2022

Factors influencing military personnel utilizing chaplains: A literature scoping review

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This article was originally published as:
Layson, M. D., Leach, K. T., Carey, L. B., & Best, M. C. (2022). Factors influencing military personnel utilizing chaplains: A literature scoping review. *Journal of Religion and Health, 61* (2), 1155-1182.

Original article available here:
https://rdcu.be/cOlPF

Layson, M.D., Leach, K.T., Carey, L.B., & Best, M.C. (2022). Factors influencing military personnel utilizing chaplains: A literature scoping review. *Journal of Religion and Health, 61*(2), 1155-1182. https://doi.org/10.1007/s10943-021-01477-2

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Factors Influencing Military Personnel Utilizing Chaplains:

A Literature Scoping Review

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Ethics: This research did not require the use of humans or other animal subjects and therefore was not subject to research ethics approval.

Conflict of Interest: ML, KTL, and LC have served as chaplains. MB declares no conflict of interest.

Factors Influencing Military Personnel Utilizing Chaplains: A Literature Scoping Review

Abstract

Chaplains have been embedded in military settings for over a millennium. However, in recent years, the decline in spiritual/religious (S/R) affiliation of military personnel across Western cultures has led to some commentators questioning the utilization of religious chaplains by defence personnel. This scoping review aims to map the literature on S/R and non-S/R factors that influence utilizing military chaplains. A systematic scoping review using Arksey and O'Malley (2003) and Joanna Briggs Institute scoping review methodologies (JBI, 2021), revealed a total of 33 articles meeting the inclusion criteria. Results fell into three broad categories: (i) how personal religious views influence utilization of military chaplaincy; (ii) barriers and enablers to personnel utilizing military chaplains; and (iii) the impact of chaplaincy. Despite the current reduction in religiosity in Western society, findings from this scoping review suggest there is little evidence that low religiosity forms a significant barrier to utilizing chaplaincy services provided by ministers of religion. Further, the literature revealed that chaplains provide trusted, confidential, holistic support for military personnel that if removed would leave a substantial gap in staff wellbeing services.

Key Words: Military Chaplains, Chaplaincy, Religion, Spirituality, Secularism

Introduction

Chaplaincy, and particularly military chaplaincy, dates back to the legend of Saint Martin of Tours (316-397 A.D.), one of the most renowned and celebrated Christian clerics across Western Europe. When serving as a Roman officer he kindly divided his military cape to aid a transitory beggar who was dispossessed of home and heritage; an act of kindness that inspired Martin to undertake considerable community and ecclesiastical work. The Latin word for cape (cappella) subsequently became the etymological root of religiously inspired and affiliated chapels and chaplains (Farmer, 2011). Today chaplains, of various religious faiths and denominations, are commissioned and utilised across a wide range of private and public settings such as schools, universities, hospitals, prisons, courts, corporations, emergency services, and the military (Cahill, 2017).

The broad utility of chaplaincy has also been acknowledged internationally in terms of chaplains (i) providing a public service to the community/organisations, (ii) being a community and/or organizational communication facilitator, (iii) providing advocacy, (iv) being multi-competent professionals with diverse skills, (v) and being of economic benefit to organisations by providing spiritual care interventions which can alleviate personnel conflict, expedite decision making, as well as reducing stress and staff absenteeism (Carey et al., 2018).

The public perception, however, regarding the role and value of chaplains has been influenced by many Western countries experiencing declining religiosity[1]. In the Australian context, 100 years ago 96.91% of Australia identified as being Christian while 'no religion' made up just 0.38% of the population (Australian Bureau of Statistics, 1921). Currently, those identifying as having some kind of religious affiliation in Australia comprise a majority (60.4%) while those declaring 'no religion', while a minority (30.1%) have been increasing (See Table 1) (ABS, 2017; Pew Research Centre, 2015).

*[Copy-Editors - **Insert Table 1** about here -]*

Nevertheless, global statistical projections indicate a gradual increase in religious affiliation for most world religions – particularly Islam and Christianity (see Table 2)[2]. Those 'unaffiliated' – having no religion - are also projected to initially increase, although not as greatly as those of religious persuasion, and indeed the 'unaffiliated' are projected to decline

[1] Religiosity: The actual practice or expression of one's religious beliefs with respect to (i) objectifying a deity, (ii) the utilization of sacred texts, (iii) enactment of religious rituals, and (iv) committed engagement with a religious organization and/or community. (Definition based on Mol, H. (1976). *Identity and the sacred: A sketch for a new social-scientific theory of religion*. Basil Blackwell.

[2] Changing Global Religious Landscape (2015-2060): At the current rates of increase/decrease in global religious affiliation, it is projected that Islam, Christianity, Hinduism, Judaism, various Folk Religions will remain stable or continue to slightly increase numerically and, correspondingly, as a percentage of world population. However Buddhism and other minority spiritual groups are projected to decline (see Table 2).

as a percentage of world population by 2060; i.e., 2015: 16% vs 2060: 12.5% of world population growth (see Table 2).

*[Copy-Editors - **Insert Table 2** about here -]*

Secularisation

Nevertheless, increasing 'secularisation' continues to be acknowledged across most Western defence forces. Some pro-secularists suggest that the decreasing religiosity and increasing secularisation may present a barrier to defence force personnel utilizing chaplaincy services within military organisations (Hassanein, 2018; Hoglin, 2021). Indeed, several humanist and atheist organisations have juxtaposed the declining religious adherence of defence force personnel, and the continued existence of faith-based chaplaincy services, to question the validity of chaplaincy — and in some cases have argued that chaplaincy should be ceased completely (Copson, 2020; Surman, 2009).

Such arguments are made despite the fact that there has always been, and continues to be, personnel within military forces having spiritual/religious affiliations and or beliefs, and despite the fact that those of non-religious beliefs have available the support of non-religious professions (e.g., social workers, psychologists). Person-centred holistic care includes the provision of spiritual care for personnel if and when they feel they need it. Accordingly, one could argue that omitting the provision of spiritual care in a secular setting reduces equity and diversity for people of with S/R convictions. Maintaining religious chaplains provides a balance of care that ensures the holistic well-being of all defence members.

Further, according to the official coding and reporting of Australian military chaplaincy ministry, from January – October of 2021, Australian Defence Force (ADF) chaplains (Navy, Army and Air Force) collectively undertook a total of 420,589 S/R

interventions involving both religious and non-religious personnel, including family members where appropriate (Hynes, 2021). This substantial number of interventions, in accordance with the WHO spiritual intervention codings (WHO, 2017), involved chaplains undertaking spiritual assessments, counselling, providing guidance, education, support and/or conducting religious/spiritual activities. Nevertheless, despite the longstanding contribution and ongoing utility of chaplaincy to the present day, it is timely to investigate factors influencing the utilization of chaplaincy services in this secularising cultural milieu.

