
A Review of Research on Chaplains and Community-Based Clergy in the *Journal of the American Medical Association*, *Lancet*, and the *New England Journal of Medicine*: 1998-2000*

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Based on the content analysis of quantitative research appearing in three medical journals, the authors conclude that, despite the shared ideal of providing spiritual care to patients on the part of physicians and chaplains, there is little attention given in these journals demonstrating and promoting this shared perspective. Suggestions for future research that would focus on this common medicine/religion interface and concern are noted.

Research has shown that religion is a means by which many people deal with illness, and patients say they value the support they receive from hospital chaplains and community-based clergy. Therefore a systematic review was conducted to assess the extent to which the recently published research in major medical journals addressed the role of chaplains and other clergy within the health-care context. Every article published in the *Journal of the American Medical Association*, *Lancet*, and the *New England Journal of Medicine* between 1998 and 2000 was examined and classified as either research or non-research. Research articles were examined further to see if they collected data on chaplains, community-based clergy, or other religious professionals.

Of the 2,385 quantitative research studies published between 1998 and 2000 in the three medical journals that were examined, two included and assessed the role of chaplains, community-based clergy, or other religious professionals, yielding a rate of 1 in 1192.5 articles. By comparison, similar quantitative reviews of the nursing literature have yielded rates closer to 1 in 100. Despite the important service chaplains and other religious professionals provide to people when they are ill, little research about their role

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appeared in the medical journals of our sample. More research in this area could further understanding and improve communication between physicians and clergy and help to enhance partnerships between medical and faith communities to promote health behaviors. Such research also could help explain what issues may prevent strong professional relationships between these groups.

Religious community and spiritual practice are important in the lives of a substantial number of people in the United States. This is reflected by the existence of approximately 500,000 places of worship in virtually every community.¹ A recent issue of the *New England Journal of Medicine* reported that 90% of Americans turned to religion as a coping response after the terrorist attacks on September 11, 2001.² According to a Gallup poll, approximately 70% of Americans are members of a church or synagogue, and 40% attend weekly services. Almost 90% want some form of religious education for their children, and 82% of adults feel a need for spiritual growth in their lives. These rates of religious commitment and involvement have remained fairly constant in the United States from the mid-1960s through the 1990s.³

Given the frequent involvement in religion it is not surprising to find that clergy are front-line mental health counselors for millions of Americans.⁴ The 353,000 Christian and Jewish religious professionals in the United States (4,000 rabbis; 49,000 Roman Catholic priests; and 300,000 Protestant ministers, according to the U.S. Department of Labor)⁵ are among the most trusted professionals in society.⁶ The U.S. Surgeon General's recent Report on Mental Health found that each year one of six adults and one of five children obtain mental health services from either a health care provider, a clergy person, a social services agency, or a school.⁷ There are currently more than 10,000 clergy serving as chaplains in hospitals and other health-care institutions, working closely with medical professionals.⁸ Patients often place high value on interactions with community-based clergy and hospital chaplains, reporting that pastoral visits bring hope, make hospitalization easier, and increase their readiness to return home.^{9,10}

Religion has a vital role in the lives of many people when dealing with illness. Prayer is one of the most commonly used coping mechanisms

¹Martin B. Bradley, Norman M. Green, Dale E. Jones, & MacLynn and Lou McNeil, *Churches and Church Membership in the United States* (Washington, DC: Glenmary Research Center, 1992).

²Mark A. Schuster, Bradley D. Stein, Lisa H. Jaycox, Rebecca L. Collins, Grant N. Marshall, Marc N. Elliott, Annie J. Zhou, David E. Kanouse, Janina L. Morrison, & Sandra H. Berry, "A National Survey of Stress Reactions After the September 11, 2001, Terrorist Attacks," *New England Journal of Medicine*, 2001, Vol. 345, No. 20, pp. 1507-1512.

³George H. Gallup, Jr. and D. Michael Lindsay, *Surveying the Religious Landscape: Trends in U. S. Beliefs* (Harrisburg, PA: Morehouse Publishing, 1999).

⁴Andrew J. Weaver, Linda A. Revilla, & Harold G. Koenig, *Counseling Families Across the Stages of Life: A Handbook for Pastors and Other Helping Professionals* (Nashville, TN: Abingdon Press, 2001).

⁵United States Department of Labor, *Occupational Outlook Handbook* (Washington, DC: Bureau of Labor Statistics, 1998).

