

Liberty University

**Addressing Chaplain Care and Resiliency
as Protective Factors to Burnout in Community Chaplaincy**

A Thesis Submitted to
the Faculty to the School of Divinity
in Candidacy for the Degree of
Master of Divinity: Community Chaplaincy

by

Robin Jonell Ratcliff

Lynchburg, Virginia

March 10, 2024

THESIS APPROVAL SHEET

RAWLINGS SCHOOL OF DIVINITY

A

GRADE

[REDACTED]

THESIS MENTOR

[REDACTED]

READER

Contents

Chapter 1: Introduction	5
I. Statement of the Problem	6
II. Statement of Purpose	7
III. Statement of Importance of the Problem	7
IV. Statement of Position on the Problem	8
V. Limitations	9
Chapter 2: Literature Review	10
I. Burnout of Chaplains	10
A. Compassionate Fatigue	13
B. Resisting Burnout	15
II. Self Care of Chaplains	16
A. Physical Self-Care	18
B. Emotional Self-Care	19
C. Spiritual Self- Care	22
III. Resiliency of Chaplains	26
A. Meditation App for Self-Care	28
B. Highly Resilience People	29
Chapter 3: Results	31
I. Assessments	31

A. Professional Quality of Life Assessment (ProQOL-RIII)	33
B. Self-Care Assessment Worksheet (SCAW)	33
II. Scales	34
A. Depression and Stress Scale (DASS)	34
B. Maslach Burnout Inventory (MBI-HSS)	34
C. Religious and Spiritual Struggles Scale—Short Form (RSSSF)	35
D. Flourish Index (FI)	35
E. Connor–Davidson Resilience Scale—10-item version (CD RISC-10)	35
III. Screening	36
A. Primary Care Posttraumatic Stress Disorder Screen for DSM-5 (PC-PTSD-5)	36
IV. Training and Intervention	37
A. Clinical Pastoral Education	37
B. Cognitive Based Compassion Training	39
C. Zoom Sessions	40
Chapter 4: Research Analysis	42
Chapter 5: Conclusion	47
Appendix	49
Bibliography	67

Chapter 1

Introduction

The life of a chaplain has experiences that few people witness personally unless they received service from a chaplain. Chaplains walk into places that most people run out of, whether it is a hospital room, a battlefield, a prison cell, a tragic murder, or fire scene, or even a natural disaster. Chaplains come to serve those who are left with tough decisions and in difficult places. Reverend William E. Alberts, PhD says, “Chaplaincy is about both feet planted responsively amidst the realities and strengths and needs of patients and their loved ones.”¹ As Jacobs states, a chaplains knowledge “must have a working of the psychology and sociology of religion and be attentive to diversity.”² Alberts also goes on to say, our lives as chaplains should “affirm these commons struggles and the wisdom they elicit by giving them air and reverence.”³ According to Davie “a chaplain is expected to give moral leadership, pastoral support and spiritual guidance.”⁴ Wood states that, “chaplains’ skills in listening and providing choice in the

¹ Alberts, William E. *A Hospital Chaplain at the Crossroads of Humanity*. Place of distribution not identified: manufacturer not identified, 2012.

² Jacobs, Martha R. "What are we doing here? Chaplains in contemporary health care." *The Hastings Center Report* 38, no. 6 (2008): 15+. *Gale Business: Insights*https://link.gale.com/apps/doc/A195317856/GBIB?u=vic_liberty&sid=summon&xid=7af 86455. Accessed September 2, 2023.

³ Alberts, William E. *A Hospital Chaplain at the Crossroads of Humanity*. Place of distribution not identified: manufacturer not identified, 2012.

⁴ Davie, Grace (2015) “The military chaplain: a study in ambiguity”, *International Journal for the Study of the Christian Church*, 15:1, 39-53, DOI: [10.1080/1474225X.2014.998581](https://doi.org/10.1080/1474225X.2014.998581). Accessed September 2, 2023.

option to engage in religious or spiritual practice was available but not pushed.”⁵ Jacobs states, “chaplains do what needs to be done simply by showing up, hanging around, and making time.”⁶ According to Klitzman, A sense of personal “calling” frequently leads chaplains to find their work deeply rewarding and sustaining.⁷

In the life of the author it is in response to 2 Corinthians 1:3-4 that she responds to God’s call upon her own life to be a chaplain when the Apostle Paul states, “Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God.”⁸

Statement of the Problem

This thesis addresses chaplain care and resiliency as protective factors to burnout in community chaplaincy. According to Joy Burgess, surveys in pastoral care states that ninety percent of those in ministry work devote more than forty-six hours a week, seventy-five percent reported stress related to crisis care, seventy percent do not have a friend to talk to about their

⁵ Wood, Emily, Sally Ross, Julian Raffay, and Andrew Todd. “Service User Views of Mental Health Spiritual and Pastoral Care Chaplaincy Services.” *Health and social care chaplaincy*. 9, no. 2 (2021). Accessed September 2, 2023.

⁶ Jacobs, Martha R. "What are we doing here? Chaplains in contemporary health care." *The Hastings Center Report* 38, no. 6 (2008): 15+. *Gale Business Insights*https://link.gale.com/apps/doc/A195317856/GBIB?u=vic_liberty&sid=summon&xid=7af 86455. Accessed September 2, 2023.

⁷ Klitzman, Robert, Stephanie Sinnappan, Elizaveta Garbuzova, Jay Al-Hashimi, and Gabrielle DiSapia Natarelli. "Becoming Chaplains: How and Why Chaplains Enter the Field, Factors Involved and Implications." *Journal of Health Care Chaplaincy* (2022): 1-14. Accessed September 2, 2023.

⁸ New International Bible. Grand Rapids, MI.: Zondervan Publishing Co. 1986.

stress, and eighty percent have had family stressors due to ministry.⁹ This type of problem within any career has the potential to cause burnout.

Statement of Purpose

The purpose of this thesis identifies resources to help chaplains be able to address stress throughout their career. This could be done first by educational means in college and then Clinical Pastoral Education (CPE) by supportive people who have already worked in the field. Then using supportive tools, recognizing signs of burnout and compassion fatigue, and setting aside time for self-care that allows the mind, soul, and body time for rest. So that their calling is secured and that people who they serve will be helped throughout their time as chaplains, instead of their career ending in burnout.

Statement of Importance of the Problem

According to the Gallup Poll done in March of 2022, one in four Americans are being served by a chaplain.¹⁰ With so great a need, future chaplains need to be taught in College Divinity programs and Clinical Pastoral Education (CPE) courses for self-care principles and signs of burnout and compassion fatigue, to help them manage the stress and remain in their ministry. To assist in this, there should be an environment that provides ways for stress management techniques and support, allowing them to end their day with less stress.

As a former social worker, current telehealth therapist, and future chaplain, the author has already seen the cost of burnout in her chosen fields. In her academic studies for this field, she was

⁹ Hotchkiss, Jason, and Ruth Leshner. "Factors Predicting Burnout Among Chaplains: Compassion Satisfaction, Organizational Factors, and the Mediators of Mindful Self-Care and Secondary Traumatic Stress." *Pastoral Care & Counseling* 72, no. 2 (2018).

¹⁰ Saad, Lydia. "March 2022 Gallup Polls". <https://news.gallup.com/opinion/gallup/406838/one-four-americans-served-chaplains.aspx>.

surprised that so few textbooks discussed stress management. After meeting chaplains, the need for self-care became evident. Self-care in chaplaincy must become part of the career plan, to preserve the calling that the Lord has given each of these men and women. According to a survey done by the Barna Group in 2021, it was found that thirty-eight percent of pastors surveyed were considering leaving their ministry.¹¹ Burnout was made worse with the challenges of the pandemic which included depression in pastoral staff, conflicts that was happening in churches, and marital problems due to more stress.

Statement of Position on the Problem

Based upon preliminary research there is a physical, emotional, and spiritual toll that burnout takes on chaplains who do not manage the stresses they face in the chaplaincy role. If burnout is left untreated, these men and women could become ineffective in their roles as chaplain.

Chaplains in healthcare facilities are not the only people who experience the problems of burnout and compassion fatigue. In addition, many helping professions, such as, physicians, nurses, therapists, social workers, and others share the same stress load in this environment as the chaplain. So this is why it is important to assess oneself from time to time to be effective to those who are called to serve. Self-care should include the physical, emotional, and spiritual wellness of the caregiver.

¹¹Shellnutt, Kate. "The Pastors Aren't All Right: 38% Consider Leaving Ministry". Christianity Today. November 16, 2021. <https://www.christianitytoday.com/news/2021/november/pastor-burnout-pandemic-barna-considering-leaving-ministry.html>.

Limitations

The limitation of this thesis is due to the student's deadline of wanting to be done with her studies by the end of the year. The author was not aware of the amount of time it would take to finish this portion of her schooling, but she is committed to finishing strong.

Due to the author being an online student, she has not received consistent advisement as if she had an advisor as a campus student each quarter. The author will overcome this situation and plan to do everything pertaining to her MDiv degree, to defend the thesis by year's end.

Regarding the actual thesis, the author will not be conducting her own research but using other people's research in chaplain care and resiliency to burnout as the thesis is a library thesis.

Chapter 2

Literature Review

Burnout of Chaplains

Ajith Fernando in his book, *Jesus Driven Ministry*, states that a “major reason high incidence of burnout in the ministry today could be that we are ministering in our own strength rather than in the Spirit’s inexhaustible resources.”¹² According to Clare Biedenharn in her book, *Heart to Heart: Spiritual Care Through Deep Listening*, the World Health Organization added burnout in their International Classification of Diseases (ICD-11) and it was defined as:

*“Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy.”*¹³

As a result of this burnout, the first thing that can suffer is the spiritual life of a chaplain is through spiritual dryness. Chandler speaks of burnout as “emotional exhaustion, depersonalization, and reduced accomplishment.”¹⁴ White shares that “burnout and distress among palliative care professionals has received much attention suggests it negatively impacts the quality of care.”¹⁵ Chandler goes on to say that this can happen when there is an “inordinate

¹² Fernando, Ajith. *Jesus Driven Ministry*. Wheaton, Ill.: Crossway, 2002.

¹³ Biedenharn, Clare. *Heart to Heart: Spiritual Care Through Deep Listening*. First Edition. Listening Partner, LLC, 2020.ed

¹⁴ Chandler, Diane J. "Pastoral Burnout and the Impact of Personal Spiritual Renewal, Rest-Taking, and Support System Practices." *Pastoral Psychology* 58, no. 3 (2009): 273-287. Accessed September 3, 2023.

¹⁵ White, Kelsey B., Patricia E. Murphy, Jane Jeuland, and George Fitchett. "Distress and Self-Care among Chaplains Working in Palliative Care." *Palliative & Supportive Care* 17, no. 5 (2019): 542-549. Accessed September 2, 2023.

time demands, unrealistic expectations, isolation, and loneliness.”¹⁶ Alkema, Linton, and Davies states that “burnout may also lead to negative self-concept, negative attitudes about work, and a loss of caring about work-related issues.”¹⁷ The reduced personal accomplishment was viewed as “reduced productivity or capability, low morale, and an inability to cope.”¹⁸ Alkema, Linton, and Davies also attributes other factors such as “low salaries, demanding schedules, varying work shifts, low social recognition, lack of financial resources, role ambiguity, and difficult client behaviors” that can cause burnout.¹⁹ Oliver states, “hours worked per week [is] a statistically significant predictor of burnout.”²⁰

According to Abendroth, burnout is the “physical, emotional, and mental exhaustion caused by long-term exposure to emotionally demanding situations and can be considered a precursor to Compassion Fatigue.”²¹ Chaplains that work with the Veteran’s Administration states that, “the likelihood of experiencing Compassion Fatigue is higher for those who work

¹⁶ Chandler, Diane J. "Pastoral Burnout and the Impact of Personal Spiritual Renewal, Rest-Taking, and Support System Practices." *Pastoral Psychology* 58, no. 3 (2009): 273-287. Accessed September 3, 2023.

¹⁷ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) “A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals”, *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: 10.1080/15524250802353934.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Oliver, R., Hughes, B., & Weiss, G. “A Study of the Self-Reported Resilience of APC Chaplains.” *Journal of Pastoral Care & Counseling*, 72, no. 2 (2018): 99–103. <https://doi.org/10.1177/1542305018773698>. Accessed September 2, 2023.

²¹ Abendroth, Maryann, and Jeanne Flannery. “Predicting the Risk of Compassion Fatigue.” *Journal of hospice and palliative nursing: JHPN*. 8, no. 6 (2006): 346–356.

with the traumatized.”²²Charles Figley stated that when he first started researching Compassion Fatigue he saw that it started out as burnout.²³

Kahill in his research noticed five categories of symptoms:

1. Physical symptoms which could include fatigue and physical depletion/exhaustion, sleep difficulties, specific somatic problems such as headaches, gastrointestinal disturbances colds, and flu.
2. Emotional symptoms which could include irritability, anxiety, depression, guilt, and a sense of hopelessness.
3. Behavioral Symptoms which could include aggression, callousness, pessimism, defensiveness, cynicism, or substance abuse.
4. Work-related symptoms which could include quitting a job, poor work performance, absenteeism, tardiness, misuse of work breaks and theft.
5. Interpersonal symptoms which could include perfunctory communication skills, inability to concentrate/ focus on, withdrawal from clients/co-workers, and then dehumanizing, intellectualizing clients.²⁴

What Paget and McCormack stated in their book, *The Work of the Chaplain*, is that there are several reasons why burnout can occur which include, “professional isolation, ambiguous

²² Yan, Grace W, and Joan Beder. “Professional Quality of Life and Associated Factors Among VHA Chaplains.” *Military medicine*. 178, no. 6 (2013). Accessed September 2, 2023.

