation for the proposed text *Spiritual Care and Allied Health Practice* (Carey & Mathisen, 2018).

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Allied Health Care and Chaplaincy:
A Scoping Literature Review

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Abstract:

Purpose: Very few studies have been conducted describing the interactive relationship that occurs between allied health professional and chaplains. This project aims to assess this relationship and the relevance of its occurrence. Method: An exploratory scoping review was conducted with the purpose of finding key aspects of research, relevant approaches and themes pertaining to the topic of allied health care and chaplaincy. Results: Over 151 Journal articles were found, however only 10 academic papers (n=10) were considered to be of specific relevance to the topic. Conclusion: Articles noting the interactive involvement between chaplains and various allied health care professionals were not easily identifiable. The articles that were obtained focused on the role of chaplains individually and how to better improve their skill within the health care setting, along with the aim of integrating chaplains into a multidisciplinary team. However, the majority of the articles consisted of viewing spirituality in general, and the ways it assists health (e.g., as a coping strategy). Although there was evidence within the literature that individuals within a health setting utilized or benefited from spiritual support, there was limited recognition of collaborations between chaplains and allied health care professionals. The report concludes with recommendations regarding the development of research and resources to increase teamwork collaboration.

Keywords: Allied Health, Chaplaincy, Pastoral Care, Spirituality

Introduction:

Little to no research has been conducted or published on the interaction of chaplains with allied health professionals nor the role that this interaction plays in obtaining quality holistic care. The lack of previous research is partially due to the failure to address or simply overlooking the religious and spiritual needs of clients, and how this ‘need’ is strongly linked to the overall health and wellbeing of the individual. However, a holistic approach to health has been noted to include physical, mental and social well-being and is no longer limited to just the absence of disease (WHO, 2016)—which is why researchers and clinicians have been prompted to look more in-depth at the role that spirituality and religion play in relation to healthcare (e.g., Koenig et al, 2102; Cobb et al, 2012).
Purpose and Method:
This research aimed to investigate the collegial collaboration between chaplains and various allied health professionals. Multiple databases were searched using Arksey and O’Malley’s (2005) exploratory scoping review method with the purpose of finding key aspects of research, plus the relevant approaches and themes pertaining to the topic of allied health care and chaplaincy. The key search terms and strategies utilised for the data search are noted in the Table 1 below:

Table 1: Literature review search terms and sources of research

<table>
<thead>
<tr>
<th>Keywords &amp; Databases: MEDLINE (OVID), CINAHL (EBSCO), Google Scholar</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Search Terms</strong></td>
</tr>
<tr>
<td><strong>Allied Health</strong> AND <strong>Chaplain</strong> AND <strong>Spirit</strong> AND <strong>Pastoral Care</strong></td>
</tr>
<tr>
<td>Or Allied Health Care  Or Holis* Or Relig* Or Spiritual*</td>
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<tr>
<td><strong>P</strong></td>
</tr>
<tr>
<td>P</td>
</tr>
<tr>
<td>Psychologists</td>
</tr>
<tr>
<td>Social Workers</td>
</tr>
<tr>
<td>Paramedics</td>
</tr>
<tr>
<td>Physiotherapists</td>
</tr>
<tr>
<td>Speech Pathologists</td>
</tr>
<tr>
<td>Prosthetists /Orthotics</td>
</tr>
<tr>
<td>Rehabilitation Counsellors</td>
</tr>
<tr>
<td>Osteotherapists</td>
</tr>
</tbody>
</table>

*Note: The asterisks that are used throughout this review indicates truncations*

Results
Key Themes
A total of 151 articles were obtained after undertaking the exploratory scoping review, however upon reviewing the articles it was clear that the majority focused on one aspect (i.e, allied health or chaplaincy) and not the collaboration of the two terms or roles together. Overall, a total of ten academic papers were seen to be relevant to the project and primarily
focused on allied health care and chaplaincy (n = 10; Appendix A). The articles that were acquired and held the most relevance to the topic area, allowed identification of various key themes that appeared throughout several articles. These themes were used to categorize the key literature findings based on the topic (refer Table 2).