⁶Gallup and Lindsay, *op. cit.*

⁷David Satcher, "Mental Health: A Report of the Surgeon General—Executive Summary," *Professional Psychology: Research and Practice*, 2000, Vol. 31, No. 1, pp. 5-13.

⁸Larry VandeCreek and Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare," *The Journal of Pastoral Care*, 2001, Vol. 55, No. 1, pp. 81-97.

⁹Sarah C. Johnson and Bernard Spilka, "Coping with Breast Cancer: The Role of Clergy and Faith," *Journal of Religion and Health*, 1991, Vol. 30, pp. 21-33.

¹⁰Larry VandeCreek and Majorie A. Lyon, "Ministry of Hospital Chaplains: Patient Satisfaction," *Health Care Chaplaincy*, 1997, Vol. 6, No. 2, pp. 1-61.

among persons who are seriously ill, regardless of their age or religious beliefs.^{11,12} A number of studies have shown an inverse relationship between the use of religious/spiritual coping behavior and the expression of negative affective symptoms associated with stress and illness among hospitalized patients.¹³ In a study of seriously ill patients in the hospital, Koenig¹⁴ found that religious resources (prayer, reading scriptures, and leaning on God for support) were the most important factor in helping them deal with their illness, with nearly 90% of patients indicating that they used religion at least moderately as a coping mechanism.

Empirical studies have also shown that people who are conflicted about their faith may be at greater risk for physical and emotional problems. For example, patients who feel alienated from God, feel unloved by God, or believe the devil is at work in their illness are at greater risk for mortality over a two-year period than those who do not.¹⁵ Religious doubt, fears, and guilt have also been linked to depression, anxiety, and lower life satisfaction in a variety of samples.^{16,17}

Studies of patients and physicians in several specialties in the United States^{18,19,20,21,22,23} and the United Kingdom²⁴ have consistently found that both patients and physicians favor incorporating religion/spirituality into medical practices. In a recent survey of medical doctors conducted by the National Opinion Research Center at the University of Chicago, 81% of

¹¹Joyce A. Guillory, Richard Sowell, Linda Moneyham, & Brenda Seals, "An Exploration of the Meaning and Use of Spirituality among Women with HIV/AIDS," *Alternative Therapies in Health and Medicine*, 1997, Vol. 3, No. 5, pp. 55-60.

¹²Mark S. Kaplan, Gary Marks, & Steven B. Mertens, "Distress and Coping among Women with HIV Infection: Preliminary Findings from a Multiethnic Sample," *American Journal of Orthopsychiatry*, 1997, Vol. 67, No. 1, pp. 80-91.

¹³Harold G. Koenig and Andrew J. Weaver, *Counseling Troubled Older Adults: A Handbook for Pastor and Religious Caregivers* (Nashville, TN: Abingdon Press, 1997).

¹⁴Harold G. Koenig, "Religious Beliefs and Practices of Hospitalized Medically Ill Older Adults," *International Journal of Geriatric Psychiatry*, 1998, Vol. 13, pp. 213-224.

¹⁵Kenneth I. Pargament, Harold G. Koenig, & Lisa M. Perez, "The Many Methods of Religious Coping: Development and Initial Validation of RCOPE," *Journal of Clinical Psychology*, 2000, Vol. 56, No. 4, pp. 519-543.

¹⁶Julie J. Exline, Ann Marie Yali, & William C. Sanderson, "Guilt, Discord, and Alienation: The Role of Religious Strain in Depression and Spirituality," *Journal of Clinical Psychology*, 2000, Vol. 56, No. 12, pp. 1481-1496.

¹⁷Harold G. Koenig, Kenneth I. Pargament, & Julie Neilson, "Religious Coping and Health Status in Medically Ill Hospitalized Older Adults," *Journal of Nervous and Mental Disease*, 1998, Vol. 186, No. 9, pp. 513-521.

¹⁸J. Michael Anderson, Linda J. Anderson, & Gerald Felsenthal, "Pastoral Needs and Support within an Inpatient Rehabilitation Unit," *Archives of Physical Medicine and Rehabilitation*, 1993, Vol. 74, pp. 574-578.

¹⁹Timothy P. Daaleman and Bruce B. Frey, "Spiritual Beliefs and Practices of Family Physicians: A National Survey," *Family Practice*, 1999, Vol. 48, No. 2, pp. 98-104.