Purpose

The purpose of this paper was to undertake a scoping review in order to map the literature on factors influencing the utilization of chaplaincy services, and the perceived utility of chaplaincy to military organisations and personnel. The overall research question was: 'What literature and/or research exists regarding the perceptions of military personnel utilizing chaplaincy services, and what literature/research, if any, notes the impact of chaplaincy upon military personnel and military organizations?'

Background

Spirituality

Spirituality and health have been intertwined throughout cultures and societies over many centuries. Research has consistently demonstrated enhanced health and wellbeing outcomes when spiritual care is part of a holistic healthcare plan (Koenig, 2015). Yet there is frequently confusion around what spirituality is (or is not). While there are a variety of definitions regarding spirituality, this paper has utilised the definition of spirituality according to the Australian Defence Force glossary, namely:

> Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their

connectedness to God, to the moment, to self, to others, to nature, and to the significant or sacred (ADF, 2021a). [3]

Religion and no religion

Religion holds an important place in the lives of approximately 84% of the global population, yet it is also notoriously difficult to define (Hackett & McClendon, 2017; Zinnbauer et al., 1997). The corollary of this ambiguity is that religion is often defined reductionistically or conflated with other terms such as spirituality. There are two broad modes in which religion manifests. The first is that religion involves belonging to a creedal community that adheres to a title such as Christian, Muslim, Buddhist and the like. Of this mode, Koenig (2009, p. 284) concludes, "central to its definition is that religion is rooted in an established tradition that arises out of a group of people with common beliefs and practices concerning the sacred." The second mode is that religion can *also* be understood as a framework for engaging primarily ethically and mercifully with the world, as evidenced in variations of liberation theology[4] (Rauschenbusch, 1997). Many religious people believe the integrity of religion is maintained when both modes are concurrent.

Relatively new in the religious landscape in the Western world is the significant increase, as noted earlier, in the number of those who choose 'no religion' when asked about their religious preference[5] (Lim et al., 2010). 'No religion' is perhaps harder to define than religion, because its linguistic structure simply negates religion rather than creates its own definitional term. However, like religion, 'no religion' is a broad category that expresses a variety of belief structures and expressions, such as atheism, agnosticism, secularism,

[3] Spirituality: The ADF definition is a modified version of the consensus definition of spirituality (Puchalski et al 2009, p. 877).
[4] Liberation theology developed in the 1960's across Latin American countries and prioritizes changing unjust systems for the benefit of the poor and suffering (Vegel, Z. (2018). Liberation theology. *Kairos, 12*(1), 81-91. https://doi.org/10.32862/k.12.1.5
[5] 'No Religion': those of no religion are sometimes called 'nones'

humanism, ‘spiritual but not religious’ (SBNR), and ‘dones’ (those who maintain a faith but are ‘done’ with affiliating with a community of faith), as well as those who are simply unsure, and any combination of the aforementioned (Ammerman, 2013; McLaughlin et al., 2020; Packard & Ferguson, 2019). In the same way that religion can be reductionistically defined, so too can the term ‘no religion’. Caution must be taken to avoid conflating terms listed above such as ‘secular’, ‘atheist’, or ‘done’, or minimising individual preferences in a person’s religion and spirituality. Instead, the focus should be on incorporating evidence-based approaches which often confirm the role of spiritual support as part of a holistic care approach. That is to say, care must be taken with simplistic approaches to defining religion or no religion. For example, Woodhead (2017) notes:

> “Nones [those who declare no religion] are resistant to secular as well as religious labels. Only about 2 percent identify as “secular” or “humanist” … “no religion” is not a mere negation, a secular subtraction of religion, a normative free-for-all or pure cultural diversity…the central commitment of “no religion” is that each and every human being should be free to decide how best to live his or her own life…” (Woodhead, 2017, p. 261).

Additionally, many non-religious people maintain a religious residue (Van Tongeren et al., 2021) that leaves neutral or positive views about religion, especially the ethical and caring elements of religion (McLaughlin et al., 2020; Woodhead, 2017). It is possible, to view ‘no religion’ as a rejection of the first kind of creedal religion, while maintaining a general acceptance of the gracious temporal activity and broad ethical framework of traditional religion, albeit on an implicit deistic, pantheistic, or panentheistic trajectory.

Military Chaplains

Chaplains operate within the military to provide religious and spiritual care with the endorsement of their religious organisations and under the control of those in the military

chain of command. In their role, Australian chaplains have served in every operation that Australia has undertaken since 1913, including military, peace and humanitarian operations (Grulke, 2014). The role and status of chaplains varies considerably across the different civilian and military sectors according to their context, however, in general terms, chaplaincy services align with the spiritual interventions categorized by the World Health Organisation (WHO) as 'Spiritual Care Interventions' namely: (i) spiritual assessment, (ii) spiritual counselling, guidance and education, (iii) spiritual support, (iv) spiritual ritual and (v) other allied health spiritual care intervention (Timmins et al., 2018); WHO, 2017; SHA, 2019); (see Table 3.)

*[Copy-Editors - **Insert Table 3** about here -]*

One contemporary area involving military chaplains is that of moral injury (MI), in which chaplains are often a preferred source of support over mental health providers for military personnel (Nazarov et al., 2020). MI is an increasingly recognised syndrome (Koenig & Al Zaben, 2021) which can affect serving and retired personnel and often manifests as spiritual and existential distress. While an international consensus definition of MI is yet to be finalized, the Australian Defence Force utilizes the following definition:

> "Moral injury is a trauma related syndrome caused by the physical, psychological, social and spiritual impact of grievous moral transgressions, or violations, of an individual's deeply-held moral beliefs and/or ethical standards due to: (i) an individual perpetrating, failing to prevent, bearing witness to, or learning about inhumane acts which result in the pain, suffering or death of others, and which fundamentally challenges the moral integrity of an individual, organization or community, and/or (ii) the subsequent experience and feelings of utter betrayal of what is right caused by trusted individuals who hold legitimate authority" (ADF 2021c).

Thus far, the issue of MI seems to provide a good example of the active involvement of chaplains in an historic yet also contemporary health care issue that indicates their potentially valuable role in providing proactive bio-psycho-social-spiritual care for those of religious faith and those of none (Carey et al., 2016; Smith-MacDonald et al., 2018). MI will be noted again later in this review.

Research Questions

In addressing the primary purpose of this paper (noted earlier) the following specific questions guided a scoping review of the literature:

- Do defence force personnel's religious/non-religious beliefs influence utilization of military chaplaincy?
- What are the barriers and enablers to personnel utilizing military chaplains?
- What is the impact, if any, of chaplaincy, individually and organisationally, on the military?