<table>
<thead>
<tr>
<th>Thematic code</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Religious/spiritual Integration</td>
</tr>
<tr>
<td>2</td>
<td>Religiosity &amp; spirituality improving quality of life</td>
</tr>
<tr>
<td>3</td>
<td>Chaplaincy as part of a multidisciplinary team professionals</td>
</tr>
<tr>
<td>4</td>
<td>Spirituality and religiosity as a form of coping</td>
</tr>
<tr>
<td>5</td>
<td>Spirituality and cultural diversity</td>
</tr>
</tbody>
</table>

Literature Overview

The ten articles that were obtained and held the most relevance to the topic of allied health care and chaplaincy have been summarised below and are coded according to one or more of the identified themes (refer Table 2; Appendix B).

Clayton-Jones and Kristin Haglund’s (2014) article titled ‘The role of spirituality and religiosity in persons living with sickle cell disease’, focused on sickle cell disease and how the burden of living with this disease may be eased through spirituality and religion. The aim of the review was to collect data from individuals of all age groups in order to formulate a better understanding of the emerging patterns of spirituality and religiosity within the various age groups living with sickle cell. The authors examined 10 articles in order to address spirituality and religiosity in persons living with sickle cell, upon this examination four themes were identified; spirituality and religiosity are a source of coping, enhancing pain management, improving quality of life and influences health care utilization. Individuals and families are also stated within the article to seek the assistance of a chaplain and/or social worker in order to answer any questions or concerns in regards to spirituality and religiosity. The authors clearly state that an integrative approach to care should be utilized and health care staff should consult with other practitioners that are skilled in providing spiritual care such as a pastor, rabbi, or other religious leader. The information gained within this research
highlights the resources that individuals use to cope with their illness; overall the study concludes that gaining an adequate understanding of the impact that spirituality and religiosity have on illness and health will assist in individualizing care.

An article written by De Vries, Berlinger, and Cadge (2008) examined the role of chaplains in healthcare, the support chaplains offer along with the barriers they face. The article is heavily focused on the barriers that chaplains face within the healthcare setting, and the challenges that arise due to the nature of their work. A lack of ‘clear jurisdiction’ regarding their role was one barrier that chaplains faced — the failure to establish a foothold in a health setting often lead to decreased chances of integration amongst other practitioners. Chaplaincy is a profession that is no longer broadly recognised, meaning that often members of a faith can be labelled simply as ‘parish clergy’. This barrier makes it difficult to distinguish chaplaincy as a unique allied health care profession. The authors however provided recommendations when facing these barriers; chaplains must be able to translate the spiritual/pastoral interventions and meaning of their work in order to provide adequate understanding to those outside the chaplaincy profession.

The third article is by Mathisen et al. (2015) titled ‘Religion, spirituality and speech-language pathology: A viewpoint for ensuring patient-centered holistic care’, which explores spirituality and religious belief as part of speech-language pathology practice, an area which has not previously been explored. An array of databases was searched with keywords such as “faith”, “spirituality”, “speech therapy” etcetera, in order to generate articles pertaining to the topic. There was a limited amount of literature with regard to the topic, as few speech-language pathologists appeared to include it in their line of work. The articles stated the reasons as to why religion and spirituality had often been excluded from this field; religion and spirituality are often seen to be outside of their scope of work and there is an unwillingness to approach this field, lack of time and opportunity were also factors that played a major role. To overcome the lack of incorporation of religion and spirituality into this line of work the authors provide various ways to integrate religion and spirituality into the world of speech language pathologist, as the importance of it often goes unacknowledged. Overall, the study stresses the importance of incorporating religion and spirituality into this health setting as the authors argue that it will be in the best interest of the client and their family.
The next study was titled ‘Mapping the literature of healthcare chaplaincy’ by Johnson et al (2013). The article aimed to determine two core elements: (i) The literature of healthcare chaplaincy, (ii) The resources for covering this literature. The article directed its focus on three chaplaincy journals: ‘Journal of Pastoral Care and Counseling’, ‘Journal of Health Care Chaplaincy’, and ‘Chaplaincy Today’. The study noted that chaplaincy as a healthcare discipline is a broad interpersonal field that draws its research, training and education from various health fields, hence why access to a broad range of literature is highly important.