²⁰John W. Ehman, Barbara B. Ott, Thomas H. Short, Ralph C. Ciampa, & John Hansen-Flaschen, "Do Patients Want Physicians to Inquire about Their Spiritual or Religious Beliefs if They Become Gravely Ill?" *Archives of Internal Medicine*, 1999, Vol. 159, No. 15, pp. 1803-1806.

²¹Andrew Greeley, "Spirituality & Health: A Bubble Burst by The Lancet?" *Spirituality and Health*, 1999, Vol. 2, No. 2, p. 10.

²²Todd A. Maugans and William C. Wadland, "Religion and Family Medicine: A Survey of Physicians and Patients," *Family Practice*, 1991, Vol. 32, No. 2, pp. 210-213.

²³Benjamin Siegel, Andrew J. Tenenbaum, Amber Jamanka, Linda Barnes, Carol Hubbard, & Barry Zuckerman, "Faculty and Resident Attitudes about Spirituality and Religion in the Provision of Pediatric Health Care," *Ambulatory Pediatrics*, 2002, Vol. 2, No. 1, pp. 5-10.

²⁴A. Ward Jones, "A Survey of General Practitioners' Attitudes to the Involvement of Clergy in Patient Care," *The British Journal of General Practice*, 1990, Vol. 40, pp. 280-283.

the practitioners agreed that "better clinical outcomes can result directly from a patient's spirituality." A full 91% agreed that "it is important for doctors to understand the religious beliefs and spiritual practices of their patients," a majority (57%) agreed that their own spirituality could be important in patient care.²⁵

In a study of pediatricians in Boston, 65% felt their faith played a role in healing, 76% were comfortable praying with a patient if asked to do so, and 93% asked patients about their spirituality/religion when discussing a life-threatening illness. Siegel and colleagues²⁶ concluded, "In an urban, inner-city, academic medical center, pediatric residents and faculty have an overall positive attitude toward the integration of spirituality and religion into the practice of pediatrics." In a survey of pulmonary patients at the University of Pennsylvania School of Medicine in Philadelphia, 68% of the respondents indicated that they would welcome a spiritual question in a medical history.²⁷ In a study of 228 British general practice physicians, 72% had a positive attitude toward religion as a resource of help for their patients.²⁸

It seems obvious that medical research literature should examine how physicians, health-care chaplains, and community-based clergy work together to care for patients. Seeking to learn more about their interdisciplinary relationships, the authors reviewed quantitative research on the role of professional chaplains and community-based clergy in three primary medical research journals.

Method

The sample of this study consisted of all quantitative research studies in the *Journal of the American Medical Association*, *Lancet*, and the *New England Journal of Medicine*, published from 1998 through 2000. These publications have a cumulative circulation of 591,042 and were recently ranked as the top three most influential medical journals in print, based upon the extent of their citations in the scientific literature.²⁹ Each article was examined to determine if it contained either descriptive or inferential statistics evaluating an aspect of the work of clergy or other religious professionals. Those that did were classified as quantitative articles. Research on clergy (e.g., chaplains, rabbis, pastoral counselors, parish nurses, parish social workers) published in the three journals was further examined. The analysis was restricted to quantitative research studies to allow the comparisons of findings to other systematic reviews of the literature that examined research on clergy in nursing.^{30,31,32}

²⁵Greeley, *op. cit.*

²⁶Siegel, *et al.*, *op. cit.*

²⁷Ehman, *et al.*, *op. cit.*

²⁸Ward, *op. cit.*

²⁹Thomson ISI, "Essential Science Indicators; ISI Web of Knowledge," [Online Database and search engine]. 2002; retrieved from www.isinet.com/isi/products/esi/index.html.

³⁰Andrew J. Weaver, Laura T. Flannelly, Kevin J. Flannelly, Harold G. Koenig, & David B. Larson, "A Systematic Review of Research on Religion in Three Major Mental Health Nursing Journals: 1991-1995," *Issues in Mental Health Nursing*, 1998, Vol. 19, pp. 262-276.

³¹Andrew J. Weaver, Laura T. Flannelly, & Kevin J. Flannelly, "A Review of Research on Religious and Spiritual Variables in Two Primary Gerontological Nursing Journals: 1991-1997," *Gerontological Nursing*, 2001, Vol. 27, No. 9, pp. 335-340.