Method

This scoping review was designed based upon the original Arksey and O'Malley (2005) framework, and further developed according to the scoping review methodology recommended by the Joanna Briggs Institute (Peters et al., 2020; Peters et al., 2021), as well as the recommendations from the systematic reviews and meta-analyses extension for scoping reviews (PRISMA-ScR) (Tricco et al., 2018). The Arksey and O'Malley (2005) framework utilised for this scoping review consisted of the following stages: (1) identify the research question, (2) identify relevant studies, (3) selection of appropriate studies, (4) charting the data, (5) collating, summarising and reporting of results, and (6) consultation. The objectives, inclusion criteria and methods for this scoping review were specified in advance and documented progressively.

Stage 1: Identification of Research Question

As noted earlier, the primary research question guiding this scoping review was 'What are the perceptions of military personnel utilizing chaplaincy and pastoral/spiritual care services?' Secondary questions were also identified to guide focus on specific concepts: (i) 'How do defence force personnel's religious beliefs influence utilization of military chaplaincy?'; (ii) 'What are the barriers and enablers to personnel utilizing military chaplains?' and (iii) 'What is the impact of chaplaincy, individually and organisationally, on the military?'

Stage 2: Study Selection

A systematic search of electronic databases was undertaken by two authors (ML and KTL). Databases, search strategy terms, and Boolean operators are presented in Table 4. Hand searching of selected reference lists and selected texts were also undertaken and a specialist librarian was consulted. Papers were limited to English language and published between January 2000 - May 2021. This timeframe was determined by consensus in line with the increase in military chaplaincy research (Delaney & Fitchett, 2018; Fitchett, 2017; Weaver et al., 2008). Search terms were determined by keyword terms and MeSH terminology conducted via Google Scholar during May 2021, and all results were managed with "Covidence Software" (Veritas Health Information, 2021).

*[Copy-Editors - **Insert Table 4** about here -]*

Stage 3: Selection of Appropriate Studies

The initial search resulted in 718 documents after the removal of duplicates. All reviewers met at the beginning of the review process to determine inclusion and exclusion criteria to ensure alignment with the research questions. ML and KTL independently assessed each article for eligibility, and met at the beginning, middle and end of title and abstract, and full

text reviews to ensure consistency. Discrepancies were resolved by MCB. A total of 63 studies were deemed eligible for full text review, with 33 meeting the final inclusion criteria (Figure 1).

[Copy-Editors ***- Insert Figure 1*** *about here -]*

Inclusion and Exclusion Criteria

Inclusion criteria were determined according to the Population, Context and Concept approach (Peters et al., 2020). Any record that included S/R and non-S/R perspectives of military chaplains and English language articles from 2000-2021 were eligible. For the purposes of this paper, military terms included army, navy, marine and air force. Articles that did not discuss the role of the chaplain, nor include personnel perspectives on chaplains, or include barriers or motivators to chaplaincy use were excluded (refer Figure 1).

Stage 4: Charting the Data

The data extraction process was determined to ensure an accurate descriptive summary of results, in line with research questions. A charting form was developed through collaborative discussions between the authors during the protocol phase and included: (i) details of sources of evidence (e.g. first author, date, title); and (ii) details of results (e.g. population, country of origin, data source, methodology) and (iii) key findings as determined by research questions. This charting process was iterative to ensure all relevant data were charted, with the final data extraction and charting conducted by ML and KTL.

Stage 5: Collating, Summarising and Reporting of Results

This scoping review aimed to present a narrative account of findings, in line with the aim of mapping the literature, rather than synthesising evidence. With a focus on methodological accuracy, transferability and dependability, results and analysis of this scoping review occurred through iterative discussions between all reviewers (Creswell, 2016; Levac et al.,

2010). Initial data extraction was piloted, discussed and adjusted prior to full data extraction, with ML and KTL independently verifying each other's work to ensure accuracy and dependability. Results were discussed with members of the defence community independent of this study to ensure creditability.

Results

Characteristics of included studies

The final 33 records (Figure 1) that were retained for analysis included nine qualitative research papers, 14 quantitative papers, seven opinion articles (four of which were peer reviewed), two mixed methods studies, and one scoping review. Five of the records were doctoral dissertations and three papers contained experimental conditions. Across all records, a large number of participants were involved (n = 19,366), whether the study was quantitative (n = 16,668), mixed methods (n = 2,584), or came from purely qualitative (n = 114). The identified scoping review analysed seven records about chaplaincy, five of which related to military chaplaincy. All but two documents related to U.S. military populations, with two Australian sources consisting of a scoping review and a small (n=10) qualitative research article on Australian military nurses.

Key Themes

Results fell into three broad categories: (i) how personal spiritual and religious views influence utilization of military chaplaincy; (ii) barriers and enablers to personnel utilizing military chaplains; and (iii) the impact of chaplaincy. Under these three categories eight themes were identified from the 33 sources that met the inclusion criteria (Figure 2).

*Copyeditors **Insert Figure 2** about here*

Spiritual and religious views affecting utilization of chaplains

Seven sources addressed personal religious and spiritual factors in utilizing chaplaincy. Two sources were non-peer reviewed opinion articles (Hassanein, 2018; Surman, 2009). Three sources noted spiritual related factors in utilizing mental health care through chaplains, as opposed to pastoral care from chaplains (Adler et al., 2020; Besterman-Dahan et al., 2012; Jakucs, 2021). Two reported that spiritual orientations of personnel did not affect utilization of chaplains of differing convictions (Cardona, 2000; Kopacz et al., 2014).

Two non-peer reviewed sources opined the anomaly of declining religiosity and the use of religious chaplains (Hassanein, 2018; Surman, 2009). In arguing that military chaplains should be replaced by mental health professionals, Surman (2009) presented statements from members of the Military Association of Atheists and Freethinkers (MAAF). One MAAF member had a belief that chaplaincy was given unhealthy favouritism which alienated him as an atheist (Surman, 2009). Another MAAF member, however, reported that if chaplains were replaced, then a long-term capability gap would result as personnel do not trust mental health providers to the same extent as they trust chaplains - which is one of the reasons why chaplains are also utilized within community mental health services (Carey & Del Medico, 2013; Spiritual Health Association, 2016).

The other non-peer reviewed opinion article took an opposing view to Surman by arguing that instead of removal, religious chaplaincy should be supplemented with humanist chaplains (Hassanein, 2018). He reported that a lawyer for the secular group ‘Americans United’, who was also a military family member, believed that not providing secular chaplaincy options is harmful to humanist personnel. No evidence was offered for this claim. Conversely, Hassanein cited a retired Naval chaplain who estimated that over 95 percent of personnel he served were not from his denomination or faith group, suggesting any resistance

to utilizing chaplains may not be widespread (Hassanein,2018). Similarly, Kopacz et al. (2014) reported that from surveys of 118 chaplains, approximately two-thirds (n=78/118: 66.1%) responded that older veterans do not usually seek a chaplain from their own faith, and approximately 68 % (n=80/118: 67.8%) responded that veterans will seek care from more than one chaplain.

