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## October 2013 Article of the Month

This month's article selection is by Chaplain John Ehman,  
University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA.

Yan, G. W. and Beder, J. "**Professional quality of life and associated factors among VHA chaplains.**" *Military Medicine* 178, no. 6 (June 2013): 638-645.

**SUMMARY and COMMENT:** In 2012, the US Veterans' Administration employed 734 chaplains, and all were invited through the VA's [National Chaplain Center](#) to participate in the current study [--see p. 639]. While this is a particularly situated segment of professional chaplains, their report of compassion satisfaction (CS), compassion fatigue (CF), and burnout (BO) may be insightful for chaplains in general. The authors define those three concepts at the outset:

- *Compassion Satisfaction* -- "...relates to the pleasure derived from being able to do your work well. It includes feelings regarding satisfaction with one's ability to be a caregiver, one's feelings toward their colleagues, and their ability to make a contribution in the lives of another" [p. 638].
- *Compassion Fatigue* -- "...aka secondary traumatic stress and vicarious traumatization -- refers to the negative effects on the provider from working with distressed clients, effects that leave the clinician depleted and unable to fully engage empathically with their clients" [pp. 638-639].
- *Burnout* -- "...is best described as a gradual onset of feelings of hopelessness that are related to difficulties in performing one's job effectively. ...Symptoms of BO include feeling strained by having to work with people and problems with concentration and memory of work-related details. Those experiencing BO also may feel a reduction in their sense of personal accomplishment as well as emotional exhaustion" [p. 638].

The basic hypotheses of this research are that: "Chaplains in the VHA system would have high levels of CS and high levels of BO and CF [...and] there will be some environmental variables that would impact CF, CS, and BO, such as administrative support and the level of collaboration between Chaplains and MH [Mental Health] workers [p. 639]. Note the special attention given here to connections between chaplains and mental health providers. "The integration of MH and chaplaincy has recently been a focus of attention for the Veterans Administration" [p. 642, and see Items of Related Interest, §III (below)].

The response rate for an online survey that took about 20 minutes to complete was 29.6% [n = 217]. Questions covered demographics, religious affiliation, years of ministry and VA service, satisfaction with work time allocation, level of perceived support from VA administration, degree to which chaplaincy was felt to be integrated with mental health, and professional quality of life. The latter was assessed by the 30-item Professional Quality of Life Scale (ProQoL) [--see p. 640 and Related Items of Interest, §II (Below)].

Among the results:

Overall, our study indicates that in general, VA Chaplains have a very positive professional quality of life. They report high levels of CS, and -- *contrary to our expectations* -- relatively low levels of CF and BO. However, age, levels of MH and chaplaincy integration, and perceived support from VA administration significantly affect CF and BO among Chaplains. Chaplains who feel that their work is integrated with MH and that they are supported by VA decision-makers report increased satisfaction with their work, decreased CF regarding their clients, and decreased levels of BO. [pp. 641-642, italics added]

Our study also revealed significant interactions between MH integration and perceived support from VA administration for both CF and BO. In both cases, Chaplains who report low levels of integration between chaplaincy and MH are more significantly affected by perceived support from VA administration. Chaplains who feel their work is moderately or highly integrated with MH, on the other hand, were not as affected by support from VA administration (whether present or absent). [pp. 642-643]

Another significant finding of this study was that MH integration and age have significant interaction effects on BO. ...[Y]ounger Chaplains report higher levels of BO compared to older peers. In our sample, moderate and high levels of MH integration appear to protect against the effects of age on BO. At the highest levels of BO are younger Chaplains with low MH integration ratings. [p. 643]

Yan and Beder appropriately address limits to the study [p. 643] and go on to indicate avenues for future research. They especially raise the need to explore the "relationships between a Chaplain's own professional quality of life and the health outcomes of those whom he or she serves" and the "relationships between Chaplains' professional quality of life to their overall health" [p. 644]. Those may be challenges that chaplain researchers in any setting could undertake to great benefit of the profession. The authors also make a practical observation about how professional quality of life can affect providers' incidence of sick days away from work [p. 644] and turnover rates, which may then impact the very availability of resources for care [p. 642].

The article surely speaks to the hundreds of chaplains in the VA system (which, according a 9/3/13 listing on the [VA National Chaplain Center site](#), currently numbers nearly a thousand), but the data may be pertinent to non-VA contexts as well. High levels of compassion satisfaction in a profession should not obscure significant problems of compassion fatigue and burnout. The importance of administrative support and of interdisciplinary integration or collaboration should not be underestimated. And, the potential vulnerability of younger chaplains to burnout may be -- as Yan and Beder suggest at one point -- a call for experienced chaplains to "continually mentor and support" [p. 643] those who are just beginning their careers.

A special message to chaplains from co-author Joan Beder, LCSW, DSW, Wurzweiler School of Social Work, Yeshiva University, New York, NY:

Doing research always has its share of challenges: from conception to design to recruitment, analysis and write up. This process may be made more complex or easier depending on a number of variables including institutional support, easy of finding subjects, etc. In our study [reported here], Dr. Yan and I were very fortunate to have found each other. Our collaboration allowed us to report finding with more depth and insight than if we had only stuck with the "people we know." Dr. Yan is expert in reporting quantitative research and my area of strength is in conducting and reporting qualitative research. In addition, we were fortunate to have had the support of the National Chaplaincy Center and to have had so many VA chaplains willing to spend time taking our survey. As challenging as research can be -- and it is often a test of patience and fortitude -- it is

always interesting and can even be fun. I would encourage all chaplains to try it.

