All of the articles in this edition of the journal emanate from the ‘Research Informing Practice’ Conference held in Perth, Scotland in June 2011. They illustrate the diversity, passion and commitment of chaplains from across the UK and beyond, to explore and articulate who they are and what spiritual care is all about.

The impact of spiritual care on the families of children with chronic illness; on patients who are in exile, or in danger of losing hope; on children who need to have a relevant language to speak; on those living in the darkness of spiritual pain and bereavement; the impact and influence of spiritual care emerges in each and every article. And throughout the research makes demands: challenging the personhood and identity of chaplains themselves.

This is exciting to see: so much critical energy and innovation. I have no doubt that if you take your time to engage in the following pages you will be inspired to ask how research may inform your own practice. Quality research allows chaplains to be more competent, confident and capable of delivering spiritual care in the complex world of contemporary healthcare.

From the conference chair, Derek Fraser offers a helpful historical perspective on the development of spiritual care research in the UK. His succinct summary of the twists and turns draw his audience towards the crucial question which underlies all our thinking and pondering. Why do we do what we do in the way that we do it? This is the crux of the matter. Encouraging participation in spiritual care research he states that ‘spiritual care can stand the rigors of academic, scientific scrutiny and therefore we ought to engage meaningfully with the field’.

Arriving from the US, Daniel Grossoehme describes from the perspective of the three monotheistic faiths, a theological base for research in healthcare chaplaincy. The standards, policies, guidelines and protocols of spiritual care will benefit from critical conversations with faith and belief communities. Judaism has the tenet of tikhnun olam - to repair the world. Efforts to repair the world are mitzvot - acts of human kindness rooted in commandments. Christianity sees research following from theologies of creation, justice, and revelation. Creation was given into the hands of humanity to care for; stewardship, including the stewardship of time, is a Christian responsibility. Research literacy can help chaplains be good stewards of their time. And thirdly, Islam has a long tradition of science, often conveniently forgotten during times of violence in our country. Narratives of the Prophet Mohammed’s words and actions, known as hadith, speak directly to the relationship between science and faithfulness in Islam. The hadith include, “Seek for science, even in China,” and, “The seeking of knowledge is obligatory for every Muslim.” He then offers a comparative picture of where spiritual care research currently stands in the United States.

Moving from theology to research Daniel Grossoehme presents a series of research studies in the US undertaken with parents of children who have either cystic fibrosis or sickle cell disease. Parents of children with cystic fibrosis use religion to make meaning of their experience. Two spiritual constructs, religious coping and sanctification of the body, are related to aspects of treatment compliance by parents of children with cystic fibrosis. He concludes that chaplains are in a unique position to help parents draw on religious or spiritual beliefs, to offer alternative perspectives on negative religious coping styles, and to interpret the importance of spirituality to the health care delivery team. As healthcare chaplains become more and more integrated into multidisciplinary teams in the community, in acute and in specialist settings they need to be able to define and differentiate their unique role, so that there is a creative interface with all healthcare professionals.
Drawing on a deeply personal encounter, which triggered a substantive piece of research, Steve Nolan offers a fascinating insight of how chaplains ‘presence’ or ‘being-with’ a patient can help the patient avoid despair and reconfigure hope. He describes presence in four ways – evocative, accompanying, comforting and hopeful – and shows how coming close to patients just at the point when they risk losing hope can be transformational. The primary work in chaplaincy is on ourselves – to open ourselves to authentic living in the face of dying – which means, perhaps that the most significant tool in chaplaincy is not religious knowledge or liturgical but ‘myself’, ‘my presence’, ‘my being-with’.

Alister Bull presented insights from a spiritual assessment tool research project conducted with school-aged paediatric inpatients. The outcomes of this research offer an age-appropriate construct called “connectedness” to replace the concept of spirituality. This is ground breaking research. The first professional presentation of these findings, and clearly they have implications beyond paediatric chaplaincy. Healthcare chaplains need to develop a language of spiritual care which everyone can understand and this is an ambitious and pioneering initiative.

Ian Stirling illustrates the process by which a clinical ‘hunch’ about what triggers spiritual pain, can through an audit project improve clinical practice and then illustrates how research takes the evidence one step deeper and provides the basis on which best practice can be founded.

The world of research, says Mark Newitt, can seem a daunting place yet, with their ability to listen and interpret stories, it is a world that chaplains are well equipped to navigate. As encouragement to other chaplains to consider beginning a research journey of their own the article traces his journey to undertaking research with bereaved parents. While there were hurdles and obstacles to negotiate he notes how these actually helped him to develop his thinking on various chaplaincy issues.

In the final main article, John Watts, argues that biographical disruption is a normal feature of chronic illness. Evidence for spiritual disruption is being gathered in Watts six year study of kidney patients at Guy’s. This theological reflection looks at the scriptural roots of disruption stories in Old Testament, and relates this to the exile of faith in the contemporary scene. Theological anthropology describes disruption as a consequence of sin; narrative theory seeks to include disruption within an augmented narrative plot. Spiritual disruption is a story rarely recounted within the culture of faith groups that prefer faith to be well ordered and stable. Testimony places a burden on hearers, who may edit out disruptive stories. But disruption may also be a gateway to spiritual growth and faith work – creative and innovative theological thinking which situates pain and illness within the life world of faith, and finds that God is present and accessible to the believer in this new world.

I am really excited to hear the voices of those who together are exploring, articulating and evaluating the delivery of spiritual care. I am grateful to Ewan Kelly whose visionary leadership is energising and bringing together key players from across the world to raise awareness and raise the bar in the delivery of spiritual care.

I hope that you enjoy discovering the rich resources in the following articles and that you are challenged to take spiritual care forward in your own context.