Qualitative research was conducted by Adler et al. (2020) with 12 soldiers about barriers to seeking help for suicidal behaviours. They reported that soldiers did not "typically" mention chaplains in relation to accessing mental health care. However, when asked about their experiences of chaplaincy one soldier stated "I'm more spiritual than religious. So I try to avoid chaplains. Nothing… I don't have anything against them. I just don't have to listen to the preaching at all" (Adler et al., 2020, p. 258). This participant also resisted seeking help from behavioural health services because of a bad report of their service from his ex-wife. Another soldier however, stated he wished he had access to a chaplain during his suicidal crisis, but none were available (Adler et al, 2020).

In a cross-sectional quantitative source, Besterman-Dahan et al. (2012) surveyed 447 health seeking service personnel and concluded that the religiosity and spirituality of service members 'somewhat' influenced utilizing chaplains for mental health counselling (Besterman-Dahan et al., 2012). This influence was based on responses indicating those who held that their own S/R beliefs influence decisions in their life, or who attend S/R services more regularly, were more likely to seek help from a chaplain, or a chaplain in combination with a mental health provider, than those who attended services less regularly or if S/R was less important. The authors note that other factors such as severity of psychological distress may play a causal role in the non-use of chaplains (Besterman-Dahan et al., 2012).

In his dissertation, Jakucs (2021) interviewed seven chaplains, with one participant believing that spiritual distress regarding perceived abandonment by God may be an initial barrier to utilizing chaplains. This participant noted, "They might tend to back away from anything spiritual because the question they would always have is 'where was God when I needed him, when I was in the situation in combat?'" (p.37). Another stated: "It's hard for them to see a loving God that would allow this to take place. That's the main thing, and it's hard for them to separate the two" (p.37).

Another dissertation (Cardona, 2000) included interviews of ten military personnel and reported significant barriers in utilizing non-military clergy, but no barriers with the counselling participants received from the researcher, himself a chaplain. Several participants expressed a frustration with non-military clergy who lacked understanding of the military culture and were perceived to be judgemental. The participants variously described non-military chaplaincy clergy as "not nice", "overly judgmental", or more interested in proselytising than caring. This contrasted with their experience with the researching chaplain. One participant, a non-practicing African American, divorced Jewish woman, said she felt she had been pressured to convert to Christianity by a local church, but positively affirmed her military chaplaincy interaction saying, "For once, someone with a different set of beliefs than mine, cares about what I believe, and is not trying to impose their will on me. This is a very comfortable experience" (Cardona, 2000, pp. 75-76).

Enabler: Greater mental health acuity facilitates chaplaincy utilization

Several records noted that utilization of chaplaincy services was higher amongst those who experience more serious distress. For example, it was reported by Besterman-Dahan et al. (2012) that those with more severe psychological distress and suicidality were more likely to consult with chaplain and mental health as opposed to only one of the services in isolation. This view was quantified elsewhere by data demonstrating veterans who report a high loss of

meaning were more likely to utilize clergy for help (28%) than those reporting a low loss of meaning (12%), χ^2 (1, N = 126) = 4.13, p < .05 (Fontana & Rosenheck, 2004).

In addition to the reasons soldiers sought help from a chaplain, 29.9% reported high levels of combat exposure, 50.8% screened positive for depression, 39.1% had probable Post Traumatic Stress Disorder (PTSD), and 26.6% screened positive for generalized anxiety disorder (Morgan et al., 2016). Some groups of personnel who had deployed to combat multiple times rated their utilization of chaplains as more beneficial than those who had only deployed once (Wright et al., 2014). Another reported that utilization of chaplaincy is "universally viewed" as being critical to wellbeing, especially so for those in the closest proximity to danger (Davie, 2015). While claiming chaplaincy is "universally viewed" as being critical may be over stating the case, nevertheless 90.8% of military medical staff in one group agreed that the work of the chaplain is mission essential (Hale, 2013).

Enabler: Trust, prior relationship, and perception of confidentiality

Numerous sources identified that a significant facilitating factor in utilizing chaplains centred on three interconnected factors of trust, relationship and confidentiality. Chaplains were largely viewed as trustworthy, and this was a crucial factor in utilizing their services (Nieuwsma et al., 2014; Roberts et al., 2018; Surman, 2009; Tunks Leach et al., 2020). Trust, and therefore utilization, is a result of chaplains maintaining their nonjudgmental, positive attitude, and not 'preaching' or moralising (Starnino et al., 2019). However, others highlighted that trust is eroded when chaplains are not proactively available to build relationships (Roberts et al., 2018), or when chaplains appear not to care and give flippant answers, seem disinterested or seek to proselytise (Adler et al., 2020).

Others sources noted that trust is built through proactive relationships and ongoing rapport with personnel (Bowlus, 2018; Tunks Leach et al., 2020), something veterans

considered important prior to utilizing spiritual care (Boucher et al., 2018). Chaplains themselves nominated that building pre-existing relationships with personnel was key to building trust and then utilization of services (Chang et al., 2015; Jakucs, 2021). These relationships are built in different ways such as having a shared history of active service (Jakucs, 2021), proactive availability and visitation (Roberts et al., 2018) or in the case of commanders, having a similar rank to the chaplain (Bowlus, 2018).

Utilizing chaplaincy is reliant on the perception that chaplains maintain a higher level of confidentiality compared to other support services (Carey et al., 2015); ADF 2021b). In the experience of one author, confidentiality is the single most significant factor why a person utilizes chaplaincy services (Cardona, 2000). The perception that utilizing chaplaincy is enabled by chaplains providing the most confidential staff support service was reflected in five records (Morgan et al., 2016; Nieuwsma et al., 2013; Ramchand et al., 2015; Roberts et al., 2018; Tunks Leach et al., 2020). Cardona (2000) notes that military members may still utilize chaplains more than other services even when they understand limits on confidentiality imposed by military requirements around child abuse, and serious harm to self or others (Carey et al., 2015).

Enabler/barrier: Demographic differences

Various personal and demographic attributes may affect the likelihood of utilizing chaplaincy services. Two records indicated that “non-whites” are more likely to utilize chaplains for assistance than “whites” (Besterman-Dahan et al., 2012; Nieuwsma et al., 2014). Further, Besterman-Dahan et al. (2012) noted that those who are also younger, female, and unmarried, were more likely to seek out mental health care from both a chaplain and a traditional mental health provider, as opposed to mental health provider alone. One record, that utilised feminist systems theory, found that 90% of their all-female participants did not regard the gender of the chaplain to be a barrier to utilizing chaplaincy (Roberts et al., 2018).

While Besterman-Dahan et al. (2012) found those who are younger and female are more likely to utilize chaplains, conversely, Kopacz and Karras (2015) found veterans who were tertiary students, and who utilized pastoral care, were more likely to be male and on average two and half years older than those who did not utilize pastoral care. It is not clear what caused the gender variance in these two studies, however those in the veteran Besterman-Dahan et al. (2012) study were asked about utilizing chaplaincy in a military setting for mental health support, while Kopacz and Karras asked former military personnel about utilizing pastoral/spiritual care in an educational setting. Furthermore, Kopacz and Karras (2015, p. 499) found no greater barrier existed in "accessing pastoral care services based on either sexual orientation or hazardous duty experiences, with individuals [of varying sexual orientation] effectively undeterred from using pastoral care, in spite of its inherent association with religion/spirituality".