Article five is by Farah and McColl (2008), and is titled ‘Exploring prayer as a spirituality modality’. This paper examines how an occupational therapist whom has a strong sense of faith, can use prayer as a healing process for the client, which then leads the occupational therapist to question what interventions can be used, what tools they could use to address spiritual aspects of their clients and what boundaries need to be considered on regards to legitimate uses of spirituality and prayer in occupational therapy?

The sixth article is a book chapter by Carey (2012) titled ‘Utility and Commissioning of Spiritual Carers’ within the anthology by Puchalski et al. (2012) titled “Spirituality in Healthcare”. Carey’s chapter explores the utility of chaplaincy personnel within the healthcare system. These utilities can be seen through the public service, communication (sending and receiving information), protection and advocacy, being multi-competent and multipurpose in their spiritual care of patients and staff, and lastly by being of economic value to the health care industry and subsequently the community. The chapter also acknowledges that there is serious concern within some Western countries in relation to post-modern health care challenging spiritual care, the value of religion and spirituality but how the role of spiritual carers is regaining some traction. The chapter also explores how the commissioning of spiritual carers and the practice of spiritual care should be taken more seriously and how it should also be supported by the healthcare system and government.

Research article seven is titled ‘A multidisciplinary approach in providing transitional care for patients with advanced cancer’, by Tugey and Lewin (2016). This article explores those patients living with an advanced life – limiting malignancy such as a cancer diagnosis, which has both physical and spiritual impact. The article also explained the role chaplains have within the palliative care team and how they provide spiritual support, addressing faith-
based questions and other questions that arise, which then further details the in-hospital chaplains’ role and how they can collaborate with the patients’ spiritual leader. The article not only talks about the interaction with chaplains and the palliative care team but also the interaction they have with the oncology department and describes how chaplains collaborate between the patient/family and that chaplains can discuss medical treatments as part of a team based approach focusing on patient care and quality of life.

The next study titled ‘Healthy Policy and Well-being: Hospital Chaplaincy’ by Carey, Edwards and Aroni (1997). This chapter explored how religion and health is framed around the acceptance of holistic care including spiritual well-being. The literature also reflects how the role of chaplains seems to be accepted and appreciated by nursing staff, medical practitioner and allied health professions whom have experience with chaplain services. On the other hand, the chapter also states how chaplains need to create more affective interactions with staff due to fundamentally different models existing between clergy (pastoral care model) and health professionals (biomedical model). The main focuses on the research was not only learn which religious and psychosocial roles that were considered by staff to be part of the work of hospital chaplains, but to also discover the staff member's personal value in terms of their own needs for pastoral care.

The article titled ‘Sacred work? Exploring spirituality with therapists working with stroke patients with aphasia’ by MacKenzie (2016) focused on interviewing a speech-language therapist, occupational therapist and a physiotherapist, to talk about their understanding of their professional role with regard to spirituality. Allied health professionals within the stroke ward were interviewed and asked about spirituality and the interventions implemented with individuals undertaking stroke rehabilitation. All three therapists believed it was within their remit to discuss spirituality, however physiotherapists showed some reluctance towards discussing this topic with clients. All three therapists agreed upon the invaluable role that chaplains play and were open to spiritual discussions. Both speech-language therapists and occupational therapists reported having positive interactions and working relationship with the chaplaincy team. However, the physiotherapist believed chaplains were a ‘special sort of help’. Overall the findings concluded that it should be in the health professional’s best interest to enhance the patient’s ability to express all their needs, including the needs that fall under spirituality.
The final study titled ‘What is the distinctiveness of paediatric chaplaincy’? Findings from a systematic review of the literature, by Nash and McSherry (2017). The study included peer and non-peer reviewed journals and books. The article focused on four broad themes (although five could be identified by the current reviewers) based around the interaction between paediatric chaplaincy and their role in dealing with the holistic needs of their patients and their families: (i) relating to and supporting families including palliative end of life and bereavement care, (ii) relating to and supporting children and young people, (iii) chaplaincy as part of a multidisciplinary team and (iv) staff support and [a possible additional theme of (v) self-care of pediatric chaplains. The discussion in summary found that there appeared to be no existing comprehensive distinctiveness about paediatric chaplaincy (from other forms of health care chaplaincy) that can be used to help develop and understand the uniqueness of its ministry. The article also explored what particular training research methods needed to be offered to encourage paediatric chaplains in their work.

