



Chaplaincy, Cancer, Aged Care and COVID-19

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Abstract

Four key topics are explored in this second issue of the *Journal of Religion and Health* for 2022. Following a condemnation of the Russian invasion of Ukraine, (1) the lead topic for this issue forms a special section regarding contemporary chaplaincy, which is followed by (2) ongoing research concerning cancer, (3) aged care and finally (4) the continuing response to COVID-19. Previous issues of *JORH* have presented various articles related to these topics before; however, this particular collation provides a resourceful anthology.

Keywords Chaplaincy · Cancer · Aged care · Religion · Spirituality · COVID-19 · Ukraine

Introduction

At the time of writing this editorial, the world is still suffering the biological, psychological, social and spiritual damage caused by COVID-19 (see “COVID-19” section). Yet, the Russian military, rather than assisting to alleviate any pandemic suffering, has taken advantage of this global milieu by invading their sovereign neighbor Ukraine (albeit unlawfully according to international law), and thus regressing the world to a twentieth-century military and humanitarian catastrophe similar to WWII. Worse still, and ironically, the Russian slaughter and maiming

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of Ukraine citizens took place during the Para-Winter Olympics (March 4–12, 2022)—a world event to encourage peace, diplomacy, equity and diversity (Bengel, 2022).

Dutta (2022) speculates that like the dogmatic fervor and conquests of Saint Vladimir the 1st,¹ one of the many reasons for this current military exploitation is religious aspirations—that is, to fully reverse the Marxist–Lenin–Stalin failed Soviet Union by attempting to make Russia ‘great again’ through reclaiming the religious, historical and strategic territory of Ukraine. Whatever the reasons, the consequences, have been horrendous for many Ukrainian Orthodox and Ukraine citizens of other faiths (e.g., Protestants, Catholics, Muslims, Buddhists, Jews, Sikhs and Hindus). Thus far it would seem that the invasion has possibly breached various international laws of armed conflict (LOAC: e.g., ‘disproportionate’ violence—that is, ‘laying to waste’ land and resources, plus the eradication of people from their homeland for purely political/military advantage—as well as the deliberate ‘targeting of civilians’ and unnecessary suffering of humanity). Frank Peeters, Springer Nature CEO, states:

Springer Nature condemns the Russian invasion of Ukraine. Our thoughts are with all those affected by the unfolding situation across the region. We join the call for a ceasefire and the return to peace. Peace is one of the UN’s Sustainable Development Goals and a prerequisite for human progress. As an academic and education publisher dedicated to building bridges of understanding, we are shocked and saddened by an act which is designed to drive people apart. We are concerned for our impacted staff as well as the teachers, authors and researchers with whom we interact in the region. We are offering assistance where we can and have contributed to the UN’s refugee appeal (UNHCR) as the humanitarian crisis grows (Peeters, 2022).

The topics within this issue of *JORH* seem completely remote to the needs of the Ukrainian people who (at the time of this writing) are besieged, but we look forward to the day when *JORH* once again receives submissions from Ukrainian authors, researchers and reviewers, whether it be from their homeland or a new diaspora.

Chaplaincy

At a time when the world needs pastoral and spiritual care more than ever, this issue of *JORH* commences with a special section regarding chaplaincy, with a focus upon the role, interventions and utilization of chaplains. While religious chaplaincy in Ukraine was previously forbidden under the Soviet Union, since 2004 Ukraine has maintained chaplains serving in both health care and within the armed forces of

¹ Saint Vladimir or ‘Vladimir The Great’ (956–1015 AD) was Prince of Novgorod, Grand Prince of Kiev and ruler of Kievan Rus from 980 to 1015. Originally, a follower of Slavic paganism, Vladimir converted to Christianity in 988. Vladimir is credited with converting Belarus, Ukraine and Russia to Christianity—all claim Kievan Rus’ as their cultural ancestors.

Ukraine. This issue focuses upon the role, interventions and utilization of military, paramedic and healthcare chaplains within Western countries, which is subsequently followed by a diverse range of chaplaincy/clergy topics.

Firstly, this section commences with Katie Tunks Leech et al. exploring (i) the role and value of chaplains in an Australian ambulance service from the perspective of paramedics. These paramedic perspectives highly value the proactive and reactive support provided by ambulance chaplains, regardless of the paramedics' personal spiritual or religious beliefs. Likewise, (ii) Aiken's research exploring Australian chaplaincy support of healthcare staff at a Women's and Children's hospital in Adelaide, also confirms the important place of chaplaincy, particularly with regard to chaplaincy presence, professional conduct and relational support for healthcare staff. Also, (iii) an article from Poland discusses how chaplains and other spiritual carers are often overlooked and not given credit for the considerable work that they have done and are still doing during COVID-19: 'We are also here': Spiritual care practitioners' experiences of the COVID-19 pandemic.