Enablers/barriers: Attributes and actions of chaplains

One source, a scoping review (Tunks Leach et al., 2020), examined a paper by Roberts that did not discover barriers for females in utilizing male chaplains, and that females felt safer talking to chaplains than managers (Roberts, 2016). Roberts found that the attributes of the chaplains themselves affect the desire of females to utilize chaplains. Female participants believe that for a chaplain to be accessible they should know how to make staff feel comfortable, be familiar with the needs of those who had been sexually assaulted and know their role limitations and when to refer on. Barriers to utilizing chaplaincy arise when there has been a previous bad experience, including chaplains providing cliched responses, showing disinterest, proselytising or even telling dirty jokes and providing alcohol (Adler et al., 2020; Lumpkin, 2017).

Barrier: poor integration of chaplaincy with mental health services

The issue of integration with other services was reported as a barrier for staff in utilizing chaplaincy services. It was reported that while chaplains are a pathway to mental health, conversely mental health services may not reciprocate in providing a pathway to spiritual or pastoral care. Nieuwsma et al. (2014) reported that seeing a pastoral counsellor was associated with an increased likelihood of seeing a mental health professional — which is suggestive that these services do work together. However, no papers reported a reverse pathway back to chaplaincy from mental health services, nor that spiritual issues were addressed by mental health professionals in the military (Jakucs, 2021).

In another source, Nieuwsma et al. (2013) reported that 94-96% of chaplains indicated they understood the role of mental health professionals, however, only 46-56% of chaplains believed understanding was reciprocated. Approximately 96-99% chaplains valued mental health professionals, while, 70-85% of those same chaplains felt they were valued by mental health professionals in return. The researchers concluded, "chaplains are extensively involved in caring for individuals with mental health problems, yet integration between mental health and chaplaincy is frequently limited due to difficulties between the disciplines in establishing familiarity and trust" (Nieuwsma et al., 2013, p. 5). Further, it was suggested that poor integration of chaplaincy in the care of those with mental health care treatment plans reduced utilization of chaplains who (unlike most mental health providers) proactively addressed spiritual distress (Bonner et al., 2013; Jakucs, 2021).

Impact: Enhanced mental health pathway for personnel

The literature indicated that chaplains are often utilized as an alternative, complement or gateway to mental health care. The National Comorbidity Survey (NCS), analysed by Nieuwsma et al. (2014) showed that clergy were much more likely to be utilized by personnel seeking treatment for a mental disorder (24% turned to clergy) than psychiatrists (17%) or

doctors (17%). Elsewhere it was reported that veterans and service members with mental health problems commonly sought help from chaplains instead of mental health providers, out of desire for confidentiality, as previously mentioned (Nieuwsma et al., 2013). Importantly, there was a positive relationship between willingness to get assistance from spiritual counsellors and accessing help from other providers (Bonner et al., 2013).

Chaplains were not only personally valued by military personnel, but also the resources that chaplains provided were viewed positively by other health professionals. For example, research amongst clinical medical staff at a military hospital reported that 90.8% of respondents agreed chaplains were mission essential, 88.8% agreed that chaplain availability to provide spiritual guidance and emotional comfort was important, and 85.2% agreed that the chaplain/pastoral care service is best qualified to treat spiritual/moral injuries (Hale, 2013).

Several sources noted that MI can be a factor in utilizing chaplaincy. Morgan et al's (2016, p. 114) research with regard to MI, reported that those "Soldiers whose [entire] units fired on the enemy were more likely to see a chaplain, as were soldiers who reported seeing dead bodies or human remains. In contrast, soldiers who personally [unilaterally] fired on the enemy, or whose unit or allied unit suffered casualties [from enemy fire], were less likely to see a chaplain". Morgan hypothesises that whole unit firing and seeing corpses are more passive than individual shootings and do not necessarily preclude seeing a chaplain as an option for support. Others noted that soldiers who sustained organisational moral injuries used help from chaplains or other non-mental health providers more readily than other service providers (Kim et al., 2016). It is possible that the previously noted trust in chaplains allows chaplains to hear and serve those who feel disaffected and angry with their organisation.

Indeed, Kopacz et al. (2019) reported that personnel were more likely to use chaplaincy when they perceive they have been betrayed by their organisation. However, none of the participants interviewed in one study reported utilizing chaplaincy services explicitly for moral injury and in fact, some, having been offered chaplaincy, elected not to use them (Borges et al., 2020). To this effect Borges quotes one participant who felt the role of a chaplain was more pastoral and about "knowing God" and that chaplains didn't understand the personnel context. Borges et al (2020) concluded that this might be caused by poor integration of chaplaincy services within the military, or a reluctance by personnel to discuss spiritual matters.

Impact: Increased satisfaction, resilience and healing

Utilizing chaplaincy was noted to impact positively in numerous ways. Cafferky et al. (2017) reported that "for every 1 unit increase in chaplain effectiveness, satisfaction with [Air Force] was predicted to increase 0.14 units for all [service members]". They also reported that effective chaplains had significant, positive associations, both directly and indirectly, with improving members' resilience, their family coping, and their relational satisfaction. This positive impact extends to moral distress and moral injury.

Another source found that an intervention that utilised faith-based programs run by chaplains resulted in a 35.3% to 55.8% reduction in trauma-related symptoms and a 54.4% to 55.61% increase in posttraumatic growth (Lumpkin, 2017). Such results indicate that chaplaincy services are not only a pathway into other mental health services, but that spiritual/pastoral care provides a large and positive impact on the wellbeing of personnel. To increase the impact of chaplains it was also suggested that it would be important to identify specific techniques that chaplains can use for moral injury that will interface with existing empirically supported treatments for PTSD (Fontana & Rosenheck, 2005).

Discussion

This review sought to explore factors affecting utilization of chaplaincy and pastoral/spiritual care within the military, particularly as it pertains to S/R affiliations of military personnel. Across the majority of articles, including one advocating the removal of chaplaincy (Surman, 2009), chaplaincy is reported as providing a well trusted service to personnel irrespective of religious leanings (Nieuwsma et al., 2014; Roberts et al., 2018; Surman, 2009; Tunks Leach et al., 2020). Indeed, recent research in an emergency service context reported that paramedic participants valued chaplaincy despite only 3 out of 17 being religious (Tunks Leach et al., 2021). No papers in this review suggest that the services provided by chaplains were ineffective. Instead, chaplaincy is shown to be an important contributor to the wellbeing of personnel because, as an occupational discipline in its own right, it provides holistic pastoral/spiritual care and is a trusted point of entry into mental health programs should it be required. As noted by Morgan et al. (2016), chaplains serve an important role for staff by providing the opportunity to obtain informal advice that can later reduce the stigma surrounding accessing other mental health care. Chaplaincy's recognisable independence from, but cooperation with, mental health services appears to be an asset that allows chaplains to provide effective spiritual care needed for issues arising, for example, from PTSD and/or moral injury. This independence encourages utilization of chaplains and contributes to their success in helping personnel who fear stigma to seek mental health care should it be needed.