Discussion and Summary:

Articles and/or chapters noting the interactive involvement between chaplains and various allied health care professionals were not easily identifiable. The articles/chapters that were obtained focused on the role of chaplains individually and how to better improve their skill within the health care setting, along with the aim of integrating chaplains into a multidisciplinary team. However, the majority of the articles consisted of viewing spirituality in general, and the various ways spirituality can assist with an individual’s health and well-being. Although there was evidence within the literature that individuals within a health setting utilized or benefited from spiritual support, there was limited recognition of collaborations between chaplains and allied health care professionals. Consequently, a recommendation arising from this report is that a much wider review needs to be conducted to more thoroughly explore organizational ‘grey literature’ and that additional research needs to be conducted with regard to the collaboration between allied health staff and chaplains/spiritual carers.
Appendix: A

Scoping Review Search Strategy - Selection Process

DATABASES
MEDLINE (OVID), CINAHL (Ebsco), Google Scholar

151 papers retrieved

121 Papers rejected after abstract appraisal; n = 30

22 papers were rejected after full papers were read.

The articles that were read fully did not seem to specifically address on the interaction between chaplains and allied health care professions in regard to spirituality and religions.

10 Key Literature Articles were used
### Appendix B

**Literature and Thematic Coding**

<table>
<thead>
<tr>
<th>Article</th>
<th>Author/ Year</th>
<th>Key Points</th>
<th>Theme</th>
</tr>
</thead>
</table>
| The Role of Spirituality and Religiosity in Persons Living with Sickle Cell Disease | Dora Clayton-Jones and Kristin Haglund (2014) | - This article explores the role of spirituality and religiosity (S/R) in adults and adolescents living with sickle disease.  
- Four key themes that were discovered in the article:  
  1. Individuals use S/R as a source of coping  
  2. Use of S/R to manage pain  
  3. S/R influence health care utilization  
  4. S/R is sued to improve quality of life.  
- Overall the article concluded that spirituality and religiosity is a key component in coping with sickle cell disease, managing pain and increasing quality of life. | 2, 4 |
| Lost in Translation: The Chaplain’s Role in Health Care | Raymond De Vries, Nancy Berlinger, and Wendy Cadge (2008) | - The article examines the role of chaplains in healthcare and the support they offer.  
- This article also highlights the barriers that chaplains face:  
  1. No jurisdiction: Chaplains fill a void rather than provide a defined service.  
  2. Self-Defining: Deters other health care professionals and the public from viewing chaplaincy as a distinct health care profession.  
These are the only two of the many barriers listed that chaplains continue to face. | 1, 3 |
| Religion, Spirituality and Speech-Language Pathology: A Viewpoint for Ensuring Patient-Centered Holistic Care | Bernice Mathisen, Lindsay B. Carey, Christa L. Carey-Sargeant, Gwendalyn Webb, Cara Jane Millar and Lilli Krikheli (2015) | - This article focuses on the relevance of spirituality and religion in speech pathology  
- Achieving overall holistic care is the aim of this article through spiritual/religious screenings. | 2, 4 |
| Mapping the literature of healthcare chaplaincy | Emily Johnson, Diane Dodd-McCue, Alexander Tartalglia, and Jennifer McDaniel (2013) | - The article aims to determine two core elements;  
  1. The Literature of healthcare chaplaincy  
  2. The resources for covering this literature  
- Citations from three journals were collected and analyzed  
- It was conducted that healthcare chaplaincy is | 5 |
| Exploring prayer as a spiritual modality | Jennifer Farah and Mary Ann McColl (2008) | • This article explores in detail literature review findings which includes how prayer can have a role in healing. This study also includes systematic reviews
  • The studies undertaken also explore the advantages and disadvantages in how prayer plays a role within occupational therapy and how this can have potential threats towards developing client-therapist relationship.
  • Research that was conducted on spirituality/religiosity and health on regards to a direct cause effect of relationship cannot be established.
