

Caring for the carers

Role of the chaplain in an interprofessional academic family medicine practice

David Price MD CCFP Rev Susan Carr Michelle Howard PhD

C*are for the carer.* How many times have we read or heard this statement used in reference to health care professionals? This caring makes sense, but how is it accomplished, especially in view of the increasing complexity of patient illnesses, the creation of ever larger teams of health care providers, and fiscal realities? Appropriately remunerating staff and creating safe and supportive work environments are obvious starters, but we do not believe that these factors are enough.

Stress or burnout due to the working environment can affect health care workers' job satisfaction, influence their intention to leave, cause a reduction in work hours, and even affect the quality of care provided to patients.¹⁻³ The organization and culture of the health care workplace can have a considerable effect on the well-being of the professionals.⁴ Many business organizations have begun to provide chaplain services for employees to assist them with personal and professional problems.⁵ The role of chaplains in providing support to employees who work in settings that deal with trauma, as well as hospitalized patients with serious illness and their families, is well known.⁶ Less is known about their role in community health care settings.

Not too long ago, we introduced a part-time chaplain to our clinic. At that time, we had no idea about the long-term benefits that would ensue. In this article, we discuss having an on-site chaplain in an academic family practice as a novel approach to supporting staff and clinicians. We found that this approach had a low financial cost compared with the benefits, contributed to the overall mental health of the staff, and, ultimately, benefited the entire primary care clinic, both patients and providers alike.

Academic family practice and its challenges

A family health team (an interprofessional model of health care delivery initiated in Ontario in 2005) provides enhanced care through group practice, patient enrolment, and incentives and funding mechanisms other than traditional fee-for-service models. Since becoming a family health team, our health centre, a family practice affiliated with McMaster University in Hamilton, Ont, has had many new developments, including a change in the funding model, additional staff and professions joining the practice (eg, dietitians, nurse practitioners, social workers, lactation consultants, pharmacists), and participation in practice-wide quality improvement initiatives.

The clinic's environment results in multiple demands on the health care professionals. Providing exemplary care to the 14 000 patients is critical to the success of the clinic as an educational environment. There is pressure to balance multiple tasks: caring for a complex mix of patients, teaching, and engaging in scholarly activities. The academic interprofessional environment also triggers new models of care, such as providing group visits for patients with diabetes or who suffer from anxiety. In spite of the growth of the team, the enormous change to the environment, and the increasing demands for innovation and change, there has been a remarkably low turnover of staff at our clinic (over a 10-year period, 1 physician resigned in order to relocate for family reasons; and no administrative staff members have left). This is in contrast to a 2004 US review of physician turnover among primary care physicians and group practices in which turnover rates were found to be approximately 3% to 10% per year.⁷ The risk of burnout is also a concerning issue in Canada. Among the general population of Canadian physicians, 64% reported that their workload was too heavy, and 48% reported an increase in their workload in the past year.⁸

Chaplain's role

A chaplain is someone who is recognized in his or her own faith and has undergone training in providing spiritual care in either pastoral care or counseling. Our clinic's chaplain (S.C.) also has specialist certification from the Canadian Association of Spiritual Care and has completed a residency in a hospital setting by providing spiritual care to patients, families, and staff members. She offers support to 50 full-time staff and up to 37 family medicine residents and learners, and provides guidance and support to patients.

The role of the chaplain in our clinic began as a pilot project. The chaplain provided spiritual care in 2 primary care clinics for 1 day per week at each clinic. Following the completion of the pilot funding, an informal needs assessment was conducted, and 1 clinic's staff members unanimously agreed to continue to employ the chaplain 1 half-day per week (and has continued to do so since 2003). The chaplain's role is funded to provide care to both patients (at the clinician's discretion) and staff

This article has been peer reviewed. *Can Fam Physician* 2013;59:1145-7

Cet article se trouve aussi en français à la page 1153.

members for personal or patient-related issues. The cost of the role is equivalent to employing a social worker.

Positive personal relationships with co-workers is one solution to avoiding employee turnover.⁹ Brown et al¹⁰ have also described the importance of sharing difficult life events with co-workers in sustaining a health care team. In our clinic, the chaplain's relationship with many staff members has moved beyond the workplace, as employees have also welcomed her into their personal lives, by inviting her to perform weddings and baptisms, and to preside over memorial and funeral services. Reverend Susan Carr describes her involvement with clinic staff members in her own words:

When I was first introduced to the clinic, I came in as an outsider, offering a role that no one really understood. My first task was to get to know people—to be transparent, nonthreatening, and authentic. Staff members were welcoming but cautious. I was helpful with a few patients that were referred. This seemed to break the ice with clinicians. Gradually staff saw me as someone to chat with. I've taken part in tutorial groups, talked to people about difficulties with family matters, sadness about patient situations, frustrations with life in general and work in particular. People talk to me about spiritual things—faith and its challenges and how they might grow toward belief. Sometimes we just talk about the Toronto Maple Leafs. All of this is part of grief counseling. I've married staff, buried their loved ones, and blessed their newborn children. I hold an annual service to remember patients who have died over the previous year. Staff members tell me about their children and their shopping trips, and it's those conversations that make the difficult ones possible. I've been with the clinic long enough that we have history together. I'm a reminder that the cure of souls is the oldest type of health care of all. Perhaps we can't truly bring healing without it.

The chaplain has been an invaluable source of support for at least 2 employees whose spouses faced terminal illness. The clinic became a home away from home for them and was part of the reason they returned to work so quickly after the loss of their loved ones. The recent short illness and death of one of the staff physicians has further emphasized the critical role the chaplain plays in maintaining the health of staff members.