Another chaplaincy topic is that of moral injury. Moral injury formed a special section in an earlier issue of *JORH* (60:5) and is discussed in detail in a previous editorial (Carey et al., 2021a). The present issue explores (iv) moral injury research by Hodgson et al., with a particular reference to betrayal and retribution experienced by Australian military veterans on demployment. It affirms the substantial role that chaplains can have in the rehabilitation of military veterans suffering a moral injury using a developing method called 'pastoral narrative disclosure' (PND). A paper by Fleming (v) on 'complex moral injury' (C-MI), distinct from 'standard moral injury' (S-MI), highlights the challenges of understanding moral injury and affirms the potential role of chaplains. Likewise, an international review by Jones and Phelps et al. (vi) on 'moral injury, chaplaincy and mental health provider approaches to intervention', details a variety of tested treatment programs for addressing moral injury—by clinicians and chaplains.

Chaplaincy Utilization

Another valuable chaplaincy submission (vii) by White and Fitchett et al. from the USA considers the utilization of chaplains within an acute care setting. It confirms the active involvement of chaplains providing care, but the decision making of who receives that care, is likely to be influenced/biased by healthcare staff. Thus, preferential spiritual care is often 'triaged' to those patients having a religious affiliation and/or prioritized to those of high care need. This suggests that other patients (e.g., non-religious/non-critical) may receive limited spiritual care or completely miss out on the benefit of a chaplaincy referral—even if the patient wanted spiritual care. There is clearly a need for systematic, reliable and valid screening of patients for spiritual needs, but perhaps there is also a need to further educate clinical staff about chaplaincy.

In alignment with White et al.'s research, other research (viii) by Tad et al. considers 'The religious and spiritual needs of patients in the hospital setting'. They note that patients with no religious identity were just as likely to want a religious/

spiritual (R/S) conversation as those having a religious identity. Also, those with no R/S identity were more likely to report presumed negative assumptions about their R/S needs by hospital staff. The researchers conclude that even for a non-religious population, it is important to consider religious/spiritual needs. The authors affirm the utility of both healthcare providers and chaplains in identifying the spiritual needs of patients and providing appropriate care.

In concert with the previous articles noting the role of chaplains in health care, (ix) Elizabeth Sager suggests the need for greater collaboration between medical professionals and chaplains. She identifies there is a lack of shared charting between healthcare professionals and chaplains that prevents information during conversations from being incorporated into treatment: ‘This can create a detrimental disconnect between uncovered spiritual needs and any acknowledgment by relevant medical professionals.’ Sager argues that trust in the patient–physician relationship can be strengthened through discussions of spiritual needs and that chaplains are professionals well-equipped to provide more in-depth spiritual care.

An article (x) by Layson et al. also considers the utilization of chaplains—except within a military setting. Their review occurs in light of the Western cultural milieu where some have argued that having faith-based chaplaincy limits the utilization of chaplaincy in populations with high rates of ‘no religion.’ However, according to Layson et al., the premise purported by some that ‘non-religious people do not utilize religious chaplaincy within the military’—does not seem to be completely accurate, or at least lacks evidence within the extant refereed literature. Layson et al.’s review acknowledges that there are a number of ‘enablers’ and ‘barriers’ for people utilizing religious chaplaincy within the military, which need to be recognized. They report, however, that there is little evidence that religiosity forms a substantial barrier to chaplaincy utilization within the military, other than for those who may lack awareness of what a chaplain is or does. Instead, other factors, such as a lack of availability/access, negative experience with individual chaplains or insufficient integration/recognition of chaplaincy in other military support services, pose a much more significant barrier to chaplaincy utilization than religiosity. Importantly, enablers for utilizing chaplains were found among those who have high acuity distress, are part of minority groups, or have had positive experiences with chaplains. Predominantly, the refereed literature indicates that traditional religious chaplaincy within the military remains very much valued, and indeed, non-religious military personnel will utilize military religious chaplaincy if it is available/accessible.

Diversity

Finally, other diverse topics relating to chaplains and community clergy are presented within this issue. These articles cover: (xi) approaches to occupational vocal health among community faith leaders and how chaplains/clergy should and can care for their voice, (xii) seminary students health beliefs, behaviors and barriers, (xiii) empathy and cognitive processing as factors determining the consequences of secondary exposure to trauma among Roman Catholic clergymen, (xiv) well-being and help-seeking among Assemblies of God ministers in the USA, (xv) the development

of guidelines for the inclusion of spirituality and spiritual care in Unani Tibb practices in South Africa, (xvi) human health and Christianity in the context of the dilemma of forgiveness and lastly (xvii) typologies and meanings of prayer among patients—who prays, to whom, for whom, for what, when, where, why, using pre-specified language or spontaneous, consciously planned or not, with what expectations and outcomes, what to call it, and prayed in what social contexts. These data have implications for future research, clinical practice of physicians, nurses, chaplains and other allied healthcare providers and patient education.