## **Suggestions for the Use of the Article for Student Discussion:**

This month's article is obviously well-suited for the many VA-based CPE programs, but it should have general appeal to any program. Readers who might be put off by the sight of the regression tables and scatter charts can be assured that the narrative of the article does not require statistical expertise to follow. Students could spend some time thinking about the phenomena of compassion satisfaction, compassion fatigue, and burnout. Even newer students should be able to extrapolate from brief experience with pastoral caregiving how the rewards and stresses of the work could manifest over time. For programs where integration of chaplaincy with mental health is not a pressing issue, the larger question could be whether students feel that their work is part of interdisciplinary collaboration or isolated from other disciplines. If so, how does that feel to them? Most CPE students may not be sensitive to whether institutional administration is supportive or not, but that dynamic may be meaningful to Supervisory Education students, and the article's call for special attention to be paid to younger chaplains may play into Supervisory Education discussion of program design and overall support of CPE students. For groups with a year or so of experience in the field, discussion could turn to how chaplains' own quality of life in the profession have been felt to affect both personal health and patient/client outcomes.

## **Related Items of Interest:**

I. The Research Network tries to highlight articles from sources where most chaplains might not naturally seek to look. This month's article comes from *Military Medicine* -- a journal likely unfamiliar to those outside of the military. However, two articles on VHA chaplains have recently also been published in the *Journal of Health Care Chaplaincy*, and these are highly recommended in and of themselves:

Beder, J. and Yan, G. W. "**VHA Chaplains: challenges, roles, rewards, and frustrations of the work.**" *Journal of Health Care Chaplaincy* 19, no. 2 (2013): 54-65. [(Abstract:) Chaplains working in the Veterans Health Administration have numerous roles and challenges. They work closely with other behavioral health professionals, especially social workers, to address the multiplicity of needs of the Veteran population. They are essentially an understudied subset of the military Chaplaincy service (most studies focus on those engaged in combat areas). In this exploratory qualitative study, VHA Chaplains responded to a survey to determine how they defined their role and professional challenges, what they felt were the rewards and frustrations of their work and their unique function within the VHA system. Findings showed that role differences between Chaplains and social workers and other behavioral health providers are clearly defined; rewards and challenges were diverse and frustrations were common to those working in a bureaucratic structure.]

Nieuwsma, J. A., Rhodes, J. E., Jackson, G. L., Cantrell, W. C., Lane, M. E., Bates, M. J., Dekraai, M. B., Bulling, D. J., Ethridge, K., Drescher, K. D., Fitchett, G., Tenhula, W. N., Milstein, G., Bray, R. M. and Meador, K. G. "**Chaplaincy and mental health in the Department of Veterans Affairs and Department of Defense.**" *Journal of Health Care Chaplaincy* 19, no. 1 (2013): 3-21. [(Abstract:) Chaplains play important roles in caring for Veterans and Service members with mental health problems. As part of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Integrated Mental Health Strategy, we used a sequential approach to examining intersections between chaplaincy and mental health by gathering and building upon: 1) input from key subject matter experts; 2) quantitative data from the VA / DoD Chaplain Survey (N = 2,163; response rate of 75% in VA and 60% in DoD); and 3) qualitative data from site visits to 33 VA and

DoD facilities. Findings indicate that 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. We present recommendations for improving integration of services, and we suggest key domains for future research.] [Note: this article is preceded (pp. 1-2 of the issue) by an editorial: Flannelly, K. J., "Mental Health and Chaplaincy in the U.S. Veterans Affairs and Defense Departments."] [This article is [available online](#) from the University of Nebraska Public Policy Center.]

**II.** For more on the Professional Quality of Life Scale (ProQoL) used in this month's study, see [proqol.org](http://proqol.org), where you can access the scale itself and full information on its background and use.

**III.** For more on the VA initiative focused on the integration of chaplaincy and mental health, see the Mental Illness Research, Education, and Clinical Centers (MIRECC) page for [Mental Health and Chaplaincy](#).

**IV.** For more on the subject of clergy burnout, see the [October 2011 Article-of-the-Month](#) page, plus the following recent article:

Jackson-Jordan, E. A. "**Clergy burnout and resilience -- a review of the literature.**" *Journal of Pastoral Care and Counseling* 67, no. 1 (2013): 3:1-5 [online journal page designation]. [(Abstract:) In this article, I review the literature on burnout and resilience among clergy. The existing research shows that the factors related to clergy burnout include the quality of interpersonal skills, relationships outside the congregation, establishment of peer/mentor relationships, the existence of high role expectations, personal spirituality and the ability to set healthy emotional boundaries. Recent studies using positive psychology as a framework identify a number of personal and situational qualities that promote resilience in clergy. Based on these findings, I suggest interventions that should be made by faith groups to better support clergy and make recommendations for further research.]

**V.** In June 2013, the Department of Pastoral Care at the Hospital of the University of Pennsylvania explored the themes of provider burnout, compassion fatigue, and vicarious trauma -- among health care workers in general as well as among chaplains -- through a research symposium. [Presentations from the event](#) are available online, including [summary reflection](#) by Rev. Wally Fletcher which, while not a report of research, offers a poignant framing of the subject from a personal and practical standpoint.

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If you have suggestions about the form and/or content of the site, e-mail Chaplain John Ehman (Network Convener) at [john.ehman@uphs.upenn.edu](mailto:john.ehman@uphs.upenn.edu) .

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