It would seem that Chaplaincy may also engender an inclusive climate within defence forces, being utilized by racial minorities and females (Besterman-Dahan et al., 2012; Roberts et al., 2018), with no barrier to usage by those of varying sexual orientations (Kopacz & Karras, 2015). Importantly, because of the high levels of trust, chaplains appear better placed than mental health services to engage vulnerable groups within the military such as

those more seriously affected by combat, moral injuries, or perceived organisational betrayals (Kim et al., 2016). Some evidence exists that chaplaincy interventions are very effective in building resilience (Cafferky et al., 2017), reducing trauma-related symptoms and producing posttraumatic growth (Lumpkin, 2017).

Barriers to Chaplaincy

Evidence that a significant barrier in utilizing chaplaincy exists for non-religious people is scant and even dubious. One quantitative research source reported that the lower importance of religion in one's life may be a barrier for utilizing chaplaincy (Besterman-Dahan et al., 2012). However, these participants were asked about utilizing chaplaincy for mental health counselling, not for pastoral/spiritual care which chaplains normally provide. Also, as no baseline data was produced, the reverse may be true; namely that low religiosity is *not* a barrier for utilizing chaplaincy, but that increased religiosity may be an enabler for utilizing chaplaincy. Some authors speculate that the reason for any connection between the level of religiosity and utilization of chaplains may simply be that those of low religiosity lack awareness of chaplaincy services (Boucher et al., 2018).

The voices asserting that a barrier to chaplaincy utilization exists for non-religiously affiliated personnel, are derived from non-peer reviewed opinion articles authored by those connected to humanist organisations (Hassanein, 2018; Surman, 2009). Woodhead (2017) notes that this strong commitment to secular humanism represents 2% of non-religious people, making this perspective disproportionately represented. Their opinion pieces conflate religion and spirituality and present largely unsupported anecdotal evidence of barriers, which amounts to a non sequitur argument that falling religious affiliation in society produces a barrier to chaplaincy services as traditionally presented. This fallacious argumentation is evident from the logic that prefers unsupported speculation and opinion that runs contrary to

evidence in this review. These voices also ignore research findings that spirituality, as defined earlier, is a universal aspect of humanity (Puchalski et al., 2009).

This review brings to the fore evidence that other issues act as more significant barriers to utilizing chaplaincy services and the spiritual element of holistic care more generally, such as; a lack of awareness about what and how chaplaincy provides care (Boucher et al., 2018; Hale, 2013), poor previous experiences with individual chaplains (Adler et al., 2020; Lumpkin, 2017), and lack of chaplain availability at times of need (Besterman-Dahan et al., 2012; Roberts et al., 2018). An organisational barrier that is reported is the lack of integration of chaplaincy with other wellbeing services (Nieuwsma et al., 2013). Bolstering and integrating chaplaincy is an important operational concern with Besterman-Dahan et al. (2012, p. 1032) noting that the "role of the chaplain in the identification of mental health risk and suicide is an asset to the armed forces' effort to provide those who serve with the best possible care". Hence the benefit to armed services is the trusted independence of chaplains from often stigmatised mental health care, so that chaplains can provide a multi-faceted and interlinking stream of care for personnel.

Spiritual Care Impact

This review also brought attention to the important positive impact of spiritual and religious care that chaplains are best positioned to provide. Many studies show positive correlations between spirituality and religiosity, and mental and physical wellbeing (Bonelli et al., 2012; Koenig, 2012; Lucchese & Koenig, 2013; Vasegh et al., 2012; Vittengl, 2018). This connection is echoed in one source that found a moderate positive (but not significant) relationship between resilience and positive religious coping (r=0.412, n=21, p=0.063) (Bowlus, 2018). Despite the positive contribution of faith based chaplaincy, Bowlus (2018, p. 92) lamented that, "As an increasingly secular and pluralistic culture downplays or overlooks

the role of religious faith; the literature as well as the surveyed leader's [sic] experiences, indicates religious faith provides additional resources to individuals during times of stress".

Given the importance of spiritual and religious coping strategies and wellbeing alongside their connection with moral injury responses, it is important that defence personnel have access to spiritual care that integrates the whole gambit of spiritual interventions such as counselling, support, and religious rituals. The faith-based source of a chaplain's ministry allows them to provide bio-psycho-social-spiritual care in a manner that is generally not provided by other methods. Psychologists often neglect spirituality in treatment (Burkman et al., 2019; Jakucs, 2021), while members of non-faith pastoral care agencies, who conceptually agree that spiritual care plays an important role in the total care, rarely provide that care (Ramondetta et al., 2013). When the chaplain's pastoral/spiritual work is intertwined with religious roles it makes the performance of each of these more powerful (Davie, 2015). It may be that the attempts by secularists to discredit faith-based chaplaincy act only to further inhibit fully holistic care of personnel who are suffering considerable distress.

Limitations

Understanding of utilization of military chaplaincy is limited and several areas require further research. First, there were a limited number of papers available for review, and this leads to the possibility of skewed data. Further, the sources presented only cross-sectional and descriptive data which also limited the findings. There is a clear need for research into military chaplaincy to address these shortfalls. There is also a need for more research from outside of a U.S. context, as many of the papers addressed chaplaincy as being a form of mental health provision, and, while research that directly assessed the impact of S/R interventions appear positive, further research is needed regarding S/R targeted programs.

Secondly, this research sought military personnel opinions about utilizing chaplains. Many of those personnel opinions were mediated through chaplains themselves, meaning that there is the possibility of bias. More research is required that is derived directly from personnel. Third, the causal connections between any perceived or real barriers to utilizing chaplaincy by non-religious personnel requires more than just cross-sectional and descriptive research. Instead, a commitment to longitudinal research may help resolve the nature, cause and extent of any barriers. This scoping review was also limited in that the authors utilised publicly available electronic databases and did not have access to military databases due to privacy and secrecy concerns, nor did they have access to privately held organisational collections. Other databases may have yielded additional findings.