Cancer

Previous editorials within *JORH* (59:6 and 60:4) have considered the increasing prevalence of cancer globally, which numerically (in terms of both mortality and economics) far outweighs the cost of COVID-19 (Carey, 2020; Carey, 2021b). As noted previously by the *JORH* editors, ‘It can be argued that the two main inhibitors regarding the prevention and treatment of cancer are a lack of government commitment and inadequate research funding. If only nations would enthusiastically seek a solution for cancer as earnestly as a vaccine for COVID-19’ (Carey, 2020, p. 2668).

A wide range of topics on cancer have been covered in this issue, namely: (i) developing faith-based health promotion programs that target cardiovascular disease and cancer risk factors, (ii) the relationship between learning needs and fatalism tendency in women who have a relative with breast cancer, (iii) beliefs and perceptions about cancer diagnosis and treatment-seeking and decision-making behaviors among Omani patients with cancer, (iv) religion and spirituality in oncology: an exploratory study of the communication experiences of clinicians in Poland, (v) the relationship between spirituality and hopelessness among cancer patients in Turkey, (vi) religion in meaning making and coping among a group of black prostate cancer patients in South Africa, (vii) Hercules and cancer: a metaphorical attempt to beat mortality, (viii) Theravada Buddhism and Roman Catholicism on the moral permissibility of palliative sedation, (ix) the mediating effect of optimism and depression on the relationship between Muslim religiosity and death anxiety among cancer patients in Pakistan, (x) the mediating role of hope in the relationship between religious orientation and death anxiety in Iranian Muslim patients with cancer, (xi) nursing students’ perspectives on cancer through metaphors in Turkey, and finally, (xii) a qualitative study by Piret Paal and her international team exploring ‘socioculturally and medically appropriate palliative care’.

Aged Care

Two previous sections and editorials of *JORH* have considered the importance of caring for the elderly (Carey, 2020; Carey et al., 2021c). To put it simply, people are living longer and, given the decline in birth rate, humanity is experiencing

‘population aging.’ As summarized by World Health Organization epidemiologists (WHO, 2021):

- Between 2015 and 2050, the proportion of the world’s population over 60 years will nearly double from 12 to 22%.
- By 2020, the number of people aged 60 years and older will outnumber children younger than 5 years.
- By 2050, 80% of older people will be living in low- and middle-income countries.
- The pace of population ageing is much faster than in the past.
- All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.

This issue of *JORH* considers (i) the meaning and role of spirituality for older adults in Turkey, (ii) the effect of perceived social support on self-care agency and loneliness among elderly Muslim people in Turkey, (iii) the spiritual needs of Muslim elderly living in nursing homes in Iran, (iv) transcendence as the most important spiritual need of Muslim older adults in Iran, (v) the religiousness and quality of life among older adults of different ethnic groups in Malaysia, (vi) the impact of religious activities on quality of life and cognitive function among elderly people in Malaysia, (vii) subjective experiences of Alzheimer’s disease in a Pakistani cultural context, (viii) an analysis of the relationship between religiosity and psychological well-being in Chilean older people, (ix) the views of Aotearoa/New Zealand adults over 60 years regarding the ‘End of Life Choice Act 2019’, and lastly (x) whether religiousness is associated with better lifestyle and health among Danes.

COVID-19

As noted earlier, and emphasized in previous issues of this journal, COVID-19 continues to be a public health, geo-political, psychological, social and spiritual challenge (WHO, 2022). Even with the advent of multiple vaccines, COVID-19 still continues to have an impact upon everyday life activities.

Within this issue are (i) a multinational comparison regarding religiosity and COVID-19, (ii) spiritual coping strategies held by emergency department nurses and emergency medical staff in Iran, (iii) how religious beliefs of Tibetan Buddhists relate to COVID-19 public health guideline compliance, (iv) the mediating effect of religiousness in the relationship between psychological resilience and fear of COVID-19 in Turkey, (v) the effect of the COVID-19 crisis on the relationship between hopelessness, loneliness and spiritual well-being among patients with type 1 and type 2 diabetes in Turkey, (vi) the importance of spiritual consumption, religious expression and subjective well-being among Christians in the USA during COVID-19, (vii) the role of religiosity and the human papillomavirus vaccination during COVID-19 in the USA, and finally (viii) a recognition that belongingness is a mediating factor between religious service attendance in the USA and reduced psychological distress during COVID-19.

Call for Papers

The *JORH* editors would welcome submissions regarding ‘Judaism’ and/or ‘Suicide.’ Researchers who would like to make submissions on these topics, please e-mail one of the editors as soon as possible. Submissions are made through the Editorial Manager on the *JORH* Web site: <https://www.springer.com/journal/10943/submission-guidelines>.

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Declarations

Conflict of interest Three Editors (LBC, HGK and CA) of *JORH* 61(2) specialize in chaplaincy and are authors/co-authors of articles in this special issue.

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