²³ Figley, Charles R. *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. New York: Brunner-Routledge, 1995.

²⁴ Ibid.

successes, maintaining an unrealistic pace, having a “Messiah complex”, and human finitude.²⁵ They go on to talk about the three-dimensional model that Maslach and Leiter talked about as possibly the beginning stages of Compassion Fatigue if corrective changes are not sought out for effective self-care.²⁶ As Maslach and Leiter states the three-dimensional model is: overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.²⁷ Purvis states that “Preventing burnout and promoting resiliency are important for health professionals’ well-being and quality of patient care, as individuals with high levels of burnout are more likely to self-report suboptimal patient interactions.”²⁸

Like chaplaincy, Lindholm found out in his studies with United Methodist clergy that they had barriers to good physical health that included: lack of personal time with family, limited time in fitness and exercise, and a work schedule that was unknown from week to week.²⁹

Compassion Fatigue

As we discuss Compassion Fatigue, we will focus on the ongoing burnout not addressed by self-care. Raab states that “health care professionals are particularly vulnerable to stress

²⁵ Paget, Naomi K., and Janet R. McCormack. *The Work of the Chaplain*. Valley Forge, PA: Judson Press, 2006.

²⁶ Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 2016 Jun;15(2):103-11. doi: 10.1002/wps.20311. PMID: 27265691; PMCID: PMC4911781. Accessed September 2, 2023.

²⁷ Ibid.

²⁸ Purvis, Taylor E, and Deanna Saylor. “Burnout and Resilience Among Neurosciences Critical Care Unit Staff.” *Neurocritical care*. 31, no. 2 (2019): 406–410. Accessed September 2, 2023.

²⁹ Lindholm, Greg, Judy Johnston, Frank Dong, Kim Moore, and Elizabeth Ablah. "Clergy Wellness: An Assessment of Perceived Barriers to Achieving Healthier Lifestyles." *Journal of Religion and Health* 55, no. 1 (02, 2016): 97-109, <https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/clergy-wellness-assessment-perceived-barriers/docview/1756418232/se-2>. Accessed September 2, 2023.

overload and compassion fatigue due to an emotionally exhausting environment. Compassion fatigue among caregivers in turn has been associated with less effective delivery of care.”³⁰ Paget and McCormack defines Compassion Fatigue as “a secondary form of posttraumatic stress disorder.”³¹ Charles Figley also calls this “secondary victimization.”³² According to Whitworth, “military chaplains can be exposed to traumatic experiences during their deployments with some of them developing posttraumatic stress disorder (PTSD).”³³ According to Weidlich, it was determined that “observing death and serious injuries may lead to PTSD in health care providers.”³⁴ Figley states that Compassion fatigue is a “result of long exposure to the suffering of others, listening to descriptions of traumatic events experienced by others, little to no emotional support in the workplace, and poor self-care.”³⁵ Alkema, Linton, and Davies define Compassion Fatigue as “a deep physical, emotional, and spiritual exhaustion accompanied by acute emotional pain”³⁶ Figley states that the symptoms of compassion fatigue include

³⁰ Raab, Kelley (2014) “Mindfulness, Self-Compassion, and Empathy Among Health Care Professionals: A Review of the Literature”, *Journal of Health Care Chaplaincy*, 20:3, 95-108, DOI: [10.1080/08854726.2014.913876](https://doi.org/10.1080/08854726.2014.913876). Accessed September 2, 2023.

³¹ Paget, Naomi K., and Janet R. McCormack. *The Work of the Chaplain*. Valley Forge, PA: Judson Press, 2006.

³² Figley, Charles R. *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. New York: Brunner-Routledge, 1995.

³³ Whitworth, James D., Casey N. O'Brien, and Chris Stewart. "Understanding Post-Traumatic Stress Responses among Military Chaplains: Implications for Military Behavioral Health." *Military Behavioral Health* 9, no. 4 (2021): 390-403. Accessed September 2, 2023.

³⁴ Weidlich, Christopher P., A.N.U.S.A. and Ugarriza, Doris N, ARNP, B.C., PhD. "A Pilot Study Examining the Impact of Care Provider Support Program on Resiliency, Coping, and Compassion Fatigue in Military Health Care Providers." *Military Medicine* 180, no. 3 (03, 2015): 290-5, <https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/pilot-study-examining-impact-care-provider/docview/1661322403/se-2>. Accessed September 2, 2023.

³⁵ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) “A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals”, *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: 10.1080/15524250802353934.

³⁶ Ibid.

“difficulty sleeping, increased startle response, avoidance of places or things that are reminders of the event(s), obtrusive thoughts and images about the event(s), and depressed and/or anxious mood.”³⁷ Abendroth, a healthcare provider, states that compassion fatigue is “a secondary traumatic stress reaction resulting from helping, or desiring to help, a person suffering from traumatic events.”³⁸ In another study, he found that the risk of Compassion Fatigue with chaplains after the World Trade Center disaster on September 11, 2001 in New York City was studied and it was reported that “55% of the sample {n = 403} were in the moderate-to-high Compassion Fatigue risk category.”³⁹

Resisting Burnout

Clarke and colleagues discussed how chaplains can resist burnout by attending preservice and professional training for a day away from their duties.⁴⁰ Which would allow them time to interact with others in their field and receive some needed training. They could also participate in “rigorous discernment and screening of their callings and the inclusion of required practices, such as spiritual direction or mentorship.”⁴¹ Williams did a study to evaluate how spirituality might help neutralize some of the stressful effects of the prison environment on corrections staff,

³⁷ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) “A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals”, *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: [10.1080/15524250802353934](https://doi.org/10.1080/15524250802353934).

³⁸ Abendroth, Maryann, and Jeanne Flannery. “Predicting the Risk of Compassion Fatigue.” *Journal of hospice and palliative nursing: JHPN*. 8, no. 6 (2006): 346–356.

³⁹ Ibid.

⁴⁰ Clarke, Margaret Allison, Keith D Walker, Shelley Spurr, and Vicki Squires. “Clergy Resilience: Accessing Supportive Resources to Balance the Impact of Role-Related Stress and Adversity.” *The journal of pastoral care & counseling: JPCC*. 76, no. 3 (2022): 210–223.

⁴¹ Ibid.

which includes chaplaincy, to resist the effects of stress and burnout.⁴² The best way to resist burnout is to consider the avenues of self-care that one can take to alleviate burnout, compassion fatigue, and manage stress in the life of a chaplain.

Self-Care Needs of Chaplains

Self-care is a purposeful way for chaplains to preserve the calling that God has placed upon their lives. According to Stuart, “Self-Care is essential in professional ministry.”⁴³ Chaplains hear each workday stories from people and their loved ones who are experiencing hardship and are many times emotional. This must be hard for the soul of anyone who cares about humanity. Then at the end of a difficult day, chaplains need to care for themselves. Then to be able to go home at the end of the day with a sense of accomplishment for one’s calling, while attending to personal home responsibilities.

According to Fuller, within the field of pastoral theology, “self-care is often upheld as a cornerstone of effective pastoral care.”⁴⁴ Dorman states that “healers have an ethical obligation to exercise self-care.”⁴⁵ Chandler said in her writings that to combat burnout, chaplains need to seek “spiritual renewal, rest taking, and support.”⁴⁶ According to Abendroth “healthy distancing

⁴² Williams, George. "Resisting Burnout: Correctional Staff Spirituality and Resilience." *Revista De Fomento Social* no. 291/292 (2018): 617-647. Accessed September 2, 2023.

⁴³ Baker, Ellen K. *Caring for Ourselves: A Therapist's Guide to Personal and Professional Well-Being*. First edition. Washington, DC: American Psychological Association, 2003.

⁴⁴ Fuller, Leanna K. (2018) In Defense of Self-care, *Journal of Pastoral Theology*, 28:1, 5-21, DOI: 10.1080/10649867.2018.1459106.

⁴⁵ Dorman, William. *Restoring the Healer: Spiritual Self-Care for Health Care Professionals*. West Conshohocken, PA: Templeton Press, 2016. ProQuest.

⁴⁶ Chandler, Diane J. "Pastoral Burnout and the Impact of Personal Spiritual Renewal, Rest-Taking, and Support System Practices." *Pastoral Psychology* 58, no. 3 (2009): 273-287.

may be achieved by a sense of self-care, as evidenced by consciously taking time off from work, especially when stress begins to accumulate.”⁴⁷ Alkema, Linton, Davies states that “promoting self-care may be one way to enhance compassion satisfaction and decrease burnout and compassion fatigue.”⁴⁸ Paget and McCormack said that “effective self-care involves preventative maintenance as well as asking for help when personal resources are inadequate to maintain physical, emotional, and spiritual health.”⁴⁹ According to Blomquist, “the practice of self-care refers to the purposeful actions people and organizations take that contribute to wellness and stress reduction.”⁵⁰ Chaplains have to see the importance of self-care in their own lives in order for this concept to be applied consistently.

This chapter will discuss three ways that have been found to offer self-care for chaplains, which is physical, emotional, and spiritual self-care. Self-care is not an optional task, but as it was stated in the start of this chapter a necessary task for the care of the chaplain and the family that they go home to each day. Luciotti states, “Taking effective care of oneself becomes the most efficient method for extending effective care to others.”⁵¹ He goes on to say that it helps a person be “clearer of mind, healthier in spirit, and have greater energy for service to others.”⁵²

⁴⁷ Abendroth, Maryann, and Jeanne Flannery. “Predicting the Risk of Compassion Fatigue.” *Journal of hospice and palliative nursing: JHPN*. 8, no. 6 (2006): 346–356.

⁴⁸ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) “A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals”, *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: 10.1080/15524250802353934.

⁴⁹ Ibid.

⁵⁰ Bloomquist, Kori R., Leila Wood, Kristin Friedmeyer-Trainor, and Hea-Won Kim. "Self-Care and Professional Quality of Life: Predictive Factors among MSW Practitioners." *Advances in Social Work* 16, no. 2 (2016): 292-311.

⁵¹ Luciotti, Rick. "Clergy Self-Care." *International Journal of Choice Theory and Reality Therapy* 38, no. 2 (2019): 12-15. Accessed September 3, 2023.

⁵² Ibid.

Chaplain self-care is best viewed as chaplains learning to develop significant interactions and relationships with peers, family, and friends outside the workday for adjusting to and coping with the demands of the pastoral ministry. Chaplains are encouraged to keep firmly in mind that no one possesses all the answers or all the solutions to circumstances arising professionally and/or personally.

Physical Self-Care

In their book, *The Work of the Chaplain*, Naomi Paget and Janet McCormack say, “health and empowerment for the chaplain begins with self-care.”⁵³ Physical sources could encompass exercise, family time and friendships, good restful sleep, and napping when needed. Burgess suggests that “taking time to sit down and have a healthy meal is not selfish – it’s fueling your body so it can go on ministering.”⁵⁴

Scripture in 1 Kings 19:5-18 reminds us of Elijah and God’s care to him during his time of service. Elijah had to run for his life into the desert and he stated to God, “I have had enough, Lord,” he said. “Take my life; I am no better than my ancestors.”⁵⁵ In this moment, the Angel of the Lord cared for him physically and it restored him back to service through refreshment and nourishment. Burgess states, “think about the life of Jesus. We know that during his public ministry, he still took time alone to pray and reflect. He went out on a boat to escape pressing

⁵³ Paget, Naomi K., and Janet R. McCormack. *The Work of the Chaplain*. Valley Forge, PA: Judson Press, 2006.

⁵⁴ Burgess, Joy. “Physical, Emotional, and Spiritual Self-care for Healthcare Chaplains.” *Pastoral Counseling* (n.d.). <https://www.pastoralcounseling.org/healthcare-chaplain-care>.

⁵⁵ New International Bible. Grand Rapids, MI.: Zondervan Publishing Co. 1986.

crowds, climbed a mountainside, and even when to the Garden of Gethsemane to pray alone the night before his death.”⁵⁶

In his work with death and trauma, Charles Figley states in his book, *Treating Compassion Fatigue*, suggest to “sleep and rest, food, exercise and recreation, contact with nature, maintaining structure with work, and limiting exposure with traumatic situations.”⁵⁷ He further talks about when caring for others, who are in traumatic situations, that after this experience helpers need to use “decompression, diffusion and a variety of debriefing with support.”⁵⁸ William E. Alberts states that, “self-awareness and emotional security free a chaplain to join in an interdisciplinary commitment to fulfill any hospital’s mission.”⁵⁹ Without this physical care, chaplains will not be effective in their ministries and also in their family life.

Emotional Self-Care

Ellen Baker in her book, *Caring for Ourselves*, speaks of therapist self-care which could also be applicable to the Community Chaplain when she says there are three thoughts of self-care which is “self-awareness, self-regulation, and balance.”⁶⁰ Self-awareness is defined as “a core element in the responsible, mature management and regulation of one’s self as a person and as a

⁵⁶ Burgess, Joy. “Physical, Emotional, and Spiritual Self-care for Healthcare Chaplains.” *Pastoral Counseling* (n.d.). <https://www.pastoralcounseling.org/healthcare-chaplain-care>. Accessed September 2, 2023.

⁵⁷ Figley, Charles R. *Treating Compassion Fatigue*. New York: Brunner-Routledge, 2002.

