

Editorial

The Past, Present, and Future of Chaplaincy Research

This issue of the *Journal* contains two extensive, complementary reviews of chaplaincy research in the United States. The first review discusses chaplaincy within the context of clinical practice and the broader context of research on spirituality and health. It explains the need for making chaplaincy a research-informed profession in order to establish best-practices for chaplains within holistic models of care, including palliative care. By extension, it encourages chaplains as the primary spiritual care professionals on the health care team to become more involved in research on spirituality and health.

The review describes and critiques studies on patients' spiritual needs, the degree to which they are met, the activities of chaplains (including referrals to chaplains), patient satisfaction with chaplaincy services, and the efficacy of chaplain interventions; the last of which are very few in number. As the review points out, the existing research does not sufficiently describe the nature of spiritual care provided by chaplains, nor how it differs from spiritual care provided by other health professionals. Most importantly, past research has failed to show that chaplaincy care contributes to positive health outcomes.

The authors call on future chaplaincy research to provide better definitions of spirituality, spiritual care, and chaplaincy practice. Moreover, their analysis of current research indicates that more studies are needed on spiritual assessments, chaplain interventions, and the connection between them, as well as, the effect of specific chaplain interventions on patient satisfaction and health outcomes.

The second review focuses on U.S. chaplaincy research published between 2000 and 2009, but it covers a wider range of topics directly related to chaplaincy. In addition to briefly describing close to 50 studies, the review assesses the methodology employed in these studies, based on a number of criteria. It also evaluates the progress made in the field over the past three decades with respect to methodological sophistication. Areas of progress include reporting of response rates, and the use of inferential statistics and statistical controls. Yet, progress still needs to be made in these and other areas, including better response rates, increased sample sizes, and the use

of random sampling and multivariate statistical analyses. In addition, the authors strongly recommend that future chaplaincy research make greater use of hypothesis testing and experimental designs.

This issue of the *Journal* also contains a guest editorial by Daniel H. Grossoehme, DMin., BCC, who has done extensive qualitative research on religion, spirituality, and health. In it, Dr. Grossoehme proposes that chaplains should view research as an element of their clinical practice. I think he makes a compelling case and I hope, and believe, his editorial will inspire more chaplains to become involved in research in the future.

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