Supporting Chaplains on the Frontlines of the COVID-19 Pandemic: A Mixed Method Practice-based Pilot Intervention Study

Laura E. Captari, Kristen R. Hydinger, Steven J. Sandage, Elise J. Choe, Miriam Bronstein, George Stavros, Priscilla Shim, Arnold Rex Kintanar, Wendy Cadge, & Shelly Rambo
Center for the Study of Religion and Psychology, The Albert and Jessie Danielsen Institute, Boston University

INTRODUCTION & RATIONALE

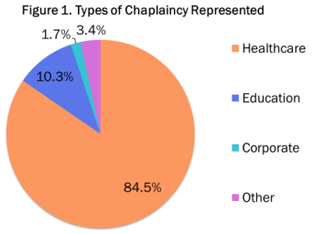
- Chaplains have played a pivotal role in patient, family, and staff care during the COVID-19 pandemic. However, many institutions have limited chaplain staff, creating **morally complex decision points** about where to focus attention (Ferrell et al., 2020).
- An international survey (Snowden, 2021) reported an upheaval in chaplains' working conditions, concerns about moral injury, painful dilemmas in enforcing physical distancing between dying patients and family, and limitations facilitating a "good death."
- Little empirical attention has been given to (a) the **potential toll of frontline spiritual care** on chaplains' mental health and occupational functioning as well as (b) the development of **interventions that can help ameliorate these risks** and promote resilience.

METHOD AND DEMOGRAPHICS

Participants and Procedure

- Chaplains ($N = 77$) enrolled in a spiritually integrated support group completed pre- and post-intervention measures
- **Nearly all (93.2%) reported exposure to a traumatic experience**, but less than a third (31.2%) disclosed mental health treatment
- **Many (73.7%) reported considering leaving chaplaincy**, and one quarter (24.6%) regretted becoming a chaplain

Figure 1. Types of Chaplaincy Represented



- Age: $M = 49.3$ years old ($SD = 11$), Range = 30 to 67 years
- Predominantly female (75.4%); others were male (21.1%), transgender (1.8%), or genderqueer (1.8%)
- Mostly European American (86%); others were Black/African American (5.3%), Hispanic/Latinx (5.3%), Asian (1.8%), or Middle Eastern/North African (1.8%)
- Nearly one third were LGBQIA+ (29.8%), with the remainder heterosexual (70.2%)
- About half (58.2%) were Christian Protestant; others were spiritual but not religious (16.4%), Catholic (10.9%), Buddhist (7.3%), Jewish (3.6%), or non-denominational Christian (3.6%)

Pre- and Post-Intervention Measures

- Primary Care Post Traumatic Stress Disorder Screen for DSM-5 (Prins et al., 2016)
- Maslach Burnout Inventory, Emotional Exhaustion Subscale (Maslach et al., 2016)
- Religious and Spiritual Struggles Scale-Short Form (Exline et al., 2020)
- Flourish Index (VanderWeele, 2017)
- Connor-Davidson Resilience Scale-10 item version (Campbell-Sills & Stein, 2007)
- Open-ended questions about intervention strengths, challenges, feedback

QUANTITATIVE RESULTS

- Paired t-tests indicated significantly reduced (a) burnout/emotional exhaustion from pre ($M = 11.00$, $SD = 3.52$) to post ($M = 9.85$, $SD = 3.48$) intervention ($t(54) = 2.28$, $p = .03$) and (b) spiritual/moral struggles from pre ($M = 1.88$, $SD = .53$) to post ($M = 1.75$, $SD = .48$) intervention ($t(53) = 2.37$, $p = .02$).
- Significant positive shifts also evident in well-being, including increased (a) resilience from pre ($M = 29.06$, $SD = 4.33$) to post ($M = 30.00$, $SD = 4.42$) intervention ($t(51) = -2.29$, $p = .03$), and (b) flourishing from pre ($M = 69.86$, $SD = 10.56$) to post ($M = 73.76$, $SD = 11.37$) intervention ($t(48) = -3.27$, $p < .01$).
- PTSD symptom change did not reach statistical significance, but was sub-clinical at pre intervention ($M = 1.46$, $SD = 1.68$).