The chaplain's role overlaps somewhat with that of a social worker's; however, chaplains have extra training in areas such as addiction, abuse, within-family faith differences, and end-of-life issues. The chaplain plays a unique role in spiritual care—a role not filled by psychologists or social workers in the clinic, or clergy in the community. Our clinic's chaplain has a

nondenominational approach, addressing spiritual issues specifically, and she has an ongoing presence that facilitates trust and relationships. Employees might be reluctant to use employee assistance programs, possibly owing to the stigma attached to seeking counseling.¹¹ In addition, only a minority of Canadians attend regular religious services¹²; however, most Canadians engage in religious activities such as praying on their own.¹³

Chaplains might also see patients who themselves are pastors and desire a spiritual perspective to their care. While she does not always see or discuss patients on a weekly basis, the chaplain does generally visit patients a few times per month.

To corroborate our impressions of the success of the chaplain's role in our clinic, in the summer of 2010 we administered an anonymous survey to staff and learners (approximately 80 participants were eligible) regarding the use of chaplain services, and received 50 responses. Nearly all respondents (91.5%) were aware that chaplain services were available, and 31.9% reported meeting with her for personal issues in the past year. Of the 31.9%, 80.0% of them had met with her more than once. All participants reported that the interaction was somewhat (6.7%) or very (93.3%) helpful. Common issues discussed with the chaplain included family and marital concerns, work stress, career choices, and especially loss and grief, as well as finding meaning in life events.

Conclusion

We believe that having a chaplain who supports emotional and spiritual needs in the health care workplace makes good business sense. One Canadian study found that 20% of employees sought professional help for emotional or psychological problems.¹⁴ In our clinic, an even greater proportion (approximately one-third) reported meeting with the chaplain at least once. It might be that the accessibility of the chaplain and her continuous presence in the clinic over time helped staff members feel comfortable to engage in conversation with her before a minor problem escalated. The cost of having an on-site chaplain for 1 half-day per week is modest and is worthwhile if it contributes to developing a caring culture that retains employees, as employee turnover has been estimated to cost an organization up to a year's salary.¹⁵ While we cannot conclude with certainty how much this role alone is responsible for high retention and morale, it seems likely—given the literature on the prevalence and effects of workplace stress, burnout, and personal emotional challenges—that having an on-site chaplain benefits the ongoing well-being of health care professionals and the work that they do. 

Dr Price is Professor and Chair in the Department of Family Medicine at McMaster University in Hamilton, Ont. **Reverend Carr** and **Dr Howard** are Assistant Professors in the Department of Family Medicine at McMaster University.

Competing interests

None declared

Correspondence

Dr Michelle Howard, McMaster University, McMaster Innovation Park, Suite 201A, 175 Longwood Rd S, Hamilton, ON L8P 0A1; telephone 905 525-9140; fax 905 527-4440; e-mail mhoward@mcmaster.ca

The opinions expressed in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

References

1. Leiter MP, Harvie PL. Burnout among mental health workers: a review and a research agenda. *Int J Soc Psychiatry* 1996;42(2):90-101.
2. Spickard A Jr, Gabbe SG, Christensen JF. Mid-career burnout in generalist and specialist physicians. *JAMA* 2002;288(12):1447-50.
3. Leiter MP, Frank E, Matheson TJ. Demands, values, and burnout. Relevance for physicians. *Can Fam Physician* 2009;55:1224-5.e1-6. Available from: www.cfp.ca/content/55/12/1224.full.pdf+html. Accessed 2013 Sep 24.
4. Suchman AL. The influence of health care organizations on well-being. *West J Med* 2001;174(1):43-7.
5. Meyer J, Davis E. Workplace chaplains: filling a need traditional EAPs can't meet. *Benefits Q* 2002;18(3):22-6.
6. Puchalski CM, Lunsford B, Harris MH, Miller RT. Interdisciplinary spiritual care for seriously ill and dying patients: a collaborative model. *Cancer J* 2006;12(5):398-416.
7. Misra-Hebert AD, Kay R, Stoller JK. A review of physician turnover: rates, causes, and consequences. *Am J Med Qual* 2004;19(2):56-66.
8. Myers M, editor. *CMA guide to physician health and well-being. Facts, advice and resources for Canadian doctors*. Ottawa, ON: Canadian Medical Association; 2003.
9. Masselink LE, Lee SY, Konrad TR. Workplace relational factors and physicians' intention to withdraw from practice. *Health Care Manage Rev* 2008;33(2):178-87.
10. Brown JB, Lewis L, Ellis K, Beckhoff C, Stewart M, Freeman T, et al. Sustaining primary health care teams: what is needed? *J Interprof Care* 2010;24(4):463-5.
11. Nimon K, Philibert N, Allen J. Corporate chaplaincy programs: an exploratory study relates corporate chaplain activities to employee assistance programs. *J Manage Spiritual Relig* 2008;5(3):231-63.
12. Statistics Canada [website]. *Overview: Canada still predominantly Roman Catholic and Protestant*. Ottawa, ON: Statistics Canada; 2012. Available from: www12.statcan.ca/english/census01/products/analytic/companion/rel/canada.cfm. Accessed 2012 Feb 3.
13. Statistics Canada [website]. *Study: who's religious?* Ottawa, ON: Statistics Canada; 2006. Available from: www.statcan.gc.ca/daily-quotidien/060502/dq060502a-eng.htm. Accessed 2012 Feb 3.
14. Caverley N, Barton Cunningham J, MacGregor JN. Sickness presenteeism, sickness absenteeism, and health following restructuring in a public service organization. *J Manage Stud* 2007;44(2):304-19.
15. Canada Human Resources Centre [website]. *The high cost of turnover*. Ottawa, ON: Canada Human Resources Centre; 2012. Available from: www.canadahrcentre.com/solutions/calculating-cost/high-cost-of-turnover/. Accessed 2012 Apr 30.

———— * * * ————