³²Andrew J. Weaver, Laura T. Flannelly, Kevin J. Flannelly, Larry VandeCreek, Harold G. Koenig, & George Handzo, "A Ten Year Review of Research on Chaplains and Community Based Clergy in Three Primary Oncology Nursing Journals: 1990-1999," *Cancer Nursing*, 2001, Vol. 25, No. 5, pp. 335-340.

Results

In the three year period from 1998 through 2000, the three medical journals published a total of 2,385 quantitative research studies. Only two of these studies included and assessed the role of chaplains, community-based clergy, or other religious professionals, yielding a rate of 1 in 1,192.5 articles. One study made reference to the role of clergy as mental health counselors among survivors of the Oklahoma City bombing at the Murrah Federal Building in 1995.³³ The second³⁴ offered new, important findings about the role of clergy with seriously ill patients, recently bereaved families, physicians, and other end-of-life care providers. The majority of all four groups who were surveyed saw the importance of meeting with a clergyperson during the end-of-life process. Very few from any group considered seeing a clergyperson as unimportant: 7% of patients, 1% of families, 4% of physicians, and 1% of other care providers. "Coming to peace with God" was the second most important consideration for patients and families, following only "freedom from pain" in importance among nine options.

A comparison of the research from these three primary journals with research in nursing^{35,36,37} demonstrates that the medical journals were much less likely to examine the role of clergy than were nursing journals. For example, in a recent 10-year survey of three primary oncology nursing journals (*Cancer Nursing*, *Journal of Pediatric Oncology Nursing*, and *Oncology Nursing Forum*), it was found that the journals published a total of 568 quantitative research studies.³⁸ Seven of these articles included and assessed the role of chaplains or community-based clergy, yielding a rate of 1 in 81 articles. Six of the seven articles offer valuable new data about the role of chaplains and community-based clergy and how they relate to salient social and clinical issues that affect the care of patients and their families.

A second review of research in two primary gerontology nursing journals, the *Journal of Gerontological Nursing* and *Geriatric Nursing*, during the period from 1991 through 1997, found a total of 276 quantitative research articles.³⁹ Among those, 3 articles (1 in 92) were found on the role of clergy with older adults. In a third survey of research published over five years in three major journals in mental health nursing (*Archives of Psychiatry Nursing*, *Journal of Psychosocial Nursing*, and *Issues in Mental Health Nursing*), a total of 311 quantitative studies were found.⁴⁰ Three of these articles (1 in 104) addressed clergy. In the aggregate, the eight primary nursing journals had 1 in 89 quantitative studies that focused on the role of clergy compared

³³Carol S. North, Sara J. Nixon, Sherly Shariat, Sue Mallonee, J. Curtis McMillen, Edward L. Spitznagel, & Elizabeth M. Smith. "Psychiatric Disorders among Survivors of the Oklahoma City Bombing," *Journal of the American Medical Association*, 1999, Vol. 282, No. 8, pp. 755-762.

³⁴Karen E. Steinhauser, Nicholas A. Christakis, Elizabeth C. Clipp, Maya McNeilly, Lauren McIntyre, & James A. Tulsky. "Factors Considered Important at the End of Life by Patients, Family, Physicians, and Other Care Providers," *Journal of the American Medical Association*, 2000, Vol. 284, No. 19, pp. 2476-2482.

³⁵Weaver, *et al.*, 1998, *op. cit.*

³⁶Weaver, Flannelly, & Flannelly, 2001, *op. cit.*

³⁷Weaver, Flannelly, Flannelly, *et al.*, 2001, *op. cit.*

³⁸Weaver, Flannelly, Flannelly, *et al.*, 2001, *op. cit.*

³⁹Weaver, Flannelly, & Flannelly, 2001, *op. cit.*

⁴⁰Weaver, *et al.*, 1998, *op. cit.*

to 1 in 1,192.5 in major medical journals, making it 18 times more likely to find such research in nursing journals than in medical journals.

Discussion

What accounts for nursing's higher rates of research about chaplaincy and community-based clergy as compared to medicine? First, education may influence nurses' attitudes about spiritual care and the role of chaplains on health-care teams. Nurses are much more likely to receive training in religious/spiritual issues than physicians. For example, in a stratified national sample of 176 registered nurses, more than 6 of 10 indicated that spiritual care issues were addressed to some degree in their training, while 9 of 10 thought that the topic of spiritual care should be addressed in all basic nursing programs.⁴¹ In contrast, until very recently, medical schools rarely offered any course work in religion/spirituality.⁴² Nurses' greater exposure to religious/spiritual issues early in their professional training helps to explain why they are more likely to recognize the role of religion and clergy in empirical research.