⁵⁸ Ibid.

⁵⁹ Alberts, William E. *A Hospital Chaplain at the Crossroads of Humanity*. Place of distribution not identified: manufacturer not identified, 2012.

⁶⁰ Baker, Ellen K. *Caring for Ourselves: A Therapist’s Guide to Personal and Professional Well-Being*. First edition. Washington, DC: American Psychological Association, 2003.

professional.”⁶¹ Self-regulation is “conscious and less conscious management of our physical and emotional impulses, drives, and anxieties.”⁶² Balance is “essential in enabling us to tend our core needs and concerns, including of the body, mind, and spirit.”⁶³ Coaston states, “cultivating an attitude of self-compassion may assist counselors in employing self-care practices to refresh, rejuvenate, and recharge their bodies, minds, and souls.”⁶⁴ Emotional sources can include taking time off for vacations and other short times off when needed, going to conferences that refuel passion for chaplaincy, and seeking out therapy for countertransference issues that become problematic.

Bloomquist found that clinicians “spending time with friends and family as a self-care strategy and that social support was an important factor in predicting levels of burnout and compassion satisfaction.”⁶⁵ Also, he states, “emotional self-care proved to be significant in predicting less burnout and greater compassion satisfaction.”⁶⁶ According to Burgess, “Many people in ministry find that writing down their feelings is extremely helpful.”⁶⁷ Portoghese states, that a “workplace who promotes the development of effective emotional management

⁶¹ Ibid.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Coaston, Susannah C. "Self-Care through Self-Compassion: A Balm for Burnout." *The Professional Counselor (Greensboro, N.C.)* 7, no. 3 (2017): 285-297. Accessed September 3, 2023.

⁶⁵ Bloomquist, Kori R., Leila Wood, Kristin Friedmeyer-Trainor, and Hea-Won Kim. "Self-Care and Professional Quality of Life: Predictive Factors among MSW Practitioners." *Advances in Social Work* 16, no. 2 (2016): 292-311. Accessed September 3, 2023.

⁶⁶ Ibid.

⁶⁷ Burgess, Joy. “Physical, Emotional, and Spiritual Self-care for Healthcare Chaplains.” *Pastoral Counseling* (n.d.). <https://www.pastoralcounseling.org/healthcare-chaplain-care>. Accessed September 2, 2023.

strategies is beneficial for both hospice care professionals wellbeing and patient's quality of life."⁶⁸

Kianpour talks about some specific strategies of emotional management, which includes work-life balance, self-reflexivity, methods of self-care, and chaplains' emotional make-up.⁶⁹ Emotional self-care is about placing a finger on the pulse of your own needs first, acknowledging your need for self-care, and acting upon it in a frequent way.

John Wesley talks about service to others when he stated, "remember you cannot serve him alone. You must therefore find companions or make them."⁷⁰ Burgess suggests, "having someone that you can talk to about your feelings is important, too. In fact, building solid friendships is an essential part of emotional self-care and can reduce your risk of burnout."⁷¹ In a work environment, it may be challenging but everyone needs support while caring for those in need. When reaching out for support, a chaplain may be surprised that other colleagues are looking for this same support. Having a shared occupation makes this support even more valuable than that of a spouse or friend who does not share your calling.

⁶⁸ Portoghese, Igor, Galletta M, Larkin P, Sardo S, Campagna M, Finco G, D'Aloja E. "Compassion fatigue, watching patients suffering and emotional display rules among hospice professionals: a daily diary study." *BMC Palliat Care*. 2020 Feb 25;19(1):23. doi: 10.1186/s12904-020-0531-5. PMID: 32098618; PMCID: PMC7043034. Accessed September 2, 2023.

⁶⁹ Kianpour, Masoud. "Mental Health and Hospital Chaplaincy: Strategies of Self-Protection (Case Study: Toronto, Canada)." *Iranian Journal of Psychiatry and Behavioral Sciences* 7, no. 1 (2013): 69–77. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3939980/>. Accessed September 2, 2023.

⁷⁰ Fernando, Ajith. *Jesus Driven Ministry*. Wheaton, Ill.: Crossway, 2002.

⁷¹ Burgess, Joy. "Physical, Emotional, and Spiritual Self-care for Healthcare Chaplains." *Pastoral Counseling* (n.d.). <https://www.pastoralcounseling.org/healthcare-chaplain-care>.

Spiritual Self-Care

According to Stuart, “Spiritual discipline and practice is a means to achieving self-care. While many chaplains know this truth, they often fall short on the practice side.”⁷² Spiritual sources can mean meditating in God’s word, prayer, and devotional time. It can also mean being part of a supportive church congregation. Richard Foster states “the primary requirement is longing after God.”⁷³ He furthered states, “God has given us the disciplines of the spiritual life as a means of receiving his grace. The disciplines allow us to place ourselves before God so that He can transform us.”⁷⁴

Chaplaincy is about the ability to love on others as God has loved us. Clare Biedenham in her book, *Heart to Heart: Spiritual Care Through Deep Listening*, states that “love for others as we are loved by God, sustains the selfless deep love and connection.”⁷⁵ Matthew 11:28-30 states that, “Come to me, all who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light.”⁷⁶ Williams stated, “that correctional chaplains by virtue of their professional religious training, spirituality and connection to supportive faith

⁷² Stuart, R Michael. “Practicing Contemplation for Healthy Self-Care.” *Chaplaincy today*. 28, no. 1 (2012): 33–36. Accessed September 2, 2023.

⁷³ Foster, Richard. *Celebration of Discipline: The Path to Spiritual Growth*. San Francisco: Harper Collins Publishing, 1998.

⁷⁴ Ibid.

⁷⁵ Biedenham, Clare. *Heart to Heart: Spiritual Care Through Deep Listening*. First Edition Listening Partner, LLC, 2020.

⁷⁶ New International Bible. Grand Rapids, MI.: Zondervan Publishing Co. 1986.

communities, are more emotionally resilient and less likely to suffer workplace stress and burnout than correctional officers working in the same environment.”⁷⁷

In his book, *Dangerous Calling*, Paul David Tripp speaks of three falsehoods that can destroy efforts to provide self-care to ourselves, which includes “I let my ministry identify my identity, I let my Biblical literacy and Theological knowledge define my maturity, and I confused ministry success with God’s endorsement of my lifestyle.”⁷⁸ In regards to ministry identity, this may have been altered unknowingly in situations that happened in childhood. When he talked about Biblical Literacy and Theological Knowledge many pastors can have head knowledge from their studies but lack the heart knowledge that God can use in service. He further speaks of confusing ministry success with God’s endorsement of a person’s lifestyle is more about how God is using the person that He has called then the person themselves. Tripp recognized this need in his own life to be able to minister effectively.

Foster says that “the classical disciplines of the spiritual life call us to move beyond surface living into the depths. They invite us to explore the inner caverns of the spiritual realms.”⁷⁹ He goes on to say that, “John Woolman counsels it is good for thee to dwell deep, that those mayest feel and understand the spirits of people.”⁸⁰ According to Chandler, “spiritual

⁷⁷ Williams, George. "Resisting Burnout: Correctional Staff Spirituality and Resilience." *Revista De Fomento Social* no. 291/292 (2018): 617-647. Accessed September 2, 2023.

⁷⁸ Tripp, Paul David. *Dangerous Calling: Confronting the Unique Challenges of Pastoral Ministry*. Wheaton, Ill.: Crossway, 2012.

⁷⁹ Foster, Richard. *Celebration of Discipline: The Path to Spiritual Growth*. San Francisco: Harper Collins Publishing, 1998.

⁸⁰ Ibid.

renewal or communion with God is the cornerstone of effectiveness in treating burnout.”⁸¹ John Wesley states, “there is no alternative to prayer in the Christian worker’s life.”⁸² Turning back to the God of all comfort has to be an immediate response to the stresses and hardships of ministry in the life of a chaplain.

The Bible speaks to self-care in both the Old and New Testaments. In Psalm 18:1,2 when King David states, “I love you, O Lord, my strength. The Lord is my rock, my fortress, and my deliverer; my God is my rock, in whom I take refuge.”⁸³ Samushonga states, by drawing on the example of Moses, “Yahweh is the architect of the principle of self-care in pastoral ministry.”⁸⁴ The Apostle Paul states in Ephesians 3:20 states, “Now to him who is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us.”⁸⁵

Burgess states, “Spiritual self-care is a never-ending process that involves building a relationship with God that is always growing and deepening. Just like any other relationship, your relationship with God takes persistence and consistent time.”⁸⁶ Doehring states, “People with stronger spiritual orienting systems are better equipped to deal with a wider range of

⁸¹ Chandler, Diane J. "Pastoral Burnout and the Impact of Personal Spiritual Renewal, Rest-Taking, and Support System Practices." *Pastoral Psychology* 58, no. 3 (2009): 273-287.

⁸² Fernando, Ajith. *Jesus Driven Ministry*. Wheaton, Ill.: Crossway, 2002.

⁸³ New International Bible. Grand Rapids, MI.: Zondervan Publishing Co. 1986.

⁸⁴ Samushonga, Hartness M. (2021). “Distinguishing Between the Pastor and the Superhero: God on Burnout and Self-care”, *Journal of Pastoral Theology*, 31:1, 4-19, DOI: [10.1080/10649867.2020.1748919](https://doi.org/10.1080/10649867.2020.1748919). Accessed September 2, 2023.

⁸⁵ Ibid.

⁸⁶ Burgess, Joy. “Physical, Emotional, and Spiritual Self-care for Healthcare Chaplains.” *Pastoral Counseling* (n.d.). <https://www.pastoralcounseling.org/healthcare-chaplain-care>.

stressful life experiences.”⁸⁷In the life of a chaplain, we cannot carry the burdens alone in our earthly bodies. We must always give them to God in prayer.

Corey discusses other self-care practices of “setting aside time to read, enjoy the outdoors, bake, journal, draw, or do a grounding activity.”⁸⁸ Corey discusses this in his article, *Counselor Self Care*, when he talks about finding support with people who you know. He suggests taking time to acknowledge your own emotions and understand that each interaction has different emotional responses throughout the day. He talked about making time in your schedule for routines that help create order but be flexible enough to understand that tomorrow is another day for finishing tasks. Some days are more productive than others. In the life of a chaplain, there is a way to balance the tasks responsibly and be flexible when care is needed for clients and their families. Corey also suggested “remember that you are balancing different tasks and that there is time when you could work from home. Find the positive in what you were able to complete. Remember that you are not alone in this. As you care for yourself, you may find a new strength within you that helps you cope with society today.”⁸⁹

Self-care needs to start in the preparation for the chaplain profession. Corey shares that in college self-care starts with, “healthy faculty relationship, sense of control, sense of humor, leisure, and friendships.”⁹⁰Habits started in preparation for service give a new chaplain better coping skills in the future as they are practiced in the college days. As Pennington states

⁸⁷ Doehring, Carrie. "New Directions for Clergy Experiencing Stress: Connecting Spirit and Body." *Pastoral Psychology* 62, no. 5 (2013): 623-638.

⁸⁸ Corey, Gerald, Michelle Muratori, Jude T. Austin II, and Julius A. Austin. *Counselor Self-Care*. Alexandria, VA: American Counseling Association, 2018, 2009. ProQuest.

⁸⁹ Ibid.

⁹⁰ Ibid.

regarding self-care, “Our downtime can be exceedingly productive and meaningful and the realization of this new way of making a difference immensely comforting to the active doer.”⁹¹

Resiliency of Chaplains

As chaplains care for their own through self-care, resiliency starts to arrive and chaplains start to feel their first love of chaplaincy return. Dorman states in our career, “purpose fuels your perseverance, courage, and resiliency.”⁹² Robert F. Dees in his book, *Resilient Warriors*, states that “resilience is the ability for individuals, leaders, and organizations to take a hard hit and continue to pursue their mission.”⁹³

John Wesley in his writings about his own ministry recognized that ministry is filled with “frustrations, hardships, and sufferings.” George Mueller was a minister and stated that the secret of his long life was “exercising of himself to have always a conscience void of offense both toward God and men”, “the joy he felt in God”, and “refreshment he received from the scriptures.”⁹⁴ The resiliency can be felt by Christian believers when we see how God is using us as chaplain in our chosen fields. Fernando states that, “when we have a Biblical vision of God, we will measure success not by earthly standards but by the extent to which we conformed to the principles and the will of God.”⁹⁵

⁹¹ Pennington, M. Basil. *The Christ Chaplain: the Way to a Deeper, More Effective Hospital Ministry*. Binghamton, N.Y: Hayworth Pastoral Press, 2007.

⁹² Dorman, William. *Restoring the Healer: Spiritual Self-Care for Health Care Professionals*. West Conshohocken, PA: Templeton Press, 2016. ProQuest.

⁹³ Dees, Robert F., and Mike Huckabee. *Resilience Trilogy*. Vol. [1], *Resilience Warriors*. San Diego, Calif.: Creative Team Publication, 2011.

⁹⁴ Fernando, Ajith. *Jesus Driven Ministry*. Wheaton, Ill.: Crossway, 2002.

⁹⁵ Ibid.

