Professional Quality of Life and Associated Factors Among VHA Chaplains
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Grace W. Yan, PhD
Joan Beder, LCSW, DSW
Disclaimer

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Introduction

- Worship services, pastoral counseling, grief and bereavement services, spiritual care – the many services Chaplains provide
- Veteran population
  - Mental health problems
  - Physical health struggles, including ‘unique’ illnesses
    - Agent Orange
    - Traumatic Brain Injury (TBI)
    - Unexplained medical illnesses
  - Psychosocial concerns
    - Unemployment
    - Homelessness
Introduction

• VA and “patient-centered” care
  – Personalized, Proactive, and Patient-Driven

• Office of Patient Centered Care and Cultural Transformation

• Integrative Medicine, Holistic Medicine -> “Whole Health”
VA Patient Centered Care Principles

- Honor the Veteran’s expectations of safe, high quality, accessible care.
- Enhance the quality of human interactions and therapeutic alliances.
- Solicit and respect the Veteran’s values, preferences, and needs.
- Systematize the coordination, continuity, and integration of care.
- Empower Veterans through information and education.
- Incorporate the nutritional, cultural and nurturing aspects of food.
- Provide for physical comfort and pain management.
- **Ensure emotional and spiritual support.**
- Encourage involvement of family and friends.
- Ensure that architectural layout and design are conducive to health and healing.
- Introduce creative arts into the healing environment.
- Support and sustain an engaged work force as key to providing Veteran centered care.
Circle of Health & Well-Being

Prevention & Intervention

- Power of the Mind
- Working the Body

Surroundings

- Emotional
- Physical
- Growing

Spirit & Soul

- Connecting
- Being Heard
- Family

Conventional & Complementary Approaches

- Jobs
- Fostering Health
- WorkLife

Mindful Awareness

- Listen
- Energy
- Rest
- Sleep

You

- Recharge
- Nourishing
- Personal Development
- Fueling
Burden of the Work

• Potential for Compassion Fatigue: “There is a cost to caring . . . The professional’s work, centered on the relief of the emotional suffering of patients, automatically includes absorbing information that is about suffering. Often it includes absorbing that suffering as well” (Figley et al., 1995)

Consequences of the Work

• Compassion Satisfaction
  – 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 others. Can protect against...

• Compassion Fatigue
  – secondary traumatic stress and vicarious traumatization
  – effects that leave the clinician depleted and unable to fully engage empathically with their clients
  – Can lead to anxiety, avoidance of social contact, and difficulty in maintaining therapeutic alliance

• Burnout
  – a gradual onset of feelings of hopelessness that are related to difficulties in performing one’s job effectively
  – strained by having to work with people and problems with concentration and memory of work-related details
Factors affecting CS, CF, BO

- Interdisciplinary collaboration
  - Turf battles
- Bureaucratic structures (rigid vs. flexible)
- Budget concerns
- Administrative and administration support
- Increased clinical load/demand from clients
Questions for VA Chaplains

- What are their levels of CS, CF, and BO?
- What environmental variables significantly impact Chaplains’ CS, CF, and BO?
- Answers to these questions will help the VA provide better chaplain services to Veterans.
The Study

- National Chaplain Center e-mail (N = 734)
- Online anonymous survey about 20 mins long
- 2\textsuperscript{nd} request to participate 5 weeks later
- A total of 217 Chaplains responded to the survey leading to a response rate of approximately 29.6\%.
The Measures

- Demographics (age, race, and gender)
- Religious affiliation
- Years in ministry and Years of VA service
- Satisfaction with work time allocation (%)
- Chaplaincy-Mental Health Integration (%)
- Support from VA Administration (1-10 scale)
PQoL

- Professional Quality of Life Scale (ProQoL)
  - “I get satisfaction from being able to help people”
  - “I feel overwhelmed by the amount of work or the size of the caseload I have to deal with.”

