

Call for Submissions: Spirituality in Pharmacy

Editors: Agatha L. Nolen, PhD, DPh, FASHP, Marianne F. Ivey, PharmD, MPH, FASHP, FFIP, Paul C. Walker, PharmD, FASHP, David A. Zilz, MS, FASHP, FPSW

We are accepting submissions for a new publication that features essays and experiences of pharmacy professionals addressing the spiritual needs or requests of their patients. The publication will be focused on encounters which demonstrate respect for a patient's rights in religious and spiritual beliefs. We envision that access to these stories will help encourage pharmacists to incorporate spiritual care into their personal practice of providing whole-person care which refers to a multidimensional integrated approach to healthcare that considers the patient as a whole person, rather than just treating their physical and mental ailments. We invite submissions of stories that include any belief systems that have influenced how you provide patient care. (If you do not provide direct patient care (e.g., pharmacy school faculty, information technology system specialists), but support providing spiritual care to patients, please contact Agatha Nolen [agatha08@comcast.net] or one of the co-editors to discuss how to best contribute your story.)

<u>Potential Belief Systems:</u> Agnostics, Atheists, Seventh-day Adventist Tradition, The Anabaptist Tradition, The Assemblies of God Tradition, The Buddhist Tradition, American Indian (Native American; First Nation), Baha'i Religion, Buddhist Religion, Hindu Religion, Islamic Tradition, Jain Religion, Jehovah's Witnesses, Jewish Religion, Latter-day Saints Tradition, Muslim Religion, Orthodox Christian Tradition, Protestants (including Episcopal, Baptist, Lutheran, Presbyterian and Methodist denominations), Roman Catholic Religion, Sikh, Zoroastrian/Zarathushti Religion, The Christian Science Tradition, The Church of God in Christ, and the United Church of Christ. *This list is not exhaustive. Submitted stories may feature other belief systems not listed here.*

Authors should submit one Word file that addresses the three following areas below on separate pages.

- 1) Cover letter that includes author affiliations and complete contact information, including email address, and the title of your essay.
- 2) Essay that involves addressing a patient's spiritual needs or requests
 - a. The essay should be 1000-1500 words that narrate the details of a situation, lessons learned, and personal context.
 - b. The format should be 12-point Times New Roman font, double-spaced pages with 1" margins.
 - c. Consider the following aspects when describing your encounter (all prompts may not apply to each story): (all prompts may not apply to each story).
 - i. Your practice settings where the encounter occurred.
 - ii. Who initiated the conversation, e.g., the provider, patient, family member, pastoral referral, etc.
 - iii. Were there any sections of the medical record that you consulted that provided insight into their spirituality or faith, e.g., religious denomination offered at time of registration, spiritual assessment/history, etc.? If so, describe them as to location in the medical record and how you accessed them.

- iv. Were there any signs or images that you observed that led you to believe that the patient might want to participate in a discussion about their faith, e.g. cross as a necklace, bedside Bible, rosary, visitor from a religious institution, conversation with other family members or friends?
- v. Describe the conversation in detail.
- vi. Indicate if you took any actions based upon the conversation, e.g. referral to chaplain, call to religious institution, etc.
- vii. Did you ask to pray or reflect with the individual and if so, what was their response?
- viii. Describe other activities that were a result of your conversation.
- ix. Describe if you felt that the conversation impacted the provider/patient relationship.
- x. Describe how the encounter made you feel.
- 3) A short answer to the question below. The answer to this question should be separate from your essay submission above.
 - a. How do you feel this interaction impacted the provider/patient relationship?
 - b. What advice would you give to individuals that want to incorporate more spiritual care into their practice as a pharmacy professional?
 - c. In what ways do you think the spiritual activities that you are involved with are important to your overall work as a pharmacy professional?

Submissions should be from only one author and be an original essay that has not been submitted for publication or published elsewhere. Only complete submissions that include the three sections above will be reviewed by the editors. The editors will choose essays to include in the book based upon the essay itself and the scope of all submissions, to ensure a variety of belief systems are represented throughout the book. Submissions should not involve patients receiving a different level of standard medical care because of their belief system or lack thereof or an employee being required to act against their belief system, as these will not be considered for inclusion in the book. Authors of essays selected for inclusion in the book will be notified by the editors and work with the editors on any edits or revisions prior to publication.

Narratives submitted by May 1, 2025, will have the best chance of being selected for inclusion in the book. Submissions should be sent to Agatha Nolen at agatha08@comcast.net.

References for further information:

- 1. Koenig HG, VanderWeele T, Peteet JR. *Handbook of religion and health, 3rd ed.* New York: Oxford University Press Academic; 2023.
- 2. Nolen A, Ivey MF, Walker PC. Spiritual practices and beliefs as a social determinant of health: When will the profession of pharmacy address the whole body-mind-spirit triad? *Am J Health-Syst Pharm*. 2023; 80:1101–1105.
- 3. Klitzman, RL. *Doctor, will you pray for me? Medicine, chaplains, and healing the whole person*. New York: Oxford University Press; 2024.
- 4. McCord G, Gilchrist VJ, Grossman SD, et al. Discussing spirituality with patients: A rational and ethical approach. *Ann Fam Med*. 2004; 2:356-361.