Fernando states that, “the spirit governs people’s lives so that His work in us is evident in both their behavior and ministry.”⁹⁶ Just this acknowledgment from another minister can provide solace and understanding into our own resilience. Also acknowledging that they are more susceptible to burnout and compassion fatigue will help the chaplain educate themselves in their own resiliency. Charles Figley in his studies found that, “people who are empathetic, have a history of personal trauma, have unresolved trauma, and their trauma was in their childhood have a greater incident of burnout and compassion fatigue.”⁹⁷ Addressing your own personal trauma history in your own personal therapy time will help with greater resiliency. According to Sielaff, “Because of the unique stressors that are part of professional ministry, clergy need targeted support that is systemic as well as individual to practice resilience.”⁹⁸ Dorman states, “perseverance is one of your strengths. Chaplains can utilize their company’s wellness or occupational health programs.”⁹⁹ Chaplains can set the standard for other helping professions to get the help that they need when they are open and express their own needs. This is another way to minister to those who are around you.

According to Chambers, “if we are resilient, we can withstand the negative effects of adversity, whether these are transient, or more long term. These experiences of adversity could include war, bereavement, violence, accidental injury, divorce, or having an acutely ill child or a

⁹⁶ Fernando, Ajith. *Jesus Driven Ministry*. Wheaton, Ill.: Crossway, 2002.

⁹⁷ Figley, Charles R. *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. New York: Brunner-Routledge, 1995.

⁹⁸ Sielaff, Andrea M., Kate Rae Davis, and J. Derek McNeil. "Literature Review of Clergy Resilience and Recommendations for Future Research." *Journal of Psychology and Theology* 49, no. 4 (2021): 308-323. Accessed September 3, 2023.

⁹⁹ Dorman, William. *Restoring the Healer: Spiritual Self-Care for Health Care Professionals*. West Conshohocken, PA: Templeton Press, 2016. ProQuest.

child with a disability, or any other experience which is traumatic or stressful. However, the perception of adversity can vary from person to person, particularly, in relation to what irks us and disrupts our daily lives.”¹⁰⁰ Biologically we are all different but have the same processes in common. Chamber states, that there are three steps to resiliency which includes “successful adaptation to stressors, or homeostasis,” “ongoing adaptation, or allostasis,” and “maladaptation, which is referred to as allostatic load. So, if we can achieve a healthy level of adaptation we have learnt to bend, rather than break.”¹⁰¹ The next two examples are concepts that have helped chaplains become more resilient in their work in the field, which includes a meditation application for a smart phone and the characteristics that highly resilient people live in their daily lives.

Meditation Application for Smart Phone

In chaplaincy, there are many resources to address their continued care in their chosen field. One is a smart phone application (app) called meditation app (M-App). According to Pandya, it is used in “alleviating burnout and promoting resilience among chaplains working in hospices of older adults in Asian and African cities.”¹⁰² Chaplains who used this consistently (once or twice a day, perused both videos and learning sessions and self-practiced regularly)

¹⁰⁰ Chambers, Claire, and Elaine Ryder. *Supporting Compassionate Healthcare Practice: Understanding the Role of Resilience, Positivity and Wellbeing*. London, UK: Routledge, Taylor & Francis Group, 2019.

¹⁰¹ Ibid.

¹⁰² Pandya, Samta P. “Meditation app alleviates burnout and builds resilience for chaplains in hospices for older adults in Asian and African cities” *Journal of Health Care Chaplaincy*, 27, no.3 (2021):129-145. DOI: [10.1080/08854726.2019.1670539](https://doi.org/10.1080/08854726.2019.1670539). Accessed September 2, 2023.

found that they had “lesser emotional exhaustion and depersonalization as burnout markers and higher personal achievement and resilience as compared to leisure app (L-App) users.”¹⁰³

Highly Resilient People

Joyner states there are characteristics of highly resilient people.¹⁰⁴ These include:

1. They ask for help.
2. They help others.
3. They are spiritual.
4. They focus on their health.
5. They are optimistic.

It is also a lesson we learn and then teach the next new chaplain as Joyner states, “chaplains learn, then share, the secrets of bouncing back.”¹⁰⁵ Resilience is defined in the dictionary as “the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress.”¹⁰⁶ Dees goes on to say that “resilience possesses components which are both highly tangible (such as physical and mental) and less tangible (such

¹⁰³ Pandya, Samta P. “Meditation app alleviates burnout and builds resilience for chaplains in hospices for older adults in Asian and African cities” *Journal of Health Care Chaplaincy*, 27, no.3 (2021):129-145. DOI: [10.1080/08854726.2019.1670539](https://doi.org/10.1080/08854726.2019.1670539). Accessed September 2, 2023.

¹⁰⁴ Joyner, Bo. “Resiliency: Chaplains Learn, Then Share, the Secrets of Bouncing Back.” *Citizen Airman* 62, no. 2 (2010). Accessed September 2, 2023.

¹⁰⁵ Ibid.

¹⁰⁶ Dees, Robert F., and Mike Huckabee. *Resilience Trilogy*. Vol. [1], *Resilience Warriors*. San Diego, Calif.: Creative Team Publication, 2011.

as emotional, relational, and spiritual).¹⁰⁷ Fitness is not only physical, but also “mental, cognitive, and affective components.”¹⁰⁸ Resiliency is also a choice as chaplains decide to recover from burnout with purposeful steps.

In the role of chaplaincy, there needs to be an understanding that, “being an effective leader requires us to be transformative willing to continuously be remade from the inside out by the power and direction of the Holy Spirit.”¹⁰⁹ Chaplains need to assess their own resiliency, by either recognizing it in themselves or asking colleagues who can speak into their lives. According to Spidell, “Resilience is seen as a positive response possibility for those facing potentially traumatic events.”¹¹⁰

¹⁰⁷ Dees, Robert F., and Mike Huckabee. *Resilience Trilogy*. Vol. [1], *Resilience Warriors*. San Diego, Calif.: Creative Team Publication, 2011.

¹⁰⁸ Ibid.

¹⁰⁹ Wilson, Michael Todd, and Brad Hoffmann. *Preventing Ministry Failure: A Sheherdcare Guide for Pastors, Ministers, and Other Caregivers*. Downers Grove, Ill.: IVP Books, 2007.

¹¹⁰ Spidell, Steven DMin, BCC (2014) “Resilience and Professional Chaplaincy: A Paradigm Shift in Focus”, *Journal of Health Care Chaplaincy*, 20:1, 16-24, DOI: [10.1080/08854726.2014.869994](https://doi.org/10.1080/08854726.2014.869994). Accessed September 2, 2023.

Chapter 3

Results

In this thesis, the author's purpose is to define resources that help chaplains be able to manage stress throughout their career. In this chapter, there will be a discussion of the tools that are used to measure compassion satisfaction, burnout, compassion fatigue, and resiliency. Harris states that chaplains are called upon "during times of extreme stress by others, chaplains themselves may become vulnerable to personal psychological, spiritual, and emotional distress."¹¹¹ Throughout the profession of chaplaincy and other healthcare related professions, there are assessments, scales, and screenings to assess the professional's need for self-care.

Assessments

Abendroth quotes Selye when she says, "unremitting stress is a cause of additional physiological and psychological health concerns."¹¹² Doing assessments towards compassion satisfaction, burnout, compassion fatigue, and resiliency help chaplains recognize and identify their need for self-care. Alkema talks about a study that was done "to investigate the relationship between self-care, compassion fatigue, burnout, and compassion satisfaction among health care professionals."¹¹³ In the study of hospice care professionals, the people who were involved in

¹¹¹ Harris, Stephanie L., Amanda T. Sawyer, Hong Tao, and Amanda K. Bailey. "A Mixed-Methods Pilot Study of a Well-being Intervention for Healthcare Chaplains." *The Journal of Pastoral Care & Counseling* (2023). Accessed September 2, 2023.

¹¹² Abendroth, Maryann, and Jeanne Flannery. "Predicting the Risk of Compassion Fatigue." *Journal of hospice and palliative nursing: JHPN*. 8, no. 6 (2006): 346–356. Accessed September 2, 2023.

¹¹³ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) "A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals", *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: [10.1080/15524250802353934](https://doi.org/10.1080/15524250802353934). Accessed September 2, 2023.

their own self-care had lower levels of burnout and compassion fatigue and higher levels of compassion satisfaction.¹¹⁴ Prin and colleagues studied veterans being screened for posttraumatic stress disorder (PTSD) in Veteran primary care samples are “two to three times higher than PTSD prevalence in the general population (10–20 % versus 6–7 %) and is similar to the prevalence of depression and generalized anxiety disorder in primary care settings (18.9 % and 14.8 %, respectively).”¹¹⁵

As chaplains who are exposed to grief and trauma in their work environment, these similar conditions can happen if chaplains do not take seriously their own need for self-care. Exline and his colleagues’ states, “Religion takes place in the larger context of established institutions and structures that aim to facilitate spirituality.”¹¹⁶ This comment from Exline and colleagues places a deeper context in the life of a chaplain’s work life. Weziak-Bialowolska¹, McNeely, and VanderWeele in their study focused on the well-being of workers in the fields of science and business.¹¹⁷ What this recognizes is our need for self-care throughout all careers, even though our focus in this thesis is chaplaincy.

¹¹⁴ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) “A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals”, *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: [10.1080/15524250802353934](https://doi.org/10.1080/15524250802353934). Accessed September 2, 2023.

¹¹⁵ Prins, Annabel, Michelle J. Bovin, Derek J. Smolenski, Brian P. Marx, Rachel Kimerling, Michael A. Jenkins-Guarnieri, Danny G. Kaloupek, et al. "The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and Evaluation within a Veteran Primary Care Sample." *Journal of General Internal Medicine: JGIM* 31, no. 10 (2016): 1206-1211.

¹¹⁶ Exline, Julie J, Kenneth I Pargament, Joshua B Grubbs, and Ann Marie Yali. “The Religious and Spiritual Struggles Scale: Development and Initial Validation.” *Psychology of religion and spirituality*. 6, no. 3 (2014): 208–222.

¹¹⁷ Weziak-Bialowolska, Dorota, Eileen McNeely, and Tyler J. VanderWeele. "Flourish Index and Secure Flourish Index – Validation in Workplace Settings." *Cogent Psychology* 6, no. 1 (01, 2019), <https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/flourish-index-secure-validation-workplace/docview/2209677511/se-2>.

The Professional Quality of Life Assessment (ProQOL-RIII) measures “aspects related to care giving professionals’ quality of life.”¹¹⁸ Harris states, “Professional quality of life is often understood as the balance between compassion fatigue and compassion satisfaction.”¹¹⁹

It is used in the field of hospice care and their goal is to “explore work-related self-care issues and make suggestions regarding ways in which hospice care professionals can address problematic work-related stress and enhance work-related satisfaction.”¹²⁰ The instrument consists of three sub-scales of compassion satisfaction, burnout, and compassion fatigue.¹²¹

The Self-Care Assessment Worksheet (SCAW) is a self-care indicator that “measures the degree to which individuals engage in a variety of self-care activities and strategies.”¹²² The instrument also measures six areas of self-care of physical, psychological, emotional, spiritual, professional workplace, and balance.¹²³

¹¹⁸ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) “A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals”, *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: [10.1080/15524250802353934](https://doi.org/10.1080/15524250802353934). Accessed September 2, 2023.

¹¹⁹ Harris, Stephanie L., Amanda T. Sawyer, Hong Tao, and Amanda K. Bailey. "A Mixed-Methods Pilot Study of a Well-being Intervention for Healthcare Chaplains." *The Journal of Pastoral Care & Counseling* (2023). Accessed September 2, 2023.

¹²⁰ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) “A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals”, *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: [10.1080/15524250802353934](https://doi.org/10.1080/15524250802353934). Accessed September 2, 2023.

¹²¹ Ibid.

¹²² Ibid.

¹²³ Ibid.

Scales

The Depression and Anxiety Stress Scale (DASS) is a 42-item measure that “assesses depressive symptomology over the previous week”.¹²⁴ The DASS contains three subscales, each with 14 items, for depression, anxiety, and stress.¹²⁵ Those who participate will be asked to rate from 0 (not at all) to 3 (very much) and this will be based on a 4-point scale. The higher the points, the higher the symptoms. This scale is used in clinical settings and with the adult population.¹²⁶

The Maslach Burnout Inventory (MBI-HSS) consists of 22 items questionnaire and is the original and most widely used version of the MBI.¹²⁷ It was designed for professionals in human services and other helping professions, such as, nurses, physicians, health aides, social workers, counselors and therapists, police, correctional officers, and the clergy. As Captari explains, this scale “focuses on helping people live better lives by offering guidance, preventing harm, and ameliorating physical, emotional, or cognitive problems.”¹²⁸ This scale scores for emotional exhaustion, depersonalization, and personal accomplishments.

¹²⁴ Ash, Marcia J. Ash, Elizabeth Reisinger Walker, Ralph J. DiClemente, Marianne P. Florian, Patricia K. Palmer, Kathryn Wehrmeyer, Lobsang Tenzin Negi, George H. Grant, Charles L. Raison & Jennifer S. Mascaro. “Compassion Meditation Training for Hospital Chaplain Residents: A Pilot Study” *Journal of Health Care Chaplaincy* 27, no. 4 (2021): 191-206. DOI: [10.1080/08854726.2020.1723189](https://doi.org/10.1080/08854726.2020.1723189). Accessed September 2, 2023.

¹²⁵Ibid.

¹²⁶ Craigie, Mark, Rebecca Osseiran-Moisson, David Hemsworth, Samar Aoun, Karen Francis, Janie Brown, Desley Hegney, and Clare Rees. “The Influence of Trait-Negative Affect and Compassion Satisfaction on Compassion Fatigue in Australian Nurses.” *Psychological trauma: theory, research, practice, and policy*. 8, no. 1 (2016): 88–97.