- Last 30 days, 0-5 Likert Scale (0=never to 5=very often)

- CS, CF, and BO subscales
# Demographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>176</td>
<td>81.1</td>
</tr>
<tr>
<td>Female</td>
<td>41</td>
<td>18.9</td>
</tr>
<tr>
<td><strong>Race</strong></td>
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<td></td>
</tr>
<tr>
<td>White</td>
<td>166</td>
<td>77.6</td>
</tr>
<tr>
<td>Black</td>
<td>25</td>
<td>11.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11</td>
<td>5.1</td>
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<tr>
<td>Asian</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>3.3</td>
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<tr>
<td><strong>Religion</strong></td>
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<td></td>
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<tr>
<td>Protestant</td>
<td>163</td>
<td>75.1</td>
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<tr>
<td>Catholic</td>
<td>40</td>
<td>18.4</td>
</tr>
<tr>
<td>Jewish</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>Full- or Part-Time Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-Time</td>
<td>173</td>
<td>79.7</td>
</tr>
<tr>
<td>Part-Time</td>
<td>30</td>
<td>13.8</td>
</tr>
</tbody>
</table>

*N = 214 because of missing data.*
### Correlations

**TABLE II.** Intercorrelations for the Independent and Dependent Baseline Variables ($N = 217$)

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Age</td>
<td>—</td>
<td>0.660***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Years in Ministry</td>
<td></td>
<td>0.375***</td>
<td>0.448***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Years as VA Chaplain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Satisfaction With Time Allocation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Perceived Level of Support From VA Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Level of MH and Chaplaincy Integration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. CS</td>
<td>0.008</td>
<td>0.074</td>
<td>0.048</td>
<td>0.113</td>
<td>0.273***</td>
<td>0.210**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. CF</td>
<td>-0.029</td>
<td>0.037</td>
<td>-0.039</td>
<td>-0.098</td>
<td>-0.301***</td>
<td>-0.229**</td>
<td>-0.383***</td>
<td></td>
</tr>
<tr>
<td>I. BO</td>
<td>-0.144*</td>
<td>-0.087</td>
<td>-0.131</td>
<td>-0.216**</td>
<td>-0.416***</td>
<td>-0.286***</td>
<td>-0.568***</td>
<td>0.639****</td>
</tr>
</tbody>
</table>

*p < 0.05; **p < 0.01; ***p < 0.001.
### TABLE III. Results of Regression Analysis on CS (N = 196)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>−0.03</td>
<td>0.05</td>
<td>−0.04</td>
<td>−0.62</td>
<td>0.54</td>
<td>−0.13 to 0.07</td>
</tr>
<tr>
<td>Gender</td>
<td>−2.57</td>
<td>1.27</td>
<td>−0.15</td>
<td>−2.03</td>
<td>0.04</td>
<td>−5.07 to −0.08</td>
</tr>
<tr>
<td>Race</td>
<td>−0.32</td>
<td>0.48</td>
<td>−0.05</td>
<td>−0.67</td>
<td>0.51</td>
<td>−1.27 to 0.63</td>
</tr>
<tr>
<td>Satisfaction With Time Allocation</td>
<td>−0.003</td>
<td>0.02</td>
<td>−0.01</td>
<td>−0.12</td>
<td>0.91</td>
<td>−0.05 to 0.04</td>
</tr>
<tr>
<td>Perceived Support From VA Administration</td>
<td>0.50</td>
<td>0.19</td>
<td>0.21</td>
<td>2.68</td>
<td>0.01</td>
<td>0.13−0.87</td>
</tr>
<tr>
<td>Chaplaincy and MH Integration</td>
<td>0.04</td>
<td>0.02</td>
<td>0.17</td>
<td>2.20</td>
<td>0.03</td>
<td>0.004−0.07</td>
</tr>
</tbody>
</table>

\[ R^2 = 0.08, F(6, 189) = 3.64, p < 0.01, CI 32.45−46.11. \]

### TABLE IV. Results of Regression Analysis on CF (N = 196)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>−0.03</td>
<td>0.04</td>
<td>−0.05</td>
<td>−0.70</td>
<td>0.48</td>
<td>−0.11 to 0.05</td>
</tr>
<tr>
<td>Gender</td>
<td>−1.25</td>
<td>1.01</td>
<td>−0.09</td>
<td>−1.24</td>
<td>0.22</td>
<td>−3.23 to 0.74</td>
</tr>
<tr>
<td>Race</td>
<td>0.79</td>
<td>0.38</td>
<td>0.14</td>
<td>2.08</td>
<td>0.04</td>
<td>0.04−1.55</td>
</tr>
<tr>
<td>Satisfaction With Time Allocation</td>
<td>0.00</td>
<td>0.02</td>
<td>0.01</td>
<td>0.20</td>
<td>0.85</td>
<td>−0.03 to 0.04</td>
</tr>
<tr>
<td>Perceived Support From VA Administration</td>
<td>−0.52</td>
<td>0.15</td>
<td>−0.26</td>
<td>−3.5</td>
<td>0.001</td>
<td>−0.85 to −0.23</td>
</tr>
<tr>
<td>Chaplaincy and MH Integration</td>
<td>−0.02</td>
<td>0.01</td>
<td>−0.13</td>
<td>−1.76</td>
<td>0.08</td>
<td>−0.05 to 0.00</td>
</tr>
</tbody>
</table>