Recommendations

The most frequently suggested recommendation regarding how to provide better holistic support for military personnel was to improve integration of chaplaincy services with the broader health programs of military organisations. Many authors expressed the need for better integration in various terms including: “coordinated treatment” (Besterman-Dahan et al., 2012), “collaborative intervention” (Kim et al., 2016), “interdisciplinary collaboration” (Kopacz et al., 2019), “collaborative and integrative care” (Meador & Nieuwsma, 2018), “working together to care for the whole person in a more integrated way” (Rowan, 2002), “pursuit of improved integration” (Nieuwsma et al., 2013), “evidence-based spiritual support policies and programs to include integrating chaplains as primary providers of such services” (Bowlus, 2018), “pastoral care that is integrated into the mental health care” (Kopacz & Karras, 2015) and “the combination of the expertise of chaplains/pastoral counsellors and mental health professionals” (Starnino et al., 2019). Further, as the understanding of the impact of moral injury increases, so too will the need to utilise faith-based chaplains to address religious and existential distress, as well as a loss of meaning. As one source

concluded, “There is perhaps no need that more invites the potential for collaborative, integrative care between mental health providers and chaplains than moral injury” (Meador & Nieuwsma, 2018).

Previous negative experiences with chaplains and inappropriate personal attributes are noted as barriers to engaging chaplaincy. Though infrequently mentioned, these may be addressed by a stringent selection processes and training. Without evidence, one source alarmingly claimed that ‘the education and training of these spiritual leaders is based entirely upon metaphysical education with no real science, chaplains only treat the religion and not the actual person’ (Surman, 2009). While this assertion lacks support — particularly given that many clergy when entering chaplaincy are often already professionals in other fields (e.g., teaching, nursing, medicine, law, etc.) — nevertheless to address any perceived training deficiency, and so as to further enhance personnel wellbeing, chaplaincy training regimes should consider improving comprehension of military culture (Tunks Leach et al., 2020), suicide care (Ramchand et al., 2015), PTSD treatment programs (Fontana & Rosenheck, 2005), and understanding of sexual assault, as well as appropriate referral pathways (Roberts et al., 2018). Some chaplaincy programs do incorporate these elements, and international efforts are being made to standardize chaplaincy training (SHA, 2016).

Utilization of chaplains may be enhanced through improved selection criteria to seek positive attributes and behaviours in chaplain recruits, as indicated by previous research on good chaplaincy practices (Carey & Rumbold, 2015). This will be further enhanced by increased training including simulations about the chaplain’s role as part of interdisciplinary collaboration. Training regarding newly emerging areas such as moral injury should include proactive and reactive programs to overcome personnel failing to engage with chaplains (Borges et al. (2020). To address this, various chaplaincy moral injury programs have been described in recent research (Carey & Hodgson, 2018; Hodgson et al., 2021). Alongside

selection and training of chaplains, training and education programs that alert personnel and health care providers regarding the role and capabilities of chaplains may further assist in the utilisation of chaplaincy interventions. As previously noted, chaplaincy interventions provide religious and spiritual care that can enhance the wellbeing of personnel, thus the increased knowledge about chaplaincy services will assist to better integrate spiritual care into the suite of staff wellbeing services to allow truly holistic care.

Conclusion

The aim of this paper was to map the literature on factors influencing utilization of chaplaincy services, and evidence with regard to the utility of chaplaincy within military organisations. The papers reviewed identified that for some, holding non-religious views, can act as an initial barrier to utilizing chaplains, however this was predominantly not the case.

Several barriers and enablers to utilizing chaplain care were identified. Barriers to utilizing chaplaincy included conflating the ideas of religion and spirituality, the poor integration of chaplaincy-based pastoral and spiritual care working alongside mental health services, and the negative personal attributes of some chaplains. Conversely, enablers for defence personnel to utilize chaplaincy care included positive personal characteristics of chaplains, trust, pre-existing relationships and confidentiality. Other enablers included chaplaincy supporting those living with higher acuity mental health conditions, and those identifying with minority groups such as CALD and women. It was also noted that the provision of and increased access to religious ceremonies for personnel would also enable greater willingness and opportunities for personnel to engage with the pastoral/spiritual counselling and care provided by chaplains.

Most papers identified that chaplains positively impacted individuals and the organisation more widely. They were perceived to increase satisfaction with the organisation

they served, promote healing and resilience, and for those experiencing mental health conditions, chaplains provided effective care and an enhanced pathway to accessing mental health support. While further research is needed to identify personnel perspectives, particularly outside of the U.S. context, this scoping review affirms that despite a reduction in religiosity in Western society, there is little evidence that low religiosity forms a significant barrier to utilizing chaplaincy services, but rather, if chaplaincy were limited or failed to be maintained, it would leave a significant gap in staff wellbeing services.

Acknowledgements: Appreciation is expressed to Chaplain (AIRCDRE) Mark Willis (RAAF), Chaplain (COL.) Sarah Gibson (ARA), Chaplain Daniel Hynes (RAN), Colonel Mark Francis (RFD), and Dr. Christa Carey (PhD). Acknowledgment is also given to (LTCOL) Revd. Dr. Carl Aiken (Rtd: Emeritus Chaplain Royal Womens' and Childrens' Hospital Adelaide, Australia), Revd. David Drummond (Barwon Health, Geelong, Australia) and Associate Professor Rabbi Jeffrey Cohen (University of Notre Dame) who was the approving Associate Editor for this submission.

Ethics: This research did not require the use of humans or other animal subjects and therefore was not subject to research ethics approval.

Conflict of Interest: ML, KTL and LC have served as chaplains. Support for the conduct of this review was provided by The Defence Force Anglican Chaplaincy Incorporated.

ORCID details: Included on cover sheet

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Figure

Tables and Figures

Table 1: Australian religious affiliations, 2011 and 2016

	2011(a)		2016	
Religious Affiliations	**Populations ('000)**	**Population (%)**	**Populations ('000)**	**Population (%)**
Christian	***13 149.3***	***61.1***	***12 201.6***	***52.2***
Catholic	5 439.3	25.3	5 291.8	22.6
Anglican	3 679.9	17.1	3 101.2	13.3
Uniting Church	1 065.8	5.0	870.2	3.7
Presbyterian and Reformed	599.5	2.8	526.7	2.3
Eastern Orthodox	563.1	2.6	502.8	2.1
Other Christian	1 801.8	8.4	1 908.9	8.2
Other Religions	***1 546.3***	***7.2***	***1 920 .8***	***8.2***
Islam	476.3	2.2	604.2	2.6
Buddhism	529.0	2.5	563.7	2.4
Hinduism	275.5	1.3	440.3	1.9
Sikhism	72.3	0.3	125.9	0.5
Judaism	97.3	0.5	91.0	0.4
Other	95.9	0.4	95.7	0.4
Total Religion	**14 695.6**	**69.3**	**14 122.4**	**60.4**
No Religion (b)	**4 804.6**	**22.3**	**7 040.7**	**30.1**
No Response / Not Stated	**2 007.5**	**8.4**	**2 238.8**	**9.5**
Australia(c)	**21 507.7**	**100**	**23 401.9**	**100**

Source: Statistics derived from the ABS Census of Population and Housing, 2011 and 2016.
(a) 2011 data has been calculated using the 2016 definitions.
(b) No religion includes secular beliefs (e.g. Atheism, Agnosticism, Humanism) and other spiritual beliefs (e.g. New Age).
(c) Other religion includes Aboriginal.
(d) Religion was an optional question – hence 'no response' / 'no stated' categories are noted.