¹²⁷ Captari, Laura E, Kristen R Hydinger, Steven J Sandage, Elise J Choe, Miriam Bronstein, George Stavros, Priscilla Shim, Arnold Rex Kintanar, Wendy Cadge, and Shelly Rambo. “Supporting Chaplains on the Frontlines of the COVID-19 Pandemic: A Mixed-Method Practice-Based Pilot Intervention Study.” *Psychological services*. 20, no. 1 (2023): 6–18. Accessed September 2, 2023.

The Religious and Spiritual Struggles Scale—Short Form (RSSSF) “assesses through the pre- and post-intervention struggles across five domains of moral, divine, interpersonal, ultimate meaning, and doubt.”¹²⁹ The participants respond to 12 items on a scale ranging from “1 (not at all) to 5 (a great deal), with higher scores indicating greater struggle.”¹³⁰ This can be used with chaplains if they feel that their spirituality is lacking in their work.

The Flourish Index (FI) measures the pre- and post-intervention sense of well-being across five domains of “happiness/ life satisfaction, mental/physical health, meaning/purpose, character/virtue, and close relationships.”¹³¹ According to VanderWeele, the questions were selected due to “existing questions that had received some empirical validation and that are widely used in the well-being literature.”¹³² The scale of questions is from 0 to 10 and are different per question. For example, “0 represents lower levels of agreement (i.e., “poor”, strongly disagree”, “not true of me”), and 10 represents higher levels of agreement (i.e., “excellent”, “strongly agree”, “completely true of me”).”¹³³

The Connor–Davidson Resilience Scale—10-item version (CD RISC-10) assesses throughout the pre- and post-intervention of resilience, broadly defined as “personal qualities

¹²⁸ Captari, Laura E, Kristen R Hydinger, Steven J Sandage, Elise J Choe, Miriam Bronstein, George Stavros, Priscilla Shim, Arnold Rex Kintanar, Wendy Cadge, and Shelly Rambo. “Supporting Chaplains on the Frontlines of the COVID-19 Pandemic: A Mixed-Method Practice-Based Pilot Intervention Study.” *Psychological services*. 20, no. 1 (2023): 6–18. Accessed September 2, 2023.

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ Ibid.

¹³² VanderWeele, T.J. (2017). [On the promotion of human flourishing](#). Proceedings of the National Academy of Sciences, U.S.A., 31:8148-8156.
PMID or DOI: N/A.

¹³³ Ibid.

that enable one to thrive in the face of adversity.”¹³⁴ The CD-RISC rated on a five-point Likert-type scale ranging from 0 (not true at all) to 4 (true nearly all the time). Scores range from 0–100, with higher scores indicating greater resilience. According to Pandya, the scale has “good psychometric properties including reliability, convergent and discriminant validity and cross-cultural applications.”¹³⁵

Screening

The Primary Care Posttraumatic Stress Disorder Screen for DSM-5 (PC-PTSD-5) “assesses through the pre- and post-intervention PTSD symptoms.”¹³⁶ The screening was modified to be able to use for chaplains. An example is shown, “sometimes things happen as chaplains and as people that are unusually or especially frightening, horrible, or traumatic. How you ever experienced this kind of event?”¹³⁷ Chaplains who complete this screening are scored from 0 to 5 and a score of 3 or more “suggest clinical significant distress” that needs to be addressed with the chaplain.¹³⁸

¹³⁴ Captari, Laura E, Kristen R Hyding, Steven J Sandage, Elise J Choe, Miriam Bronstein, George Stavros, Priscilla Shim, Arnold Rex Kintanar, Wendy Cadge, and Shelly Rambo. “Supporting Chaplains on the Frontlines of the COVID-19 Pandemic: A Mixed-Method Practice-Based Pilot Intervention Study.” *Psychological services*. 20, no. 1 (2023): 6–18. Accessed September 2, 2023.

¹³⁵ Pandya, Samta P. “Meditation app alleviates burnout and builds resilience for chaplains in hospices for older adults in Asian and African cities” *Journal of Health Care Chaplaincy*, 27, no.3 (2021):129-145. DOI: [10.1080/08854726.2019.1670539](https://doi.org/10.1080/08854726.2019.1670539). Accessed September 2, 2023.

¹³⁶ Captari, Laura E, Kristen R Hyding, Steven J Sandage, Elise J Choe, Miriam Bronstein, George Stavros, Priscilla Shim, Arnold Rex Kintanar, Wendy Cadge, and Shelly Rambo. “Supporting Chaplains on the Frontlines of the COVID-19 Pandemic: A Mixed-Method Practice-Based Pilot Intervention Study.” *Psychological services*. 20, no. 1(2023): 6–18. Accessed September 2, 2023.

¹³⁷ Ibid.

¹³⁸ Ibid.

These assessments, scales, and screenings allow chaplains to care for themselves before more intervention is needed to preserve them in their professions. As chaplains work within the field there are additional training and interventions that assist chaplains in the field that can prevent burnout.

Training and Interventions

The Clinical Pastoral Education (CPE) programs, Cognitive-Based Training Program, and Zoom-based sessions cofacilitated by psychotherapists as interventions done that assisted chaplains in support in their chosen career. Parker states, “even clinical chaplains are exposed to varying degrees of suffering and are not exempt from suffering themselves.”¹³⁹ Being exposed to clinical training and interventions help mitigate compassion fatigue and burnout.

Clinical Pastoral Education

The Association for Clinical Pastoral Education, Inc. (ACPE) was a legally incorporated organization in 1967 in Massachusetts.¹⁴⁰ This incorporated organization was developed from four other groups, which included: The Institute of Pastoral Care, Inc.; The Council for Clinical Training, Inc.; the Southern Baptist Association of Clinical Pastoral Educators; and the Lutheran Council in the United States.¹⁴¹ ACPE was developed for Clinical Pastoral Education (CPE) standards, which is to provide certifications for CPE Supervisors, accredit CPE programs; and coordinate working relationships with theological schools, denominational and faith groups, and

¹³⁹ Parker, C. James. "Self-Compassion and Healthcare Chaplaincy: A Need for Integration into Clinical Pastoral Education." *Journal of Health Care Chaplaincy* 27, no. 3 (2021): 159- 171. Accessed September 2, 2023.

¹⁴⁰ Maguire, M, and D F Parker. “The Association for Clinical Pastoral Education.” *The Journal of pastoral care*. 42, no. Fall 88 (1988): 203–208. Accessed September 2, 2023.

¹⁴¹Ibid.

additional pastoral organizations.¹⁴² CPE emphasized “developing self-awareness and interpersonal skills through an action-reflection approach to education.”¹⁴³

The ACPE mission is to “foster experience-based theological education which combines the practice of pastoral care with qualified supervision and peer group reflection, and which is grounded in a person-centered approach to religious ministry.”¹⁴⁴ After graduation from an accredited master’s level Divinity program, many students pursue a Clinical Pastoral Education (CPE) experience to prepare them for their career as a chaplain. Cadge states that “chaplains working in healthcare organizations today were trained in theological schools and through CPE, and they receive continuing education through organizations of professional chaplains.”¹⁴⁵ Frederick Health in Frederick, Maryland states that this is a basic Clinical Pastoral Education.¹⁴⁶

It consists of:

1. Pastoral education in a clinical setting. Supervision is enhanced by the student’s relationships throughout the setting since there is communication among the staff members.

¹⁴² Maguire, M, and D F Parker. “The Association for Clinical Pastoral Education.” *The Journal of pastoral care*. 42, no. Fall 88 (1988): 203–208. Accessed September 2, 2023.

¹⁴³ Cadge, Wendy, George Fitchett, Trace Haythorn, Patricia K Palmer, Shelly Rambo, Casey Clevenger, and Irene Elizabeth Stroud. “Training Healthcare Chaplains: Yesterday, Today and Tomorrow.” *The Journal of Pastoral Care & Counseling: JPCC*. 73, no. 4 (2019): 211–221. Accessed September 2, 2023.

¹⁴⁴ Ibid.

¹⁴⁵ Ibid.

¹⁴⁶ “Clinical Pastoral Education.” Frederick Health. 2023. [Clinical-Pastoral-Education-Brochure.pdf \(frederickhealth.org\)](https://www.frederickhealth.org/Clinical-Pastoral-Education-Brochure.pdf)

2. Learning and practicing skills in listening and intervention.
3. Participating in the life of a small group dedicated to self-exploration for the purpose of developing pastoral identity and skills.
4. Offering to help people find their own inner spiritual resources.
5. Exploring the possibilities and limitations of pastoral care.
6. Developing skills in networking with other professions

According to Oliver, Clinical Pastoral Education (CPE) was an “active ingredient in those chaplains who had lower compassionate fatigue and burnout scores.”¹⁴⁷ This is due to the training within the program that is offered to resident chaplains and in this education, they have freedom to address concerns as they arise in the workday.

Cognitive Based Compassion Training

Ash and her colleagues studied the effectiveness of incorporating Cognitively Based Compassion Training (CBCT), which is a secular compassion-training intervention implemented in group settings, into CPE training.¹⁴⁸ CBCT has been shown to help in reducing depressive

¹⁴⁷ Oliver, R., Hughes, B., & Weiss, G. “A Study of the Self-Reported Resilience of APC Chaplains.” *Journal of Pastoral Care & Counseling*, 72, no. 2 (2018): 99–103. <https://doi.org/10.1177/1542305018773698>. Accessed September 2, 2023.

¹⁴⁸ Ash, Marcia J. Ash, Elizabeth Reisinger Walker, Ralph J. DiClemente, Marianne P. Florian, Patricia K. Palmer, Kathryn Wehrmeyer, Lobsang Tenzin Negi, George H. Grant, Charles L. Raison & Jennifer S. Mascaró. “Compassion Meditation Training for Hospital Chaplain Residents: A Pilot Study” *Journal of Health Care Chaplaincy* 27, no. 4 (2021): 191-206. DOI: [10.1080/08854726.2020.1723189](https://doi.org/10.1080/08854726.2020.1723189). Accessed September 2, 2023.

symptoms and the inflammation that is connected to psychosocial stress.¹⁴⁹ This study wanted to “enhance compassion satisfaction and reduce burnout among hospital chaplain residents.”¹⁵⁰

CBCT appears to improve empathy among the participants, defined as “the ability to accurately recognize the mental state of another person.”¹⁵¹ Among a sample of medical school students that participated, CBCT was “associated with increased compassion and decreased loneliness and depression.”¹⁵²

Zoom Sessions

A pilot study was conducted to evaluate a new idea of providing a “spiritually integrated support group intervention for chaplains across multiple industries”, and this happened with five Zoom-based sessions that were co-facilitated by psychotherapists.¹⁵³ Covid-19 created new opportunities to serve all peoples and opened opportunities to use technology to provide resources via telehealth. This Zoom-based program was considered the first of its kind for spiritually integrated support group intervention for chaplains.

Participants completed a five-session spiritually integrated support group intervention facilitated via Zoom by psychotherapists “who had advanced training in integrating spiritual and

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

¹⁵¹ Ibid.

¹⁵² Ash, Marcia J. Ash, Elizabeth Reisinger Walker, Ralph J. DiClemente, Marianne P. Florian, Patricia K. Palmer, Kathryn Wehrmeyer, Lobsang Tenzin Negi, George H. Grant, Charles L. Raison & Jennifer S. Mascaro. “Compassion Meditation Training for Hospital Chaplain Residents: A Pilot Study” *Journal of Health Care Chaplaincy* 27, no. 4 (2021): 191-206. DOI: [10.1080/08854726.2020.1723189](https://doi.org/10.1080/08854726.2020.1723189). Accessed September 2, 2023.

¹⁵³ Captari, Laura E, Kristen R Hydinger, Steven J Sandage, Elise J Choe, Miriam Bronstein, George Stavros, Priscilla Shim, Arnold Rex Kintanar, Wendy Cadge, and Shelly Rambo. “Supporting Chaplains on the Frontlines of the COVID-19 Pandemic: A Mixed-Method Practice-Based Pilot Intervention Study.” *Psychological services*. 20, no. 1 (2023): 6–18. Accessed September 2, 2023.

existential concerns.”¹⁵⁴ Group sessions were held every other week and were 75 min in length. Each group consisted of 8–12 group members.¹⁵⁵

Professional who participated completed pre- and post intervention measures of traumatic stress, burnout, spiritual/moral struggles, flourishing, resilience, and overall experience in the group.¹⁵⁶ In this supportive intervention, participants developed peer supports and therapeutic group supports.¹⁵⁷

Results that came from this support group was a decrease in burnout and spiritual/moral struggles from pre- to post intervention and increase in sense of resilience and flourishing.¹⁵⁸ Findings of this pilot study offer preliminary evidence for the use of a spiritually integrated group model to decrease isolation, address moral and spiritual distress, and promote resilience among chaplains.¹⁵⁹

¹⁵⁴ Ibid.

¹⁵⁵ Ibid.

¹⁵⁶ Captari, Laura E, Kristen R Hyding, Steven J Sandage, Elise J Choe, Miriam Bronstein, George Stavros, Priscilla Shim, Arnold Rex Kintanar, Wendy Cadge, and Shelly Rambo. “Supporting Chaplains on the Frontlines of the COVID-19 Pandemic: A Mixed-Method Practice-Based Pilot Intervention Study.” *Psychological services*. 20, no. 1 (2023): 6–18. Accessed September 2, 2023.