  • In summary, this article explores the boundaries of how spirituality can have an effect within an occupational therapy practice. |
| The role of spirituality in healthcare | Christina M. Puchalski (2001) | • This article entails there is 3 levels of spiritual care volunteerism.
  1. Voluntary - Idiosyncratic
  2. Voluntary – Organizational by institution
  3. Voluntary – Professional by those professional qualified healthcare practitioners
  • The article also explores the classification of the professional role categories of spiritual carers within chaplains, which also provide examples of multilogue healthcare communication.
  • The article also provides examples of specialist health care areas that utilize spiritual carers which involve chaplains
  • Spiritual care and carers have formed a part of history of health and wellbeing within most health care contexts.
  • The article also explores how communication is vital within the healthcare system and how chaplains are seen to the communications facilitators. Chaplains can also be seen as being a community link between hospitals and faith community groups, schools, government health care services, universities and schools. |
| A multidisciplinary approach in providing transitional care for patients with advanced cancer | Erica M. Tuggey and Warren Harris Lewin (2016) | • This article explores three major themes in regard to adolescents with sickle disease and how it describes their experience with spirituality and sickle disease.
  • Data collected for this research involved a demographic survey and interviews. It further details the various of questions that were asked within the interview that had indicated having religious beliefs. |
<table>
<thead>
<tr>
<th>Publication Title</th>
<th>Authors</th>
<th>Textual Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health Care and Chaplaincy</td>
<td></td>
<td>Results throughout the article had shown that those with sickle disease coped through their connections with others through spirituality and religiosity (Their relationship with God).</td>
</tr>
</tbody>
</table>
| Health Policy in Australia: Chapter 10 - Health Policy and Wellbeing: Hospital Chaplaincy | Lindsay B.Carey, Rosalie Aroni and Allen Edwards (1997) | • This chapter explores how religion and health is framed around the acceptance of holistic care including spiritual well-being.  
• A survey was distributed amongst a population of 789 clinical staff members at the royal children's hospital. Just over 48% of staff had only completed the survey which included 115 doctors, 171 nurses and 95 allied health professionals.  
• The research involved an in depth interview with 51 staff members which had represented an clinical occupation group (25 nurses, 13 allied health professionals and 3 chaplains).  
• From this interview 88% believed that chaplains should be a part of the hospital system. |
| Sacred Work? Exploring Spirituality with Therapists Working with Stroke Patients with Aphasia | Sophie MacKenzie (2016) | • This article explores how therapists such as speech language therapists (SLT), occupational therapists (OT) and physiotherapists among those individuals undertaking stroke rehabilitation  
• Both occupational therapists and speech language pathologists had said they had a good relationship with the chaplaincy and the physiotherapists seem to think that chaplains are a special sort of help.  
• All of the three therapists had given different opinions on what spirituality means to them. |
| What is the Distinctiveness of Paediatric Chaplaincy? Findings from a systematic Review of the Literature | Nash. P and McSherry. W (2017). | • The literature review focuses on four broad themes that is based around experience and chaplaincy. With the key theme being Chaplaincy as Part of a Multidisciplinary Team.  
• The study has shown that pediatrics has been shown or given little attention/acknowledgement within the general health care chaplaincy books.  
• Implementing good practice guidelines is seen as an area that pediatric chaplains  
• It also explores how by having a more systematic approach into the research of Paediatric chaplaincy can help establish the distinctiveness and provide an evidence base.  
• The study suggests that spirituality and spiritual care are central when delivering holistic care. |
References:


