Burnout, Compassion Fatigue, and Job Satisfaction among Hospital Chaplains: A Systematic Review

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Abstract

The author systematically reviews the literature on hospital chaplain burnout, compassion fatigue, and job satisfaction using comprehensive databases from Medicine (MEDLINE), psychology (PsychINFO), religion (ATLA), nursing (CINAHL), and sociology (Sociological Abstracts) between 1980 and 2015. While there are several studies that pertain to job satisfaction among church-based clergy, there are few studies that focus upon the particular challenges faced by hospital chaplains. Hospital chaplain job satisfaction is generally high. However, there are particular stressors unique to the chaplaincy that merit special consideration. Several recommendations around hospital chaplain coping and future directions are discussed.

Keywords

Burnout – compassion fatigue – hospital chaplain – job satisfaction

Hospital chaplains have the unique role on the healthcare team to address the spiritual needs of patients at moments of great suffering, doubt, and uncertainty. Most often, the chaplain and the patient share no prior personal connection and may not share the same religious background. The patient may be deeply religious or simply be in need of spiritual care during their acute hospitalization. Often, patients have a variety of faith backgrounds or are questioning the role spirituality plays in their life (Jacobs, 2008). This presents a unique set of stressors that impact job satisfaction and burnout.

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This systematic review synthesizes the peer-reviewed literature that addresses burnout, compassion fatigue, wellbeing, and job satisfaction among hospital chaplains. Further, this review examines the salient factors that mitigate burnout and job stress, and makes recommendations for redefining the job duties to ameliorate burnout. Finally, I posit recommendations for further research and areas of unknown variables.

Studying the effectiveness of hospital chaplains in general, and job satisfaction in particular, is a relatively young, under-studied field. Gartner, Larson, and Vachar-Mayberry (1990) reviewed all the articles published in the pastoral counselling journals from 1980 to 1989 and found that only 5% of them were quantitative studies. From 1990 to 1999, the proportion increased to 12% (Weaver, Flannelly, & Liu, 2008). While there are many studies that evaluate job satisfaction among church-based clergy, there are very few that address hospital-based chaplains. There are several possible reasons for this. McCurdy (2002) notes that studying the spiritual care of patients may be too ‘reductionist’ given the complexity and nuance of spiritual care and might ‘distort the very nature’ of pastoral care. Weaver et al. (2008) argue that there is some ambivalence about research by and about hospital chaplains, but affirm the importance of chaplaincy-led research to maintain their unique perspective among healthcare providers. They note that, in addition to nurses and psychiatrists, even neurologists and internists have begun evaluating the effects of spirituality. As the hospital chaplains are the ‘experts’ on the spiritual journey of patients, they need to inform the dialogue in the multi-disciplinary, evidence-driven culture of modern medicine.

Research on hospital chaplains may also be more difficult than research on church-based clergy. First, there are simply more church-based clergy to study. There are 353,000 ministers in the United States (Gallup & Lindsay, 1999) and only 10,000 hospital-based chaplains (VandeCreek & Burton, 2001). Second, research among church-based clergy is often performed through denominational structures, such as the study by Francis, Louden, and Rutledge (2004) study among Roman Catholic priests, and Randall's (2004) study among Anglican priests. Chaplains often work in hospitals with smaller staff and are thus isolated from larger clergy judicatories (Weaver et al., 2008).

Hospital chaplain roles are different from those of church-based clergy in several important ways. Chaplains work collaboratively with a wide range of professionals such as nurses, physicians, social workers, care coordinators, and administrators. As such, they are less often seen as the lead care-provider for a patient’s welfare; whereas church-based clergy are the leaders of their faith communities. In addition, church-based clergy have a variety of other duties that include a significant amount of one-on-one counselling, administration, budget obligations, meeting facilitation, community-based work, and fund-raising.