¹⁵⁷ Ibid.

¹⁵⁸ Ash, Marcia J. Ash, Elizabeth Reisinger Walker, Ralph J. DiClemente, Marianne P. Florian, Patricia K. Palmer, Kathryn Wehrmeyer, Lobsang Tenzin Negi, George H. Grant, Charles L. Raison & Jennifer S. Mascaró. “Compassion Meditation Training for Hospital Chaplain Residents: A Pilot Study” *Journal of Health Care Chaplaincy* 27, no. 4 (2021): 191-206. DOI: [10.1080/08854726.2020.1723189](https://doi.org/10.1080/08854726.2020.1723189). Accessed September 2, 2023.

¹⁵⁹ Ibid.

Chapter 4

Research Analysis

In researching the data that was included in this thesis, four resources were looked at for analysis which includes: the Professional Quality of Life Assessment (ProQOL-RIII), the Cognitively Based Compassion Training (CBCT) that was connected to a Clinical Pastoral Education program, the Zoom session, and the Meditation Application for the Smart Phone.

In studying the results of Professional Quality of Life Assessment (ProQOL-RIII), as stated before, this instrument measures the scale of compassion satisfaction, burnout, and compassion fatigue. The alpha reliability for these three scales is 0.87 for compassion satisfaction, 0.72 for burnout, and 0.80 for compassion fatigue.¹⁶⁰

The compassion satisfaction is defined as “pleasure one derives from helping others and being able to do their work well.”¹⁶¹ The average score for compassion satisfaction was 37 and about twenty-five percent scored higher than 41. Refer to Table 1 below. The higher the score on this scale shows the one’s ability to be an “effective caregiver and that the person taking the assessment derives a great deal of satisfaction on their job.”¹⁶²

¹⁶⁰ Ash, Marcia J. Ash, Elizabeth Reisinger Walker, Ralph J. DiClemente, Marianne P. Florian, Patricia K. Palmer, Kathryn Wehrmeyer, Lobsang Tenzin Negi, George H. Grant, Charles L. Raison & Jennifer S. Mascaró. “Compassion Meditation Training for Hospital Chaplain Residents: A Pilot Study” *Journal of Health Care Chaplaincy* 27, no. 4 (2021): 191-206. DOI: [10.1080/08854726.2020.1723189](https://doi.org/10.1080/08854726.2020.1723189). Accessed September 2, 2023.

¹⁶¹ Ibid.

¹⁶² Ibid.

The burnout score is defined as “an indicator of feelings of hopelessness, difficulties in dealing with work, and poor work performance.”¹⁶³ The average score for burnout is 23 and about twenty-five percent scored above 28. Refer to Table 1 below. The higher the score on the scale the greater risk of burnout.

The compassion fatigue score is defined as “a measure of work-related exposure to extremely stressful events.”¹⁶⁴ This score is to “measure secondary exposures to traumatic events.”¹⁶⁵ The average score for compassion fatigue is 13 and about twenty-five percent score above 17. Refer to Table 1. The higher the score on the scale the greater risk of compassion fatigue symptoms.

Table 1			
Subscales	Low	Average	High
Compassion Satisfaction	0-32	24-41	42-50
Burnout	0-19	20-28	29-50
Compassion Fatigue	0-8	9-17	18-50

166

The Data Analysis shows a negative correlation between compassion satisfaction and burnout ($r=-.612$), negative correlation was also between compassion satisfaction and compassion

¹⁶³ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) “A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals”, *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: [10.1080/15524250802353934](https://doi.org/10.1080/15524250802353934). Accessed September 2, 2023.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

¹⁶⁶ Ibid.

($r=-.300$), and strong positive correlation between compassion fatigue and burnout ($r=.761$).¹⁶⁷ The self-care that the participants practiced positively affected their scores.

The Cognitively Based Compassion Training (CBCT) is connected to a Clinical Pastoral Education program. The chaplain residents had completed their orientation and two to three weeks of clinical practice when this training was offered. Two groups were offered, one receiving this intervention and one that had to wait. The training was given in four full-day sessions that were offered once per week for one month. The follow-up that was given was eight one-hour video calls led by the CBCT instructors.

Participants in the CBCT group reported a significant decline in anxiety and burnout compared to those in the wait group.¹⁶⁸ According to Ash and colleagues' states, "while other outcome measures of compassion satisfaction, STS, depression, and stress did not differ significantly between groups, observed mean changes trended in the expected direction."¹⁶⁹

In the four weeks following the end of the CBCT group, they did find that the intervention group did not maintain their improvements in burnout and anxiety. Causes were speculated that resident chaplains did not continue what they learned in their intervention but did experience in the group sessions socialization and sharing the same human experience throughout their

¹⁶⁷ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) "A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals", *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: [10.1080/15524250802353934](https://doi.org/10.1080/15524250802353934). Accessed September 2, 2023.

¹⁶⁸ Ash, Marcia J. Ash, Elizabeth Reisinger Walker, Ralph J. DiClemente, Marianne P. Florian, Patricia K. Palmer, Kathryn Wehrmeyer, Lobsang Tenzin Negi, George H. Grant, Charles L. Raison & Jennifer S. Mascaro. "Compassion Meditation Training for Hospital Chaplain Residents: A Pilot Study" *Journal of Health Care Chaplaincy* 27, no. 4 (2021): 191-206. DOI: [10.1080/08854726.2020.1723189](https://doi.org/10.1080/08854726.2020.1723189). Accessed September 2, 2023.

¹⁶⁹ Ibid.

residency. An ongoing dialogue of self-care was suggested to create an environment of better mental health. This type of intervention has the potential to change former ways of coping.

The Zoom-based spiritually integrated intervention for looking for support was conducted using a mixed-method practice-based pilot study.¹⁷⁰ Measurements from the Primary Care Posttraumatic Stress Disorder Screen for DSM-5 (PC-PTSD-5) McDonald's Omega at pretest (.79) and posttest (.68) indicated adequate internal consistency.¹⁷¹ Measurements from the Religious and Spiritual Struggles Scale-Short Form (RSSSF) McDonald's Omega at pretest (.80) and posttest (.79) indicated good internal consistency.¹⁷² Measurements from Flourish Index (FI) McDonald's Omega at pretest (.83) and posttest (.89) indicated good internal consistency.¹⁷³ Measurements from Connor-Davidson Resilience Scale (CD RISC-10) McDonald's Omega at pretest (.79) and posttest (.83) indicated good internal consistency.¹⁷⁴

A counseling psychologist, a minister, and a social science researcher did data analysis. They compiled responses for the participant codes were drawn from the responses with an emphasis on participants words rather than theories.¹⁷⁵ The group of professionals compiled codes,

¹⁷⁰ Captari, Laura E, Kristen R Hyding, Steven J Sandage, Elise J Choe, Miriam Bronstein, George Stavros, Priscilla Shim, Arnold Rex Kintanar, Wendy Cadge, and Shelly Rambo. "Supporting Chaplains on the Frontlines of the COVID-19 Pandemic: A Mixed- Method Practice-Based Pilot Intervention Study." *Psychological services*. 20, no. 1(2023): 6–18. Accessed September 2, 2023.

¹⁷¹ Ibid.

¹⁷² Ibid.

¹⁷³ Ibid.

¹⁷⁴ Ibid.

¹⁷⁵ Ibid.

reviewed, and come to a consensus about the data. Results were “indicated significantly decreased distress, emotional exhaustion, and spiritual/moral struggles.”¹⁷⁶

The Meditation Application for the Smart Phone used two scales were used to assess the outcomes: the Maslach Burnout Inventory (MBI) and the Connor–Davidson Resilience Scale (CD-RISC).¹⁷⁷ The MBI measures the “three dimensions of burnout: emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA).”¹⁷⁸ The CD-RISC “assesses resilience or the ability to thrive in the face of adversity.”¹⁷⁹

Pandya states that, “Multivariate analyses were conducted on the change scores (pre- and post-test) and significant predictors of outcomes were further examined through Kruskal-Wallis nonparametric testing and Bonferroni’s adjusted alpha levels (.0083 per test) to determine the significant pairwise and combined effects of predictors on outcomes.”¹⁸⁰ The two groups who were tested were the intervention and control groups.

Chaplains working in hospices for older adults who used the M-App “exhibited lesser emotional exhaustion and depersonalization as burnout markers and higher personal achievement and resilience as compared to L-App users.”¹⁸¹

¹⁷⁶ Captari, Laura E, Kristen R Hyding, Steven J Sandage, Elise J Choe, Miriam Bronstein, George Stavros, Priscilla Shim, Arnold Rex Kintanar, Wendy Cadge, and Shelly Rambo. “Supporting Chaplains on the Frontlines of the COVID-19 Pandemic: A Mixed- Method Practice-Based Pilot Intervention Study.” *Psychological services*. 20, no. 1(2023): 6–18. Accessed September 2, 2023.

¹⁷⁷ Pandya, Samta P. “Meditation app alleviates burnout and builds resilience for chaplains in hospices for older adults in Asian and African cities” *Journal of Health Care Chaplaincy*, 27, no.3 (2021):129-145. DOI: [10.1080/08854726.2019.1670539](https://doi.org/10.1080/08854726.2019.1670539). Accessed September 2, 2023.

¹⁷⁸ Ibid.

¹⁷⁹ Ibid.

¹⁸⁰ Ibid.

¹⁸¹ Ibid.

Chapter 5

Conclusion

In conclusion, this thesis gave the statement of the problem, the purpose of this thesis is to define resources to help chaplains be able to address stress throughout their career, the importance of why this should be studied, the position on the problems, and the limitations the author had while studying this topic. A literature review on burnout, self-care, and resiliency was described. The results of the literature review were given of the assessments, scales, screening, training, and interventions were discussed. At the end, the research analysis was given regarding burnout, self-care, and resiliency.

Professionals in all occupations suffer from burnout, but this thesis is about chaplains in all walks of their career, which includes the hospital room, a battlefield, a prison cell, a tragic murder or fire scenes, or even natural disasters. Burnout is progressive if intervention is not provided, and a chaplain's career could be cut short if intervention is not provided. If the chaplain sees the value in self-care as a prevention in their own lives, their calling that God placed upon their lives will be secured. As this author will be entering the chaplaincy field from the behavioral science arena, she wants to use her knowledge to challenge the need for self-care with colleagues and clients alike. In Psalm 119:125, King David stated of God, "I am your servant; give me discernment that I may understand your statutes."¹⁸² This author earnestly seeks God to use her gifts in the field of chaplaincy.

¹⁸² New International Bible. Grand Rapids, MI.: Zondervan Publishing Co. 1986.

The purpose of this thesis is to identify resources to help chaplains to address stress throughout their career. The author found resources that can be done easily and economically in a college setting, a Clinical Pastoral Education program, and into any chaplaincy office.

Throughout the author's study, she learned the progression of burnout to compassion fatigue if self-care is not used on a consistent basis. The author recognizes that as she interviews for chaplaincy jobs that self-care intervention needs to be a question that she ask each perspective employer.

Appendices

1. Professional Quality of Life Assessment (ProQOL-RIII)
2. Self-Care Assessment Worksheet (SCAW)
3. Depression and Anxiety Stress Scale (DASS)
4. Religious and Spiritual Struggles Scale—Short Form (RSSSF)
5. Primary Care Posttraumatic Stress Disorder Screen for DSM-5 (PC-PTSD-5)
6. Flourish Index (FI)
7. Connor–Davidson Resilience Scale—10-item version (CD RISC-10)

Appendix 1

Permissions For Using Assessments/Scales/Questionnaires

Pro QOL-RIII

The ProQOL measure may be freely copied and used, without individualized permission from the ProQOL office, as long as:

1. You credit The Center for Victims of Torture and provide a link to www.ProQOL.org;
2. It is not sold; and
3. No changes are made, other than creating or using a translation, and/or replacing "[helper]" with a more specific term such as "nurse."

Used in Alkema article

SCAW

Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). Transforming the pain: A workbook on vicarious traumatization. Norton.

Laurie Anne Pearlman, Karen w. Saakvitne

Norton & Company, Incorporated, w. w.

DASS

The DASS questionnaire is public domain, and so permission is not needed to use it. The DASS questionnaires and scoring key may be downloaded from the DASS website and copied without restriction.

RSSSF-short form

From: Springer Nature, publisher

Book / Textbook / Ebook / Encyclopedia / Handbook / Monograph: This license authorizes you to reproduce the publisher's content in a book, including trade books, academic textbooks, and case studies used for educational purposes.

Permission is limited to the edition specified during the order process.

PC-PTSD-5

This measure was developed by staff at VA's National Center for PTSD and is in the public domain and not copyrighted. In accordance with the American Psychological Association's ethical guidelines, this instrument is intended for use by qualified health professionals and researchers.

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) - PTSD: National Center for PTSD (va.gov)

Flourish Index (FI)

© 2019 The Author(s). This open access article is distributed under a Creative Commons Attribution (CC-BY) 4.0 license. You are free to: Share — copy and redistribute the material in any medium or format. Adapt — remix, transform, and build upon the material for any purpose, even commercially. The licensor cannot revoke these freedoms as long as you follow the license terms. Under the following terms: Attribution — You must give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use. No additional restrictions You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits.

<https://www.tandfonline.com/doi/pdf/10.1080/23311908.2019.1598926>

Connor-Davidson Resilience Scale (CD RISC-10)

1/22/2024 Emailed. mail@cd-risc.com

1/22/2024 Received response and was asked questions.