\[ R^2 = 0.12, F(6, 189) = 5.25, p < 0.001, CI 16.29−27.14. \]
Interaction effect was also found for MH integration and perceived levels of support from VA administration ($b = 0.15$, $t = 2.19$, $p < 0.05$, CI 0.001 to 0.02).

To test for interaction effects, MH integration ratings were categorized into three levels—low, medium, and high integration.

Chaplains who report low MH integration in their work (30% or less) are most strongly affected by having high levels of support from VA administration ($R = 0.36$) compared to their peers; the association between high levels of administration support and CF is most pronounced in Chaplains who report low levels of MH integration in their work (Fig. 1).
Interaction - CF

FIGURE 1. Interaction between MH integration and perceived VA administration support for CF.
Regression

**TABLE V.** Results of Regression Analysis on BO (N = 196)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-0.07</td>
<td>0.04</td>
<td>-0.11</td>
<td>-1.64</td>
<td>0.10</td>
<td>-0.15 to 0.02</td>
</tr>
<tr>
<td>Gender</td>
<td>0.91</td>
<td>1.00</td>
<td>0.06</td>
<td>0.91</td>
<td>0.36</td>
<td>-1.07 to 2.89</td>
</tr>
<tr>
<td>Race</td>
<td>-0.21</td>
<td>0.38</td>
<td>-0.04</td>
<td>-0.55</td>
<td>0.59</td>
<td>-0.96 to 0.54</td>
</tr>
<tr>
<td>Satisfaction With Time Allocation</td>
<td>-0.01</td>
<td>0.02</td>
<td>-0.05</td>
<td>-0.65</td>
<td>0.52</td>
<td>-0.04 to 0.02</td>
</tr>
<tr>
<td>Perceived Support From VA Administration</td>
<td>-0.72</td>
<td>0.15</td>
<td>-0.34</td>
<td>-4.82</td>
<td>0.000</td>
<td>-1.01 to -0.42</td>
</tr>
<tr>
<td>Chaplaincy and MH Integration</td>
<td>-0.04</td>
<td>0.01</td>
<td>-0.20</td>
<td>-2.84</td>
<td>0.01</td>
<td>-0.06 to -0.01</td>
</tr>
</tbody>
</table>

\[ R^2 = 0.21, F(6, 189) = 9.64, p < 0.001, CI 16.29–27.14. \]
A significant interaction effects was found for age + MH integration ($b = 0.15$, $t = 2.27$, $p < 0.05$, CI $0.000–0.01$). For those with low MH integration, young age is a particularly strong predictor of BO ($R = 0.33$). The association between age and BO weakens in Chaplains who report higher levels of MH integration in their work (Fig. 2).
Interaction - BO

**Figure 2.** Interaction between age and MH integration on BO.
Summary

• In general, high professional quality of life 😊

• HOWEVER...
  – Age, levels of MH integration, and perceived support from VA Administration *significantly* affect CF and BO
  – These variables, in turn, significantly affect patient care outcomes, patient satisfaction, and quality of care
  – Also affect turnover rates

• VA Mental Health & Chaplaincy Initiative
  – Once a year conference for Chaplains
  – Basic education on MH issues
Study Limitations

• Cross-sectional

• Specific data (location, VISN, VA size, etc.) not available

• Veteran perspective missing

• Professional Quality of Life and Overall Health?
Room to Grow

- Increased genuine relationships and interdisciplinary consultation between MH and Chaplaincy
Room to Grow

- Mentorship of younger Chaplains
Room to Grow

- Support

- “Evidence based” research and mental health dissemination

- Moral injury? Spirituality?

- Culture and attitude change

- Balance – do we practice what we preach? (individual, cohort, system)
THANK YOU!

Grace Yan, PhD: weiyin.yan@va.gov