Table 2 : The Changing Global Religious Landscape: 2015-2060

Religious Belief	2015 Population	% World Population 2015	Projected 2060 Population	% World Population 2060	Population Growth 2015-2060
Christians	2,276,250,000	31.2	3,054,460,000	31.8	778,210,000
Muslims	1,752,620,000	24.1	2,987,390,000	31.1	1,234,770,000
Unaffiliated	1,165,020,000	16.0	1,202,300,000	12.5	37,280,000
Hindus	1,099,110,000	15.1	1,392,900,000	14.5	293,790,000
Buddhists	499,380,000	6.9	461,980,000	4.8	- 37,400,000
Folk Religions	418,280,000	5.7	440,950,000	4.6	22,670,000
Other Religions	59,710,000	0.8	59,410,000	0.6	- 300,000
Jews	14,270,000	0.2	16,370,000	0.2	2,100,000
Total	7,284,640,000	100.00	9,615,760,000	100.0	2,331,120,000

Source: Adapted from Pew Research Centre Demographic Projections (PRC, 2017 for additional detail).

Note: The Pew Research Centre is a charitable nonpartisan information service which does not subscribe to any political or religious policy positions.

Table 3. WHO ICD-10/11-AM Spiritual Intervention Codings

Spiritual Intervention	Descriptor
Assessment 1824: 96186-00	Initial and subsequent assessment of wellbeing issues, needs and resources of a client. Includes informal dialogue to screen for immediate spiritual needs including religious and pastoral issues and/or the use of a formal instrument or assessment tool.
Counselling, Guidance or Education 1869: 96087-00	An expression of spiritual care that includes a facilitative in-depth review of a person's life journey, personal or familial counsel, ethical consultation, mental health, life care and guidance in matters of beliefs, traditions, values and practices.
Support 1915: 96187-00	Spiritual support is the provision of a ministry of presence and emotional support to individuals or groups. It includes: companioning of a person(s) confronted with profound human issues such as death, dying, loss, meaning and aloneness; emotional support and advocacy; enabling conversation to nurture spiritual wellbeing and healing; establishing relationships and rapport; hearing the person(s) disclose their narrative.
Ritual 1915: 96240-00	The provision of all ritual activities, formal and informal. Rituals include: anointing, blessing and naming ceremonies, dedications, funerals meditation, memorial services, private prayer and devotion, public and private religious worship activities, rites, sacraments, seasonal and occasional services, weddings and relationship ceremonies.
Allied Health Intervention – Spiritual Care 1916: 95550-12	Any spiritual care intervention undertaken that is not specified or not elsewhere classified.

Source: (WHO, 2017; SHA, 2019).

Table 4. Electronic databases, search term categories, keywords and synonyms

	Databases ATLA, CINAHL, the EBSCO religion and philosophy collection, Google Scholar, OVID (PsycINFO & Medline), ProQuest military dissertation search, PubMed, SOCindex.		
	Search terms		
Term Categories	Utilization terms	Chaplaincy terms	Military terms
Keyword & Synonyms	Attitude* Belief* Viewpoint* Perception* Opinion* Perspective*	Clergy Pastoral care Spiritual care Minister* Rabbi* Pastor* Deacon* Imam* Monk* Nun* Priest* Cleric* Chaplain* Chaplaincy Padre* Madre*	Military Defence force Air Force personnel Armed forces personnel Army personnel United States Marine Corps Marine* Military personnel Navy personnel Army Navy Air force

* Asterisk = truncated search terms- e.g., Pastor* = Pastor/Pastors/Pastoral

Figure 1: **Literature Scoping Review Prisma Flowchart**

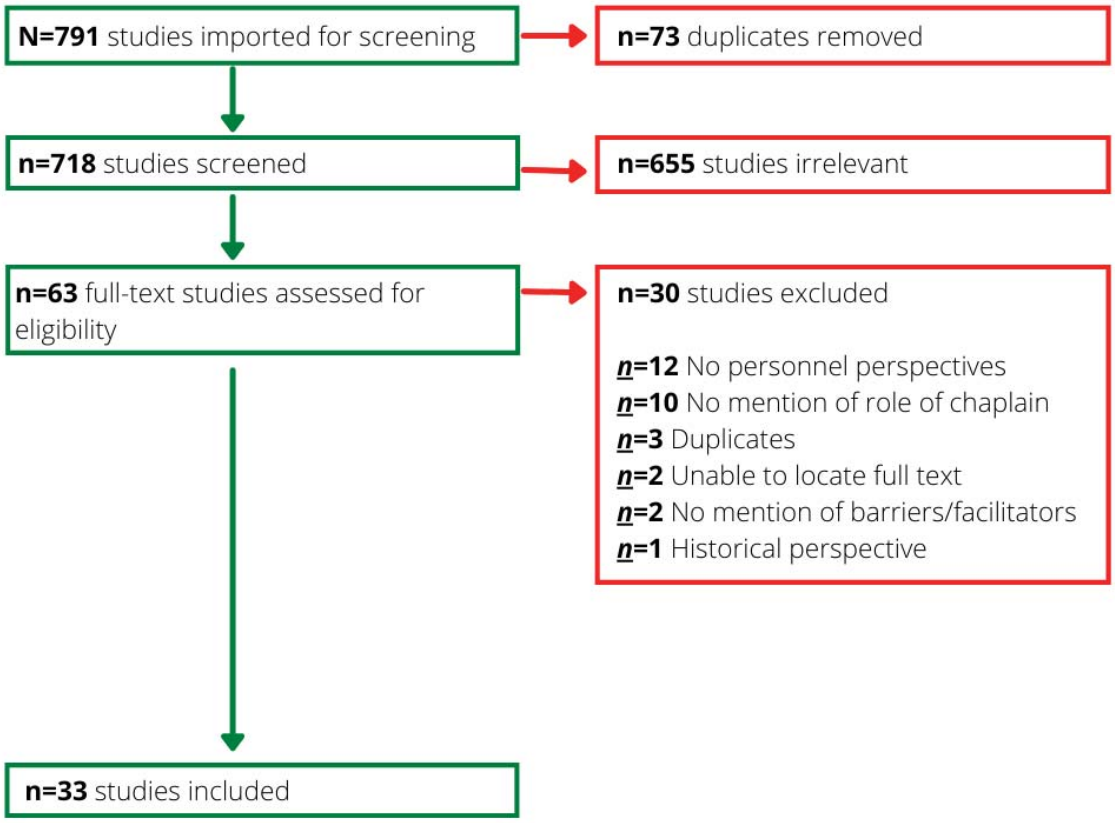

Figure 2: Summary of thematic categories and sub-themes from sourced literature