1/23/2024 Received consent, signed, and returned. Have physical copy.

Dear Robin:

Thank you for your interest in the Connor-Davidson Resilience Scale (CD-RISC). I am pleased to grant permission to review the scale in connection with your request, under the following terms of agreement:

1. You agree not to use the CD-RISC, nor to distribute it, other than to associates who are connected to your proposed activity.
2. Further information on the CD-RISC can be found at the www.davidson scales.com website.
3. Complete and return this form via email to mail@cd-risc.com.
4. The full scale may not be copied or stored, but limited parts of it may be included in a thesis report, such as partial wording of items, as per this agreement and reference to Table 2 of Connor and Davidson report in Depression and Anxiety, 2003...

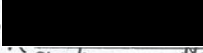
If you agree to the terms of this agreement, please email a signed copy to the above email address. Upon receipt of the signed agreement, we will email a copy of the requested material.

For questions regarding use of the CD-RISC, please contact Jonathan Davidson at mail@cd-risc.com.

Sincerely yours,

Jonathan R. T. Davidson, M.D.

Agreed to by:

 Robin Jonell Ratbiff 01/23/24
Signature (printed) Date

Student
Title

Liberty University
Organization

Appendix 2

The following questions are asked on the full ProQOL-RIII.¹⁸³

1. I am happy.
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help] people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].
11. Because of my [helping], I have felt "on edge" about various things.
12. I like my work as a [helper].
13. I feel depressed because of the traumatic experiences of the people I [help].
14. I feel as though I am experiencing the trauma of someone I have [helped].
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a [helper].
20. I have happy thoughts and feelings about those I [help] and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.

¹⁸³ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) "A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals", *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: [10.1080/15524250802353934](https://doi.org/10.1080/15524250802353934). Accessed September 2, 2023.

22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
24. I am proud of what I can do to [help].
25. As a result of my [helping], I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a [helper].
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

Appendix 3

The following questions are looked at from a scale of 0(I never do this) to 3(I do this well) on the Self-Care Assessment Worksheet (SCAW).¹⁸⁴

Physical Self-Care

Eat regularly (e.g., breakfast, lunch, and dinner)

Eat healthily.

Exercise

Get regular medical care for prevention.

Get medical care when needed.

Take time off when sick.

Get massages.

Dance, swim, walk, run, play sports, sing, or do some other fun physical activity.

Take time to be sexual - with myself, with a partner.

Get enough sleep.

Wear clothes I like.

Take vacations.

Psychological Self-Care

Take day trips or mini vacations.

Make time away from telephones, email, and the Internet.

Make time for self-reflection.

Notice my inner experience - listen to my thoughts, beliefs, attitudes, feelings.

Have my own personal psychotherapy.

Write in a journal.

¹⁸⁴ Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) "A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals", *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: [10.1080/15524250802353934](https://doi.org/10.1080/15524250802353934). Accessed September 2, 2023.

Psychological Self-Care(cont.)

Read literature that is unrelated to work.

Do something at which I am not expert or in charge.

Attend to minimize stress in my life.

Engage my intelligence in a new area, e.g., go to an art show, sports event, theatre.

Be curious.

Say no to extra responsibilities sometimes.

Emotional Self-Care

Spend time with others whose company I enjoy.

Stay in contact with important people in my life.

Give myself affirmations, praise myself.

Love myself

Re-read favorite books, re-view favorite movies.

Identify comforting activities, objects, people, places and seek them out.

Allow myself to cry.

Find things that make me laugh.

Express my outrage in social action, letters, donations, marches, protests.

Spiritual Self-Care

Make time for reflection.

Spend time in nature.

Find a spiritual connection or community.

Be open to inspiration.

Cherish my optimism and hope.

Be aware of non-material aspects of life.

Try at times not to be in charge or the expert.

Be open to not knowing.

Identify what is meaningful to me and notice its place in my life.

Meditate

Spiritual Self-Care(cont.)

Pray

Sing

Have experiences of awe

Contribute to causes in which I believe.

Read inspirational literature or listen to inspirational talks and music.

Relationship Self-Care

Schedule regular dates with my partner or spouse

Schedule regular activities with my children

Make time to see friends.

Call, check on, or see my relatives.

Spend time with my companion animals.

Stay in contact with faraway friends.

Make time to reply to personal emails and letters; send holiday cards.

Allow others to do things for me.

Enlarge my social circle.

Ask for help when I need it.

Share a fear, hope, or secret with someone I trust.

Workplace or Professional Self-Care

Take a break during the workday (e.g., lunch)

Take time to chat with co-workers.

Make quiet time to complete tasks.

Identify projects or tasks that are exciting and rewarding.

Set limits with clients and colleagues.

Balance my caseload so that no one day or part of a day is “too much.”

Arrange workspace so it is comfortable and comforting.

Get regular supervision or consultation.

Negotiate for my needs (benefits, pay raise)

Workplace or Professional Self-Care(cont.)

Have a peer support group.

(If relevant) Develop a non-trauma area of professional interest Overall Balance

Strive for balance within my work-life and workday.

Strive for balance among work, family, relationships, play, and rest Other Areas of Self-Care that are Relevant to You

Appendix 4

The DASS 21 questions are shown below, which is the shorter version of the DASS.¹⁸⁵

1. I found it hard to wind down.
2. I was aware of dryness of my mouth.
3. I couldn't seem to experience any positive feeling at all.
4. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)
5. I found it difficult to work up the initiative to do things.
6. I tended to overreact to situations.
7. I experienced trembling (e.g., in the hands)
8. I felt that I was using a lot of nervous energy.
9. I was worried about situations in which I might panic and make a fool of myself.
10. I felt that I had nothing to look forward to
11. I found myself getting agitated.
12. I found it difficult to relax.
13. I felt downhearted and blue.
14. I was intolerant of anything that kept me from getting on with what I was doing.
15. I felt I was close to panic.
16. I was unable to become enthusiastic about anything.
17. I felt I wasn't worth much as a person.
18. I felt that I was rather touchy.
19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)
20. I felt scared without any good reason.

¹⁸⁵ Ash, Marcia J. Ash, Elizabeth Reisinger Walker, Ralph J. DiClemente, Marianne P. Florian, Patricia K. Palmer, Kathryn Wehrmeyer, Lobsang Tenzin Negi, George H. Grant, Charles L. Raison & Jennifer S. Mascaro. "Compassion Meditation Training for Hospital Chaplain Residents: A Pilot Study" *Journal of Health Care Chaplaincy* 27, no. 4 (2021): 191-206. DOI: [10.1080/08854726.2020.1723189](https://doi.org/10.1080/08854726.2020.1723189). Accessed September 2, 2023.

21. I felt that life was meaningless.

Appendix 5

The following questions are from the Religious and Spiritual Struggles Scale—Short Form (RSSSF).¹⁸⁶

Felt as though God had let me down.

Felt angry at God.

Felt as though God had abandoned me.

Felt as though God was punishing me.

Questioned God's love for me.

Felt tormented by the devil or evil spirits.

Worried that the problems I was facing were the work of the devil or evil spirits.

Felt attacked by the devil or by evil spirits.

Felt as though the devil (or an evil spirit) was trying to turn me away from what was good.

Felt hurt, mistreated, or offended by religious/spiritual people.

Felt rejected or misunderstood by religious/spiritual people.

Felt as though others were looking down on me because of my religious/spiritual beliefs.

Had conflicts with other people about religious/spiritual matters.

Felt angry at organized religion.

Wrestled with attempts to follow my moral principles.

Worried that my actions were morally or spiritually wrong.

Felt torn between what I wanted and what I knew was morally right.

Felt guilty for not living up to my moral standards.

Questioned whether life really matters.

Felt as though my life had no deeper meaning.

Questioned whether my life will really make any difference in the world.

Had concerns about whether there is any ultimate purpose to life or existence.

Struggled to figure out what I really believe about religion/spirituality.

¹⁸⁶ Exline, Julie J, Kenneth I Pargament, Joshua B Grubbs, and Ann Marie Yali. "The Religious and Spiritual Struggles Scale: Development and Initial Validation." *Psychology of religion and spirituality*. 6, no. 3 (2014): 208–222.

Felt confused about my religious/spiritual beliefs.

Felt troubled by doubts or questions about religion or spirituality.

Worried about whether my beliefs about religion/spirituality were correct.

Appendix 6

The following PC-PTSD-5 scale I shown below.¹⁸⁷

The 5 questions are the scale for further assessment:

In the past month, have you...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to? YES
NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? YES NO
3. been constantly on guard, watchful, or easily startled? YES NO
4. felt numb or detached from people, activities, or your surroundings? YES NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? YES NO

¹⁸⁷Prins, Annabel, Michelle J. Bovin, Derek J. Smolenski, Brian P. Marx, Rachel Kimerling, Michael A. Jenkins-Guarnieri, Danny G. Kaloupek, et al. "The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and Evaluation within a Veteran Primary Care Sample." *Journal of General Internal Medicine: JGIM* 31, no. 10 (2016): 1206-1211.

Appendix 7

The following is the Flourish Index.¹⁸⁸

Overall, how satisfied are you with life as a whole these days?

1. In general, how happy, or unhappy do you usually feel?
2. In general, how would you rate your physical health?
3. How would you rate your overall mental health?
4. Overall, to what extent do you feel the things you do in your life are worthwhile?
5. I understand my purpose in life?
6. I always act to promote good in all circumstances, even in difficult and challenging situations?
7. I am always able to give up some happiness now for greater happiness later
8. I am content with my friendships and relationships?
9. My relationships are as satisfying as I would want them to be?
10. How often do you worry about being able to meet normal monthly living expenses?
11. How often do you worry about safety, food, or housing?

¹⁸⁸ Weziak-Bialowolska, Dorota, Eileen McNeely, and Tyler J. VanderWeele. "Flourish Index and Secure Flourish Index – Validation in Workplace Settings." *Cogent Psychology* 6, no. 1 (01, 2019), <https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/flourish-index-secure-validation-workplace/docview/2209677511/se-2>.

Appendix 8

The following Connor–Davidson Resilience Scale (CD RISC-10)—10-item version is added below.¹⁸⁹

1. Able to adapt to change.
2. Close and secure relationships
1. Sometimes fate or God can help.
2. Can deal with whatever comes.
3. Past success gives confidence for new challenges.
4. See the humorous side of things.
5. Coping with stress strengths
6. Tend to bounce back after illness or hardship.
7. Things happen for a reason.
8. Best effort no matter what
9. You can achieve your goals.
10. When things look hopeless, I don't give up.
11. Know where you turn for help.
12. Under pressure focus and think clearly
13. Prefer to take the lead in problem solving.
14. Not easily discouraged by failure
15. Think of self as strong person
16. Make unpopular or difficult decisions.
17. Can handle unpleasant feelings.
18. Must act on a hunch.
19. Strong sense of purpose

¹⁸⁹ Captari, Laura E, Kristen R Hydinger, Steven J Sandage, Elise J Choe, Miriam Bronstein, George Stavros, Priscilla Shim, Arnold Rex Kintanar, Wendy Cadge, and Shelly Rambo. “Supporting Chaplains on the Frontlines of the COVID-19 Pandemic: A Mixed-Method Practice-Based Pilot Intervention Study.” *Psychological services*. 20, no. 1 (2023): 6–18. Accessed September 2, 2023.

20. In control of your life
21. I like challenges.
22. You work to attain your goals.
23. Pride in your achievements.

Bibliography

- Abendroth, Maryann, and Jeanne Flannery. "Predicting the Risk of Compassion Fatigue." *Journal of hospice and palliative nursing: JHPN*. 8, no. 6 (2006): 346–356. Accessed September 2, 2023.
- Alberts, William E. *A Hospital Chaplain at the Crossroads of Humanity*. Place of distribution not identified: manufacturer not identified, 2012.
- Alkema, Karen, Jeremy M. Linton & Randall Davies (2008) "A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals", *Journal of Social Work in End-of-Life & Palliative Care*, 4:2, 101-119, DOI: 10.1080/15524250802353934. Accessed September 2, 2023.
- Ash, Marcia J. Ash, Elizabeth Reisinger Walker, Ralph J. DiClemente, Marianne P. Florian, Patricia K. Palmer, Kathryn Wehrmeyer, Lobsang Tenzin Negi, George H. Grant, Charles L. Raison & Jennifer S. Mascaro. "Compassion Meditation Training for Hospital Chaplain Residents: A Pilot Study" *Journal of Health Care Chaplaincy* 27, no. 4 (2021): 191-206. DOI: 10.1080/08854726.2020.1723189. Accessed September 2, 2023.
- Baker, Ellen K. *Caring for Ourselves: A Therapist's Guide to Personal and Professional Well-Being*. First edition. Washington, DC: American Psychological Association, 2003.
- Biedenharn, Clare. *Heart to Heart: Spiritual Care Through Deep Listening*. First Edition. Listening Partner, LLC, 2020.
- Bloomquist, Kori R., Leila Wood, Kristin Friedmeyer-Trainor, and Hea-Won Kim. "Self-Care and Professional Quality of Life: Predictive Factors among MSW Practitioners." *Advances in Social Work* 16, no. 2 (2016): 292-311. Accessed September 3, 2023.
- Burgess, Joy. "Physical, Emotional, and Spiritual Self-care for Healthcare Chaplains." *Pastoral Counseling* (n.d.). <https://www.pastoralcounseling.org/healthcare-chaplain-care>. Accessed September 2, 2023.
- Cadge, Wendy, George Fitchett, Trace Haythorn, Patricia K Palmer, Shelly Rambo, Casey Clevenger, and Irene Elizabeth Stroud. "Training Healthcare Chaplains: Yesterday, Today and Tomorrow." *The Journal of Pastoral Care & Counseling: JPCC*. 73, no. 4 (2019): 211–221. Accessed September 2, 2023.
- Captari, Laura E, Kristen R Hydinger, Steven J Sandage, Elise J Choe, Miriam Bronstein, George Stavros, Priscilla Shim, Arnold Rex Kintanar, Wendy Cadge, and Shelly Rambo. "Supporting Chaplains on the Frontlines of the COVID-19 Pandemic: A Mixed-Method Practice-Based Pilot Intervention Study." *Psychological services*. 20, no. 1 (2023): 6–18. Accessed September 2, 2023.