Second, nurses in several specialties have high rates of involvement in religious communities, where they are likely to experience the work of religious professionals. In a study of 238 registered nurses in Oklahoma, half attended church weekly and approximately three of four said they were involved in religion.⁴³ A national study of Oncology Nursing Society members found that 65% participated in religious services monthly and 44% did so at least once a week.⁴⁴ These rates of religious involvement among nurses are as high as or higher than the general population of the United States. By contrast, physicians tend to have lower levels of religious involvement than their patients.⁴⁵ In a study of their patients and 146 members of the Academy of Family Physicians in Vermont, the patients were significantly more likely to say they felt close to God (74%) than did the doctors (43%).⁴⁶ A survey of medical faculty members found that 25% had no religious affiliation, compared to 12% of nurses⁴⁷ and 6% in the general public.⁴⁸

A final possible reason for the differences between nursing's and medicine's attention to the role of spiritual care and chaplaincy in medical settings may be the historical influences on each profession. Florence Nightingale, the founder of modern nursing, emphasized spirituality as intrinsic to human experience and viewed spirituality and science as compatible methods of seeking truth.⁴⁹ In contrast, modern medicine, particu-

⁴¹Carole L. Piles, "Providing Spiritual Care," *Nursing Education*, 1990, Vol. 15, No. 1, pp. 36-41.

⁴²Christina M. Puchalski and David B. Larson, "Developing Curricula in Spirituality and Medicine," *Academic Medicine*, 1998, Vol. 73, No. 9, pp. 970-974.

⁴³Karen A. Boutell and Frederick W. Bozett, "Nurses' Assessment of Patients' Spirituality: Continuing Education Implications," *Journal of Continuing Education in Nursing*, 1987, Vol. 21, No. 4, pp. 172-176.

⁴⁴Elizabeth J. Taylor, Madalon Amenta, & Martha Highfield, "Spiritual Care Practices of Oncology Nurses," *Oncology Nursing Forum*, 1995, Vol. 22, No. 1, pp. 31-39.

⁴⁵Harold G. Koenig, Lucille B. Bearon, Margot Hover, & James L. Travis, "Religious Perspectives of Doctors, Nurses, Patients and Families," *The Journal of Pastoral Care*, 1991, Vol. 45, No. 3, pp. 254-267.

⁴⁶Siegel, *et al.*, *op. cit.*

⁴⁷"Politics of the Professoriate," *Public Perspective*, 1991, July-August, pp. 86-87.

⁴⁸Gallup and Lindsay, *op. cit.*

⁴⁹Janet Macrae, "Nightingale's Spiritual Philosophy and Its Significance for Modern Nursing," *Journal of Nursing Scholarship*, 1995, Vol. 27, No. 1, pp. 8-10.

larly the specialty of psychiatry, has been influenced heavily by the views of Sigmund Freud, who saw religion/spirituality as pathological.⁵⁰ Medical students in Virginia report being told that consideration of religion in academic medicine is not appropriate, even when involving such issues as end-of-life care and utilization of prayer by terminal patients.⁵¹ In a study of physicians in the Midwest, about 1 of 5 said they were reluctant to address spiritual issues with patients because peers or medical faculty might think negatively about them.⁵²

Future Research

One obvious area where these three leading medical journals could begin to help explore the role of chaplains and other members of the clergy in medical care, is their involvement in issues associated with grief, loss, and death. Clergy are often sought for counsel in situations associated with grief and loss, such as personal illness, or injury, a change in the health of a family member, or the death of a spouse, close family member or friend.⁵³ In a national survey of more than 1,200 adults, 89% said that if they were facing their death they would find comfort in "believing in [the] loving presence of God or [a] Higher Power," and 71% said they would be comforted by a visit from a clergyperson.⁵⁴ According to the National Funeral Directors Association, clergy officiate at an estimated 1.5 million memorial or funeral services annually in the United States. This means that each year clergy have contact with millions of Americans who have lost friends and family.