Figure 3. Pre-Post Changes in Study Variables

Significant Increase in Chaplains' Sense of Resilience and Flourishing

Significant Decrease in Chaplains' Burnout and Spiritual/Moral Struggles

DISCUSSION AND IMPLICATIONS

- Results preliminarily suggest this group model has potential to address chaplains' burnout and spiritual/moral distress. An online format was amenable and associated with changes in symptoms and well-being, indicating **the promising use of technology to increase accessibility** for those working solo or in rural areas.
- Many participants expressed the need for longer-term groups, as well as **spaces convened specifically for those with particular identities** (e.g., chaplains of color, queer chaplains, early career chaplains). Researchers should experiment with longer-term groups, booster sessions, and a more organized transition from a professionally facilitated to peer-led group.
- Moments of tension and conflict have potential to be therapeutic, but five sessions significantly limits a group's ability to work through these dynamics productively.
- Future randomized and dismantling designs can explore (a) the impact of various group model components, (b) any additive benefits of including structured content (e.g., a focus on developing self-compassion, humility, gratitude), and (c) to what degree the group vs. other variables (e.g., individual therapy, spiritual practices, exercise, work expectations) contribute to resilience and well-being.
- Research has identified several **key workplace factors that contribute to burnout, including lack of role clarity, unmanageable workloads, time pressure, and lack of communication and support** (Wigert & Agrawal, 2018). In line with socio-ecological understandings of resilience as emerging from dynamic interactions between a chaplain and their context (Ungar & Theron, 2020), it is imperative that infrastructure concerns also be addressed.

INTERVENTION PROGRAM

- Based on literature review and consultation with subject matter experts, we hypothesized that **peer social support and attention to moral and spiritual issues** would buffer the effects of vicarious trauma and compassion fatigue.
- We developed and tested the effectiveness of **a time-limited Zoom-based group intervention**, co-led by psychotherapists specializing in spiritually-integrated care.
- The **5-session group protocol** utilized a tripartite framework grounded in interpersonal support (Yalom & Leszcz, 2020), relational spirituality (Sandage et al., 2020), and a somatic/mindfulness focus (Ogden & Fisher, 2015).
- Core interventional emphases include (a) **an orientation toward empathic witnessing and companioning**, rather trying to 'fix', (b) grounding and present-moment practices to address trauma reactions, (c) **identifying cultural and spiritual strengths** (e.g., courage, self-compassion, hope), and (d) developing embodied rituals and coping practices to promote meaning-making.
- Group sessions were held every other week, with the option to continue as a peer support space following the program conclusion.
- Between August 2020 and December 2021, 250 chaplains from the U.S. and internationally participated. To begin evaluating effectiveness, we conducted a **mixed method practice-based pilot study** with the subset consenting to research.

Figure 2. Flow of Group Sessions

QUALITATIVE RESULTS

- Qualitative data was analyzed using Thematic Analysis, recommended for psychotherapy process research (Braun & Clarke, 2006; Mörtl & Gelo, 2015).

Domain 1: Perceived Helpfulness

- **Peer Support (87%),** including (a) connection and solidarity around pandemic-related challenges; (b) being enriched by hearing from chaplains in different contexts (e.g., location, career stage, R/S tradition); and (c) reduced sense of isolation.
- **Therapeutic Processes (65%),** such as (a) being able to share authentically with colleagues; (b) feeling seen, heard, and understood; (c) the group's containing, regulating functions; (d) gaining new perspectives and inspiration; (e) protected time to reflect and receive from others; and (f) normalizing struggles.
- **Program Components (45%),** including (a) facilitative aspects of the flow of sessions, (b) the group leaders' presence and actions, and (c) aspects of the program overall (e.g., option to continue as a peer group).

Domain 2: Perceived Challenges

- **No Challenges (31%)**
- **Complexities in Group Process (40%),** citing (a) the impact of inconsistent attendance and group attrition (often because of work demands and in at least one case, due to a member's death) and (b) lack of some members' self-awareness (e.g., talkativeness, offering unsolicited advice).
- **Program Logistics (31%),** including (a) limitations of the program (e.g., dissatisfaction with the 5-session format) and (b) feedback about facilitation (e.g., more directiveness desired).

PARTICIPANT FEEDBACK

"I needed a safe place with other chaplains outside of work to process everything."

"I believe that we should all be in group support or at least group supervision due to the high stakes of what we work with..."

"We are trained to hold space for others, but it is rarely done for us..."

"Sharing was profoundly therapeutic in a setting where I'm the only chaplain."

"Everything was great for an acute intervention, but this is the tip of the iceberg! A path to maintain relationships and continue resilience practices is needed..."

SELECTED REFERENCES

Ferrell, B., Handzo, G., Picchi, T., Puchalski, C., & Rosa, W. (2020). The urgency of spiritual care: COVID-19 and the critical need for whole-person palliation. *Journal of Pain and Symptom Management, 60*, e7–e11.

Ogden, P. & Fisher, J. (2015). *Sensorimotor psychotherapy*. W. W. Norton.

Sandage, S. J., Rupert, D., Stavros, G., & Devor, N. (2020) *Relational spirituality in psychotherapy.* American Psychological Association.

Snowden, A. (2021). What did chaplains do during the COVID pandemic? An international survey. *Journal of Pastoral Care & Counseling, 75*(1), 6–16.

Yalom, I., & Leszcz, M. (2020). *The theory and practice of group psychotherapy*. Basic Books.

****For more information, contact Dr. Captari at lcaptari@bu.edu.**