- Chambers, Claire, and Elaine Ryder. *Supporting Compassionate Healthcare Practice: Understanding the Role of Resilience, Positivity and Wellbeing*. London, UK: Routledge, Taylor & Francis Group, 2019
- Chandler, Diane J. "Pastoral Burnout and the Impact of Personal Spiritual Renewal, Rest-Taking, and Support System Practices." *Pastoral Psychology* 58, no. 3 (2009): 273-287. Accessed September 3, 2023.
- Clarke, Margaret Allison, Keith D Walker, Shelley Spurr, and Vicki Squires. "Clergy Resilience: Accessing Supportive Resources to Balance the Impact of Role-Related Stress and Adversity." *The journal of pastoral care & counseling: JPCC*. 76, no. 3 (2022): 210–223.
- Clinical Pastoral Education." Frederick Health. 2023. Clinical-Pastoral-Education-Brochure.pdf (frederickhealth.org)
- Coaston, Susannah C. "Self-Care through Self-Compassion: A Balm for Burnout." *The Professional Counselor (Greensboro, N.C.)* 7, no. 3 (2017): 285-297. Accessed September 3, 2023.
- Corey, Gerald, Michelle Muratori, Jude T. Austin II, and Julius A. Austin. *Counselor Self-Care*. Alexandria, VA: American Counseling Association, 2018, 2009. ProQuest.
- Craigie, Mark, Rebecca Osseiran-Moisson, David Hemsworth, Samar Aoun, Karen Francis, Janie Brown, Desley Hegney, and Clare Rees. "The Influence of Trait-Negative Affect and Compassion Satisfaction on Compassion Fatigue in Australian Nurses." *Psychological trauma: theory, research, practice, and policy*. 8, no. 1 (2016): 88–97.
- Davie, Grace (2015) "The military chaplain: a study in ambiguity", *International Journal for the Study of the Christian Church*, 15:1, 39-53, DOI: 10.1080/1474225X.2014.998581. Accessed September 2, 2023.
- Dees, Robert F., and Mike Huckabee. *Resilience Trilogy*. Vol. [1], *Resilience Warriors*. San Diego, Calif.: Creative Team Publication, 2011.
- Doehring, Carrie. "New Directions for Clergy Experiencing Stress: Connecting Spirit and Body." *Pastoral Psychology* 62, no. 5 (2013): 623-638. Accessed September 3, 2023.
- Dorman, William. *Restoring the Healer: Spiritual Self-Care for Health Care Professionals*. West Conshohocken, PA: Templeton Press, 2016. ProQuest.
- Exline, Julie J, Kenneth I Pargament, Joshua B Grubbs, and Ann Marie Yali. "The Religious and Spiritual Struggles Scale: Development and Initial Validation." *Psychology of religion and spirituality*. 6, no. 3 (2014): 208–222.
- Fernando, Ajith. *Jesus Driven Ministry*. Wheaton, Ill.: Crossway, 2002.
- Figley, Charles R. *Treating Compassion Fatigue*. New York: Brunner-Routledge, 2002.

- Figley, Charles R. *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. New York: Brunner-Routledge, 1995.
- Foster, Richard. *Celebration of Discipline: The Path to Spiritual Growth*. San Francisco: Harper Collins Publishing, 1998.
- Fuller, Leanna K. (2018) In Defense of Self-care, *Journal of Pastoral Theology*, 28:1, 5-21, DOI: 10.1080/10649867.2018.1459106. Accessed September 3, 2023.
- Harris, Stephanie L., Amanda T. Sawyer, Hong Tao, and Amanda K. Bailey. "A Mixed-Methods Pilot Study of a Well-being Intervention for Healthcare Chaplains." *The Journal of Pastoral Care & Counseling* (2023). Accessed September 2, 2023.
- Hotchkiss, Jason, and Ruth Leshner. "Factors Predicting Burnout Among Chaplains: Compassion Satisfaction, Organizational Factors, and the Mediators of Mindful Self-Care and Secondary Traumatic Stress." *Pastoral Care & Counseling* 72, no. 2 (2018). <https://doi-org.ezproxy.liberty.edu/10.1177/1542305018780655>. Accessed September 2, 2023.
- Jacobs, Martha R. "What are we doing here? Chaplains in contemporary health care." *The Hastings Center Report* 38, no. 6 (2008): 15+. *Gale Business: Insights* https://link.gale.com/apps/doc/A195317856/GBIB?u=vic_liberty&sid=summon&xid=7af86455. Accessed September 2, 2023.
- Joyner, Bo. "Resiliency: Chaplains Learn, Then Share, the Secrets of Bouncing Back." *Citizen Airman* 62, no. 2 (2010). Accessed September 2, 2023.
- Kianpour, Masoud. "Mental Health and Hospital Chaplaincy: Strategies of Self-Protection (Case Study: Toronto, Canada)." *Iranian Journal of Psychiatry and Behavioral Sciences* 7, no. 1 (2013): 69–77. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3939980/>. Accessed September 2, 2023.
- Klitzman, Robert, Stephanie Sinnappan, Elizaveta Garbuzova, Jay Al-Hashimi, and Gabrielle DiSapia Natarelli. "Becoming Chaplains: How and Why Chaplains Enter the Field, Factors Involved and Implications." *Journal of Health Care Chaplaincy* (2022): 1-14. Accessed September 2, 2023.
- Lindholm, Greg, Judy Johnston, Frank Dong, Kim Moore, and Elizabeth Ablah. "Clergy Wellness: An Assessment of Perceived Barriers to Achieving Healthier Lifestyles." *Journal of Religion and Health* 55, no. 1 (02, 2016): 97-109, <https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/clergy-wellness-assessment-perceived-barriers/docview/1756418232/se-2>. Accessed September 2, 2023.
- Luciotti, Rick. "Clergy Self-Care." *International Journal of Choice Theory and Reality Therapy* 38, no. 2 (2019): 12-15. Accessed September 3, 2023.
- Maguire, M, and D F Parker. "The Association for Clinical Pastoral Education." *The Journal of pastoral care*. 42, no. Fall 88 (1988): 203–208. Accessed September 2, 2023.

- Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 2016 Jun;15(2):103-11. doi: 10.1002/wps.20311. PMID: 27265691; PMCID: PMC4911781. Accessed September 2, 2023.
- New International Bible. Grand Rapids, MI.: Zondervan Publishing Co. 1986.
- Oliver, R., Hughes, B., & Weiss, G. “A Study of the Self-Reported Resilience of APC Chaplains.” *Journal of Pastoral Care & Counseling*, 72, no. 2 (2018): 99–103. <https://doi.org/10.1177/1542305018773698>. Accessed September 2, 2023.
- Paget, Naomi K., and Janet R. McCormack. *The Work of the Chaplain*. Valley Forge, PA: Judson Press, 2006.
- Pandya, Samta P. “Meditation app alleviates burnout and builds resilience for chaplains in hospices for older adults in Asian and African cities” *Journal of Health Care Chaplaincy*, 27, no.3 (2021):129-145. DOI: 10.1080/08854726.2019.1670539. Accessed September 2, 2023.
- Parker, C. James. "Self-Compassion and Healthcare Chaplaincy: A Need for Integration into Clinical Pastoral Education." *Journal of Health Care Chaplaincy* 27, no. 3 (2021): 159-171. Accessed September 2, 2023.
- Pennington, M. Basil. *The Christ Chaplain: the Way to a Deeper, More Effective Hospital Ministry*. Binghamton, N.Y: Hayworth Pastoral Press, 2007.
- Portoghese, Igor, Galletta M, Larkin P, Sardo S, Campagna M, Finco G, D'Aloja E. “Compassion fatigue, watching patients suffering and emotional display rules among hospice professionals: a daily diary study.” *BMC Palliat Care*. 2020 Feb 25;19(1):23. doi: 10.1186/s12904-020-0531-5. PMID: 32098618; PMCID: PMC7043034. Accessed September 2, 2023.
- Prins, Annabel, Michelle J. Bovin, Derek J. Smolenski, Brian P. Marx, Rachel Kimerling, Michael A. Jenkins-Guarnieri, Danny G. Kaloupek, et al. "The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and Evaluation within a Veteran Primary Care Sample." *Journal of General Internal Medicine: JGIM* 31, no. 10 (2016): 1206-1211.
- Purvis, Taylor E, and Deanna Saylor. “Burnout and Resilience Among Neurosciences Critical Care Unit Staff.” *Neurocritical care*. 31, no. 2 (2019): 406–410. Accessed September 2, 2023.
- Raab, Kelley (2014) “Mindfulness, Self-Compassion, and Empathy Among Health Care Professionals: A Review of the Literature”, *Journal of Health Care Chaplaincy*, 20:3, 95-108, DOI: 10.1080/08854726.2014.913876. Accessed September 2, 2023.
- Saad, Lydia. “March 2022 Gallup Polls”. <https://news.gallup.com/opinion/gallup/406838/one-four-americans-served-chaplains.aspx>.

- Samushonga, Hartness M. (2021). "Distinguishing Between the Pastor and the Superhero: God on Burnout and Self-care", *Journal of Pastoral Theology*, 31:1, 4-19, DOI: 10.1080/10649867.2020.1748919. Accessed September 2, 2023.
- Shellnutt, Kate. "The Pastors Aren't All Right: 38% Consider Leaving Ministry". Christianity Today. November 16, 2021.
<https://www.christianitytoday.com/news/2021/november/pastor-burnout-pandemic-barna-considering-leaving-ministry.html>.
- Sielaff, Andrea M., Kate Rae Davis, and J. Derek McNeil. "Literature Review of Clergy Resilience and Recommendations for Future Research." *Journal of Psychology and Theology* 49, no. 4 (2021): 308-323. Accessed September 3, 2023.
- Spidell, Steven DMin, BCC (2014) "Resilience and Professional Chaplaincy: A Paradigm Shift in Focus", *Journal of Health Care Chaplaincy*, 20:1, 16-24, DOI: 10.1080/08854726.2014.869994. Accessed September 2, 2023.
- Stuart, R Michael. "Practicing Contemplation for Healthy Self-Care." *Chaplaincy today*. 28, no. 1 (2012): 33–36. Accessed September 2, 2023.
- Tripp, Paul David. *Dangerous Calling: Confronting the Unique Challenges of Pastoral Ministry*. Wheaton, Ill.: Crossway, 2012.
- VanderWeele, T.J. "On the promotion of human flourishing." Proceedings of the National Academy of Sciences, U.S.A., 31:8148-8156. (2017). PMID or DOI: N/A. Accessed December 2, 2023.
- Weidlich, Christopher P., A.N.U.S.A. and Ugarriza, Doris N, ARNP, B.C., PhD. "A Pilot Study Examining the Impact of Care Provider Support Program on Resiliency, Coping, and Compassion Fatigue in Military Health Care Providers." *Military Medicine* 180, no. 3 (03, 2015): 290-5,
<https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/pilot-study-examining-impact-care-provider/docview/1661322403/se-2>. Accessed September 2, 2023.
- Weziak-Bialowolska, Dorota, Eileen McNeely, and Tyler J. VanderWeele. "Flourish Index and Secure Flourish Index – Validation in Workplace Settings." *Cogent Psychology* 6, no. 1 (01, 2019),
<https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/flourish-index-secure-validation-workplace/docview/2209677511/se-2>.
- White, Kelsey B., Patricia E. Murphy, Jane Jeuland, and George Fitchett. "Distress and Self-Care among Chaplains Working in Palliative Care." *Palliative & Supportive Care* 17, no. 5 (2019): 542-549. Accessed September 2, 2023.

- Whitworth, James D., Casey N. O'Brien, and Chris Stewart. "Understanding Post-Traumatic Stress Responses among Military Chaplains: Implications for Military Behavioral Health." *Military Behavioral Health* 9, no. 4 (2021): 390-403. Accessed September 2, 2023.
- Williams, George. "Resisting Burnout: Correctional Staff Spirituality and Resilience." *Revista De Fomento Social* no. 291/292 (2018): 617-647. Accessed September 2, 2023.
- Wilson, Michael Todd, and Brad Hoffmann. *Preventing Ministry Failure: A Sheherdcare Guide for Pastors, Ministers, and Other Caregivers*. Downers Grove, Ill.: IVP Books, 2007.
- Wood, Emily, Sally Ross, Julian Raffay, and Andrew Todd. "Service User Views of Mental Health Spiritual and Pastoral Care Chaplaincy Services." *Health and social care chaplaincy*. 9, no. 2 (2021). Accessed September 2, 2023.
- Yan, Grace W, and Joan Beder. "Professional Quality of Life and Associated Factors Among VHA Chaplains." *Military medicine*. 178, no. 6 (2013). Accessed September 2, 2023.