Moreover, research confirms that spiritual care is valued by patients facing death and by their loved ones. When 231 patients with end-stage cancer were asked what maintained their quality of life, "their relationship with God" was the most frequent answer chosen among 28 alternatives.⁵⁵ Other research in California⁵⁶ and Great Britain⁵⁷ on individuals grieving the death of a family member or very close friend has found that there is a strong link between one's ability to make sense of the loss through religious beliefs and practice and positive psychological adjustment.

Rabbis, priests, imams, and ministers have unique expertise and are in a position of trust that can assist physicians in offering the spiritual care that patients seek, thereby enhancing the patient-centered care advocated by

⁵⁰Sigmund Freud, *Future of an Illusion* (London: UK: Hogarth, 1960).

⁵¹Thomas Mulligan and Carlos R. Ortiz, "Must Physicians Ignore God?" *Journal of the American Geriatric Society*, 1995, Vol. 43, No. 8, p. 944.

⁵²Mark R. Ellis, Daniel C. Vinson, & Bernard Ewigman, "Addressing Spiritual Concerns of Patients: Family Physicians' Attitudes and Practices," *Family Practice*, 1999, Vol. 48, No. 2, pp. 105-109.

⁵³Weaver, Revilla, et al., *op. cit.*

⁵⁴George H. Gallup, *Spiritual Beliefs and Dying Practices* (Princeton, NJ: The George Gallup International Institute, 1997).

⁵⁵Susan C. McMillan and Michael Weitzer, "How Problematic are Various Aspects of Quality of Life in Patients with Cancer at the End of Life?" *Oncology Nursing Forum*, 2000, Vol. 27, No. 5, pp. 817-823.

⁵⁶Christopher G. Davis, Susan Nolen-Hocksema, & Judith Larson, "Making Sense of Loss and Benefiting from the Experience: Two Construals of Meaning," *Journal of Personality and Social Psychology*, 1998, Vol. 75, No. 2, pp. 561-574.

⁵⁷Kiri Walsh, Michael King, Louise Jones, Andrian Tookman, & Robert Blizard, "Spiritual Beliefs May Affect Outcome of Bereavement: Prospective Study," *British Medical Journal*, 2002, Vol. 324, pp. 1551-1554.

modern medicine.⁵⁸ Unfortunately, when Flannelly and colleagues⁵⁹ recently analyzed data collected over a 3-year period on referral patterns at Memorial Sloan-Kettering Cancer center, less than 3% of the referrals from hospital staff were from medical doctors, compared to 82% made by nurses. Similar findings were reported by researchers at Duke University Medical Center where 88% of referrals came from nurses and 8% from doctors.⁶⁰

In a survey of 231 Missouri family physicians, nearly all (96%) thought spiritual well-being was an important health component and 86% thought hospitalized patients with spiritual questions should be referred to chaplains.⁶¹ Despite these beliefs, most physicians rarely discussed spiritual issues with patients and few referred hospitalized patients to chaplains. Only 1 in 5 of the family physicians surveyed made regular referrals to hospital chaplains or community clergy, and similar findings have been reported among general practitioners in Great Britain.⁶²

These findings highlight the need for research that will help enhance partnership between medical and faith communities to promote health behaviors as well as to help better understand and improve communication between physicians and clergy. Research could help explain what issues prevent strong professional relationships between these groups.^{63,64}

In summary, physicians, chaplains, and community-based clergy share an interest in compassionate, patient-centered care that gives appropriate attention to the religious and spiritual resources of patients and their family members. As this review demonstrates, three influential medical journals have given little attention to this shared interest or how these professionals can work together. More research needs to be done to further clarify how collaborative efforts can be improved to promote quality spiritual care for patients. *✠*

⁵⁸C. Laine and F. Davidoff, "Patient-Centered Medicine: A Professional Evolution," *Journal of the American Medical Association*, 1996, Vol. 275, No. 2, pp. 152-156.

⁵⁹Kevin J. Flannelly, Andrew J. Weaver, & George F. Handzo, "A Three-Year Study of Chaplains' Professional Activities at Memorial Sloan Kettering Cancer Center in New York City," *Psycho-Oncology*, 2003, Vol. 12, No. 8, pp. 760-768.

⁶⁰Koenig, *et al.*, 1991, *op. cit.*

⁶¹Ellis, *et al.*, *op. cit.*

⁶²Ward, *op. cit.*

⁶³Greeley, *op. cit.*

⁶⁴Maugans and Wadland, *op. cit.*